Endline Evaluation

of the Umunthu Health Care Workers Project implemented by ArtGlo Africa

Districts of Project Implementation: Central (Dedza, Kasungu, Lilongwe, Mchinji and Nkhotakota), Southern (Blantyre, Chikwawa, Chiradzulu, Mulanje, Nsanje, Phalombe, Thyolo, and Zomba)
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One South produced this report for the Art and Global Health Centre Africa as part of the Endline Evaluation of the Umunthu Program Phase I and II.

The Endline Evaluation was conducted by James Gathogo and Andrés Navarrete from One South, LLC. The evaluation relied on previous analyses supplemented by the latest data, providing a consolidated overview of the project's progression and measures taken across both phases.

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List of Acronyms

ArtGlo	Art & Global Health Centre Africa
CBO	Community-based Organization
CSO	Civil Society Organization
DAC	Development Assistance Criteria
EE	External Evaluator
HAC	Health Advisory Committee
HCW	Healthcare Worker
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersex
MEL	Monitoring, Evaluation and Learning
MSC	Most Significant Change
OS	One South
PITT	Performance Indicator Tracking Table
RAM	Review and Adaptation Meeting
SC	Significant Change
ToT	Training of Trainers
SADC	Southern Africa Development Community
UNSDG	United Nations Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights

Executive Summary

This Endline Evaluation assessed the relevance, impact, effectiveness, and sustainability of the Umunthu Health Care Workers Project, implemented by ArtGlo Africa. The evaluation serves to showcase the project's success in enhancing LGBTI healthcare access and provides valuable insights for enhancing its sustainability. It informs stakeholders and government agencies on effective strategies for scaling up the project. Additionally, the evaluation gathers lessons learned and offers clear recommendations to guide future program design and implementation, while contributing to broader policy discussions on healthcare access, discrimination reduction, and inclusivity for minority populations.

The Umunthu Health Care Workers Project, which ran from 2017 to 2022, was a pioneering initiative that aimed to enhance healthcare access and quality for the LGBTI community in Malawi. The project's journey began with Phase 1 (2017-2020), which laid the foundation by offering workshops to healthcare workers to challenge discriminatory attitudes. Despite its successes, Phase 1 identified areas for improvement, such as the need for more LGBTI-friendly health services and clearer messaging around intersex corrective surgery. Building on these learnings, Phase 2 (up to 2022) expanded the project's scope by strengthening connections between LGBTI individuals and trained healthcare providers, involving traditional and religious leaders in advocacy, and integrating its activities into educational and governmental programs. The project's ultimate goal was to create an inclusive healthcare system that respected the dignity and rights of LGBTI individuals, focusing on three core objectives: enhancing healthcare access, improving the quality of care, and promoting social inclusion.

The project's Theory of Change was structured around improving healthcare access and inclusivity for LGBTI individuals in Malawi by targeting three key levels: Health Service Providers, the Community, and the System. Workshops and follow-up activities were organized for healthcare workers, community and religious leaders, and educational staff. The project also fostered strategic partnerships and implemented a tracking system for its methodology. The ultimate aim was to enhance awareness and attitudes about LGBTI healthcare needs, thereby encouraging LGBTI individuals to utilize health services more frequently. This multi-layered approach was built on several assumptions, including the expectation that trained healthcare workers would act responsibly and that community leaders would support these inclusive initiatives. Despite these assumptions, the project recognized potential limitations such as prevailing societal attitudes and existing legal frameworks that could impact its overall effectiveness.

To evaluate the program's contributions, the study employed theory-based evaluation techniques, complemented by previous reports such as Most Significant Change (MSC) narratives and project reports. Data was collected from July to August 2023 using a variety of qualitative methods, including in-depth interviews, focus group discussions, and secondary data analysis of the program's quantitative data.

High-level Findings

- ✓ The Umunthu Health Care Workers Project has made an impact by addressing the complex healthcare needs of Malawi's LGBTI community, notably reducing discrimination and enhancing healthcare access.
- ✓ This initiative has successfully brought together a diverse group of stakeholders—ranging from healthcare providers to community and religious leaders—to cultivate a more inclusive healthcare atmosphere.
- ✓ Through its specialized training programs, Umunthu has markedly elevated the knowledge and attitudes of healthcare professionals, paving the way for a more empathetic and informed approach to LGBTI healthcare.
- ✓ In addition to its immediate goals, the endeavor aligns with both national and global policies, making meaningful contributions to policy formulation on multiple scales.
- ✓ While achieving progress in inclusivity and access, Umunthu has also spotlighted areas that require further attention, such as the need for more targeted interventions and sustained efforts in sensitization.
- ✓ Sustainability measures like ongoing education, advocacy, and multi-level stakeholder engagement are maintaining and broadening the project's long-term impact.

This was done by...

- ✓ Implementing multi-layered strategies that focused on healthcare providers, students community leaders, and institutional structures.
- ✓ Conducting various workshops, including Linkage Workshops and Extended Umunthu Workshops, to train and sensitize healthcare workers and community leaders.
- ✓ Recruiting and training healthcare champions in each district to advocate for improved health access for the LGBTI community.
- ✓ Engaging with local and district leadership to enhance the quality of health service delivery.
- ✓ Incorporating the project's activities into civil society, educational institutions, and government curricula and training programs for broader impact.
- ✓ Utilizing a phased approach that allowed the project to build upon the successes and learnings of each phase.
- ✓ Focusing on continuous education and sustained advocacy to ensure the long-term sustainability of the project's gains.

Key Lessons Learned

1. Involving a diverse range of participants effectively addressed multiple aspects of LGBTI healthcare access.
2. Activities aligned with broader healthcare goals, ensuring the initiative didn't operate in isolation.
3. Empowerment extended not only to LGBTI individuals but also had spillover effects on other marginalized groups.
4. Establishment of ombudsman offices in health centers indicates a vision for sustainable impact.
5. Real-world scenarios used in training modules contributed to increased empathy among healthcare workers.
6. Facilitating transformative dialogues among various stakeholders led to practical changes in local health facilities.
7. Strategies like peer education and religious leader engagement proved particularly effective in reducing discrimination.
8. Adaptability of the project's strategies is evident from its positive impact across multiple districts.
9. Knowledge transfer to new healthcare recruits has been effectively ensured.
10. Successful engagement with stakeholders at multiple levels indicates well-integrated objectives into broader frameworks.
11. Encouraging healthcare engagement among the most isolated LGBTI individuals remains a challenge.
12. Deeply ingrained religious beliefs among healthcare workers require more targeted interventions in future iterations.
13. Limited geographical and demographic reach could affect the initiative's long-term effectiveness.

Recommendations (Part 1 of 2)

1. Regularly align the project with evolving policies for sustained relevance.
2. Actively involve religious leaders to combat discrimination.
3. Tackle logistical issues like staff transfers and supply shortages.
4. Include more educators and policymakers to widen the project's reach.

Recommendations (Part 2 of 2)

5. Maintain educational programs to sustain positive behavioral changes.
6. Collect data on LGBTI healthcare uptake for ongoing impact assessment.
7. Advocate for permanent ombudsman offices in healthcare centers.
8. Secure long-term funding for sustained impact.
9. Implement refresher courses to reinforce training.
10. Adapt strategies based on performance indicators.
11. Broaden stakeholder engagement to include more women and CBOs.
12. Engage legal experts to address healthcare workers' concerns.
13. Foster direct interactions between healthcare workers and the LGBTI community.
14. Leverage effective peer education and media strategies.
15. Refine methodologies through ongoing feedback loops.
16. Develop specialized training for different stakeholder groups.
17. Scale up training programs to include more students.
18. Partner with educational institutions for broader impact.
19. Address societal resistance, especially from religious leaders.
20. Allocate sufficient resources for effective follow-ups.
21. Advocate to make SRHR services publicly available.
22. Foster multi-sectoral collaborations for ingrained societal change.
23. Extend outreach to underserved remote areas.
24. Advocate for inclusive mental health support in public facilities.

Summary Findings

1.1.1 Relevance

The Project has effectively tackled LGBTI healthcare needs in the target areas through a widely accepted multi-stakeholder approach, while also identifying areas for further focus, such as religious leader engagement and sustained healthcare access improvements.

The Umunthu Health Care Workers Project, by design, addressed the multifaceted healthcare needs of Malawi's LGBTI community, which has historically faced systemic barriers like discrimination and stigma. Its multi-layered approach, involving various stakeholders, successfully integrated the project's goals into broader societal structures, making it a model for inclusive healthcare.

By design, the Umunthu Health Care Workers Project sought to dismantle the complex systemic barriers hindering the LGBTI community in Malawi from accessing inclusive healthcare. These barriers encompassed not only discrimination and stigma from healthcare providers but also deeply ingrained prejudices from local leaders and the broader community. Such societal attitudes often led to self-stigmatization within the LGBTI community and a consequent reluctance to seek essential health services. To confront these challenges, the project strategically focused on key areas identified through various reports and firsthand accounts. It aimed to elevate the healthcare providers' knowledge and attitudes via convergence workshops and meetings with LGBTI peer leaders, thereby making healthcare services more accessible and less discriminatory. Furthermore, the project engaged a diverse array of stakeholders, including district and facility heads, as well as religious and community leaders, to advocate for inclusive policies and practices.

The project has effectively enhanced healthcare inclusivity and empowered the LGBTI community to combat discrimination while also revealing areas for improvement, such as better engagement with religious leaders, more consistent follow-up, and addressing specific challenges like healthcare worker transfers and medical supply shortages.

Qualitative data indicates that the Umunthu Health Care Workers Project has made significant strides in fostering a more inclusive healthcare environment for the LGBTI community in Malawi. Core activities like convergence workshops have not only improved the responsiveness of healthcare workers but also empowered LGBTI individuals to access public health services without fear of discrimination. This has had a ripple effect, enabling community members to conduct awareness meetings and gain broader acceptance. However, the project also faces challenges and areas for

improvement. These include the need for more targeted interventions for those who did not attend workshops, addressing logistical issues like frequent healthcare worker transfers and medical supply shortages, and the need for ongoing sensitization efforts to combat lingering scepticism among some healthcare providers. Suggestions for improvement include better pacing of information delivery, more regular follow-ups, and the inclusion of data-capturing tools to measure the project's impact.

Over 88.5% of community leaders and 100% of healthcare leaders found the workshop content easy to comprehend implying the intervention resonated with its audience. Over 95% of community leaders and healthcare leaders found the concept of Umunthu relevant to their roles; similarly, over 84%

The workshops received overwhelmingly positive feedback across various metrics, indicating their effectiveness and relevance. Most community leaders (88.5%), healthcare leaders (100%), and healthcare students (80.8%) found the workshop content easy to understand. The guest speakers were also well-received, with 70% of healthcare leaders and 92.3% of healthcare students acknowledging their expertise. The concept of Umunthu was deemed highly relevant by 95.4% of community leaders, 100% of healthcare leaders, and 84.6% of healthcare students. Additionally, most participants felt equipped to implement action plans and pledges, with 84.6% of healthcare leaders and students and 95.1% of community leaders expressing confidence in their ability to do so. Finally, a sizable portion of community leaders (78.4%) and healthcare leaders (65.5%) observed improvements in health access for minority populations, suggesting the project's tangible influence in the community.

The project not only aligns with Malawi's national health policies and global best practices but has also contributed to policy formulation both nationally and regionally. It synergizes its objectives and strategies with key policy goals such as universal health coverage, rights-based services, and social inclusion while also embodying the UNSDGs' global agenda of "reaching the furthest left behind" and the participatory principle of "nothing for us without us.

Umunthu aligns with several national and global policies and initiatives aimed at improving healthcare access and reducing discrimination. Its objectives resonate with the National Health Policy's focus on universal health coverage and social accountability, as well as the National HIV and AIDS Policy's emphasis on sensitizing healthcare workers and strengthening community systems. The project also mirrors the National Community Health Strategy's principles of community leadership, equity, and gender equality, while committing to transparency and accountability. In addition, the project integrates the UNSDGs' commitment to "reaching the furthest left behind" and upholds the principle of "nothing for us without us," ensuring that marginalized communities, including LGBTI individuals, are actively involved in decision-making processes that affect them. This approach enhances healthcare workers' awareness and knowledge, promotes human rights, and addresses health disparities.

1.1.2 Impact

While the program has enhanced LGBTI healthcare access and inclusivity, it's also had spillover effects, with health workers applying these principles to other marginalized groups. The lasting impact is evident in establishing ombudsman offices, which ensure long-term equitable healthcare beyond the project's lifespan.

Significant strides have been made in enhancing healthcare access and reducing discrimination for LGBTI individuals. Not only has there been an uptick in the number of LGBTI people seeking healthcare, but the attitudes of healthcare providers and community leaders have also shifted towards greater inclusivity and acceptance. Empowering stories from participants like Mayeso, Kumbukani, and Alinafe illustrate the program's effectiveness in challenging prejudices and fostering change. High post-test scores among healthcare professionals further indicate a growing understanding and commitment to inclusivity. The program's principles have even been applied to advocate for other marginalized groups, amplifying its societal impact. Institutional innovations, such as the introduction of ombudsman offices in health centres, ensure the sustainability and long-term impact of these efforts, solidifying the program as a transformative force in healthcare inclusivity.

The project's training has enhanced healthcare workers' empathy and understanding of LGBTI needs, leading to reduced discrimination and increased service uptake by LGBTI individuals.

Healthcare workers who were trained by the project have shown an improvement in their understanding of the existing gaps in health access for key populations, including LGBTI individuals[1]. This newfound awareness has led to more informed and empathetic treatment of LGBTI patients. Additionally, the project has empowered healthcare workers to resist discriminatory practices, as evidenced by a case where a healthcare worker refused to write a false report to implicate a lesbian individual[2].

There has been a noticeable increase in the number of LGBTI individuals seeking healthcare services, a trend observed across multiple districts[3]. Discriminatory behaviours among healthcare workers have been curtailed, leading to a more welcoming environment for LGBTI individuals seeking medical assistance[4]. The project has also managed to reduce self-stigma and isolation from health facilities, as healthcare workers themselves are encouraging LGBTI individuals to visit them[5]

[1] 8.2 FGD Healthcare Workers Dedza District, 4.2 KII Facility Departmental Head Mulanje District
[2] 2.1 KII HC Champions Zomba District
[3] 5.2 KII Healthcare Student Blantyre, 1.1 FGD LGBTI Chikwawa District, 8.2 FGD Healthcare Workers Dedza District
[4] 7 KII Religious leader Mchinji District, 2.3 KII HC Champions Nkhotakota District
[5] 1.2 FGD LGBTI Dedza District

1.1.3 Effectiveness

The program has effectively improved health access, reduced discrimination, and promoted inclusivity for LGBTI individuals, although challenges in societal attitudes and program reach remain.

The improved healthcare access for LGBTI individuals across multiple districts has led to more open healthcare providers and increased HIV/AIDS testing. Discrimination has been reduced through peer education, religious leader engagement, and the creation of safe spaces for open dialogue. Convergence workshops have been particularly effective in changing attitudes and fostering inclusivity, building crucial relationships among key populations, healthcare providers, and community leaders. However, the program's limited reach has left some healthcare workers unoriented and still holding discriminatory attitudes. Despite these challenges, the program has laid a strong foundation for improving health access, reducing discrimination, and promoting inclusivity.

The project exceeded its goals for male participants in healthcare roles and workshops but did not fully meet the targets for engaging women and Community-Based Organizations. This underscores the male-dominated nature of the healthcare sector.

While training targets for male participants in categories such as healthcare workers, and community and religious leaders, were largely met or exceeded, the initiative fell short in reaching its female targets. Notably, it achieved equal engagement among male and female students. For example, 103% of the target for male healthcare workers was achieved, compared to only 77% for their female counterparts. This trend was consistent across other roles, including community and religious leaders, as well as sector heads. Performance was strong in training Civil Society Organizations but lagged in objectives for Community-Based Organizations. These gender disparities highlight the need for future strategies to tackle barriers hindering women's full participation and to expand the program's overall reach.

The project has fostered a culture of understanding and actionable change in LGBTI healthcare among key stakeholders, a shift confirmed by the LGBTI community's own reports of improved care, promising long-term inclusivity.

Healthcare workers and students, once holding homophobic views, now understand and accept LGBTI individuals, thanks to the project's training. This enduring shift promises to foster more inclusive healthcare environments for years to come.

Facility and Department Heads have shown a sustained commitment to addressing healthcare disparities for LGBTI individuals, as evidenced by consistently high pre-test and post-test scores. This indicates the project has fortified their understanding and dedication to creating more inclusive healthcare settings.

Community and religious leaders' increased acknowledgment of their responsibility to ensure equitable health access for minority populations, coupled with their own testimonies of attitudinal and behavioral change, underscores the project's success in fostering a more inclusive and responsible leadership.

The project[6] has encouraged transformative dialogues and collaborations among civil society, community leaders, and healthcare workers, paving the way for a more inclusive and equitable health system for all.

The project laid a strong foundation through workshops and interactive activities, fostering awareness of health disparities among community and religious leaders, healthcare workers, and civil society. This led to tangible changes, such as the transformation of a local health facility to be more inclusive for LGBTI individuals. Over the years, the project's influence grew, shifting attitudes and inspiring practical actions in religious and community circles. For instance, religious leaders began preaching more on inclusion, and community leaders reported increased peace and understanding. The project's impact even extended to training programs in other sectors, as exemplified by a former healthcare student who integrated the knowledge gained into a civil society organization's training. Calls for broader engagement from influential figures and participation in high-level meetings further solidified the project's success, culminating in collaborative efforts like joint facility monitoring, which symbolizes a collective commitment to improving health outcomes.

The project's workshops have been adopted in educational and healthcare training programs, enhancing teaching methodologies. ArtGlo's iterative approach and flexibility have strengthened this impact, leading to a new standard for inclusive healthcare training.

Workshops have been incorporated into educational curricula and training programs across multiple districts, enriching existing teachings on sexual orientation and inclusivity. Students and trainers alike have praised the practicality and applicability of the content, with some even adopting creative methods like drama and storytelling to engage participants. In addition, continuous engagement with the project has led to methodological improvements for organizations like ArtGlo. The iterative feedback process has yielded impactful recommendations, supported by flexible donors, which have contributed to significant advancements in ArtGlo's approaches. This demonstrates that the teachings are not only being adopted but are also enhancing existing frameworks in a synergistic manner.

[6] This review summarizes the project's 2018-2022 reports and is complemented by qualitative data collected at the endline. It showcases the project's adaptability and impact in fostering dialogue and collaboration to address health disparities. The evaluation underscores the project's evolution from initial workshops to strategic high-level engagements and the development of monitoring tools.

The Umunthu philosophy has empowered LGBTI individuals, influenced community leaders, and guided healthcare workers to foster inclusivity and combat discrimination across communities.

The Umunthu philosophy has catalyzed changes in both healthcare and community settings. In healthcare, it has fostered more compassionate and non-judgmental interactions with LGBTI individuals. In communities, it has empowered these individuals to challenge discrimination and has influenced leaders to promote equality. The philosophy's reach extends beyond social issues, even impacting practical matters like hygiene practices in hospitals.

The project's multi-layered approach, stakeholder involvement, and phased implementation were key drivers of its success, while its limited reach, lack of interface meetings, and short duration hindered full achievement of its objectives.

The project's success can be attributed to several key factors. First, the methodology and engagement strategy, rooted in the Umunthu philosophy, were pivotal in fostering understanding and empathy towards the LGBTI community among healthcare providers. Second, the involvement of a diverse range of stakeholders, including community and religious leaders, healthcare champions, and LGBTI individuals, ensured broader acceptance and reinforced the program's principles. Third, the phased implementation allowed for a gradual build-up of inclusivity and understanding, further strengthened by orientation and mentorship programs. Lastly, the use of peer education and media, such as movie screenings, helped clarify the challenges faced by the LGBTI community and transformed individuals into advocates, thereby reinforcing the project's principles.

Despite its successes, the project also faced several challenges that limited its full impact. One issue was its limited reach, especially in rural areas, coupled with initial resistance or ignorance within the healthcare system. This absence of knowledge likely contributed to the non-achievement of some objectives. Another challenge was the lack of interface meetings in some areas, which healthcare workers felt was a missed opportunity for more direct engagement and understanding between them and the LGBTI community. Finally, the project's limited timeframe and the turnover of healthcare staff were cited as factors affecting its long-term effectiveness, suggesting that a more extended, recurring implementation could have yielded better results.

1.1.4 Sustainability

The sustainability of the gains experienced through the program hinges on its transformative objectives and incorporation of these principles into societal norms. Key to maintaining this sustainability is continuous education, sustained advocacy, and overcoming resistance towards the LGBTI community. Additionally, ongoing support from wider societal structures is essential.

Sustainability is reinforced through a multi-faceted approach that includes extending training programs to nursing and medical lecturers and leveraging champions to train new healthcare staff. This strategy not only maintains but also broadens the impact, reaching new recruits and even other regions due to staff transitions. Regular updates and ongoing educational sessions keep the workforce aligned with long-term objectives, ensuring they are equipped to meet the unique healthcare needs of the LGBTI community. Strengthened engagement with key stakeholders at multiple levels further integrates these objectives into broader community and institutional frameworks. Self-organized brainstorming sessions and the linking of healthcare champions with peer LGBTIQ leaders continue to uphold the changes the Umunthu project has achieved. As a result, LGBTI individuals now access healthcare in increasingly discrimination-free environments, indicating a societal shift in attitudes. Despite these advances, there are areas for improvement, such as the limited number of students trained and the need for greater engagement with educational institutions to prepare new graduates effectively.

1. Introduction

1.1 Background of the Project

1.1.1 Project Context

Socio-Cultural

Malawi is a nation rich in cultural and religious diversity. However, societal attitudes toward the LGBTI community are often marred by misunderstanding and discrimination, deeply rooted in various cultural and religious beliefs. These attitudes significantly impact the LGBTI community's access to healthcare services and influence healthcare providers' readiness to offer non-discriminatory services[7]. The country's youthful demographic, with 80% of the population under 35 and a median age of 17, presents a unique opportunity for interventions targeting youth, decision-makers, and influencers, particularly in health education. The goal is to foster understanding, reduce discrimination, and improve healthcare access for the LGBTI community.

Historical

Umunthu Health Care Workers Project evolved through a phased approach, each building upon the successes and learnings of the previous one, to address the complex healthcare needs of the LGBTI community.

Phase 1 laid the groundwork by introducing Umunthu workshops aimed at healthcare workers. These workshops were instrumental in challenging and transforming pre-existing discriminatory attitudes. They educated healthcare professionals about the unique healthcare challenges faced by LGBTI individuals, all while promoting the concept of 'Umunthu,' which emphasizes respect for all humanity. However, Phase 1 was not without its challenges. It identified several areas that required further attention, such as the need to improve the uptake of LGBTI-friendly health services, issues with the implementation of action plans, the need for clear messaging around intersex corrective surgery, and the sustainability of workshop delivery. These findings set the stage for the next phase of the project.

Phase 2 was a direct response to the gaps and needs identified in Phase 1. It expanded upon the initial successes by creating stronger linkages between LGBTI health-seekers and trained healthcare workers. This phase also saw the inclusion of traditional and religious leaders in the advocacy for LGBTI-friendly health services. Notably, champions emerged from the alumni of the Umunthu

[7] Malawi's LGBT battle for health care (2017)

Healthcare Worker workshops, who continued to advocate for improved health access for the LGBTI community.

In addition to these core activities, Phase 2 also engaged with local and district leadership to enhance the quality of health service delivery and tackled controversial issues such as intersex corrective surgery. The project expanded its reach by including healthcare worker students and other key community members in its workshops. Furthermore, to ensure the sustainability and widespread acceptance of its initiatives, the project integrated its activities into civil society, educational institutions, and government curricula and training programs.

Political

Legally, Malawi criminalizes same-sex sexual activity, mirroring the broader societal attitudes toward homosexuality. These laws add another layer of complexity to providing healthcare services for the LGBTI community. However, a moratorium on these laws has been in place since 2012, indicating some political willingness to address these issues.

1.1.2 About the Project

The Umunthu Health Care Workers Project is a groundbreaking initiative aimed at improving healthcare access and quality for the LGBTI community in Malawi. Launched with the vision of fostering an inclusive and equitable healthcare environment, the project seeks to address the systemic discrimination and stigmatization that LGBTI individuals often face when seeking medical services.

The project's primary objectives are threefold:

1. **Objective 1:** Malawian Health Workers consider and better understand minority groups including LGBTI persons through the local perspective of Umunthu. They appreciate and act on their responsibilities towards discriminated persons.
2. **Objective 2:** Members of civil society and community leaders engage with healthcare workers to discuss ways to tackle health access disparities in communities.
3. **Objective 3:** The workshop activities will be integrated into civil society, educational institutions or government curricula and trainings.

By achieving these objectives, the Umunthu Health Care Workers Project aims to create a healthcare system that not only meets the medical needs of the LGBTI community but also respects their dignity and rights as individuals. Through this initiative, we aspire to set a precedent for inclusive healthcare that can be replicated in other communities and regions.

1.1.3 Significance and Relevance

The Umunthu Project holds significance in the healthcare landscape, particularly for its targeted focus on addressing the unique challenges faced by the LGBTI community in accessing medical services. In a healthcare system where stigma and discrimination are pervasive, LGBTI individuals often encounter barriers that go beyond the usual challenges of healthcare access. These barriers can range from

outright denial of services to subtler forms of mistreatment and judgment, all of which contribute to a healthcare environment that is far from inclusive.

The project is not merely a response to these challenges, but a proactive initiative aimed at transforming the healthcare system from within. It seeks to dismantle the systemic issues that perpetuate discrimination by fostering an inclusive and respectful healthcare environment. Through targeted interventions like peer education and convergence workshops, the project addresses the specific health needs of LGBTI individuals, which are often overlooked or misunderstood in mainstream healthcare settings.

Further, the project goes beyond immediate healthcare access to aim for long-term improvements in health outcomes for the LGBTI community. By creating a supportive and enabling environment, the Umunthu Health Care Workers Project empowers LGBTI individuals to seek healthcare services proactively, thereby improving their overall well-being and quality of life.

1.1.4 Beneficiaries

The project is a collaborative endeavour that brings together a diverse array of stakeholders, each contributing unique skills, perspectives, and resources to address the healthcare needs of the LGBTI community.

Stakeholders Involved.

Primary Beneficiaries:

1. **LGBTI Community:** The primary focus of the project is to improve healthcare access and reduce discrimination for the LGBTI community. They are the main beneficiaries of the project's interventions.
2. **Health Service Providers/HCWs:** Healthcare workers have received specialized training to improve healthcare access and reduce discrimination for the LGBTI community.
3. **Religious Leaders:** These leaders are educated and engaged to help change attitudes and reduce stigma.
4. **Community Leaders:** Like religious leaders, community leaders are actively involved in changing community attitudes.
5. **Healthcare Students:** As the next generation of healthcare providers, students have been targeted for educational interventions. Their involvement is seen as a long-term investment in creating a healthcare system that is inclusive and respectful of all individuals, regardless of their sexual orientation or gender identity.

Secondary Beneficiaries:

1. **District Health Management Teams:** These teams have been pivotal in integrating the project's objectives into broader healthcare strategies at the district level. Their involvement ensures that the project's impact is sustainable and aligned with local healthcare goals.

2. **CSOs (Civil Society Organizations):** Engage with healthcare workers to discuss ways to tackle health access disparities in communities.
3. **Lecturers of Nursing and Medical Colleges:** These lecturers have been instrumental in incorporating LGBTI-inclusive healthcare into their curricula and training programs. They play a crucial role in preparing their students for roles in healthcare facilities.

Stakeholders:

4. **Ministry of Health:** The Ministry of Health is a key stakeholder that oversees healthcare policies and strategies.
5. Technical Working Groups (TWGs): These groups are key stakeholders that help in the technical aspects of implementing the project's objectives.
6. **Healthcare Institutions/Colleges:** Healthcare institutions are at the heart of the project's interventions. Hospitals, clinics, and other healthcare facilities have been active participants, hosting Umunthu workshops and implementing LGBTI-friendly practices. Their commitment to inclusivity has been vital in creating a more welcoming healthcare environment for the LGBTI community.
7. **ArtGlo Staff:** The staff at ArtGlo have been the backbone of the project, coordinating between various stakeholders, managing resources, and ensuring the project's objectives are met.

1.1.5 Scope of the Project

The project had an extensive geographical and demographic reach, having been implemented across 13 districts and targeting various groups within each district. The scope was designed to be comprehensive, addressing the needs of healthcare workers, community and religious leaders, District Health Management Teams, healthcare students and lecturers, LGBTIQ individuals, Civil Society Organizations, and the media.

Table 1 Project Target Groups by District

Region	District	Target Groups
Central	Mchinji	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, LGBTIQ individuals, Media
	Lilongwe	Healthcare students, Healthcare lecturers, Civil Society Organizations, Health departments and institutions
	Nkhotakota	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, LGBTIQ individuals, Media
	Kasungu	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, LGBTIQ individuals, Media
	Dedza	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, LGBTIQ individuals, Media

Region	District	Target Groups
Southern	Phalombe	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, Healthcare students, Healthcare lecturers, LGBTIQ individuals, Media
	Thyolo	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, LGBTIQ individuals, Media
	Mulanje	Healthcare workers, Healthcare students, Healthcare lecturers
	Blantyre	Healthcare students, Healthcare lecturers, Civil Society Organizations, Media
	Zomba	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, Healthcare students, Healthcare lecturers, LGBTIQ individuals, Media
	Nsanje	Healthcare students, Healthcare lecturers
	Chiradzulu	Healthcare students, Healthcare lecturers
	Chikwawa	Healthcare workers, Community leaders, Religious leaders, District Health Management Teams, LGBTIQ individuals, Media

1.2 Theory of Change[8]

The Umunthu Health Care Workers Project aimed to improve health access, reduce discrimination, and foster inclusive policies and practices for LGBTI people. To achieve this ultimate outcome, the project undertook a series of activities at three different levels: Health Service Provider-Level, Community-Level, and System-Level. The assumption was that by focusing on healthcare workers, community leaders, and institutional structures, the programme would create a more inclusive healthcare environment for LGBTI individuals.

At the **Health Service Provider-Level**, the project organized two Linkage Workshops in each of the seven districts, targeting 15 LGBTI Persons and 15 healthcare workers in each workshop. These workshops were followed by the development of action points and subsequent follow-up workshops. Four healthcare champions were recruited and trained in each district, and two brainstorming meetings with these champions were held per year.

[8] See Figure 4 for a visual depiction of the Theory of Change

At the **Community-Level**, two Extended Umunthu Workshops were conducted in each of the seven districts, targeting 15 religious leaders and 15 community leaders in each workshop. These leaders were then engaged through follow-up workshops and activities led by healthcare champions. Interface meetings were also organized, involving healthcare champions, local leaders, and LGBTI people.

At the **System-Level**, three workshops were conducted for 30 staff members from nursing and medical colleges countrywide. A Training of Trainers workshop was also organized, followed by follow-up workshops for these trainers. The project also focused on the development of strategic partnerships and implemented a tracking system for the use of the Umunthu methodology.

Through these activities, the project designers expected healthcare workers, healthcare champions, healthcare students, and various community leaders to have improved knowledge and awareness of the existing gaps in health access for LGBTI people. The project also aimed for LGBTI individuals to possess better knowledge of the change in attitude of healthcare service providers, encouraging them to increase the uptake of health services.

On a more strategic level, the project aimed to strengthen community liaison structures to enable health facilities to implement inclusive practices and policies. It also sought to engage district, facility, department heads, and religious and community leaders to support healthcare workers in tackling health access disparities. Another key objective was integrating the Umunthu approach into civil society, educational institutions, and government curricula and training.

By concentrating on these multiple layers of activities and anticipated outcomes, the Umunthu Health Care Workers Project aspired to generate a ripple effect that would culminate in a more inclusive healthcare environment for LGBTI individuals in Malawi.

The project operated under several **key assumptions**. First, it assumed that healthcare workers, once trained, would act responsibly towards discriminated persons, particularly those in the LGBTI community. Second, it assumed that community leaders would be supportive of these initiatives, thereby fostering a more inclusive local environment. Lastly, the project assumed that as healthcare services became more inclusive, LGBTI individuals would be more inclined to utilize these services. Despite these assumptions, the project also recognized certain **limitations** that could affect its overall impact. These limitations include prevailing societal attitudes towards the LGBTI community and existing legal frameworks that could potentially hinder the project's effectiveness.

2. Scope and Methodology

2.1 Scope/Evaluation purpose

The final evaluation aims to assess the project's impact and outcomes and identify key insights for future initiatives. It serves multiple purposes:

- Allows ArtGlo to showcase the project's success in improving LGBTI healthcare access and adapt strategies accordingly.
- Provides accountability to donors for the funding received.
- Helps ArtGlo secure additional funding to expand and sustain the project.
- Assists Project Managers in enhancing the project's sustainability, promoting organizational learning, and informing future project design.
- Informs stakeholders and the government on effective approaches, s for scaling up the project.
- Contributes to broader policy discussions on healthcare access, discrimination reduction, and inclusivity for minority populations.

The team engaged diverse stakeholders to ensure a holistic understanding of the project's impact. These stakeholders include:

1. LGBTI People
2. Healthcare Champions (HC Champions)
3. District Health Management Team Members
4. Facility/Department Heads
5. Healthcare Students
6. Religious Leaders
7. Community Leaders
8. Healthcare Institutional Staff
9. Local LGBTI and pro LGBTI organisations' staff
10. Media
11. ArtGlo Staff

By involving these various groups, the evaluation aims to capture multiple perspectives and experiences, enriching the quality and depth of its findings. This approach ensures that the assessment not only measures the project's success but also identifies areas for improvement and provides actionable recommendations for all stakeholders involved.

2.1.1 Evaluation Questions

This evaluation sought to answer the questions outlined in Table 2, agreed upon in collaboration with ArtGlo's Monitoring, Evaluation, and Learning (MEL) team. These questions align with the project's theory of change and were explored using a theory-based approach. The questions aim to provide conclusions on the relevance, impact, effectiveness, and sustainability of the general Development Assistance Criteria[9].

Table 2 Evaluation Questions and Sources of Evidence

DAC Criteria	Evaluation Questions
RELEVANCE	1. To what extent was the programme relevant to the changing needs, conditions, and priorities of the LGBTI community in Malawi seeking healthcare?
	2. How well did the project align with national health policies and global best practices for LGBTI healthcare?
	3. How well did the project's interventions (workshops, advocacy, networking, etc.) align with the specific needs of the LGBTI community and the aim of promoting inclusive healthcare in Malawi?
EFFECTIVENESS	4. How effectively did the programme achieve its overall goal of improving health access, reducing discrimination, and promoting inclusive policies and practices for LGBTI people in Malawi?
	a. To what extent did the project enable healthcare workers in Malawi to better understand, appreciate, and act on their responsibilities towards LGBTI persons?
	b. How effectively did the project facilitate engagement between members of civil society, community leaders, and healthcare workers to address health access disparities in communities?
	c. How successfully were the project's workshop activities integrated into the curricula and training of civil society organizations, educational institutions, and government bodies?
	d. How effectively did the project facilitate social and behaviour change using the Umunthu philosophy as an approach to education?
	e. What were the major factors influencing the achievement or non-achievement of these objectives?
IMPACT	5. What significant changes did the program contribute to and which of them was the most significant change of all? (Including both negative and positive, latent, and manifest, intended and unintended changes).
	a. What achievements have been made towards improved knowledge and awareness of the existing gaps to health access of LGBTI people & achievements made on LGBTQI people health service uptake
SUSTAINABILITY	6. How sustainable are the objectives and final outcomes of the project?
	7. How sustainably have project participants integrated the Umunthu philosophy in their professional and private lives?
	8. What are the major factors that will influence the achievement or non-achievement of the sustainability of the project?

[9] OECD (2000) *Glossary of Evaluation and Results Based Management (RBM) Terms*. Available at: https://www.oecd.org/dac/evaluation/49756382.pdf

2.2 Methodology

The final evaluation employed a Non-Experimental Design to address the study's specific needs. This design was chosen due to the absence of a control group, making experimental evaluation methods unsuitable. The focus was on observed changes and stakeholder perceptions, aiming to provide a nuanced understanding of the project's impact within a broader context.

To complement the shortcomings of the non-experimental design, a **Theory-Based Evaluation (TBE) approach** was used. The choice of this method was guided by the need to answer specific evaluation questions outlined in Table 1, aligning closely with the project's theory of change.

Two key considerations underpinned this evaluation:

- **Contribution Over Attribution:** The assessment aimed to assess the project's contribution to the overall outcomes rather than attributing all results solely to the project. This approach allowed for a nuanced understanding of the project's impact within a broader context.
- **Support for Non-Experimental Shortfalls**: The TBE approach served to bolster the non-experimental design by providing a more in-depth analysis of outcomes and achievements.

TBE operated on several key assumptions, which the project fulfilled:

- A reasoned project theory existed for the intervention, supported by robust logic and key assumptions.
- The intervention activities were implemented as outlined in the theory of change.
- The theory of change was supported and confirmed by evidence from experts and observed results.

2.3 Streams of Evidence

The endline used a variety of evidence sources that helped answer the evaluation questions and provided a detailed understanding of the project's achievements.

1. **Project Documents** included the Performance Indicator Tracking Table (PITT) and quarterly and annual reports. The PITT offered a longitudinal view of the project's performance against set targets since its inception in 2017. Quarterly and annual reports provided insights into the project's ongoing activities, challenges, and achievements, serving as a valuable resource for understanding the project's trajectory.
2. **Workshop Pledges and Test Results** were used to gauge the immediate impact of the project's training sessions—pledges made by participants during workshops served as a commitment tool. At the same time, pre- and post-workshop test results provided quantitative data on changes in knowledge and attitudes among various stakeholder groups, including healthcare students, healthcare workers, and community and religious leaders.
3. **Most Significant Change (MSC) Report:** This qualitative report focused on capturing the most transformative changes in LGBTI people's access to healthcare. Narratives from both healthcare

workers and LGBTI community members were analyzed to understand the personal impact of the project's interventions.

4. **Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs):** These were conducted with various stakeholders, including LGBTI people, healthcare workers, healthcare students, healthcare leaders, community and religious leaders, project staff, and workshop trainers. The FGDs and KIIs provided rich qualitative data that helped understand the project's impact and identify areas for improvement.
5. **Previous External Reports:** Conducted previously by One South, these reports served as critical benchmarks for the evaluation. They included a Baseline Evaluation, which provided a snapshot of conditions before the project, and a Midterm Evaluation, which assessed the project's progress at its halfway point. These reports were essential for understanding the project's effectiveness and impact over time.

2.4 Sampling

A two-tiered sampling strategy was used:

- **Purposive Sampling**: Used to select the target groups for data collection, ensuring that the sample was relevant to the project's objectives.
- **Random Sampling:** Applied within each target group to select individual participants, enhancing the generalizability of the findings.

The table below provides a breakdown of the sample size and composition.

Table 3 Sample size and composition

Method	Target Group	Number of Participants	Districts Involved
Focus Group Discussions	LGBTI	27	Dedza, Chikwawa, Phalombe
Focus Group Discussions	Healthcare Workers	20	Dedza, Chikwawa, Phalombe
Key Informant Interviews	Champions, TOTs, DMHT, Students, Departmental Heads, Community and Religious Leaders, ArtGlo Staff	21	Various
Total Sample Size		**68**	

2.5 Data Collection, including limitations and mitigating actions.

This evaluation primarily used qualitative data and was a joint effort between One South and ArtGlo. One South led the design of the data collection tools, while ArtGlo organized the data collection process, conducting Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). ArtGlo then translated and sent the collected data to One South for further analysis.

To ensure data quality, the field team was trained following the procedure shared by One South. ArtGlo ensured that all qualitative sessions were accurately recorded, translated, and transcribed. Qualitative Research Assistants created reflective notes after each session to capture initial impressions and identify areas needing further exploration. These notes were shared via Kobo Toolbox to promote transparency and collaborative data interpretation.

One South coded the transcripts in two stages using QDA Miner, a specialized qualitative analysis software, and then carried out the final data analysis.

The team recognizes several limitations that could affect the study's scope and findings. The research design aimed to provide credible insights into the program's impact while offering recommendations for future initiatives. It used purposive sampling, focusing on specific respondents, which means the findings are not generalizable to broader contexts or larger target populations in Malawi.

Practical constraints, such as delays and obstacles caused by Cyclone Freddy, also limited the study, especially during data collection. The study depended on willing and available respondents, potentially introducing bias as those with positive experiences might be more likely to participate. This made it easier to obtain responses from individuals who had favourable interactions with the program.

Scheduling interviews was sometimes challenging due to work pressures, geographical distance, and conflicting schedules. When these issues arose, the team rescheduled interviews when possible. However, in less than 10% of cases, we had to make substitutions when reaching remote locations proved unfeasible.

Lastly, the evaluation aimed for a holistic appraisal of the evidence to assess the program's overall impact. It's important to note that some respondents may have participated in trainings or workshops conducted by other organizations, complicating the attribution of findings solely to this program.

To mitigate these limitations, we employed several strategies. We maintained transparency by clearly stating these limitations in the methodology, ensuring proper context for interpreting the findings. We used data triangulation to validate the findings and rescheduled interviews when possible. Regular virtual meetings between One South and ArtGlo allowed us to discuss and address limitations in real-time, enabling immediate course corrections.

Evaluation Ethics

In compliance with the British Sociological Framework for Research Ethics, One South and ArtGlo maintained the utmost ethical standards, particularly when working with vulnerable populations. Prior to conducting the research, both organizations received the necessary approvals and provided ethics training to the researchers. All participants provided informed consent, understanding that their participation was voluntary. A commitment to beneficence and respect for participant autonomy guided our actions, ensuring we safeguarded participant identities, provided accessible environments for research, and anticipated any potential harms. Our adherence to the principle of justice guaranteed fair participant selection and open dissemination of research results. If any instances of abuse had been identified, they would have been reported immediately following established protocols to protect the victim/survivor. However, no such instances were identified during the course of the research, and the field team was fully prepared to escalate any issues had they arisen.

3. Findings

3.1 Relevance

3.1.1 How relevant and aligned were the project's interventions to the changing and specific needs of the LGBTI community in Malawi seeking inclusive healthcare?

The Project has effectively tackled LGBTI healthcare needs in the target areas through a widely accepted multi-stakeholder approach, while also identifying areas for further focus, such as religious leader engagement and sustained healthcare access improvements.

The Umunthu Health Care Workers Project, by design, addressed the multifaceted healthcare needs of Malawi's LGBTI community, which has historically faced systemic barriers like discrimination and stigma. Its multi-layered approach, involving various stakeholders, successfully integrated the project's goals into broader societal structures, making it a model for inclusive healthcare.

> *"I never used to access services freely until the workshop came" -*
> *LGBTI person, Phalombe District*

The Umunthu Health Care Workers Project was designed to address the pressing and evolving needs of the LGBTI community in Malawi, which has long faced systemic barriers in accessing inclusive healthcare. These barriers were not limited to discrimination and stigma from healthcare providers; they also extended to local leaders and community members[10], leading to self-stigmatization and a reluctance to seek public health services, even for critical issues like sexually transmitted infections (STIs). The project aimed to fill this gap by focusing on several key areas that align with the community's specific needs, as outlined in various reports[11] and firsthand accounts[12].

[10] 1.1 FGD LGBTI Chikwawa District
[11] Malawi's LGBT battle for health care – DW (2017)
Malawi's LGBTI Community Marches, Petitions Government for Change - VOA (2021)
Canaries in the coal mines – an analysis of spaces for LGBTI activism in Malawi - The Other Foundation (2017)
[12] There was a gap between the community and the LGBTI people (1.1 FGD LGBTI Chikwawa District); They were self-stigmatizing themselves (1.3 FGD LGBTQ Phalombe District)

The project's interventions were relevant to the community's needs for government and societal recognition, protection of their identity, dignity, and rights, and their need for quality and comprehensive health services. Through convergence workshops and periodic meetings between LGBTI peer leaders and healthcare champions, the project aimed to improve the knowledge and attitudes of healthcare providers. This was crucial for making healthcare services accessible and less discriminatory for the LGBTI community.

Moreover, the project also targeted empowerment and participation in various spheres of life, including healthcare. It did so by promoting inclusive policies and practices and engaging multiple stakeholders, such as district and facility heads and religious and community leaders. This multi-layered approach was instrumental in integrating the project's activities into broader societal structures, including civil society, district planning mechanisms, and educational institutions.

"The convergence [workshops] also helped me because it gave me point of contacts at the hospitals making it easier for me to access the services" – Transwoman, Phalombe District

Through these carefully designed activities and engagements, the project aimed to achieve its ultimate goal: improved health access, reduced discrimination, and the promotion of inclusive policies and practices for LGBTI people in Malawi. The project thus serves as a model for addressing the complex and varied healthcare needs of the LGBTI community.

The project has effectively enhanced healthcare inclusivity and empowered the LGBTI community to combat discrimination while also revealing areas for improvement, such as better engagement with religious leaders, more consistent follow-up, and addressing specific challenges like healthcare worker transfers and medical supply shortages.

Qualitative data shows that the project's core activities, such as convergence workshops, have been central in bridging the gap between healthcare workers and the LGBTI community. These workshops served as platforms where concerns about health access were openly discussed[13], leading to a more inclusive healthcare environment. As a result, healthcare workers are now more encouraging and responsive to the needs of the LGBTI community, reducing self-stigma and isolation from health facilities.

Also, the project empowered LGBTI individuals to stand against discrimination and threats, even from their partners[14] and local leaders. The newfound confidence has enabled them to access public health services without fear of ridicule or discrimination. For instance, a Trans-woman involved in sex work[15],

[13] 1.2 FGD LGBTI Dedza District
[14] 1.1 FGD LGBTI Chikwawa District
[15] 1.3 FGD LGBTQ Phalombe District

who previously avoided public hospitals due to fear of ridicule, now feel confident enough to access these services.

The project also had a ripple effect on the community at large[16]. Members of the LGBTI community have been able to conduct awareness meetings involving local chiefs, using the information they acquired from the project's workshops. This has led to a broader understanding and acceptance of the LGBTI community, even among previously discriminatory people.

However, some respondents have suggested areas for improvement in aligning the project more closely with their specific needs. For instance, some members of the LGBTI community who did not attend the workshops continued to self-stigmatize[17], making it difficult for them to access health services. In Chikwawa, there was a call to actively involve religious leaders, as they were identified as perpetuating discrimination[18]. Additionally, issues such as the frequent transfer of healthcare workers and the occasional shortage of medical supplies[19] at public facilities, which force referrals to costly private clinics, were highlighted as challenges that need to be addressed.

Some healthcare workers felt overwhelmed by the volume of information presented initially[20], suggesting the need for better orientation and pacing of project activities. There were also calls for more regular follow-up visits[21] and additional resources, such as transportation for healthcare workers to orient their colleagues at other facilities.

A religious leader emphasized the need for more workshops to broaden understanding and acceptance of the LGBTI community[22]. At the same time, healthcare institutional staff pointed out the need for data-capturing tools[23] to measure the project's reach. Scepticism among some healthcare workers, rooted in religious beliefs[24], was identified as a lingering challenge, underscoring the consideration for ongoing sensitization efforts in future interventions.

The project resonated with its audience, as evidenced by over 88.5% of community leaders and 100% of healthcare leaders finding the workshop content easy to comprehend. Over 95% of community leaders and healthcare leaders found the concept of Umunthu relevant to their roles; similarly, over 84% felt adequately equipped to implement action plans.

However, while approximately 78% of community leaders noticed improvements in health access for minority populations, the lower observation rate of 65.5%

[16] 1.1 FGD LGBTI Chikwawa District
[17] 1.3 FGD LGBTQ Phalombe District
[18] 1.1 FGD LGBTI Chikwawa District
[19] 1.2 FGD LGBTI Dedza District
[20] 5.2 KII Healthcare Student Blantyre
[21] 8.2 FGD Healthcare Workers Dedza District
[22] 7 KII Religious leader Mchinji District
[23] 8.3 FGD Healthcare Workers Phalombe District
[24] 8.3 FGD Healthcare Workers Phalombe District

among healthcare leaders indicates room for continued focus and improvement in ensuring equitable healthcare access for Malawi's LGBTI community.

The following section will provide further analysis (see Table 4) of select indicators derived from post-tests administered to community leaders, healthcare leaders, and healthcare students. This analysis aims to shed light on the relevance of the Umunthu's activities in addressing the challenges initially identified:

Table 4 Analysis of indicators demonstrating the project's relevance.

Indicator	%	N
% of leaders who agree that the concept of Umunthu is relevant to their role	95.4%	195
% of HC students who believe that the concept of Umunthu is relevant to their professional (working) life	84.6%	26
% of healthcare leaders who believe that the concept of Umunthu is relevant to their professional (working) life	100.0%	29
% of HC students who found the content of the workshop easy to understand	80.8%	26
% of healthcare leaders who found the content of the workshop easy to understand	100.0%	22
% of leaders who found the content of the workshop easy to understand	88.5%	192
% of HC students who found the legal guest speaker equipped with the necessary knowledge to answer their questions	92.3%	26
% of healthcare leaders who found the legal guest speaker equipped with the necessary knowledge to answer their questions	70.0%	20
% of HC students who found the LGBTI guest speaker equipped with the necessary knowledge to answer their questions	92.3%	26
% of healthcare leaders who found the LGBTI guest speaker equipped with the necessary knowledge to answer their questions	90.0%	10
% of leaders who found the LGBTI guest speaker equipped with the necessary knowledge to answer their questions	91.0%	167
% of HC students who found the LGBTI guest speaker helped them understand LGBTI people better	92.3%	26
% of healthcare leaders who found the LGBTI guest speaker helped them understand LGBTI people better	90.0%	10
% of HC students who found the medical guest speaker equipped with the necessary knowledge to answer their questions	92.3%	26
% of healthcare leaders who found the medical guest speaker equipped with the necessary knowledge to answer their questions	68.4%	19
% of HC students who found the medical guest speaker improved their knowledge on the unique health exposures faced by lesbian, gay, bisexual, intersex, and transgender people	92.3%	26
% of healthcare leaders who found the medical guest speaker improved their knowledge on the unique health exposures faced by lesbian, gay, bisexual, intersex, and transgender people	70.0%	20
% of leaders who found the workshop relevant to their day-to-day work in their community	96.9%	193
% of healthcare leaders who found the workshop relevant to their day-to-day work in their district	81.8%	22
% of HC students who found the workshop relevant to their day-to-day work in their health center	100.0%	26

1. **Ease of understanding workshop content:** For the community leaders, 88.5% (192 out of 217) found the content of the workshop easy to understand. For healthcare leaders, this figure was 100% (22 out of 22), while 80.8% (26 out of 32) of healthcare students felt the same. These high percentages demonstrate the material presented was accessible and comprehensible to a significant majority, enhancing its potential impact and usefulness in the field.
2. **Knowledge of the guest speakers:** In terms of healthcare leaders, 70% (20 out of 29) found the legal and medical guest speakers equipped with the necessary knowledge to answer their questions. Moreover, 92.3% (26 out of 28) of healthcare students agreed about the capability of the guest speakers. This indicates that the speakers were well-prepared and had relevant expertise, contributing to the high relevance of the workshops.
3. **Relevance of Umunthu and the workshops to their roles and work:** An overwhelming 95.4% (195 out of 204) of community leaders agreed that the concept of Umunthu is relevant to their roles. Similarly, 100% of healthcare leaders (29 out of 29) and 84.6% of healthcare students (26 out of 31) held this view. In addition, 96.9% (193 out of 199) of community leaders found the workshop relevant to their day-to-day work in their communities. This high relevance underlines that the project activities were well-targeted and potentially impactful.
4. **Skills and knowledge to implement action plans and pledges:** Regarding the ability to implement action plans, 84.6% (26 out of 31) of healthcare leaders and healthcare students felt adequately equipped. Moreover, 95.1% (41 out of 43) of community leaders felt they have the necessary skills and knowledge to put their workshop pledges into practice. This self-reported readiness indicates that the workshops have provided participants with practical tools and understanding.
5. **Noticed improvement in health access for minority populations:** A significant 78.4% (199 out of 254) of community leaders reported observing improvements in health access for minority populations in their communities within the last two years. This percentage was slightly lower for healthcare leaders at 65.5% (29 out of 44), which may suggest areas for further improvement. Nevertheless, these observations suggest that the project's activities have been relevant and effective in addressing health access, one of the key issues identified in the research and contextual analysis.

Overall, while the project has been highly relevant and largely successful, these areas of improvement highlight the need for a more nuanced and sustained approach to meet the LGBTI's community's evolving needs fully.

3.1.2 How well did the project align with national health policies and global best practices for LGBTI healthcare?

The project not only aligns seamlessly with Malawi's national health policies and global best practices but has also contributed to policy formulation both nationally and regionally. It synergizes its objectives and strategies with key policy goals such as universal health coverage, rights-based services, and social inclusion.

The Project has shown an alignment with national health policies and global best practices, particularly in LGBTI healthcare, as summarized in Table 5.

Table 5 Alignment with National Health Policies and Global Best Practices

Policy Name	Applicable Focus	How project aligns with policy
National Health Policy (2018)	Universal health coverage, human rights, equity, and multisectoral collaboration.	Focuses on health access and reduced discrimination for LGBTI, aligning with policy objectives like universal coverage and social accountability.
National HIV and AIDS Policy (2022)	Rights-based, gender-responsive HIV and AIDS services, with a focus on key populations.	Aligns with strategies like sensitization and training of health workers, strengthening community systems, and providing psychosocial support for key populations, including LGBTI.
National Community Health Strategy 2017-2022	Integration, community leadership, equity, gender equality, learning, and transparency and accountability.	Aligns closely with the NCHS principles by promoting community leadership, equity, and gender equality. The project also emphasizes learning through its training programs and is committed to transparency and accountability, mirroring the NCHS's focus on these principles across its strategic objectives.
Leave No One Behind	Eradicate poverty, reduce inequalities, promote inclusive growth, ensure equal access to basic services, protect rights of marginalized groups	Addresses health access disparities for LGBTI people, promotes human rights and dignity, enhances knowledge and awareness among healthcare workers, strengthens community liaison structures

National Health Policy (2018): The project's focus on improving health access and reducing discrimination for LGBTI individuals aligns well with the policy's broader objectives of universal health coverage and social accountability. For instance, the project's immediate outcomes aim to improve the knowledge and awareness of healthcare workers about the existing gaps in health access for LGBTI people, which is in line with the policy's vision of "improving the health status of all Malawians."

National HIV and AIDS Policy (2022): The project aligns with this policy by emphasizing the sensitization and training of health workers, strengthening community systems, and providing psychosocial support for key populations, including LGBTI individuals. The project's intermediate outcomes, such as strengthened community liaison structures, directly contribute to the policy's strategic objectives like reducing new HIV infections among key populations.

National Community Health Strategy 2017-2022: The project aligns closely with the NCHS principles by promoting community leadership, equity, and gender equality. The project also emphasizes learning through its training programs and is committed to transparency and accountability, mirroring the NCHS's focus on these principles across its strategic objectives.

Leave No One Behind: The project addresses health access disparities for LGBTI people, promotes human rights and dignity, and enhances knowledge and awareness among healthcare workers. These actions are in line with the global commitment to eradicate poverty, reduce inequalities, and ensure equal access to basic services, thereby fulfilling the principles of the "Leave No One Behind" agenda.

In addition to its alignment with existing policies, the project has been instrumental in influencing the formulation of LGBTI policies on universal health access and the "health first, rights later" WHO agenda at the national level. Notably, the project has also contributed to the implementation of the United Nations Human Rights' Universal Periodic Review recommendation that Malawi adopted, which focuses on providing health services to LGBTI people. Further, it has played a role in the national key population technical working group. Regionally, the project has contributed to the drafting of the LGBTIQ Regional Change agenda for the SADC region.

These contributions underscore the project's broader impact, extending beyond immediate healthcare outcomes to influence policy and practice. This dual role of alignment and contribution to policymaking enhances the project's relevance and effectiveness, reinforcing its potential for scalability and long-term impact.

3.2 Impact

3.2.1 What changes did the program contribute to, and which was the most significant?

While the program has enhanced LGBTI healthcare access and inclusivity, it's also had spillover effects, with health workers applying these principles to other marginalized groups. The lasting impact is evident in establishing ombudsman offices, which ensure long-term equitable healthcare beyond the project's lifespan.

"The LGBTI people are now openly accessing our STI clinic in large numbers than ever before", Healthcare Champion, Nkhotakota

The program has made strides in various domains, notably improving **health access** for LGBTI individuals. There has been a marked increase in the number of LGBTI people seeking healthcare services, signalling a shift in community and institutional attitudes. Healthcare students, religious leaders, and healthcare champions across various districts have reported witnessing an uptick in LGBTI individuals accessing healthcare services. In Dedza District, healthcare workers noted

that *"The LGBTQI people are coming out to receive some of our services[25]"* while LGBTI individuals themselves stated that the project has *"managed to reduce discrimination and has removed self-stigma and isolation from health facilities[26]."* In Mchinji District, a religious leader even testified to witnessing a warm welcome for LGBTI individuals at a hospital.

Reducing discrimination complements this, as healthcare workers and community leaders have become more accepting and less judgmental. From the workshop post-tests, 94.3% of community leaders believe their pledges made during the workshops will reduce discrimination against minority populations, indicating the program's impact in facilitating change. From the MSC stories, Mayeso's transformation is a striking example of the program's impact. He attended an Umunthu training workshop harbouring biased views towards LGBTI individuals but left inspired to challenge and change these prejudices. In the face of his peers' discriminatory opinions, Mayeso advocated for understanding and acceptance of the LGBTI community. His actions highlighted the program's efficacy in equipping healthcare providers to resist LGBTI discrimination and be ambassadors of change.

"So far, I feel that there has been a significant difference. For example, at my workplace, there was an incident where a homosexual man came in with a fistula and was neglected. People were questioning, "How can a man have a fistula?" Using the knowledge I gained from this project, I assisted the individual and educated my colleagues, emphasizing that everyone has their own life choices, and some people are even born that way. That's when I noticed a shift in the attitudes of my fellow healthcare workers."

Healthcare Student, Blantyre

The program has **enhanced inclusivity**, notably through its convergence workshops that have shifted attitudes towards greater acceptance. One healthcare worker observed, *"Healthcare workers are now much more aware of these minority groups than before. Moreover, these groups also know they can access healthcare services without obstacles[27]."* Results from workshop post-tests show that 84.6% of healthcare leaders and 92.0% of healthcare students reported gaining additional knowledge about LGBTI health concerns. This enhanced understanding among healthcare professionals is vital to creating a more inclusive environment.

Kumbukani's experience exemplified this transformative change. Initially unaware of the LGBTI community's existence within his district, his perspective was dramatically shifted through participation in the Umunthu program. Propelled by newfound insights, he took concrete steps to foster inclusivity, teaming up with an LGBTI peer leader to devise solutions addressing care accessibility. This led to the establishment of a system bridging the gap between healthcare professionals and LGBTI

[25] 8.2 FGD Healthcare Workers Dedza District
[26] 1.2 FGD LGBTI Dedza District
[27] 8.1 FGD Healthcare Workers Chikwawa District

patients, reducing travel burdens, and fostering a more inclusive healthcare environment in the community.

The story of Alinafe, another healthcare champion, further underscored the program's enduring impact on promoting inclusivity. Observing a discontinuity in inclusive care provision due to staff transitions, Alinafe and other Umunthu-trained staff initiated orienting new hospital recruits about Umunthu practices. This proactive action ensured the continuity of inclusive practices, solidifying the program's sustainability by embedding the Umunthu principles into the standard care procedures at the district hospital.

Further, the program has **empowered LGBTI individuals and healthcare champions**. It has equipped them with the tools and confidence to stand against discrimination and advocate for equitable healthcare access. One participant noted, *"We have been empowered to take action when we face discrimination in access to health services*[28]*."* Another added, *"The LGBTI members opening up after peer education is also one of the significant changes because it led to improved health-seeking behaviours than ever before*[29]*."*

There are **spillover effects** with the project extending its reach to benefit other marginalized groups in society. As one participant from Dedza District revealed during a focus group discussion*, "I apply the Umunthu philosophy in addressing issues that are not even part of the project objectives. I use the philosophy to fight for the rights of vulnerable people like women and street children."*

Lastly, the program has instigated **institutional changes** that promise long-term impact. Establishing ombudsman offices in health centres across all districts is a testament to this. These offices serve as a mechanism for addressing grievances and ensuring that healthcare services are inclusive and equitable. The inception of these offices can be directly attributed to the project's influence. Specifically, the first ombudsman office in Mchinji district was established following an action plan developed during a 2017 Umunthu workshop. The individual who championed this initiative, an Umunthu project alumnus, not only spearheaded the establishment and revamping of ombudsman offices in other districts but also received a national award from the Malawi Ombudsman Office in 2018. He publicly credited his inspiration and success to the Umunthu workshop.

Project staff emphasized the significance of this structural change, stating, *"The establishment of the ombudsman offices is so significant to me because it will carry on even though the project has ended*[30]*."* Another healthcare worker was inspired to establish a Community-Based Organization through the Umunthu philosophy, adopting a soft approach to sensitive issues like abortion.

[28] 1.2 FGD LGBTI Dedza District
[29] 2.6 KII HC Champions Dedza District
[30] 11.2 KII ArtGlo Staff Zomba District

3.2.2 What achievements have been made towards improved knowledge and awareness of the existing gaps to health access of LGBTI people & achievements made on LGBTQI people health service uptake?

The project's training has enhanced healthcare workers' empathy and understanding of LGBTI needs, leading to reduced discrimination and increased service uptake by LGBTI individuals.

Healthcare workers who were trained by the project have shown an improvement in their understanding of the existing gaps in health access for key populations, including LGBTI individuals[31]. This newfound awareness has led to more informed and empathetic treatment of LGBTI patients. Additionally, the project has empowered healthcare workers to resist discriminatory practices, as evidenced by a case where a healthcare worker refused to write a false report to implicate a lesbian individual[32].

There has been an increase in the number of LGBTI individuals seeking healthcare services, a trend observed across multiple districts[33]. This positive change has been corroborated through brainstorming sessions with healthcare champions and peer LGBTI leaders, as well as captured in Most Significant Change (MSC) stories. Discriminatory behaviours among healthcare workers have been curtailed, leading to a more welcoming environment for LGBTI individuals seeking medical assistance[34]. The project has also managed to reduce self-stigma and isolation from health facilities, as healthcare workers themselves are encouraging LGBTI individuals to visit them[35]

3.3 Effectiveness

3.3.1 How effectively did the programme achieve its goal of improving health access, reducing discrimination, and promoting inclusive policies and practices for LGBTI people in Malawi?

The program has effectively improved health access, reduced discrimination, and promoted inclusivity for LGBTI individuals, although challenges in societal attitudes and program reach remain.

Expanded health access across multiple districts, leading to more open healthcare providers and increased HIV/AIDS testing.

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[31] 8.2 FGD Healthcare Workers Dedza District, 4.2 KII Facility Departmental Head Mulanje District
[32] 2.1 KII HC Champions Zomba District
[33] 5.2 KII Healthcare Student Blantyre, 1.1 FGD LGBTI Chikwawa District, 8.2 FGD Healthcare Workers Dedza District
[34] 7 KII Religious leader Mchinji District, 2.3 KII HC Champions Nkhotakota District
[35] 1.2 FGD LGBTI Dedza District

The program has made strides in improving health access for LGBTI individuals. In Chikwawa District, LGBTI people reported that healthcare workers are now more open to providing health services and are more attentive to their health problems[36]. This sentiment was echoed in Dedza, where the project led to the identification of 76 new LGBTI community members who expressed their health needs[37]. In Phalombe, healthcare workers noted an increase in LGBTI people coming out to get tested for HIV/AIDS, attributing this to a change in attitude among healthcare providers[38].

"The HCW are now open to provide us with health service. On top of that they turn a listening ear to our health problems when we visit their consultation rooms which was not the case before the project"
LGBTI Person, Chikwawa

Reduced discrimination against LGBTI individuals through peer education, religious leader engagement, and the creation of safe spaces for open dialogue.

Peer education in Dedza has helped LGBTI individuals to open up and access health services without fear[39]. Religious leaders in Mchinji noted that discrimination has been minimized[40]. In Phalombe, creating safe spaces during workshops allowed for open discussions, leading healthcare workers to maintain confidentiality regarding LGBTI identities[41].

"The creation of safe spaces in the workshops. A lot was discussed and for most health care workers, they were still in awe as they tried to grapple with the reality that LGBTQ people do exist in Malawi. It was remarkable to see that they were and still are confidential regarding our identities."
LGBTI People Phalombe

Inclusivity and changed attitudes through convergence workshops have built crucial relationships among key populations, healthcare providers, and community leaders.

The program has been effective in changing attitudes and promoting inclusivity. Convergence workshops have been particularly impactful, creating a link among key populations, healthcare

[36] 1.1 FGD LGBTI Chikwawa District
[37] 1.2 FGD LGBTI Dedza District
[38] 8.3 FGD Healthcare Workers Phalombe District
[39] 2.6 KII HC Champions Dedza District
[40] 7 KII Religious leader Mchinji District
[41] 1.3 FGD LGBTQ Phalombe District

workers, community leaders, and religious leaders[42]. These workshops have facilitated the establishment of relationships, making it easier for LGBTI individuals to access services[43].

Limited reach leaves some healthcare workers unoriented and still holding discriminatory attitudes.

Some healthcare students in Blantyre felt that the training was not comprehensive enough[44]. There was also a call for the involvement of actual medical doctors, not just students[45]. Additionally, the program's limited reach was cited as a challenge; not all healthcare workers have been oriented, and some still hold discriminatory attitudes[46].

Overall, the program has been effective in contributing to improving health access, reducing discrimination, and promoting inclusive policies for LGBTI people in Malawi. However, work must be done to change attitudes and extend the program's reach fully. The general consensus is that the program has set a strong foundation.

"The project has changed the attitude of a lot of people who were linking LGBTI issues spiritually. The project has managed to demystify this way of thinking to many although some still hold this mindset because change is gradual and cannot be rushed."
Healthcare Champion, Zomba District

Assessing project success in meeting training objectives: Output verification

While the project has surpassed its targets for male healthcare workers, medical students, CSOs, and male workshop attendees, there was a gap among female community and religious leaders, healthcare workers, and students, as well as CBOs. This shortfall reflects the male-dominated nature of the healthcare sector and signals a need for future strategies that tackle barriers to women's full participation and broaden overall reach.

On the progress of project outputs, the Performance Indicator Tracking Table (PITT), summarized in Table 6, provides an overview of the targets and actual achievements from 2017 to 2023. The project categorized this data by the number of individuals receiving cultural competence training, the number of Human Rights Organisations trained and supported, and the number of Individuals referred to social services.

[42] 8.1 FGD Healthcare Workers Chikwawa District
[43] 3.2 KII DHMT Zomba District
[44] 5.2 KII Healthcare Student Blantyre
[45] 5.4 KII Healthcare Student Lilongwe
[46] 8.2 FGD Healthcare Workers Dedza District

Table 6 Actual vs Target of Indicators (Source: Project PTTT)

Indicator	Sex	Actual vs Target	Actual	Target
Health Care Workers Trained	M	103%	477	465
	F	77%	360	465
Medical and Nursing Students Trained	M	112%	371	330
	F	97%	321	330
Community Leaders Trained	M	184%	129	70
	F	53%	37	70
Religious Leaders Trained	M	171%	120	70
	F	31%	22	70
Sector heads and Health facility Heads Trained	M	100%	32	32
	F	63%	20	32
Medical and Nursing Colleges Teachers Trained	M	117%	7	6
	F	83%	5	6
CSOs	M	159%	111	70
	F	119%	83	70
LGBTI persons attending linking workshops	M	120%	126	105
	F	59%	62	105

The Umunthu Health Care Workers Project has largely met its objectives regarding the number of beneficiaries reached. It surpassed its training targets for male healthcare workers by 103% and male medical/nursing students by 112%. However, it fell short of the targets for their female counterparts, reaching 77% and 97% of the target, respectively.

For community leaders, the project exceeded its male target by 184%, training 129 against a target of 70. However, it only reached 53% of the female target, training 37 against a target of 70. Similarly, for religious leaders, the project surpassed its male target by 171%, training 120 against a target of 70, but only reached 31% of the female target, training 22 against a target of 70.

The project hit its target for male sector heads and health facility heads but fell short for females, reaching only 63% of the target. Regarding training teachers in medical and nursing colleges, the project exceeded the male target by 117% while achieving 83% of the female target.

The project also exceeded its targets for the training and support of Civil Society Organizations (CSOs), attaining 159% of the male target and 119% of the female target. However, the project did not meet any of its objectives for the training and support of Community-Based Organizations (CBOs).

Regarding LGBTI individuals attending linking workshops, the project surpassed the male target by 20 but only reached 59% of the female target.

Umunthu's performance in surpassing its training objectives for male healthcare workers, medical and nursing students, CSOs, and male participants in linking workshops illustrates its reach within these demographics. However, there are shortfalls in some categories, particularly among female community

and religious leaders, female healthcare workers and students, and within CBOs. These findings highlight the potential need for future program initiatives to address barriers that may hinder women's full participation in training sessions or impede their access to such opportunities.

3.3.2 To what extent did the project enable healthcare workers in Malawi to better understand, appreciate, and act on their responsibilities towards LGBTI persons?

The project has fostered a culture of understanding and actionable change in LGBTI healthcare among key stakeholders, a shift confirmed by the LGBTI community's own reports of improved care, promising long-term inclusivity.

Healthcare workers and students, once holding homophobic views, now understand and accept LGBTI individuals, thanks to the project's training. This enduring shift promises to foster more inclusive healthcare environments for years to come.

The project's effectiveness is demonstrated through testimonials from diverse respondents in various roles and locations. Healthcare students in Blantyre and Lilongwe expressed that the project was a catalyst for change in their previously homophobic views. One student from Blantyre stated, *"the project made me realize that homosexuals are also human beings like everyone else; hence, they are also entitled to healthcare services*[47]*."* Similarly, a student from Lilongwe mentioned that the project helped them see LGBTI individuals as *"part and parcel of society like everyone else*[48]*."*

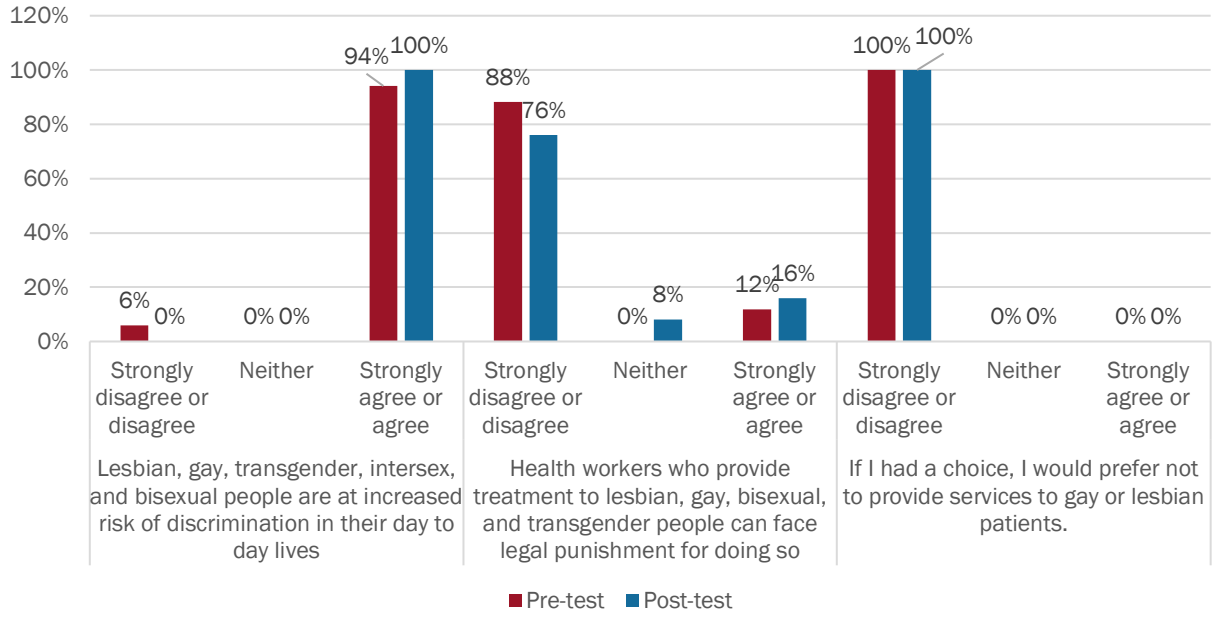
The project also offered healthcare workers a deeper understanding of the daily challenges and complexities faced by the LGBTI community. One student noted that the project has been an *"insight for me to view what the key population goes through in their everyday life*[49]*."* Post-project involvement in key population training as facilitators, particularly in areas like drug abuse and HIV prevention, was cited by a healthcare student. This indicates that the project not only changed attitudes but also inspired action.

Workshop pre-tests and post-tests results substantiate these qualitative insights. As shown in Figure 1, healthcare students demonstrated a slight increase between pre-test and post-test scores for those who agreed that lesbian, gay, transgender, intersex, and bisexual people are at increased risk of discrimination in their day-to-day lives[50]. This demonstrates that students are aware of the existing gaps in health access for LGBTI people, a crucial insight given that these students represent the future of healthcare provision. Their awareness equips them to understand the challenges and barriers that LGBTI individuals face in accessing healthcare. This understanding is not just theoretical; it prepares them to act knowledgeably and empathetically in their professional roles. They are better positioned

[47] 5.5 KII Healthcare Student Blantyre District
[48] 5.4 KII Healthcare Student Lilongwe
[49] 5.1 KII Healthcare Student Lilongwe
[50] Pre-test (n=17), Post-test (n=26)

to relate to LGBTI patients, advocate for their rights, and ensure equitable access to healthcare services in their current educational settings and future workplaces. This level of awareness and preparedness will likely have a long-lasting impact, shaping more inclusive healthcare environments for years to come.

Figure 1 % of HC Students demonstrate knowledge of the contextual existing gaps to health access of LGBTI people and are trained on how to attend them.



Regarding the statement, *"Health workers who provide treatment to lesbian, gay, bisexual, and transgender people can face legal punishment for doing so,"* the percentage of students[51] who disagreed with the statement decreased by 12%. In comparison, the percentage of neutral responses increased by 8%, and the percentage of agreement increased by 4%. This suggests that following the training, 4% more students understood that treating LGBTI people is not punishable by law.

For the statement, *"If I had a choice, I would prefer not to provide services to gay or lesbian patients,"* all students[52] disagreed, indicating that previous phases of the project likely shaped this attitude.

The results of the composite measure of these three variables[53] indicate that there was no significant difference in healthcare students' knowledge of the contextual existing gaps to health access of LGBTI people and their training on how to address them before and after the workshop (t (14) = -0.255, p =

[51] Pre-test (n=17), Post-test (n=25)
[52] Pre-test (n=17), Post-test (n=25)
[53] This composite measure was calculated by averaging the responses to the following questions for both pre-test and post-test:
1. Lesbian, gay, transgender, intersex, and bisexual people are at increased risk of discrimination in their day-to-day lives - Pre-test: STUDPRE_Q33, Post-test: STUDPOST_Q15
2. Health workers who provide treatment to lesbian, gay, bisexual, and transgender people can face legal punishment for doing so - Pre-test: STUDPRE_Q36, Post-test: STUDPOST_Q18 (Reverse coded for T-test)
3. If I had a choice, I would prefer not to provide services to gay or lesbian patients - Pre-test: STUDPRE_Q27, Post-test: STUDPOST_Q9 (Reverse coded for T-test)

0.802). The mean scores of the pre-test and post-test, out of 5, are very close (4.36 and 4.4), with a slight difference of -0.04.

Although the results do not show a significant improvement in the students' knowledge, it's important to note that the initial pre-test mean score was already relatively high at 4.36, indicating that the students had a reasonably good understanding of the contextual gaps in health access of LGBTI people even before the workshop. The lack of significant improvement might be due to a ceiling effect, where the initial knowledge was already near the maximum possible score.

An additional interpretation could be that the workshop might have reinforced the existing knowledge and understanding of the students rather than introducing new information or concepts that would have led to a significant increase in their scores.

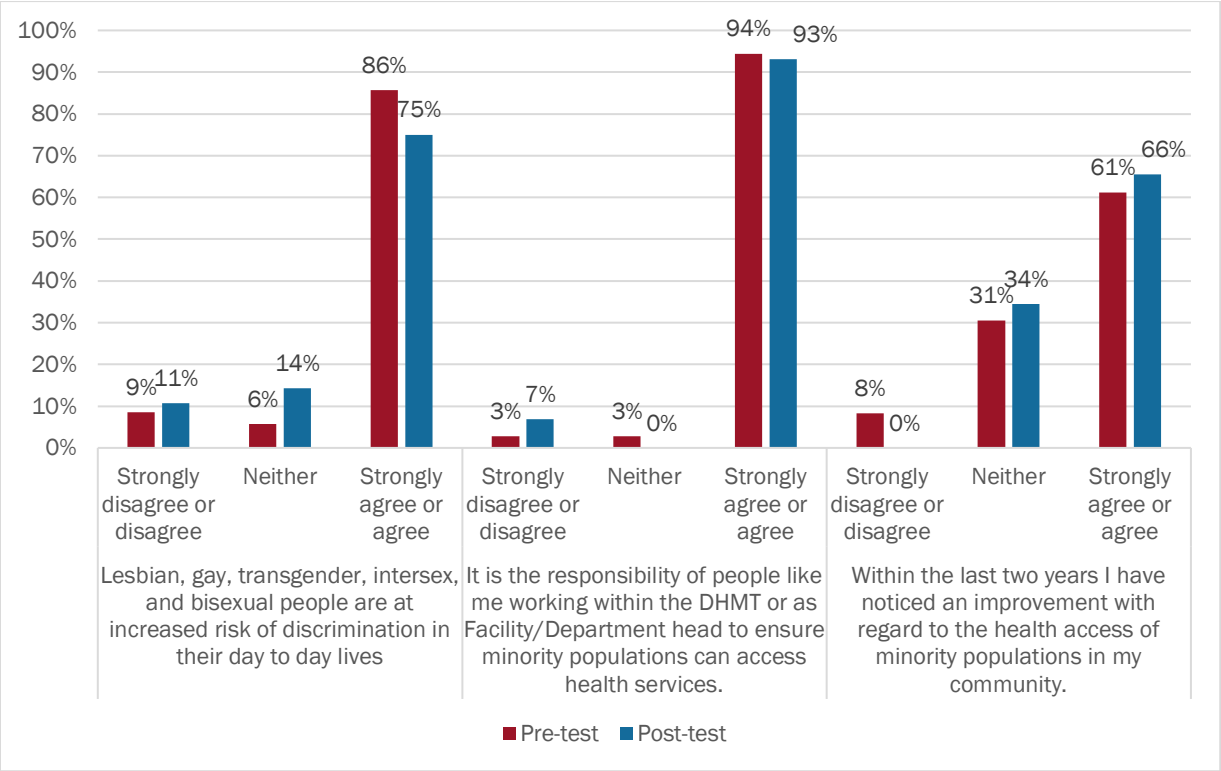
Facility and Department Heads have shown a sustained commitment to addressing healthcare disparities for LGBTI individuals, as evidenced by consistently high pre-test and post-test scores. This indicates the project has fortified their understanding and dedication to creating more inclusive healthcare settings.

Like their students, facility and department heads also reported shifts in their thinking. One leader from Mulanje mentioned that the project *"changed our thinking and attitude*[54]*,"* enabling them to see things from different perspectives. Another from Zomba emphasized the importance of not discriminating against anyone based on *"background, belief, or sexuality*[55]*."*

Quantitative data support these qualitative insights. Figure 2 displays the pre-test and post-test outcomes for DHMT Members and facility and department heads evaluating their comprehension and awareness of the current disparities in healthcare access for LGBTI individuals and their responsibility to address these problems. The proportion of participants who agreed or strongly agreed that *"Lesbian, gay, transgender, intersex, and bisexual people are at increased risk of discrimination in their day-to-day lives"* experienced a minor decrease from 86% in the pre-test to 75% in the post-test. Similarly, the proportion of participants who agreed or strongly agreed that *"It is the responsibility of people like me working within the DHMT or as Facility/Department head to ensure minority populations can access health services"* slightly decreased from 94% in the pre-test to 93% in the post-test. Finally, the proportion of participants who agreed or strongly agreed that *"Within the last two years, I have noticed an improvement with regard to the health access of minority populations in my community"* increased from 61% in the pre-test to 66% in the post-test.

[54] 4.2 KII Facility Departmental Head Mulanje District
[55] 4.1 KII Facility Department Heads Zomba District

Figure 2 1.5. % of Healthcare Institutional Staff demonstrate knowledge of the contextual existing gaps to health access of LGBTI people and are trained on how to attend them



A paired samples t-test was performed to compare the pre-test and post-test average scores of DHMT Members and Facility/Dept. Heads regarding their comprehension and awareness of the current disparities in healthcare access for LGBTI individuals and their training on how to tackle these issues. The t-test results revealed no significant difference between the pre-test (M = 4.1825, SD = .39407) and post-test (M = 4.0714, SD = .53896) average scores (t (20) = 0.896, p = .381).

While the results do not indicate a significant enhancement in knowledge and awareness among DHMT Members and Facility/Dept. Heads, it is important to acknowledge that the pre-test average score was already relatively high, suggesting a strong understanding of the current disparities in healthcare access for LGBTI individuals before the workshop. The minor changes in the proportion of participants recognizing their obligation to ensure access to health services for minority populations and observing an improvement in health access within their community imply that the project is making progress in achieving its objectives in this area.

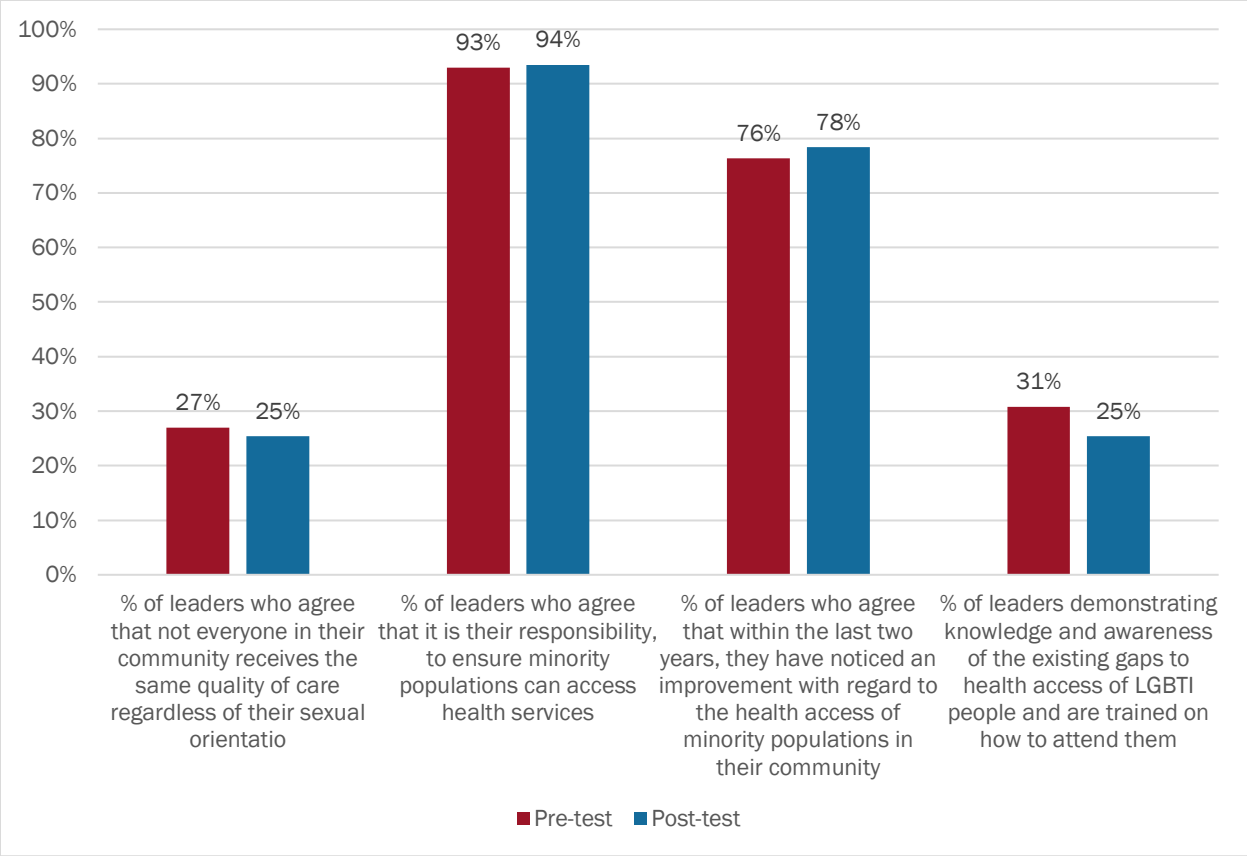
The established relationship with the health care workers made it easier for us to put across our concerns that needed to be addressed to the health care workers,
LGBTI Person, Phalombe

Community and religious leaders' increased acknowledgment of their responsibility to ensure equitable health access for minority populations, coupled with their own testimonies of attitudinal and behavioural change, underscores the project's success in fostering a more inclusive and responsible leadership.

Community leaders were enlightened on how to relate with LGBTI people indicating the project's broader impact on community attitudes.

Figure 3 shows a slight decrease in leaders who agree that not everyone in their community receives the same quality of care regardless of their sexual orientation (from 27% pre-test to 25% post-test). However, leaders who acknowledge their responsibility to ensure health access for minority populations saw a slight increase (from 93% to 94%). Similarly, there was an improvement in leaders who have noticed better health access for minority populations within the last two years (from 76% pre-test to 78% post-test). Despite these positive trends, the composite indicator, which measures leaders' understanding of health access disparities and their preparedness to address them, fell from 31% in the pre-test to 25% in the post-test.

Figure 3 % of leaders demonstrating knowledge and awareness of the existing gaps to health access of LGBTI people and are trained on how to attend them.



However, the t-test results reveal no significant difference between pre-test and post-test mean scores ($t(192) = 0.631$, $p = .529$). These findings, coupled with a weak positive correlation between pre-test and post-test mean scores ($r = .168$, $p = .020$), indicate that overall, leaders' awareness and understanding of health access disparities for LGBTI individuals remained relatively stable through the course of the project.

Interviews with religious and community leaders offer a nuanced picture. For instance, a religious leader from Mchinji District noted that the project *"revolutionized how I preach*[56]*,"* emphasizing a focus on love and inclusion. He also shared firsthand accounts of witnessing improved healthcare access for LGBTI individuals. Similarly, a community leader from Thyolo District expressed that the project *"helped me to better understand inclusion in my community*[57]*,"* and that *"there is peace"* since promoting Umunthu.

While there may not be a dramatic shift in statistical measures, the project has made strides in fostering a culture of responsibility and inclusivity among leaders. This is particularly evident in their

[56] 7 KII Religious leader Mchinji District
[57] 6 KII Community leader Thyolo District

own words, as they describe changes in their attitudes, behaviours, and even community dynamics. The project's initiatives like Extended Umunthu Workshops and Interface Meetings have laid the groundwork for future improvements in LGBTI health access in Malawi.

To summarize this section on how the project has enabled healthcare workers in Malawi to understand better, appreciate, and act on their responsibilities towards LGBTI persons, it's worth noting that the LGBTI community itself[58] has reported improvements in healthcare quality. In Chikwawa District, for example, LGBTI individuals have found that healthcare workers are now more responsive to their needs and less discriminatory. Similarly, in Dedza District, the project's convergence workshops have provided a valuable platform for open dialogue about healthcare access, effectively narrowing the divide between the LGBTI community and healthcare providers.

One healthcare student encapsulated the sentiment well, stating that *"someone's sexual orientation does not define who they are*[59]*,"* and that inclusive workplaces can considerably impact service delivery. These gradually evolving relationships between healthcare workers - and, by extension, the broader community - and LGBTI persons serve as evidence of the project's success. Not only has it improved understanding and fostered appreciation, but it has also led to actionable changes and achievements that go beyond the project's initial objectives.

3.3.3 How effectively did the project facilitate engagement between members of civil society, community leaders, and healthcare workers to address health access disparities in communities?

The project[60] has encouraged transformative dialogues and collaborations among civil society, community leaders, and healthcare workers, paving the way for a more inclusive and equitable health system for all.

Beginning with a strong foundation of workshops and interactive activities, the project cultivated an understanding of health disparities among community leaders, healthcare workers, and civil society. This awareness stage was crucial as it initiated critical dialogues, leading to the first concrete changes in 2018, with the transformation of a local health facility. The consultation and treatment rooms were de-labelled to cater more inclusively to LGBTI individuals, signalling a community-wide commitment to address health disparities.

[58] 1.1 FGD LGBTI Chikwawa District
[59] 5.3 KII Healthcare Student Zomba
[60] This review summarizes the project's 2018-2022 reports and is complemented by qualitative data collected at the endline. It showcases the project's adaptability and impact in fostering dialogue and collaboration to address health disparities. The evaluation underscores the project's evolution from initial workshops to strategic high-level engagements and the development of monitoring tools.

The project's momentum was sustained and even amplified in the ensuing years, with intensified engagement with religious and community leaders. The dialogues during these workshops spurred an observable shift in attitudes and set the stage for practical, inclusive actions. For example, one religious leader noted that the workshop *"revolutionized how I preach*[61]*,"* focusing more on love and inclusivity. Another leader shared that they are now *"able to engage my fellow pastors on LGBTQ*

> *The workshop has been an eye-opener. I'm leaving as a changed pastor, now aware of the profound implications of sexuality on our community's psycho-social, religious, and health aspects. Equipped with this vital knowledge, I'll be preaching inclusion henceforth. Frankly, you've surpassed expectations in engaging us on this subject - Bishop from the Assemblies of God Church, 2022*

issues," a dialogue they were previously unable to initiate. On the community front, leaders expressed that the project *"helped me to better understand inclusion in my community*[62]*"* and even led to tangible changes, such as fewer cases to preside over due to increased peace and understanding. A former healthcare student in Blantyre, now a cervical cancer doctor, said that the knowledge gained from the Umunthu project has been integrated into the training programs of a civil society organization they are involved in Lilongwe[63]. This shows that the project's impact extends beyond healthcare settings, influencing broader societal attitudes and practices.

The project's success was further reinforced by calls for broader engagement and outreach from influential figures like one senior chief. His appeal underscored the project's tangible impact and the growing demand for its expansion across more communities.

By 2022, the project had extended its influence through participation in high-level meetings and sparked vital institutional practice changes. A commitment to joint facility monitoring emerged from these discussions, symbolizing a collaborative approach to health service improvement. Creating a joint monitoring tool in the Zomba district further marked a shared dedication to improving health service delivery, indicating a collective responsibility for better health outcomes. This progress signifies the project's crucial role in creating an increasingly inclusive and equitable health system for all.

3.3.4 How successfully were the project's workshop activities integrated into the curricula and training of civil society organizations, educational institutions, and government bodies?

The project's workshops have been adopted in educational and healthcare training programs, enhancing teaching methodologies. ArtGlo's iterative

[61] 7 KII Religious leader Mchinji District
[62] 6 KII Community leader Thyolo District
[63] 5.2 KII Healthcare Student Blantyre

approach and flexibility have strengthened this impact, leading to a new standard for inclusive healthcare training.

The project's workshops have been integrated into various educational curricula and training programs, as evidenced by testimonials from healthcare students in multiple districts. In Zomba, one student emphasized the importance of teaching the Umunthu philosophy, stating, *"I teach my students about the Umunthu philosophy because they need it too. I feel like every healthcare worker needs to have these skills because we are also encouraged to help everyone regardless of who they are."* Another student from Lilongwe[64] noted that the workshops provided insights that complemented their existing curricula on sexual orientation, making it easier to understand and apply the concepts in real-world scenarios. Trainers who attended the ToT workshop reported adopting artistic methodologies like drama and storytelling[65], which have improved participant engagement. This suggests that the project's teachings are being adopted and enhancing existing educational and training frameworks.

ArtGlo has seen improvements in its approaches and methodologies[66] due to continuous engagement with the project. Project staff adopted the project's creative participatory approach, refined through ongoing feedback from internal and external monitoring and evaluation teams. This iterative process has led to impactful recommendations that flexible donors readily support. The staff expressed gratitude for this flexibility, attributing ArtGlo's significant improvements to donors' and external stakeholders' contributions and the adaptability of their implementers and facilitators. This engagement suggests that the project's teachings are not only being adopted but are also synergistically enhancing existing educational and training frameworks.

3.3.5 How effectively did the project facilitate social and behaviour change using the Umunthu philosophy as an approach to education?

The Umunthu philosophy has empowered LGBTI individuals, influenced community leaders, and guided healthcare workers to foster inclusivity and combat discrimination across communities.

The Umunthu philosophy has been a cornerstone in facilitating meaningful social and behavioural changes across various sectors. In the healthcare domain, students reported that their interactions with LGBTI individuals have become more compassionate and non-judgmental. One student from Blantyre even stated, *"This integration made me realize who an LGBTI is. It is also one of the reasons I face the LGBTIs when they come to our facilities. I help them without judging them[67]."*

In the community, the philosophy has empowered LGBTI individuals to speak up against discrimination and has influenced community leaders to treat everyone equally. For instance, in Chikwawa District, LGBTI individuals reported being empowered to speak up against discrimination when accessing

[64] 5.4 KII Healthcare Student Lilongwe
[65] 9.1 FGD TOT Blantyre District
[66] 11.1 KII ArtGlo Staff Zomba District
[67] 5.5 KII Healthcare Student Blantyre District

health services[68]. Similarly, in Dedza District, the philosophy has been used to reduce discrimination and gain acceptance, with one individual even joining a Village Savings and Loans group[69].

Moreover, the project has had a broader impact on community practices and norms. In Dedza District, one individual used the Umunthu philosophy to improve hygiene practices at hospital sinks, thereby reducing costs incurred due to blockages. This multi-faceted impact indicates that the Umunthu philosophy has effectively fostered inclusivity, combating discrimination, and promoting responsible behaviour across communities.

3.3.6 What were the major factors influencing the achievement or non-achievement of these objectives?

Factors Contributing to Achievement:

1. **Methodology and Engagement:** The project's use of the Umunthu philosophy and its approach of taking people *"from the known to the unknown[70]"* was cited as a factor in its success. The workshops were pivotal in instilling understanding, empathy, and respect for the LGBTI community among healthcare providers. This multi-layered approach improved the quality of work and led to meaningful achievements.
2. **Stakeholder Involvement:** The involvement of various stakeholders, including LGBTI people, healthcare champions, community leaders, and religious figures, was crucial. Their engagement ensured broader acceptance and reinforced the program's principles within the community, thereby changing mindsets and building trust.
3. **Phased Implementation and Orientation:** The program's phased approach allowed for the progressive building of inclusivity and understanding. Orientation and mentorship programs and the setting of champions established a strong rapport with the LGBTI community and built better relations between healthcare workers and LGBTI individuals[71].
4. **Peer Education and Media:** Peer education was effective in helping LGBTI members to access health services without fear[72]. Additionally, movie screenings[73] added clarity to the everyday challenges faced by the LGBTI community, as mentioned by healthcare students in Lilongwe. The project's success in transforming individuals into advocates for the LGBTI community further reinforced its principles within their circles of influence.

Factors Contributing to Non-Achievement:

1. **Limited Reach and Initial Resistance:** The project faced challenges in reaching all healthcare workers, particularly in rural areas[74], and had to overcome initial resistance or ignorance towards the LGBTI community within the healthcare system. The absence of knowledge about LGBTI issues in these areas may likely contribute to the non-achievement of objectives.

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[68] 1.1 FGD LGBTI Chikwawa District
[69] 1.2 FGD LGBTI Dedza District
[70] 9.1 FGD TOT Blantyre District
[71] 2.3 KII HC Champions Nkhotakota District
[72] 2.6 KII HC Champions Dedza District
[73] 5.1 KII Healthcare Student Lilongwe
[74] 8.1 FGD Healthcare Workers Chikwawa District

2. **Lack of Interface Meetings:** In some areas, the project conducted separate meetings with healthcare workers and the LGBTI community, which was seen as a missed opportunity for more direct engagement and understanding, as pointed out by healthcare workers in Dedza[75].
3. **Project Duration and Health Staff Turnover:** The project's limited timeframe and staff transitions were cited as a factor affecting its long-term effectiveness. It was suggested that the project should have been conducted yearly to train multiple cohorts[76].

3.4 Sustainability

The sustainability of the gains experienced through the program hinges on its transformative objectives and incorporation of these principles into societal norms. Key to maintaining this sustainability is continuous education, sustained advocacy, and overcoming resistance towards the LGBTI community. Additionally, ongoing support from broader societal structures is essential.

3.4.1 How sustainable are the objectives and final outcomes of the project?

The sustainability of the project's objectives and outcomes appears to be strong, based on multiple indicators. First, the training of healthcare workers, champions, and students, now extended to include nursing and medical lecturers, ensures a ripple effect. This training is not just retained but is also transferred to new recruits and even to other regions due to staff transitions[77]. This broadens the project's impact beyond the initial beneficiaries. The role of champions in training newly transferred healthcare workers further mitigates the gap created by staff transitions, making it a point of strength rather than a weakness.

Secondly, the project has institutionalized regular orientations and training sessions to keep the staff updated and reinforce the project's objectives over the long term[78]. This ongoing education is crucial for the project's sustainability, as it ensures that the workforce remains equipped to address the unique healthcare needs of the LGBTI community.

Thirdly, multi-level engagement with key stakeholders, including district and facility heads, as well as religious and community leaders, has been strengthened[79]. This ensures that the project's objectives are integrated into broader community and institutional frameworks, enhancing their sustainability.

[75] 8.2 FGD Healthcare Workers Dedza District
[76] 5.3 KII Healthcare Student Zomba
[77] 2.6 KII HC Champions Dedza District, 2.3 KII HC Champions Nkhotakota District, 3.1 KII DHMT Nkhotakota District
[78] 2.2 KII HC Champions Mchinji District
[79] 3.2 KII DHMT Zomba District

Lastly, LGBTI individuals are now accessing healthcare services in an environment that is gradually free from discrimination. This signifies a change in societal attitudes and indicates that the community has internalised the project's objectives, thereby making the outcomes sustainable.

Additional factors supporting the sustainability include ongoing relationships between healthcare workers and the LGBTI community[80]and a noted change in social behaviour as observed by ArtGlo Staff[81].

However, there are areas for improvement. The number of students trained was minimal, which could slow down the project's long-term impact[82]. There is also need to engage more with educational institutions, particularly lecturers, to ensure that new graduates are equipped with the proper knowledge and attitudes[83].

3.4.2 How Sustainably Have Project Participants Integrated the Umunthu Philosophy in Their Professional and Private Lives?

The Umunthu philosophy has become a transformative and sustainable force across multiple sectors, guiding healthcare workers, educators, and religious leaders to foster an environment of inclusivity, human dignity, and compassionate care for LGBTI individuals.

> *"I utilize the Umunthu Philosophy to affirm my neutral position in the provision of healthcare, regardless of sexual orientation."*
> *Healthcare Champion, Mchinji*

Integrating the Umunthu philosophy into project participants' professional and private lives appears to be ingrained and sustainable. Healthcare workers, for instance, have adopted the philosophy in their daily interactions with key populations, going above and beyond to leave ARVs at patients' homes and providing necessary items like lubricants without judgment[84]. The philosophy has also been instrumental in encouraging LGBTI individuals to openly access health services, as it fosters an environment of inclusivity and human dignity[85].

[80] 2.5 KII HC Champions Thyolo District
[81] 11.2 KII ArtGlo Staff Zomba District
[82] 5.5 KII Healthcare Student Blantyre District
[83] 11.1 KII ArtGlo Staff Zomba District
[84] 8.1 FGD Healthcare Workers Chikwawa District, 8.2 FGD Healthcare Workers Dedza District
[85] 2.6 KII HC Champions Dedza District

"I still use the Umunthu philosophy as I am an associate lecturer. I help my students understand the existing diversities we have in our class, and I emphasize that these should not be a basis for defining someone or how we treat them."
Healthcare Student, Zomba

In educational settings, the Umunthu philosophy has been integrated into HIV & AIDS research and teaching methodologies. Students and faculty alike have embraced the philosophy to treat everyone with love and care, regardless of their background[86]. Healthcare champions have also applied the philosophy to maintain a neutral stance in healthcare provision, irrespective of sexual orientation[87].

The project has had a transformative effect on attitudes, leading to a more compassionate and understanding approach towards LGBTI individuals. This change is not just confined to healthcare settings but has also permeated religious communities. For example, a pastor in Mchinji, after attending one of the project's workshops, helped an LGBTI individual access medical services and even facilitated a family discussion to foster understanding[88].

ArtGlo staff stated that the philosophy is not just something they preach but also practice in their daily lives. They have observed a significant internalization of the philosophy among project participants, which is a testament to its sustainable impact[89].

3.4.3 What are the major factors that will influence the achievement or non-achievement of the project's sustainability?

The project's sustainability hinges on a versatile approach that includes ongoing education and training, robust community engagement, adequate financial support, and gradual incorporation of the Umunthu philosophy into existing systems. However, challenges such as limited reach, lack of follow-up, social resistance, resource constraints, and service availability pose significant barriers to long-term success.

The project's sustainability is influenced by several internal and external factors that can either facilitate or hinder its long-term impact.

Facilitators of Sustainability

[86] 5.1 KII Healthcare Student Lilongwe, 4.2 KII Facility Departmental Head Mulanje District
[87] 2.2 KII HC Champions Mchinji District
[88] 11.1 KII ArtGlo Staff Zomba District
[89] 11.1 KII ArtGlo Staff Zomba District

1. **Ongoing Education and Training:** Healthcare workers and champions emphasized the need for regular orientations and training sessions to keep staff updated[90]. Continually educating and training new and existing healthcare providers and community leaders will be essential in maintaining the program's achievements. This is particularly crucial given the challenge of staff transitions.
2. **Community Engagement**: The project has been successful in creating safe spaces and peer-to-peer education among the LGBTI community[91]. Engaging community and religious leaders more intensively is also seen as crucial[92]. The continued efforts of those individuals transformed into advocates for the LGBTI community during the program will play a vital role in ensuring the sustainability of its objectives.
3. **Financial Support:** Adequate funding for logistical and communication needs is essential, especially for reaching LGBTI people in remote areas[93].
4. **Incorporation into Existing Systems:** Suggestions include incorporating the project's objectives into educational curricula[94] and existing projects for easier follow-ups[95].
5. **Stakeholder Involvement:** Active participation from a diverse range of stakeholders is crucial for the project's long-term sustainability[96]. This includes healthcare professionals, community and religious leaders, and members of the LGBTI community. Additionally, sustained collaboration with educational institutions, civil society organizations, and governmental agencies is essential. Such multi-sectoral engagement ensures that the project's principles are upheld and ingrained in societal norms and practices.

Barriers to Sustainability

6. **Limited Reach:** Future interventions need to expand their scope to include more healthcare workers, educational institutions, and remote areas[97].
7. **Limited Follow-Up for Specific Groups:** The project's design did include follow-up sessions for participants engaged in Phase 1. However, healthcare students, District Health Management Teams (DHMT), religious and community leaders, and institutional leaders were excluded by design. A few of these groups highlighted the need for follow-up sessions and regular monitoring and evaluation to assess the project's impact[98].
8. **Persistent Resistance or Ignorance:** Any persisting resistance or ignorance towards the LGBTI community could threaten the furtherance of the project's gains. Continued efforts to promote empathy and understanding are necessary to mitigate this risk. Future interventions need to continue addressing social stigma, especially from religious leaders who are judgmental towards the LGBTI community[99].

[90] 2.2 KII HC Champions Mchinji District, 3.1 KII DHMT Nkhotakota District
[91] 1.2 FGD LGBTI Dedza District
[92] 8.1 FGD Healthcare Workers Chikwawa District
[93] 2.6 KII HC Champions Dedza District, 7 KII Religious leader Mchinji District
[94] 4.1 KII Facility Department Heads Zomba District
[95] 5.3 KII Healthcare Student Zomba
[96] 2.4 KII HC Champions Phalombe District
[97] 5.2 KII Healthcare Student Blantyre, 5.4 KII Healthcare Student Lilongwe
[98] 5.5 KII Healthcare Student Blantyre District, 4.2 KII Facility Departmental Head Mulanje District
[99] 1.1 FGD LGBTI Chikwawa District

9. **Resource Constraints**: Lack of sufficient resources, such as transport money for healthcare workers to make follow-ups, could hinder the project's reach and effectiveness[100].
10. **Service Availability**: Ensuring the availability of Sexual and Reproductive Health and Rights (SRHR) services in public health facilities is crucial, as not all members of the LGBTI community can afford to visit private health facilities[101].

4. Conclusion

The Umunthu Project adopted a two-phase strategy aimed at improving healthcare for LGBTI individuals in Malawi. The theory of change underpinning the project focused on first fostering empathy among healthcare providers (Phase 1), and then extending its impact to the community and healthcare system levels (Phase 2), thus resulting in enhanced health outcomes for the LGBTI community.

In Phase 1, the Umunthu workshops were developed and implemented to dispel discriminatory attitudes among healthcare workers, replacing them with a better understanding and respect for LGBTI individuals' unique health needs. This phase highlighted areas for further intervention, such as improving the accessibility of LGBTI-friendly health services and reinforcing the sustainability of the workshops.

Phase 2 built on the groundwork of Phase 1 by addressing these identified challenges through a range of innovative activities. The phase involved strengthening connections between LGBTI individuals and trained health workers, garnering the support of traditional and religious leaders, and recruiting champions from workshop alumni. The project also engaged local and district leadership to enhance health service delivery and expanded the workshop program.

In effect, the project's theory of change represents a progressive model that transitions from fostering empathy and understanding in healthcare workers towards LGBTI individuals, to widespread community and system-level engagement. This dual approach created a supportive environment that facilitates non-discriminatory access to health services for LGBTI individuals. Furthermore, literature validated the project's objectives, confirming that culturally competent healthcare settings can significantly improve health outcomes for LGBTI patients.

[100] 8.2 FGD Healthcare Workers Dedza District
[101] 1.1 FGD LGBTI Chikwawa District

This final evaluation offers an analysis of the Umunthu Project's Phases 1 and 2, implemented by ArtGlo. The report integrates past evaluations with the latest data, assessing the project's relevance, effectiveness, and sustainability. It aims to verify the project's theory of change and identify potential gaps in design or implementation. Furthermore, it serves to demonstrate the project's success, particularly in improving health access for LGBTI people in various contexts. This evaluative report is intended to aid ArtGlo in project improvements, demonstrate donor accountability, leverage additional resources, support project sustainability, facilitate shared learning, and inform broader policy debates on minority population healthcare access, discrimination reduction, and inclusive policies. Evaluation research questions are used to guide this process.

Relevance: The project has successfully addressed LGBTI healthcare needs in targeted areas using a comprehensive, multi-stakeholder approach. It has also pinpointed areas for continued improvement, including engagement with religious leaders and long-term enhancements in healthcare access. The project aligns with Malawi's national health policies and international best practices, integrating its goals and strategies with key policy objectives like universal health coverage, rights-based services, and social inclusion.

Impact: The program has not only improved LGBTI healthcare access and inclusivity but also had broader effects, as healthcare workers apply these principles to other marginalized communities and groups. This lasting impact is further solidified by the establishment of ombudsman offices, ensuring long-term equitable healthcare. Additionally, the training has heightened healthcare workers' empathy and understanding, reducing discrimination, and boosting service uptake among LGBTI individuals.

Effectiveness: Rooted in the Umunthu philosophy, the project has contributed to the shifting of societal attitudes and promises long-term inclusivity, corroborated by positive reports from the LGBTI community. Despite these successes, challenges remain, including limited reach in rural areas and initial societal resistance. The project's influence has also been institutionalized in educational and healthcare training programs, extending its impact to other marginalized groups.

Sustainability: The sustainability of the Umunthu Health Care Workers Project relies on its transformative objectives and the integration of its principles into societal norms. Continuous education, sustained advocacy, and overcoming resistance towards the LGBTI community are crucial for maintaining these gains. The Umunthu philosophy has already made a lasting impact across various sectors, promoting inclusivity and compassionate care. However, the project faces challenges such as limited reach, social resistance, and resource constraints that could hinder its long-term success. Therefore, ongoing community engagement, financial support, and the gradual incorporation of the Umunthu philosophy into existing systems are essential for sustainable impact.

The next two sub-sections illuminate the valuable insights and understandings gained throughout the implementation of the Umunthu Project. It not only highlights what worked well and what didn't, but also sheds light on the unanticipated challenges and opportunities encountered, fostering a culture of learning and continuous improvement.

This sub- section serves to guide future actions, strategy adjustments, and potential scale-up of the project. The recommendations presented aim to improve the project's efficiency, effectiveness, and

sustainability. Moreover, these findings and suggestions are not only significant for the Umunthu Project and ArtGlo, but also for other organizations and stakeholders who might be planning or implementing similar initiatives. In essence, this section encapsulates the rich experience gained from the project, distilling it into actionable advice for future endeavours.

4.1 Lessons Learned

4.1.1 Relevance

1. **Multi-Stakeholder Approach:** The project's effectiveness in tackling LGBTI healthcare disparities can be attributed to its multi-stakeholder approach. By involving a diverse range of participants—from healthcare providers to community and religious leaders—the project was able to address various facets of the issue, thereby creating a relevant approach to healthcare access for LGBTI people.
2. **Project Focus:** The project was not limited to a single aspect of healthcare; rather, it addressed multiple policy goals such as universal health coverage and rights-based services. This focus made the project a well-rounded initiative capable of creating systemic change.
3. **Strategic Synergy:** The project's activities, such as the sensitization and training of healthcare workers, aligned well with the strategic objectives of existing policies like the National HIV and AIDS Policy. This synergy ensures that the project is not operating in a vacuum but is contributing to broader healthcare goals.

4.1.2 Impact

4. **Empowerment of LGBTI Individuals and Healthcare Providers:** The project provided practical tools and confidence-building measures, such as peer education and advocacy training. This empowered individuals to stand against discrimination and advocate for equitable healthcare access.
5. **Spillover Effects:** The program's principles have been applied to other key population groups by trained health workers, implying the project is extending its impact beyond the initial target population. This suggests that the training was not only effective but also universally applicable, making it a model for broader social change.
6. **Institutional Changes for Long-term Impact**: The establishment of ombudsman offices in health centres indicates a structural change that will outlast the project's lifespan. This was possible because the project not only focused on immediate needs but also had a vision for sustainable impact.
7. **Increased Knowledge and Awareness Among Healthcare Workers:** The project's training modules were evidently effective, as seen in the increased empathy and understanding among healthcare workers. This was likely due to the project's focus on real-world scenarios and practical, actionable advice.
8. **Self-Stigma and Isolation from Health Facilities:** Despite the project's efforts, some LGBTI individuals still did not seek healthcare services. This could indicate that the project needs to explore additional avenues for reducing self-stigma and encouraging healthcare engagement among the most isolated or sceptical members of the target population.

9. **Scepticism Rooted in Religious Beliefs Among Healthcare Workers:** This points to a deeper, more systemic issue that the project's activities may not address within the limited timeframe and resources. It suggests that future iterations may need to include more targeted interventions to address these deeply ingrained beliefs.
10. **Follow-up concerns:** While Phase 1 of the project did include follow-up sessions with healthcare workers and Trainers of Trainers, healthcare students and all Phase 2 activities were left out. Some respondents, particularly from these groups, expressed a desire for post-workshop follow-up, which was not originally included in the project's design. This oversight raises questions: Could the absence of follow-up mean that the project's peer learning initiatives didn't reach everyone effectively? The lack of ongoing support could potentially dilute the project's long-term impact, especially if healthcare workers revert to previous behaviours or face new challenges that were not covered in the initial training.

4.1.3 Effectiveness

11. **Transformative Dialogues:** The project successfully facilitated meaningful conversations among civil society, community leaders, and healthcare workers, leading to practical changes like the transformation of local health facilities to be more inclusive.
12. **Methodological Strength:** The project's use of the Umunthu philosophy and creative participatory approaches has been pivotal in its success, leading to meaningful social and behavioural changes.
13. **Effective Strategies for Inclusivity:** The program has been successful in improving health access and reducing discrimination against LGBTI individuals. Strategies like peer education, religious leader engagement, and convergence workshops have been particularly effective.
14. **Geographical Reach:** The program has had a positive impact across multiple districts, indicating that its strategies are adaptable and effective in different contexts.
15. **Expanding Beyond Health Workers:** The engagement with the Ministry of Education and the District Health Management Teams shows that the sensitization and advocacy efforts should not be limited to frontline health workers but should also involve administrative, policy-making, and managerial levels. Moving forward, there could be more focus on including more sectors and levels of society in these discussions, for a more holistic approach towards discrimination against LGBTI individuals.
16. **Gender Disparity:** While the program has surpassed its targets for male participants in various categories, it has fallen short in reaching female participants. This suggests that there may be gender-specific barriers to participation.
17. **Limited Scope:** Despite its successes, the program has a limited reach, leaving some healthcare workers untrained and holding discriminatory attitudes. This could affect the program's long-term effectiveness. Behaviour change is a gradual process. Results may take time to manifest, emphasizing the need for sustained efforts and follow-up to achieve comprehensive impact.

4.1.4 Sustainability

18. **Knowledge Transfer:** The project has been effective in not only imparting knowledge to the initial set of beneficiaries but also ensuring that this knowledge is transferred to new recruits in the healthcare system.
19. **Multi-Level Stakeholder Engagement:** The project has successfully engaged with key stakeholders at multiple levels, integrating its objectives into broader community and institutional frameworks.

20. **Umunthu Philosophy:** The integration of the Umunthu philosophy into professional and private lives has been transformative and appears to be sustainable.
21. **Financial and Logistical Support:** Adequate funding and resources are identified as key facilitators for the project's sustainability.

4.2 Recommendations

4.2.1 Relevance

1. **Policy Review:** Continue regular review of project's alignment with evolving national and global policies to ensure continued relevance and effectiveness.
2. **Enhance Religious Leader Engagement:** Given their influence, actively involving religious leaders could help in reducing discrimination perpetuated by them, thereby making the intervention more relevant to the community it serves.
3. **Address Specific Challenges:** Addressing logistical issues like healthcare worker transfers and medical supply shortages is crucial for the project to remain relevant in providing consistent and quality healthcare access.
4. **Broaden Reach**: Expand future programs to include not just healthcare workers but also educators, policymakers, and managers. Leverage the influence of teachers and parents to nurture early understanding and respect, aiming for a cohesive system that addresses health disparities. This holistic approach will enhance anti-discrimination efforts and inclusivity, especially for those who haven't attended workshops and face healthcare access barriers.

4.2.2 Impact

5. **Sustain Behavioral Change:** Continue educational and training programs to maintain the positive behavioral changes observed among healthcare workers and community leaders.
6. **Health-care uptake data**: Leverage the newly-introduced government column for key populations to regularly collect and analyze quantitative data on LGBTI healthcare service uptake. Advocate for further disaggregation of this data to better understand health uptake among specific groups.
7. **Institutionalize Best Practices**: Continue advocating for the ombudsman offices and other institutional changes to be a permanent feature in healthcare centers to ensure long-term impact.
8. **Long-Term Funding:** Secure long-term funding to sustain the program's impact, especially for initiatives like the ombudsman offices that promise long-term benefits.

4.2.3 Effectiveness

9. **Follow-up and Reinforcement:** Implement follow-up sessions or refresher courses to reinforce the training and address any new challenges or gaps that may have emerged.
10. **Review and Adapt:** Continue reviewing performance indicators and adapt strategies as needed to ensure that the program continues to meet its objectives effectively.

11. **Broaden Stakeholder Engagement:** To tackle the shortfall in female participation and the limited reach within Community-Based Organizations (CBOs), consider engaging a broader range of stakeholders in the planning and execution phases.
12. **Engage Legal and Policy Makers:** Given the legal complexities around providing healthcare to LGBTI individuals, engage with legal and policy makers to ensure that healthcare workers can provide services without fear of legal repercussions.
13. **Integrate Direct Engagement:** The project should continue integrating more direct engagement between healthcare workers and the LGBTI community, as separate meetings in some districts were seen as a missed opportunity for fostering understanding.
14. **Enhance Peer Education and Media:** Given their effectiveness, peer education and media strategies like movie screenings should be further leveraged to add clarity to the everyday challenges faced by the LGBTI community.
15. **Iterative Feedback Loops:** Continue to engage with internal and external monitoring and evaluation teams to refine the project's methodologies and make impactful recommendations.
16. **Stakeholder Training**: Given the project's success in changing mindsets, consider developing specialized training modules for different stakeholder groups to deepen their understanding and commitment to inclusivity.

4.2.4 Sustainability

17. **Scale Up Training and Educational Engagement:** Increase the scope of training programs to include more healthcare workers and deepen engagement with educational institutions, particularly lecturers, to ensure new graduates acquire the necessary knowledge and attitudes.
18. **Address Social Resistance:** Future interventions should focus on overcoming social resistance or ignorance towards the LGBTI community, particularly from religious leaders who may be judgmental.
19. **Resource Allocation:** Ensure that sufficient resources, including transport money for healthcare workers, are allocated for effective follow-ups.
20. **Service Availability:** Advocate for the availability of SRHR services in public health facilities and engage relevant stakeholders to support this initiative. This approach recognizes that not all LGBTI community members can afford private health facilities.
21. **Multi-Sectoral Collaboration:** Continue to engage with a diverse range of stakeholders, including educational institutions, civil society organizations, and governmental agencies, to ensure that the project's principles are ingrained in societal norms and practices.
22. **Remote Area Outreach:** Special attention should be given to extending the project's reach to remote areas, which are currently underserved.
23. **Mental Health Advocacy:** Advocate for inclusive mental health support in public health facilities to address stigma and build confidence among LGBTI individuals. Ensure accessible, professional services to empower the community and encourage broader healthcare utilization.

Annexes

ANNEX 1. Qualitative Discussion Guide Excerpt

Introduction & Consent

Welcome! My name is [YOUR NAME] and I am evaluating the Umunthu Health Care Workers Project that supports the LGBTI community in Malawi to access better healthcare services.

Today, I would like to hear your opinions and experiences about various topics that relate to inclusive healthcare. Your positive AS WELL AS negative feedback is very important to me.

Your participation in this discussion is **VOLUNTARY**.

[If a session with multiple participants e.g., an FGD] As a **GROUND RULE,** please make sure that we are respectful of each other's opinions. We cannot share what others say here today. We are here to learn from each other and not to judge one another.

[For all] To make it easier for me and to not forget the important things you say, I will **RECORD** this discussion.

Your answers will be **CONFIDENTIAL**. We will replace your name with a fake name so the answers can never be traced back to you.

The data we are collecting may be reused in current and future research. Any personal information that could identify you (or be linked to you) will be removed or changed before this data is shared with other people or organizations or results are made public. The researchers will store all data related to this activity in a controlled-access repository in the cloud. The storage is controlled-access, meaning only certain research team members have authorized accounts to access the data

Do you have any **QUESTIONS** before we start? Can we begin?

Focus Group Discussion & Interview Guide

1. **Introduction/Context**
   - 1.1. Could you please introduce yourself and briefly explain your role or involvement with the project?
     - 1.1.1. What were your main responsibilities or experiences in this role?
2. **Relevance**
   - 2.1. How did this program align with your personal needs as a part of the LGBTI community in Malawi?

2.1.1. Can you provide examples of how the program's interventions directly addressed your needs?

2.2. Can you describe how the program's interventions (workshops, advocacy, networking, etc.) were specifically relevant to your context or role?

2.3. How have your needs, conditions, and priorities changed since your engagement with the program?

2.4. How do you think these interventions could have been more effective or relevant?"

2.5. Can you discuss the extent to which you think the project aligns with national health policies and global best practices for LGBTI healthcare?

2.5.1. Could you elaborate on any areas where you think the project's alignment was particularly strong or weak?

3. Effectiveness

3.1. In your opinion, how effective was the project in achieving its overall goal of improving health access and reducing discrimination for LGBTI people in Malawi?

3.1.1. Can you discuss how the project has facilitated your understanding and action on inclusive policies and practices?

3.1.2. Can you share any concrete examples or experiences that lead you to this conclusion?"

3.2. How did the project change your understanding, appreciation, and responsibilities towards LGBTI persons?

3.2.1. Can you elaborate on any specific instances or experiences that contributed to this change?

3.3. How did the project facilitate your engagement with civil society, community leaders, and other healthcare workers?

3.3.1. Can you share any specific experiences or examples of this engagement?

3.4. Can you discuss how the project's workshop activities were integrated into the curricula and training of your organization or institution?

3.4.1. Can you provide examples of how this integration impacted your work or study?

3.5. Can you share your thoughts on the effectiveness of the curricula, based on the Umunthu philosophy, in achieving the project objectives?

3.6. What major factors have influenced the achievement or non-achievement of the project's objectives, and can you provide examples?

4. Impact

4.1. Can you share any significant changes you've observed or experienced as a result of this program? This could include negative or positive, latent, or manifest, intended or unintended changes.

4.2. Can you discuss any unintended changes (positive or negative) that resulted from the program?

4.3. Can you share any achievements you've observed or experienced towards improved knowledge and awareness of the existing gaps to health access of LGBTI people?

4.4. Can you share any changes you've observed or experienced on LGBTQI people's health service uptake?

5. Sustainability

5.1. How sustainable do you feel the outcomes of this project are?

5.2. Can you discuss how the project's outcomes have been sustained in your professional or private life?

5.3. Can you provide examples of how you or others you know have integrated the Umunthu philosophy in your professional and private lives?

5.4. Can you discuss any factors that you believe will influence the achievement or non-achievement of the sustainability of the project?

5.4.1. Can you suggest any changes or strategies that could improve the project's sustainability?

5.4.2. Considering the outcomes of the project that you've shared, could you discuss potential ways they might be sustained? Can you suggest any strategies?

ANNEX 2. Umunthu Health Care Workers Project Theory of Change

(Next page)

Figure 4 Umunthu Health Care Workers Project Theory of Change