CROSS-CUTTING PROJECT EVALUATIONS

Community health

EXPERTISE FRANCE
GROUPE AFD

L'INITIATIVE
sida, tuberculose, paludisme

L'INITIATIVE

L'Initiative is a French mechanism launched in 2011, which complements the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria. L'Initiative provides technical assistance and support to catalytic projects in around forty Global Fund recipient countries to improve the effectiveness of their grants and strengthen the health impact of funded programs. In this way, L'Initiative contributes to ensuring the effectiveness of pandemic responses.

8
projects evaluated

12
countries reached by the projects

33
implementation partners

Contents

Cross-cutting project evaluation

L'Initiative has established a cross-cutting evaluation mechanism for projects it supports. This supports reporting on the use of Ministry of Europe and Foreign Affairs funds, promotes L'Initiative interventions, and draws out learning to improve interventions This contributes to improving practices in the response to the three pandemics and guides L'Initiative's future interventions.

KEY DATA

from the "Community health" cross-cutting evaluation

Total project budget:

€7,622,053

PANDEMICS COVERED:
HIV: **8** projects
Tuberculosis: **4** projects
Malaria: **2** projects

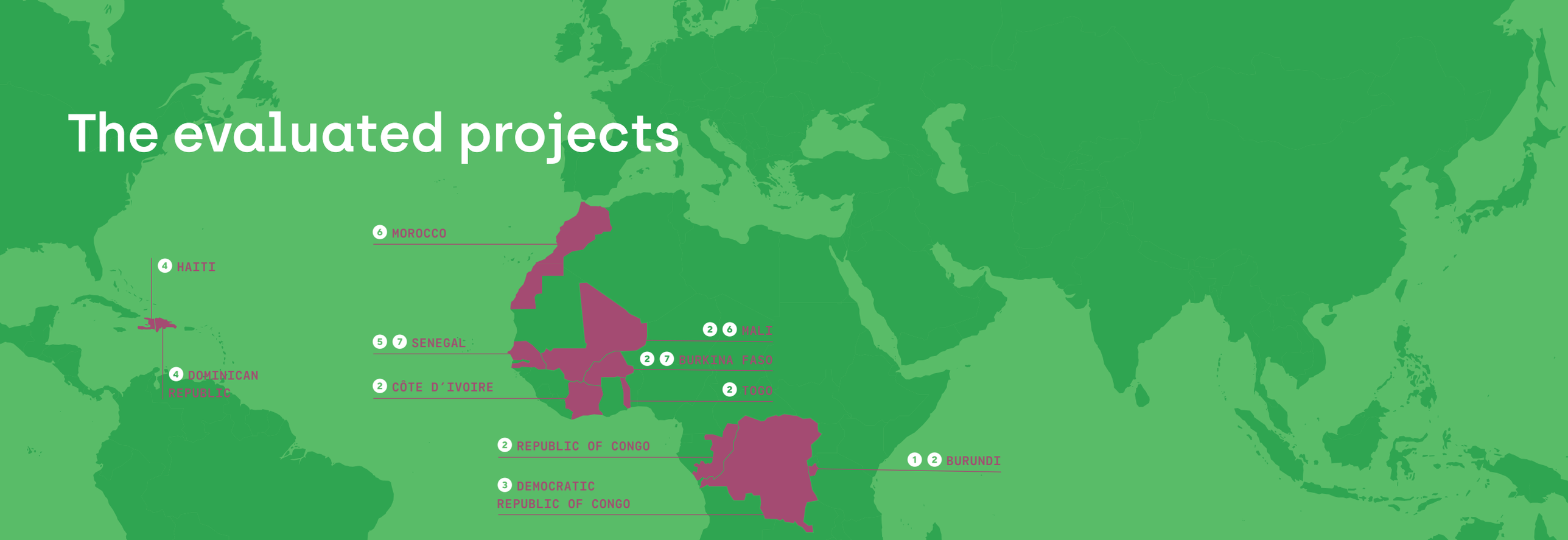
8
projects evaluated

12
countries reached by the projects

33
implementation partners

Contents

The evaluated projects



1 BURUNDI - 2020-2023

Strengthening access to prevention and awareness-raising services for sexual and reproductive health, HIV, STIs, hepatitis, tuberculosis and malaria among fishermen and fish sellers around Lake Tanganyika

PROJECT LEAD
ESSENTIEL

PARTNERS
SWAA; COPEDECOBU

2 CÔTE D'IVOIRE, TOGO, MALI, BURKINA FASO, REPUBLIC OF CONGO, BURUNDI - 2020-2023

Training and empowerment to strengthen support for adolescents and girls living with HIV - Phase 2

PROJECT LEAD
SIDACTION

PARTNERS
REVS PLUS; ANSS; ASU; CENTRE SAS; ARCAD SANTÉ PLUS; AKS; EVT; RÉSEAU GRANDIR ENSEMBLE

3 DEMOCRATIC REPUBLIC OF CONGO - 2021-2023

Access to SRH / HIV-TB information and services program for adolescents and young people aged 10–24 in Kinshasa

PROJECT LEAD
NETWORK OF CONGOLESE YOUTH ASSOCIATIONS (RACOJ)

PARTNERS
JEUNIALISSIME

4 DOMINICAN REPUBLIC, HAITI - 2020-2023

PRINCIPE: Integrated community prevention and innovation for populations exposed to HIV

PROJECT LEAD
AIDES

PARTNERS
FOSREF; POZ; KOURAJ; COIN

5 SENEGAL - 2020-2023

Strengthening decentralized care and support for children living with HIV

PROJECT LEAD
FANN REGIONAL CENTRE FOR RESEARCH AND TRAINING IN CLINICAL MANAGEMENT (CRCF)

PARTNERS
RNP+; CNHEAR; AIDS CONTROL DIVISION (DLSI); NATIONAL AIDS COMMITTEE.

6 MOROCCO, MALI, MAURITIUS - 2020-2024

Access to PrEP for women: Developing and implementing a modellable community-based intervention tailored to women most at risk of HIV

PROJECT LEAD
ASSOCIATION DE LUTTE CONTRE LE SIDA (ALCS)

PARTNERS
ARCAD-SANTÉ PLUS, PILS

7 BURKINA FASO, SENEGAL - 2020-2023

Youth on the lookout - From social audit to health rights for all: Adolescent girls and young women in action!

PROJECT LEAD
ÉQUILIBRE ET POPULATION (EQUIPOP)

PARTNERS
JED, SOS J/D, BURCASO, RAES

8 MAURITIUS - 2020-2023

Improving health care for prisoners and former prisoners living with or affected by HIV, HCV and tuberculosis in Mauritius

PROJECT LEAD
PRÉVENTION INFORMATION LUTTE CONTRE LE SIDA (PILS)

PARTNERS
KINOUÉTÉ, AILES

Introduction

This summary presents results from the cross-cutting evaluation of eight projects funded by L'Initiative on the theme of community health, implemented in ten African and two Caribbean countries.

Community health is an essential pillar for strengthening the resilience of health systems and ensuring equitable access to care. Community health is based on a participatory approach that aims to actively involve communities in managing their own health, using tools such as peer education and decentralized approaches (mobile services, advocacy) to improve access to care and strengthen local capacity. Effective community participation is the aim at all levels of intervention: 1) situational analysis and identification of community health needs; 2) identification of problems and priorities; 3) identifying the objectives and activities and resource mobilization; 4) planning, implementation and evaluation of interventions.[1]

This cross-cutting evaluation of eight projects has yielded key lessons around community health. In particular, it helped to identify ways to strengthen the sustainability and impact of interventions. The recommendations aim to improve the ownership of projects by national systems and maximize their long-term impact.

Definitions

- → **Community:** a group of people who are closely linked in distinct and varied ways, such as people who are particularly affected by a health issue, people who share particular characteristics or vulnerabilities related to gender, sexual identity, geographic and ethnic origins, legal status, behaviors, professional activity, religion, culture or age. Community groups are part of the wider civil society.
- → **Community-based civil society organizations (CSOs/CBOs):** organizations from or representing the interests of the relevant communities. This includes: (1) thematic health organizations; (2) identity/self-help organizations of key and vulnerable populations; (3) organizations defending human rights and gender equality.

1. https://www.sante-participative.org/sant_communautaire

METHODOLOGY

This evaluation was carried out by the consultancy firm, Health Management Support Team (HMST), between April 2023 and September 2024. The team comprised five experts in public and community health, sexual and reproductive health and project evaluation.

The evaluation involved:

- → **An individual evaluation of each project on the ground.**
- → **Cross-cutting analysis of the results to draw lessons learned and good practices from the projects evaluated, with the aim of drawing out learning and improving the quality of future interventions.**
- → **A co-creation workshop to develop recommendations in June 2024 with the lead organizations from the projects evaluated, team members and the L'Initiative Steering Committee. The workshop enabled the lessons and recommendations presented in this publication to be identified collaboratively.**

AREA 1

Community participation in projects

"I was experiencing treatment failure, but ANSS helped me a lot with everything that they put in place for me (...) When a young person gives you advice, you see them as a role model and you put in more effort. It also allowed me to disclose my status to my friends "

Adolescent living with HIV, SIDACTION project, Burundi

This cross-cutting evaluation shows that **beneficiary communities have supported with the implementation of all the projects, although their level of participation varies**. Three projects included community organizations representing target communities (fishermen, young people, people living with HIV) as implementing partners, therefore they played a role in project leadership. However, beneficiary communities were not involved in project monitoring and evaluation, with the exception of the ESSENTIAL project, whose monitoring and evaluation system was based on a data reporting system led by the community. Only the SIDACTION and Equipop projects prioritized the empowerment of beneficiary communities. One of the main areas of intervention of the Equipop project was the empowerment of adolescent girls and young women, who were involved as learners in training, as social listeners in a social accountability exercise and as trainers of other young people. They also participated in designing and implementing social and political mobilization interventions. In the other projects, beneficiary communities only played a supporting role in implementation.

The **primary form of community participation has been peer education**, which is a critical approach in community health projects. This approach facilitates awareness-raising interventions among beneficiary communities. It also makes it possible to reach invisible or hard to reach populations. Peer education is not only beneficial for beneficiary communities, but can also be a catalyst for the empowerment of peer educators themselves. However, although the different community approaches implemented under the projects evaluated have had a significant impact, they have not brought about particularly strong community participation. For example, although advocacy activities were carried out in the majority of projects, only a few of them were carried out by the communities themselves. With the exception of the Equipop, SIDACTION and ESSENTIAL projects, target communities appear to have been considered as passive beneficiaries of prevention, care and treatment services, rather than as active participants working in partnership to improve their health. The role of care providers and community health workers seems more focused on the participation of community members in care rather than on strengthening their agency to ensure their wellbeing in line with their own choices.

GOOD PRACTICE IN STRENGTHENING YOUTH LEADERSHIP (SIDACTION)

Meaningful leadership has been developed among both peer educators and Réseau Grandir Ensemble (RGE) ambassadors. These ambassadors established a club and took charge of rolling out activities for their peers. As a result, they have gained excellent technical skills: several have been assigned tasks that are usually carried out by community counsellors in private health centers. The ambassadors now lead many advocacy interventions internationally and are considered true role models by their peers. Leadership developed among peer educators and the RGE ambassadors is the result of a long process that began with the creation of the Réseau Grandir Ensemble in 2016, well before the project began.

Recommendations

- → **Foster key population empowerment through psychosocial approaches and safe spaces.**
- → **Strengthen community inclusion from the project planning phase: community consultations, gender and socio-cultural analyses, mapping unknown local actors and community research to better meet real needs.**
- → **Actively involve communities in project management, monitoring and evaluation: involve them into steering committees, maintain regular communication with them and use monitoring approaches focused on the changes that are desired by beneficiaries.**
- → **Establish community accountability mechanisms: set up complaint procedures, encourage citizen monitoring initiatives and give communities responsibility for monitoring support provided and services received.**
- → **Adopt gender mainstreaming: integrate gender-sensitive tools and training, strengthen female leadership, assess power relations and promote positive masculinity, especially among young people in social mobilization activities.**

AREA 2

Challenges related to community participation

The status, expertise and needs of peer educators

The issue of recognizing the status of peer educators has been central in all projects. Peer educators had volunteer status and, in some projects, received daily allowances to cover costs incurred. However, their status in the future remains uncertain. Questions around integrating peer educators into the local health system and their socio-professional integration have also been raised. Under the SIDACTION project, peer educators received dual recognition, at both technical and political levels, from health providers. In particular, adolescents participated in developing the Global Fund [GC7] funding request.

In the majority of projects, peer educators received **training** on sexual and reproductive health, and/or HIV, tuberculosis or malaria. They generally felt able to pass on the robust knowledge they had acquired to their communities and beyond. In the Equipop project, trained young listeners became trainers to other young people on sexual and reproductive rights and health (SRHR), the three pandemics, leadership and media training. However, the sustainability of the learning outcomes is difficult to assess since post-training monitoring was only included in two projects (ESSENTIAL and Equipop). In addition, most of these training courses were not sufficient and refresher trainings are needed over a longer period.

In most projects, **peer educators played a role in the continuum of care and were also beneficiaries of the services**. Although young people were trained in peer education, they were not prepared for the stress associated with their roles. Psychological support was provided to peer educators in the SIDACTION project. In the Dominican Republic, COIN, who work with communities of people who use drugs in particular, have experienced difficulties keeping an active cohort of peer educators. As they are people living in volatile situations and could relapse at any time. Supporting these peer educators with their mental health could have been a central component of the project, as well as supporting their social reintegration.

Expertise of community organizations

All the projects, in different ways, included a component focused on **strengthening the capacity and technical skills** of staff from community partner organizations. In the PILS project, the organization Kinouété was trained to lead activities conducted in prisons. In the AIDES project, the four partner organizations were highly appreciative of the support they received from AIDES, as they shared their experience on human rights, PrEP, community health approaches and training techniques. However, not many community organizations benefited from organizational strengthening support. The CRCF project strengthened the capacity of partner organizations, in particular to improve the laboratory technical platform for viral load testing. Out of all 8 projects and 27 partner organizations, only two identity organizations played a role as implementing partner, although budget they were allocated was relatively small.

Community ownership of projects

The projects met the real needs of communities, thanks in particular to the virtually unconditional commitment of peer educators to their work raising awareness and supporting patients. Partner community organizations had a good local presence in the target communities, and had established trusting relationships with them as a result of working closely for many years. In the ESSENTIEL project, COPEDECOBU's close relationship with its members contributed to the social ownership of the project by fishermen. In Morocco, the project built on the long-standing relationship of trust between sex workers and ALCS. The PILS and ALCS projects in Mauritius demonstrated that when an organization is not well embedded in the community, the level of participation and community ownership is lower.

Recommendations

- → Strengthen the capacity and ownership of community actors by combining training, mentoring, adapted tools and ensuring sufficient budget is allocated.
- → Support their professional development through a structured organizational strengthening plan, skills certification and post-training support.
- → Where relevant, integrate collaborative income-generating activities.
- → Establish a network of peer educator leaders, including those from the public sector, to lead a community of practice and train new recruits.

GOOD PRACTICE IN STRENGTHENING COMMUNITY PARTNERS (ALCS)

The project enabled partners to strategically position themselves as repositories for community expertise in PrEP generally and specifically for female sex workers, transgender people and partners of people who inject drugs. As a result of the project, organizations developed the skills of their staff around PrEP and gained experience monitoring PrEP for women. The project gave them greater visibility and enabled them to develop partnerships with national authorities and civil society partners. The community expertise that was acquired through the project has been widely recognized at the national level, with organizations being asked for advice or to collaborate with national authorities as part of their PrEP interventions.

AREA 3

Impact of the community approach

"I am very proud to work for this project because through the training I have received and the precautions to take, I can help reduce HIV infection."

Peer educator, Haiti, AIDES project

Changes within communities

The projects contributed to **behavior change, demand creation for care** and to **empowering target populations**. The ESSENTIEL project helped to reduce HIV-related discrimination among fishermen and fish sellers in Burundi, and to improve health knowledge and care-seeking behaviors. The RACOJ project promoted questioning social norms, particularly gender norms, and promoted greater acceptance of LGBTQI+ populations by the young people that the project targeted. The ALCS project enabled target women to be better informed about health, protecting themselves against HIV and STIs, and around having more control over their health.

Access to health services

The projects showed **positive results in terms of improved access to health services for the target populations**. For example, the ALCS project has made it possible to expand and scale up PrEP services for sex workers (SWs) in the three intervention countries (Morocco, Mali, Mauritius), although PrEP adherence among SWs still needs strengthening. The CRCF project established regional referral centers, which made it possible to decentralize care for children living with HIV in Senegal. In the Dominican Republic, the AIDES project improved access to sterile syringes and other harm reduction measures for people who inject drugs, as well as access to ARV treatment. The PILS and RACOJ projects have had more limited results in terms of access to care, in particular due to COVID-19, supply stock outs, national strategic decisions and challenges collaborating with health authorities on the issue of access to prisons and referrals for former prisoners.

GOOD PRACTICE: THE EQUIPOP PROJECT'S CHANGE-ORIENTED APPROACH IN SENEGAL AND BURKINA FASO

The approach taken enabled qualitative monitoring of the project and for focus to be given to project impact. The different stages of change were defined in advance by project stakeholders. In addition to ensuring effective ownership of the monitoring and evaluation system, this approach made it possible to monitor changes during the project and assess the level of empowerment achieved through a series of participatory activities. This approach has strengthened the agency of adolescent girls and is a particularly relevant and tailored approach for a community health project focused on behavior change. Above all, the approach made it possible to put beneficiaries, young girls in this instance, at the center of the approach: they define their own pathways of change.

Documentation and evidence generation

The majority of projects enabled **the needs of communities and their access to health services to be documented, or for databases on target populations to be developed**. This made it possible to improve the visibility and understanding of the needs of these communities. In Burundi, for example, communities of fishermen and fish sellers were integrated into national strategies by the end of the project, and in Morocco, the need for PrEP among women became more visible. However, in most of the projects, the data systems put in place did not make it possible to measure the impact of the interventions, due to the lack of appropriate indicators and methodologies.

Recommendations

- → Establish results-based and change-oriented monitoring and evaluation, with active participation of communities and flexibility in terms of the indicators.
- → Identify key actors from the start of the project to facilitate knowledge transfer and sustainability of interventions.
- → Produce knowledge sharing and learning tools adapted to different audiences to highlight lessons learned and to support advocacy.
- → Strengthen the capacity of advocacy partners through structured, inclusive and multisectoral plans, involving target groups from the start of implementation and partner with other actors, especially in the field of human rights.

AREA 4

Positioning community health projects in the national system

Collaboration with health authorities and the national health system

One in two projects developed formal collaborations with national health authorities, notably by including national disease control programs in project steering committees. In the SIDACTION and CRCF projects, the national program actively participated in project monitoring and accepted the principle of mutual accountability. The remaining projects were implemented through **informal relationships** or through **partnerships with local authorities**. In Mauritius, there was no framework agreement between the organization and the national authorities, which impacted project implementation as they required the approval of the Ministries of Health for all activities in prisons.

The cross-cutting evaluation highlighted a **lack of overall collaboration with community health bodies within Ministries of Health** in the implementing countries. If a partnership isn't in place with community health directorates, there is a reduced likelihood of projects being integrated into national community health policies and of ensuring the sustainability of interventions. This lack of collaboration also means that peer educators have unrecognized volunteer status and do not have the potential to grow their roles.

However, the projects helped to **initiate or strengthen collaboration between community health services and national health system facilities**. Some projects have used this collaboration as a space for exchange and influence, where they have been able to share experiences and data produced, which has resulted in the target issues or communities being more visible. These opportunities have helped influence national strategies and Global Fund funding. This has enabled them to position themselves in some cases as community centers of expertise (ALCS), particularly for CSOs already established at national level.

The issue of funding after the L'Initiative grant ends is relevant for all projects, even where there is ownership of the community health strategy by the national authorities. The project leads did not present an **exit strategy** and did not work with ministries of health to integrate activities into national budgets. Instead, all of the projects focused on integrating it into Global Fund funding requests or project follow-on funding from L'Initiative. The continuation of interventions is therefore conditional on accessing external funding.

Strengthening the capacity of human resources for health

Almost all projects included activities to strengthen the skills and/or capacity of health professionals. Community actors are expected to improve the continuum of care and refer people to appropriate health facilities. In order to ensure quality care is provided to referred persons, most projects have strengthened the skills and/or capacities of health facility providers managed by the Ministry of Health or community organizations.

GOOD PRACTICE: TRAINING HEALTH PROFESSIONALS (SIDACTION)

The project trained 377 health professionals in hospitals and public health facilities in 6 countries. These trainings were developed in a participatory way through establishing a working group of about thirty people, including representatives from the National AIDS Control Program and experts from organizations. Training related to medical care and support was based on WHO recommendations (disclosing HIV status to adolescents, proctology for MSM, etc.). Training in psychosocial care and support, in the absence of international recommendations, was based on lessons learned from previous phases of the project and the personal experience of national experts. Once trainers from organizations had been trained, they went on to train health professionals, who also then benefited from hands-on immersion work placements at community clinics.

However, the training development and knowledge assessment processes have not been documented by the projects. The training indicators focused on the number of people trained rather than on the skills they acquired, and these trainings were theoretical and did not include practical components. The main objective of trainings carried out by community actors was to sensitize health care staff on issues relating to each of the project's target population groups to create or strengthen the conditions for a more enabling environment.

Recommendations

→ Include the health authorities in project conceptualization and management, particularly in relation to potential scale up at the end of the project.

→ Improve communications about the project and the project timeframe with the authorities, to ensure greater understanding and strengthen dialogue.

→ Establish a framework for periodic discussion between community actors and the community health body within the Ministry of Health.

→ Involve community actors ahead of the planning phase within national programs.

→ Plan to have a dedicated budget allocation for community health projects in national or sectoral authority budgets.

→ Adopt a community health approach at all levels of the health pyramid and across all national programs.

Conclusion

This cross-cutting evaluation demonstrates that the outcomes and specific impact on community-based approaches of the projects evaluated are varied and highlights the role of community actors as agents of change within both communities and the national system. However, despite many advocacy interventions taking place, in the majority of projects these were led primarily by partner organizations and not by the communities themselves.

In order to strengthen the effectiveness and sustainability of interventions, it is therefore crucial to facilitate national ownership and to co-create a horizontal approach to community health. This involves actively engaging communities from the point of priority setting – through community dialogues, participatory mapping or community research – and giving them a central role in project governance, monitoring and evaluation. In addition to results-based management, it also relates to fostering a change-oriented approach, that is designed and delivered collaboratively. An effective way of achieving a horizontal approach is to encourage innovative interventions focused on a community agency, such as citizen control or community-based monitoring. In addition, creating a platform for periodic discussions between community actors and those in charge of community health within the Ministry of Health can facilitate joint decision-making. Platforms of this kind could be used to formalize issues around the status, role and remuneration of community actors, such as peer educators, and also of state actors involved.

REFLECTIONS

The results of this cross-cutting evaluation were presented at the International AIDS Conference in Munich in 2024.

Community health is a priority for L'Initiative. In addition to its Projects Channel, L'Initiative contributes to strengthening community health and community health stakeholders through its Expertise Channel, which mobilizes technical support on demand. Stakeholders also receive support to strengthen their leadership and organizational structure. Our expert consultants are encouraged to integrate community health more significantly into Global Fund funding requests, and a toolkit to support this has been developed by L'Initiative.

ACRONYMS AND ABBREVIATIONS

ALCS	Association de lutte contre le sida
CRCF	Fann Regional Centre for Research and Training in Clinical Management
CSO	Civil Society Organization
Equipop	Équilibre et population
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex people
MSM	Men who have sex with men
PE	Peer Educator
PILS	Prévention Information Lutte contre le Sida
PrEP	Pre-exposure prophylaxis
RACOJ	Network of Congolese Youth Associations
SRH	Sexual and Reproductive Health
SRHR	Sexual and reproductive health and rights
STI	Sexually Transmitted Infection
WHO	World Health Organization

This publication is part of a collection that presents the results of cross-cutting evaluations produced by L'Initiative. The following issues have already been published and are available on our website in the 'Our documentary resources' section in English and French:

This cross-cutting evaluation was carried out by Stéphane VANCUTSEM, Philippe LEPÈRE, Juliette PAPY, Soukeyna OUEDRAOGO and Jean-Marie TSIBANDA from HMST, between April 2023 and September 2024. It was coordinated by Elsa Goujon, Coordinator of L'Initiative's Evaluation Unit in Expertise France's Health Department.

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