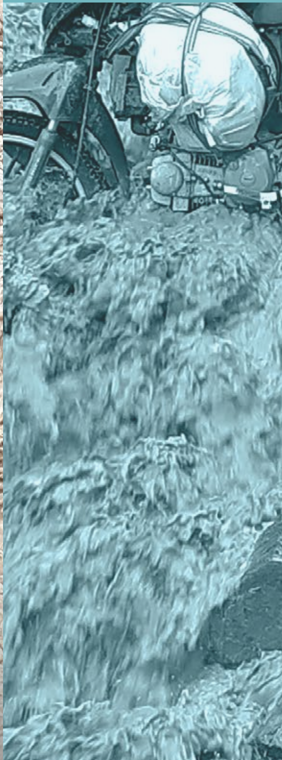
CROSS-CUTTING PROJECT EVALUATIONS



Hard-to-reach areas

EXPERTISE FRANCE
GROUPE AFD

L'INITIATIVE
sida, tuberculose, paludisme

L'INITIATIVE

L'Initiative is a project implemented by Expertise France launched at the end of 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. L'Initiative thereby contributes to ensuring the effectiveness of pandemic responses.

9
projects evaluated

8
countries reached by the projects

28
implementation partners

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Cross-cutting project evaluation

L'Initiative has established a cross-cutting evaluation mechanism for projects it supports.
This mechanism enables to account for the use of the Ministry of Europe and Foreign Affairs' funding, to promote the interventions of L'Initiative, and to learn from them. This contributes to improving practices in the response to the three pandemics and guiding L'Initiative's future interventions.

KEY DATA

from the "Hard-To-Reach Areas" cross-cutting evaluation

Total project budget:
€10,499,439

9
projects evaluated

8
countries reached by the projects

28
implementation partners

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1 7 MYANMAR
4 LAOS
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1 Improving access to TB treatment and quality of care for marginalized populations

MYANMAR; THAILAND - 2021-2025

PROJECT HOLDER
SHOKLO MALARIA RESEARCH UNIT (SMRU), MAHIDOL OXFORD TROPICAL MEDICINE RESEARCH UNIT

PARTNERS
BORDERLAND HEALTH FOUNDATION (BHF), KAWMUTAW HEALTH FOUNDATION

2 Overcoming access barriers to effective malaria treatment among conflict-affected populations in South-West and Littoral regions (Breaking Barriers)

CAMEROON - 2020-2024

PROJECT HOLDER
REACH OUT (REO)

PARTNERS
KASAFRO, MALARIA CONSORTIUM

3 Community Health Workers. Strengthening outreach in rural areas.

CÔTE D'IVOIRE - 2020-2024

PROJECT HOLDER
PAC-CI PROGRAM

PARTNERS
ALLIANCE CÔTE D'IVOIRE

4 Helpful Efficient, Accessible, Low Cost, Timely, Health Action (HEALTH) project

LAOS - 2020-2024

PROJECT HOLDER
HUMANITY & INCLUSION (HI)

PARTNERS
INSTITUT BUISSON BERTRAND, LAOPHA

5 Strengthening the involvement of disadvantaged urban communities in Madagascar in quality screening and care (TB and HIV/AIDS) - RAITRA

MADAGASCAR - 2021-2024

PROJECT HOLDER
ATIA

PARTNERS
KOLOAINA, MAMPITA, VAHATRA

6 Malaria control: Improving access to prevention, diagnosis and care for vulnerable rural communities (REACT2)

BURKINA FASO; CÔTE D'IVOIRE - 2020-2024

PROJECT HOLDER
FRENCH RESEARCH INSTITUTE FOR DEVELOPMENT (IRD)

PARTNERS
INSTITUT PIERRE RICHET, INSTITUT DE RECHERCHE EN SCIENCES DE LA SANTÉ

7 Improving access to health care for ethnic minorities living in rural areas of North, Naga and Putao who experience gender-related barriers

MYANMAR - 2021-2024

PROJECT HOLDER
MEDICAL ACTION MYANMAR (MAM)

PARTNERS
EASTERN NAGA DEVELOPMENT ORGANIZATION (ENDO)

8 Community interventions to improve the provision of TB screening and care services for the general population and vulnerable populations in 4 regions with low TB case reporting rates

NIGER - 2021-2024

PROJECT HOLDER
SONGES

PARTNERS
ODI, ONEN, NTCP, PLAN INTERNATIONAL NIGER, RENIP+

9 Health systems strengthening for undocumented and marginalized migrants in Tak province, with a focus on SRH needs

THAILAND - 2020-2025

PROJECT HOLDER
SMRU, MAHIDOL OXFORD TROPICAL MEDICINE RESEARCH UNIT

PARTNERS
BHF, THAILAND PUBLIC HEALTH ORGANIZATION (TPHO)

Introduction

This overview document presents the results of the cross-cutting evaluation of nine projects funded by L'Initiative implemented in hard-to-reach areas (HTRAs). These are areas where security-related, geographic, logistical and/or socio-cultural barriers hinder equitable access to health services for vulnerable, displaced, marginalized or isolated populations.

The projects evaluated are part of the response to HIV, tuberculosis (TB) and/or malaria, as well as cross-cutting themes such as maternal and child health, access to sexual and reproductive health, health and community systems strengthening, and promoting human rights.

The interventions analyzed were implemented in five countries in Africa and three countries in Asia. They cover a diverse range of contexts with specific challenges for access to care, including areas experiencing conflict or insecurity, conflict-affected border areas, remote rural areas, and economically disadvantaged urban areas, such as slums.

This overview document highlights the main lessons learned from these projects, as well as recommendations for the design and implementation of projects in hard-to-reach areas.

Definitions

→ **Hard-To-Reach-Areas:** L'Initiative has adopted a definition inspired by the European Union to qualify *"areas that are difficult to access due to conflict, natural or man-made disasters, or other physical, logistical, security, or health barriers."*

METHODOLOGY

The evaluation was carried out by the consultancy firm Health Management Support Team (HMST) between May 2024 and October 2025. It was a multidisciplinary team comprising 17 national and international consultants in public and community health, primary health care, maternal, sexual and reproductive health and project evaluation.

The evaluation involved:

- → **An individual evaluation of each project on the ground.**
- → **A cross-cutting analysis of the results to identify lessons learned and good practices from the evaluated projects, with the aim of learning and improving the quality of future interventions.**
- → **A workshop to co-develop recommendations held in July 2025 with the lead organizations from the projects evaluated, team members and the L'Initiative Steering Committee. The workshop made it possible to collectively develop recommendations presented in this publication.**

AREA 1

Leadership to drive access, build trust and foster outcomes

In hard-to-reach areas, *"acceptance of interventions relies on the involvement of local authorities and communities, as well as on close ties between implementing actors and local populations, which make it possible to build support networks and overcome operational bottlenecks."*

Leadership to create or strengthen partnerships

Leadership of the project holder is a determining factor for any project, but it is of particular importance in conflict zones or remote areas, where it **determines the acceptability, security and continuity of interventions**. Leadership makes it possible to sensitize institutional partners on the specific nature of HTRAs, to foster adherence to and ownership of approaches by all actors and to facilitate sharing of information on safety conditions and site access.

Leadership among the projects holders evaluated was reflected in their ability to establish or consolidate partnerships adapted to the intervention context, which had a direct impact on results being achieved. This momentum has depended on strong early involvement of communities, national programs to fight HIV, tuberculosis (TB) and malaria, as well as Ministry of Health services at both national and decentralized levels. In many of the contexts, formalizing partnership agreements has helped to position project holders as recognized implementing bodies, with the delegation of tasks or services - a particularly strategic tool in insecure or isolated areas.

In conflict settings, projects are part of a long-term approach and interventions are often based on pre-existing partnerships and on project holders being embedded and seen as credible by local (community actors and local authorities) and national stakeholders, at all levels of the health pyramid. Early involvement of communities and community leaders is essential to ensure their acceptance of and active participation in projects. Complementarity with funding from the Global Fund or other donors, as well as collaboration with humanitarian actors (OCHA, UNOPS, specialist NGOs), have made it possible to overcome particular shortcomings in the health system, particularly in terms of supplies and last mile distribution.

Leadership to foster trust and national ownership

In conflict-affected areas, project holders have demonstrated crucial strategies and leadership, especially in terms of building trust with competing parties, securing their involvement or, at the least, having their goodwill. In other HTRAs, acceptance of interventions is dependent on the involvement of local authorities and communities, as well as implementing actors working closely with populations to enable support networks to be established and to overcome operational bottlenecks.

For optimal ownership, projects must combine tailored dissemination strategies with accessible materials and advocacy interventions that target health system decision-makers, technical and financial partners, and the Global Fund. In Niger, SongES' interventions were integrated into the Global Fund GC7 grant, with the project's community outreach workers remaining in place. However, constraints related to budgets and finance remain a barrier to national ownership, especially in countries with limited resources.

Leadership to reduce gender inequalities

The integration of gender issues varies between projects, depending on the understanding of project holders, and is often limited due to a lack of appropriate strategies. **In HTRAs, where women and girls are particularly vulnerable**, some projects, such as those led by SongEs and SMRU, have improved their access to health services and levels of health literacy, however without sufficiently involving their male partners. Conversely, other interventions, such as TB control projects in particular, underestimated the specific needs of men. These gaps reflect a lack of in-depth analysis of gender inequalities to guide interventions.

Recommendations

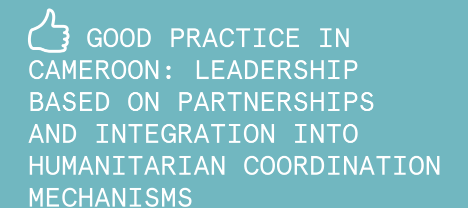
→ **Build trust from the very start of the project** design phase, through participatory approaches involving institutional partners, communities and local leaders.

→ **Structure and moderate local partnership networks**, involving institutions, community and humanitarian actors and beneficiaries, to streamline implementation and strengthen accountability.

→ **Plan ahead for national ownership** in advance through integrating an exit strategy, targeted advocacy, and tailored dissemination of results and economic analyses to inform public decision making.

→ **Systematically ensure the integration of gender**, based on contextual and needs analyses, with gender-specific strategies, baselines, targets and indicators (men and women) and adapted resources.

→ **Strengthen the capacity of project holders and partners**, through ongoing technical support, using existing tools adapted to the context and approaches that promote locally-relevant solutions.



GOOD PRACTICE IN CAMEROON: LEADERSHIP BASED ON PARTNERSHIPS AND INTEGRATION INTO HUMANITARIAN COORDINATION MECHANISMS

Against a backdrop of armed conflict between the army and English-speaking separatist groups and mass population displacement in the South-West and Littoral regions of Cameroon, Reach Out (REO) established a consortium with the organization, Kasafro, to facilitate access to French-speaking areas and strengthen continuity of the Breaking Barriers project. REO also integrated itself into the humanitarian space, working closely with the United Nations Office for the Coordination of Humanitarian Affairs, co-leading the Health group and participating in the Protection and Gender groups, as well as in World Food Programme and civil-military coordination mechanisms in Buea, a conflict-affected area. In this sense, REO has been able to respond to contextual challenges through effective mobilization of existing networks. Involvement of the National Malaria Control Program (NMCP) in the project also ensured institutional alignment and ownership of results by NMCP.

AREA 2

Provision of services in hard-to-reach areas, taking action despite setbacks

"By offering a free transport service to vulnerable populations, the project has facilitated geographical access, removed a financial barrier and ensured continuity of care."

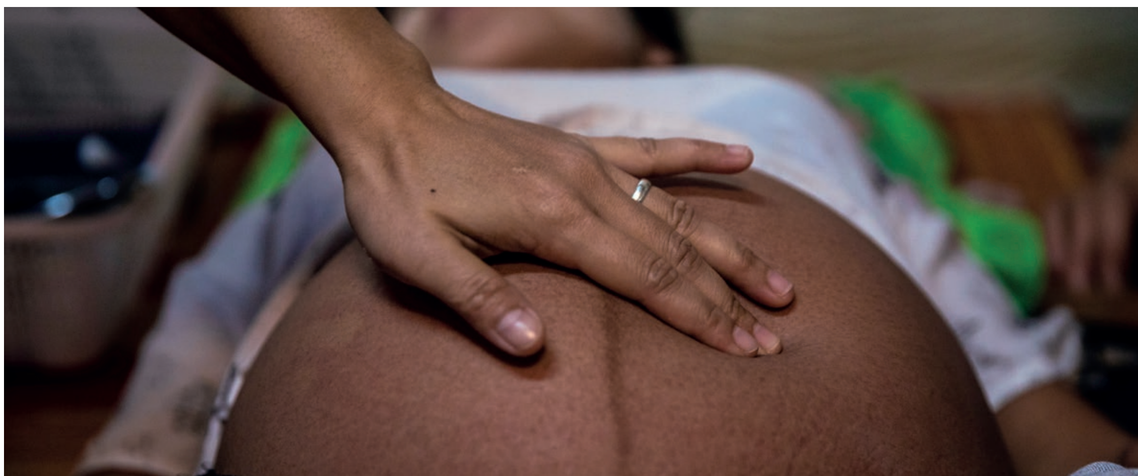
District Medical Officer, Ministry of Health, REO project, Cameroon

The community approach, a critical lever

In HTRAs, where challenges are exacerbated and health systems fragmented or non-operational, the shortage of motivated health workers – both in terms of numbers and skills – constitutes a major challenge for the continuity and quality of services. **Mobilizing community actors can partially compensate for shortfalls in human resources for health and allows for the feasibility of innovative approaches and tools to be explored.**

The preferred approach among these projects was to rely on existing networks of community health workers (CHWs). The focus was primarily on strengthening their skills, particularly in terms of health knowledge, and in some cases their operational capacity, by introducing adapted tools, such as the mobile-based educational tool MHEP[1] in Laos (HI). This approach brought service delivery closer to the population, regardless of HTRA category. REO halved malaria prevalence in its intervention area in Cameroon, notably through involving CHWs in supply procurement to alleviate stock-outs. ATIA has strengthened adherence to TB treatment in disadvantaged peri-urban areas of Madagascar through social worker support; and PAC-CI has identified a high number of fever cases through home visits.

1. MHEP (Mobile Health Education Package) is a health education tool for mobile teams. It was designed based on research results and was developed in a participatory way with the Ministry of Health. MHEP provides scientifically-based messaging that is understandable and acceptable for village communities.



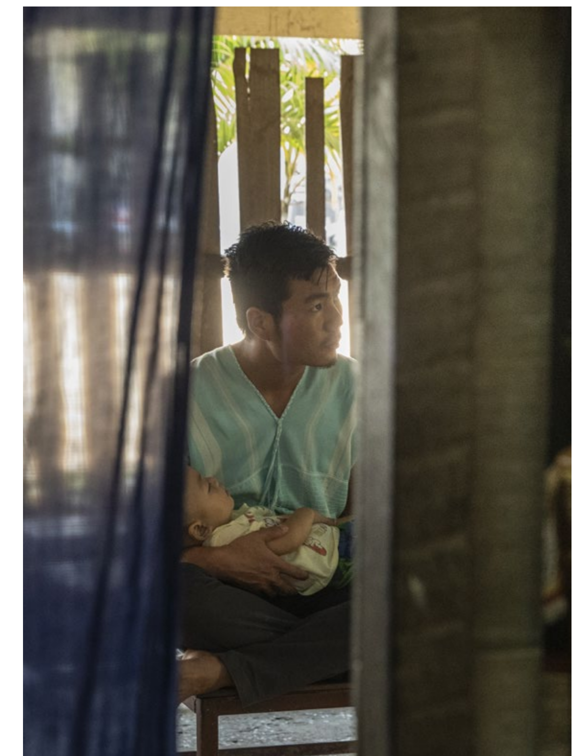
Providing quality services

Due to limited in resources, they could only partially address structural weaknesses of health systems. However, they sought **to improve the quality of services by strengthening CHW skills and capacity.** Indeed, training human resources for health has been a central focus of all projects, regardless of HTRA category. The availability, reliability and regular monitoring of well-trained CHWs with the necessary equipment also played a key role. Awareness-raising and information sessions helped to strengthen acceptability of services. The ability to communicate in local languages was a major factor for interventions being successful.

The results show that to be effective, training must be integrated into the overall approach, and must include support and post-training follow-up. Projects that have invested in this support have achieved better results in terms of improving the quality of services. In Thailand, SMRU trained and mentored migrant CHWs in their local languages by supporting them on an on-going basis in mobile clinics and outreach activities, and adapting training methods to varying literacy levels.
This approach has also made it possible to strengthen the networking of CHWs and their role as community liaisons. Most of the other projects did not have a clear formalized training framework and evaluations focused mainly on the number of trainings provided, without being able to assess their real impact on the quality of services.

Innovative approaches

Working in conflict zones, remote rural areas, or areas of extreme poverty, does not preclude innovation, which often relates to the ability to tailor interventions to the realities faced by local communities. How innovative an intervention is can be very dependent on the context: a solution that is seen as innovative in a one area may not be innovative in another, including within the same country or district. Operational research projects generally aim to demonstrate the feasibility of innovations or new technologies in specific contexts. For example, CHWs in the PAC-CI project used digital tablets, which facilitated the collection of data in HTRA. However, this required coaching and sustained technical support. In Laos, HI co-created a mobile-based educational tool



with communities targeted by the project.
In other projects, innovation lies more in adapting the intervention methods. In Niger, SongES responded to challenges relating to the remote and insecure context by providing food support and transport costs for patients most in need, thereby allowing service access for nearly 13,000 people. In Madagascar, an innovation put in place by ATIA was to involve social workers in the follow up of tuberculosis patients, relying on home visits targeted by a predictive tool for non-adherence, thereby reducing treatment dropout rates.

GOOD PRACTICE TO OVERCOME ACCESS TO CARE BARRIERS IN NIGER

In a context where remoteness and insecurity levels severely limit care uptake, SongES adopted an approach adapted to these local constraints. Providing food support and reimbursing transport costs for patients most in need fostered project acceptability and service uptake. The community outreach workers referred thousands of people for tuberculosis (TB) screening and the project contributed to nearly 23% of national TB case detections in the four intervention regions. Implementation of this project has also shown that well-trained, incentivized, equipped and mentored community outreach workers can contribute to addressing the human resource gap and improving TB case detection.

Recommendations

- **Embed all HTRA interventions in community-based approaches,** based on evidence, dialogue with local populations and their expressed needs, involving existing CHW networks, and building on the experience of project holders already established in the community.
- **Sustainably strengthen the quality of services through CHWs,** by combining context-appropriate remuneration, capacity strengthening and advocacy with national authorities for the inclusion of vulnerable populations.
- **Put in place a comprehensive training framework for CHWs,** integrating initial training, post-training support and tools that support knowledge, expertise and interpersonal skills.
- **Foster context-specific innovations in HTRAs,** drawing on communities, and CHWs, and the necessary trust of the donor, while taking into account the sustainability of the intervention.
- **Ensure timeframes for HTRA projects are realistic,** without underestimating the administrative, logistical, security and geographical constraints.

AREA 3

Managing projects in hard-to-reach areas, adapting, improvising, safeguarding

"Project acceptability among communities is often an important lever for protection"

Flexibility and adaptability are key to success

In HTRAs, flexibility and adaptability are crucial conditions for success. Project holders and donors must be able to adapt the timelines, activities and budget on an ongoing basis, in response to unstable contexts marked by political, security or climate-related risks. SMRU adapted the roll out of its mobile clinics in line with population flows and attendance. Unexpected costs - in particular linked to security or fluctuations in fuel prices - require contractual flexibility to adapt interventions without systematically resorting to budget amendments. Faced with the unpredictability of conflict settings, MAM has successfully planned its program interventions with built-in flexibility. CHWs and the mobile team adapted their activities in line with periods of conflict. The community outreach workers used telephone algorithms to identify suspected TB cases and refer patients to screening facilities, and MAM covered their costs (transport, tests, accommodation).

The importance of monitoring & evaluation

In HTRAs, the essential monitoring tools must be deployed flexibly and responsively, taking into account access challenges and data collection limitations. Several projects applied local solutions: PAC-CI provided community health workers with digital tablets, SMRU developed automated dashboards for monitoring activities and SongES used WhatsApp to share data from at-risk areas. The lack of clearly defined and disaggregated baseline data, indicators and targets, however, limited outcome measurement, particularly in terms of HTRA-specific indicators.

In operational research projects, the lack of operational monitoring mechanisms was a limiting factor, as the data collected was mainly used to test assumptions, rather than to monitor implementation. Finally, as national health information systems do not disaggregate data for HTRAs or vulnerable populations, the ability to carry out a detailed analysis of access to care remains limited.

Logistics and procurement management, flexibility required

In HTRAs, logistics are a determining factor for project success. Road conditions, climatic factors and the geographic configuration can disrupt community interventions, supervision and access to care – sometimes more than the conflict itself. Project holders accustomed to contexts of this type addressed these constraints as structural challenges.

Supply availability is equally critical for service continuity. Although supporting national supply chains can foster sustainability, dysfunctional issues within the supply chain can lead to major disruptions. Project holders therefore must develop approaches such as collaborating with specialist United Nations agencies (MAM, SMRU) or creating their own procurement system (IRD). The REO project in Cameroon experienced frequent stock-outs, which put significant pressure on CHWs, who sometimes had to advance funds to procure supplies. Significant health outcomes have been achieved despite these constraints. Conversely, the IRD project in Côte d'Ivoire had strong collaborations with the health authorities, which made it possible to manage supplies more effectively.

In this sense, supply management has a direct impact on project outcomes and on the team's workload. Robust and adaptable logistics systems help to ensure service continuity despite constraints. For example, the SMRU project in Thailand demonstrated the required adaptability to respond to high demand and ad hoc disruptions to the supply chain.

Security, a prerequisite

In unstable contexts, security is a prerequisite for implementing interventions. This can rely on community-based mechanisms, early warning networks and flexible travel arrangements. **Project acceptability by communities can often be an important factor to ensure protection.** The REO project set up community mechanisms for regular monitoring of the security context in coordination with partners, including OCHA. Activities were subject to prior risk assessments, which could lead to their adaptation or cancellation.

Recommendations

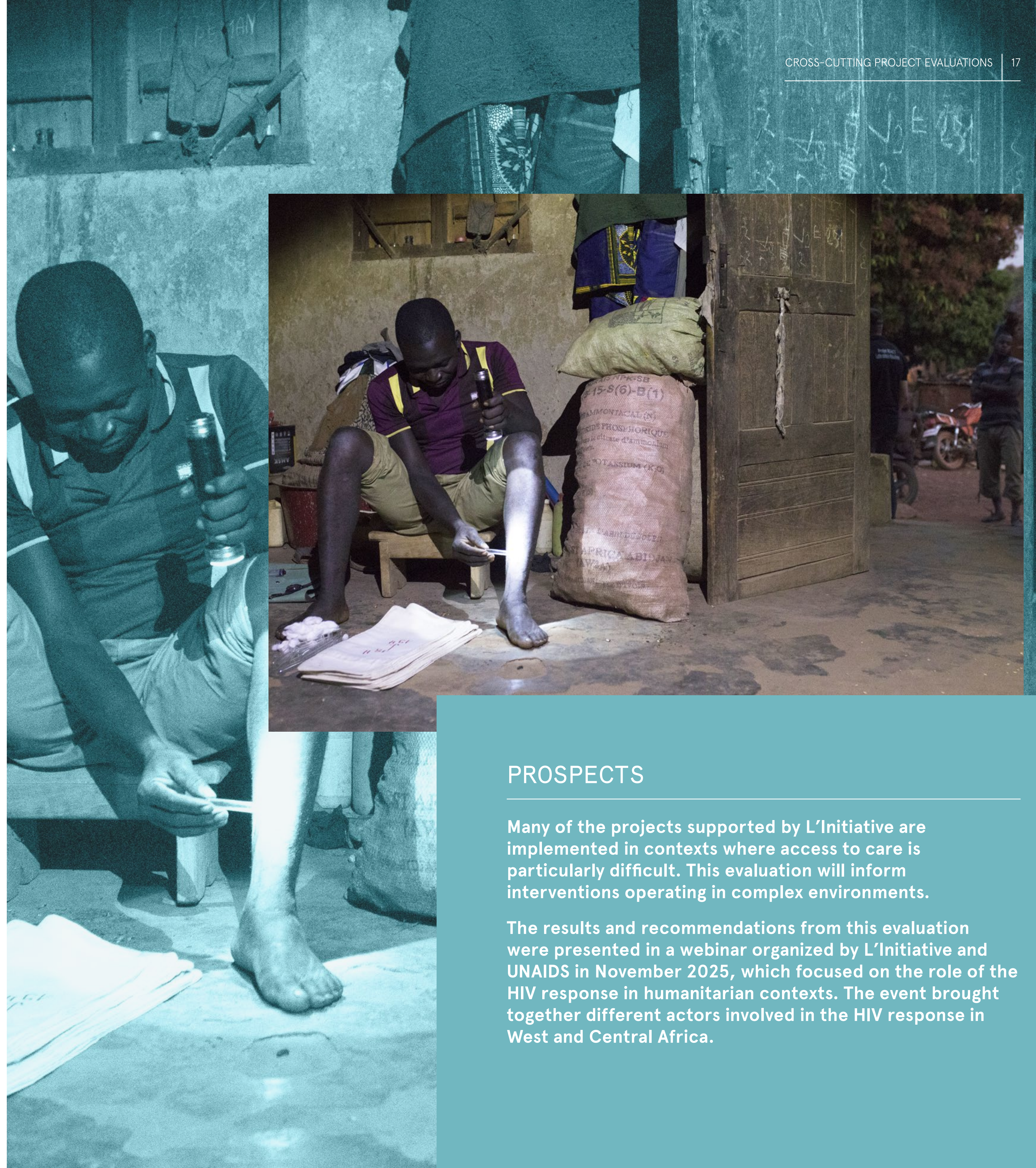
- **Institutionalize adaptability** to HTRAs by developing a specific checklist from the project design phase onwards.
- **Adapt M&E frameworks** to HTRAs, including training for all project staff and specific requirements: disaggregated baseline data, targets and indicators that are aligned and contribute to national systems, gender indicators that demonstrate results related to reducing inequities, and strengthened data protection measures.
- **Strengthen community accountability** by involving communities in setting indicators and establishing feedback mechanisms.
- **Include context-specific and risk-related indicators**, particularly in conflict-affected or disaster areas, to anticipate crises and facilitate programmatic or budget-related changes.
- **Increase budget flexibility, with higher budget** allocations to cover security and costs related to any required changes.

GOOD PRACTICE: IMPLEMENTATION FLEXIBILITY IN MYANMAR

MAM's work in a highly unstable context demonstrated considerable flexibility in terms of how it structured its monitoring activities during security situations restricting access to villages. Disruptions to interventions were limited, averaging no more than two weeks, with teams returning to the field as soon as security conditions permitted. In some particularly remote villages, however, visits were delayed for longer due to the combination of conflict and the rainy season, a contingency which had been anticipated in project's planning. The fact that it had been anticipated enabled community health workers and mobile teams to adapt their interventions to periods of insecurity. Being embedded in the community was a crucial factor, as were having good quality equipment and sufficient supplies to allow for some level of autonomy. This allowed workers to continue their interventions for several months without direct supervision.

Conclusion

Lessons learned from this cross-cutting evaluation show that it is possible to implement effectively even in extreme contexts, provided that the approaches put in place are flexible, co-designed and well-managed. This cross-cutting evaluation also demonstrates that hard-to-reach areas cannot be seen as one single category, but rather as contexts that experience multiple, evolving and deeply intertwined vulnerabilities. Although these areas of vulnerability are still not sufficiently taken into account in project planning, they are crucial for meaningful access to services and the effectiveness of interventions. Therefore, all interventions in HTRAs need to implement a response that is based on evidence (data), needs expressed by local populations and the availability of existing CHW networks. The evaluation concluded that considering "HTRA" status alone is not sufficient and recommends taking into account the vulnerabilities of individuals and communities, as these vulnerabilities are exacerbated by HTRA contexts. These contexts may also bring to light additional vulnerabilities, such as social, economic, political, legal, geographical and gender-based vulnerabilities among service users.



PROSPECTS

Many of the projects supported by L'Initiative are implemented in contexts where access to care is particularly difficult. This evaluation will inform interventions operating in complex environments.

The results and recommendations from this evaluation were presented in a webinar organized by L'Initiative and UNAIDS in November 2025, which focused on the role of the HIV response in humanitarian contexts. The event brought together different actors involved in the HIV response in West and Central Africa.

ACRONYMS AND ABBREVIATIONS

CHW	Community Health Worker
BHF	Boarder Health Foundation
CSO	Civil Society Organization
HI	Humanity and Inclusion
HTRA	Hard-To-Reach Area
IRD	French Research Institute for Development
MAM	Medical Action Myanmar
MHEP	Mobile Health Education Package
NTCP	National Tuberculosis Control Program
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
REO	Reach Out
SMRU	Shoklo Malaria Research Unit
SRH	Sexual and reproductive health
TB	Tuberculosis

This publication is part of a collection that presents the results of thematic 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 Isabelle Cazottes, Philippe Lepère and Lorina McAdam from HMST. It was coordinated by Elsa Goujon, Coordinator of L'Initiative's Evaluation Unit in Expertise France's Health Department.

The analysis and conclusions presented in this document are the responsibility of the authors. They do not necessarily reflect the official views of Expertise France or the organizations and projects evaluated.

Written by: Isabelle Cartoux

Coordination: Nathalie Lasslop

Translation: Laura Craggs

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linitiative.expertisefrance.fr

Expertise France
40 boulevard de Port-Royal
75005 Paris
01 70 82 70 82

f ef.linitiative
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