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## THE CCM SOFALA STORY: ENGAGING COMMUNITIES IN CREATING AN AIDS-FREE GENERATION

### Shifting the Focus to Testing and Treatment

In 2012, the fight against HIV/AIDS in Mozambique took a critical turn. The United States government's launch of the AIDS-Free Generation (AFG) platform shifted the focus from scaling up treatment for HIV-positive individuals—combined with key prevention activities—to reducing HIV infection rates in the country. The Government of Mozambique operationalized this policy through its HIV Acceleration Plan (HAP), launched in 2013.

A crucial first step in achieving the AFG ideal was increasing the number of individuals who know their HIV/AIDS status. Encouraging individuals to test for HIV/AIDS in Mozambique was not easy. Fear abounded. Some worried that an HIV-positive test result meant they would die. Others were afraid of the stigma attached to testing and feared negative consequences from their partners, families, and/or communities. Doubts about confidentiality also existed. Some were concerned about losing their jobs if they were known to have been tested, particularly if testing happened at the workplace.<sup>1</sup> Communities suffered from a lack of accurate information about HIV/AIDS, the importance of testing and treatment, and the availability of testing services.

When HAP was launched, the Mozambican government was already stretched thin responding to the clinical demands of the AIDS epidemic as well as myriad other health issues faced by the population. Many provincial

<sup>1</sup> This is based on information gathered by CAP Mozambique through focus group discussions as part of the final evaluation in August of 2014.

#### Strong Community Relationships Lead to Results

CCM Sofala, a faith-based organization, helped create record demand for HIV/AIDS testing in the communities it served. The organization mobilized 877 individuals for HIV testing in just eight days, greatly exceeding district health services expectations.

directorates of health recognized the value of community interventions, yet lacked the resources and expertise to engage communities effectively. They needed allies. Mozambican civil society organizations (CSOs) could fill this gap.

## Surges in Number of Individuals Counseled and Tested for HIV

Just months after being informed of AFG's focus, Conselho Cristão de Moçambique–Sofala (CCM Sofala), a faith-based organization based in Sofala Province, jumped into action and coordinated a community-based campaign to link individuals to HIV testing and counseling (HTC) services. In CCM Sofala's first three-district campaign in July 2012, the organization mobilized 877 individuals for HIV testing in just eight days. This accounted for 41 percent of the total number of individuals tested through CAP Partner institutions in those districts over a three-month period. Building on this successful campaign, from March 2014 to February 2015, CCM Sofala tested 2,543 individuals in Buzi, Chemba, and Machanga districts. Of those, 235 people (9.2 percent) tested positive for HIV and were referred for treatment.

CCM Sofala's success was based on a three-pronged strategy: 1) revising their existing HIV prevention program to prioritize the HIV testing and counseling campaign, 2) leveraging existing relationships with community leaders to create HTC demand in the general community, and 3) establishing an agreement to ensure availability of testing services.

CCM Sofala had carried out a strong community-based social and behavior change communication (SBCC) program since 2009. The project was supported with a grant and capacity development interventions from the Capable Partners Program (CAP) in Mozambique, a project funded by the U.S. Agency for Development (USAID) and the President's Emergency Fund for AIDS Relief (PEPFAR) through FHI 360. The primary intervention was to engage adolescents, youth, and married couples in debate sessions about high-risk behaviors associated with HIV (including early sexual debut and multiple concurrent partners). CCM Sofala's prevention debates were rooted in social behavior change theory, informed by formative research conducted in each target district, and facilitated by skilled community outreach workers. Weekly sessions held over a three-month period allowed individuals the opportunity to explore barriers to behavior change (such as gender norms and peer pressure), to disagree with each other, and to challenge popular perceptions and misconceptions. Rather than simply receive information, people confronted their fears and came to believe that testing was in their best interests.

CCM Sofala adapted the debate session platform to emphasize testing. It also collaborated with other USAID-funded partners—Programa de Cuidado Comunitario (PCC) and Clinical HIV/AIDS Services Strengthening Program (CHASS SMT)—and the Red Cross to provide HTC services in communities.

Three additional CAP Partners—Organização de Desenvolvimento Rural (Kukumbi), Núcleo das Associações Femininas da Zambézia (NAFEZA), and Associação para o Desenvolvimento Sócio Económico (Ophavela)—also participated in the movement to mobilize communities for testing. Between September 2014 and February 2015, these three CSOs tested 1,363 individuals in Zambezia and Nampula provinces, with 95 HIV-positive individuals (7 percent)

### Developing Capacity & Providing Grants

CAP Mozambique was designed to strengthen the capacity of leading Mozambican organizations to contribute to the fight against HIV/AIDS and gender-based violence. From 2006–2016, CAP Mozambique integrated intensive capacity development of its Partners with grants to provide the organizations with opportunities to apply what they learned and demonstrate their capacities to affect HIV/AIDS at the community level. CAP Mozambique not only supported technical capacity, but also addressed organizational structures and systems, including financial and administrative systems and internal governance.

referred to treatment. The three Partners mobilized thousands of individuals to be tested by other institutions before initiating direct testing themselves.

An end line survey of the CAP program conducted in 2014 highlighted the effectiveness of Partner interventions in mobilizing people to get tested. The quantitative survey of 1,531 people in four provinces showed that 45 percent of individuals exposed to CAP Partner programs within the preceding 6 months had sought HTC services, compared to only 20 percent of those who had not been exposed to any HIV program activities during that period.<sup>2</sup> In addition, 66 percent of those exposed to CAP Partner activities said they intended to test for HIV in the next 6 months, compared to only 32 percent of those who had not been exposed to any HIV program during that period.

The success of CCM Sofala's prevention activities, and in particular its success mobilizing communities to be tested for HIV, was based on good relationships. The organization learned early that the strength of its relationships with community and religious leaders was paramount for creating real change. CCM Sofala is respected for serving the entire community. When Moslem youth at schools approached the organization to ask why they couldn't participate in the project, CCM Sofala staff went to speak with Moslem leaders, came to an agreement, and initiated prevention sessions for Moslem youth.

Trust is all-important, too, for individual beneficiaries. Those who learn they are HIV-positive often come back to CCM Sofala for help. The organization provides referrals to health services for those who test positive and also actively follows up on these cases.

In its role in the community, CCM is positioned to identify common challenges that beneficiaries face and bring these to the attention of decision makers. For example, community members mentioned that government health units were located too far from their homes, making it difficult to access treatment. CCM Sofala raised this issue in district health meetings and advocated for increased access to anti-retroviral therapy (ART). Since then three additional health units have been built in Buzi, one of CCM Sofala's target districts.

## Bringing People back to Treatment

Local government officials also came to CCM Sofala to ask for help. They observed that many of those who tested positive for HIV subsequently abandoned their ART treatment. There weren't sufficient resources to help in persuading them to come back. CCM Sofala consulted with its communities and decided to become actively involved in tracing ART defaulters. Government health units provided a list of individuals who had abandoned treatment. CHASS SMT trained community health workers (CHWs) assigned to track defaulters, and resources were made available to pay stipends, transportation costs, and communication costs. Results were impressive. From June of 2014 to February 2015, CCM returned 64 percent of identified defaulters to treatment.

Other factors contributing to CCM Sofala's success included the facts that CHWs were recruited from churches in the communities where they were to work and were provided

*"In the past, when people found out they were HIV-positive they wouldn't tell their families, because [the family] would tell the person they were already dead...these people felt depressed and helpless, and some turned to drugs or tried to commit suicide. Now, thanks to CCM Sofala's sessions, HIV-positive people tell their families and ask for help."*

—Program participant

*"Our religious leaders are the fathers of the parish—of their communities. Now, they invite their 'children' to get tested, and typically the whole church shows up."*

—CCM Sofala project officer

<sup>2</sup> CAP Mozambique HIV Prevention End Line Report. March 2015. Johannesburg and Maputo: Health Info-Matrix Ltd. and FHI 360.

*“[The role of] Mozambican CSOs complements the national HIV/AIDS strategy,” affirms CCM Sofala. A representative from the Provincial Directorate of Health in Zambezia Province echoed that sentiment at an HTC campaign in Mocuba, saying, “We need these organizations.”*

*“Our success with defaulter tracing is linked to our work in mobilizing people for testing. Often the person that has stopped treatment is either someone we tested [and referred to treatment], or related to someone we have tested. They already know us and trust us. When we come looking for them, they listen to us and believe us when we say that returning to treatment is important.”*

— CCM Sofala Field Supervisor

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with small amounts of money for communication so team members could remain in contact with each other and also with those they were encouraging to return to treatment.

In addition to CCM Sofala, the three other CAP Partners involved in HIV testing (Kukumbi, NAFEZA, and Ophavela) also supported the health units in their targeted regions by helping to trace defaulters. Together, the three additional organizations traced 477 defaulters and returned 135 (or 28.3 percent) to treatment between June 2014 and February 2015.

## Linking CSOs and Communities with the Health System

Creating an AIDS-free generation is an ambitious goal that requires all hands on deck. CSOs play a critical role in influencing attitudes and behavior change within communities, encouraging individuals to seek testing, providing community-based testing services, returning defaulters to treatment, and advocating on behalf of their beneficiaries to ensure access to quality care.

CAP Mozambique provided training, technical assistance, and resources to its Partners to ensure that they had the tools necessary to join this movement. Along the way, the following lessons were learned:

- **CSOs are a vital component of the health system**—CSOs penetrate where government services cannot reach. They are geographically located in the communities or willing to travel to the most rural locations. They know community dynamics and have earned the trust of local citizens. CSOs are well positioned to influence the adoption of healthy behaviors and provide links to critical health care when necessary. At times, they have access to resources that others do not; they can bring testing sites closer to communities, facilitate transport to clinics for treatment, and conduct frequent follow-up visits to ensure treatment adherence.
- **Community engagement works**—Community engagement works because CSOs collaborate with leaders as conduits for influencing change, provide communities with the means to make informed decisions, and create connections to needed services. At the same time, CSOs need to recognize that this knowledge is valuable and learn specific skills to systematize their knowledge and make community mobilization effective. Key factors include analyzing the social environment and barriers to change, knowing how to engage the right change makers, and understanding how to consult with communities.
- **The platform is powerful**—Partners with programs based on solid SBCC principles and strong project management have demonstrated that the relationships formed and the networks of trained facilitators and outreach workers can be engaged in additional challenges. CAP Partners have successfully expanded their linkages with the formal health care sector to include other service areas that contribute to the HIV continuum of care—including screening for gender-based violence, distributing condoms, and providing referrals for sexual and reproductive health.

Communities are asking for help. Together, the Mozambican Government and Mozambican CSOs can complement each other’s strengths to help bring about an AIDS-free generation.