



INSIGHTS

Evaluation of the Community Response to HIV and AIDS

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INTRODUCTION

Since the beginning of the AIDS epidemic, communities have played an important role in advocating for governments to meet their commitments in dealing with the epidemic, in developing innovative approaches to service uptake and delivery, and in accessing and empowering marginalised populations affected by HIV.

The role of communities has been acknowledged in many global reports and peer publications over the years. Most recently, the 2011–2015 UNAIDS strategy highlighted the need to ‘institutionalise the principles and practices of strengthening community systems in the global HIV response’. Likewise, the 2011 ‘Improved investment approach for HIV/AIDS’ emphasized the need for community mobilisation and community-centred service delivery in order to achieve efficiency gains in a context of flat-lined resources for combating AIDS.

Since 2000, there has been a significant increase in donor funding for civil society to deliver HIV-related services and engage in advocacy. The major donors (DFID, Global Fund, PEPFAR, the World Bank) have provided an estimated USD 500 million per year to civil society organizations. While evidence-based practice is stressed, efforts to document and evaluate the community contribution in a systematic way have been limited. Much of the available evidence is anecdotal or based on context-specific case studies.

Recognising the need for a better understanding of the effectiveness, efficiency and sustainability of community responses, the World Bank, DFID and the UK Consortium on AIDS and International Development, launched a series of evaluations in 2009. The evaluation findings will inform future action by communities and add to the evidence base on the community response. The findings will also inform approaches to community engagement in the wider health and development arenas.

COMMUNITIES AND THE COMMUNITY RESPONSE

Communities can be described in many different ways such as a cultural entity sharing common needs and challenges or a geographic entity sharing the same location. Regardless of how they define themselves, communities



organize to solve problems that affect the community and its individual members, in order to bring about positive change.

The community response may include a multitude of actions which are focused locally, nationally and/or regionally. Responses may be initiated from within the community (i.e., indigenous or grassroots responses) while others may be introduced and financially supported by a variety of outside actors. Responses may be informal, needs-driven or organized more formally with a written mission, staff, volunteers etc. Both formal and informal community-based organizations and initiatives fall under the overall umbrella of civil society as referenced here.

Community responses can be characterized by many different criteria. For our purposes, we consider the following six criteria:

1. The types of organizations and structures implementing the response
2. The types of activities or services implemented and their beneficiaries
3. The actors involved in and driving the response
4. The contextual factors that influence the response
5. The extent of community involvement in the response
6. The extent to which community responses involve wider partnerships and collaboration

The evaluations will document the community responses under study according to these critical dimensions.

STUDY QUESTIONS

The overall evaluation aims to test the hypothesis that a strong community response contributes to a stronger national AIDS response and, hence, to improved AIDS-related outcomes.

The evaluation focuses on the following key questions:

- Do communities with a strong community response to AIDS show:
 - Better AIDS-related and health outcomes?
 - Better knowledge, attitudes, perceptions and behaviour with respect to AIDS?

- Greater access to and better utilisation of AIDS-related services?
- Differences in social transformation?
- How does the allocation of funding by civil society organisations contribute to the community response?

STUDY METHODOLOGICAL APPROACH

The overall evaluation uses a mixed methods approach including collection and analysis of both quantitative and qualitative data. In the interest of efficiency and cost-effectiveness, the evaluation uses existing data where this is up to date and of sufficient quality, but new data has also been collected to serve as baseline. The evaluation includes analytical (desk review and statistical analyses) and field studies (Table 1). The evaluations are conducted in Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa and Zimbabwe.

Analytical studies focus on describing:

- the characteristics of community responses (development of operational framework and typology¹)
- the funding mechanisms and flows (desk review)
- the community response to children orphaned and made vulnerable by HIV and AIDS (literature review and analysis)

Field studies (Table 2) use experimental or quasi-experimental designs to assess the effects of the community response on:

- Access and utilization of key services (i.e., condom distribution, HIV testing and counselling, PMTCT, anti-retroviral treatment)
- AIDS-related outcomes including knowledge of HIV, perceived HIV risk, sexual risk behaviour, substance use risk behaviour
- Social transformation including gender attitudes, AIDS-related stigma and discrimination, knowledge of OVC rights, participation in political processes
- AIDS-related disease and death

¹ Analysing Community Responses to HIV and AIDS: Operational Framework and Typology. World Bank Policy Research Working Paper 5532, January 2011. www.aidsconsortium.org.uk/WorldBankConsultation.htm

Table 1: Country studies: Sampling and design

Country	Impact [experimental] (sample size Households)	Impact [analytical]	Outcomes [quasi-exp] (sample size Households)
Burkina Faso	8,496		
South Africa	856		
Kenya			4,500
Nigeria			5,376
India		Over 50,000 female sex workers (FSWs)	
Lesotho		12,718 people	
Senegal		12,739 tested individuals	
Zimbabwe		Cohort of over 10,000 people	

Source: World Bank, Evaluation of the Community Response to HIV and AIDS, 2011.

The evaluations are implemented by a partnership of the World Bank's Global AIDS Program, the Research Department and the Regions Impact Team; ICF Macro; and, university-based researchers. This partnership consults with a wide range of civil society organisations and networks.

At the country level, evaluations are conducted in collaboration with national AIDS authorities.

EVALUATION FINDINGS: THE COMMUNITY RESPONSE CONTRIBUTES TO BETTER AIDS-RELATED OUTCOMES

This section provides some key findings to date from five countries and from key analytical studies; these findings should be considered preliminary. Table 3 provides an overview of observed effects on AIDS-related outcomes.

The following section provides more detail on the specific evaluation focus and design in each country and reviews the key preliminary findings.

Kenya: Effect of intensity of CBO activity on AIDS-related outcomes and service utilisation

Study focus and methods

The study compared communities with different levels (high, low) of activity by community-based organisations (CBO). Intensity of CBO activity was measured by the proportion of respondents who were aware of HIV-related services provided by CBOs in their community.

Table 2: Field studies: Overview of evaluation measures studied by country

Evaluation measures	Burkina Faso	Kenya and Nigeria	Senegal	Lesotho	South Africa
AIDS-related outcomes					
1. Knowledge of HIV		✓			
2. Perceived HIV risk		✓			
3. Sexual risk behaviour		✓			
4. Substance use risk behaviour		✓			
Access to and utilisation of services					
1. Condom distribution		✓		✓	✓
2. HIV testing and counseling (HCT)		✓	✓	✓	
3. PMTCT		✓		✓	
4. Antiretroviral treatment		✓		✓	
Social transformation					
1. Gender attitudes	✓	✓		✓	
2. HIV/AIDS-related stigma		✓		✓	
3. Attitudes toward PLHIV		✓		✓	
4. Knowledge of OVC rights		✓		✓	
5. Participation in political processes					

Source: World Bank, Evaluation of the Community Response to HIV and AIDS, 2011.

Table 3: Overview of observed effects on AIDS-related outcomes by country

	Effect on knowledge, attitudes, perceptions and behaviour	Effect on service access and utilisation	Effect on social transformation
Burkina Faso	<ul style="list-style-type: none"> Better HIV knowledge Increased condom use with first or second partner 	<ul style="list-style-type: none"> Increased uptake of HCT 	<ul style="list-style-type: none"> Increased individual stigma Decreased collective stigma
Kenya	<ul style="list-style-type: none"> Increased HIV knowledge Higher HIV risk perception Increased condom use 	N/A	<ul style="list-style-type: none"> Increased awareness of child rights Increased political participation
Lesotho	<ul style="list-style-type: none"> Consistent condom use with non-regular partners 	<ul style="list-style-type: none"> Increased support to OVC, PMTCT, ART 	<ul style="list-style-type: none"> Positive changes related to gender roles Decreased stigma related to HIV testing
Senegal	N/A	<ul style="list-style-type: none"> Increased use of HCT, post-test counselling Increased proportion of partners of PLHIV seeking HCT 	N/A
South Africa	N/A	<ul style="list-style-type: none"> Increased ART adherence 	N/A

Source: World Bank, Evaluation of the Community Response to HIV and AIDS, 2011.

Communities with high CBO activity were assigned to the study group and those with low levels of CBO activity to the comparison group. Using primary household survey data, differences in knowledge, attitudes, perceptions and behaviours, service utilisation and social transformation were explored between the two groups.

Preliminary results

Higher levels of CBO activity were found to be associated with higher levels of HIV knowledge, HIV risk perception and condom use:

- Knowledge:** Individuals in the study group had better knowledge of measures that can reduce HIV transmission including having one uninfected partner (nine times better knowledge), using condoms (15 times better knowledge), and drugs to prevent mother-to-child transmission (four times better knowledge) than individuals in the comparison group.
- Risk perception:** Individuals in the study group had a higher perception of risk of HIV infection than individuals in the comparison group.
- Condom use:** Individuals in the study group were four times more likely to use condoms consistently with all sex partners during the past 12 months than individuals in the comparison group.

No differences in health outcomes, use of services, gender norms or stigma were noted between the groups.

However, there was higher awareness of institutions that protect children's rights and higher electoral participation in the study group than the comparison group.

Conclusions

The findings suggest that **community responses increase knowledge of protective measures against HIV transmission, perception of HIV risk, and consistent condom use.**

Lesotho: Effect of community support on schooling outcomes of OVC

Study focus and methods

One in three children in Lesotho has lost one or both parents and almost half of them do not live with either parent. Of these, 27% live with grandparents, 11% with other relatives and the rest live on their own. The analytical study used a cross-section of data from the 2004 DHS (12,395 children aged 6–17 years) to assess the effect of orphanhood and orphans' living arrangements on schooling outcomes.

Preliminary results

On average, orphans have lower educational achievements than non-orphans. The negative effect is worse for orphans who do not live with the remaining parent or other relatives.

Table 4. Measures and data sources used to explore differences between communities with high levels of CBO activity and communities with low levels of CBO activity

Community Differences on:	Data Source	Variables
Health Outcomes	Household Survey	<ul style="list-style-type: none"> AIDS-related disease and death
HIV Knowledge, Behavior, Attitudes and Perceptions	Household Survey Qualitative Study	<ul style="list-style-type: none"> Use of HIV/AIDS-related services HIV test status Knowledge of HIV prevention strategies and transmission modes Perceived HIV risk Attitudes toward HIV/AIDS services Sexual risk behavior Substance use risk behavior
Social Transformation	Household Survey Qualitative Study	<ul style="list-style-type: none"> Gender attitudes HIV/AIDS-related stigma Attitudes toward persons living with HIV/AIDS Knowledge of OVC rights
Funding	Funding allocation study	CBO Expenditures

Source: World Bank, Evaluation of the Community Response to HIV and AIDS, 2011.

Conclusions

The findings confirm the important role played by community members, in particular the extended family, in mitigating the negative consequences of orphanhood. **Communities mitigate the negative effects of being an orphan.**

Senegal: Effect of community mobilisation on utilization of HIV testing and counselling services

Study focus and methods

The study employed three groups of randomly selected health districts:

Treatment 1: CBOs received funding to carry out standard sensitization activities

Treatment 2: CBOs provided peer mentoring

Control: CBOs carried out sensitization activities without receiving funding

Preliminary results

The results indicated that:

Peer mentoring by CBOs (treatment 2):

- increased (by 90%) the number of individuals who received pre-test counseling and HIV testing
- doubled the number of individuals who picked up their HIV test results
- compared to the control group. Funded standard sensitization techniques (treatment 1) did not have an effect on these measures.

In the case of HIV-positive individuals:

- there was no effect of either treatment on the number of individuals picking up their test results
- both treatments increased the number of HIV-positive individuals who attend post-test counseling.
- both treatments increased the number of partners to get tested for HIV.

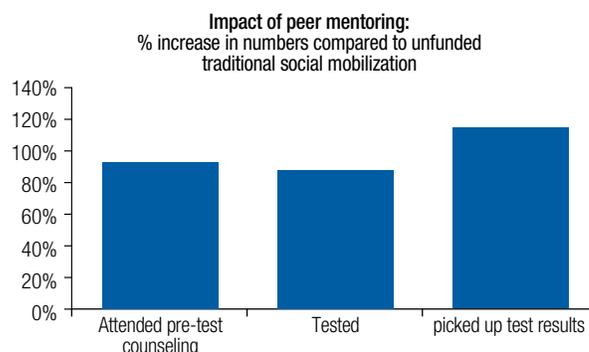
Social Mobilization and VCT in Senegal

Methodology:

- Experimental study design and routinely collected administrative data from 52 health districts

Evaluation Findings:

- Delivery mechanism matters
 - Funded peer-mentoring is effective at increasing use of VCT
- Behavior of HIV+ individuals changes
 - Post-test counseling increases
 - # of HIV+ individuals whose partners are tested increased
- Links with health sectors
 - Evaluation done with routinely collected data by health districts
 - VCT sites expanded by Ministry of Health



The relative effects of peer mentoring and standard social mobilization activities varied by gender and type of activities.

Conclusions

Communities increase uptake of HIV testing and counselling. The findings suggest that there is a need to implement a community mobilization approach that uses both standard sensitization techniques as well as peer mentoring.

South Africa: Community peer support for treatment adherence

Study focus and methods

The Effective AIDS Treatment and Support in Free State (FEATS) study evaluated the impact of community peer support and nutrition support on adherence to antiretroviral treatment (ART). The study involved 856 households and 648 patients. Nurses in 12 clinics recruited adult patients who had initiated ART in the past 4 weeks and lived in the community nearby the clinic. Patients were assigned to one of three groups:

- *Group A:* 216 patients received ART and support by the existing programme.
- *Group B:* 216 patients received the same as group A + twice weekly visits from a 'peer adherence supporter'.
- *Group C:* 216 patients received the same as group B + a nutritional supplement (i.e., two cans of food).

Fifty 'peer adherence supporters' were recruited from the community and trained. Each was assigned 8 patients, 4 in group B and 4 in group C, and paid US\$100 a month (conditional on performance).

Preliminary results

Patients who received peer support (groups B and C) achieved better rates of self-reported adherence to ART than those who did not receive such support (group A). Nutrition support offered in group C did not result in additional benefits over and above peer adherence support (group B). This may be due to the limited amount of food provided and the fact that food is generally shared with others in the household.

Conclusions

The findings suggest that **community peer support improves treatment adherence.** However, the results need to be confirmed with biomedical data including CD4 count and viral load.

FUNDING MECHANISMS AND FLOWS

Study focus and methods

This analytical study focused on the amount of donor funding for civil society, the different sources of funding for civil society organisations, the extent to which funds reach CBOs and how they use the funds.

Data was collected from four donors (DFID, Global Fund, PEPFAR, World Bank), three country case studies (India, Kenya, Peru) and an online survey (146 civil society organisations responded of which 89% were domestic organisations in developing countries²).

Caveats: For PEPFAR, only funding to local civil society organisations was considered, based on the assumption that these organisations are more likely to fund community activities than large international civil society organisations. For Global Fund, funding provided to governments as Principal Recipients was excluded.

Preliminary results

The 4 major donors provided and estimated US\$530 million per year for the community response during the period 2004–2009. Total funding provided for HIV/AIDS by these donors amounted to about US\$3.7 billion a year during the same period, implying that the community response received approximately 14% of the overall funding. **Communities do more with less.**

Country studies showed that funding mechanisms vary considerably:

² Civil society includes international and national non-government organisations (NGOs) and community-based organisations (CBOs), as well as other non-state actors such as the media, youth and women's organisations, and organisations of people living with HIV.

- **India:** the government is a major funder of civil society organisations, especially those at state and district level. A joint funding pool established by the World Bank and DFID is another important source of funding.
- **Kenya:** organisations' own resources, foundations, and national and local government are more significant sources of funding for small non-governmental organisations and CBOs than direct funding from international donors.
- **Peru:** 5 organisations received approximately 70% of the total AIDS funding. However, a consortium involving 17 organisations has recently been established to access Global Fund grants in order to fund activities by smaller non-governmental organisations.

These examples illustrate the importance of establishing local funding mechanisms that enable smaller non-governmental and CBOs to access international funding indirectly.

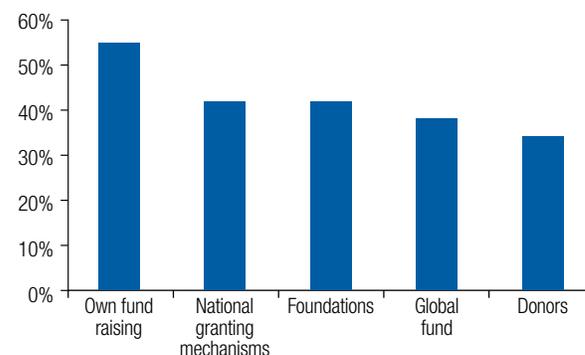
In the response to the online survey, organisations' own fundraising, national grant mechanisms and foundations are mentioned more often as funding sources than the Global Fund and other international donors (see Figure 1).

Responses on the use of funding indicated that CBOs allocate the highest proportion of funds to HIV prevention activities (42%), followed by support for creating an enabling environment (19%), delivery of care and support services (18.5%), treatment provision (15%) and impact mitigation (6%).

Analysis of funding flows showed that:

- Funding for civil society organisations is substantial in absolute terms but represents a small share of the overall AIDS funding at global and country levels.
- There is relatively limited trickle down of funding from international sources to smaller civil society organisations including CBOs.

Figure 1. Online survey findings about funding sources for community-based organisations



Source: World Bank, Evaluation of the Community Response to HIV and AIDS, 2011.

- CBOs mobilise domestic resources and access funding through national grant mechanisms.

PRELIMINARY CONCLUSIONS

The findings of the evaluation show that the community response achieves results.

- This evaluation found positive results both at the household level and at the interventions level. It points to the fact that at the community level, CBOs are engaged in AIDS, health, education and other sectors. CBOs provide goods and services and engage in social actions such as those related to PLWHA, gender or advocacy.
- To determine more specifically how the community response adds value to the national response, we are considering further work on costing programs and packages of services, analyzing efficiencies and determining the value of investments.

Please note that the findings, interpretations, and conclusions expressed in this document do not necessarily reflect the views of the Executive Directors of The World Bank or the governments they represent.

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