END-TERM EVALUATION OF THE NADOUM PROGRAMME

UTILISING OUTCOME HARVESTING TO ASSESS IMPACT AND ACHIEVEMENTS

EXECUTIVE SUMMARY, JUNE 2025

WHY WE DO IT?

The Nadoum programme aimed to strengthen HIV service provision for people living with HIV (PLHIV) and key populations in the Middle East and North Africa (MENA) region, with a strong emphasis on promoting national and regional ownership to support sustainability. Singizi Consulting Africa (Singizi) was appointed in August 2024 to conduct the end-term evaluation (ETE) of the Nadoum programme. The **focus of the end-term evaluation** was to assess Nadoum's contribution to observed changes, whether intended or unintended, by analysing the causal pathways behind these outcomes and their relevance from both national and regional civil society perspectives. It had two main purposes: to ensure accountability by demonstrating the programme's impact, and to evaluate the extent to which foundations for sustainability had been established, identifying where further support is needed. The evaluation covered activities in Egypt, Jordan, Lebanon, Morocco, and Tunisia from 2022 to 2024.

The **methodology employed** in the ETE prioritised voice and inclusion by directly engaging members of key populations (KPs) and capturing the perspectives of implementing partners through document reviews, interviews, and national workshops. The mixed-methods design, comprising outcome harvesting, case studies, key informant interviews, and surveys, was tailored to the evaluation's purpose and the diverse contexts of programme implementation. This approach allowed for robust data triangulation, combining qualitative and quantitative insights to strengthen the credibility of findings. Contribution analysis was conducted through outcome harvesting, while case studies explored the pathways through which change occurred. Transparency was maintained by sharing harvested outcomes with the principal recipient (PR), sub-recipient (SR), and many SSRs for feedback, and survey results are presented openly within the report. Further methodological details and limitations are discussed in the next section.

Using the **outcome harvesting** process described above, the evaluation team **surfaced a total of 33 outcomes**, across the five countries in which Nadoum has been implemented, linked to the six strategic objectives.

Strategic objective (SO) 1: Increased technical and operational capacity: Strengthening key population organisations and networks to better advocate for health and rights at national and regional levels.

SO 2: Innovative service delivery: Using new methods such as partnerships, technology, and community-led approaches to improve service delivery.

SO 3: Diversified funding: Broadening and stabilising funding sources and methods to ensure key population services are sustainable.

SO 4: Increased social protection: Enhancing support to eliminate barriers for key populations in accessing HIV and other services

SO 5: Human rights protection: Improving efforts to promote and safeguard the human rights of key populations.

SO6: Stronger HIV programs: Developing more effective regional and national programs for HIV prevention and treatment for drug users.

KEY QUESTIONS

The **key questions that the evaluation sought to address** include:

- What are the significant positive and negative outcomes of Nadoum?
- Which are the areas where Nadoum interventions did not achieve intended outcomes (and contributing factors?
- What was the Programme's contribution to the achievement of these outcomes?
- What actions were taken by the Programme to mitigate negative outcomes?
- Were resources and investments directed to the areas of greatest need for key populations?
- How will different types of outcomes be sustained beyond the Programme?
- What are the priorities and advocacy points for continued catalytic funding to support the needs of key populations in the MENA Region?

TABLE 1: ALL OUTCOME TITLES

#	Country:	Outcome Title:	Link to Strategic Objective:					
			1	2	3	4	5	6
1	Egypt	Focal points provide services for key populations and people living with HIV.						
2	Egypt	Implementation of new Standard Operating Procedures (SOPs) at four pharmacies to provide counselling alongside dispensing ARVs.						
3	Egypt	Increase in adherence rate of people reached through drop in centres.						
4	Egypt	The rights of key populations and people living with HIV added to the training syllabus of the Lawyers' Institute in Alexandria.						
5	Egypt	Revival of national coalition of civil society organisations (CSOs) The Egyptian NGOs Network Against AIDS (ENNAA).						
6	Jordan	Service provision pathways for integrated services.						
7	Jordan	Provision of key population refugee resettlement services*.						
8	Jordan	Amendment to Jordanian employment regulations to protect people living with HIV.						
9	Jordan	Work towards a new protocol for methadone use.						
10	Jordan	Role of religious leaders in addressing HIV-related stigma and discrimination.						
11	Jordan	Response to stigma and discrimination.						
12	Jordan	Improving acccess for people living with HIV to public services.						
13	Lebanon	Internal Security Force (ISF) in Lebanon approves SOP and introduces training module on how to work with people living with HIV.						
14	Lebanon	23% increase in safe hospitals for people presenting with drug overdose throughout Lebanon.						
15	Lebanon	Engagement with religious leaders to raise awareness and reduce stigma and harm.						
16	Lebanon	Overhaul of the Lebanese AIDS Network Association (LANA) Network.						
17	Lebanon	Adoption and dissemination of Midwives Code of Conduct.						
18	Lebanon	Social Workers' Syndicate adopted an Anti-Discrimination Statement – "People First" – and disseminated it to all its members.						
19	Lebanon	Support for anti-discrimination law.						
20	Lebanon	Revision of the opioid agonist therapy (OAT) guidelines.						
21	Lebanon	Creation and dissemination of a glossary of terms for media to adopt a non-discriminatory language.						
22	Lebanon	Employment opportunities for previously incarcerated women.						
23	Lebanon	Sustaining action through resource mobilisation plan with additional grants.						
24	Morocco	Partnership with National Press Council.						
25	Morocco	Leadership Academy for people living with HIV.						
26	Morocco	Creation of CSO.						
27	Morocco	Harm reduction CSOs Coordination.						
28	Tunisia	Two young people trained by UNFPA disseminate information and share updates online related to HIV, sexual and reproductive health and rights (SRHR) and comprehensive sexuality education.						
29	Tunisia	Two Prevention Reception Centres adopted and shared a strategy for the reduction of loss to follow-up.						
30	Tunisia	Association Bouthaina responded to a call for projects and obtained funding from OXFAM.						
31	Tunisia	Roadmap for the launch of social contracts.						
32	Tunisia	Reactors report human rights abuses against key populations.						
33	Tunisia	Tunisian national broadcaster covers SRHR issues.						

Primary link to the strategic objective (SO)

Secondary link to the strategic objective (SO)

*This is an unintended outcome.

These outcomes show a clear set of thematic trends that illustrate how the work in the Nadoum programme progressed across various domains, including policy reform, service delivery, social norm change, capacity strengthening, and long-term sustainability.

- There was a clear focus on the **mobilisation of civil society and community networks**. New civil society organisations were created, coordinated efforts among Harm Reduction (RdR) CSOs took shape and networks were revitalised. This reinvigoration of civil society action was matched by successful resource mobilisation signalling a robust community-based response.
- **Youth and community leadership** was a central pillar. Youth trained took on educational roles and grassroots actors became central to accountability efforts. This demonstrates a clear shift toward empowering those most affected to lead advocacy and service interventions.
- The programme catalysed **institutional and policy change** by embedding HIV and human rights considerations into the formal frameworks of multiple sectors. This included updates to professional standards and regulations in law, internal security, social work, employment, and healthcare. These actions demonstrate a widespread institutionalisation of rights-based approaches.
- The programme **strengthened and expanded service delivery** models for HIV and related health services and in doing so, in some cases, **leveraged domestic funding** and in some developed **innovative community-led models** that could be adopted and scaled up. It introduced new standard operating procedures in pharmacies, improved overdose responses in hospitals, and enhanced people living with HIV and resettlement services. Drop-in centres helped increase treatment adherence, and focal points were designated to support key populations. The development of a methadone protocol and a strategy to reduce loss to follow-up further underscore a shift toward more inclusive, coordinated, and evidence-informed service models.
- The programme tackled **public awareness and social norms**, making strides to reduce stigma and misinformation. Key actions included engaging religious leaders, encouraging national media coverage on SRHR, empowering youth to share accurate information online, and training 'REActors' to report human rights violations. These efforts addressed stigma at multiple levels, through institutions, the media, and grassroots communication.
- The programme made significant investments in **strategic planning and sustainability**. It developed service pathways, a roadmap for social contracting, and resource mobilisation plans—all of which lay the foundation for scale and systemic impact. Overall, the programme reflects a holistic, multi-level approach to HIV and rights-based programming, with change embedded in institutions, communities, and long-term strategies.

In reviewing the Nadoum Programme's **progress against planned outcomes** across the five countries, it is evident that while some intended outcomes were not achieved, a number of unintended outcomes did emerge. These reflect the partners' ability to adapt to shifting contexts and to apply insights gained during implementation

In response to the question about whether resources and investments were directed to the areas of greatest need for key populations: we found **that the programme strategically directed resources to areas of greatest need for key populations, though with some gaps.** The distribution of key population-specific funding reflects a strategic prioritisation based on epidemiological needs, intervention opportunities, and potential for measurable impact. Our analysis found that the programme's resource allocation demonstrates sophisticated understanding of how to achieve sustainable impact through strategic investment in both structural interventions and targeted services. However, gaps emerged in sex worker programming despite widespread criminalisation and healthcare exclusion, and people who inject drugs funding appears insufficient relative to documented injection drug use in urban centres.

A review of these outcomes across Egypt, Jordan, Lebanon, Morocco, and Tunisia reveals several **key learnings** about the effectiveness of different strategies and the broader significance of these achievements:

- **Trust building across multiple levels**—from PR to SRs to communities—enabled partners to work responsively within their contexts. This trust extended to key system actors including religious leaders, security forces, and health departments, creating a foundation for sustained collaboration beyond Nadoum activities.
- **Capacity Building of CSOs and individuals catalyses broader impact:** Investments in capacity strengthening of CSOs and affected individuals—through leadership training, technical support, and resource mobilisation—have yielded tangible gains and are seen as central to realising further change.

- **Putting key populations in the centre is critical to change:** Ensuring key populations remained central to all interventions was critical to change. Programs succeeded when they prioritised lived experiences and authentic community voices.
- **Adaptation of digital media** complemented traditional outreach: the evaluation found that by leveraging social media and other online platforms it was possible to broaden the accessibility and appeal of its messaging.
- **Evidence-based and participatory approaches are effective in policy influence:** Across countries, data-informed, participatory processes have been key in shaping responsive strategies.
- **Working with current capacity and strengthening this further contributes to change:** an internal focus allowed for more sustainable and context-appropriate responses to stigma and discrimination.
- **Multi-level engagement drives structural change and advocacy through widening the circle of unlikely allies:** Strategic multi-stakeholder engagement at multiple system levels—health institutions, professional associations, religious leaders, media, and security forces—proved essential for structural change. Expanding beyond traditional allies to include 'unconventional champions' such as religious leaders and security personnel enhanced reach and normalised previously taboo discourse.
- **Working at the speed of allies:** Closely linked to the above, a key learning pertains to the importance of being responsive to the needs of (and constraints on) allies.
- **Incremental but coordinated changes build momentum:** A consistent thread is the cumulative effect of aligned, incremental changes.
- **Contextual-responsive** strategies are crucial for progress
- **Change takes time** and sustained efforts.

These factors have been critical in avoiding any negative backlash, as evidenced by the absence of any negative outcomes from the implementation of the programme. We found that the programme partners were very sensitive to the contexts in which they were seeking change: this allowed the programme to take forward the goal of the programme in ways that ensured that issues, usually taboo in these countries, could be tackled and progress was made both in terms of innovative service delivery options and changes to policies within governments that support improved provision to key populations. Integral to this was the relationships formed by sub-recipents (SRs) and sub sub-recipents (SSRs) with different partners who then became allies and champions.

The evaluation has found that the **programme has laid a basis for the sustainability of the changes realised.** To leverage off these successes will require the following:

- **STRATEGIC OBJECTIVE (SO)1:** As outlined previously, significant changes were realised in relation to community capacity. To sustain these outcomes, strategic alignment and the formalisation of governance structures are essential. This includes formalising community coalitions with clear governance mechanisms, continuing efforts to build second-tier leadership, enhancing resource mobilisation capacity, documenting knowledge and practices, and creating durable communication channels that ensure continuity and coordination.
- **SO2:** The realisation of community-led service delivery models involves several dimensions. Critically, this has included both shifts in institutional practice and the introduction of innovative, community-based initiatives. Sustaining these models requires embedding changes into official systems to prevent reversal. This involves incorporating new practices into existing workflows and standard operating procedures (SOPs), formalising partnerships through memoranda of understanding (MOUs), documenting service delivery procedures, and implementing joint monitoring mechanisms involving both facilities and communities.
- **SO3:** Progress has been achieved through the allocation of dedicated budgets and by integrating services into public sector facilities. However, these gains are particularly vulnerable to reversal unless carefully sustained. Ongoing efforts should focus on transitioning focal points into facility-supported roles, integrating ARV counselling into pharmacy SOPs, transferring drop-in centres to local, low-resource entities, and ensuring the continued allocation of budget resources to maintain service delivery.
- **SO4:** The programme achieved significant breakthroughs in transforming discriminatory systems into supportive environments. These structural shifts reflect deeper changes in institutional culture and must be embedded into professional norms to ensure sustainability. This includes integrating inclusive practices into professional requirements and curricula, establishing monitoring and accountability mechanisms, creating systems to reinforce policy implementation, formalising partnership agreements, implementing shared responsibility in monitoring, and engaging champions within institutions to drive and maintain progress.

SO5: Robust documentation systems were established by the programme, enabling more effective monitoring, reporting, and response. Sustaining these systems requires continued technical capacity and strong institutional partnerships. Key priorities include maintaining trained documentation networks, establishing systematic approaches to data utilisation, developing institutional partnerships for timely response, enhancing evidence-based advocacy capacity, training community monitors in community-led monitoring (CLM) approaches, and documenting and disseminating patterns of rights violations to inform future interventions.

SO6: The programme secured breakthrough policy changes that directly improve safety and access for people who use drugs. To ensure these policy gains are fully implemented and not reversed, continued multi-stakeholder coordination and advocacy are essential. This involves formalising multi-agency working groups, developing a strong evidence base to support policy effectiveness, securing international agreements, implementing continuous monitoring systems, maintaining the engagement of policy champions, and addressing outstanding legal and regulatory barriers that hinder implementation.

The **approach to the project management of the programme** recognised that a regional approach enables rapid scaling of successful interventions and collective advocacy. Respondents expressed the view that these arrangements were supported by the strength of the Frontline AIDS team in the region who were able to work actively with all partners and who understand the context and could work with partners to reflect on what might work best in these varied contexts. The extent of the success of this approach is evidenced by the capacity of partners in the region to take forward the next multi-country funding request to GF.

One area identified for improvement relates to the role of regional versus country-level sub-recipients. While the regional SRs provided valuable cross-country coordination and technical expertise, there was limited clarity and engagement regarding how country-level SRs could more directly integrate and sustain regional initiatives. Although no tensions were noted, this gap may represent a missed opportunity for deeper synergy. To address this, future programmes should develop explicit terms of reference for each role, clarifying responsibilities and coordination mechanisms. In addition, establishing structured coordination channels—such as regular cross-level planning and reflection meetings—could enhance joint ownership, improve uptake of regional work at the country level, and increase programme efficiency and sustainability.

IN CONCLUSION

The Nadoum programme shows that strategic, long-term investment in community-led responses and structural change can bring about transformative outcomes, even in tough political environments. The documented changes - from hospital focal points cutting barriers to care, to religious leaders speaking out for key population rights, to government policies safeguarding the employment of people living with HIV - mark a fundamental shift in how institutions and communities address HIV and key population needs. This evaluation also confirms that the programme's theory of change was sound: strengthening key population organisations, developing innovative service models, reducing structural barriers, documenting rights violations, and scaling harm reduction approaches has created a foundation for continued progress. The evidence base generated supports both the effectiveness of specific interventions and the broader strategic approach. These 33 documented outcomes serve as stepping stones, rather than final goals, for ongoing progress. By making strategic investments in sustainability across the four key areas – transition funding, institutional embedding, resource mobilisation, and knowledge transfer – these foundations can continue to drive progress even without external support.

As the MENA region faces continued instability and competing priorities, the community capacity, institutional partnerships, and evidence-based advocacy systems established through Nadoum provide essential infrastructure for protecting and advancing key population rights and health. The programme has proven that inclusive, rights-respecting change is not only possible but sustainable when built on strong community leadership and strategic institutional engagement. The challenge ahead is to ensure that these achievements are preserved and expanded through the targeted catalytic investments identified. The evaluation evidence demonstrates that such investments will yield significant returns, creating models and movements that can benefit key populations throughout the MENA region and serve as examples for similar programming globally.