Community Engagement Achieves Results

Evidence from a Portfolio of Evaluations in support of Community Engagement for Services Delivery, Advocacy and Change

Geneva, 30 June 2016

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Partnership

The World Bank

Stop Aids Alliance

UNAIDS
PEPFAR, USAID, GFATM

Boston University
Imperial college
London School of Economics
Manitoba University
Tulane University
University of Geneva
University of London

UK AIDS Consortium
Int. HIV Alliance

National AIDS Commissions and MOH

Local CSOs and Stakeholders

Bill & Melinda Gates Foundation
ICF Macro

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7/1/16
Communities and the End of AIDS – The potential models for community engagement are limitless

Communities are formed by formal (CBOs) and informal organisations (mothers’ groups) or a combination of formal and informal

More Formal groups:
▶ provide specific services such as treatment, care and support

More Informal groups
▶ engage in information, education and BCC activities, and increasingly provide peer support for HIV

Communities are defined by:

- Location
  - sharing a geographic sense of place (a group in a location or an administrative entity)

- Organisations/Identities
  - sharing common characteristics, interests, and cultural identity

Service and behaviour impacts

Informal

Formal

Circle size indicates population served
- Formal Service delivery
- Informal Service delivery
Investing in **community engagement** for HIV care

Three Evidence-informed Arguments

1. Community engagement creates **social capital**—an added value...
   
   ...nurtures **collective action**, which may lead to a broad range of outcomes, such as for example, ending AIDS

2. Communities achieve **results**...
   
   ...when communities provide **well targeted services** in order to achieve concrete AIDS goals and targets

3. Investing in communities can result in **efficiency gains**...
   
   ...communities provide a **critical bridge between households and health care** and can fill gaps in service delivery outreach, such as for example, reaching rural populations
1. Social Capital: Communities and CBO/NGOs mobilize own resources to achieve results – including volunteers!

To realize social capital “non-salaried workers” would need: Remuneration, compensation and/or recognition according to CBOs in Kenya, Nigeria and Zimbabwe

**Volunteer value**

Estimated value of *unpaid volunteers* as a percentage of financial resources (budget)

- **CBO-Example A**: 160%
- **CBO-Example B**: 35%
- **CBO-Example C**: 65%

**NGO/CBO annual budget:**
- CBO-Example A: $6,000
- CBO-Example B: $72,000
- CBO-Example C: $660,000
Communities mobilize more resources when CBOs are present and active

Figure 3. CBOs mobilize more resources when there is a higher concentration of CBOs per 100,000 inhabitants.


Note: As shown in p. 14 UNAIDS Communities Deliver report.
2. Community engagement achieves results

There is strong causal evidence that specific community interventions can affect the course of the HIV epidemic.

- Increased HCT uptake
- Increased access and use of services
- Increased HIV knowledge
- Increased condom use
- Decreased STIs in SWs
- Decreased police harassment of SWs
- Increased PMTCT services
- Serve rural communities (Nigeria) and high risk groups (India, Zimbabwe)
- Improved HIV/AIDS and health outcomes by contributing to reducing HIV incidence (Zimbabwe, 1990–2000s)
Community engagement leads to greater access to HIV prevention and treatment

Figure 1
Community engagement leads to greater access to treatment and prevention

For an increase of one community-based organization per 100,000 people

64% Increase in likelihood of treatment access (Nigeria)

2x Increase in the likelihood of using prevention services (Nigeria)

4x Increase in consistent condom use in the previous 12 months (Kenya)


Note: As shown in p. 10 UNAIDS Communities Deliver report.
Role of community-based services supports findings from other studies

Figure 2
Community-based services achieve results: examples from Malawi and South Africa


Note: As shown in p. 11 UNAIDS Communities Deliver report.
3. Efficiencies can be improved by becoming more specific about the services to be delivered.
Improving the efficiency of the HIV response in Malawi (GOM—UNAIDS—World Bank)

Analysis on-going

Literature review of findings
Based on a review of 60 papers
... on HIV costing and community based interventions

- Inconsistency in CE approaches and service modalities
- Economies of scale vs. economies of scope: e.g., study of ART interventions revealed that *increasing scale also increased rates of loss to follow-up* while integrating HTC with other health services was found to *increase quality*
- Burden of healthcare costs are often borne by patients → may need to *shift client costs to provider costs* (e.g., by reimbursing travel costs)
- *Considerable variation in the unit cost* of providing similar HIV services across different CBO service providers and settings
- Variety of current models used to determine costs
A Causal-logic approach to linking community engagement and support to improved HIV results

**Inputs**
- National financial inputs
  - Public sector
  - Private sector
  - Philanthropy
- International financial inputs
  - Bilateral
  - Multilateral
  - Philanthropy
- Enabling environment
  - Legislation
  - Policy
- Community assets
  - Volunteers
  - Community groups

**Activities**
- Array of varied community response activities
- Capacity strengthening of civil society (CBOs, FBOs, NGOs, informal community groups)

**Outputs**
- Increased resources for community response
- Improved capacity of civil society institutions to assess needs, prioritize them, and implement high quality, appropriate interventions

**Outcomes**
- Engaged communities
- Empowered communities
- Targeted interventions which based on need
- Transformed social environments
- Increased knowledge of HIV amongst community members
- Reduced risk behaviors amongst community members
- Increased use of health services
- Improved quality of life for PLWHA

**Impact**
- Reduced HIV incidence
- Reduced HIV mortality
- Reduced HIV morbidity

Graphic adapted from USAID
What have we learned?

THE ROAD TO RESULTS

Resources and know-how creates social capital

In turn, social capital facilitates coordination and cooperation

Communities and CBOs access and mobilise own resources and use voluntaries

It has an effect on community productivity and well-being; and can increase productivity by reducing the costs of doing business

Evidence shows communities and CBOs achieve results

But they don’t know their epidemic—or the drivers...and not always their programme priority actions

Potential for expanding communities role with:
- better alignment of actions and activities with HIV priorities
- better focusing of actions to achieve desired results and efficiencies

Community engagement achieves results!
Thank you
R. Rodriguez-García, MSc, PhD

Evaluation documentation at: http://stopaids.org.uk

Peer-review Journal: AIDS Care Supplement # 1, 2012

World Bank Book Store: Investing in Communities Achieves Results by Rodriguez-Garcia, Bonnel, Wilson and N’Jie. 2013


Geneva, UNAIDS 30 June 2016