BACKGROUND
Since 2014, MSF has been implementing health programs for key populations (KP) mainly along a major transport corridor running through Mozambique and Malawi.

This evaluation was conceived to evaluate each program individually, and then to look at all programs comparatively in order to discern which interventions were most effective. Furthermore, the intention was to consider the sum of the MSF experience in these programs to infer an optimal model of care that responds best to the health needs.

MAIN OUTCOMES
*All programs have engaged respectfully and effectively with KP members both as program personnel and as beneficiaries.
*SWs are at continual risk of harm, including HIV-related harms, physical and psychological trauma and death due to sexual and gender-based violence – it is the core vulnerability that must be addressed.
*Existing youth programming is modelled on adult programs for CSWs but needs to acknowledge sexual exploitation.
*SWPEs have variable knowledge and skills and need a standardized pre-employment training curriculum, mentorship plan and continuing education and training plan.
*Programs are well-adapted to CSW but have more limited appeal to more stigmatized groups including many TSW, MSM, and trans women, so enrolment of these KP is likely suboptimal.
*HIV incidence among SW is extremely high, indicating that condom-based HIV prevention is inadequate in these contexts.

EVALUATION OF MSF-OCB CORRIDOR PROGRAMS FOR KEY POPULATIONS

KEY RECOMMENDATIONS
⇒ Define a comprehensive strategy, including advocacy, to tackle the prevention, early intervention against, and treatment of violence against sex workers, including individual, community, health sector, and other structural interventions, including decriminalization of sex work.
⇒ Define a comprehensive strategy to meet the needs of young people engaged in sex work. This strategy must adhere to the UN Convention on the Rights of the Child and identify the under 18-year exchanging sexual services for money or other resources as sexually exploited youth.
⇒ Standardize the SWPE orientation, education and training (including updating) particularly on the topics of SGBV, health promotion, SRH and HIV treatment access. Define the scope of practice and enhance the role of SWPE in liaison with MoH staff.
⇒ Develop a more comprehensive model of care to address the needs of diverse sub-groups of MSM and of TSW, and engage representatives from these sub-groups during this development process.
⇒ Advocate, pilot and evaluate to maximize the availability of oral PrEP (in accordance with WHO guidelines) and of new injectable, and/or other long-acting forms of PrEP. In the absence of PrEP, maximize the correct application of PEP.

Stockholm Evaluation Unit

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