

**FINAL EVALUATION OF THE PROJECT " TRAIN, MONITOR, SUPPORT:
COMMUNITY MOBILIZATION TO FIGHT HIV IN THE MENA REGION - FORSS "
(2018-2022 / L'INITIATIVE-EXPERTISE FRANCE)**

SOLIDARITÉ SIDA/ITPC-MENA

RDR-MOROCCO, AGD, ATP+, AL SHEHAB, M-COALITION/AFE-MENA



FINAL REPORT

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ACRONYMS

AFE:	Arab foundation for freedoms and equality
AGD:	Association of Managers for Development
AIDS:	Acquired immunodeficiency syndrome
AIDS:	Immunodeficiency Syndrome acquired
ALCS:	Association de lutte contre le Sida
Al-Shabab:	Al-Shehab Foundation for Comprehensive Development
AMAMI:	L'Association Mauritanienne d'Aide aux Malades Indigents
AMPF:	Association marocaine de planification familiale
ART:	Antiretroviral treatment
ARV:	Antiretroviral drugs
ATIOST:	Association Tunisienne d'Information et d'Orientation sur le SIDA et la Toxicomanie
ATL Tunisia:	Association Tunisienne de Lutte contre les Maladies Sexuellement Transmissible et le sida
ATP+:	Association Tunisienne de Prévention Positive
CCDAG:	Centre de conseil et de dépistage gratuits du VIH
COVID-19:	Coronavirus disease of 2019
CRG:	Community, Rights, Gender
CSO:	Civil Society Organizations
DELM:	Direction de l'Epidémiologie et de Lutte contre les Maladies
FORSS:	Former, suivre, soutenir: train, monitor, support
GF:	Global Fund to Fight AIDS, Tuberculosis and Malaria
HR:	Human resources
IDU:	Injecting drug user
ITPC:	International Treatment Preparedness Coalition
KP:	Key populations
LGBT+:	Lesbian, gay, bisexual, transgender, and questioning
MC:	Multi-Country
M-Coalition:	MSM Coalition in MENA Region
MENA:	Middle East and North Africa
MSM:	Men who have sex with men
NAP:	National AIDS Program
NFM:	New funding model
NGOs:	Non-governmental organizations
NHRC:	National Human Rights commission
NPA:	National Program for the Fight against AIDS
OPALS:	Organisation Panafricaine de Lutte Contre le Sida
PFM:	Portfolio Manager (at the Global Fund)
PLHIV:	People living with HIV
RDR-Morocco:	Association nationale de Réduction des risques des drogues
ReACT:	Rights – Evidence – ACTion
RST-MENA:	UNAIDS Regional Support Team for the Middle East and North Africa
SIDC:	Society for Inclusion and Development in communities and Care for all
SO:	Specific Objective
SOS-PE:	SOS Peer-educators
STI:	Sexually transmitted infection
SW:	Sex Workers
TG:	Transgender
UNAIDS:	Joint United Nations Program on HIV/AIDS
WHO:	World Health Organization

EXECUTIVE SUMMARY

This report reflects the process and results of the final evaluation of the FORSS project "Train, monitor, support: community mobilization to fight HIV in the MENA region" (2018-2022) conducted in five target countries (Morocco, Mauritania, Tunisia, Egypt and Lebanon) by two consultants during the months of May, June and July 2022. This evaluation was commissioned by L'Initiative/Expertise France. The consultants followed the Terms of Reference of this evaluation, which had the following specific objectives: (1) to analyze/assess the results of the project on the basis of the DAC/OECD evaluation criteria (accountability); (2) to analyze to what extent the project has benefited from capitalization work on the theme of observatories of access to care (learning) and (3) to provide recommendations for the development of a second phase of the project (prospecting).

Ten results were expected at the end of the project: (R1) *The services available in the MENA region are identified and referenced in status reports of the different themes (MSM, SW, IDU, Screening, Treatment).* (R2) *Standards and recommendations for quality care are known, adapted and shared with key players in the MENA region.* (R3) *285 community actors know the quality standards in terms of prevention and care services for PLHIV and key populations on the following themes: treatment of HIV infection, screening, MSM and TG, SW, IDUs.* (R4) *Existing services and health products, across the entire continuum of care, are continuously evaluated by community actors in the target countries.* (R5) *Structural barriers and barriers to accessing quality health services and treatment are identified and shared.* (R6) *A continuous and constructive dialogue is established between all stakeholders in the fight against HIV to improve the quality and coverage of care services for PLHIV and key populations.* (R7) *The structural capacities of the main project implementation partner (ITPC-MENA) are strengthened and the partner associations benefit from ad hoc capacity building.* (R8) *The basic needs of PLHIV and the most vulnerable key populations are covered in the 5 countries of intervention.* (R9) *The partner associations are able to ensure the continuity of services for PLHIV and key populations.* (R10) *The barriers to access to services for PLHIV and key populations during the COVID-19 crisis in the 5 countries of intervention are known and referenced in a specific study.*

The consultants draw the following main conclusions from the evaluation:

- **The community observatories on access to health services are unquestionably relevant in relation to the context of the spread of HIV/AIDS in the five countries** (Morocco, Tunisia, Egypt, Lebanon and Mauritania), in particular among the most vulnerable and marginalized populations (key populations/KPs). In each of the five countries, access to screening and care services is limited and national policies are still insufficient to curb the epidemic. There is a lack of reliable information on access to care and support for PLHIV/KP or even on the factors blocking screening for PLHIV/KP. Thus, these observatories support national health policies by strengthening their failing health information systems. At this stage of the setting up of the observatories, the various actors in the fight against HIV/AIDS in each of the 5 countries affirm the usefulness of such a tool which appears to be complementary to what already exists.
- The choice of partner associations is relevant as they are each fully legitimate to carry the device in their respective country, except for the Lebanese partner (M-COALITION / AFE MENA) which is a regional organization not part of any body coordination.
- **Regarding the effectiveness of the project in terms of results achieved, it varies from one specific objective (SO) to another.**
- Regarding SO1 (improvement of knowledge and practices), the results have been mostly achieved. Overall, the various cascade workshops/trainings - organized in four of the five countries (except for Lebanon) - have improved the knowledge of community leaders so that they can be relays for data collection (in being collectors or promoting collection), but also for advocacy afterwards. However, despite the implementation of various post-training monitoring systems, it was not easy for the evaluators to fully appreciate the effectiveness of the various training courses organized.
- Regarding SO 2 (collection/dissemination – observatory system), the results vary from one country to another. Although the observatories were set up late compared to what was planned (given the COVID-19 context and the delays linked to the setting up of ethics committees in one country or another), four of the five planned observatories have been set up (Morocco, Mauritania, Tunisia and Egypt). In the targeted countries, the surveys have made it possible to identify quantitative and qualitative results with an improvement in knowledge of KPs. The first observatory reports have been published or are in the process of being published. In the four countries, the first restitution sessions took place in the presence of the main stakeholders in the fight against HIV/AIDS.
- Regarding SO3 (advocacy), the results were only partially achieved. Advocacy activities were carried out in Mauritania, Tunisia and Egypt. However, it is only in Egypt that an advocacy strategy adapted to the national context and directed towards the justice sector has been developed.

- Regarding SO4 (ITPC-MENA capacity building), the results have been partially achieved. The project resulted in the development of an action plan aimed at strengthening ITPC MENA's capacities, including a list of targeted changes: human resources management, internal communication, and promotion of its expertise externally, development of a new strategic plan 2022-2026. Furthermore, ITPC-MENA was not able, at times, to play its role as co-carrier of the project, given its limited management capacity (due to reduced staff, turnover continuous staff, with limited experience). At the same time, the partner associations benefited from occasional capacity building throughout the duration of the project (reinforcement supported in some cases by the Expertise Channel of L'Initiative). Thus, Solidarité Sida and ITPC-MENA have been called upon to support and strengthen the project partners on an ad hoc basis according to the requests and needs identified, in the interest of the implementation of the activities.
- Finally, concerning SO5 (COVID response), the results are rather achieved. Food aid and hygiene kits for PLHIV and the most vulnerable key populations have been provided, contingency plans have been drawn up for partner associations and finally, a specific study covering the 5 countries of intervention and intended to identify the barriers to access to prevention, screening and care services for PLHIV and populations in the COVID context has been carried out (although its publication is late).
- **In general, the project had an average/medium efficiency.** The overall project budget was underestimated in relation to the objectives to be achieved (in addition to the "multi-country" dimension which requires significant monitoring resources). The project has nevertheless demonstrated a certain adaptability on several occasions (extensions at no cost, the budget extension relating to SO5 as part of the Initiative's response to COVID-19, adjustments in collection process, flexibility in budget management at the level of each partner).
- **The project has very interesting advantages in terms of the sustainability of its intervention :** adherence to the observatory concept by the heads of national health programs and other actors in the fight against HIV/AIDS, in each of the 5 countries; gradual appropriation of the mechanism by the stakeholders with, in general, a good overall understanding of the objectives of the observatory by the stakeholders; the various capacity building actions are indisputable achievements; the participatory approach; the choice to collaborate with the main associations of KPs and PLHIV with a recognized and community-based legitimacy of the country, having a regional and national scope. However, some of the difficulties observed can constitute an obstacle to the sustainability of the achievements: the collectors are not sufficiently involved in the system (beyond collection); in the five countries, the project did not sufficiently attempt to integrate existing consultation frameworks, an important step to increase sustainability and facilitate ownership of the system by health workers and local/regional/national health authorities; in each of the 5 countries, civil society is poorly structured and does not constitute a counter-power capable of criticizing the authorities, which can constitute a brake on the observatory's advocacy strategy.
- **As for the first effects/impacts of the project, the consultants note a few that are quite interesting:** (1) the peer-investigators constitute real added value insofar as the targets (PLHIV and KP) feel confident and valued; (2) the project strengthened the visibility/notoriety of community associations (through their actions during the COVID-19 pandemic); (3) The first advocacy actions have produced some initial effects (for example the political will to integrate the observatory system into the new NAP in Morocco).

The consultants make the following key recommendations:

- In general, the consultants, convinced of the usefulness of these observatories, recommend to Expertise France the consolidation, strengthening and geographical extension of the community observatories in the four eligible countries, as well as the extension of the categories targeted by these observatories.

General recommendations (particularly addressed to Solidarité Sida)

- Review the governance model of the multi-country system. A clear and enlightened distribution of the responsibilities of the different actors (Solidarité Sida, ITPC MENA, partner organizations) is needed.
- Ensure the necessary resources for the various partners to embark on a possible phase 2 to avoid a lack of HR leading to staff inefficiency and a dilution of responsibilities.
- Strengthen the capitalization of experiences between the 4 countries.
- Encourage post-training coaching with partner associations; in particular, encourage the pooling of skills between these partner associations.
- Use a monitoring system that is sufficiently change-oriented with the definition of effect/impact indicators.
- Work more in synergy with other players working on related themes to ensure complementarity and reduce duplication between the different players.
- Encourage partner associations to gradually move from a project logic to become more anchored in a logic of sustainability (permanent monitoring system).

- Communicate more with the Global Fund bodies on the issues and results of the observatories to strengthen advocacy for the integration of this system into new grants.

Specific recommendations – particularly addressed to Solidarité Sida and ITPC-MENA and their partners

Collection/analysis device:

- Use different sources of data collection, including more qualitative ones, to better triangulate the sources and better involve different types of actors in the system.
- To deal with the problems of low sampling, it would be relevant to join forces with other NGOs active in awareness-raising.
- Expand the observatory's area of intervention to have results that can be extrapolated and are more representative at the national level.
- Couple more surveys/collections with awareness sessions and vice versa. Ideally, integrate data collection activities into ongoing activities subsidized by the Global Fund and included in the routine operation of institutions.
- Simplify the questionnaire (too long) and review the order of the questions. In addition, certain questions should be reviewed and adapted according to each country.
- Expand the target of the observatory beyond KPs (minors, health professionals, pregnant women in appropriate data collection sites, etc.) to be able to collect information on the effectiveness of prevention and possibly add a section aiming at assessing sensibilization.
- Regularly organize workshops for the exchange of experiences between collectors to enable the sharing of experiences, good practices and lessons learned.
- Collectors and supervisors should be strengthened - with continuous updates - in data collection techniques, reporting, advocacy techniques as well as knowledge of health topics and their issues.
- Train project teams on aspects of data analysis and monitoring and evaluation.
- Involve the collectors more in the design of the questionnaires and in the analysis, even in advocacy.
- Regarding the feedback of information (observatory), do not forget to report and promote good practices, as well as to draw lessons to be capitalized on.
- The lessons learned from the study identifying the barriers to access and quality of health care in the COVID-19 context should be integrated into the observatory reports.
- Review the methods of restitution and sharing of results: involve all the stakeholders active in the fight against HIV/AIDS, consider a framework for exchange and/or take advantage of existing frameworks for exchange.
- Encourage the partner associations of the project to reflect together with the other actors on the evolution of the status of peer-investigators.
- Organize/establish/integrate frameworks for exchange, both at the level of the care centers and at the level of the health zone with the regional/local health authorities to facilitate the appropriation of the system by the health workers and regional health authorities, in country contexts where possible.

Capacity building:

- Further capacity building activities are needed for partner associations to strengthen their skills in monitoring and evaluation, leadership, fundraising strategy, HR management, partnership management, financial management, and communication.
- Include - in this type of project - activities to strengthen the skills of women with a view to participating in decision-making and boosting their leadership in the targeted organizations. More generally, strengthen the gender approach or work with other NGOs (Frontline Aids for example) already advanced in this area to improve it.
- Consider strengthening the skills of healthcare providers involved in the observatory system.
- In terms of training of trainers, identify efficient data collectors who are able to train new collectors.

Advocacy /communication:

- Take advantage of the feedback sessions to anticipate the areas of advocacy (better translate the results of the observatory into an advocacy strategy).

- Review the advocacy strategy by integrating more precise/targeted interpellations, while maintaining some general considerations. In addition, consider an early warning system for specific urgent cases (e.g.: stockout of ARVs in a health facility).
- Implement a real advocacy plan that encourages more buy-in/ownership from key stakeholders. Carry out advocacy actions over the longer term to really “move the lines”.
- Make advocacy fit better with political agendas
- Find other allies to carry out advocacy by strengthening the multisectoral nature of the strategy (e.g.: involving actors involved in the issue of human rights).
- Strengthen synergies between community associations in order to be stronger in advocacy actions.
- Improve the communication strategy around the “observatory” concept.

Recommendations for the Egyptian observatory (no longer eligible for a possible phase 2 of the FORSS project)

To ensure the sustainability of the Egyptian observatory, the consultants recommend:

- In the absence of external funding: include the questionnaire in the regular services provided by the organization (screening, legal support, etc.) which ensures both continuity of the observatory and close monitoring of the needs of KPs.
- Take up the concept/methodology of the observatory in other funding requests for new donors. It should be noted that this project made it possible to estimate the approximate annual cost of an observatory in Egypt, which is equal to 30,000 USD (in its current structure).

Recommendations specific to the Global Fund and health authorities

- Encourage the CCM/GF/Ministry of Health to integrate the Observatory concept into new grants (until a sustainable funding model is found).
- Encourage and train the health authorities to use the observatories to strengthen their surveillance capacities and identify malfunctions using the generated data, or even allow collectors to notify any malfunction directly.

Recommendations specific to L'Initiative

- Tailor future interventions – by identifying and building synergies with other projects/actors – to complement existing grants and fill existing gaps.
- Communicate more with the Global Fund bodies on the issues and results of the observatories in order to strengthen advocacy for the integration of this system into new grants.
- Ensure that the monitoring system is sufficiently change-oriented with the definition of effect/impact indicators.
- The evaluators note an inconsistency between the (coherent) objective of a multi-country project and the financial resources allocated to the FORSS project, which have proven to be notoriously insufficient. It is therefore essential to adapt the budget in relation to the objectives to be achieved.
- The mobilization of other support parallel to the project (notably via the Expertise Channel) is encouraged, with the aim of strengthening the capacities of partner associations.
- The consultants recommend that L'Initiative supports a second phase in 4 of the 5 targeted countries (Egypt being no longer eligible). For instance, the observatories were set up late and for them to be able to fully achieve their final objectives (improvement of prevention and the quality of care for PLHIV/KP), it is imperative to support carriers of the device in this deployment phase.

Note: many improvements were noted in the proposal developed by Solidarité Sida for a second phase of the project, such as (1) better involvement of other actors active in the response to HIV, including representatives of the formal health system, (2) better focus on capitalization and national and regional recognition in order to ensure the sustainability of community observatories (3) improvement of the gender approach, etc. Some of the recommendations made in this evaluation report support these improvements.

1. INTRODUCTION

1.1. CONTEXT AND OBJECTIVES OF THE EVALUATION

1.1.1. Context of the final evaluation

The Middle East and North Africa (MENA) region has one of the lowest HIV prevalence rates in the world (0.1%). However, the coverage rate of antiretroviral treatment (ART) remains low (24% in 2019) compared to that of the global level (59%). In addition, this region faces several challenges related to the fight against HIV/AIDS: concentration of the epidemic among key populations, significant discrimination and stigmatization, national policies that are unsuitable or even insufficient to stem the epidemic, or even weak follow-up community and surveillance system which does not provide data on the one hand on the quality of the services put in place in the response to HIV/AIDS, and on the other hand on the existing dysfunctions and the needs of the beneficiary services. Indeed, civil society in this region is less developed than in sub-Saharan Africa, which has the effect of hampering the establishment of external/community monitoring.

It is within this framework that Solidarité Sida has implemented the project entitled FORSS "*Former suivre soutenir: mobilisation communautaire pour lutter contre le VIH en région MENA*". The project started in June 2018 and will end in December 2022, 55 months instead of 36 initially (the project having benefited from 3 extensions: a first in 2020 of 6 months with additional cost for COVID-19, then 10 months in 2021 and finally 3 months in 2022), and a request for funding for a follow-up to the project has been submitted to L'Initiative as part of its Call for Projects 2022.

The project is co-piloted with ITPC-MENA and covers 5 countries: Egypt, Lebanon, Morocco, Mauritania, and Tunisia. It is based on 5 distinct pillars whose specific objectives contribute to improving the supply and quality of services for the prevention, care of HIV/AIDS and access to treatment for people living with HIV (PLHIV) and populations keys of the MENA region.

The project relies on six partner associations:

1. ITPC-MENA - Morocco
2. AGD - Mauritania
3. AL SHEHAB - Egypt
4. ATP+ - Tunisia
5. M-COALITION / AFE-MENA - Lebanon
6. RDR-MOROCCO - Morocco

Five specific objectives were assigned to this project:

SO1: "Improving the knowledge and practices of community actors in terms of prevention and care for PLHIV and key populations. »

SO2: "The collection and dissemination of national and regional data on the quality and accessibility of prevention and care services as well as access to treatment. »

SO3: "The development of advocacy actions, on the basis of the data collected, to influence the strategies for the fight against HIV/AIDS and their method of implementation (at the national, regional and international level) and to alert on the barriers and obstacles to accessing care for PLHIV and key populations. »

SO4: "Strengthening ITPC-MENA as a strong and independent player in the region, by supporting its strategic development. »

SO5: "Maintaining the continuum of community services for the prevention, testing and care of PLHIV and key populations in the five countries of intervention in the context of the health context linked to the COVID-19 pandemic. »

1.1.2. Objectives of the final evaluation

The overall objective of the mission was to conduct a final evaluation of the project "FORSS - Former suivre soutenir: mobilisation communautaire pour lutter contre le VIH en région MENA " over the period 2018-2022. Three specific objectives have been defined:

Accountability: aims to obtain a critical assessment of the project, based on the evaluation of the relevance, coherence, effectiveness, efficiency, sustainability, and impact of the project.

Learning: L'Initiative previously carried out a transversal evaluation on the observatories of access to care. The evaluation of the FORSS project is part of this transversal capitalization work and aimed to enrich the lessons already learned on this theme, to feed future projects.

Prospecting: Solidarité Sida having asked L'Initiative to finance a second phase of this project, the evaluation has to provide recommendations for its development.

One of the major challenges of this evaluation work is to discuss and formulate in a participatory manner with the partner organizations the recommendations that will serve as a basis for the sustainability of the achievements and the implementation of possible future projects. The developed recommendations are realistic, operational, and pragmatic. The consultants were attentive - in the formulation of the recommendations - to the need to maintain the balance between the rapid achievement of a result and the processes of appropriation and adaptation of the partner structures, which are much longer but guarantee know-how and partnership relations strengthening.

It should be emphasized that, during the field missions, the consultants encouraged, as much as possible, the participation of the various actors in the evaluation process.

1.2. METHODOLOGIES OF THE EVALUATION AND CONDUCT OF THE MISSION

The method used was participatory and inclusive, consisting mainly of encouraging and then structuring the reflection of the various project stakeholders around the evaluation questions. It is important to underline that the proposed approach was such that the consultants were not there to impose their ideas/analysis. Even as contributors of external perspectives, they raised their ideas/analysis more in the form of questioning than affirmation. The consultants tried to encourage stakeholders to develop their own diagnosis and to share recommendations. The evaluation involved the various project stakeholders, including project team members (FORSS) and implementing partner (ITPC-MENA – Morocco), health authorities and national HIV programs in the different countries, via the partner NGOs (AGD – Mauritania; AL SHEHAB – Egypt; ATP+ - Tunisia; M-COALITION / AFE-MENA – Lebanon and RDR-MOROCCO - Morocco) and their members, etc. (see appendix 3). The evaluation mobilized not only the "direct" actors of the project but also actors who see the project from the outside, such as UNAIDS for example, and teams from other initiatives operating in the same context and/or who supported the project in capacity building actions, for example (Frontline AIDS, etc.).

The involvement of the various project stakeholders in the process (concept note, briefing, debriefing/restitution, interim report) contributed to enriching the analysis and to the appropriation of the results of the evaluation, but most importantly to strengthen their capacities by making them actors and partners in the process.

The consultants first thoroughly analyzed all the documentation for a good understanding of the challenges of the evaluation. This preliminary work enabled them to soak up factual data relating to activities and achievements (project documents, activity reports, observatory reports, minutes of meetings/missions, etc.) ¹. Note: the evaluation was carried out before the publication of the last semester's report (S8 report) as well as the final report of the project (not yet drafted at the time of the evaluation). The project was evaluated before its end to feed the examination of the request for a second phase.

Based on the desk review, the consultants drafted an inception report which specified the context, the objectives, the evaluation methodology and the mission schedule.

1 See the list of main documents consulted in appendix 2.

The following data collection methods were used in the different phases of data collection:

- At the beginning of the field mission, a *briefing* was organized in each of the targeted countries between the consultants and the FORSS team/ the project leader. The latter presented the project (context, objectives, challenges, activities, results) and then the consultants presented the inception report. The mission program was validated at the end of this meeting by the partner organization.
- Throughout the field missions, *individual and/or focus-group interviews* were conducted: informal and formal interviews structured around interview guides (which were inspired by the evaluation matrix), encouraging the dialogue and the collection of testimonies. The consultants combined, as much as possible, individual interviews with focus group discussions (focus groups especially with collectors and users). The other types of actors (heads of the targeted organizations, any other actor indirectly involved in the project) were the subject of individual interviews.
- *Participatory evaluation* method: the “Most Significant Change” method was partially applied during individual and/or focus-group interviews with the beneficiaries. This is a very participatory method that highlights significant stories of change (due to the project). Concretely, it is based on a selection of testimonials/stories of change collected from the actors of an intervention (here the collectors of the observatories and the members of the project team) that these actors consider particularly significant. It is a simple method, particularly adapted to the local context. The added value of this method is at several levels: 1) it makes it possible to identify unexpected changes, 2) it highlights different interpretations of reality and 3) it encourages a better understanding by the beneficiaries of organizational changes. This method focuses more on the qualitative evaluation of projects. It enabled the consultants to highlight some of the effects/impacts of capacity and skills building actions with national partners and collectors.
- Finally, at the end of each field phase, the consultants organized a feedback/debriefing session with the FORSS project managers in each of the countries concerned. This meeting focused on requests for clarification from the consultants and on an “on the spot” restitution by the consultants of the first conclusions of the mission.

The missions took place successively in Morocco from May 30th to June 5th, in Egypt and Mauritania from June 6th to June 12th, in Tunisia from June 13th to 19th and in Lebanon from June 20th to 26th.

In each of the 5 countries visited, the mission program was the following:

Activities	
Field mission	
Day 1	<u>Morning</u>: briefing (presentation of the project by the project team, presentation of the inception report by the consultant, discussions around the inception report and validation of the mission schedule) + interviews/focus-groups with the team members project and members of the partner organization <u>Afternoon</u>: focus-group discussion with a sample of collectors
From Day 2 to Day 4	Interviews with health authorities; interview with representatives of the national HIV program; site visits to health facilities: at the level of each health facility: interview with the data collector, interview with one or the other healthcare provider, focus-group with users; interview with the head of UNAIDS; interview with CCM officials/representatives; interviews with other actors (other CSOs? other cooperation programs with similar actions? Research institutes?)
Day 5	<u>Morning</u>: restitution workshop <u>Afternoon</u>: debriefing with the partner organization

General appreciation & thanks

The missions went satisfactorily, with good availability of participants in the five countries concerned, a little more difficult in Lebanon, despite the efforts made by the consultant, due to the context and the problems of the partner organization. The consultants would like to thank all the people and institutions who, in one way or another, have contributed to the overall smooth running of the various missions. We would also like to sincerely thank all the civil society organizations (CSOs) (including the collectors) met for their great availability, as well as the users of the health facilities.

Our warmest thanks go to the project coordinators in the countries concerned who have spared no effort to open the various doors for us and allow us to meet as many interlocutors as possible in a very limited time.

2. OVERALL ANALYSIS

(RELEVANCE, COHERENCE, EFFECTIVENESS, EFFICIENCY, SUSTAINABILITY, IMPACT, CROSS-CUTTING AXES)

2.1. RELEVANCE

- The establishment of community observatories on access to health services is undeniably relevant in the context of the spread of HIV/AIDS in the five countries, among the most vulnerable and marginalized populations (key populations/KPs). In each of the five countries, access to screening and care services is limited and national policies are still insufficient to curb the epidemic. The types of malfunctions and their causes are generally known. However, more detailed data is needed to identify them precisely, to locate them in time and space, to analyze their causes and determinants, and to specify the bottlenecks. For instance, there is still a lack of reliable information on access to care and on its barriers, such as the cost of services, infrastructure, laws or even the appropriateness of the services available to the needs of the populations. These observatories therefore support national health policies by strengthening their deficient health information systems. Citizen monitoring by the populations concerned (particularly PLHIV and KPs) can fill in existing gaps and provide relevant advocacy for improving access to health services. Such a mechanism relies on the users and beneficiaries of healthcare systems, in the spirit of the Alma Ata Declaration and the Bamako Initiative.
- Based on the contextual elements relating to the targeted countries (the lack of reliable information on access to care and management of KPs), the FORSS project is deemed relevant, in particular due to its approach on improving knowledge. The various training courses offered under the project are all considered relevant and useful upstream of a community observatory system for access to health care and services. However, it would also have been relevant to strengthen this "knowledge improvement" axis through capacity building actions for service providers and users, particularly in terms of rights and duties (of each other) ².
- The "community observatory" system is considered relevant by the main actors in the fight against HIV/AIDS as well as the representatives of the national authorities ³who have also pointed out that civil society and NGOs play an important role in the national response to HIV. In addition, the system is highly relevant in the context of COVID-19 given the change in priorities of national health systems and the reallocation of resources related to health monitoring.
- The choice of partner associations is relevant as they are each fully legitimate to carry the system in their respective country, given that they are community based CSOs, key players on the HIV theme, have experience with KPs and work closely with those involved in the fight against HIV ⁴. However, some pitfalls were identified in the choice of partners; for instance, the Lebanese partner (M-COALITION / AFE MENA) which is a regional organization that is not part of any coordination body. Additionally, unmanaged governance issues throughout the project profoundly affected project performance in Lebanon ⁵.
- As for ITPC MENA, they were sometimes unable to play their role as co-leader of the project, given their limited management capacity (due to reduced staff, continuous turnover of staff, and limited experience). The real added value of ITPC-MENA – both co-carrier of the FORSS project and sub-recipient of the multi-country grant of the global fund– in this project therefore remains unclear.
- The project was formulated in a relevant way. There is consistency between the problem identified, the objectives set by the project and the expected results. The integration of SO5 relating to anti-COVID-19 actions is deemed relevant.

²In particular through the support of educational talks, support groups, etc.

³See effects/impacts.

⁴For example, AGD in Mauritania was particularly involved in the development of the national community screening strategy document.

⁵ The Lebanese partner would be replaced by another organization if a phase 2 of the project is implemented.

- In terms of capitalization, the participation of Solidarité Sida and ITPC-MENA in the capitalization workshop of the Initiative's observatories at the beginning of their project enabled them to refine certain aspects of the project's action plan, such as the need to have trained collectors and supervisors, the use of new technologies for data collection, the importance of involving the authorities throughout the process, etc.
- The multi-country approach has allowed an exchange of experiences, collective stimulation as well as a strengthening of the notoriety/visibility of each partner. However, differences in implementation pace and dynamics between countries/partners have led to difficulties in implementing multi-country activities resulting in delays for some countries. The project leaders have thus opted for a differentiated approach considering the implementation contexts in the different countries, to the detriment of the regional dimension initially planned.

2.2. CONSISTENCY/COHERENCE

2.2.1. Coherence with the Global Fund strategy (complementarities)

- The project is coherent with the Global Fund's strategy in relation to the roles of community systems and civil society, one of the GF's strategies being to invest in community systems:
 - o Community monitoring, including monitoring the quality and accessibility of services
 - o Advocacy by communities
 - o Social mobilization, as well as strengthening links, collaboration and coordination between communities and other health stakeholders
 - o Institutional capacity building, planning and leadership development
- The Community Observatory of Access to Health Services project offers a set of proactive mechanisms and strategies to monitor and strengthen the implementation of Global Fund grants through dynamic evaluation of results by grantees themselves as well as dissemination of the results of the observatory to all stakeholders involved in the mechanisms of action of the GF and the projects implemented thanks to its grants (from representatives of CCMs to final beneficiaries, including health authorities and the PFM).
- The project is in line with the objectives of the Global Fund's 2017-2022 strategy because it promotes the optimization of the impact of actions carried out against HIV. Moreover, if the structures of the observatory are sustained, they will be one of the pillars of the establishment of resilient and sustainable health systems, because careful monitoring of access to health services at the community level is a crucial condition for developing health systems and sustaining progress.
- The observatory project is highly coherent as governance problems sometimes prevent the proper implementation of Global Fund programs and the national strategies they are supposed to support.
- In Mauritania, Morocco and Tunisia, the system is considered relevant by the CCM despite the poor knowledge of the project by the GF representatives met, particularly in Egypt and Tunisia (where the observatories are already operational). This reveals the lack of coordination and dissemination of the data necessary for better relevance, appropriation and legitimacy of the observatories. Nevertheless, the turnover which took place within the GF, on the MENA region countries' portfolios, could have affected this aspect.

2.2.2. Coherence with national strategy (alignment)

- Overall, in the four countries, the health authorities have welcomed the observatories. These observatories support national health policies, strengthening their fragmented and deficient information systems. Following the implementation of the observatories, the various actors in charge of health programs assert the relevance of such a tool. The citizen monitoring carried out through the observatories is an essential tool for monitoring compliance (or not) with the strategic directions of the National Health Development Plans and the National Programs of the countries concerning HIV/AIDS. The information transmitted by the observatories enables decision-makers to identify the dysfunctions and bottlenecks that affect the implementation of these strategic orientations.

2.2.3. Coherence with other cooperation programs operating in the same sector (harmonization)

- The project of community observatories of access to health services is consistent with the UNAIDS strategy: “By 2020, 90% of PLHIV know their status; 90% of people screened positive are on treatment and 90% have an undetectable viral load”. In addition, UNAIDS is supporting the project in the five target countries. In fact, the establishment of observatories contributes to improving knowledge of the situation of PLHIV and subsequently informs about the necessary actions for better prevention of HIV and better care for PLHIV.
- The FORSS project is complementary to several programs operating in the same sector, such as GF grants in Tunisia, for example, which do not finance data collection activities. However, the project also suffered from a lack of coordination and synergy at the national level between the various actors and donors concerning the establishment of community observatories and advocacy actions, which leads to multiple duplications. Examples include, without being limited to:
 - o The new Global Fund HIV/AIDS country grant in Tunisia “Improving access to prevention and treatment services as well as human rights for key populations in Tunisia” (2022-2024). It includes activities related to “Reducing human rights-related barriers to HIV/TB services”. This includes implementing a functioning national system for monitoring and reporting human rights violations based on user input at the local level.
 - o Through the GF MC grant, several NGOs have been working since 2019 on monitoring and data collection on key populations (focusing on the violation of human rights, including access to services), using Frontline’s ReACT platform AIDS, which has an active observatory in Lebanon and plans to extend this collection system to Tunisia (in partnership with ATL) and Morocco (in partnership with ALCS) from 2023.
 - o SIDC, with the support of L’Initiative, will implement (from September 2022) the project “Gateway to better health – improving access to healthcare for vulnerable populations”, which includes, among other things, the establishment of an Observatory- MARSAD (a collective platform for the research, implementation, monitoring and analysis of media activity in MENA region). As part of the project, SIDC will monitor the publications of news agencies, traditional media and online newspapers to ensure that they comply with ethical rules and a code of conduct for reporting on KPs, including terminologies politically correct for PLHIV, SW, LGBTQI+ or IDU. Thus, in a possible phase 2 of the FORSS project, close coordination is necessary between SIDC and the FORSS project team to ensure the complementarity and synergy necessary for optimal results in terms of advocacy.

2.3. EFFECTIVENESS

The effectiveness of the project measures whether the objectives have been achieved, considering their relative importance. It should be noted that the evaluation is carried out in the absence of the last half-yearly report (S8 report) as well as the final report of the project (not drafted at the time of the evaluation).

2.3.1. Results achieved for SO1 (“Improving the knowledge and practices of community actors in terms of prevention and care for PLHIV and key populations”)

R1 – “The services available in the MENA region are identified and referenced in thematic status reports (MSM, SW, IDU, Screening, Treatment)”

R2 – “Knowledge and adaptation of reference frameworks and recommendations for quality care are shared with key players in the MENA zone”

R3 – “285 community actors know the quality standards in terms of prevention and care services for PLHIV and key populations on the following themes: treatment of HIV infection, screening, MSM and TG, SW, IDUs »

Results indicators: R1.1. Two survey reports on the state of services are available in each of the 5 countries; R2.1. Number of associations having received the summary guide in each of the 5 countries; R3.1 Number of people who know the international standards in each of the 5 countries

- In general, the results relating to this SO have been achieved.

- Regarding R1, a survey report ("Baseline") on the state of services is available by country (instead of 2 initially planned) and these studies are consolidated into a regional report making it possible to highlight the common characteristics between the target countries of the project. Note that the questionnaires relating to the observatory's data collection (see OS2) are based on these "Baselines".
- Regarding the R2, in each country, an average of ten associations received the synthetic guides - drawn up by the consultant recruited by ITPC-MENA and reviewed by all the project teams of the partner associations - summarizing and simplifying the WHO guides, which, in their initial format, the vocabulary and the language (English) used, are difficult for the actors to understand.
- Regarding R3, the training of trainers which took place in Tangier ⁶ and which brought together eighteen participants from partner associations, project managers and other associations (led by a consultant specializing in the training of trainers, recruited in May 2019), proved to be extremely useful for the smooth implementation of subsequent training, and the deployment of national training thereafter. At the strategic level, the choice of invited participants made it possible to guarantee the adhesion of the various stakeholders to the project and to ensure their involvement in the setting up of the observatories ⁷.
- The *regional thematic training* organized by the various partner associations in conjunction with the consultant ⁸ and Solidarité Sida, are part of a process of co-construction and enhancement of each person's expertise, thus promoting appropriation and proper deployment of national training as well as preparation for setting up observatories (except for the Tunisian partner who did not use the support documents sent to him or carry out the required pre-posttests). In addition, according to the testimonies received, beyond the content, these various regional trainings have made it possible to strengthen the links between the members of the partner associations, as well as to consolidate the links with other associations in the region, an essential element for the continuation of the program and for the advocacy actions. In total, 29 people (15 men and 14 women) were trained on the various themes for all the partner associations.
- The national workshops and cascade trainings - organized in four of the five countries - have improved the knowledge of community leaders so that they can be relay persons for data collection (by being collectors or promoting collection), but also for advocacy afterwards. According to received testimonies, these missions made it possible to directly observe the national training courses and to assess the appropriation of the teaching techniques by the trainers on the one hand, and of the content by the participants on the other hand. According to the activity reports and our testimonies, the feedback from the participants is generally very positive, both in terms of form and substance:

"It's the first time that I felt so free to express myself in a safe space" (participant in the SW training in Egypt); *"When I took training, the trainer stood at the back of the room with his PowerPoint, I left as soon as possible. Here, we understood, we memorized!"* (MSM training participant in Mauritania); *"I had very limited knowledge about HIV and actions with MSM and I was able to get rid of a lot of misconceptions"* (participant in MSM training in Tunisia).

In the process of strengthening the follow-up of the cascade training desired by Solidarité Sida and the partner associations, support through remote mentoring reinforced by field visits was carried out by the recruited consultant. However, according to the testimonies received, there is a lack of information concerning the retention of knowledge and the refresher trainings. We were told that distance mentoring lacked effectiveness due to its limited duration. Moreover, even if this specific objective was indeed achieved, a gap must be noted here: the association partners did not all use the monitoring and evaluation tools proposed. The appropriation of tools related to training varies according to the associative partners, their understanding, their involvement, their skills and their availability.

⁶"Training in educational content and animation techniques" which took place in Tangier from July 8 to 11, 2019.

⁷For example, the participation of a member of the Mauritanian NPA was a strong signal for the collaboration between AGD and the Mauritanian authorities with a view to setting up observatories.

⁸Recruited to support in the development of training modules (regional training and national training), training in pedagogical facilitation techniques (preparation and facilitation of training) and monitoring and evaluation of training.

- Despite the implementation of the various post-training follow-up mechanisms, it was not easy for the evaluators to fully appreciate the effectiveness of the various training courses organized within the framework of SO1. According to the testimonies received, problems of internal restitution of training within community associations are recurrent. Furthermore, turnover within these associations is frequent. In addition, the defined result indicators (number of associations having received the summary guide, number of people familiar with international standards) are insufficient and do not provide full information on the level of achievement of results. In terms of capacity building, the direct application of the achievements of these trainings by the beneficiary was important (what changes do we want to produce with this training?). Nonetheless, the indicator relating to SO1 “Percentage of improvement in the practices of community actors in the target countries” was not filled in, neither in the activity reports, nor in the monitoring tool. The monitoring and evaluation system implemented within the framework of the project is therefore not based on the effects/changes. However, the consultants believe that for this type of project, which requires behavioral changes, it would have been important to clearly define and closely monitor this type of indicator (see 2.3.6 Effectiveness of the monitoring-evaluation).⁹

Note: In appendix 3, we put the main lessons of the effectiveness of this result 1 with the key elements of the recommendation guide for the development of a skills building component in a project¹⁰.

2.3.2. Results achieved for SO2 (“The collection and dissemination of national and regional data on the quality and accessibility of prevention and care services as well as access to treatment”)

R4 – “Existing services and health products, across the continuum of care, are continuously evaluated by community actors in the target countries”

R5 – “Barriers and structural obstacles to access to quality health services and treatment are identified and shared”

Results indicators: 4.1. Number of databases created; 5.1. Number of periodical publications produced and distributed; 5.2. Number of policy briefs prepared and disseminated

- In general, the results relating to this SO vary from one country to another. Four observatories (out of the 5 planned) have been set up (see difficulties in Lebanon – below).

The observatories were operational late compared to what was planned - given the COVID-19 context and the delays linked to the establishment of ethics committees in one or the other country - which resulted in delays in the implementation of the various activities. Some countries are more advanced (Egypt ¹¹and Mauritania ¹²) than others (Morocco ¹³and Tunisia ¹⁴).

- As for the data collection approach:
 - The choice of data collectors - identified according to the following profile: associative environment, accustomed to working with KPs/PLHIV and/or KPs themselves, experience in digitization/technology, open-minded, knowing the city well but from outside the collection site, from partner community associations - was relevant and helped to overcome the barrier of reluctance of PLHIV to answer the various questions.
 - In terms of site selection, collections were generally located in cities with a high prevalence of KP/PLHIV in the four countries ¹⁵.

⁹ We put into perspective the main lessons of the effectiveness of this result 1 with the key elements of the guide of recommendations for the development of a component of capacity building in a project (The Initiative / Expertise France) in appendix 3.

¹⁰Recommendations guide for developing a skills-building component in a project, L'Initiative/Expertise France, April 2022.

¹¹Observatory operational since mid-February 2021.

¹²Observatory operational since April 2021.

¹³Observatory operational since November 2021.

¹⁴Observatory operational since June 2021.

¹⁵Except in Egypt, where collection in public prevention and care centers proved impossible and was therefore limited to community centers (for political reasons).

However, this centralization of the collection prevented an adequate geographical coverage reflecting the real situation of PLHIV at the national level and reduced the representativeness of the sample selected and consequently the possibility of generalizing the data collected. Moreover, this approach negatively affected the motivation of the collectors, particularly in Tunisia where the collectors felt that the sampling method adopted lacked rationality and made the collection activities unprofitable for them ¹⁶. Tools and guides ¹⁷ for data collection adapted to the context of each country have been developed and validated by the national ethics committees, which facilitates the appropriation, legitimization and adaptation of the data provided. However, the collectors interviewed said that the questionnaires were too long. Additionally, in some countries (Egypt and Tunisia), data collectors said they had to assess the same items assessed by other tools used in the targeted countries for KP/PLHIV data collection in other observatory projects. These problems affected both the motivation of the collectors and the willingness and agreement of KPs/PLHIV to complete the questionnaire.

- An example of good practice was the use of tablets for data entry, which saved time, reduced the risk of data entry errors and facilitated the descriptive data analysis procedure. Another innovation was that of setting up WhatsApp groups in Morocco, Egypt and Mauritania between collectors, supervisors (in Morocco and Tunisia) and the project teams of each association, which made it possible to exchange quickly on the difficulties encountered ¹⁸.
- The partner associations, despite their limited expertise, were invited to participate in the data analysis process, initially under the responsibility of ITPC MENA and Solidarité SIDA. The analyzes carried out by the partner associations have so far made it possible to conduct a descriptive rather than an analytical analysis of the data collected, but have nevertheless highlighted certain dysfunctions in the questionnaires (non-systematic answers to the compulsory questions, formulation of questions to be revised according to national contexts, clarifications to be made to certain questions, etc.) as well as to identify quantitative and qualitative results allowing an improvement of knowledge on KPs: limited access to products and services (confirmation test in particular); difficult access to health centers (geographical and economic accessibility); limited knowledge of means of prevention other than condoms, etc.

In Mauritania, collections were coupled with focus groups on specific themes: therapeutic education (Rosso), and accessibility (Nouadhibou). According to the testimonies received, these focus-groups made it possible to complete the collected information (for example in Nouadhibou, the SW in consultation are poorly received by the doctors).

The regional training workshop on methodology, data collection and analysis organized by the AGD in Mauritania in January 2020 made it possible to deepen certain aspects of data collection (risk analysis and management, safety and security), and to refine the tools to be better adapt to national contexts, while keeping the multi-country dimension. This training also helped equip/prepare the project teams for the training of data collectors and supervisors (for Tunisia and Morocco).

- It should be noted that different feedback on the supervisor-collector approach was received in different countries. In Morocco, the supervisors had a specific role, that of supervising the collection (and carrying out follow-up missions outside Tangier), which made it possible to better understand the difficulties encountered by the collectors. Whereas in Tunisia, supervisors did not have specific roles and seemed much less appropriate and familiar with data collection procedures than collectors.
- Joint work by the project teams of the partner associations, Solidarité Sida and ITPC-MENA made it possible to rework the questionnaires and review their integration into the KoBo collection tool, so that the margins of error and bias at the time of administration of the questionnaires are as low as possible. For example, in Egypt, new topics have been added to the questionnaire, such as voluntary termination of pregnancy in clandestine clinics. In Mauritania, adjustments had to be made during the collections, so that the objectives were met, while guaranteeing quality collection, as well as the anonymity and confidentiality of the respondents. Moreover, collection schedules have been modified in Nouadhibou - through discussions between collectors and center managers - so that respondents, particularly from key populations, feel comfortable.

¹⁶They complained of having to spend hours at data collection sites to complete a small number of questionnaires. Note that the data collectors are remunerated according to the number of completed questionnaires.

¹⁷Questionnaires, collection guides and guides for setting up observatories

¹⁸For example, in Mauritania: how to deal with users who do not want to continue the questionnaire?

- The ultimate goal of getting the most out of data lies in turning knowledge into practice. The latter could be achieved by informing relevant stakeholders and decision-makers about the situation of key populations and PLHIV through appropriate dissemination of the data collected. Nevertheless, in Mauritania, Tunisia and in Morocco, the representatives of several actors met revealed that they had not read/considered the observatory report transmitted and/or presented. Therefore, it is necessary to find other means of communication and/or to use other publication formats (e.g., a “policy brief” accompanying the report).
- The first reports have been published or are in the process of being published:
 - o In Mauritania, the first report has been published and shared. This report included specific recommendations to health centers (better support for PLHIV in their care, extend the opening hours of certain centers) and to the authorities (expand the availability of community screening offers, adapt and strengthen awareness and prevention) and has highlighted the issues that the Mauritanian observatory will focus on in future collections and through focus groups.
 - o In Morocco, a first draft report has been drawn up (reporting on the period between November 2021 and January 2022) and shared with the stakeholders (authorities, community associations) – see below; a 2nd report is being drafted (February-April 2022).
 - o In Tunisia: a first report presenting the results of the first collections carried out in 4 regions and for three months was shared.
 - o In Egypt: The first observatory deployed is the Egyptian Observatory. Three collections have already been carried out. The analysis of the data from these collections has been conducted and the first report has been written.
- The first restitution sessions took place in the four countries. They were organized in different ways and at different times depending on the country:
 - o Mauritania: restitution sessions following the publication of the report – 3 restitution workshops in the presence of certain authorities, collection site managers and collectors (in the 3 cities: Nouakchott, Rosso and Nouadhibou), during which the main results and recommendations of the stakeholders have been discussed.
 - o Morocco: online /remote¹⁹ restitution before the publication of the report (the aim being to amend the data of the report before publication) - via the establishment of a monitoring committee ²⁰with sharing of the first results and recommendations of the stakeholders
 - o Tunisia: meeting to report on the first data from the observatory covering the first three months of collection, which took place on June 4, 2022, as part of the community screening day at the French institute in Tunis. On the sidelines of the evaluation of the FORSS project and during the meeting with the partner organizations (ATIOST, ATL Tunis, ATLSR), the same observatory report as well as the first results were presented
 - o Egypt: Al - Shehab presented the first data from the observatory during the World HIV/AIDS Day organized by the Ministry of Health during which the priorities and needs of KPs and PLHIV were identified.
- According to the received testimonies in Mauritania, these restitutions are of added value: in addition to the readjustments/recommendations they generate, they (1) make it possible to strengthen the links with the institutions (cf. SENLS); (2) make it possible to generate other advocacy topics²¹; (3) strengthen stakeholder ownership of the system; (4) increase accountability to stakeholders.
- Finally, some constraints/difficulties were identified:
 - o Difficult implementation in public centers at the very beginning, due to the refusal of managers to accept collectors within their service (in Egypt for example). For instance, service providers in university hospitals and regional hospitals were not always well informed of the project (in Morocco for example). Moreover, difficulties in obtaining the agreement of officials (in Nouakchott for example, despite the note from the Ministry of Health) were mentioned.

¹⁹Considering the Covid-19 context.

²⁰Members: RdR -Morocco, partner community associations (ALCS, OPAL, AMPF), NPA (HIV, HIV and rights), UNAIDS, NHRC

²¹For example, in Mauritania, the debates during these restitutions made it possible to underline the need to find a solution to the linguistic problems of the CTA staff (mostly Arabic-speaking staff who do not master the other national languages).

- Problems of availability and cooperation of users, particularly in Morocco, Mauritania (certain questions quickly appeared inappropriate in relation to the context of the country - e.g., drug consumption) and in Egypt. It was due to the duplication of the collection tool with those of other projects, the time required to complete the questionnaire, etc.
- Problems of turnover of supervisors, particularly in Morocco ²².
- Data validity issues: 30% of questionnaires to be reworked in Mauritania; lack of interest and involvement of collectors in Tunisia (where some collectors personally completed some parts of the questionnaire considering that they already knew the answers)

2.3.3. Results achieved for SO3 ("Development of advocacy actions, based on data collected, to influence HIV/AIDS control strategies and their implementation methods (at national, regional and international level) and to alert on the barriers and obstacles to access to care for PLHIV and key populations")

R6 – "A continuous and constructive dialogue is established between all stakeholders in the fight against HIV to improve the quality and coverage of care services for PLHIV and key populations"

Results indicators: 6.1 Number of participants in national reflection days organized in each of the 5 countries; 6.2% of advocacy actions defined in the advocacy plans carried out in each of the 5 countries

- In general, the results relating to this SO are partially achieved. Advocacy activities were carried out in Mauritania, Tunisia and Egypt. However, only in Egypt an advocacy strategy - adapted to the national context and oriented towards the legal sector- has been developed.
- The absence of advocacy strategies is due to the slow procedure for setting up the observatories but most importantly to the delays caused by the COVID-19 pandemic. However, the partner associations, with the support of Solidarité Sida and ITPC-MENA, have undertaken concrete advocacy actions (see below) following the advocacy training ²³ and the bilateral support from which they have benefited. Advocacy actions at the country level should have been based on the contexts of the different countries and the identities of the partner associations, so that the strategies deployed within the framework of the FORSS Program are part of their overall strategies ²⁴; but above all on the results of the observatories, which could not be achieved. This lack of use of the data collected for the development of advocacy strategies reflects a lack of consistency in the design of the project, in the usefulness of the data collected and the approach that will be used to assess the impact of the different advocacy actions.
- In addition, the advocacy training organized by ITPC MENA ²⁵ targeting 15 journalists from 4 countries (Morocco, Tunisia, Egypt and Mauritania), led to immediate actions in some countries such as Morocco (this resulted in the writing of several articles on ARV stock-outs) and Egypt, while in other countries like Tunisia, journalists avoided HIV-related topics for fear of losing their audience, considering the subject taboo.
- In each of the countries, the partner associations participated in the organization of national days on HIV ²⁶ and KPs as well as in international conferences ²⁷, which strengthened the visibility of the organizations as well as that of the project.
- In the countries where the first results of the observatory have been shared with actors in the fight against HIV/AIDS, doubts have arisen about certain results by one or other of the actors, particularly in Tunisia, Morocco and Mauritania.

²²This can be explained by the financial conditions which are less attractive than those of collectors (due to less working time).

²³ Eight training webinars for partner associations were deployed from mid-March to early December 2020, led by advocacy officers from Solidarité Sida and ITPC-MENA, and focusing on the following themes: "Introduction to advocacy", "Identification and analysis of stakeholders", "Building and conveying your messages" (2 sessions), "The role of the media in advocacy"

²⁴For example, in Mauritania, one of the targets of advocacy actions are religious leaders, key players in the Mauritanian society. Days of reflection/training with religious leaders were organized in December 2021. They focused on human rights texts/laws, with the final production of a video on HIV and Islam (see also effects/impacts).

²⁵The training focused specifically on dealing with information about HIV.

²⁶ For example, in Mauritania, AGD co-organized with the NAP the National HIV Day in December 2020. According to our testimonies, this day was the subject of good media coverage, which made it possible to strengthen the visibility of AGD and of the FORSS project in general.

²⁷During the 2nd semester of year 2, Solidarité Sida, ITPC-MENA, AGD and M-Coalition were present at the ICASA Conference (from December 2 to 6, 2019 in Kigali). This conference was a good opportunity to publicize the FORSS Program (with the presentation of a poster in particular), but also for the partner associations to publicize their actions in the MENA region, a region of the world far too often forgotten in international conferences.

- It is important to emphasize that the first results of the observatories have translated into recommendations, particularly in Mauritania. Furthermore, these recommendations were discussed with the main stakeholders and considered for some (e.g., ensuring maximum access to screening and treatment sites/calendars of the UPEC in Nouadhibou in Mauritania²⁸), but they do not have yet been translated into advocacy strategy.
- Note: The evaluators again draw attention to the result indicators. Apart from carrying out an advocacy action, the important output (or rather the effect/impact) is the change(s) linked to this advocacy action. For example, a relevant indicator at this level would be "Number of decisions and changes obtained on the basis of the observatory's proposals". As already underlined, given the delays in setting up the observatories, at the time of the evaluation, in none of the 5 countries had concrete changes been noted based on the first results of the observatories.

2.3.4. Achieved results of SO4 ("The strengthening of ITPC-MENA as a strong and independent player in the region, through support for its strategic development")

R7: "The structural capacities of the main project implementation partner (ITPC-MENA) are strengthened and the partner associations benefit from ad hoc capacity building"

Results indicators: 7.1. Number of support actions issued in the main partner's action plan completed by the end of the project

- The project resulted in the development of an action plan to strengthen the capacities of ITPC MENA, including a list of targeted changes: human resources management, internal communication, and promotion of its expertise externally, and the development of a new strategic plan 2022-2026. A consultant has been recruited to best support the association in this project (the consultancy began at the end of May 2021). Three major components guided its work: assessing the external image and working environment of ITPC-MENA; facilitation of one or more strategic planning workshops with all ITPC-MENA team and board members; support for the development of the final strategic plan and its dissemination plan.
- At the end of the project, it can be concluded that the structural capacities of ITPC-MENA have not been fully strengthened.
- Alongside the capacity building of ITPC-MENA, this specific objective also aimed at building the capacities of partner associations in each of the targeted countries. Therefore, the partner associations benefited from occasional capacity building throughout the duration of the project. Solidarité Sida has had to support and reinforce the partners of the project on an ad hoc basis according to the requests and needs identified. A capacity building budget has thus been planned for each partner. At the same time, Solidarité Sida and ITPC-MENA ensured the complementarity between the "expertise sector" technical assistance from which certain partners can benefit, the implementation of the FORSS project ("project sector") and ad hoc capacity building. Solidarité Sida and ITPC-MENA also supported the partners in drawing up a request for "expertise channel" assistance. For example, AGD in Mauritania received support from L'Initiative's "Chain of Expertise" for the development of its strategic plan. AGD will also benefit (from August 2022) from Channel 1's technical assistance in "community health expertise and management of responses to calls for projects from Expertise France". In addition, ITPC-MENA, in its role as host of the MENA-GF Platform, accompanied certain partner associations to submit requests for technical assistance to the CRG mechanism, and monitored some of the support missions (notably AI Shehab).
- ITPC MENA was more the beneficiary than the carrier of the project and was often replaced by Solidarité Sida, which has a much more developed management structure. It was only towards the end of the project that ITPC MENA and Solidarité Sida balanced each other in terms of project management.

2.3.5. Results achieved for SO5 ("Maintaining the continuum of community services for prevention, testing and care of PLHIV and key populations in the five countries of intervention in the context of the health context linked to the COVID-19 pandemic »)

R8: "The basic needs of PLHIV and the most vulnerable key populations are met in the 5 countries of intervention"

R9: "The partner associations are able to ensure the continuity of services for PLHIV and key populations"

²⁸The Nouadhibou UPEC is only operational on Wednesdays: extending its opening hours (additional days, extended hours) would make it easier for KPs to visit.

R10: “The barriers to access to services for PLHIV and key populations during the COVID-19 crisis in the 5 countries of intervention are known and referenced in a specific study”

Results indicators: 8.1. Number of beneficiaries supported in the 5 countries: 9.1. Number of associations having applied the recommendations related to the health context of contingency plans; 10.1. A regional report on access to health services for PLHIV and key populations during the COVID-19 crisis is produced and disseminated

- In general, the results relating to this SO have been achieved.
- Initially, food aid and hygiene kits for PLHIV and the most vulnerable key populations were provided (a total of 2,714 people benefited ²⁹). The health context linked to the COVID-19 pandemic has resulted in increased precariousness for the most vulnerable people, PLHIV and key populations, which is likely to last in the medium or even long term. The establishment of an emergency fund for each partner association in direct contact with the beneficiaries should make it possible to meet the basic needs of the latter over a longer period.
- Then contingency plans were drawn up for the partner associations in each country (except for Lebanon). The health context linked to the COVID-19 pandemic has required an adaptation of all partner associations, to allow the continuum of activities and services. All partners have developed strategies and adapted their activities to reduce the impact of the pandemic on the supported beneficiaries. The support provided to the associations to develop contingency plans allowed to better organize their response to the health crisis, and to ensure continuity of their actions while deploying the activities of the FORSS Program (allowing associations to continue providing services, legal and psycho-social services, by telephone or online).
- Finally, a specific study covering the 5 countries of intervention was planned in the scope of this objective. For instance, the FORSS Program is intended to identify the barriers to access to prevention, screening and care services for PLHIV and key populations. Therefore, it seemed essential to measure, a posteriori to the current crisis, the impact that / a COVID-19 on access to these services. The study aimed at evaluating the impact of COVID-19 on health systems and identifying the measures put in place by governments to facilitate access to treatment during this period (the access to prevention services, screening, care, psychosocial follow-up for PLHIV and key populations). The study report is available and will be published (cf. half-yearly report n°8).

2.3.6. Effectiveness of the monitoring-evaluation system

- A steering committee ³⁰and an operational committee ³¹ were set up since the start of the project
- According to the testimonies received, the meetings of the committees (operational committee and steering committee) led to the development of SO5 (by the steering committee) and extension proposals without additional project cost (supplemented by bilateral meetings between Solidarité Sida and each association).
- According to the interviews, the governance model of the project should be reviewed. For instance, several difficulties were noted, such as the fact that some people had a dual role of “project manager and program director”. ³²
- Regular bilateral telephone follow-up was also used by the project managers of Solidarité Sida and ITPC-MENA for coordination. It helped discuss internal issues within the structures, the implementation of the project, but most importantly maintain the bond of trust between the project manager and the implementation partners. For example, in Morocco, the establishment of the monitoring committee was the subject of numerous bilateral/trilateral meetings between the RdR and Solidarité Sida and/or the ITPC-MENA.
- The main tool used for the monitoring and evaluation system is the monitoring tool including Expertise France indicators. However, this monitoring/evaluation tool was barely used throughout the project because it is very time-consuming given the 95 indicators/target values that have been retained for this program. This tool must therefore be simplified so that it can be used more frequently (every 3 months).

²⁹Egypt: 1000; Lebanon: 300; Morocco: 84; Mauritania: 910; Tunisia: 420 (cf. half-yearly report n°5).

³⁰ The steering committee meets every semester, in the presence of the Directors executives, Presidents or Program Directors of each partner association, ITPC-MENA and Solidarité Sida. The steering committee defines the strategic orientations.

³¹ The operational committee meets every month, in the presence of all the project teams (Project Managers, Project Assistants, Advocacy Officers) from each partner association, ITPC-MENA and of AIDS Solidarity. This committee works on the progress of the project as well as on the provisional schedule.

- As already underlined, the monitoring-evaluation system is not sufficiently effects/impacts oriented (see above).

2.4. EFFICIENCY

Efficiency measures whether resources (funds, expertise, time, etc.) are converted into results in an economical way, and whether the project presents a good quality/cost ratio.

- The project budget which appears to be a "surplus budget" ³³(see Figure 2 of Annex 5) according to the budget analysis of the documents is rather a "deficit" one for some partners/countries who did not have the needed budget for the implementation of certain activities.
- Discrepancies in the distribution of financial resources (see Figure 3 in Annex 5) ³⁴ could be explained by differences in unit costs, as well as differences in living costs between different countries. Nevertheless, the overall budget of the project has been underestimated in relation to the objectives to be achieved in certain countries (in addition to the "multi-country" dimension which requires significant means of monitoring): lack of means in particular on the "advocacy" and on the "communication" aspect but also at the collection level with samples that remain small: few structures and few patients questioned. This underfunding was exacerbated by the delays in the development of activities following the COVID-19 context and by the obstacles/blockages linked to the contexts of the different countries (the administrative delays linked to the establishment of ethics committees).
- In terms of choice of partners: the choice of the Lebanese partners profoundly affected the efficiency and therefore the effectiveness of the project. The partner association had many internal problems which hampered the implementation of the project.
- Cost savings have been made on some occasions. For example, in Mauritania, the costs of follow-up missions to Nouadhibou and Rosso were charged to another project.
- In terms of organizational efficiency: The project has demonstrated a certain adaptability on several occasions:
 - o The project has been the subject of three extensions: (1) one extension of 6 months in 2020 for COVID-19 with additional cost; (2) a second one of 10 months in 2021 ³⁵and (3) one last of 3 months in 2022 ³⁶(3 additional months until December 31, 2022).
 - o Data collection process: for example, in Mauritania, data collection timings have been modified in Nouadhibou (in the evening) so that KPs are more available and feel comfortable answering.
 - o The fully justified choice to add a 5th OS specific to the fight against COVID-19.
 - o Flexibility in budget management: before each activity, in consultation with Solidarité Sida, each partner had the possibility of making minor budget readjustments. For example, in Mauritania, AGD made some readjustments in terms of collectors' allowances.
- In terms of human resources, HR turnover problems deeply affected the implementation of the various activities, the appropriation of the project as well as the sustainability of the results. In Tunisia, for example, the project manager left in the middle of the 2nd year, which caused delays in the implementation of the project.

2.5. SUSTAINABILITY

Sustainability allows to appreciate the benefits resulting from a development action after the end of the intervention. It is the probability of obtaining profits over the long term.

- A crucial element that guarantees the sustainability of the system is its recognition and ownership by those responsible for national health programs and other actors in the fight against HIV/AIDS, in each of the 5 countries. This was manifested by the creation of an ethics committee. In the different countries, this openness of the different actors to invest more in the system was manifested through the following:

³³ The project was interrupted for 6 months due to the health crisis, which in fact led to an under-consumption. The other under-consumption factors are presented in appendix 5.

³⁴For example, the budget of the Lebanese partner is higher than that of the other countries despite the smaller size of the population in Lebanon as well as the smaller size of the KP.

³⁵ Request for extension until September 2022 presented to the Steering Committee on July 22, 2021, and endorsed by amendment on 09/20/2021.

³⁶June 16, 2022.

- In Mauritania: (1) the NAP has been involved since the beginning of the project and especially during the first training sessions; (2) membership of the CCM and, possible consideration of the observatory system in reprogramming activities or in new grants (NFM4).
- In Morocco: (1) the NAP has been involved since the beginning of the project and especially during the first training sessions; (2) prospects for integrating the "observatory" concept into the new national strategy for the fight against AIDS.
- In Egypt: Al Shehab worked closely with the National AIDS program throughout the project. The experience of the observatory has made it possible to enhance the role of Al Shehab organization at the national level. For instance, Al Shehab were part of the group invited by the Ministry of Health in March 2022 for the development of the national strategy against discrimination in the health sector. The experience of the observatory has helped carry out advocacy for the development of this new strategy.
- In Tunisia: (1) The project has made it possible to improve ATP+ contacts with the government, care centers and the various partners in the fight against HIV; (2) Recognition of the relevance and importance of observatories by the NAP coordinator to fight stigma and discrimination against KPs and PLHIV; (3) several partners, including the CCM, advocating the need for integration of the observatory within the framework of a national coordination mechanism
- However, this endorsement by national HIV/AIDS program managers has yet to materialize in most of the focus countries. Apart from Morocco (and to a lesser extent Mauritania), there is no real political will to integrate the "community observatory" into the national health system. Similarly at the level of the Global Fund, the whole challenge in the future will be to translate words into deeds via the integration of the "Observatory" mechanism in new grants.
- In the different countries, we observe a progressive appropriation of the system by the actors with a good understanding of the objectives of the observatory by the actors: the heads of the partner associations are aware of the potential impact of the system on the quality of work in their community centers. However, ownership is still limited, particularly at the level of health authorities where there is still reluctance ("*We are awaiting* more representative results at the national level" ³⁷), especially in Egypt. Furthermore, it should be noted that, despite the adherence of the stakeholders to the system put in place, some of them do not read the report of the observatory. This also raises the question of the communication strategy around the system (see recommendations).
- The project is based on building the capacities of existing and recognized associations. Any capacity building action is a guarantee of the sustainability of the achievements. Although insufficient, the expertise developed among community leaders, collectors and supervisors remains an important achievement of the project. Any capacity building action also involves the question of the transfer of skills with the obligation to restore them within the community association. However, there is no framework for the systematic restitution and sharing of training achievements within the associations.
- The choice to collaborate with associations of KPs and PLHIV with recognized legitimacy, based on the community of the country, and having a regional and national scope, is part of the strategy of Solidarité Sida and ITPC-MENA to allow appropriation of this project by the partners and to optimize its sustainability.
- The participatory approach advocated by the project - involving associations in the development of the protocol and the data collection tool - contributes to the good appropriation by the partners of the "Observatory" system.
- Some of the difficulties observed may reduce the sustainability of the achievements mentioned above:
 - Some community associations have peer educators funded by GF/CCM. It is unclear to what extent the interviewer's tasks would be integrated with those of the psychosocial support worker and/or community health workers.

³⁷Testimony of a health authority in Mauritania.

- Collectors are not sufficiently involved in the system (beyond collection ³⁸). Ideally, they should play a role in the analysis of the results and be more involved in the processes of exchange, sharing and restitution of information as well as in the procedures for resolving the malfunctions observed.
- In the five countries, the project did not sufficiently integrate existing consultation frameworks, an important step to increase sustainability and facilitate ownership of the system by health workers and local/regional/national health authorities. This should allow the actors concerned (health workers, users) to validate/modify/complete the data collected before dissemination/publication at the national level.
- In each of the 5 countries, civil society is poorly structured and does not constitute a counter-power capable of criticizing the authorities, which may constitute an obstacle in the observatory's advocacy strategy.

2.6. EFFECTS /IMPACT S

Given that the observatories were set up late and that the first results have just been published, it is challenging to assess the effects/impacts at this stage (for example, the impacts of the project in terms of accessibility and quality of services are not yet perceptible). However, we highlight some initial positive effects/impacts below.

- The trainings improved the knowledge of community leaders and collectors/supervisors in terms of prevention and care of PLHIV/KP, data collection and advocacy. However, it is difficult to fully appreciate the effects/impacts of these trainings (see 2.3.1).
- According to the interviews, the peer-investigators constitute a real added value because the targets feel confident and valued (especially in Mauritania where the KPs surveyed expressed their need to be listened to). In addition, it also helps to clearly identify targets.
- During our interviews, users indicated that the questionnaires helped them to know their rights and identify any rights violations.
- The visibility/notoriety of community associations has been strengthened by the project - but above all by their actions during the pandemic - notably for RDR in Morocco, AGD in Mauritania, ATP+ in Tunisia and Al Shehab in Egypt.
- The “community observatory” system is considered relevant by the main players in the fight against HIV/AIDS as well as the representatives of national authorities who have also pointed out that civil society and NGOs play an important role in the national response to HIV. For example, in Morocco, the authorities underlined the relevance of the observatory at 2 levels: 1) added value of the frequency (every 6 months) of information generation; (2) added value of collecting individual perceptions of KP/PLHIV. Other items were reported in Mauritania, such as (1) improvement of relations between communities and health systems; (2) validation and resolution of issues locally; (3) culture change in terms of caring for PLHIV; (4) improvement of users' rights.
- The first advocacy actions produced some initial effects: (1) political will to integrate the observatory system into the new NAP in Morocco; (2) sensitization of religious leaders on HIV in Mauritania as well as production of a basic tool for advocacy (a video on Islam-HIV relations) (3) Advocacy has been oriented towards the legal sector in Egypt

³⁸ “We are simple executors ! (Cf. interview with collectors in Morocco).

where strategic legal cases (e.g., right to employment) and legislative trials have been carried out to guarantee the civil rights of PLHIV.

- As already underlined, at this stage of the system's development, changes in behavior are not yet visible at the level of healthcare providers.

2.7. TRANSVERSAL AXES (GENDER)

- Although the project did not adopt a specific gender approach, the data collection method adopted was inclusive and equitably targeted users of different genders. In addition, the improvement in the overall quality of access to health services, as well as the fight against stigmatization and discrimination within the health centers themselves, leads to a remarkable improvement in access for the most vulnerable people³⁹.
- Although the presence of women in project teams and partner organizations is noted, the project did not specifically encourage the strengthening of women's skills to participate in decision-making and strengthen their leadership in the targeted organizations. For instance, there was no training on the principles and methods of representation and on a gender policy within each organization.

³⁹In the MENA region, while HIV prevalence has increased among both men and women, gender inequality and the low social status of women has had a significant impact on women and girls who have been adversely affected by the epidemic (M-Coalition ' Mental health of men who have sex with men in the Arab world ' [accessed 26 May 2016].

3. LESSONS LEARNED

- In countries where reliable information on access and quality of care is lacking, the strategy of implementing an "Observatory" project by directing the approach towards the "improvement of knowledge" aspect of the system is considered very relevant.
- The program's strategy of relying on fully legitimate and nationally recognized CSOs, community-based and experienced in the fight against HIV/AIDS (and with a good representation of the KPs they support) is considered as very relevant. The choice to collaborate with the main community associations of KPs and PLHIV in the country, with a regional and national vocation, is part of the Solidarité Sida strategy to allow this program to be adequately appropriated by the partners and sustained. However, in a multi-stakeholder approach and to carry out advocacy in a stronger and more structured way, it is important to strengthen cohesion/consultation between the community associations involved within the same country. This enhanced cohesion would allow civil society to have one coherent discourse, which would strengthen its legitimacy/credibility vis-à-vis other actors (public authorities, international organizations, national programs, etc.).
- Relying on users who mobilize spontaneously helps reduce the observatories' dependence on external funding: an observatory is based on community, local and citizen involvement. The community of health center users is an essential component of the observatory, which relies on their contributions to the quality and access to services. The local scale is therefore of major importance: a dynamic monitoring should be deployed from the base, from the field, to then address the decision-makers (unlike a top-down system). The mobilization of users, who respond to surveys within the framework of the FORSS project, implies that they are aware of their rights and duties, of the policies and regulations in force. The FORSS project⁴⁰ lacked the capacity building for users (in particular via educational talks, discussion groups) component.

⁴⁰Planned under SO3 of Phase 2, as submitted to The Initiative in June 2022.

4. CONCLUSION AND RECOMMENDATIONS

4.1. CONCLUSION

This final evaluation of the project enabled the consultants - through the analysis of the documents provided by the partners and the missions carried out in the various targeted countries - to obtain a critical assessment of the project, as well as to provide recommendations for funding of a second phase of this project. The novelty of the project coupled with the drastic impact of the pandemic has significantly delayed its implementation. Nevertheless, 4 out of 5 observatories have been set up and have proven to be relevant in relation to the context of HIV/AIDS transmission among the most vulnerable and marginalized populations (PLHIV/KPs) in the targeted countries. For instance, in each of the five countries, access to screening and care services is limited and national policies are still insufficient to curb the epidemic. There is clearly a lack of reliable information on access to care and support for PLHIV/KP or even on the factors blocking the screening of PLHIV/KP. Nonetheless, these observatories support national health policies, by strengthening the deficient health information systems, and subsequently serve to feed advocacy actions through the identification of pitfalls at the level of prevention as well as management of KPs. Therefore, the consultants recommend the funding of a second phase of the project now that the observatories have been launched in three of the four eligible countries to provide both financial and technical support to partners to improve the pitfalls identified and optimize the chances of success, expansion and sustainability of observatories. Finally, it is important to note that the lessons learned during this phase were translated into the remarkable improvement in the conceptualization of the second phase of the project.

4.2. RECOMMENDATIONS

4.2.1. General recommendations (addressed to Solidarité Sida)

- Review the governance model of the multi-country system. A clear and enlightened distribution of the responsibilities of the different actors (Solidarité Sida, ITPC MENA, partner organizations) is needed. Furthermore, consider expanding the composition of the steering committee – responsible for the follow-up of the observatories in each country - with the involvement of the main players in the fight against HIV/AIDS.
- Ensure the necessary resources for ITPC MENA to resolutely embark on a possible phase 2 to avoid a lack of HR leading to staff inefficiency and a dilution of responsibilities.
- Strengthen the capitalization of experiences between the 4 countries.
- Encourage post-training coaching with partner associations; and encourage the pooling of skills between partner associations.
- Use a monitoring system that is sufficiently change-oriented with the definition of effect/impact indicators.
- Work closely with other actors in the field of HIV to ensure complementarity and reduce duplication between different actors. In addition, collaborate with other national observatories to ensure the integration of HIV into other themes (for example that of violence against women in Tunisia).
- Encourage the partner associations to gradually get out of a project logic towards a more sustainable logic (permanent monitoring system). The latter could be achieved through: (1) taking advantage of existing frameworks for sharing the results of observatories (e.g., CCMs); (2) integrate more fundraising activities into ongoing activities funded by the Global Fund and included in the routine functioning of institutions; (3) strengthen the multi-stakeholder approach and cohesion between community associations within each country (for strengthened advocacy); (4) rethink the status of collectors.

4.2.2. Specific recommendations (training, collection/dissemination, advocacy, follow-up) – addressed to Solidarité Sida, ITPC-MENA and partners

Data collection and analysis device:

- Use different sources of data collection, including qualitative ones (care providers/community health workers, green line, journalists, users, students/researchers, social networks, etc.), for a better triangulation of collected evidence and an improved involvement of the different actors. This would also increase the sample representativeness.
- To deal with low sample size problems, it would be relevant to partner with other NGOs active in awareness-raising (for example, SOS PE ⁴¹in Mauritania, ALCS in Morocco, SIDC in Lebanon, etc.). This partnership would not be limited to the provision of collection sites but would involve the associations in the data collection process. For instance, these associations can take advantage of the awareness sessions they organize with their targets to collect qualitative information that would complement and strengthen the observatory.
- Expand the observatory's coverage to generate results generalizable results (this applies to all 4 countries).
- Couple the data collections with awareness sessions (not only on screening but more broadly on the rights and duties of users ⁴²) and vice versa. Integrate fundraising activities into the ongoing activities funded by the Global Fund and included in the day-to-day work of the institutions (in view of the sustainability of the system).
- Simplify the questionnaire (too long) and review the order of the questions. In addition, certain questions should be reviewed to become more adapted to the national context⁴³.
- Expand the target categories of the observatory beyond KPs (minors, health professionals, pregnant women in appropriate collection sites, etc.) to be able to collect information on the effectiveness of prevention and possibly add a section on sensibilization assessment.
- Regularly organize workshops for exchanging experiences between data collectors (each collector can also strengthen the skills of the others, considering the specific profile of each). This exercise could also be implemented at the multi-country level to enable the sharing of experiences, good practices and lessons learned.
- Collectors and supervisors should be strengthened - with continuous updates - in data collection techniques, reporting, advocacy techniques as well as knowledge of health topics and their issues.
- Train project teams on data analysis and monitoring and evaluation.
- Involve the collectors more in the design of the questionnaires, the analysis (sharing of the results of the analysis before publication of the report), and advocacy (they could be engaged in steps to resolve the dysfunctions observed).
- Regarding the reporting of information (observatory), do not forget to point out and promote good practices, as well as to draw lessons to capitalize on.
- The findings of the study specific assessing the barriers to access and quality of health care in the COVID-19 context should be integrated into the observatory reports.
- Review the methods of restitution and sharing of results: involve all actors active in the fight against HIV/AIDS, consider a framework for permanent exchange (steering/monitoring committee ⁴⁴) and/or also take advantage of the frameworks for existing exchanges (for example during NAP annual reviews, etc.). Ideally, a first restitution should take place before publication of the observatory report. This should allow the actors (health workers, users) to validate/modify/complete the data collected by the investigators/collectors before dissemination/publication at the national level.
- Encourage the partner associations of the project to reflect together with the other actors on the evolution of the status of peer-investigators.
- Organize/establish/integrate exchange frameworks, both at the level of the health centers and at the level of the health zone with the regional/local health authorities to facilitate the appropriation of the system by the health workers and the authorities of the regional health services, in national contexts where possible.

⁴¹SOS Peer Educators is also involved in very interesting service provider/community consultation work, to be capitalized on for a possible phase 2 of the FORSS project.

⁴² Educational talks: meetings with health users organized by members of CSOs trained to inform these users of their rights (e.g., access to health services) and duties (e.g., respect for service providers, cleanliness of premises) and other themes of therapeutic education (for example on the follow-up of pregnant women living with HIV).

⁴³It should be noted that work to rehabilitate the collection tools is planned at the start of Phase 2 submitted to L'Initiative.

⁴⁴Like what is done in Morocco for example.

Capacity building:

- Continue building the capacity of partner associations (via the project and/or via other support ⁴⁵) in monitoring and evaluation, leadership, fundraising strategy, HR management, partnership management, financial management, and communication.
- Include - in this type of project - activities to strengthen the skills of women with a view to participating in decision-making and boosting their leadership in the targeted organizations. More generally, strengthen the gender approach or work with other NGOs (Frontline Aids for example) already advanced in this area to improve it.
- Consider an area for strengthening the skills of healthcare providers involved in the observatory system. Inform/sensitize these actors on the operation and the stakes of the observatory and reinforce their knowledge of the questions relating to the rights and duties of the users.
- In terms of training of trainers, it is important to identify more efficient data collectors who can play the role of trainer with new collectors.

Advocacy/communication:

- Take advantage of the feedback sessions to anticipate the areas of advocacy (better translate the results of the observatory into an advocacy strategy).
- Review the advocacy strategy by integrating more precise/targeted interpellations (more specific by health facility, by region), while keeping some general considerations. In addition, in line with the added value of using tablets (speed of data processing and analysis), also consider an early warning system for specific urgent cases (e.g., stock out of ARVs in such health facility).
- Implement a real advocacy plan (identification of target categories, identification of the type of actions to be carried out, planning, resources, step-by-step plan, etc.) which encourages more buy-in/ownership from key stakeholders. Carry out advocacy actions over the longer term in order to really “move the lines”.
- Make advocacy fit better with political agendas.
- Find other allies to carry out advocacy by strengthening the multisectoral nature of the strategy (e.g., involving actors active in the field of human rights ⁴⁶).
- Strengthen synergies between community associations to be stronger in terms of advocacy actions.
- Improve the communication strategy around the “observatory” concept:
 - o Communicate well on the issues/objectives of the observatory
 - o Importance of making the various actors (authorities and service providers) understand that they also have to benefit from this observatory
 - o Accompany the observatory reports with a clear summary including the main points of interest
 - o Improve and diversify reporting methods
 - o Consider a real event communication strategy around the observatory: events, distribution of T-shirts, pens, more radio ⁴⁷/ TV programs and more involvement of the media in general, updating of the website (and translation into Arabic ⁴⁸), diary written by collectors, etc. –
 - o Involve journalists more in defining the communication strategy (partnerships with the press). Note: it would be interesting to work more on raising the awareness of journalists ⁴⁹.

4.2.3. Recommendations specific to the Global Fund and health authorities

- Encourage the CCM/GF/Ministry of Health to integrate the Observatory concept into new grants (until a sustainable funding model is found).
- Encourage and train the health authorities to use the observatories to strengthen their surveillance capacities and identify malfunctions using the generated data or even allow collectors to notify any malfunction directly.

⁴⁵See also recommendations specific to L'Initiative/Expertise France.

⁴⁶ For example, for IDUs, the problem has also a legal dimension (more tolerance is required).

⁴⁷See community radio in Tangier (“100% Maman”): raising awareness about HIV, sharing experiences with the participation of service providers.

⁴⁸The translation is already in progress

⁴⁹ Activity planned in the extension request at no additional cost submitted to L'Initiative in June 2022.

4.2.4. Recommendations specific to The Initiative

- Tailor future interventions – identifying and building synergies with other projects/actors – to complement existing grants and fill identified gaps.
- Communicate more with the Global Fund bodies on the issues and results of the observatories in order to strengthen advocacy for the integration of this system into new grants.
- Ensure that the monitoring system is sufficiently change-oriented with the definition of effect/impact indicators.
- The evaluators note an inconsistency between the (coherent) objective of a multi-country project and the financial resources allocated to the FORSS project, which have proven to be notoriously insufficient. It is therefore essential to adapt the budget in relation to the objectives to be achieved.
- The mobilization of other support parallel to the project (notably via the Expertise Channel) is encouraged, with the aim of strengthening the capacities of partner associations.
- Concretely, for the prospects of continuity of the FORSS project in each country, the consultants strongly recommend that L'Initiative supports a second phase in 4 of the 5 targeted countries (Egypt being no longer eligible). For instance, the observatories were set up late and for them to be able to fully achieve their final objectives (improvement of prevention and the quality of care for PLHIV/KP), it is imperative to support carriers of the device in this deployment phase. Note: many improvements were noted in the proposal developed by Solidarité Sida for a second phase of the project, such as (1) better involvement of other actors active in the response to HIV, including representatives of the formal health system, (2) better focus on capitalization and national and regional recognition in order to ensure the sustainability of community observatories (3) improvement of the gender approach, etc. Some of the recommendations made in this evaluation report support these improvements.

4.2.5. Recommendations for the Egyptian observatory (no longer eligible for a possible phase 2 of the FORSS project)

To ensure the sustainability of the Egyptian observatory, the consultants recommend:

- In the absence of external funding: include the questionnaire in the regular services provided by the organization (screening, legal support, etc.) which ensures both continuity of the observatory and close monitoring of the needs of KPs.
- Take up the concept/methodology of the observatory in other funding requests for new donors. It should be noted that this project made it possible to estimate the approximate annual cost of an observatory in Egypt, which is equal to 30,000 USD (in its current structure).

5. ANNEXES

5.1. ANNEX 1. EVALUATION QUESTIONS/EVALUATION MATRIX

Goals	Evaluation questions	Indicators/ Information	Information source
Objective 1: Accountability			
Relevance and Coherence			
Coherence with international strategies	How do the project objectives and design align with the priorities of the international community?	Relevance of the design and objectives in relation to the strategic orientations as well as the mission launched by the GF in 2016	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Coherence with national strategies	How do the objectives and design of the project align with the policies and priorities of the supported countries? <i>To what extent is the project compatible with other interventions promoting access to care in the targeted countries? with national policies?</i>	National policies Other interventions promoting access to care	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Relevance in the national context / in relation to national needs	How relevant are the project objectives and design to the needs of the supported countries? <i>To what extent was the setting up of the observatories based on a rigorous baseline study of the field of implementation? Have they (the objectives) remained relevant despite the change of context?</i>	National and regional baseline data on PLHIV and key populations Initial assessment of access to care of PLHIV and key populations, the quality of accessibility to available treatments Community, institutional and professional needs	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

Relevance of the project design	Has the project been formulated in a relevant way (quality of the logical framework), for example, is there consistency between the problem identified and the objectives, between the inputs and outputs of the different results? and between the different intermediate results? <i>To which extent are the final beneficiaries of the project (civil society organizations and users of health structures) relevant (based on the identified needs)?</i> <i>What about the participation of national actors and project partners?</i> <i>What were the selection criteria for the health facilities targeted by the project?</i> <i>Is the monitoring and evaluation system set up within the framework of the project only based on the achievement of results or is it also oriented towards effects/changes?</i>	Logical framework of the project SMART Assessment of the objectives of the project (specific, measurable, achievable, realistic and time bound.) Selection of associations Assessment of the relevance (and effectiveness) of the monitoring-evaluation system and organizational mechanism put in place Indicators used (output indicators, impact indicators, etc.) Training design (needs analysis / training system / implementation / monitoring-evaluation) Design of advocacy actions Participation of different community actors (community leaders for example) trained on 5 themes (MSM, SW, IDU, screening, treatment)	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Efficiency <i>How did the project achieve the expected objectives and results?</i>			
Improving the knowledge and practices of community actors in terms of prevention and care for PLHIV and key populations.	Were knowledge and practices of community actors improved in terms of prevention and care for PLHIV and key populations? <i>Capacity building at 3 levels,: individual (skills, aptitudes and individual experiences), organizational (organizational capacities of a structure: tools, procedures, technical platforms, organization of a service, human resources policy) and general (concerns the ' interaction of the structure with its institutional, political environment, etc.</i>	Improved knowledge of community actors in targeted countries Published survey reports per country (one at the start and one at the end of the project) Knowledge and adaptation of quality standards for the prevention and care of PLHIV Number of associations having received the synthetic guide Number of people familiar with international standards Number of people trained in data collection Number of trainers trained	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

		Number of community leaders and actors (community leaders for example) trained on 5 themes (MSM, SW, IDU, testing, treatment) Improving the practices of community actors in the target countries	
The collection and dissemination of national and regional data on the quality and accessibility of prevention and care services as well as access to treatment	Was data - on the quality and accessibility of prevention and care services as well as access to treatment - collected and disseminated at both the national and regional level? <i>What was the structure of the observatories set up? their geographical coverage?</i> <i>Which actors have been integrated into the system? what were the exchange frameworks planned?</i> <i>What is the level of efficiency in terms of data collection ensured by the collection agents? (Quality, difficulties encountered, level of collaboration with the administrative authorities and/or certain caregivers?)</i> <i>To which extent was the obtained information complementary to existing reporting services?</i> <i>To what extent can the observatories be considered as a support tool for national health policies, advocacy and decision support for national decision-makers and international partners?</i>	Number of operational community observatories Database creation (existing services, continuum of care, etc.) Data gathering: Realization of quality questionnaires in the different countries Realization of focus groups Activity Report Identification of dysfunctions through the observatories Integration of data collected in HIV analysis reports in the MENA region Integration of the project's operational partners into national and regional consultation frameworks throughout the project Dissemination of results and capitalization of collection and analysis actions Participation in the capitalization workshop organized in Paris Production of strategic documents for the prevention and care of PLHIV (in the target countries) Integration of MENA zone issues in international conferences	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

The development of advocacy actions, based on the data collected, to influence the strategies for the fight against HIV/AIDS and their mode of implementation (at the national, regional and international level) and to alert on the barriers and obstacles of access to care for PLHIV and key populations.	Were advocacy actions developed and implemented? Were they based on the collected data, to influence strategies for the fight against HIV/AIDS and their method of implementation (at national, regional, and international level)? Has it been designed in a way that allows it to alert on barriers and obstacles to accessing care for PLHIV and key populations?	Training people on advocacy (especially Arab and French-speaking journalists) Number and periodicity of publications Identification of barriers to access to care Number of policy briefs developed Dialogue between the different stakeholders in the fight against HIV (number of participants, positions of participants, etc.) Advocacy plans and actions defined by country Organization of national days for HIV Number of media coverage Capitalization workshop organized in Paris Participation in international conferences Participation in the MENA symposium in Paris	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Strengthening ITPC-MENA as a strong and independent player in the region, through support for its strategic development.	To which extent was the project able to strengthen ITPC-MENA as a strong and independent player in the region?	Number of support actions issued in the main partner's action plan completed at the end of the project Results of the global diagnostic workshop Development of a strategic plan for IPTC-MENA at the end of the project	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Maintaining the continuum of community services for the prevention, testing and care of PLHIV and key populations in the five countries of intervention in the context of the health context linked to the COVID-19 pandemic	To what extent has the continuum of community services for prevention, screening and care of PLHIV and key populations of the five countries of intervention been maintained in the context of the health context linked to the COVID-19 pandemic? <i>Has the project been flexible to adapt to external factors that have hindered its implementation?</i> <i>How has it adapted to the health crisis linked to COVID-19??</i>	Development of contingency plans Application of recommendations related to the context of contingency plans Number of associations having maintained the continuum of their services Distribution of hygiene kits and food parcels	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

Effectiveness of the monitoring-evaluation process	To which extent did the monitoring-evaluation system allow the measurement of results (outcomes and outputs)? <i>To which extent have the results and recommendations of the interim evaluation been used to strengthen the effectiveness of the project?</i>	Design and indicators of the monitoring tool Interim evaluation recommendation	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Difficulties and barriers preventing the achievement of expected results	Why were certain activities not carried out (harmonization workshop, baseline assessment, etc.)? <i>What is the responsibility of the project leader in these observed difficulties? of Expertise France?</i>	Delays reasons Reasons for the absence of data collection in certain countries (particularly Lebanon)?	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Efficiency To what extent has the project produced results on the health system in a cost-effective and timely manner?			
Cost efficiency	Are the project costs satisfactory in relation to the results obtained?	Operational plan implementation Use of budget Management, control and evaluation	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Choice and organization of resources	To what extent are the capacities (technical, management) of the project leader sufficient to execute the project? <i>Are the proposed resources enough for communities to understand systems, leverage shared priorities, contribute to debates and discussions, and deliver programs?</i> <i>What are the difficulties encountered in terms of organization and coordination of the project?</i>	Choice of partners / Coordination Role and responsibility of the different actors Ability of the various actors to manage the project and accomplish the work requested Availability of necessary resources Collector Profiles	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

	Have the audiences targeted by the trainings been chosen in relation to the problem identified? Was the choice of direct beneficiaries relevant (selection criteria)? <i>Was there a lot of turnovers after the training?</i> <i>Were there any other constraints related to the beneficiaries?</i>	Are the results produced with the same efficiency regardless of the profile of the collectors (collector alone or part of the health facility) What are the reasons for the differences, if any?	
Impact			
Impact on the direct beneficiaries of the project (partner associations and community leaders)	What is the most significant change resulting from this project? What was the overall impact of the project? <i>To what extent did the project meet the objectives of the Initiative's 2017 call for projects aimed at strengthening the quality and accessibility of national and community health systems?</i> What are the capacity building activities, which in specific contexts, can lead to a more significant impact? <i>What do stakeholders see as the most significant (or "transformative") impact in this context?</i> Impact of collectors training sessions <i>How does the application of the training received translate in practice (for example, what are the concrete effects/impacts in terms of enhancing the work of collectors in certain health facilities)?</i>	Improvement of the skills of the various project partners Training: activity performance indicators; results indicators (sustainability of support); effect indicators (impact of support)	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Impact on indirect beneficiaries (PLHIV)	As far as possible, assess the first effects/impacts in terms of accessibility and quality of HIV services despite the delays in implementing the observatories?	Change in behavior of representatives of national health authorities Basic needs of PLHIV and the most vulnerable target populations are supported in the five countries Decline in the number of new infections and increase in the number of people detected	Activity reports, evaluation reports, mission reports, any other project document (including logical framework)

	<i>Are there effects in terms of quality and care: adequate structures, available and trained personnel, financial and geographical accessibility to care services?</i> <i>What about the effects in terms of strengthening the participation of PLHIV in monitoring their care?</i> <i>What about the effects in terms of the supply of essential drugs (ARVs in particular - number of people on ARVs, continuity/absence of shortages) and reagents for screening tests (reduction of stockouts)?</i> <i>What were the changes affecting the most exposed populations in terms of access to prevention and care, but also stigma and discrimination?</i> As far as possible, assess the first effects/impacts of the various advocacy actions? <i>Have the results and lessons learned from the project given rise to advocacy to integrate certain approaches into national and regional strategies? in future Global Fund grants?</i>		Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Other effects/impacts, including unexpected	---	---	---
Sustainability			
Operational sustainability	To what extent are the results and effects of the project likely to last? <i>To what extent were the different actors effectively involved in the conceptualization and development of the project?</i> <i>To what extent are these actors involved in decision-making during project implementation?</i> <i>To what extent do the partner organizations participate in the management of the project?</i>	Improving the knowledge and practices of community actors in terms of Staff training Improved knowledge of international recommendations for the care of PLHIV Identification of barriers to the continuum of care Development of advocacy actions	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

	<i>What means have been implemented to allow the appropriation of the project by the partner organizations? To which extent were they effective?</i> Is the transfer of skills between the different members of the team (initially planned in the project document) effective?		
Financial sustainability	What financial sustainability strategies have been defined to date? <i>Do the project leader and the partner organizations have sufficient capacity to sustain this system?</i>	Operational capacities of systems already in place	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Political sustainability	Is the project in line with the environment/ context in which it takes place? <i>Does it adapt correctly to changes in the context?</i>	Strengthening of the organization's advocacy skills Increase awareness of political and social leaders on the seriousness of the threat and the importance of the proposed innovative interventions	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Sustainability of social transformation	Was the project part of a systems strengthening approach? <i>To what extent has the project produced, or is expected to produce, significant, long-lasting, positive or negative, intended or unintended effects in the targeted countries?</i> <i>What impact has it produced or is it likely to produce at the level of national public strategies and policies? At the institutional and legislative level?</i> <i>What can be said about the appropriation of the observatories by the decision-makers / health authorities in the countries concerned?</i>	Use of the data for the assessment of the situation of HIV infection, the life of PLHIV and the detection of any dysfunction Using data to guide communication campaigns Ongoing dialogue with care and service providers to combat the rejection of PLHIV (better integration into care systems)	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

Objective 2: Learning

Given Solidarité Sida's participation in the capitalization workshop on the observatories organized by L'Initiative in 2018/2019, to what extent has the project benefited from the lessons learned from this capitalization for its implementation?

Context analysis versus relevance of a community observatory; place and positioning of the observatory	What was the structure of the observatories? <i>To what extent is this structure similar to or different from other observatories already supported by L'Initiative?</i> What can be said about the relevance of the observatory in relation to the health and governance context? <i>To what extent can the observatories be considered as a support tool for national health policies, advocacy and decision support for national decision-makers and international partners?</i> <i>What is the perception of the legitimacy of the observatory by the authorities? On what foundations is this legitimacy based?</i> <i>Are there tensions between the independence of the observatory (counter-powers) VS their recognition and institutionalization?</i> <i>What is the level of recognition and legitimacy of civil society organizations supporting the mechanism?</i>	Relevance to the health context Geographic coverage Actors have been integrated into the device Observatory governance and location Independence of the observatory vs Recognition and institutionalization Level of recognition and legitimacy of civil society organizations supporting the mechanism Perception of the legitimacy of the observatory by the authorities Whistleblower vs reference organization Publication of observatory reports and validation by stakeholders	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
The program partners: the choice of these associations, their number, their involvement at all stages of the program	To what extent were the partner associations effectively involved in the conceptualization, development, and decision-making during the execution of the program? <i>To what extent do these partner associations contribute to the management of the project?</i> <i>What is the level of involvement of each partner association at the different stages of the system: training of collectors, collection, reporting, dissemination, advocacy, animation of consultation frameworks, management of the system in general, etc.?</i>	Involvement of partner associations in: The conceptualization of the program Program development Decision making Contribution of partner associations to the management of the project Partnership relations as a means of capitalization (source of learning for each of the partners) Participatory approach or not Monitoring of commitments/monitoring of agreements? Obstacles/barriers at this level	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

	<i>To what extent do partnership relations allow each partner to enrich themselves in the global sense of the term (where each learns from the other)?</i> <i>What type of contract has been established (in particular, was the approach participatory?)?</i> <i>How was the monitoring of commitments, the monitoring of agreements carried out?</i> <i>What were the obstacles at this level?</i>	Level of involvement of each partner association at the different key stages of the system Training of collectors, collection Reporting Diffusion Advocacy Animation of consultation frameworks Device management in general Other possible implications	
Data collection as a whole, indicators, methodology, with a focus on innovative strategies (use of new technologies)	Do observatories play the role of an alert system? of a reference organization? <i>How was the information obtained complementary to existing information systems? (National Health Information System)</i> <i>What are the difficulties encountered (especially at the level of collaboration with the administrative authorities and/or certain caregivers)?</i> <i>How to better document malfunctions and alerts with a follow-up of their resolution?</i> What precisely are the key qualitative indicators determined at the start of the project? <i>Did they turn out to be relevant?</i> <i>Are they adapted to the needs of information and to the analysis of these for an effective follow-up of the programs?</i> <i>How to demonstrate the impact and complementarity of observatories on health systems?</i> Was the training and supervision of the collectors done through a structured plan including initial and continuous training sessions, in situ post-training coaching combining theoretical contributions and concrete scenarios?	Type of collectors Mixed system (integrated collectors in health centers and external collectors), Mixed system that also combines other collection sources (general public, qualitative surveys, telephone line, journalists) Efficiency at the level of data collection ensured by the investigators quality level, Encountered difficulties Level of collaboration with administrative authorities and/or certain caregivers Complementarity of the information obtained with that of existing information systems (national health information system) Qualitative key indicators determined at the start of the project Relevance of these indicators (adapted to the needs of information and analysis of these for effective monitoring of programs) Monitoring and evaluation of changes: Documentation of malfunctions and alerts with follow-up of their resolution	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

	<i>Describe the different types of collectors and data collection methods: mixed system (integrated collectors in health centers and external collectors), mixed system that also combines other sources of collection (public, qualitative surveys, telephone line, journalists)</i> <i>What issues (security or other) did the collectors face?</i>	Impact and complementarity of observatories on health systems The position of the collectors Security and protection of collectors Security and data protection Different roles for collectors (between peer-investigators and peer-educators, what balance?), professionalization of collectors (a profession in itself)	
The capacity building process for partners as part of the activities carried out by the project	Are the capacity building strategies particularly original or innovative? adapted to the context? effective? <i>What practices can be replicated/recommended in other contexts, if any? (Capitalization)</i> <i>How did you make sure that the skills you wanted to transmit were indeed acquired by the beneficiaries?</i> How has the interim evaluation helped to assess the level of capacity building? <i>What were the effects? Have the capacities of the beneficiaries been assessed before and after?</i> Is there a self-assessment system? <i>Have you been able to gradually adapt the training sessions to the lessons drawn from the analysis of the results of previous training sessions? To what extent were the capacity building activities based on endogenous processes linked to the non-linear life cycle of each partner?</i> Is the concept of "gender" well understood?	Original or innovative capacity building strategies, adapted to the context, effective Replicable/recommendable practices in other contexts, if applicable Interesting tools/documents/training modules to disseminate more widely Evaluation of the good transmission of capacities to the beneficiaries Pre and post assessment of beneficiary capacities Adaptation of training to lessons learned from the analysis of the results of previous training Endogenous processes of capacity building activities linked to the non-linear life cycle of each partner (education/awareness actions (right to health and duty) carried out over a sufficiently long period of time and in a continuous manner to allow real ownership) Presence of training modules specific to women (gender approach)? Links between capacity building, collection, and advocacy	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

	<i>Has there been an improvement in communication about gender equality?</i> <i>Are there specific training modules for women (gender approach)?</i>		
The link between data collection and advocacy, dissemination and valorization of data	What effects have the observatories identified on access to and quality of care? on the governance of health systems (civil society-care providers-national authorities)? <i>Are the data generated used or appropriated by local actors (consultation frameworks at the level of health facilities, advocacy): Is the system recognized by decision-makers in the health system?</i> <i>Has monitoring of access and quality of care been regular, documented, reliable? What can be said about the volume, nature, and quality of the alerts: advocacy actions launched by the observatory? Are users required to effectively be players in monitoring and collecting data? Care providers?</i> Appreciate as much as possible the specificities of the different types of advocacy actions despite the delays in the implementation of these activities? What was the added value of each? <i>To what extent has the observatory enabled a rapprochement between civil society and populations/communities, between populations/communities and health authorities, between civil society and health authorities?</i>	Use of data/appropriation by local actors Encourage users to effectively be players in monitoring and collecting data Strengthen recognition of the device by decision-makers in the health system Extension of key monitoring activities to the Civil Society Task Force and health councils at different levels of the health pyramid Responsiveness and feedback Regular, documented, reliable monitoring of access and quality of care Volume, nature, and quality of alerts: advocacy actions launched by the observatory Advocacy – observing in order to act, towards a strategy of change Use of collected data Foster advocacy on strategic and/or insufficiently taken into account issues Strengthening an operational strategy for health services Questioning authorities/governments on their duty of accountability Specificities of the different types of advocacy actions Data quality: tensions between the requirement of rigor and the challenge of appropriation	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation

	<i>To what extent has the actions implemented through this program brought out (and/or strengthen) real leadership in the community sector, thus enabling them to fulfill a strategic role in terms of service delivery, social mobilization, monitoring and advocacy?</i> <i>What communication strategy have been adopted to promote the observatory? What were the encountered difficulties?</i>	Provide reliable, scientific quality and rigorous data VS the sustainability of the observatory through partner CSOs – survey protocol appropriate and adapted to CSOs) Observatory as a tool for bringing together Civil society and populations/communities Populations/communities and health authorities Civil society and health authorities? Sustainability of consultation frameworks (on the quality of services) between healthcare providers, associations and users of healthcare services Actions implemented through this program and emergence or strengthening of real leadership in the community sector to fulfill a strategic role in service delivery, social mobilization, monitoring and advocacy Observatory communication strategy Capital gain Encountered difficulties	
Sustainability of the observatory	Will the approaches put in place last beyond the project, in one way or another? (Good appropriation, sustainability mechanisms, training of trainers, capitalization on tools, modules, transfer of skills, sensitization of civil society on these issues, etc.) <i>Are the sources of funding for observatories diversified?</i> <i>Do the various observatories play the role of actors in strengthening the skills of national institutions?</i>	Diversification of funding sources Observatory as an actor in strengthening the skills of national institutions Sustainability of the approaches put in place (good ownership, sustainability mechanisms, training of trainers, capitalization on tools, modules, transfer of skills, raising awareness of civil society on these issues, etc.)	Activity reports, evaluation reports, mission reports, any other project document (including logical framework) Interviews/focus-groups/participatory workshops during the field phase (following the most significant change method) Field observation
Objective 3: Prospecting			

To what extent does the second phase of the project fit in with the objectives of the FM's new strategy? (Optimization of the impact of actions taken against HIV/tuberculosis/malaria, establishment of resilient and sustainable health systems, promotion and protection of human rights and gender equality, mobilization of increased resources)

How is the project complementary to the Global Fund?

Does the project improve the effectiveness, efficiency and/or quality of certain interventions financed by the Global Fund in the countries?

Are project activities aligned with FM strategy?

How was the project complementary to other existing interventions funded elsewhere by the GF? Does it fill gaps in interventions under-targeted by current or future GF grants?

Why is another phase of the project necessary? In addition to the actions that could not be implemented due to the multiple challenges encountered in the first stage, what are the innovations of the second phase and how will they contribute to improving the results of the project?

How do you describe the interaction between the PLHIV/key population community and formal health systems in the countries targeted by the second phase of the project?

To what extent does the interaction between community and formal health systems improve quality care for PLHIV and key populations?

Could you assess the knowledge, attitudes and practices of community actors and formal health systems in caring for PLHIV and key populations, and how will the new project contribute to strengthening their knowledge?

What actions are still necessary to have complete and up-to-date data allowing an accurate assessment of the accessibility, availability, quality and acceptability of HIV/AIDS services? What are the innovations/ novelties of the new project in terms of data collection?

What lessons learned from this first project will the partners benefit from during a potential second phase?

What recommendations can be made for the development of a second phase of this project?

Questions for ITPC-MENA

A funding request for another part of the project has been sent to the funder. In your opinion, do you have the capacities and skills necessary to carry out a second phase of the project?

What about the flaws (organizational and structural) that appeared during the current project and/or identified during the diagnosis carried out?

What about the implementation of the actions developed within the framework of the strategic plan and aimed at improving your capacities and skills as well as strengthening your position as regional leader?

To what extent is the gender approach reinforced in the new phase of the project? Disaggregation of indicators by sex, integration of activities for women and sexual minorities, etc.

You have received two recommendations relating to the budget submitted (reduction of the HR/coordination budget and redistribution of the budget by country). How relevant are these recommendations and will you consider them before submitting your new budget?

5.2. A NNEX 2: LIST OF DOCUMENTS CONSULTED

Folder name	Sub-folder name	Document name
		Guide renforcement compétences VF-mise en page.pdf
		Initiative-5-Capitalisation-Observatoires-fiches.pdf
		Observatoires-communautaires-en-santé-capitalisation.pdf
		Rapport atelier régional méthodologie observatoires.pdf
		Rapport évaluation transversale RSC_OBS.pdf
		TDR AP-2017-RSS.doc

Convention de Subvention	1. Convention - Phase 1	Convention de subvention 17SANIN206_signée SS+EF.pdf
		Convention de subvention 17SANIN206_signée SS+EF_sans annexes.pdf
		Annexe I_Plan d'action.docx
		Annexe II Budget Phase 1.xlsx
		Annexe III Modèle de Rapport Semestriel.doc
		Annexe IIIa_Modèle Rapport Financier.xls
		Annexe III Modèle RF simplifié au 31 JANVIER .xls
		Annexe IIIc_Cadre logique.xls
		Annexe IV_CV.pdf
		Annexe Fiche d'identification financière.pdf
		Annexe VI Chronogramme des activités – Phase 1.xls
		Annexe VII Tableau synthétique des partenariats.xlsx
		Annexe VIII Calendrier des rapports narratifs, financiers, audit et évaluation.docx
		Annexe IX Charte graphique.pdf
		Annexe X_Fiche de valorisation annuelle.docx
		Annexe XI Fiche Succès et Résultats.pptx
		Annexe XII Lettre demande de préfinancement.docx
	2.Avenant 1	Avenant1_17SANIN206_signé SolSida+EF.pdf
		Annexe I Plan d'action Avenant VF.docx
		Annexe II Budget Avenant VF.xlsx
		Annexe III Monitoring Tool Avenant VF.xlsx
		Annexe VI Chronogramme Avenant VF.xls
		Annexe VIII Calendrier des rapports narratifs, financiers, audit et évaluation Avenant VF.docx
	3.Avenant 2	Évaluation Avenant amendé_VF.pdf
		Avenant_2 Évaluation Solidarité Sida+EF.pdf
	4.Avenant 3	Annexe Monitoring tool_17SANIN206_DEVERROUILLE_09.03.2020VF.xlsx
		AVENANT n3 -17SANIN206_VF.pdf
		BT Avenant programmatique 17SANIN206.xlsx
		FORSS_Budget révisé_09.03.2020VF.pdf
		FORSS_Chronogramme révisé_09.03.2020VF.pdf
		FORSS_Plan d'action révisé_09.03.2020VF.pdf
	5.Avenant 4	Avenant 4 17SANIN206.pdf
		~FORSS_Budget révisé_15.06.20.xlsx
		~FORSS_Plan d'action révisé_15.06.20.docx
		Annexe VIII Calendrier des rapports narratifs, financiers, audit et évaluation_Avenant4 VF.docx
		FORSS_Budget révisé_15.06.20.xlsx
		FORSS_Chronogramme prévisionnel à jour_ActivitésCOVID19.xlsx
		FORSS_Chronogramme révisé_15.06.20.xlsx
		FORSS_Monitoring tool révisé_15.06.2020.xlsx
		FORSS_Plan d'action révisé_15.06.20.docx
		Avis CRSM-COCAC-PFM demande de top up SolSida.pdf
		Demande de financement additionnels_COVID19_Solidarité Sida_17SANIN206_....xlsx
		Demande de financement addtionnel_Covid19_Solidarité Sida_17SANIN206+....docx
	6. Avenant 5	Avenant_5_17SANIN206_signé VF.pdf
		ANNEXE I_Plan d'action_VF.docx
		ANNEXE II_Budget VF.xlsx
		ANNEXE IIIc_Cadre logique_VF.xlsx
		ANNEXE VI_Chronogramme des activités_VF.xlsx
		Annexe VIII Calendrier des rapports narratifs, financiers, audit et évaluation_VF.docx
Monitoring tool		Annexe B - Monitoring tool_A4S1_EF.xlsx
		LED Expertise #1 Rapport Evaluation Intermediaire-Solidarite Sida-FORSS-MENA-VF.pdf

Rapport Evaluation intermédiaire		LED Expertise #2 Resume-Evaluation inter Sida-FORSS-MENA VF.pdf
		LED Expertise #3 Liste des personnes interviewées-Evaluation intermédiaire-Solidarité Sida-FORSS-MENA VF.pdf
		LED Expertise #4 Planning des entretiens-Evaluation intermédiaire-Solidarité Sida-FORSS-MENA VF.pdf
		LED Expertise #5 Matrice questions entretiens-Evaluation intermédiaire-Solidarité Sida-FORSS-MENA VF.xlsx
		LED Expertise #6 Compte rendu Entretiens-Evaluation intermédiaire-Solidarité Sida-FORSS-MENA VF.pdf
Rapport semestriel 1		Annexe F1_Guide communautaire sur les recommandations internationales (version française).pdf
		Annexe F1_Rapport de mission Mauritanie.pdf
		Annexe F3.1_Rapport formation pédagogique.pdf
		Annexe F3.2_Rapport de suivi-évaluation formations régionales.pdf
		Annexe F4_Guide méthodologique études baseline_Égypte.pdf
		Annexe F4_Note de compréhension formations nationales.pdf
		Annexe F5_Presentation des observatoires communautaires.pdf
		Annexe F6_Protocole pour les observatoires communautaires_Tunisie.pdf
		Annexe F7_Plan d'action adapté M-Coalition.pdf
		Annexe G_TDR Comité opérationnel.pdf
		RS S1A1_17SANIN206.pdf
	Annexe F2_Rapports d'état des lieux nationaux	Rapport Égypte.pdf
		Rapport Liban.pdf
		Rapport Maroc.pdf
		Rapport Mauritanie.pdf
		Rapport Tunisie.pdf
	Annexe F4.1_Rapports des formations nationales	Rapport formation nationale UDI_Tunisie.pdf
		Rapport formation nationale TS_Maroc.pdf
		Rapport formation nationale TS_Égypte.pdf
		Rapport formation nationale HSH_Mauritanie.pdf
	Annexe F4.2_Rapports de suivi-évaluation formations nationales	Rapport suivi évaluation F3 (typeF4)_Maroc_oct19.pdf
		Rapport suivi évaluation F4 Egypte_nov19.pdf
		Rapport suivi évaluation F4 Tunisie_nov19.pdf
		Rapport suivi évaluation F4_Mauritanie_oct19.pdf
	Annexe F7_Questionnaires plaidoyer	Questionnaire plaidoyer_AGD.pdf
		Questionnaire plaidoyer_AIShehab.pdf
		Questionnaire plaidoyer_ATP+.pdf
		Questionnaire plaidoyer_ITPC-MENA.pdf
		Questionnaire plaidoyer_MCoalition.pdf
Rapport semestriel 2		Questionnaire plaidoyer_RDR-Maroc.pdf
		Annexe F2_Guide synthétique recommandations OMS-Personnes transgenres.pdf
		Annexe F6.1_CR Atelier de lancement.pdf
		Annexe F6_TDR atelier lancement diag ITPC-MENA.pdf
		Annexe F7.1_Rapport mission Mauritanie.pdf
		Annexe F8_TDR Mission suivi AI Shehab.pdf
		Annexe F9_TDR Comité de pilotage.pdf
		FORSS - RAPPORT NARRATIF A1S2 FORSS 26.07.19.pdf
	Annexe F1_Études Baseline	Rapport Égypte.pdf
		Rapport Maroc.pdf
		Rapport Mauritanie.pdf
		Rapport Tunisie.pdf
Rapport semestriel 3		FORSS_Rapport narratif_A2S1.pdf
		Annexe F1_Rapport régional compilant les études Baseline - version française.pdf
		Annexe F2_Bilan des formations en cascade.pdf

Rapport semestriel 4		Annexe F3_Rapport de l'atelier régional sur la méthodologie des observatoires.pdf
		Annexe F4.1_Observatoires_Questionnaire volet A.pdf
		Annexe F4.2_Observatoires_Questionnaire volet B.pdf
		Annexe F5_Guide des collecteurs - exemple du Maroc.pdf
		Annexe F6_Guide. De mise en œuvre des observatoires communautaires - exemple du Maroc.pdf
		Annexe F7_Guide de préparation à la formation des collecteurs - Tunisie.pdf
		Annexe F9_Tableau des changements visés ITPC-MENA.xlsx
		Annexe F10_CR mission de suivi ITPC-MENA.pdf
		Annexe F11_CR mission de suivi ATP+.pdf
		Annexe I_Note - Demande de financements additionnels COVID19.pdf
		Annexe J_Tableau de suivi des recommandations de l'évaluation externe.xlsx
		FORSS_Rapport narratif_A2S2-vfCLEAN.docx
Rapport semestriel 5		Annexe E2_Présentation webinaire plaidoyer-module6.pdf
		Annexe E3_Plan d'accompagnement ITPC-MENA.xlsx
		Annexe E5_Récapitulatif Récapitulatif de l'appui aux bénéficiaires réponse COVID19.pdf
		Annexe F_Tableau de suivi des recommandations de l'évaluation externe.xlsx
		FORSS_Rapport narratif_A3S1_majmars21.DOCX
Rapport semestriel 6		Annexe E2 - Compte-rendu des discussions sur le protocole de l'observatoire communautaire égyptien.pdf
		Annexe E4 - Rapport de formation des collecteurs Égypte.pdf
		Annexe E5 - Rapport de formation des collecteurs Mauritanie.pdf
		Annexe E7 - Synthèse des principaux objectifs définis et actions de plaidoyer prévues dans les 5 pays.pdf
		Annexe E9 - Plan de contingence ATP+.pdf
		Annexe E10 - Plan de contingence AGD.pdf
		Annexe F_Tableau de suivi des recommandations de l'évaluation externe.xlsx
		Annexe F_Tableau de suivi des recommandations de l'évaluation externe.xlsx
		FORSS_Rapport narratif_A3S2.docx
Rapport semestriel 7		Annexe D1 - Rapport de formation des collecteurs_Maroc.pdf
		Annexe D2 - Rapport national de l'observatoire mauritanien.pdf
		Annexe D3 - Agenda de l'atelier de formation à destination des journalistes.pdf
		Annexe D4 - Plan stratégique ITPC-MENA 2022-2026.pdf
		Annexe D6 - CR mission de suivi ATP+.pdf
		Annexe D7_Plan de contingence Al Shehab.pdf
		Annexe E_Tableau de suivi des recommandations de l'évaluation externe.xlsx
		FORSS_Rapport narratif_A4S1.docx
Autres Documents / fournis par les participants	Solidarité Sida	1. Lettre d'intention_AP-Init-2022-01_SS (1)
		1. Formulaire_AP-Init-2022-01_SS
	NESS-Tunisie	TERMES-DE-REFERENC_Plaider_NESS
	ATP+	PPT-Table ronde
	Al-Shehab	FORSS report_observatory
		FORSS_Semi-annual report_Al Shehab_Y3S2_AM version
		FORSS_Semi-annual report_Al Shehab_Y4S1
		PLHIV analysis_Q1
		KPs Analysis_Q1
		PPT
		DC_Data Collectors training scenario_Egypt_F_Appendix 2
		DC_Agenda_Appendix 1
		Lawsuits Summary
		Legal Awareness sessions_Report
	SIDC	REAct_Presentation_SIDC
		Mapping of discriminatory articles_SIDC
		Lebanon's Experience_REAct_Notes
		REACTReport-Final Draft
		Expertise France_Activities
		Mapping of Social Barriers_SIDC
		Mapping of legal barriers_SIDC

5.3. APPENDIX 3: LIST OF PEOPLE MET

Category
MOROCCO
Collectors
Collectors in Marrakech (ALCS)
Collectors in Rabat (RdR Rabat)

Category
Collector in Tangier (AHSUD)
Partner Organizations
Global Fund Regional Platform Coordinator
Section Director ALCS Marrakech
Monitoring and Evaluation Officer OPALS Rabat
RdR Morocco national coordinator
FORSS project assistant
AMPF Northern Branch Regional Coordinator (Tangier)
Sexual and reproductive clinical coordinator/ALCS Tangier section
Authorities, CCMs, national programs
In charge of the permanent secretariat of the CCM
Head of the STI/AIDS department and head of the national viral hepatitis control program
STI/AIDS service monitoring and evaluation officer
MAURITANIA
Collectors
Nouakchott collectors (AGD/SOS PE)
Nouadhibou collectors
Rosso collectors
Partner organizations
AGD President
AGD coordinator & FORSS project manager
AGD Advocacy and Communication Officer
FORSS project assistant and AGD health center manager
Accountant AGD
Infographic Wizard
President and SOS PE Coordinator
SOS PE health center manager
AMAMI representative
President of SOS Health

Category
REMAP+ General Treasurer
Authorities, CCMs, national programs
Director of Infectious and Communicable Diseases & Deputy Coordinator of the NPA
UNAIDS Country Director
CCM Permanent Secretary
Others
Journalist Chinguiti TV
Women's rights activist
Journalist ALAKHBAR
Radio journalist Mauritania
Journalist/reporter at Initiatives
TUNISIA
Collectors
Collector at the Center for anonymous and free counseling and testing (CCDAG) of the Bab Saadoun
Supervisor in Sousse
Collector in Sousse
Supervisor in Sfax
Collector in Sfax
Supervisor in Monastir
Collector in Monastir
Partner organizations
ATP+ Director / FORSS Project Manager
Project assistant and accountant at ATP+
Authorities, CCMs, national programs
UNAIDS
Coordinator of the National Program for the Fight against AIDS, Tuberculosis and Malaria.
Executive Director of the CCM – National Coordinating Body for GF grants
GF/ ATLSR Program Coordinator

Category
Coordinator of the Global Fund Management Unit - National Office for Family Planning and Population
Technical Cooperation Attaché for civil society – Institut Français
Portfolio Manager for Tunisia and Senior Program Officer in the MENA team – The Global Fund
Others
UDI – ATP+ headquarters
President of ATIOST
Psychologist at ATL Tunis
EGYPT
Collectors
Collectors in Alexandria
Collectors in Cairo
Partner Organizations
Member of the Board of Directors of Al Shehab
FORSS project manager
FORSS Project Advocacy Manager
Executive Director of the Initiative project “a partnership model to strengthen access and utilization of vulnerable populations and PLHIV to quality prevention and treatment services”
Authorities, national programs
Executive Director of the National Program for the Fight against HIV/AIDS (NAP)
UNAIDS Country Director
Others
Head Pharmacist at Alexandria Infectious Diseases Hospital (Fever Hospital) – PLHIV care unit
LEBANON
Partner Organizations
Project Manager at AFE MENA
Executive Director of SKOUN Lebanese Addiction Center

Category
Director Executive of SIDC / “Society for Inclusion and Development in Communities and Care for All”
Project Manager FORSS AFE MENA 2018-2020 “Youth & Community Leadership Officer”, UNAIDS, Regional Support Team for the Middle East and North Africa (RST-MENA)
President of MARSAs- Sexual Health Center
Authorities, national programs
Director of the National AIDS program
national professional officer at WHO
ITPC
ITPC-MENA Communications and Partnerships Manager
Advocacy Officer
Director of ITPC-MENA Programs
Solidarité SIDA
Program Director
FORSS project manager
Assistant to the Programs Department
Others
Lead Program and Senior Advisor for Monitoring and Evaluation, PMU/Global Fund Multi-Country Grant in the MENA Region, of Frontline AIDS
Project Manager, Health Department / L'Initiative, Expertise France

5.4. APPENDIX 4: PUTTING INTO PERSPECTIVE THE MAIN LESSONS OF THE EFFECTIVENESS OF SO1 WITH THE KEY ELEMENTS OF THE RECOMMENDATIONS GUIDE FOR THE DEVELOPMENT OF A SKILLS BUILDING COMPONENT IN A PROJECT

- ❖ **Needs analysis:** the “Baseline” studies have clearly highlighted the training/capacity building needs of stakeholders (cf. regional thematic training on KPs, national training on international standards). In general, the training provided within the framework of R1 fully meets the concrete needs to better fill the gaps

observed in terms of knowledge on screening and on the quality of care for PLHIV/KP. Moreover, this training is perfectly legitimate prior to the establishment of a community observatory system for access to health care and services.

- ❖ **The design and implementation of the training plan:** even if there was no training plan as such, the various training courses were planned and for each training course, the skills targeted, the target audience (profile, number), the duration, the different modalities, the profile of the speakers. The training projects have been designed according to the competency-based approach based on active pedagogy which places the learner at the center of the training process and recognizes him as the first actor responsible for his learning. We should also recall the participatory approach in the design of regional thematic training (see above).
- ❖ **Monitoring and evaluation:** if we refer to the Kirkpatrick model ⁵⁰, here is what emerges:
 - Level 1/participant satisfaction: see participant feedback following training (see above)
 - Level 2 / training achievements: see the pre and post-test at the level of each national training workshop
 - Level 3/transfer to a work situation & level 4/impact on the organization's performance: should make it possible to measure the effect of training on changes in practices. See especially here the monitoring-evaluation missions which made it possible to assess the technical pedagogical appropriation by the trainers and the content by the participants. But the monitoring-evaluation did not take place beyond (assessing the changes in practices at the level of the beneficiaries of national training)

5.5. APPENDIX 5: BUDGET ANALYSIS

Table 2. Detailed Planned Budget

	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7
Salaries and charges	71089	119512	128175	139371	123818	140586	137091
Coordination costs	39758	31786	23408	20800	7850	7250	7670

⁵⁰Model of analysis and evaluation that has emerged thanks to Professor Donald Kirkpatrick .

Activities	198187	430525.88	444908	322245	328618.5	198312.5	205945.9
SO1	192207	279738	230098	64492	11675	10475	-
SO2	-	142655	163146	181590	146577.5	83837.5	88814.5
SO3	-	0	34684	61183	11614	1000	51781.4
SO4	5980	8132.88	16980	14980	10000	11250	19500
SO5	-	-	-	-	148752	91750	45850
Intermediate evaluation	-	-	19396.91	19397	-	-	-
Contingencies	12361	23629.5	25012.94	10512	9579.68	9579.68	0
Administrative costs	22498	42381.75	44863.06	35863	32890.63	24900.97	24549.48
Total estimated budget	343893	647835.12	685763.91	548187	502756.81	380629.15	375256.38
Total Grant Amount	1878234.19	1878234.19	1878234.19	2107520.21	2107520.21	2107520.21	2107520.21
Total budget realized	120495.91	172658.87	283509.41	227988.05	221361.58	196679.6	199696.53

Figure 1. Distribution of Planned Spending

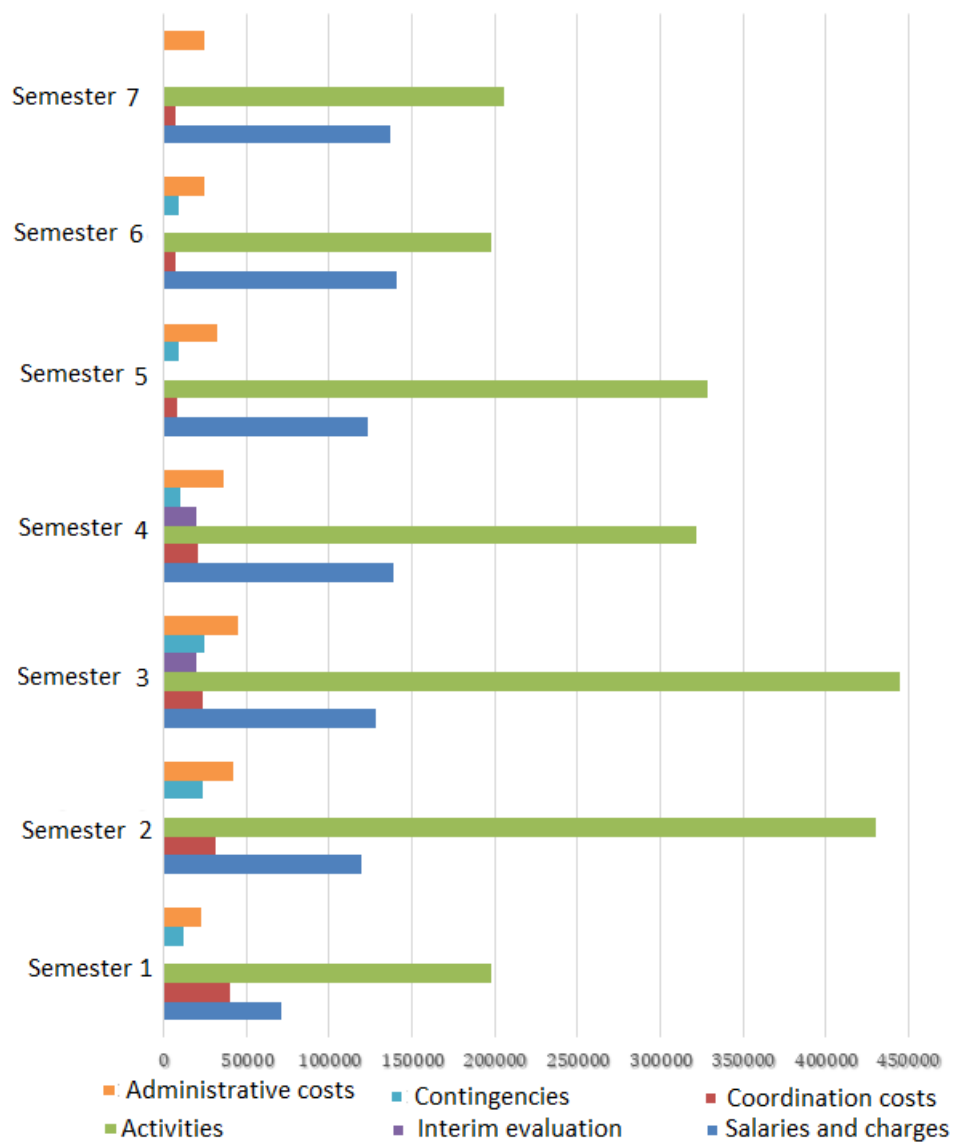


Figure 2. Planned and Actual Spending

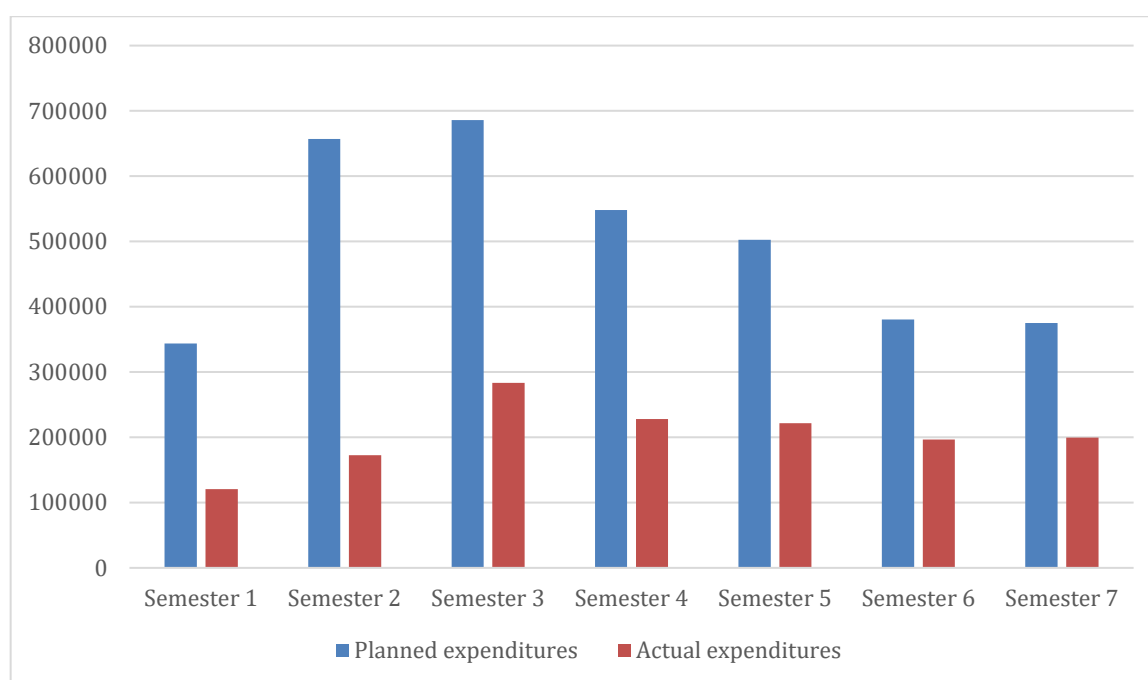


Table 3 . Factors explaining under-consumption per semester

	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7
Human resources	1. Hiring of ITPC-MENA project manager delayed 2. Hiring of ATP+ teams in November due to delay in receiving funds		1. The salary of the association's advocacy officer was not consumed as it was paid from other funding by ITPC-MENA 2. The differences in timeframes in the recruitment of advocacy officers from partner associations.	1. The recruitment freeze during the period of partial suspension resulted in zero consumption of the salary of the ATP+ Advocacy Officer. 2. The postponement of data collection also postponed the recruitment of the Regional Monitoring and Evaluation Officer.	1. The recruitment freeze during the period of partial suspension resulted in zero consumption of the salary of the ATP+ advocacy officer. 2. The postponement of data collection also postponed the recruitment of the Regional Monitoring and Evaluation Officer.	1. The vacancies of certain positions for a few months (Advocacy Officer at ATP+ and Project Assistant at M-Coalition) led to under-consumption in the dedicated budget lines. 2. The non-recruitment of the regional monitoring and evaluation officer.	The human resources budget heading is also a factor of under-consumption, with vacancies in particular for certain positions for a few months (Advocacy Officer at ATP+ and Project Assistant at M-Coalition).
Activities	1. Baseline study consultants are mostly paid upon receipt of the report, so payments were not made on Phase 1.	1. The person in charge of the graphics of the synthetic guides of the WHO recommendations will only be paid upon receipt of the deliverables.	1. The study on transgender people has been deleted. 2. Savings were made on training of trainers at the regional level, particularly in Lebanon.	1. The health crisis linked to the COVID-19 pandemic: the Program has been placed on partial suspension, effectively freezing a certain number of expenses.	1. The health crisis linked to the COVID-19 pandemic: the Program has been placed on partial suspension, effectively freezing a certain number of expenses.	1. The project was not able to resume at the expected pace in all countries.	1. The project was not able to resume at the expected pace in all countries.

	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7
	2. The consultant in charge of simplifying the WHO recommendations will be paid upon receipt of the deliverables. 3. Training of trainers could not take place during Phase 1 due to implementation delay.	2. The training of trainers could not take place during the semester. 3. Similarly, the envelope dedicated to the organization of training for leaders was not consumed during this semester. 4. The need to relaunch the call for applications for the recruitment of a consultant for the development of the methodology of community observatories has in fact delayed the payment for this activity. 5. Due to the obtaining of another funding by ITPC-MENA, only 2 months of salary of the association's advocacy officer were charged to the period.	3. The development and validation of the methodology for collecting community observatories required a considerable amount of time for the Consultant, Solidarité Sida and the partners. The consultancy is therefore not closed at the end of the period covered by this report. Similarly, the training of partner associations in the data collection methodology has been set for January 2020: the costs inherent in this activity have therefore not been incurred.	1. The impossibility of conducting the regional study on access to HIV services for migrants and refugees explains the under-consumption of the dedicated budget heading. 2. The training of the collectors and the first data collection could not take place during the period. 3. The impossibility of conducting advocacy training for partner associations in Egypt in early March.	1. The impossibility of conducting the regional study on access to HIV services for migrants and refugees explains the under-consumption of the dedicated budget heading. 2. The training of the collectors and the first data collection could not take place during the period. 3. In view of the health situation in France and in the countries where the FORSS Program has been implemented since September, activities related to the top-up have taken a bit of a delay (contingency plans and study on the impact of COVID-19 on access to services in particular)	1. The impossibility of conducting the regional study on access to HIV services for migrants and refugees explains the under-consumption of the dedicated budget heading. 2. The training of collectors and the first data collection took place only in Egypt, Mauritania and Tunisia over the period. 3. The expenses related to the development of contingency plans and the study on the impact of COVID-19 on access to services could not be fully consumed.	1. Due to the late start of collection in Morocco, as well as the non-deployment of the observatory in Lebanon, the costs inherent in certain activities related to the observatories planned for this semester are therefore lower or have not been incurred. 2. The assumption of costs related to the organization of the training of journalists by ITPC-MENA (via another donor) explains the non-use of this line on the FORSS budget. 3. Participation in the AFRAMED conference having been less significant (in number of people and arrangements) than expected, an under-consumption of this line is to be noted.

	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6	Semester 7
							4. The expenses related to the development of contingency plans and the study on the impact of COVID-19 on access to services could not be fully consumed.
Contingencies	1. In agreement with Initiative 5%, expenses relating to the Mauritania mission and Solidays 2018 were incurred before the eligibility date of June 1, 2018			1. Several budget items have been reallocated to an emergency response to COVID-19, allowing partner associations to ensure the continuum of their services to their most vulnerable beneficiaries in particular.			

Figure 3. Breakdown by association of the initial project budget

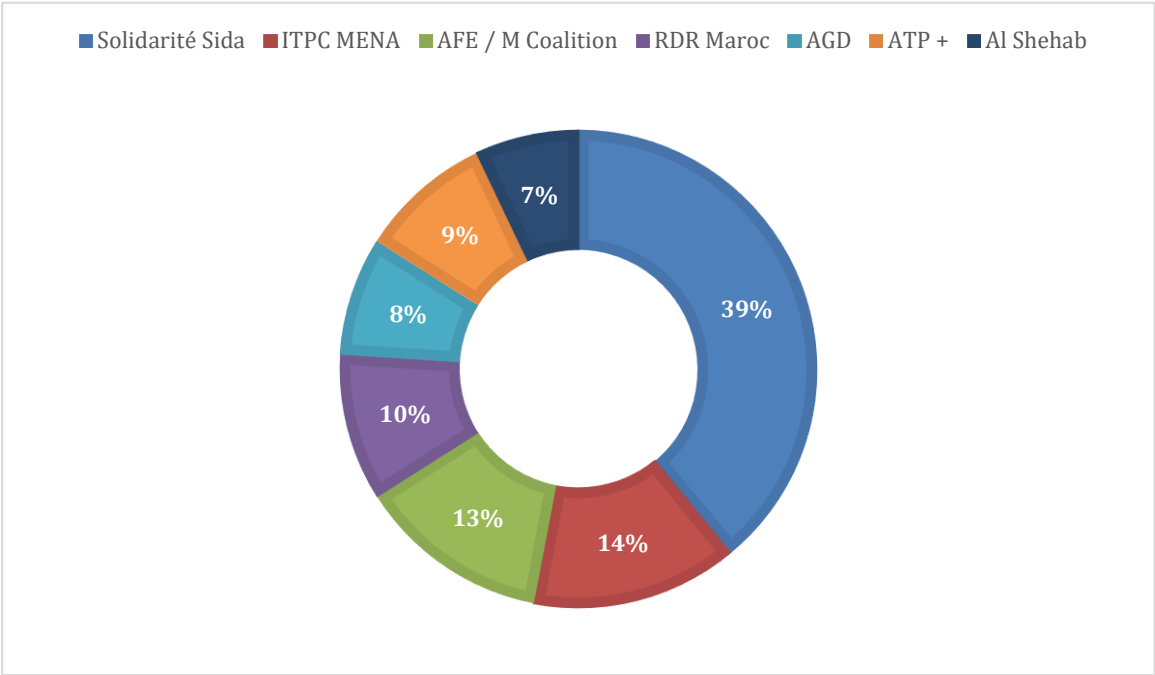
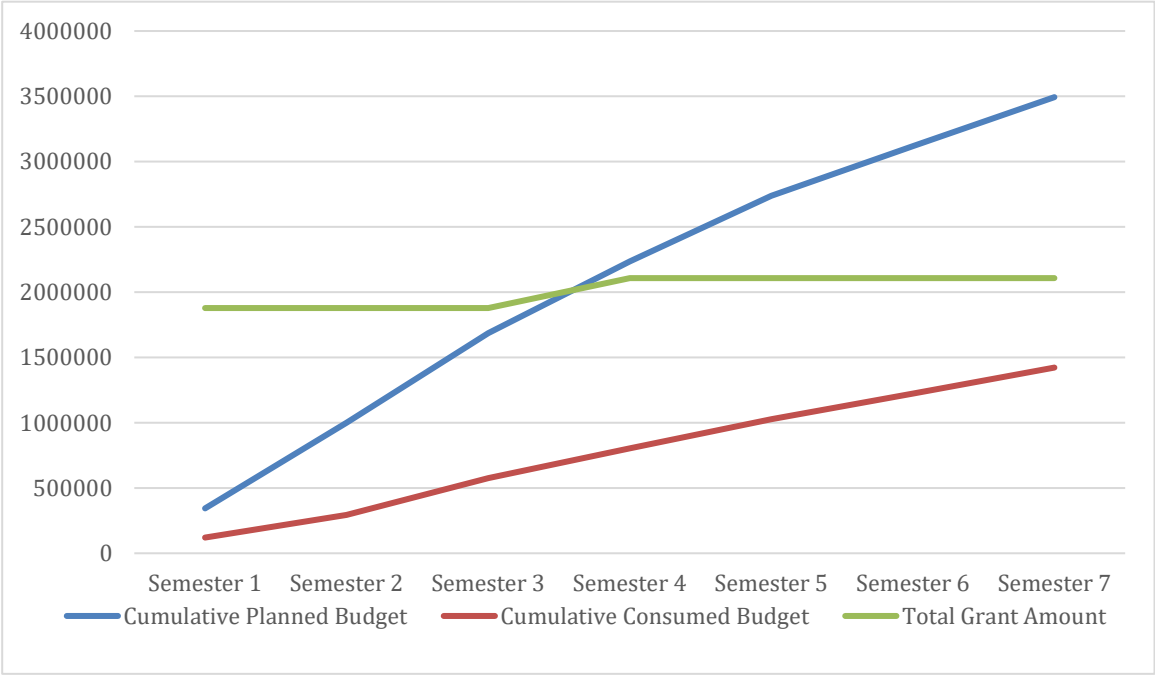


Figure 4 . Planned budgets and cumulative consumption per semester



5.6. ANNEX 6 : MISSION PHOTOS



Interview with community associations (RdR Morocco and AMPF) in Tangier



Meeting with ATP+ and other partner organizations ATIOST, ATL.Tunis and ATL SR in Tunis



Visit of the ALCS community center in Marrakech



Visit to the AGD Community Center in Nouakchott



Visit to the health unit of the SOS Peer educators association in Nouakchott



Focus group with collectors in Alexandria



Focus group with collectors in Cairo