

# IDLO Evaluation Brief

## FINAL EVALUATION OF THE PROJECT 'INTEGRATING LEGAL EMPOWERMENT AND SOCIAL ACCOUNTABILITY FOR QUALITY HIV HEALTH SERVICES FOR ADOLESCENT GIRLS AND YOUNG WOMEN'

November 2019

### 1. Introduction and Background

The IDLO project 'Integrating Legal Empowerment and Social Accountability for Quality HIV Health Services for Adolescent Girls and Young Women' was designed to address specific vulnerability factors and structural barriers to accessing HIV Related Health Services (HRHS)<sup>1</sup> among adolescent girls and young women (AGYW). These individuals are more vulnerable to HIV because they are subjected to a range of gender and age-based biases, discrimination and violence, including sexual assault, forced marriages and trafficking. Both AGYW and their communities often lack economic, social and cultural support and resources to assert their rights and bring about their own protection and well-being. UNAIDS estimates that every year, over 450,000 AGYW are infected by HIV globally<sup>2</sup>.

In 2015, about half of that number were AGYW in 10 sub-Saharan countries including Tanzania and Uganda<sup>3</sup>. This was also the geographical scope of the project (covering the districts Kahama and Shinyanga in Tanzania and Gomba and Mukono in Uganda). The project's temporal scope was November 2016 - October 2018 and the funder was ViiV Healthcare, with a total budget of US\$ 1.4 million, in the framework of the 'DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe)' project, a public-private partnership to reduce rates of HIV among AGYW in the highest HIV burden countries.<sup>4</sup>

Recognizing the need for urgent action, DREAMS invested US\$85 million to support innovative solutions, i.e. the DREAMS Innovation Challenge, from 56 organizations, among them IDLO, to infuse new thinking and approaches to meet the urgent, complex needs of AGYW<sup>5</sup>. The IDLO project aimed at contributing to the overall DREAMS goal of reducing HIV infections among AGYW by 40 per cent by 2017. Its specific objective was to strengthen the capacity

of communities to hold relevant service providers accountable for improved quality of HIV-related services for AGYW. The project employed, inter alia, tailored trainings, networking, policy debates, evidence-based monitoring and community feedback mechanisms to achieve its objective.

This Evaluation Brief presents a summary of the final independent evaluation of the project.

### 2. Evaluation Purpose and Methodology

The purpose of this evaluation was to appraise the project against the stated outcomes and outputs in order to: (i) provide an independent assessment of the project and measure the extent to which the expected results were achieved; and (ii) identify relevant lessons with a view to informing the design and implementation of future projects and programs in sub-Saharan Africa (and beyond). The evaluation was conducted using a theory-based approach, where the reconstruction of the project's Theory of Change enabled causal links to be drawn among activities, outputs, expected outcomes and impact. The reconstructed ToC served as the key reference point to formulate a set of six Evaluation Questions and their corresponding Objectively Verifiable Indicators, generated to assess achieved results. The formulation of Evaluation Questions was guided by the five OECD/DAC-based evaluation criteria (Relevance, Efficiency, Effectiveness, Impact and Sustainability prospects) as well as a sixth IDLO-specific evaluation criterion (IDLO Value Added).

Data for this evaluation was collected through (i) desk study of program documents and monitoring data; (ii) remote interviews; and (iii) interviews and focus group discussions in Tanzania and Uganda.

<sup>1</sup> The project used the terms HIV related health services to refer to integrated service provided to AGYW such as included HIV, SRH, STI management, among others.

<sup>2</sup> UNAIDS, Global HIV and AIDS Statistics 2018 Fact Sheet.

<sup>3</sup> HIV prevention 2020 Road Map.

<sup>4</sup><https://www.usaid.gov/global-health/health-areas/hiv-and-aids/technical-areas/dreams>

<sup>5</sup> The DREAMS Innovation Challenge prioritized six focus areas, and the IDLO project was aligned to the focus area of "capacity building of communities for service delivery".

### 3. Findings

#### Suitability and Quality of Project's Design and Approach

The project was relevant at the design stage and maintained relevance throughout the implementation period. It was fully in line with Tanzania and Uganda HIV strategic plans, IDLO goals related to gender and health issues and with UNAIDS guidance on addressing barriers to accessing HIV services by AGYW. The project's design was well informed by, inter alia, the Community Score Card and Accountability (CSCA) which is a social accountability tool bringing together service users and providers to assess the quality of AGYW services, share feedback and agree on solutions to address identified bottlenecks. This approach ensured that the project activities were adapted to the local needs and the training curriculum was adequate and comprehensive.

One of the important project features were trainings of Paralegals / Village Health Advocates to sensitize AGYW and community members on HRHS. A potential risk of Paralegals receiving the training but not playing their roles due to lack of incentives was mitigated by their affiliation to local community-based organizations (CBOs). The recognition of the Paralegals by the CBOs, which boosted the Paralegals' credibility, served as a motivation factor for them to continue provision of voluntary services to AGYW. A demand for services from the communities created another incentive. However, as outlined in other sections of this Brief, securing *continuous* engagement of Paralegals proved more challenging than expected.

#### Allocation and Use of Staff and Financial Resources

The project was well-managed and operated with adequate financial and human resources which were deployed effectively. The logical sequencing of activities and expected results has been followed through due to a sound conceptual framework in place. Internal monitoring of project activities was carried out regularly. Through the mentorship and participatory aspects integrated into the monitoring processes, IDLO strengthened the results-based management capacity of implementing partners.

However, the project implementation period was not long enough to allow a full realization of some of the planned activities such as drafting the community action plans and improving the health facilities' infrastructure. The evaluation also pointed out a limited coordination between the project and other similar DREAMS-linked interventions implemented by other actors which could create synergies and strengthen project's results.

#### HIV Related Health Services (HRHS) for AGYW

The project brought about considerable change in the capacity of AGYW and their communities as well as in the health and justice sector actors to demand and provide HRHS. The Paralegals trained AGYW and supported them to access HIV and post-gender-based violence (GBV) services. The Village Health Committees (VHC) trained by the project carried out their mandate of linking AGYW to health services. The VHCs even "went an extra mile" by mobilizing AGYW for training, followed up GBV cases to ensure survivors accessed health and justice services and engaged health service providers to improve the quality of HRHS. CBOs supported AGYW to seek HIV services and post-GBV health and justice services which included providing shelters to GBV survivors.

The police, as the major justice sector actor, became more responsive in fast tracking GBV cases. This included issuing referrals to GBV survivors for medical attention, investigating GBV as well as presenting them to the court. Health service providers improved the delivery of youth friendly HRHS such as, inter alia, change of healthcare workers attitudes to AGYW, setting up service points in the facilities to specifically attend to AGYW and adjusting closing hours for health facilities. In Tanzania, judicial officials developed a mechanism for fast tracking the hearing of GBV cases to minimize opportunities for case withdrawal and dismissal for want of prosecution when witnesses fail to appear because the case has taken too long in court.

#### Broader Implications on Quality and Accessibility of GBV/HIV-related Services

In the long run, and besides institutional factors (discussed in the following section), better GBV/HIV-related health services will depend on the degree to which the boosted capacities of target groups will be preserved. The evaluation identified challenges in this regard. In particular, the legal and human rights knowledge and skills of AGYW are likely to deteriorate over time unless they attend refresher courses for which there are limited options. As aforementioned, the Paralegals' affiliation to CBOs was meant to increase prospects for a continuation of training/support of AGYW on voluntary basis. However, this assumption was not fully validated. Paralegals are already looking for employment opportunities to financially sustain themselves. Consequently, they are likely to spend less time on training AGYW.

In general, CBOs and VHCs do not have enough resources to continuously support the AGYW. Moreover, the health service providers have competing demands, not only related to HIV/GBV issues. Therefore, it became clear that without a sustained pressure for the increase of the quality of AGYW services, the relevant providers are likely to prioritize other issues. An additional challenge is the persisting problem of high staff turnover and lack of resources in justice sector organizations and the police..

#### Institutionalization of Established Services, Systems and Networks

Despite several identified challenges, the evaluation keeps stressing that most of the targeted actors, including the VHCs, have made improvements in the provision of AGYW services. The evaluation also assumes that due to a good *immediate* ownership of project's results there is a likelihood that these achievements will be further incorporated, to a degree, into relevant approaches and systems.

However, long-term viability of the established and/or strengthened services and mechanisms is rather low due to (i) the lack of institutional anchors and (ii) limited opportunities to reinforce knowledge gained through the project. Similar situation is in the case of the established social feedback processes, such as the CSCA, which appear to be viable mainly in the project's context but not much beyond it.

## 4. Conclusions

### Relevance

The project's approach was appropriate for capacity building in legal empowerment and for applying social accountability tools to hold service providers responsible for AGYW HIV services. It ensured that AGYW and communities gained knowledge on HIV services, gender and human rights legal frameworks and adequately utilized these skills. A potential risk of Paralegals not playing their roles due to lack of incentives was decreased due to their affiliation to local CBOs and demand for services from the community. However, there have been warning signs that this engagement will eventually fade out as the need of Paralegals to support themselves forces them to look for other professional opportunities.

Gender norms and GBV are to a large extent sensitive issues in the targeted communities and countries. In this

regard, the project had the potential of being viewed negatively. However, there was no outright or significant hostility from the communities towards the project during the implementation and there was no major change in the project's operating context. However, as outlined in the later section of this Brief, this does not automatically guarantee ownership of results after the project expiration.

### Efficiency

The management of the project's financial and human resources was well executed. However, the project timeframe was insufficient to allow a full realization and utilization of the capacity built among beneficiaries and/or targeted groups. The opportunities to reinforce the training by follow-up/refresher courses were limited. The DREAMS Innovation Challenge, which the IDLO project was a part of, was designed to complement the DREAMS Core Package interventions<sup>6</sup>. There was an expectation that DREAMS Innovation Challenge and DREAMS Core Package implementers would be coordinated to create synergies between their activities. However, there was limited interaction between the IDLO project and the DREAMS Core Package implementers. This qualifies as a missed opportunity. At the same time the evaluation stressed that an explicit commitment to the coordination between DREAMS Innovation Challenge and the Core Package implementers was beyond the project's scope.

### Effectiveness

By various means, the project strengthened the technical capacities of the Paralegals, the VHCs, other health service providers, and justice sector actors. The Paralegals utilized the gained knowledge to train AGYW, and the health and justice sector professionals, to improve service delivery to AGYW and communities. Consequently, the AGYW gained better access to HIV services and, inter alia, felt empowered to pursue justice on GBV cases. However, AGYW's economic empowerment, leading to an increase in their financial independence, and a decrease in their vulnerability, was not among the focus areas of the project.

The project also fostered development and use of rights-based local engagement and feedback processes for improving HIV-related AGYW service delivery. This was the case of the CSCA but also the evidence-based monitoring which enhanced the engagement of district health providers and justice sector actors and, to a degree,

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<sup>6</sup> The DREAMS Innovation Challenge was set up to address areas not covered by the DREAMS Core Package.

contributed to governments' commitments to improve access to HIV services by AGYW.

In addition to the increased number of AGYW accessing HRHS, further positive effects likely to occur as a result of strengthened capacities of various actors within the project include but are not limited to: increased number of GBV survivors seeking health and justice services and improved quality of health and post-GBV care. These results have a potential to reduce HIV infections, to an extent, but they appear to be of rather a short-term character.

### Impact and Sustainability Prospects

The conceptual design and strategy of the project, the coordination and monitoring systems as well as the technical support provided by IDLO to a large extent contributed to the achievement of the project results. Nevertheless, without further resources and commitment these results will not transform into sustainable socio-economic changes. The evaluation also revealed that project achievements in administrative and oversight processes were limited.

Despite generally good ownership of the project, the evaluation stressed that this should not be taken for granted given the sensitive cultural context in which the project was implemented. It is not unusual that the buy-in of target groups in gender-linked projects, especially those not being women or AGYW, decreases when the funding dries up.

### IDLO Value Added

IDLO made a strategic decision to use the integrated legal empowerment and social accountability approach to address the structural barriers AGYW face in accessing HIV services. This approach was a key innovation for empowering AGYW and providing them a platform to demand quality services and hold service providers accountable. IDLO brought on board expertise from outside the targeted countries to support technical aspects of the project such as the CSCA.

## 5. Recommendations

1. Consider designing similar initiatives taking a holistic approach that involves families, elders and young boys in the implementation of GBV-focused activities to address the root causes of GBV and further strengthen communities' support to AGYW in seeking HIV services.
2. In addition to targeting AGYW out of school, as done within this project, extend legal empowerment to AGYW in school to ensure sustainable capacity building. IDLO could collaborate with agencies such as UNESCO to integrate legal empowerment in the comprehensive sexuality education guidelines and curriculum being offered in schools. This will ensure that AGYW graduate from schools with a certain level of legal empowerment.
3. Improve the delivery of legal empowerment training by allocating sufficient training time, delivering training through multiple platforms, including small group-feedback sessions and encouraging experience sharing through social media platforms. To strengthen continuous learning consider delivering the training in phases.
4. Link AGYW reached by the project to economic empowerment initiatives to address poverty and unemployment among AGYW. This should involve identifying existing economic empowerment projects in targeted communities and taking deliberate steps to connect AGYW to these initiatives and ensure that AGYW benefiting from legal empowerment are the same as those being reached by economic empowerment projects.
5. When the community action plans are drafted, develop their sustainable monitoring system linked to social accountability processes and advocate for implementation of government commitments to address issues raised in the action plans. This also implies that the design of legal empowerment and social accountability projects allows enough time for monitoring.
6. Identify platforms through which lessons learnt from this project can be disseminated to development partners and other development networks.
7. Determine appropriate project period based on a careful and detailed analysis of the approaches and processes for delivering project activities to ensure that there is enough time to complete the project.
8. Establish an institutional mechanism or framework for coordination with other projects with related goals in order to gain from synergies.