

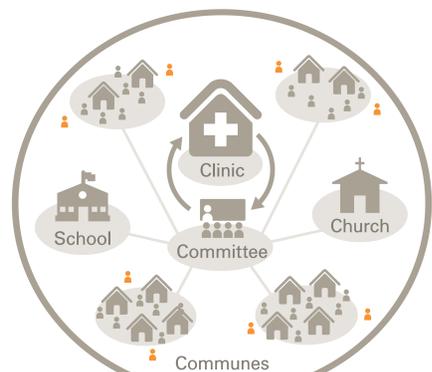
Re-envisioning the Champion Communities Approach to Better Serve Urban Populations in the Democratic Republic of the Congo

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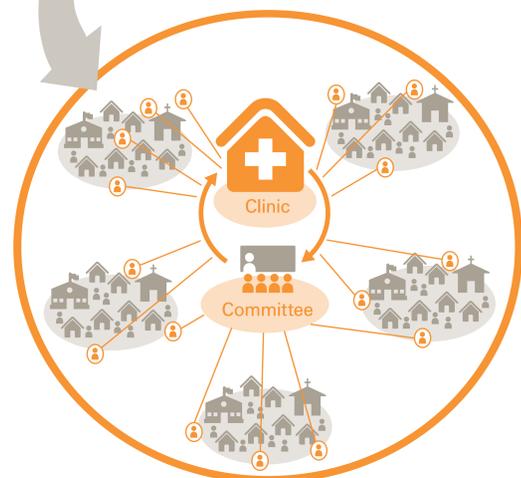
Introduction

USAID's Projet Intégré de VIH/SIDA au Congo (ProVIC) is working with key populations in urban areas of the Democratic Republic of the Congo (DRC) to reduce their risk of contracting and transmitting HIV.¹ According to USAID, key populations are those "disproportionately infected with HIV compared to the general population." In the DRC, key populations include sex workers (SW), men who have sex with men (MSM), and intravenous drug users. According to the DRC government, the HIV/AIDS prevalence rate among the general population is 1.1 percent. In 2013, testing by ProVIC showed MSM had a seropositivity rate of 13.8 percent, more than 10 times the national rate, and SW had a seropositivity rate of 7.2 percent. ProVIC is adapting a community mobilization approach called Champion Communities (CC) to help these populations promote and facilitate behaviors that mitigate the spread of the virus. Many community mobilization approaches are based on communities defined geographically. In the DRC, however, the key populations are spread across urban areas — they are defined by economic and social characteristics, not neighborhood borders. The CC approach used by ProVIC is illustrated in the graphic below.

Traditional Champion Community



Key Population Champion Community



¹ Chemonics is a subcontractor to PATH on ProVIC.

Materials and Methods

Working closely with local partner organizations that were already working with key populations in the DRC, ProVIC reviewed relevant studies and national reports, conducted interviews with key informants, and held focus groups with target-population members to map the key populations. Through this mapping exercise, ProVIC identified the beneficiaries around which the key population CCs would center. To establish and develop the key population CCs, the seven steps below are followed:

1. Map key populations and identify beneficiaries. Introduce the approach, objectives, and indicators.
2. Create a steering committee of community leaders and train committee members in CC approach and organizational management.
3. Develop the CC action plan with the support of the steering committee and technical specialists from ProVIC and local NGOs.
4. Train identified community members to serve as peer educators and effectively communicate educational information about HIV prevention and testing.
5. Implement CC activities outlined in the action plan and regularly monitor activities with guidance from local NGOs and ProVIC.
6. Evaluate community performance within a designated time period.
7. Award "Successful Champion Community" status and prizes if CCs meet their objectives.

Results

- In 2012, before the establishment of key population CCs, ProVIC reached 757 MSM and 7,206 SW with prevention messages. With the establishment of the key population CCs in 2013, ProVIC's reach more than tripled with MSM (2,621 reached) and nearly doubled with SW (12,746 reached).
- In the year following the launch of the CCs, peer educators were able to reach nearly twice as many MSM and SW with HIV prevention and sexual health education (21,750 in 2013 versus 12,237 in 2012).
- The start of the CC program and establishment of key population-specific testing in 2013 also contributed to the doubling of the number of MSM and SW visiting clinics for HIV testing services (7,968 total in 2012 versus 15,368 total in 2013). While significantly more SW than MSM received testing (SW increased from 7,211 to 12,747, MSM from 757 to 2,621), the largest increase by percentage was in the MSM group.
- Nearly three times as many MSM sought services where ProVIC works through the support of a CC than outside a CC. ProVIC clinics that are either MSM-friendly or that work with NGO project partners received a significantly higher number of MSM than clinics that were not known to support MSM (779 visited MSM-friendly clinics versus 89 at other sites). The acceptance of MSM also increased the number of SW who visited a clinic, and vice versa. In the first three months of 2014, 693 visited St. Hilaire, the MSM-friendly clinic in Kinshasa, whereas only 274 SW visited other clinics.

SW and MSM Reached with Prevention Messages Before and After CC



Key Population Clinic Visits January through March 2014

	Through CC	Outside CC
SW	693	274
MSM	779	89

Success Story: Uniting to Fight HIV and Create Opportunity



MSM Champion Communities members

With assistance from ProVIC, members of the MSM CC in the urban Bas-Congo region have formed a formal association for HIV/AIDS prevention called Arc-en-Ciel du Bas-Congo — "Bas-Congo Rainbow." The association identified specific obstacles to HIV prevention facing the local MSM community and developed a tailored action plan to address these obstacles, which included targets for outreach and use of counseling and testing services. Just six months later, Arc-en-Ciel achieved its goals — the association's peer educators reached 899 MSM through outreach activities, 650 of whom had sought and successfully received counseling and testing services. All those who tested positive were referred for care, support, and treatment. Using the resources received from ProVIC for achieving their targets, Arc-en-Ciel established a hair salon to generate funding for continued outreach activities, as well as income for community members.

Conclusions

Evidence shows that key populations have not been effectively accessing HIV services and they are extremely at risk for new infections. Their high seropositivity rates reinforce the need to focus prevention and treatment services on key populations. By targeting and engaging key populations with the CC approach, ProVIC was able to better tailor interventions to the specific health needs of these communities and mobilize and reach key populations in urban areas with prevention messages and treatment options.

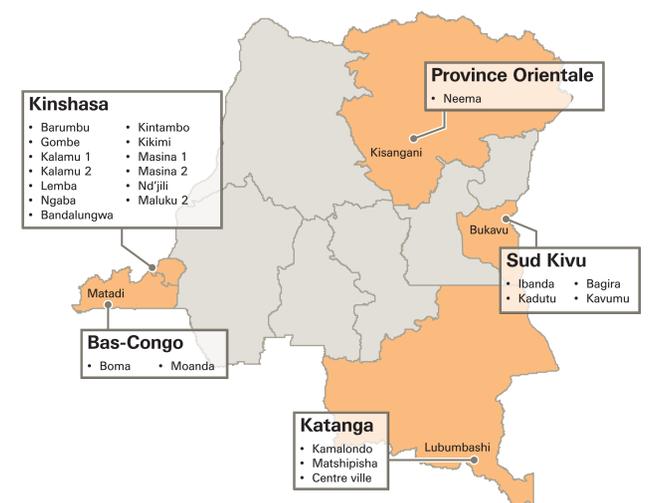
Due to the high mobility of populations within the urban environment, ProVIC found that it is easier to create a sense of community around common characteristics than it is to create that sense around geographic location. Organizing CCs by target population rather than geographic area provides a better reach for prevention messages and treatment options. CCs also helped create cohesive communities around key populations, addressing the stigmatization these groups face and providing a support network for members of marginalized populations.

The success of the key population CCs in the DRC suggests that the application of the CC model to specific, non-geographic population groups can be extended to urban areas outside the DRC, as well as other similar population groups, to improve services offered to these communities.

Citations

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MSM Champion Community Locations



ProVIC mobile testing

Acknowledgements

Chemonics would like to thank Projet Santé Sans Prix, Mr. Adelar Mutombo and World Production, and the ProVIC Technical Team.

