

External Evaluation MENAHR Global Fund Grant

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Evaluator: Ali Ghaddar, MPH, Ph.D.

Acknowledgements

Participants from NS, KHs, CSOs, international experts & board members
26 personal semi-structured interviewees

- ▶ CSOs in Jordan (FDIS) , Egypt (Friends of HIV+ Association Minya), Pakistan (Pakistan Society)
- ▶ CSOs and KHs in Lebanon: SIDC, AJEM, SKOUN
- ▶ KH INCAS (Iranian National Centre for Addiction Studies)
- ▶ International experts: UNODC, UNAIDS, EMRO
- ▶ Board members
- ▶ Network Secretariat

- ▶ Global Fund

FDIS: *Friends of Development and Investment Society*

SIDC: *Soin Infirmiers et Développement Communautaire*

AJEM: *Association Justice et Misericorde*

UNODC: *United Nations Office on Drugs & Crime*

UNAIDS: *United Nations Programme on HIV/AIDS*

EMRO: *WHO: East Mediterranean Regional Office World Health Organization*

The context of Harm Reduction in the MENA Region

DENIAL

- ▶ “Not in our region” - characterized the early phases of the HIV epidemic.
- ▶ Stigma & discrimination need to be overcome, public discussion of HIV/AIDS promoted, & safe behaviours encouraged. (Obermeyer C. 2006)

INCREASED PREVALENCE OF HIV

In 2006–2011, there has been an increase in HIV prevalence IDUs in Iran, Pakistan and Egypt. (Bozicevic I, et al. 2013)

UNDER-INVESTIGATION

The region lacks HIV/AIDS epidemiological data (Kelley L, et al. 2005)

The proportion of research in the MENA region is 1.2% of the global research about HIV (Saba H. et al. 2013)

HCV in IDUs is an under-investigated topic. (Ramia et al. 2012)

Summary of MENAHRA's activities

1. Creation of a conducive environment (objective 1)

I. Mass media: 2 TV spots, press releases, website, brochures and flyers for KHs, best practices, posters, Facebook

II. Advocacy

- ▶ Advocacy workshops (NS)
- ▶ Regional meeting for religious leaders (NS)
- ▶ 2 scoping missions to Oman & Jordan (NS)
- ▶ 4 advocacy trainings for policy makers, media professionals and 2 scoping missions (KHs)

2. Capacity building of staff (study tours to HIV/AIDS Alliance, Ukraine & International AIDS Society (IAS) (objective 2)

Summary of MENAHRA's activities

Providing examples of model programs & supporting CSOs (objective 3)

3 Model Programs in Lebanon

- ▶ **AJEM:** IDUs in 5 prisons: 40 IEC sessions, VCT & hygiene kits + referral for treatment
- ▶ **SKOUN:** NSP, sterimix kits, VCT for HBV, HCV, psychological support, nursing care, naloxone
- ▶ **SIDC:** group therapy, VCT, nursing, NSP + awareness + trainings on outreach.

4 CSOs in 4 countries (2012): Pakistan, Egypt, Jordan & Lebanon,

- ▶ **Pakistan Society:** VCT, trainings & primary healthcare & social services in Six Towns of Karachi.
- ▶ **Association of Friends of HIV+:** 6 trainings for 95 IDUS, 20 field coordinators and 58 outreach workers & volunteers, 5995 syringes & 5074 condoms, training for 236 IDUs & VCT for 197 IDUs.
- ▶ **SKOUN:** OST Clinic in Southern Suburb of Beirut: Provision of OST and other HR services to IDUs.
- ▶ **Friends of Development & Investment Society (FDIS):** Outreach in several parts of Jordan.

& 5 CSOs in 4 countries in (2013)

- ▶ **Trainings on Grant Management for 5 CSOs from Tunisia, Afghanistan, Egypt & Lebanon:**
ATIOST, ATL, SIDC, Minya & OHRA

Methodology of the Evaluation

- *Desk review*
- *Field visits of Model Programs in Lebanon*
- Skype interviews with key stakeholders
- *Semi-structured interviews*

MENAHRA's Relevance

Relevance: the adequacy of MENAHRA's programs to the needs of the beneficiaries & the general population

A "Relevant international initiative in view of the context"

- ▶ 1) denial, 2) increasing prevalence, 3) little amount of programs & research
- ▶ "Important in view of the seriousness of the harms associated with drug use"
- ▶ More relevant with high % of youth in the region (comprises > 10% of the World's 15-49)

Needed international contribution

- ▶ A "valued and a needed partner"
- ▶ the "need of additional international efforts towards the promotion of HR activities"

Special in MENAHRA:

- ▶ modality of operation through a network of CSOs through which it could reach those IDUs who neither UN agencies nor the governments could reach
- ▶ "provides a framework for CSOs to reach out to partner CSOs"
- ▶ "diversification of activities":
 - MENAHRA engages policy makers to lessen obstacles
 - MENAHRA promotes HR in society and decrease stigma
 - MENAHRA empowers HR specialists (CSOs & government)

MENAHRA's Effectiveness

Relevance: the adequacy of MENAHRA's programs to the needs of the beneficiaries & the general population

As per the GF project workplan

- ▶ The impact and outcome indicators for MENAHRA were achieved by 100%
- ▶ 2/6 output indicators overachieved (TV spots broadcasts 11501%, newsletters)

Opportunities

4/6 output indicators underachieved (n journalists trained 93%, n participants attending sub-regional meetings 89%, n CSO staff trained program management 66% and n TOT trained 72%).

Experts' opinion

- ▶ Fostering information sharing
- ▶ Breaking the silence about HIV
- ▶ Improving visibility & public discussion of HIV/AIDS
- ▶ Generating High-profile debates
- ▶ Changes that favor HR in both policies & practices

MENAHRA's Performance

Performance: capacity of MENAHRA's team in planning, designing, implementing and monitoring the program progress and activities in terms of the respect of ethical issues.

Strengths

- ▶ Efficient in internal needs analysis & problem solving
- ▶ Respect of the terms of the contract with GF:
 - Involve IDUs in activities
 - Respect gender issues: participants + research
- ▶ Ethical issues
 - Respect of confidentiality
 - LFA
- ▶ M&E: extensive, detailed & As per GF framework

Challenges

- ▶ KH INCAS' activities on hold due to problems with fund transfer to Iran.
- ▶ M&E sometimes appeared strict & inflexible for some CSOs (deadlines, indicators, etc.)
- ▶ Reprogramming & Money transfer to Iran isolated KHs and limited the integration of their activities to MENAHRA.
- ▶ Communication among NS, KHs and CSOs jeopardized the efficiency of MENAHRA:
 - Active KH Alrazi
 - deadlines

MENAHRA's sustainability

Sustainability: programs' ability to address the issues of creation and maintenance of services for IDUs

Strengths

- ▶ NS and funded CSOs staff have gained important skills & knowledge to lead & develop sustainable HR programs
- ▶ NS's efforts to diversify its funding opportunities: DROSOS, WHO and GTZ
- ▶ KHS sustainable as separate entities

Challenges

- ▶ **Financial sustainability** through self-financing & income generating activities
- ▶ Many CSOs in the region remain "donor-driven" and some "lack clear vision about developing HR programs".

MENAHRA's challenges

External challenges:

Traditional conservative society

Extremist religious influence prevailing in the region

Political instability

Inefficient surveillance systems (Bozicevic I, et al. 2013)

Internal challenges:

Restructuring of MENAHRA & roles of KHs

Reprogramming to service delivery

Logistics of money transfer to Iran

Communication in a verbal society

Recommendations

- ▶ MENAHRA would benefit from strategic planning to set a clear vision about:
 - The Role of KHs under its structure
 - The financial sustainability
- ▶ MENAHRA should clarify the identity, roles & responsibilities of KHs in MENAHRA's structure to get re-involved as main partners
 - leading roles in HR in the region
 - experience & lessons learned from the field
 - Evidence based scientific approach about HR
- ▶ MENAHRA should enhance networking & communication among CSOs and encourage sharing experiences through the creation of forums of experts & IDUs
- ▶ MENAHRA could also improve its visibility among CSOs, encouraging the participation of CSOs and enhancing the coordinating between CSOs and between CSOs and the government.

Additional Recommendations in line with latest scientific research

- ▶ Reprogramming (focusing on service delivery) without ignoring advocacy & capacity building: (Lalmuanpuii M. 2013)
 - ▶ “A harm reduction model consisting of community-owned, locally relevant innovations can result in good HR programme scale-up” (lessons learned from East-Northern India)
 - ▶ Knowledge is better but still inadequate and stigma and discrimination still prevail in many settings
- ▶ Promote research: to generate evidence from the field (Abu-Raddad LJ, et al. November 2013),
 - ▶ Clarifies the controversy whether socio-cultural sensitivities surrounding sex & disease still abound.
 - ▶ Provides a reality to be able to confront and deal with.
 - ▶ Prioritise response and resource allocation based on local epidemiology (Elhadi M, et al. 2013: Sudan)
 - ▶ Understanding the disease burden of other STIs (Abu-Raddad LJ et al. 2013)
- ▶ Focus on surveillance:
 - ▶ Improve surveillance in marginalized population groups : Answering the need to develop more effective surveillance systems in populations most at risk of HIV (Abu-Raddad LJ et al. 2010) such as MSM (Morocco: Johnston et al, 2013) and spouses of people who engage in high-risk behaviour. (Iran: Alipour et al., 2013).
 - ▶ Spread lessons learned from advanced surveillance research in Pakistan (2nd generation prevalence) (Emanuel et al. 2013).

Discussion

Surveillance

- ▶ The quality of HIV surveillance systems in the MENA countries has improved,
 - ▶ Only Four countries have fully functioning systems Morocco, Iran, Pakistan & Djibouti
 - ▶ HIV prevalence data in most at-risk groups are still not available in many countries
- (Bozicevic I, et al. 2013)**

Impact indicator

Prevalence of HIV among IDUs

27.2% Pakistan & 15% in Iran