

FINAL EVALUATION

IMPROVING THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF CISGENDER AND TRANS SEX WORKERS THROUGH EMPOWERMENT

EVALUATOR: CHRISTELLE BOULANGER - TEAM
 EVALUATION DATES: JUNE - OCTOBER 2025



COUNTRY:
CÔTE D'IVOIRE



BUDGET:
€878,318



LEAD ORGANIZATION:
SOLTHIS

PARTNERS:
Covie,
Espace Confiance (EC),
Arc-en-ciel (AEC+)



START DATE:
01/04/2022

END DATE:
31/07/2025

THE PROJECT

Background

Côte d'Ivoire is the only country in the French-speaking subregion that does not have a dedicated law on reproductive health, despite it being one of the countries most affected by the HIV/AIDS epidemic in West Africa. The epidemic is concentrated among key populations, such as sex workers (12.6%) and transgender people (22.6%), and has very high levels of gender-based violence (GBV). Cisgender and trans female sex workers (SWs) are at increased risk of HIV transmission and STIs, unintentional pregnancies and unsafe abortions due to the fact that they have multiple partners, live in volatile situations, are socially marginalized and are criminalized for soliciting.

Project operating model

The project took place over 41 months in the municipalities of Abobo and Yopougon in Abidjan. The project was based around:

- A partnership with the public authorities, including mental health, maternal and child health programs, the cancer program, and the HIV program.
- Close collaboration with 3 CSOs that provide services to men who have sex with men (MSM), SWs and transgender groups.
- Collaboration with 9 public health centers (equipment, training).
- Networking with other stakeholders, such as GBV focal points at police stations, journalists and bar / nightclub managers.

OBJECTIVES

Overall objective

Improving the sexual and reproductive health and rights (SRHR) of cisgender and trans sex workers in Côte d'Ivoire through empowering them to take ownership of their sexual and reproductive health and their health-related, social and legal environment.

Specific objectives

- Strengthen the organizational and technical capacity of implementing partners, and ensure they are well equipped, to increase the impact of their work supporting SWs.
- Roll out and test an approach to reduce sexual risk and gender-based violence through a self-care approach to empower SWs.
- Strengthen the provision of sexual and reproductive health services provided by implementing partners in their drop-in centers and the six SW-friendly health facilities targeted by the project.
- Contribute to creating a social and political environment that is more conducive to the sexual and reproductive health and rights of SWs.

EVALUATION RESULTS

Relevance

The POUVOIR project is relevant because in addition to being highly exposed to HIV infection, SWs and transgender people are also vulnerable to violence. The project has made it possible to integrate the following into the range of HIV prevention services - a package of sexual and reproductive health services including family planning to avoid unintended pregnancies, cervical cancer screening and treatment of pre-cancerous lesions, prevention and management of GBV. It has also introduced innovative training tools focused on women reclaiming ownership of their bodies.

Effectiveness

Some of the targets were exceeded, including the number of SWs reached by awareness-raising activities and the number of peer educators trained. The effectiveness of their work can be measured by the increased use of SRH services provided at dedicated centers and the use of cervical cancer screening services, the use of contraception and menstrual discs. Other targets were not reached: self-gynecology and self-defence workshops or sessions on attitudes towards these groups with journalists, uniformed personnel and managers of bars. These activities require resources and time.

Efficiency

SOLTHIS took a pooled approach across the POUVOIR and AGIR project funded by AFD, in order to reduce operating costs. Projects as detailed as this, which promote individual and sustainable changes and have modest targets, require a significant investment in terms of human resources and related equipment / materials. In order to scale up this approach in phase 2, shorter and less costly versions of the workshops should be considered that can be replicated by CSOs and the Ministry of Health.

Impact

Changes have been observed at all levels, from the individual to the institution level. Empowerment results have translated into a greater awareness among SWs of their bodies, their health needs, their ability to say no, and their fundamental rights. For partner CSOs, who have also been trained on SRHR and empowerment, their working approach has been revolutionized and they have moved from conventional methods of STI/HIV counselling to discussions about reclaiming the body and decision-making power. It should be noted that the "intimate" approach to the body taken by this project has strong replication potential in integrated HIV/SRHR health programs.

Sustainability

There are already signs of institutional and programmatic sustainability. More than 400 stakeholders have been trained and have strengthened their knowledge and practices, changed their perceptions and are able to train others. The project also invested in refurbishing and equipping health centers. Financial sustainability is the area that has been embedded the least, in light of reduced investment in the health sector. There is a need to rethink intervention models to reduce costs and increase efficiency, establish resource mobilization plans and invest in interventions that can be combined with government efforts.



Conclusions and recommendations

POUVOIR is an innovative project and its implementation approach has proven to be sensitive but flexible enough to adapt to the operational and financial constraints it has encountered. The project has demonstrated that it is possible to expand the traditional HIV service package that provides a broader offer, which meets the holistic needs of SWs. Through this project, SWs are treated as women with well-defined SRH needs, and they have responded positively to the process of taking back ownership of their bodies and self-care. The project also experienced some limitations: less diversified provision for transgender people, GBV care services with low level of usage and advocacy activities that were mainly on the back of opportunistic circumstances, rather than being guided by a strategy.

Several recommendations have been made to ensure a successful Phase 2:

- Support COVIE and AEC+ to develop their strategic frameworks and resource mobilization plans.
- Conduct a study on the cost-effectiveness of drop-in centers, the minimum conditions for sustainable operations, and other potential options before approving the opening of COVIE's drop-in center.
- Support Ivorian CSOs that provide services to key populations (KPs) to develop a risk management strategy related to smear campaigns against KPs.
- Test a system to track the use of SRH services at partner centers by target groups.
- In-depth analysis of beneficiary referrals from awareness sites to health centers.
- Mental health: take inspiration from support programs implemented in other locations with SWs and transgender people, adapt them and train the National Mental Health Program and psychologists to work with KPs.
- Assess the conditions for scaling up self-gynecology and self-defence workshops to ensure that a critical mass will be trained during Phase 2.
- Continue the SW empowerment approach with new, more intimate topics (parenting and attachment, marital consent).
- Develop a dedicated approach for transgender people that takes into account their mental health, their relationship to their bodies and some common health issues.
- Strengthen the system for reporting cases of violence in order to have data on the frequency and severity of violence experienced by SWs and transgender people. Set up GBV case monitoring with police station focal points.
- Develop a results framework for advocacy interventions.

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