

Operations Research Brief: The impact of community mobilization on increased access to HIV and AIDS care and support services

Ethiopia HIV/AIDS Care and Support Project
May 2011

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract No. 663-C-00-07-00408-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

HIV/AIDS Care and Support Program (HCSP)
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org

OPERATIONS RESEARCH BRIEF

The impact of community mobilization on increased access to HIV and AIDS care and support services



This brief summarizes the findings of operations research conducted at 19 USAID HIV/AIDS Care and Support Program (HCSP)-supported health centers and their surrounding communities in 2010 to identify factors that promoted community mobilization for increased availability of care and support services for HIV-infected and -affected people. The study documented the methodology of engaging a community for action through the community action cycle, the results of community mobilization activities, and any perceived changes at the community level with regard to stigma and discrimination toward people living with HIV (PLHIV). Key informant interviews were conducted with 16 district (woreda) health or HIV/AIDS prevention and control officers; 15 health extension workers (HEWs) and/or HIV/AIDS desk officers, 19 case managers, and 18 community mobilizers. Individual semi-structured questionnaires were administered to 57 ART patients and 49 caregivers. Focus group discussions were held with 141 community core group (CCG) members and 168 (kebele-oriented outreach workers) KOOWs.

Background

HCSP supported 1,265 communities (known as kebeles) that served as catchment areas for 191 health centers offering antiretroviral therapy (ART) by training and deploying at least 6,350 kebele-oriented outreach workers (KOOWs) who supported family-focused prevention, care, and treatment in their communities. HCSP drew on Save the Children (USA)'s community action cycle (CAC), which builds community ownership of strategies and collective actions in response to community health needs. Through the CAC approach, key community leaders and a range of organizations, as well as HIV-positive individuals and their families, were helped to organize themselves into community core groups. These CCGs then led other community members and volunteers to explore and address their concerns and issues related to HIV and AIDS, identify priorities, develop and carry out action plans and monitor and evaluate their progress.

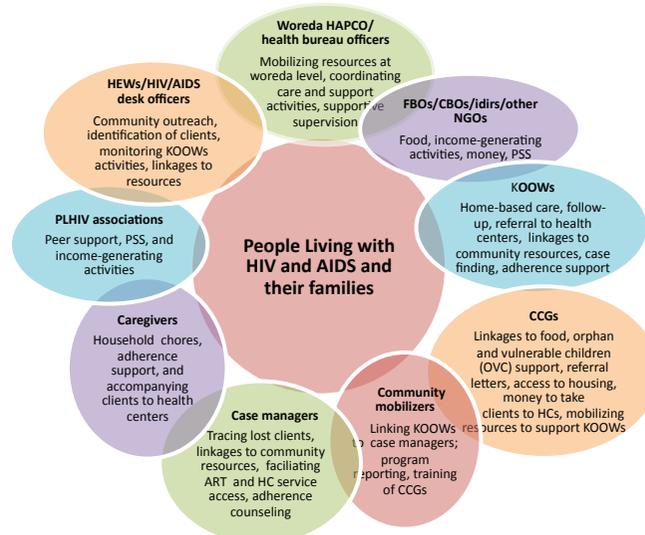


Figure 1: Summary of networks for care and support for PLHIV and their families

Key Findings

- Clients cited perceived benefits of receiving care from the program, with 93 percent of them citing improved health as a key outcome.
- About 45 percent of clients cited reduction in stigma in addition to improved health as an outcome of being part of the program.
- More than half of all clients (52.6%) indicated they had received support from local community- and faith-based organizations that were part of the CCG network.
- Both KOOWs and CCGs maintained records of their monthly meetings; planned activities, progress, and future plans were well articulated during the meetings.
- Caregivers cited improved knowledge and skills (90%), reduced burden of care (80%), and improved health of clients (87%) as key benefits realized since joining the program. Among the caregivers, 76 percent noted that their clients had resumed normal duties since enrolling in the program.
- Results also demonstrated the role of KOOWs as focal points for the identification of people living with HIV and linking them to appropriate services at their local health center and in the community, as shown in Figure 2.

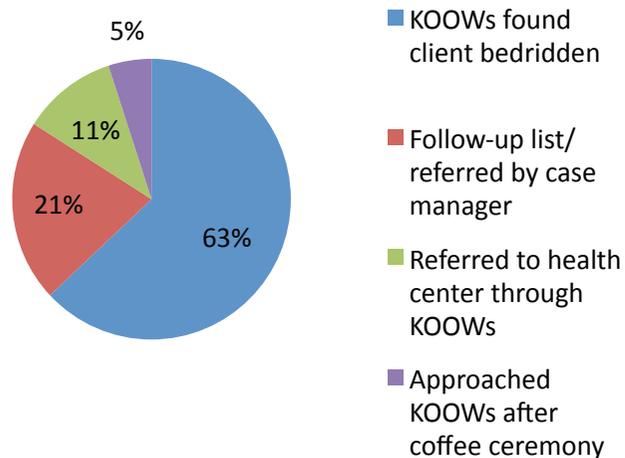


Figure 2: Strategies for recruiting clients for care and support at the community level (n=57)

- In interviews, 16 district officials indicated that they viewed early engagement with all stakeholders as critical to the success of the program. Systematically mobilizing communities for action allowed local government structures to integrate program activities with their localized plans and enhanced the capacities of other community-based entities to plan, mobilize resources, and monitor activities.
- Community members and government officials alike identified dynamic leadership at the community level, (government, civic-, and faith-based leaders) as being instrumental in mobilizing community resources and capital for supporting people living with HIV and their families in non-stigmatizing ways.
- However, the study also revealed the limitations of relying on internal community resources in low-resource settings to meet all the needs of people living with HIV. At least 59 percent of caregivers cited lack of economic and food resources to help them with the upkeep and care of clients as a major constraint.

Implications

- The study revealed the value of fostering partnerships and strengthening community networks as different entry points for sustained community action. Each segment of the mobilized community built upon their socially defined and accepted spheres of influence to improve access to care and support services, which led to reduced stigma among clients on ART and promoted adherence to treatment. This approach to community mobilization is recommended for HIV and AIDS care and support programs as it minimizes the creation of parallel and unsustainable structures and allows for contextualized provision of services.
- Early identification of key partners at community levels, orientation meetings, and training on community mobilization allowed communities to create a common vision and shared understanding of the impacts of HIV on community members. The engagement of local government and other community-based structures at program inception was instrumental to program success. However, sustained comprehensive care and support programs should be designed in such a way as to ensure access to services such as economic strengthening and food support.

This synopsis is based on operations research conducted by the following HCSP team members: Nelia Matinhure, Yosef Alemu, and Mulatu Biru, with the support of data collectors Temesgen Benti, Alemneh Cherinet, Ephraim Mergia, Wondimagegn Negussie, Shewangzaw Ashenafi, Re’ea Hadera, Gebre Mekonnen, Gizachew Demisse, Zewdu Zegeye, Feseha Tekle, and Getachew Abate.

This operations research brief was published in May 2011 by the USAID HIV/AIDS Care and Support Program, which is funded by the President’s Emergency Plan for AIDS Relief (PEPFAR) and implemented by Management Sciences for Health under USAID contract number 663-C-00-07-00408-00. MSH was the prime contractor, with Dawn of Hope Ethiopia; Ethiopian Inter-Faith Forum for Development, Dialogue and Action; HST Consulting; HIV/AIDS Prevention, Care and Support Association; IMPACT Association for Social Services and Development; IntraHealth International; National Network of Positive Women Ethiopians; Relief Society of Tigray; and Save the Children (USA) as subcontractors.



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