

MOMBASA PROJECT EVALUATION: BREAKING DOWN STIGMAS AND BARRIERS TO CARE FOR THE MOST VULNERABLE

OVERVIEW

MSF OCG Mombasa Project, implemented since 2022, focus in improving healthcare access for Adolescents and Youth Populations (AYP), including key and vulnerable subgroups (AYKVP). The project delivers a comprehensive package of services (facility-based clinics and community peer-led interventions). Over three years, the project has achieved notable successes and identified areas that require strategic adjustment to maximize impact. The evaluation purpose is to assess strengths and challenges to inform the 2026-2029 project strategy.

Results:

Findings address key strategic questions to guide the Mombasa Project' mid to long-term vision.

- **WHO** – AYP, incl. key/vulnerable groups; Increase reach of AYKVP from 7% to 20% (target 40%).
- **WHAT** – Successful implementation of a comprehensive package; Significant overall growth in service delivery in all areas.
- **WHERE** – Focus on 3-sub counties: facilities, communities, safe spaces, multi-level forums. Flexible and a "try and learn" approach.
- **HOW** – Differentiated service delivery, community engagement, and evidence-based decision-making.
- **WHY** – Remove care barriers, build evidence, strengthen partnerships, influence policy.

Conclusions

The project remained true to its proposal but became too broad, reducing impact. Stakeholders recommend narrowing focus to the most vulnerable, prioritizing MSF's unique strengths, and streamlining geography for greater efficiency.

Recommendations:

- **Deepen strategic focus & prioritization** across target populations, service packages, locations, and models of care; strengthen partnerships to remain impactful amid funding shifts.
- **Triangulate routine program** data with OR to drive continuous quality improvement; **advance advocacy** with authorities/partners for policy/practice shifts; consolidate gains and deliver where others cannot.
- **Address internal management:** leadership continuity, clearer roles/decision structures, faster recruitment into leadership, and stronger national staff capacity.

Methodology:

- **Mixed-methods approach:** document review, 51 interviews, 3 FGDs, 3 workshops with medical team and site visits over two weeks.
- **Analysis based on WHO-WHAT-WHERE-HOW-WHY framework** with DAC criteria.
- **Limitations included data gaps, sensitive-topic constraints, measuring impact without controlled comparison groups, differing stakeholders priorities, short timelines, and USA funding cuts.**

MSF is saving my life, not only my health.
– Community member