

Investing in Communities to Achieve Results: A Summary of the Findings from the Evaluation of the Community Response to HIV and AIDS

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From 2009 to 2011, the World Bank, DFID and the UK Consortium on AIDS and International Development spearheaded a ground-breaking evaluation of the community response to HIV and AIDS. Overall, the evaluation results strongly indicate that community engagement produces positive results in most instances. This summary document presents a synopsis of the approach, key findings and implications of the evaluation.

An analysis was long overdue

In the HIV and AIDS field, community-based organizations (CBOs) have been at the forefront of the global response to the epidemic since it emerged. The first responses to AIDS came, almost universally, from HIV-positive individuals, their families and communities, who organized themselves to care locally for those in need. Now, CBOs working on HIV and AIDS represent a complex, international web of groups working along the entire continuum of prevention, care, treatment and support, and enabling communities to adjust their behaviors in order to halt the epidemic by creating space for social dialogue around HIV and AIDS.

Over the last decade, donors recognized the important role played by CBOs, especially in reaching certain populations and in scaling up successful approaches. From 2003 to 2009, the four major HIV and AIDS donors¹

programmed an annual average of nearly US\$600 million through CBOs. Currently, community systems and services remain at the forefront of the HIV and AIDS strategies of critical actors like UNAIDS, PEPFAR and the Global Fund, and national-level programs.

The evaluation explored the link between community response and outcomes

DFID and the World Bank agreed to collaborate on a new evaluation, which was formed around a compelling hypothesis: a strong community response contributes to a stronger national HIV and AIDS response, and hence improves HIV and AIDS-related outcomes. The evaluation asked several specific questions:

1. Do communities with a strong community response to the HIV and AIDS epidemic show greater access to and utilization of HIV/AIDS services; better knowledge, attitudes, perceptions and behavior with respect to HIV and AIDS; better HIV and AIDS outcomes; and differences in social transformation?
2. How does the allocation of funding by CBOs contribute to the community response?

The evaluation's approach and methodology reflect the complexity of the subject matter

¹ DFID, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the US President's Emergency Plan for AIDS Relief (PEPFAR), and the World Bank

Given the multiplicity of community responses, the researchers selected an approach that involved several countries, several methods, and several types of studies. A total of 11 studies were carried out in eight countries (Burkina Faso, India, Kenya, Nigeria, Lesotho, Senegal, South Africa and Zimbabwe), selected for their diversity of epidemic status (generalized vs. concentrated), HIV prevalence (from high to low) and regional location.

Box 1: Definitions

Communities:

Can be described as *cultural identity* (members belong to a group that shares common characteristics or interests), or as a *geographic sense of place* (a group in a location or an administrative entity)

Community response:

The combination of actions and steps taken by communities, including the provision of goods and services, to prevent and/or address a problem to bring about social change

Typologies of Community Response:

Community responses can be characterized in six main ways:

1. Types of implementing organizations and structures
2. Types of implemented activities or services and beneficiaries
3. Actors involved in and driving responses
4. Contextual factors influencing responses
5. Extent of community involvement in the response
6. Extent of involvement of wider partnerships/collaboration

The methodology varied across countries. Of the 11 studies, three used an experimental design with individual, household or community randomization; five were quasi-experimental using repeated cross-sectional surveys and matching methods to establish comparison groups; and two studies were descriptive analytical studies. The experimental and quasi-experimental studies used robust methods for establishing a counterfactual².

² A counterfactual is what would have happened to a similar group of people in the absence of the intervention.

Most country studies also collected a range of qualitative data. Desk studies review existing documentation, use new survey data and analytical frameworks to inform and complement country evaluations.

To capture the diversity of community responses, the evaluation covered different types of community organizations –from more to less formal. Figures 1 and 2 show the typology continuum for CBOs in Zimbabwe, and Kenya, and Nigeria, respectively.³

Figure 1: Zimbabwe’s evaluation is focused on the effects of community group membership on HIV outcomes

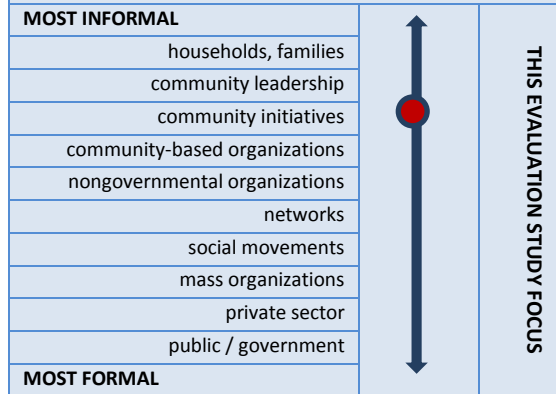
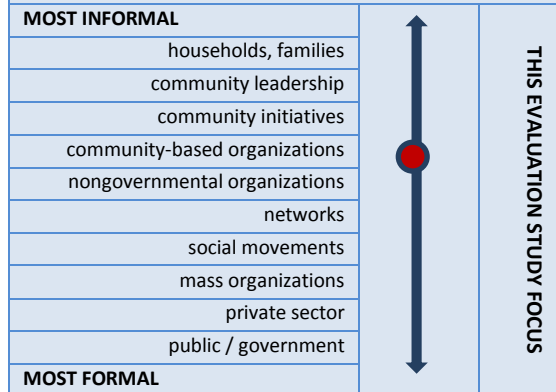


Figure 2: Kenya’s and Nigeria’s evaluations are focused on the effects of CBOs on community-level outcomes



³Rodriguez-Garcia et al. Analyzing Community Responses to HIV and AIDS: Operational Framework and Typology. World Bank Policy Research Working Paper 5532, January 2011.

The findings provide strong evidence of community results

The evaluation produced findings for each of the target questions. Unless specific population groups are noted, the findings relate to adult men and women in the general population. A summary of the findings is presented below; more detailed findings are available in the evaluation's synthesis paper (forthcoming) as well as in several country-specific study briefs.

The financial and human resources of communities, the institutional structure and the activities of the groups generated by communities, the extent to which community members are empowered to take action against the spread of HIV infections as well as the overall policy environment and health infrastructure provided by government and other organizations are some of the key factors that affect the outcomes of the community response to HIV and AIDS.

The evaluation found strong evidence (causal, associative and suggestive) that depending on country contexts and delivery mechanisms of services, the community response can:

1. Help mobilize substantial local resources

- Volunteers (Kenya, Nigeria, Zimbabwe)
- Local donations (in kind and financial)

2. Improve knowledge and behaviour in the following areas:

- HIV knowledge (Kenya; Burkina Faso)
- Use of condoms (Kenya; India, Zimbabwe)

- Sexual risk perception (India)
- HIV testing uptake (Senegal; Zimbabwe)
- Behaviour of the partners of HIV positive individuals (Senegal; causal evidence)

3. Increase the use of services

- Prevention, treatment, care and support (Nigeria)
- HCT and PMTCT (Zimbabwe)
- ART treatment (timeliness of clinic and hospital visits, South Africa)
- STI (India)

4. Affect social processes outcomes in different ways:

- There is strong causal evidence that home-based HIV counselling and testing affects community leaders and members beliefs concerning stigma (Kenya)
- There is mixed evidence on the contribution of CBOs to social transformation related to:
 - Gender norms
 - Domestic violence and abuse
 - Stigma

5. Impact HIV incidence and other health outcomes

- There is strong evidence that:
 - Being part of a community group can decrease HIV incidence, however, the effects differ by gender, the type of community groups and the stage of the HIV epidemic (Zimbabwe).
 - Community groups generate benefits that extend to the whole community and not

just their members (Zimbabwe)

- The mobilization process of groups at high-risk of infections (FSWs, MSM and transgenders) can lead to reduced STI prevalence (India).

The implications point towards areas for further investments and support

Different aspects of the community response contribute to the success of the national response. The community response helps increase the community's access to and use of government services. It can also modify behaviour and thereby reduce the number of HIV infections. This means that **the role of community groups can expand** beyond simply providing an enabling environment that stimulates access to services. Resource-poor communities and CBOs may need additional if limited financial resources. **CBOs have largely unrecognized assets in the form of volunteers** who are already playing a key role in the day to day response to HIV and AIDS. The contributions of this resource could be enhanced. There is a need for a greater formal recognition of the role of volunteers, coupled with increasing their capacity to improve the quality of services.

To maximize the effectiveness of the community response, governments, development partners and civil society may

wish to consider: (i) improving the **focus** of CSOs on specific actions, services, populations (priority and at risk), interventions and results; (ii) improving the **consistency** between HIV epidemic and CBOs actions and services; (iii) Maximizing **effects of community groups on men and women**; (iv) making specific **the roles of CBOs to complement efforts** by other actors (Government, donors, international NGOs); (v) providing CBOs with greater access to **better targeted technical assistance**; and (vi) exploring different ways to **enable CBOs to improve their accounting** and show how they provide value.

This summary of the findings of the evaluation of the community response to HIV and AIDS set out to provide a better understanding of community level results. Although there are areas that require further study, the overall evaluation provides robust, relevant and actionable findings that can be utilized by nearly all stakeholders engaged in improving national responses.

Taken in isolation, each evaluation provides only partial information on the effects of the community response. Taken together, however, the various studies advance corroborating evidence that helps provide a full picture of the impacts and enablers of community responses.

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