



Norwegian Embassy



FINAL EVALUATION REPORT

FOR TILONDOLE HEALTH RIGHTS PROJECT

Funded by:
Tilitonse Foundation

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The European Union and Royal Norwegian Embassy

Project Implemented by
FOCCAD

June 2020

Disclaimer

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The views and opinions expressed in this report do not necessarily reflect the official position or policies of FOCCAD and/or those of their donors such as the Tilitonse Foundation and implementing partners.

Sincerely,



Madalitso Makwandu, Lead.

GL CONSULT

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i. Acknowledgement and dedication

This report was financially supported by Tilitonse Foundation and technically braced by FOCCAD. Special thanks are offered to FOCCAD Management through the Executive Director, the Project Manager and M&E Manager for providing insight and expertise that impressively guided the process of data collection that informed the production of this report. This implies that the abovementioned officers need not to entirely agree with all or any part of the interpretations and conclusions in this report.

Further heartfelt gratitude should be extended to District council (DHO) staffs, Tilondole Project Partners such as Nkhotakota community radio, district youth networks and female sex-worker networks (hotspots) and women living with HIV/Aids for volunteering to participate in this evaluation for the good of their respective communities.

We wish you all every success in your genuine endeavors as you strive to improve the governance and healthcare system in both Nkhotakota and Salima Districts.

Sincerely,

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ii. Affirmation

“Except as recognized by the citations to other authors and publications, the evaluation described herein consists of our own work, undertaken to advance learning and as part of the requirements of FOCCAD and Tilitonse Foundation's Learning and Accountability System” with a view to inform health-governance that promotes rightsholder-duty-bearer centred community empowerment.

We therefore affirm that due care and ethical considerations have been taken in the assessment process and that the data contained herein may be used by the district councils of Nkhotakota and Salima and beyond for (re) programming, project scale-up to cement the gains initiated by the project for women-youth-community empowerment and rationalization of innovation for continued resource mobilization and integrated development on the part of FOCCAD, Tilitonse Foundation and partners.

FOCCAD & Tilitonse Foundation

June 2020

iii. Glossary/Acronyms and Abbreviations

ABCD	Asset Based Community Development
CBMCHC	Community Based Maternal and Child Health Care
CONGOMA	Council for Non-Governmental Organization
DHO	District Health Office
FE	Final Evaluation
FGD	Focus Group Discussion
FOCCAD	Foundation for Community and Capacity Development
GLC	GL Consult
HAC	Health Action Committee
KII	Key Informant Interview
MOH	Ministry of Health
OECD	Organization for Economic Cooperation and Development
NGO	Non-Governmental Organization
RBM	Results Based Management
SRHR	Sexual Reproductive Health and Rights
TOR	terms of reference
PRS	proportionate random sampling
SWOT	Strengths, Weakness, Opportunity, Threats
SRHR	Sexual Reproductive Health & Rights
NCCS	National Cervical Cancer Strategy
WLWHA	Women Living with HIV/Aids

i. Executive summary

This report presents findings of a final evaluation study for Tilondole Health Rights Project, implemented by Foundation Community Capacity Development (FOCCAD) with support from EU through Tilitonse Foundation. The exercise was a collective work by GL Consult, FOCCAD and community members including Government partners in Nkhotakota and Salima districts in Malawi. Data collection was conducted from 24th to 31st May 2020.

Methodologically, the study employed various study tools to gather both quantitative and qualitative data. Individual or household survey questionnaire was administered to 291 respondents who were randomly selected from both districts. Besides the one-on-one survey approach, data was also collected through desk review, Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and on-site observation. The combination of different methods helped to triangulate data and more importantly increased the robustness, confidence and validity of the findings. The one-on-one data was collected through ODK (using smartphones) and was analysed using SPSS. Qualitative data was analysed through content analysis.

The survey results revealed the following findings:

- *Average household size in the two districts was 4.4 which is indifferent from the national 2018 population census, which recorded (4.4) persons per household nationally and 4.3 for central region.*
- *Only 30.6% of the respondent households were headed by males, whilst 69.4% were led by females and of these only 20.0% attained secondary school education whilst 69.9% attempted primary education.*
- *Majority of the beneficiaries in the two districts were youthful with an average age of 33.8 years.*
- *34.0% of the interviewed women were widowed, 18.6% married, 22.7% single and 22.7% were divorced*
- *On occupation; 44.0% indicated were farmers, 35.7% were commercial sex-workers and 12.3% small-scale business players.*
- *On overall, 82.8% of the respondents were satisfied with health services against the target of 55%, and 71.1% were also satisfied with cervical cancer treatment i.e. over 49% project target.*
- *Against project's target of 40%, over 46.4% of the respondents perceived health facilities had essential supplies for cervical cancer treatment, and 77.7% had access to information on cervical cancer, whereas 61.2% were knowledgeable about its prevention and 78.7% on SRHR financing.*
- *Over 48% of the respondents' perceived the project as relevant to their needs and priorities.*
- *The Tilondole Health Rights project was a build-up of the programs advanced by Malawi Government and development partners and it fitted well into the needs of most-at-risk groups to cervical cancer. The project also fitted well with Tilitonse Foundation's pillars of advancing Active citizenship and Citizen driven local governance pathways.*
- *The project demonstrated good level of achievement on most of its prescribed activities as it fostered duty-bearer's responsiveness on the part of healthcare providers to the needs of women living with HIV, sex workers and teen mothers.*

Key recommendations

- *Future similar projects ought to ensure fusing differentiated beneficiary group interest incentivised activities i.e. in addition to mainstream healthcare-governance interventions, promote self-driven beneficiary group focused social-economic determinant of health-improvement economic rights activities.*
- *In addition to considering fusing economic rights activities, future health rights project design needs to consider employing target group 'tailored' accompanying service packages e.g. condom distribution or sports-based cervical cancer awareness campaign i.e. among (youths), group savings for nutrition and general health improvement for WLWA and others.*
- *Community-led partnership development. There is need to ensure community structures are empowered to be self-reliant on championing self-led peer-to-peer advocacy and urgency on*

health governance drive. Also ensure that projects are framed to consolidate co-creative public-private partnerships approaches.

- *Furthermore, the study suggests that future projects be informed into participatory project cycle management based on the assert-based community development (ABCD) civic participative and co-resourcing modelling.*
- *Future Tilitonse Foundation and partners projects should test all-pillar integrated programming that fuse most of its strategic result areas: a) Active citizenship, b) Local governance, c) Gender and social inclusion, d) Economic governance for improved access to economic opportunities, and e) Rule of law to ensure linking rightsholders to justice system partners.*

Table 1: Summary of Results for Key Impact level Indicators

Tilondole Project- Building capacity of sex workers, women living with HIV and teen mothers to demand for quality cervical cancer interventions.

Key Indicators	Baseline (2018)	Project Target	Project report	FE
Goal: Health workers in Nkhotakota and Salima districts are responsive to the SRHR (cervical cancer screening and treatment) rights and needs of sex workers, women living with HIV and teen mothers				
- Percentage of citizens satisfied with government services in health facilities	0%	55%	67.3%	82.8%
- Proportion of community surveyed satisfied with (DHO) service on cervical cancer treatment	0%	49%	83.5%	71.1%
- Percentage of health facilities with essential medical supplies for cervical cancer	19	40%	54.5%	46.4%
Specific objective: Increased knowledge and information on entitlements, rights and policies that promote SRH rights and access to				
- Percentage of citizens that say government makes available information on healthcare and to financing in SRHR (Cervical cancer) at district level.		-	-	72.5%
○ Screening for cancer		-	-	77.7%
○ Prevention for cancer		-		61.2%
○ Financing for SRHR		-		78.7%

Report structure

The report is structured into organizational/project background, evaluation purpose and methodological approach, then key findings that focus on: demographic and socioeconomic characteristics, extent to which project objectives were achieved, achievement of the outcomes and impacts of the project, relevance and efficiency of the project, sustainability, key lessons learnt and key conclusions plus recommendations.

1.0 Background of the Evaluation Study

1.1 About FOCCAD

With its vision for a healthy and productive community; Foundation for Community and Capacity Development (FOCCAD) exists as a Malawian not for profit organization founded in 2003 and is registered with the Limited Companies Act, limited by guarantee, Trustees Incorporation Act, Council for Non-Governmental Organizations in Malawi (CONGOMA); the government oversight body for NGOs the Non-Governmental Organizations Board (NGO Board), and the Malawi Youth Council.

FOCCAD exists with a mission to champion the alleviation of human suffering from disease, hunger, poverty and social injustice by creating and implementing participatory and sustainable solutions.

1.1 About Tilondole Health Rights Project

The Tilondole Health Rights project had the following expected results:

1.1.1 Project goal:

The goal was that Health workers in Nkhotakota and Salima districts are responsive to the SRHR (cervical cancer screening & treatment) and needs of sex workers, women living with HIV/Aids (WLWHA) and teen mothers.

1.1.2 Purpose:

The project purpose was seeing improved SRHR (cervical cancer) service delivery and accountability for women living with HIV, teen mothers and sex workers in Nkhotakota and Salima districts.

To achieve these objectives the project was implemented in pursuance of the following main out puts:

- a) Increased knowledge and information on entitlements, rights and policies that promote SRH rights and access to cervical cancer services for sex workers, teen mothers and WLHIV in Nkhotakota and Salima districts.
- b) Increased capacity and skills of sex workers, teen mothers, WLHIV and hospital management committees to engage and hold duty bearers accountable (health workers, council health committee) for implementation and rolling out of cervical cancer services in 20 health facilities and 12 health facilities in Nkhotakota and Salima districts respectively.

FOCCAD implemented the project in partnership with Nkhotakota Community Radio Station (NCRS) of which their role was to monitor implementation of activities in the project and fostering advocacy through debates and radio programs respectively.

2.0 The scope of the final evaluation and objectives

2.1 Purpose and scope of work for the final evaluation

The Final Evaluation (FE) was primarily intended to assess the extent to which the project and its interventions have achieved its goal and objectives. It determined how the project has contributed to the goal and objectives of the Tilitonse Foundation. Specifically, the final evaluation was intended to:

- a) Independently verify (and supplement where necessary) record of achievement as reported through Annual Reports and as was defined in the project's log-frame.

- b) Assess the extent to which the project performed well and was good value for money, which included considering: i) How well the project met its objectives; ii) How well the project applied value for money principles of effectiveness, efficiency in relation to delivery of its outcome; iii) What happened as a result of Tilitonse Foundation's funding; and iv) assess how well the project aligned with FOCCADs goals and objectives.
- c) Assess how the project contributed to the achievement of FOCCAD's goal, objectives on health governance related to cervical cancer screening and responsiveness of health workers and Tilitonse Foundations result areas of: i) *Active citizenship*: Duties of citizens; Voice and Action; Accountability and transparency; Democratic freedom to participate; Empowerment to participate and ii) *Local governance*: Roles of the Council and Committee; Roles of Secretariat; Councillors and Members of Parliament; Traditional Leaders; people centred development planning, and the national priorities as reflected in key national goals, policies and other instruments
- d) Assess the likelihood of project and its activities to continue (sustainability) at national, district and community levels beyond the support received in the period of intervention.
- e) Draw lessons learnt on what had happened for replication in other similar interventions on health governance of health care providers in Nkhotakota and Salima districts on health rights of women living with HIV, female sex workers and teen mothers related to access to cervical cancer services.
- f) Appraise the project partnership approach (including management structures and relationships).

2.2 Specific criteria of the final evaluation

The evaluation team used the OECD-DAC evaluation criteria in response to the project's performance indicator matrix and the general aspirations of the evaluation objectives. Specifically, the evaluation process grounded itself into the following conceptual interpretation of the study's key questions:

2.2.1 Details of the key evaluation questions

Based on the OECD evaluation criteria, the following key evaluation questions were formulated:

2.2.1.1 Criteria 1: Assessing the effectiveness of the project

Under this criterion, the evaluation team addressed the question of "to what extent (in terms of quantity, quality and equity) were project objectives and/or outcomes achieved compared to baseline data and existing literature. Special interest was accorded to understanding the major factors that influenced the achievement or non-achievement of project outputs.

2.2.1.2 Criteria 2: Assessing the impact of the project

The evaluation undertook to assess the impact of the project, where impact was understood to be direct effect from project interventions or indirect; intended or unintended effect on the target communities. The impacts of the project were determined by means of comparative trend analysis of indicators to baseline results. Assessment was also made to gauge the general trend in the local social, economic, environmental and other development factors surrounding project beneficiaries.

2.2.1.3 Criteria 3: Assessing the relevance/appropriateness of the project

The evaluation assessed whether the project was able to meet the needs and priorities of the vulnerable women and the youths in Nkhotakota and Salima. The study also examined the appropriateness or fitness into the district and national maternal health issues as well as fitness into FOCCAD's strategic focus. The evaluation also explored effectiveness of project's strategy and approaches for the achievement of the project objectives i.e. checking onto whether the project achieved its objectives. It also determined whether the right beneficiaries were targeted and the extent to which the project reached and included vulnerable groups.

2.2.1.4 Criteria 4: Assessing the efficiency of the project

Efficiency was tackled as a performance results-based management (RBM) economic measure which signify that the project used the least costly resources i.e. financial, human, technical, material, innovations and time required to undertake project activities to achieve the desired results. In order to assess the efficiency, the following questions were pursued: What were the burn rate and implementation rate for the project? What innovations were introduced to reach economies of scale? Were objectives achieved on time? and; was the project implemented in the most efficient way compared to alternatives?

2.2.1.5 Criteria 5: Assessing the sustainability of the project

The evaluation implied that sustainability of the project depends to great extent on the capacities and ownership, exit strategy and structural support systems put in place for communities to gradually gain independence through various forms of empowerment –finance, technical knowledge, socially and more importantly in terms of leadership and networks/partnerships formed. Given this understanding, the study examined the capacity of the community structures to continue deliver interventions beyond project support; the extent to which communities demonstrated ownership and capacity to continue resource mobilization for the project activities, the ability of some project interventions to generate income on their own and strength of the linkage between the project and key stakeholders including relevant Government Departments (MoH in particular).

3.0 Evaluation Data Collection & Methodological Process

3.1 Study Approach

The survey employed a consultative and participatory approach as it engaged key stakeholders (project staff, partners, MoH staff, communities and beneficiaries) and collected both quantitative and qualitative data from both districts of Salima and Nkhosakota where Tilondole Health Rights project was implemented. Quantitative data was generated from 291 individual respondents comprising sex workers, teen mothers, WLHIV; while qualitative data for information triangulation was collected from FGDs, KIs, in-depth interviews with stakeholders and general observation.

3.2 Inception Meeting and desk review

The consultants held an inception meeting with FOCCAD management staff to clarify the scope of work, data needs and sampling issues as well as collect relevant documents for review. The main documents reviewed included the Project design document and the Logical Framework and progress reports.

3.3 Selection of respondents (sampling)

Two-stage cluster sampling was used to select clusters and households to be interviewed. In the first stage, the survey included both districts and all project target area health facilities i.e. 20 health facilities in Nkhosakota and 12 health facilities Salima. This ensured beneficiary groups in the project areas to have an equal chance of being picked. The list of project beneficiary groups (support groups, youth clubs and women sex-workers in hot-spots) was provided by FOCCAD staff during inception meeting. In the second stage, at least 30% of list of beneficiary groups were drawn (statistically representative) to fit into the available time and resources. A proportionate random sampling (PRS) was used to select individual respondents from project target groups of teen mothers, support groups and female sex workers.

3.5 Data Collection

Based on the specific evaluation objectives reviewed in this report, it was evident that both quantitative and qualitative methods were to be employed in this evaluation. The combination of methods ensured data triangulation which in turn provided robust evaluation findings.

Following review of indicator matrix, a data collection framework was devised to guide data collection process. This provided indicator-focused specific information classified by evaluation criteria on relevance, effectiveness, impact, efficiency and sustainability. The following is the detailed methodological process that was followed to collect both quantitative and qualitative data from primary and secondary sources.

3.5.1 Semi-structured questionnaire

A semi structured questionnaire was used to collect data from sampled individuals. The questionnaire was administered to direct project beneficiary group members (teen mothers, sex workers & WLHIV identified through their respective networks). Considering that most of the data revolved around health and privacy, oral consent was sought before interview progression. The questionnaire content followed

project's key impact and outcome indicators and it was programmed onto smartphones tabulates for administration by the duly trained research team.

3.5.3 Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs)

KIIs and FGDs were used to triangulate and give voice to the quantitative data. The evaluation team conducted over 15 KIIs with various key informants such as project staff, DHO/Health centre officers, FOCCAD and beneficiary group leaders.

FGDs too were undertaken to further triangulate data rigour. Apart from vetting the information collected through individual focused methods, the FGDs provided voice in assessment of the capacity of project structures to operate in absence of Tilitonse Foundation's project support. Participants were asked to provide concrete evidence of the difference the project has made in their lives, how the project achieved the difference, and the extent to what extent rightsholders viewed the project would be sustainable. Using project aspirations tailor-made checklists, 12 FGDs were undertaken with sex-workers, support groups and youth networks.

3.5.4 Data Analysis

The qualitative data from FGDs and KII plus in-depth inquiries was organized and reduced through a process of thematic coding¹. Through coding and content analysis the study was able to gather important points that gave voice to the quantitative data. The qualitative information was further transcribed into narratives and embedded into the report to triangulate quantitative results.

All the quantitative data was consolidated into one spread sheet and exported into SPSS for analysis. The package was chosen for its usability to make data templates, run data validation tests that support checking data quality issues. The quantitative analysis was basically in the form of descriptive statistics which *inter alia* include frequencies and averages that informed descriptive findings presentation.

3.5.5 Ethical Consideration

Being an evaluation that involved human subjects and more importantly tackling issues of healthcare, the following key aspects of the ethical issues were observed:

- During the training, the consultant oriented the evaluation team on the need to safeguard participants' privacy – stressing on the need for a do no harm policy that the consulting firm follows.
- *Oral informed consent (read from written consent form)*: Since the study aimed at collecting primary data from sex-workers, teen mothers and WLWH, every data collection process started with informed consent seeking and explanation of the objective of the study to the respondents.
- *Confidentiality assurances*: The collected data did not contain any identifiers. All study tools had codes to protect the identity of the respondents. Respondents were reassured during informed consent process about confidentiality protection including during reporting.
- *Costs and compensations (field level)*: Based on circumstances particularly the timing of FGDs and prevailing situations refreshments and transport cash re-imbursements were provided to selected participants.

3.5.6 Study limitation

¹ Coding is a process of organizing data and obtaining data reduction.

- The migration nature of sex-workers could have affected beneficiary level of articulation towards providing rounded picture of the project on cervical cancer awareness and its related impact on the target groups. However, a mix of different beneficiary groups such as support groups and youth networks (teen-mothers) balanced up the anticipated data gaps thereto.
- The project focus on health governance on rights-based demand creation approach (software) devoid of service provisioning on cervical cancer related supplies made some beneficiaries attach limited attention to go for cervical cancer screening – stating that it was of less value to know one cervical cancer status that would receive no reciprocal healthcare redress at the local health facility as need would arise.

4.0 Evaluation Survey Findings

This section presents the evaluation's key findings on: (1) demographic and socioeconomic characteristics of respondents' households, (2) Extent to which project objectives were achieved, (3) achievement on the set outcomes and impacts of the project (4) Ability of the project interventions to continue beyond Tilitonse funding (5) Relevance and efficiency of the project. The section also includes a narrative on the factors that influenced the performance of the project and suggests key recommendations.

4.1 Demographic and Socioeconomic determinants of health (Household characteristics)

Information on socioeconomic characteristics of the target population provides a contextual understanding for interpreting the main findings of the study. This section presents the demographic and socioeconomic trends in Nkhotakota and Salima districts (**Table 2**). Specifically, it provides findings and discussions on the household sizes, age, marital status, education levels and housing conditions of the sampled households.

Table 2: Demographic and socioeconomic characteristics of respondents in the target districts

Indicator	Nkhotakota	Salima	Total
• Mean household size	3.9	5.0	4.4
• Mean age of respondent	36.8	29.1	33.8
<i>Proportion of household headship (%)</i>			
✓ Male headed	24.0	41.1	30.0
✓ Female headed	76.0	58.9	69.4
<i>Educational level of respondent (%)</i>			
✓ None	10.1	9.8	10.0
✓ Primary	64.8	77.7	69.7
✓ Secondary	24.6	12.5	59.8
✓ Tertiary	0.6	0.0	0.3
• Marital status (%)			
✓ Single	13.4	37.5	22.7
✓ Married	21.2	14.3	18.6
✓ Polygamy	6.1	4.5	5.5
✓ Divorced	21.8	15.2	19.2
✓ Widowed	37.4	28.6	34.0

The results show that the average household size in the two districts was 4.4 which is indifferent with the national population census record (4.4) persons household size compared to central region and 4.3 persons per household recorded respectively². The larger the household size, the higher the risk and vulnerability to poverty and diseases burden incidences³.

Majority of the beneficiaries in the two districts were youthful with an average age of 33.8years⁴. The youthful population offers an opportunity for productive labour and great potential for improving maternal and SRH advocacy in the project sites. At least 18.6% of the respondents were married, 22.7% were single, 22.7% divorced/separated, 5.5% polygamy and 34.0% widowed. The high proportion of respondents are widows (34.0%), a finding that offers a threat to the largely youthful population to engage in casual sexual activities in addition to the commercial sex-workers' routinized indulgencies.

The study further noted that only 30.6% of the respondent households were headed by males, whilst 69.4% of the were led by females. Of these respondents, only 20.0% attained secondary school education whilst 69.9% had acquired primary education, and 10% reported did not attend any formal education. It is important to note that social service sectors and domains including social protection and employment, education and community amenities contribute significantly to inequality in good health. Thus, interventions in these areas (i.e. adult learning/education) are not only likely to lead to improvements in their own domains alone but to health as well. Within the context of the study areas, the report argues for an increase in government's and development partners' roles within these areas in order to redress health Inequalities issues especially those that come due to illiteracy or lack of knowledge.

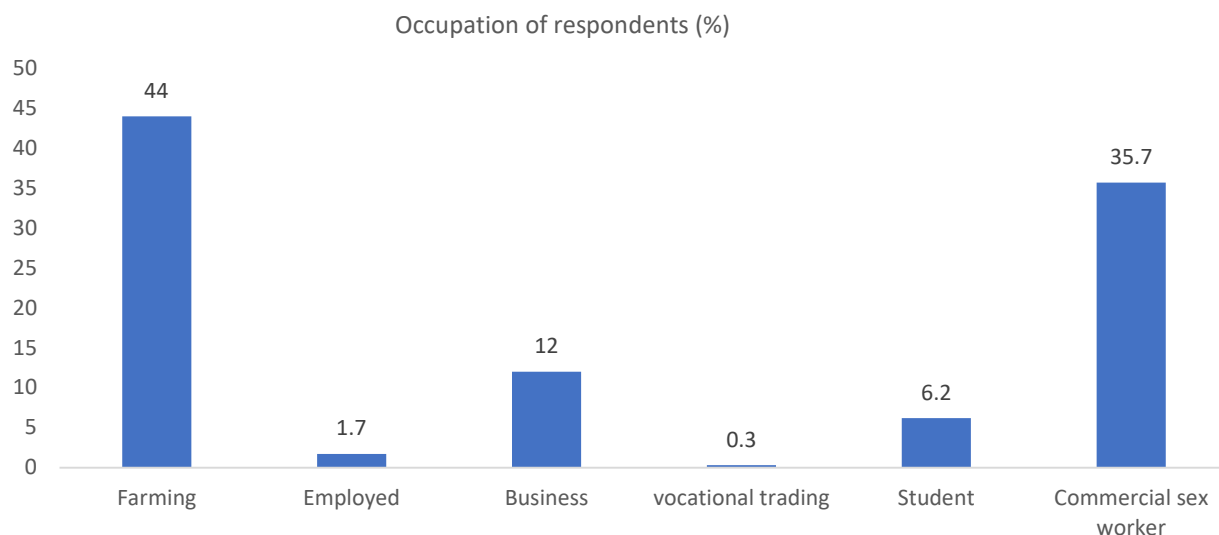
As regards to occupation of respondents, 44.0% reported to be farmers, while 35.7% were commercial sex-workers of which some were into small-medium businesses (12.3%) and 6.2% represented the youth that were still in school but mostly captured as part of teen mothers (**Figure 1**).

Figure 1: Occupational status of the respondents

² Malawi Housing and Population census, 2018

³ Aniceto C. Orbeta, Jr., 2005. Poverty, Vulnerability and Family Size. ADB Institute Research Paper Series No. 68

⁴ National Youth Policy, 2013 defines youths as aged between 10 – 35 years



It is important to note occupation contribute to one's social gradient i.e. a measure of one's social status in terms of household members' level of education, skills acquisition, level of income or wealth, ownership of the means of production, possession of valuable assets, gender, and sexual orientation. As such, the socioeconomic status of the individual is a key indicator of the living and working conditions of the individual in the society including access to healthcare.

4.1.1 Health (HIV & Cancer) status of Household members in the target districts

The evaluation also inquired about the health status of respective household members from which the respondents belong to including the respondent themselves. As shown in Table 3; the health status of household members indicates that on the overall (in both districts), 70.0% of the respondents have had been affected by HIV/Aids pandemic and at least 1.4% had affected with cervical cancer. Relatively across the two districts Nkhotakota showed a higher prevalence of HIV status experience (83.8%) and cervical cancer treatment (1.7%) as compared to Salima district that showed 50% on HIV status and 0.9% on cervical cancer status.

Table 3: Health (HIV & Cancer) status of Household members in the target districts

Indicator	Nkhotakota	Salima	Total
• HIV status	83.8	50.0	70.0
• Patients on HIV treatment	83.8	48.2	70.0
• Cervical cancer status	1.7	0.9	1.4
• Patients on cervical cancer treatment	1.7	0.9	1.4

4.2 Extent to which Project Impacts and Outcomes were achieved

Tilondole Health Rights project had an overall goal of contributing to the capacity building of sex workers, women living with HIV and teen mothers to demand for quality cervical cancer interventions

and that Health workers in Nkhotakota and Salima districts are responsive to the SRHR (cervical cancer screening and treatment) rights and needs of sex workers, women living with HIV and teen mothers. Specifically, the project was determined to ensure increased knowledge and information on entitlements, rights and policies that promote SRH rights and access to.

This section thus, presents the findings on the key indicators that were designed to determine the effectiveness of the project at impact and outcomes levels.

Percentage of citizens satisfied with government services in health facilities and Percentage of community surveyed satisfied with DHO service on Cervical Cancer

To determine the extent to which the project contributed to improved-satisfying SRHR knowledge and access to services in the two districts the study inquired on service delivery scale regarding cervical cancer screening, treatment and general service from women sex-workers, teen moms and support group selected members.

Key findings

As presented in **Table 4**; the study findings indicate that on the overall 82.8% of the respondents accessing government health services were satisfied with healthcare delivery against the project's target of 55%, and 71.1% of those accessing cervical cancer treatment were satisfied over project target of 49%. This positive change could be attributed in part as a result of the Tilondole project.

Table 4: Customer or rightsholder satisfaction with health services in the target districts

		<i>Nkhotakota</i>	<i>Salima</i>		<i>Total</i>
<i>Indicator</i>		<i>FE</i>	<i>FE</i>	<i>Project target</i>	<i>FE</i>
• Cervical cancer treatment		70.4	72.3	49%	71.1
• Government supported health facilities		85.5	78.6	55%	82.8

District comparison shows more of the respondents in Salima (72.3%) accessing cervical cancer health services were satisfied than in Nkhotakota (70.4%). However, on the overall rightsholders (healthcare seekers) were more satisfied in Nkhotakota (85.5%) than in Salima (78.6%). This finding agrees with qualitative inquiries through FGDs and KIIs that revealed more appreciation on cervical cancer empowerment processes championed by FOCCAD in Salima than in Nkhotakota. However, the general increase in respondents' satisfaction was largely attributed to Tilondole Project owing to increased number of health facilities offering cervical cancer screening and counselling services. For instance, desk review revealed that at its 13 months closure period the project had led to increased number of facilities offering the service, from two facilities to 13 offering the service (out of 21 facilities) in Nkhotakota and also from 2 to 12 offering cervical cancer screening service in Salima district. This was commended by respondents for addressing the challenge of long distance to nearest health facility and hence cutting on transport cost in search for SRHR needs that include cervical cancer. Likewise, it was reported that before the project inception, both main district hospitals had only one facility offering both screening and treatment service, but at the end of the Tilondole Project, Nkhotakota and Salima had nine (9) facilities and eight (8) facilities respectively offering both screening and treatment for cervical cancer and any related opportunistic infections.

Data obtained from DHOs in the two districts shows increased number of women accessing the service as compared with the uptake for previous years. This is evidenced by the Visual Inspection with Acetic Acid (VIA) service delivery data available in both districts that entails that in 2018 Salima DHO only screened 1028 people but 2019 indicates 3840 women screened. While Nkhotakota district screened 2035 women in 2018, in 2019 the DHO reported 4653 women to have been screened. Inquires with beneficiary groups and stakeholders such as the radio station staff attributed positive change to increased availability of ‘right’ information on cervical cancer and related services.

In addition, our desk review indicates that the Tilondole project through its trainings, contributed to an increased number of trained providers for cervical cancer service, for instance in 2018, Salima had 14 providers that moved to 20 by end of project while in Nkhotakota the trainers moved from 12 providers to 22 in number.

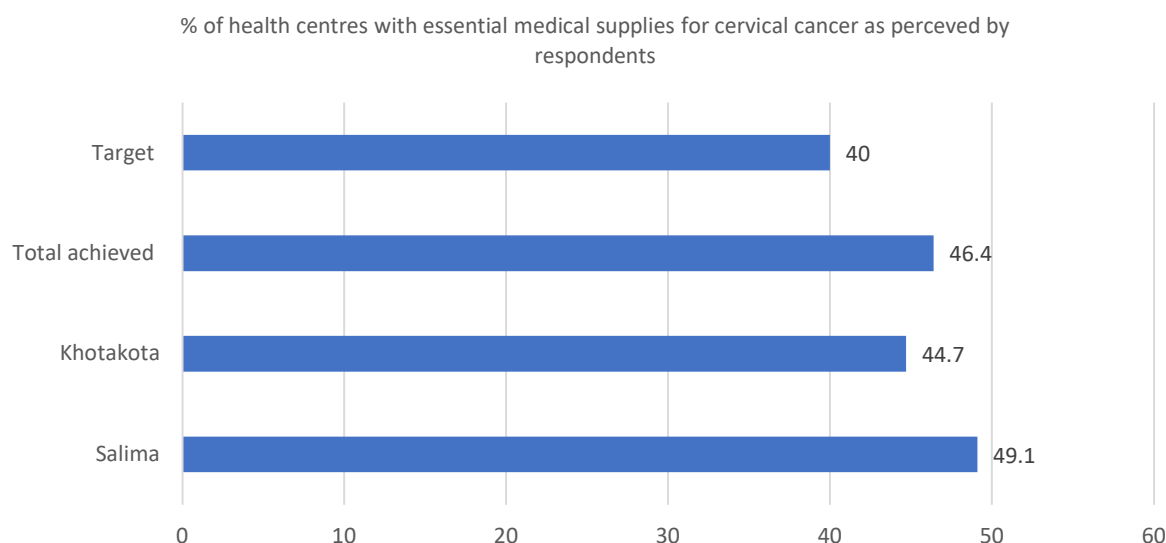
Percentage of health facilities with essential medical supplies for cervical cancer

To determine the extent to which immediate health facilities were in a position to have essential medical supplies for cervical cancer treatment and care support.

Key findings

As presented in Figure 2; 46.4% of the respondents perceived that their in-vicinity health facilities were in a position of offering or stocking essential supplies for cervical cancer treatment. This is against the project’s target of 40%. District level analysis shows that more of the respondents (49.1%) in Salima felt health facilities had essential supplies for cervical cancer, contrasted with Nkhotakota at 44.7%.

Figure 2: Health Facilities with essential medical supplies



Further inquiries indicated positive trends on service delivery is attributable to government’s commitment to healthcare improvement and NGO stakeholders’ complementary efforts across the two districts. NB: It is important to take note that access to health and levels of facility utility are affected by multiple health determinant factors that encompass social-economic-cultural-relational community differentials. This calls for multi-sectoral partnership approaches to healthcare system development.

Percentage of citizens that say government makes available information related to financing in SRHR at district level (effectiveness test).

To determine if the project contributed to increased knowledge and information on entitlements, rights and policies that promote SRH rights and access to information, the study checked with respondents to rate government's effectiveness and commitment to sharing information on cervical cancer and SRH financing issues.

Key findings

As noted in the Table 5; the results show 77.7% of the respondents had access to information on cervical cancer screening, whereas 61.2% were knowledgeable about its prevention and 78.7% were informed on financing in respect of SRHR.

Table 5: Knowledge of respondents on cervical cancer in the target districts

Indicator	Nkhotakota	Salima	Total
• Screening	83.8	67.9	77.7
• Prevention	57.0	67.9	61.2
• Financing of SRHR	77.7	80.4	78.7

Correspondingly, districts level review shows that most of the respondents (83.8%) in Nkhotakota were aware about cervical cancer screening while in Salima, the majority (80.4%) were informed about SRHR financing issues. Inquiries through FGDs and KIIs revealed that communities appreciate integrated approaches to healthcare unlike the singularized 'SRH activity' approach as championed such as focusing on cervical cancer alone. *"We appreciate the effort by the Tilondole Project, but the best community serving project need to take a cross-sectional approach to dealing with social-economic determinants of healthcare issues"* – narrated a member of *Chiyembekezo* Support group. This line of thought was corroborated by sex-workers and also DHO staffs who recommended for future projects to embrace the already existing "Community Based Maternal and Child Health Care (CBMCHC) approach" where cervical cancer care and treatment would be a critical component.

... "We appreciate the effort by the Tilondole Project, but the best community serving project are those that take a cross-sectional approach to dealing with social-economic determinants of sexual reproductive healthcare issues...."

A further inquiry on project involvement and training attendance into project cycle management pathways was made and **Table 6**; below shows the findings on relevant participation issues that were deemed to have a bearing on supporting rightsholders in appreciating participative healthcare issues.

Table 6: Knowledge and participation of project beneficiaries in the target districts

Assessment indicator	Finding (%)
Involvement in project design	11.7
Attended training in SRHR	56.0
Knowledge on Tilondole Project (Foccad) activities	
✓ Training in rights, laws & policies	54.6
✓ Interface meetings	45.4
✓ Radio programs	29.6

The study showed that 11.7% of the respondents were somehow involved during project design, 56.0% attended some training in SRHR while on project specific knowledge: 54.6% indicated to have participated in rights-based training with 45.4% and 29.6% reported attending interface meetings and listening to cancer awareness radio programs respectively. KII with Nkhotakota radio staff established that although the aired programs met challenges of poor signal/frequency (i.e. in TA *Mwadzama*) and power blackouts, the programs helped to amplify cervical cancer awareness campaigns to the masses. Feedback programs were reportedly aired on weekly basis coupled with monthly question and answer

(Q&A) interactive programs. However, the evaluation learned that cervical cancer awareness radio programs had already ceased to be on air following project phase-out – implying limited sustainability of the radio programs on cervical cancer screening beyond project tenure.

Lobbying meetings and possible results in the target districts

Respondents were furthermore asked if at all in their view, the advocative project interventions brought any positive change in their lives and communities at large. *Table 7* below, indicate results of affirmative (yes) responses onto the Tilondole Project interventions effect through lobbying and interface meetings with duty bearers viewed to have brought positive results in their lives in the two districts.

Table 7: Lobbying meetings and possible results in the target districts

Indicator	Nkhotakota	Salima	Total
• Participation in lobbying meetings	63.1	42.9	55.3
• Meeting yielded positive results	65.4	42.9	56.7
• Duty bearers more responsive	66.5	41.1	56.7
• Welfare of WLWA & Sex workers improved	65.4	42.9	56.7

The evaluation results (Table 7), shows that 55.3% respondents had participated in lobbying to which 56.7% perceived it to have yielded positive results by making duty bearers have improved responsiveness to rightsholders (57.7%). The advocacy initiatives were also branded to have led to improved duty-bearer consideration on the welfare of WLWHA and women sex workers (56.7). However, most of the respondents engaged via KIIs and FGDs echoed the need for a holistic approach in healthcare programming i.e. ensuring integrated approaches that combine rights-based empowerment (software) and also service delivery package for a complementary impact on target communities – fostering community participation in the process.

...“FOCCAD through Tilondole project mainly prioritized meetings with higher-level hierarchical partners mainly government senior staffs – “and the hotspot network leadership only attended once and decided to stop taking any keen interest on the project as it offered no direct service to us – as you know we always need support for ‘zishango’ (condoms), loops, mobile clinics and also encouragement for the girls to consider prioritizing healthcare i.e. screening for SRH issues/diseases” “You know issues of cancer if not accompanied by immediate needs of the ‘girls’ is of secondary importance to us as most of the girls are very risky and have forgone long-term view of their lives” – KII with hotspot leader in Nkhotakota district.

...as we always need support with zishango, ma loop, mobile clinics and encourage to the girls for them to consider screening for SRH issues/diseases”...“You know issues of cancer if not accompanied by immediate needs of ‘girls’ is of secondary importance to us as most of the girls are very risk and have forgone long-term view of life” – KII with hotspot leader in Nkhotakota district.

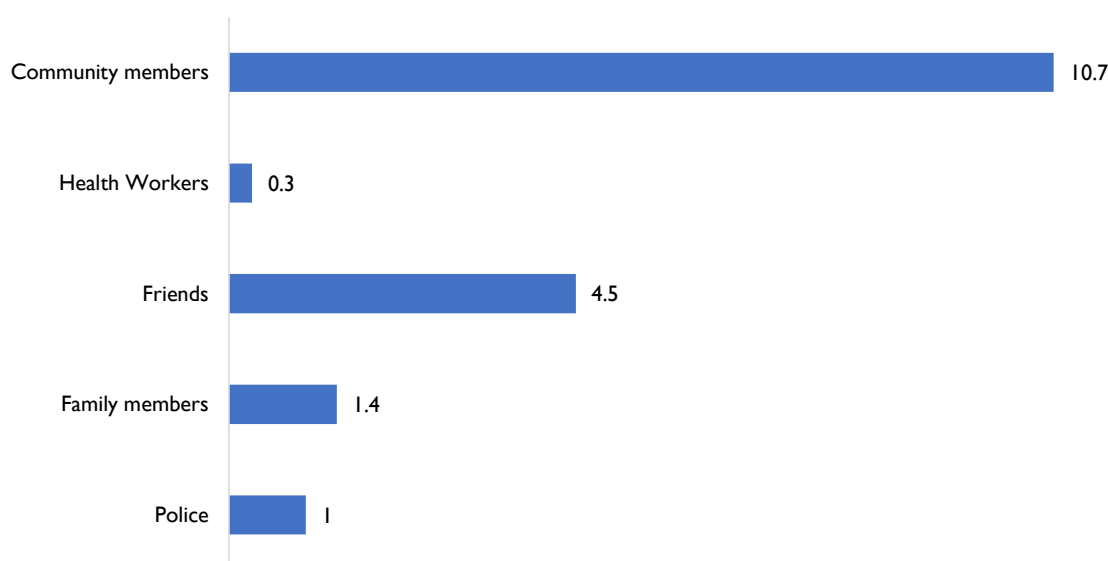
In addition to the initial resistance that came from government side in adopting a service-demand creation project in Tilondole, the evaluation’s inquiry indicated that there was further limited commitment/willingness by senior government staffs (MOH) when invited to strategic duty bearer-rightsholder interface workshops – the case of the Salima workshop where invited senior head-quarter staff (Director level) delegated junior staff. Similarly, it was also reported that another high-level workshop saw a government staff telling off rightsholders inquiring for clarification on ‘cervical cancer screening’ or test examination related cost implication that service users were expected to pay

amounting to MK10,000 in services fees. These issues call for all-stakeholders co-creative program design, implementation and management.

Attitudes and practices towards WLWAH and Sex Workers

The study further inquired on whether teen mums, sex-workers WLWAH experienced any form of stigma and discrimination to which on the overall 12.4% of all the respondents were in affirmative. Figure 3; shows perpetrators of stigma and discrimination in the two districts – with community members (10.7%) followed by friends (4.5%) being reported as some of the key perpetrators of stigma and discrimination.

Figure 3: Perpetrators of stigma and discrimination in the target districts



Attitudes and practices of service providers

A check on the attitude's patterns of different healthcare services providers as perceived by project target groups is shown in table 8 below. On the question of improved practice and practices respondents affirmed of improvement for health workers (74.9%), health committees (74.6%), HIV support groups and family members (69.4%) (Table 8).

Table 8: Attitudes and practices of service providers

Service providers	Improved	Worsened	No change	Don't Know
HIV support groups	69.4	0.3	13.1	17.2
Sex workers network	48.5	1.7	13.7	36.1
Health Committees	74.6	0.7	20.3	4.5
Health workers	74.9	2.4	19.2	3.4
Family members	69.4	1.4	21.6	7.6
The Police (victim support unit)	45.7	1.4	27.1	25.8

On striving to tackle integration approach, the Tilondole Project is reported to have affected a thematic oriented Integration of Cervical cancer screening with ART clinic which that was aimed to reach out to more women living with HIV. In both Salima and Nkhotakota most facilities were reportedly offering the service on separate days with ART days which was viewed to have contributed towards improved uptake of service by women living with HIV (69.4%).

4.3 Project Design, Relevance, Efficiency and Sustainability Outlook

In addition to assessing design process, the study asked respondents to rate on how they perceived about the project's relevance (addressing own healthcare governance needs), effectiveness (project delivery: intervention timeliness and methodological responsiveness to rightsholders' healthcare needs), efficiency (resource utilization and respondents' sense of value for money in respect of addressing perceived needs) and sustainability factors. **Table 9**, shows the summary of individual own assessment about Tilondole project.

Table 9: *Community assessment of the Project*

<i>Evaluation criteria</i>	<i>High</i>	<i>Moderate</i>	<i>Low</i>	<i>Don't know</i>
Relevance	48.8	27.1	3.4	20.6
Efficiency	48.1	22.7	9.3	19.9
Effectiveness	23.7	36.1	11.3	28.9
Impact	30.9	33.0	9.6	26.5
Sustainability	22.0	36.8	8.9	32.3

The study established that over 48% of the respondents' perceived the project as relevant to their needs and also felt the project was efficiently managed (48%). However, only 23.7% of the respondents felt the project was effectively implemented with 30.9% and 22.0% perceived positive impact on their lives of which such outcomes would be sustainable.

Presented in subsequent sections is the general description on project design, relevance, implementation rating, management and sustainable outlook plus factors that affected project delivery and then key recommendations.

4.3.1 Project Activity Monitoring and Effectiveness

Despite notable calls for an integrated healthcare design, the project was well structured suitably playing a health governance facilitating role. However due to the district centralised approach, the project was viewed to have fallen short at community focused monitoring. This, would probably be exacerbated by low literacy levels of project beneficiary group (as 10% had no any education), while only 20.0% reported to had attended secondary school, and the majority (69.7%) attempted primary level of schooling. Intuitively, this required the project's intensive capacity building initiatives for communities to attain a self-drive activity monitoring competency., Interestingly the project design strategized to use participatory approaches where target beneficiaries and stakeholders would actively participate throughout the project cycle. Nevertheless, FDGs and KIIs revealed limited input by project beneficiaries (11.7%) in project conceptualization, implementation and monitoring.

4.3.2 Relevance of the project to target beneficiaries and general development agenda

In addition to respondent inquiries, the study checked project relevance by assessing the extent to which the project addressed the needs and priorities of the beneficiaries, how the project fitted into development programming of the implementers, funders and government agenda.

The study regarded the project as fit-for-purpose in the target districts and Malawi in general. The Tilondole project was largely unique and appropriate as it focused on the capacity building of sex

workers, women living with HIV and teen mothers to demand for quality cervical cancer interventions. The project was also within Tilitonse's strategic objective one that strives at promoting citizenry participation, engagement, access to socio-economic rights and services, and increased access to justice especially for women and other vulnerable people. This objectives shares Government of Malawi's aspirations as accorded in its Cervical Cancer Control Strategy of 2016. Additionally, the project core mandate fell within FOCCAD's strategic objectives: a) Health and Nutrition that fosters implementing HIV and AIDS, maternal and neonatal health, treatment care and support programs and activities at community level, HIV testing and counselling for young people, couples and children and sexual and reproductive health and rights of young adults, women and girls and b) Governance fostering implementation of governance activities in different sectors to address emerging issues including healthcare and youth development considering that youth constitute a larger proportion in Malawi. More importantly, the project tackled one of a critical health issues: cervical cancer which is one of a public health problem in Malawi – classified as one of the most common and the leading cause of cancer deaths among women representing 40% of all cancers among females – with Malawi suffering highest age-standardized incidence rate at 75.9 per 100 000 globally (NCCS, 2016-2020). Interviews with DHO staffs revealed the continued need for Tilondole project, described a more unique project as it touched on some of the most neglected healthcare areas i.e. cervical cancer and also targeting capacity building of most at risk groups of which most of the development partners shun to work especially sex-workers.

“Although the project was important it was short, but also it lacked sustainable synergy with other likeminded organizations such as Pakachere to complement its efforts especially for us as ‘girls’ i.e. sex workers who desperately need interventions as the whole package”

4.3.3 Efficiency (effectiveness) of the project

The study observed that to some extent the project was built on existing staff and structures such as support groups, youth and women sex-worker's networks. Although teen mothers seemed to have limited fitment into youth clubs, the approach was commendable as it helped to reduce the cost of establishing new structures. However, the study observed that there was limited aggressiveness to blending partnership resources with like-minded organizations such as *Pakachere*, FPAM, PIH, ONSI among others. This evaluation therefore recommends a more partnership leveraging approach to which effectiveness and hence sustainability enforcement.

The Tilondole Project initiated health rights debates across stakeholders at district level. However, the project's lifespan was mostly lamented as short to impactfully cement its aspirations and deliver required capacity development change. For instance, through FGD, it was learned that some of the community groups were just visited once by Project staff, and to that effect other respondents branded 'as a more staff project benefiting project than it was for the intended beneficiaries, while pointed out on project's weak connectedness to other likeminded partners who could leverage efforts. *“Although the project was important it was short, but also it lacked sustainable synergy with other likeminded organizations such as Pakachere to complement its efforts especially for us as ‘girls’ i.e. sex workers who desperately need interventions as the whole package – and more importantly where possible need to be fused with economic rights interventions”* – Sexworker, Nkhotakota district.

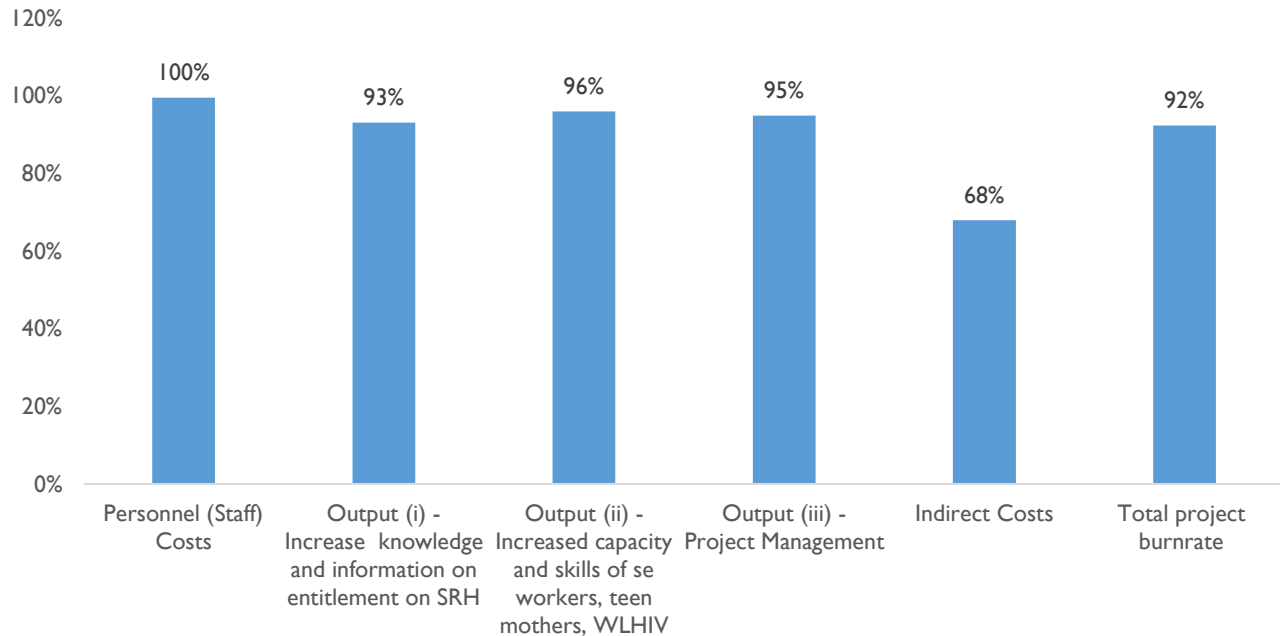
The evaluation further established that the visibility of FOCCAD was limited in the project sites. Whilst this might be justified as critical in a governance project as it would largely strive at strengthening the community structures to stand on their own through self-initiated duty-bearer engagements some of the respondents bemoaned limited project monitoring by FOCCAD staff. *“Although we understand the need for community self-reliance, but the ‘FOCCAD’ project could have intensified community co-participation in its first years and then graduate us later on as you know we are a group of people that continuously need hand-holding in many respects of our livelihood including healthcare”* .. support group member, Salima, TA Pemba. And “we expected Tilondole project to continue so it can concretize its awareness gains into other tangible group benefits that go with improved social-economic determinants of human health especially for people living with HIV/Aids”

With project tenure, not all targeted groups would have been ‘richly’ reached within the 13 months of implementation. However, the study noted that some of the groups were geographically located in hard to reach areas with information and some had poor radio signal coverage. This aspect calls future programming to ensure undertaking comprehensive contextual mapping and allow tailor made information dissemination tools i.e. phone text etc. be utilized. However, the study noted that the project was applauded to have implemented almost all of the planned activities except for financial audit, that was pending completion of project’s exit interfaces with partners and consequently this final evaluation. *“The Tilondole Project activities were implemented in time and was a relevant action considering that cervical cancer is increasingly becoming a threat among women as it also encouraged WLWHA to adhere to ART treatment”* – FGD, group member of *Chiyembekezo* support group in Salima.

Budget Burn Rate: The study noted that a total project budget of EUR 65,392.94 was allocated by Tilitonse Foundation. As illustrated by **Figure 4**, of the total amount above, by May 2020 over EUR60409.17 of the project funds had been utilized i.e. representing 92% burn rate. This burn-rate excludes the audit cost (EUR 1, 818.18) that had not yet been implemented at the time of data collection for this study. The study further noted that a bigger chunk of funds (40%) was spared for direct activity implementation and monitoring. Encouragingly, on the overall the project spent within allowable standard threshold of +/-10% by underspending with 8%. At the time of the evaluation, Tilondole project had not completely closed its books and as such it could be construed a burn rate of close to100% would be reached as the project finalizes its audit and evaluation activities.

“we expect Tilondole project to continue so it can concretize its awareness gains into other tangible group benefits that go with improved social-economic determinants of health especially for people living with HIV/Aids”

Figure 4: Project burn rate



Intra-cost centre analysis shows, the project under-spent on indirect costs (68%) possibly due to leveraged resources, which could be interpreted as a positive thing as resources were reportedly re-allocated to direct project activities.

5.0 Sustainability of the project impacts/changes

Stakeholders including most donors and beneficiaries consider a development initiative meaningful, if the gains made during implementation are sustained beyond its lifespan. The evaluation assessed structural capacities that were engaged to ascertain sustainability prospects of project gains as follows:

- The study noted that the Tilondole project was a build-up of the programs advanced by MoH, District Youth Offices and development partners focused on healthcare. This observation vindicated that the Tilondole interventions fitted well into existing local structures inclusive of support groups, sex-workers hotspot and youth networks (despite the mis-fitting of teen-mothers), and hence entailing some pointers to sustainability to some target rightsholders
- The Tilondole project facilitated several capacity building sessions across the two target districts. It trained HAC members to support the process of lobbying for improving delivery of service in the districts on cervical cancer screening and referral. However, due to short lifespan of the project, the study noted that the structures were not adequately equipped to sustain cervical cancer knowledge sharing events beyond Tilitonse support. And there were traces of dependence syndrome in most of the visited groups including women sex-workers, youth and support groups.
- In addition to few youth clubs, the study observed that one of well-established structures to be the support group as it demonstrated capacity to engage other structures like the VDC and the chiefs for support on various healthcare issues such as cervical cancer and general livelihood programming. *“As support group we will continue empowering each other to be able to demand better health services from leaders [duty bearers] because what we serve are our lives”.*

6.0 Factors that affected project performance

- The project largely focused on the most at-risk groups to cervical cancer and as such it was relevant direct stakeholders in both districts. However, separation of accompanying interest for different

groups especially the youths as compared to elderly women and also women sex-workers needed redress.

- The study found out that majority of the women attempted primary education (69.7%) with only 20.0% to have attended secondary education. The illiteracy level to some (10% of the respondents had not attended any schooling) coupled with the short project lifespan implied that the few would have absorbed delivered capacity building packages on lobbying and advocacy concepts. This was confirmed by respondents' cry over project expiry. *"The project just started to bear fruits to us, and we expected that we would now be maturing in into self-reliantly capacitated groups that would in future be able to support others"* – Chairlady for Mlongoti support group in Salima district.
- Limited time for the project promoted inadequate project's objective embeddedness with its intended beneficiaries, monitoring and co-creation. *"In my view, the FOCCAD project [Tilondole] benefit the implementers more than the intended beneficiaries as we mostly see and interact with 'happy' staff in markets and other private-social-gathering spaces including on the roads as they drive their cars but with very minimal project based events with the 'girls' in their hotspots or through other informational events as others do"* – female sex worker, in Nkhotakota..
- On financial flow within the project, the study established that in general there was smooth flow of funding from Tilitonse Foundation.

"In my view, the FOCCAD led project [Tilondole] benefit the implementers more than the intended beneficiaries as we mostly see and interact with 'happy' staff in markets and other private-social-gathering spaces including on the roads but with very minimal project based events with the 'girls' in their hotspots....."

7.0 Key Observations, Lessons learnt and general recommendations

- The project demonstrated some good level of achievement on most of its prescribed activities. Conceivably, the project-initiated responsiveness on the part of health providers to the needs of women living with HIV, sex workers and teen mothers. As earlier noted, there was increased knowledge among project participants on rights issues in respect of cervical cancer and SRHR issues through increased duty-bearer-rights holder arranged engagements.
- Active participation of stakeholders (11.7%) in project design and implementation was central to sustainability. Even though the project is relevant, reportedly it received inadequate participation during conception an 88.3% did not take part. The study suggests that future similar projects be framed within tenets of participatory approaches, that employ Asset Based Community Development (ABCD) rights approaches. This approach strives at the project design that fosters community led Design and Systems Thinking models that promote inclusive development conceptualization via co-problem identification, resource mapping, project implementation and sustainability forecasting.
- The study further observed that the participation of the youths (teen-mums) was not highly pronounced as most of them were mis-fits in the youth networks prime interest. Their potential energy in the youths as agents of change could spice up the quality of project delivery it, they had been specially structured – as the only one 'teen mum' club was observed in TA *Khombedza* in Salima. These blended with the other youth could add value to the health rights communicative and advocacy pathways i.e. via arts/drama episodes, fuse it with sporting events with good health living messages, in the way amplifying the importance of health living and integrated development nexus to other development spheres.
- In the spirit of decentralisation where power is given to citizens for meaningful participation in development, most groups were observed to have not fully got strengthened to lead own advocacy and lobbying engagement with duty bearers except for few youth leaders champion issue-based interface platforms with duty bearers such as members of parliament among others – the case of Mr. Fulukutu of TA *Khombedza*.

- The study observed that the Tilondole project did not have a dedicated exit strategy at inception stage to spell out how the project would be phased out at community level except at district level. The exit strategy could have helped to define clearly the project phase in, implementation and phase out stages. This is critical for community structures to effectively prepare the phase out of the project.
- Men emphasized the need for non-sex selective healthcare initiatives. *“I feel that NGOs are part of the problem in amplifying ‘women dominated’ healthcare development programming – and that fosters male counterparts to feel as intruders in ‘women affairs’ hence exacerbating the gap that exists amongst men who shun issues of disclosure on living with positively. “You do not correct a wrong by doing another wrong”*

7.1 Conclusions and further key recommendations

- In conclusion, the evaluation noted that the period given for governance-advocacy project should be long enough to more than to ensure that complete changes are made for different beneficiary or rightsholder groups. When the period is inadequate chances are that changes cannot be permanent and due to limited time for behaviour change concretization, project engaged rightsholders may get back to old ways of practice once the project phases out.
- There was need to have target rightsholder group ‘tailored’ advocacy accompanying service packages to cervical cancer messaging i.e. condom provisioning, sporting activities for the youth, and group savings and nutrition awareness for WLWA among others
- There is need for development partners to be navigating towards ‘long-term development oriented approaches’ with communities, where donor financing should be seen as a ‘starter or igniter’ from which an intended program emanate and gets grown through community-public-private partnership approaches as opposed to the ‘donor money = project’ approaches that collapse as funding phases out.
- Future healthcare projects need blended social-economic determinants of health tailored to needs of different project groups and stakeholders
- Capacity building projects should foster integration of advocacy and lobbying skills development into local leadership structures to enable meaningful embeddedness competences from local to district level systems
- For the hard-to areas, future programming needs to consider digitalized healthcare information approaches e.g. adapting from the cell-phone based *chipatala m’manja* model and earmarking youth-teen mums as change agents who could facilitate health education, economic rights and counselling in respective communities.
- *Social-economic determinants of health.* Healthcare projects need to consider integrating and economic cum multi-purpose high-nutritional-market focused enterprises, of key mention in Salima is the moringa tree. *“We wish we could learn more beyond just the basics on using the multi-purpose tree called Moringa (Cham’mwamba) as we have it in abundance here to start with as we hear and know that it can be used for many finished products of health-food-market value”* – support group member, TA Pemba in Salima.
- Community structural development. There is need to ensure community structures are empowered to be self-reliant on championing self-led peer-to-peer advocacy service (NB: it was learnt that health facilities and linked community structures suffer from government staff transfers⁵). This calls that HACs; community members ought to be supported to champion grass-root governance issues on their own to be able to demand rights from duty bearers. Where possible FOCCAD-Tilitonse and more importantly the MoH need to consider mobilising more cervical cancer-oriented resources to continue supporting the high-at-risk groups on healthcare but with a fusion of economic rights

⁵ KIIs and FGDs revealed that the reliance on government staff who are liable for transfers tend to weaken the operations on healthcare service provisioning

interventions that ensures community engagement on project design, implementation and activity monitoring. Economic integration: The healthcare integration needs to explore health foods and multi-purpose high nutritional-economic value chains such as Moringa tree (in Salima, TA Pemba), among other nutritive resources plus promoting groups savings of which some youth groups (i.e. Tithandizane and Timvane Youth Clubs in Salima at Khombedza) have self-initiated.

- The success of the project hinges on the performance of the frontline community group leadership. However, most of the structures did not seem to have self-driven strong technical and will-power to drive intervention sustainability. Future similar projects need to ensure fusing differentiated group interest incentivised activities i.e. in addition to mainstem healthcare promote self-drive group savings for the youth and women groups. Likewise, the DHO staff in Nkhotakota recommended that future similar projects should consider fusing maternal-child health service pack so as to be delivered via Community Based Maternal and Child Health Care (CBMCHC) approaches.
- Program design: the study suggests that future projects be informed into participatory project cycle management based on the ABCD community full project cycle participative models. To achieve self-reliant community-led SRHR programming, this approach encourages co-creation through conceptualization, resource appropriation, implementation, adaptive management and sustainability owing to increased process-outcome ownership, resource leveraging and community self-reliance and partnership pathways.
- Lastly, as would be possible, Tilitonse Foundation and partners should test all-pillar integrated programming that fuses most of its key result areas of: a) Active citizenship, b) Local governance c) Gender and social inclusion, d) Economic governance for improved access to economic opportunities and e) Rule of law to ensure linking rightsholders to justice system partners.

Annex1: SWOT Analysis – Research team’s perspective

Strengths	Weaknesses	Opportunities	Threats
• Availability of willing target networks (youth clubs, hotspots/sex workers and support groups/WLHIV) • Supportive duty bearers available and willing to work with FOCCAD	• Limited follow ups and monitoring on project activities to cement knowledge transfer relationship with communities • Poorly structured teen mothers’ network due to reliance on youth	• Availability of networks (WLHIV, sex workers and teen mothers’ network) in both Nkhotakota and Salima districts. • Willingness of at-risk networks to take part in cervical	• In absence of strengthened partnership approaches - availability of other NGOs that work in same space-with same people pose as competitors in absence of strategic partnerships

• Availability of health facilities to facilitate cervical cancer services	clubs which are comprised of both males and females and most of the females do not have kids. • Limited partnership efforts and resource leveraging to foster activity sustainability	cancer integrative interventions • Government's commitment to provide awareness on cervical cancer to communities • Sugar estates act as hot markets for sex workers hence they (the sex workers) have bases in Nkhotakota & Salima. • Availability of community radio stations (Nkhotakota community radio & Chisomo community radio in Salima. • Availability of other NGOs working healthcare.	• Members of the sex workers network are too mobile hence- difficult to maintain a reliable database • Promotion of sex-workers' rights poses the danger of institutionalization and enticement of new comers into the business as others claimed to be more known by government and organization as compared non-sex worker or non-hot spot trading 'girls'
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