Listening for Effective HIV/AIDS Interventions

Application of the Beneficiary Assessment Approach to Preparation of the Niger Multi-Country AIDS Program (MAP)

Lawrence Salmen
Atieno Fisher
Abstract

This report describes the Beneficiary Assessment (BA) study done to support the Multi-Country AIDS Program (MAP) in Niger in 2002. BA was chosen as a key research tool largely due to a drive for responsive and culturally appropriate communications strategies to improve health service. In the case discussed in this paper, the World Bank and the Government of Niger’s Intersectoral Coordination for the fight against AIDS (CISLS) chose to use BA in order to discover the: (1) present level of knowledge of HIV and attitudes toward those with the disease; (2) perceptions of existing services; (3) constraints on stemming spread; and (4) what measures might be indicated to prevent the spread of the disease.

As the most widely-used qualitative assessment tool in Bank operations, BA has produced important policy changes in a range of sectors and countries. The MAP BA brought out crucial information on felt needs and informed the MAP plan. For example, it revealed: (1) the necessity of targeting messages (and, more vitally, precisely how to do so) rather than lumping all high risk populations together and disregarding their very different perspectives, (2) the importance of using community institutions to communicate prevention messages, and (3) the need to integrate HIV Prevention and mitigation efforts with anti-poverty measures in a basic needs context.

The private nature of sexual behavior and the stigma surrounding HIV/AIDS made a qualitative approach doubly desirable. The data which emerged from various target groups led to evidence-based programming and suggested possible next steps.
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Acknowledgements

The authors acknowledge the cooperation of Denise Vaillancourt, who was the task team leader for the MAP project for which this study was undertaken. The paper also benefited from comments provided by Jeff Thindwa and Gibwa Kajubi of the Participation and Civic Engagement Group. This paper reflects the Social Development Department’s ongoing efforts to involve poor people more directly in the projects and policies that affect their lives.
As stated in this paper, the World Bank’s Social Development Strategy is anchored in the principles of inclusion, cohesion and accountability. The beneficiary assessment (BA) approach, when applied to the prevention of HIV/AIDS, exemplifies how the social development strategy espoused by the World Bank and many partner development agencies can be operationalized using a social research methodology. BA is geared to increasing societal inclusion by reaching out to all major affected population groups - such as military, commercial sex workers and youth - so as to bring the perspective of each into management decision making and policy dialogue. The BA approach can enhance social cohesion by providing a more in-depth understanding of why people behave as they do and how they feel their behavior might best be addressed, including how to reduce the stigma associated with HIV/AIDS. Finally, eliciting key actors’ feedback regarding HIV/AIDS prevention communication and programs, in ways that will encourage them to speak openly and candidly, and in turn used to inform policy, as BA techniques do, can lead to greater responsiveness and accountability of institutions.

Listening well is one of the keys to good development practice. Of all the Bank’s social analysis tools, BA is the one that stresses listening the most. The BA approach is not new. I remember using it on the first Bank-supported social fund, the Emergency Social Fund, in Bolivia in the mid-1980s. Since that time, the Bank has used BA in well over 250 projects in all and in all sectors. The application of BA to HIV/AIDS is fairly recent and is best illustrated in this case study from Niger, where it contributed to the preparation of a Bank HIV/AIDS project (MAP). The marriage of BA to HIV/AIDS is a natural one and follows common sense. People are naturally reluctant to discuss their sexual behavior with persons they do not know in response to questionnaires. BA, with its “naturalistic” approach to eliciting information, by engaging people in open-ended discourse individually and in groups, can elicit valid responses regarding this sensitive, stigmatized pandemic as more mechanistic approaches cannot. The fact that one feature of BA, the representative sampling done for conversational one-on-one interviewing, lends itself to quantification brings the validity born of the application of qualitative research techniques together with the numbers needed for project management and policy formulation.

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## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>BA</td>
<td>Beneficiary Assessment</td>
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<td>CAS</td>
<td>Country Assistance Strategy</td>
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<td>CSW</td>
<td>Commercial Sex Worker</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>HIV</td>
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<td>MAP</td>
<td>Multi-Country AIDS Program</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>PNLS</td>
<td>Programme National de Lutte contre le Sid</td>
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<td>PPA</td>
<td>Participatory Poverty Assessment</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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Listening for Effective HIV/AIDS Interventions

1. Introduction

All over Africa, those responsible for shaping a response to the HIV/AIDS epidemic are searching for ways to develop innovative health and education policies, and to modify existing systems so that they become more effective. A related challenge is how to integrate policies and programs aimed at reducing HIV transmission rates with the broader fight against poverty, a context inextricably bound up with the patterns of the disease. Efforts to improve AIDS Programs represent a myriad of activities and approaches, mirroring the creativity necessary in such an endeavor and underscoring the different circumstances in each country. This paper summarizes the story of one such quest for effectiveness - a piece of assessment work done to support the Multi-Country AIDS Program (MAP) in Niger in 2002. It is hoped that the approach described will stimulate similar assessments in other venues.

HIV/AIDS in Niger

Given Niger’s relatively low rate of infection\(^1\), the country’s emphasis for HIV/AIDS policy is more on prevention than on cure, with a focus on high-risk groups, e.g., truck drivers, military and other security personnel, gold miners, migrant workers, and commercial sex workers (CSWs), among others. Prevalence rates for these groups far exceed the national rate, rising to 25% for CSWs. The dire poverty of Niger produces an annual exodus of workers to nearby countries with higher rates, increasing the risk of these individuals and their associates.

This research and the use of the Beneficiary Assessment (BA) approach grew out of a concern to discover the perspectives of these key end-users in order to intelligently direct resources. It responds to a demand for a research instrument that is sensitive and responsive to beneficiaries’ perspectives and likely to elicit their frank expression. Evidence-based strategies require fine-edged assessment tools. The surveys and questionnaires used in Niger for the past 15 years were perceived by health officials and others as inadequate. Termed in the frameworks of their creators, they could not address the perspectives and felt needs of those actually at risk with full validity and failed to produce accurate analysis of relevant behavior. As a result, projects were not as effective as they could have been - communications strategies, for example, were not germane to their intended audience. BA was seen as an assessment tool that could address this gap.

Experience with the Beneficiary Assessment in Niger

Niger’s first experience with BA was in 1995 on the occasion of the final evaluation of the Bank’s first health sector investment (Health I). At the suggestion of the incoming team leader for health\(^2\), the Ministry of Health (MoH) commissioned an evaluation study that culled the perspectives of the beneficiaries on the impact of this project, as a complement to other technical evaluations of the various components of the project. The discussion of the results of this study at the final evaluation workshop marked the first time that the MoH had systematically collected and considered the perspectives of its clients in the evaluation and fine-tuning of its performance.

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\(^1\) See Annex 3 for facts on Niger.

\(^2\) Denise Vaillancourt, Senior Health Specialist, was team leader for health and HIV/AIDS in Niger from 1995 to 2003.
The value of this perspective was appreciated by MoH leadership and in keeping with the new health plan, which emphasized a client orientation, MoH agreed with the Bank to program, under the preparation of a follow-on health operation, more rigorous and systematic beneficiary assessments, both to provide a solid baseline on beneficiaries’ perspectives and to ensure that project design take these into consideration. This baseline beneficiary assessment (1995/96) was followed with another assessment at the mid-term review (1999) of the project and a third one at the final evaluation of the project (2003). Likewise, a baseline beneficiary assessment was commissioned in the context of the preparation of an HIV/AIDS project (2003), the subject of this paper. Furthermore, the Government of Niger also sought the Bank’s support in carrying out a baseline BA in the context of its initiative to prepare its first Poverty Reduction Strategy Assessment. The Bank was instrumental in stimulating this work, and in providing guidance on its design and implementation. Through the series of BAs, the Bank also developed and nurtured national capacity in this regard, which has gained a solid experience and reputation in francophone Africa.

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3 Following World Bank guidelines, ref: Lawrence Salmen (1995); see also Annex 1.
2. The Research Project

Unlike traditional quantitative studies, qualitative methods such as Participatory Poverty Assessments (PPAs) and BA emphasize a socially embedded (respectful, responsive, relational) and methodical garnering of data from key stakeholders in order to understand the perspectives, values and behavior of the key actors involved in a given dilemma set: in essence, a systematic listening approach. BA often provides the basis for involving stakeholders in various aspects of project design and implementation, building commitment and ultimately ownership and accountability. As the most widely used qualitative assessment tool in Bank operations, BA has produced important policy changes in a range of sectors and countries.\(^4\)

BA is a systematic inquiry into people’s values and behavior in relation to a planned or ongoing intervention for social and economic change. This method draws heavily from the tradition in social science known as ‘qualitative research, which fundamentally depends on watching people in their own territory and interacting with them in their own language, on their own terms. (Kirk and Miller 1981, p.1)

The objective of the BA approach is to encourage the intended beneficiaries of a development process to express themselves freely and candidly about topics related to its successful evolution as subjects, or actors, persons whose living conditions — and in the case of HIV/AIDS, whose very lives — are most directly at stake in the activity being undertaken. This process of “subjectifying” the respondent — rather than the objectifying traditionally done in standard questionnaire work — is the hallmark of qualitative research. BA is not meant to supplement quantitative epidemiological surveys but rather to complement them with information regarding the nature of human behavior and of motivation, which might change this behavior.

Techniques

The three principal techniques of beneficiary assessment, all of which were applied in the Niger study, are as follows:

- Conversational interviews — carried out one-on-one around the structure provided by the interview guide in a naturalistic manner so as to induce the maximum amount of candor possible. Generally this interview is conducted with little reference to any written paper during the course of the interview.

- Focus group discussions — conducted with groups of from 6 to 12 persons; discussion generally follows the same themes as in the conversational interview. To facilitate focus group discussions, it is advisable to have a trained facilitator/ animator guide the discussion while another documents the discussion as it transpires.

\(^4\) A couple of examples of BA Participatory Poverty Assessment findings with important policy implications can be found in studies done in places like Mali, Niger, and Turkey where parents critiqued the education system regarding a) relevance of curriculum to income generation to meet poverty concerns, and b) fear of loss of presence of educated children who serve as social security to parents in their old age, and c) importance attributed to free school lunches, which serve as a motivator for school attendance. Another example comes from the health sector BA study done in Niger which found that people are reluctant to pay for medicines in previously socialized countries. This led to increased emphasis on communicating the cost-recovery rationale in government pricing policies. Some feel end-user research should be intrinsic to all operations, as it is in most large, publicly traded corporations. (Lawrence Salmen, report to Jim Adams, email 4/27/04 “Listening in the PRSP”.)
Participant observation — in which one or more trained observers become participants in
a certain reality to better appreciate its context. The participant observation method
involves protracted residence of a researcher in a community of intended beneficiaries.
During this time, ranging from several days to several weeks, sufficient amount of
rapport is to be established with key members of the community of interest; the
researcher becomes involved in their day-to-day activities with the objective of gaining a
comprehensive understanding of their living conditions.

The World Bank’s Social Development Strategy is anchored in the principles of inclusion,
cohesion and accountability. The beneficiary assessment approach, when applied to the
prevention of HIV/AIDS, exemplifies how this strategy can be operationalized using a social
research methodology. BA is geared to increasing societal inclusion by reaching out to all major
affected population groups — such as military, CSWs and youth — so as to bring the perspective
of each into management decision-making and policy dialogue. The BA approach can enhance
social cohesion by providing a more in-depth understanding of why people behave as they do
and how they feel their behavior might best be addressed, including how to reduce the stigma
associated with HIV/AIDS. Finally, eliciting, key actors’ feedback regarding HIV/AIDS
prevention communication and programs, in ways that will encourage them to speak openly and
candidly and in turn used to inform policy, as BA techniques do, can lead to greater
responsiveness and accountability of institutions.

This particular BA utilized documentation review, individual conversational interviews and focus
groups of 6-12 persons (with a total of 4,626 participants), as well as participant observation.5 It
was operated in 54 sites, rural and urban, in 8 regions of Niger, using contracted staff6 for 4
months at a cost of $80,000, including local training and supervision expenses and the costs of
Washington-based staff (roughly one-third of total). Fifteen distinct high-risk groups were
interviewed.

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5 See Annexes 1-2 for a fuller description of BA approach, including the sample breakdown and interview
guide for this study.

6 CNESS-Bozari (2002), Annex 3
3. General Findings

The most valuable findings of the study concerned attitudes and behaviors specific to various target groups, and accordingly are reported below in disaggregated form (by group). There were of course also some general conclusions:

Knowledge

The study found a fairly high level of familiarity with methods of prevention. Restricting sex to one partner was known by 82% of all respondents. Abstinence was recognized as one strategy by 76%, and use of condoms by 57% of participants. The mother-child mode of transmission was known by only 33%. There was confusion about the distinction between HIV and AIDS — 52% felt that persons in apparently good health could not transmit the disease.

Behavior

Condom use was reported as low throughout the samples, with 71% of miners and 92% of police, for example, reporting infrequent or no use. Regarding detection tests, more than twice as many persons do not want to take a test as do (65% vs. 30%), for the following reasons:

- no perceived benefit
- little or no confidentiality with results
- inadequate resources to purchase medication (if positive)
- unwillingness to face a “death sentence”

The study uncovered some reasons for the link between infection and poverty, including lack of resources to pay for condoms, lack of exposure to information in marginal, remote areas with less access to media and lower literacy rates, and a greater tolerance for taking risks generated by a higher level of economic need. This can include willingness to take on the risks associated with prostitution in order to provide basic needs. More simply, extreme poverty may reduce precautionary behavior. This relationship between danger and caution is seen as well in groups such as soldiers and miners whose occupational hazards inure them to risk. The pessimistic mentality (that death will come soon enough regardless) induced by the dangers of a life lived on the edge of survival has a deleterious effect on the perceived value of protection.

Communication

There was widespread criticism of the HIV-education messages that typically appear in Niger. About 46% of those interviewed thought the messages were monotonous and sent the same message regardless of audience. The messages were also criticized for being too depressing (38%), too theoretical (23%), too shocking (21%), poorly adapted (without local languages or pictures- 17%) and sterile (didn’t feature native persons living with the disease- 12%).

Mention was also made of the lack of sufficient attention to community channels for education, both for dissemination of information and as feedback. To be adequately understood, this topic needs further focused qualitative research. For example, health workers often refuse to provide services to those known to be infected with the HIV virus, which sends signals about stigma. Their knowledge levels and fears influence the quality of their services. A follow-up, more in-depth BA may be useful with this population, both to generate information and to lay a foundation for cooperation during implementation. Other community leaders, such as religious
leaders, traditional healers and tribal officers, are untapped sources of information and cooperation.

*General Needs and Priorities*

Feedback on information and services indicated the scope of the challenge to improve existing efforts. Interviewees suggested:

- More information about the nature of the HIV/AIDS infection (91%)
- Greater availability of condoms (81%)
- Improvements in messages — style of presentation and content (62%)
- Adapt approach to each particular at-risk group (57%)
- Improve quality of services (33%)
- Promote voluntary blood tests (25%)
4. Some Disaggregated Findings

The following examples of specific findings give a clearer idea of how precise information provides an opportunity for effective interventions. Based on the facts below, more compelling messages could be tailored to specific target audiences. Interviewees also indicated service gaps that they experience as end-users.

**Soldiers and Guards**

Any HIV-prevention messages geared to military men should take account of the special context of sex for this group, such as the elevated status accorded men in uniform\(^7\) and the tight-knit, highly masculinized culture.

A number of interesting aspects emerged from the interviews. Because soldiers’ work conditions may frequently be devoid of opportunities for sexual encounters, this often results in a tendency to “make up for lost time.” More than one respondent reported that, when released from duty “you immediately find a partner, it doesn’t matter who.” As well, sexual prowess is an important social currency among peers and enhanced status is garnered by seducing multiple partners, and often the same partner. Said one, “We are a brotherhood, called to fight and die together; naturally we don’t hesitate to partake of the same woman.”\(^8\) Messages that speak directly to this social context will be more likely to find a hearing in this high-risk group.

This group also had a special take on the issue of condom availability and quality. Despite relatively easy access to health care, there are, for example, reported to be health care providers in the military ranks who refuse to distribute condoms for fear of promoting fornication. And 32% of interviewees in one regiment thought that condoms contained the virus and likewise that the promotion of their usage was a deliberate scheme on the part of the West to reduce African birth rates\(^9\). It is easy to see how one message, which specifically addressed these misconceptions, would serve better than fifty which did not.

**Police and Guards**

Of all the groups interviewed, this group had the lowest levels of condom use (8%). Economically vulnerable women, such as merchants who need procedural assistance or protection from security personnel, often exchange sex for these special favors. The ability to pick and choose partners is the basis of a false sense of security in this population, as seen in the statement made by numerous interviewees: “All we have to do is avoid the thin ones, since AIDS makes women thin.”\(^10\) These circumstances create an incendiary atmosphere for the virus, since a seropositive guard can infect several women a day.\(^11\) An advantage in this group, however, is that the structure and respect for hierarchy among police and guards, as in military groups, provides a unique channel for disseminating condoms and accurate information on HIV/AIDS.

\(^7\) An interesting nuance in Niger on this universal theme: The regular injections provided by the Niger government against various types of disease are regarded by many women as a stimulant to virility.

\(^8\) CNESS-Bozari (2002), p.15

\(^9\) A similar perspective in other parts of Africa holds that the AIDS acronym stands for “America Intends to Destroy Sex.”

\(^10\) CNESS-Bozari (2002), p.17

\(^11\) CNESS-Bozari (2002), p.18
Commercial Sex Workers — street and bordello

As groups such as students or domestics become more sought after for sexual encounters because of the supposition that they are more likely to be disease-free, older, professional sex workers are becoming more frequent partners of boys (12-19), who are just beginning to be sexually active. Without exception, prostitutes know about condoms and have used them. But approximately 80% said they have not made their use an indispensable condition for accepting customers, and that supplies can be scarce. Some conduct a visual or manual diagnostic and conclude that if all appears normal, the client is disease-free. Prostitutes may obtain testing in order to brandish a clean bill of health to clients, but health workers are often loathe to divulge a seropositive test result, such that seropositive prostitutes often continue business as usual.

Nightclub Prostitutes

Operating mainly in night-clubs, where condoms are often available, this category of high-class prostitutes draws clients from the ranks of profession: dignitaries, expatriates, bureaucrats and businessmen, and tends to be more educated. Their motives remain economic — to help family, to realize dreams such as home ownership, and to elevate their social status. They unanimously declare the use of condoms a priority and a majority insist upon them. Participant observation corroborated this — all had condoms in their purses. Fortunately, the clientele also tends to prefer their use. This finding supports the thesis that generally destitution level correlates significantly with condom use.

Informal Prostitutes — vendors, domestics, and barmaids

Many women in these groups use prostitution to supplement their income or when they have a special expense and may be on intimate terms with their customers in a kind of quasi-prostitution. Some are migrant workers, with the vulnerabilities attendant on that status — they are often abused with impunity. Each of these subgroups faces a dearth of other avenues for economic improvement.

Students

Poverty among female students and the perception that sex with them is less risky combines to create reportedly increasing rates of informal prostitution in this group. The general decline in the education sector in Niger creates a milieu of desperation for students. Peer pressure and modernization was also identified as a factor, with some parents indicating that students sell sex in order to maintain a fashionable wardrobe and lifestyle. There were also a number of cases in which teachers offered good grades to desperate and failing students in exchange for sexual favors. Students tend to have high knowledge of condoms but use them only about 65% of the time, to avoid pregnancy. All this information can be used in constructing effective educational messages about the transmission of HIV, but such efforts should not be isolated from policy and attention to quality of education, to reinforce importance of education to economic success.
People Living with HIV/AIDS

Every message of prevention should also consider the potential unintended impacts on this group. Depictions of AIDS as a deadly disease can increase the social isolation and rejection of people living with HIV/AIDS. Approximately 53% of the respondents living with HIV/AIDS said that the existing messages were nonsensical because they did not separate seropositivity from actually developing the disease. Other findings centered on the quality of health services, particularly the attitudes of health care providers. One reason traditional healers are often preferred has to do with the perception that the patient is more central to the practice of traditional medicine — that traditional healers seem to care more.

Prisoners

Observers found ample evidence that same-sex encounters are frequent in this environment, but almost no measures to control the transmission of HIV are in place. This is partly because to speak openly about the risks is perceived as tantamount to condoning the practice. Yet even without overt messages, much can be done differently in recognition of the behavioral realities, such as the separation of minors from adult prisoners.

Migrant Laborers

Eighty-five percent of migrant farm laborers report rare or absent condom use. This group is rarely accompanied by their wives and, at one site, 70% reported frequenting brothels, adding to the overall picture of economic patterns linking with patterns of HIV infection. This group has its own organizational structures separate from those of the surrounding community and in some cases its own language, both facts to consider when forming intervention strategies.

Youth

This is obviously an inherently vulnerable group, with predictably low condom use — fully 84% of interviewees in this category use condoms infrequently or not at all — and with many prostitutes beginning their work while very young. Still, there are particular aspects of infection patterns which could not be predicted without deeper research.¹²

¹² For example, in some rural areas, there is a practice of seasonal marriage, in which a youth takes several wives for the duration of the growing season to promote the fertility of the land.
5. Implications and Impacts

As can be seen from the findings reported above, one key contribution of the BA to the Niger MAP was to better target various groups, such that diverse groups with varying needs and motivations are distinguished, and their contexts illumined. There is now an opportunity for institutionalizing more customized and effective interventions in terms of tailoring prevention and testing messages and in provision of condoms and health services. In fact, the civil society organizations (CSOs) involved in the study already have shifted their communications strategies to incorporate the findings.

In the Niger MAP, the BA approach contributed an analysis, from the source, of the motivations and behavior of MAP’s target groups and provided a channel for the “voices” of the beneficiaries. With this data, planned and existing project components can continue to be redesigned to better reflect the needs and priorities of the ultimate beneficiaries.

Communication Strategy

The following recommendations have been accepted by MAP management and are integrated in the project’s communications strategy:

- the need for more work to be done directly with the target groups (consumers of messages);
- increased adaptation of messages to each group (e.g., military, commercial sex workers, youth, etc.); and
- dissemination of messages via local, community institutions

Impact on the National Strategy to Fight HIV/AIDS

The notion of poverty as vulnerability to infection is now better understood thanks to both the MAP BA and the PPA that was carried out as part of the Poverty Reduction Strategy Paper (PRSP), and the National HIV/AIDS strategy is now linked to the PRSP national strategy to reduce poverty. The need to forge an integrated policy aimed at the reduction of vulnerability is evident.

Impact on Action Plan of MAP

Approximately 25% of interviewees wanted testing, while another 78% sought greater knowledge to allay their fears and increase their understanding of its benefits. Such receptivity was not previously thought to exist, but now blood tests are being promoted more vigorously.

Due to the pervasive link between HIV/AIDS and poverty, reinforced by the myriad findings of this BA, the MAP is now planning activities which will generate income and employment as an integral part of all prevention programs (rural and urban).
6. Conclusions and Recommendations

This Beneficiary Assessment study produced the kind of knowledge of social and cultural contexts that is the basis for effective strategic planning. Quantitative approaches cannot supply the type, depth and validity of information that is provided by end-users in their own words, expressed in a climate of trust. These findings are intelligence for policy and strategic planning. But improved operations are just one justification for employing listening methods. Listening to beneficiaries is more than a good way to get information, or even just a good thing to do. The process itself is part of a paradigm shift away from top-down other-management in which beneficiaries are the objects of interventions and towards a future of inclusion where empowered communities are subjects with a meaningful voice in creating a common future.

Some key recommendations that emerged out of this study are:

Task Team Leader (TTL) training: It is highly desirable that TTLs take advantage of a modicum of training in the BA methodology, both as part of the institutional shift toward an internal culture of listening, consultation and participation at the Bank, and because such exposure is likely to enhance operations effectiveness and bring it more in line with a community-driven and collaborative modus operandi.

Capacity-building in CSOs: If capacity is built in CSOs to carry out qualitative research in support of MAP operations, the resulting systematic feedback mechanism would provide a basis for efficient, continuously targeted, demand-driven interventions. This capacity has already been established in the NGOs and associations which worked on the MAP BA as well as on the previous PPA, who now use the methodology in their ongoing work and also implement the findings of the MAP BA through regular inter-organizational meetings held to harmonize messages and through designing TV and radio spots with specific target audiences in mind.¹³

CSOs which desire funding should demonstrate that their proposed interventions reflect the needs of targeted communities and are demand driven. Stakeholder involvement strengthens projects in both preparation and implementation and good social analysis is a prerequisite for effective behavioral change initiatives.¹⁴

Any capacity-building pilot should be assessed in terms of benefits to the CSO-MAP relationship as well as on the useful impact of data obtained — the potential benefit being active, ongoing and sustainable support of MAP by CSOs.

Monitoring and Evaluation: The PNLS (Government Agency for the Fight Against AIDS) has expressed interest in instituting BA as a basis for its evaluation system. This should be encouraged as a continuation of previous integration of BA into government processes — the government currently sponsors a participatory poverty assessment (PPA), which draws from BA methodology, as part of the PRSP, and reportedly plans an additional study to follow that.¹⁵

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¹³ Personal communication, May 31, 2004 from Momane Bozari, study supervisor.

¹⁴ World Bank (2002)

¹⁵ Personal communication, May 31, 2004 from Momane Bozari, study supervisor.
Gender Focus: Women are more likely to contract HIV/AIDS than men, most often as a result of their lesser status and power. Women’s voices are needed to help formulate effective strategies to reverse this imbalance. Capacity building of women’s CSOs in the use of qualitative research methods positions them to support MAP in the design, monitoring, and evaluation of powerful interventions for overtaking the gender imbalance.

Linking Poverty and HIV/AIDS Policies: Pilots to build BA methodology capacity into PRSPs in poor countries, particularly through extant monitoring and evaluation channels, is a clear next step to insuring that issues related to both poverty reduction and HIV/AIDS are identified and brought to bear on policy formation. As mentioned before, Niger’s national PRSP and HIV/AIDS strategies now see vulnerability created by poverty as a rapidly combusting fuel for the epidemic. The MAP program in Niger now incorporates employment and income generation strategies in its prevention programs. Focus on livelihood is a cutting edge practice in the fight against HIV/AIDS as the broad field of human and economic development strives toward more holistic and integrated approaches.

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16 According to a statement made by Noleen Heyzer, Executive Director of the United Nations Development Fund for Women (UNIFEM) in July of 2003, "Women's unequal status is the cause of the rapid transmission of AIDS."

17 Her suggestions to address this issue include: "clear opportunities (for women) to participate in HIV/AIDS decision-making and resource allocation at a higher policy level."

18 The GTZ (2001) study states that significant progress in preventing HIV/AIDS and mitigating its impact will not be possible without reducing structural poverty in Africa, and vice versa. Based on a review of nine PRSPs in Africa, one of the study’s findings is that “While the need to link poverty and HIV/AIDS-related efforts has been recognized, the poverty-HIV/AIDS link has not been well understood at conceptual and intervention levels.” The study recommends, among other things, that HIV/AIDS coordinators be sensitized in terms of the poverty dimension of HIV/AIDS. It also recommends that relevant ‘poverty windows’ be explored to link HIV/AIDS National Strategic Frameworks to poverty reduction.”

19 See, for example, the microfinance for women component of Chad’s Second Population and AIDS Project.
References


Annexes

Annex 1: Beneficiary Assessment in Bank Projects

Definition:

The professionals and policy makers who plan projects and programs are often far removed from the people for whom these activities are intended. Beneficiary Assessment (BA) is a method that can be used to gather information about how an activity is perceived and valued by its principal users. The use of the BA approach allows for the views of key actors and stakeholders such as the poor, service providers, NGOs, community leaders and local government officials to be heard and incorporated into project work. Consultation with local people allows projects to respond to felt needs, and provides the basis for involving stakeholders in various aspects of project design and implementation, building commitment and ultimately ownership and accountability.

BA is a qualitative, social assessment method of investigation and evaluation that consists of three kinds of data collection techniques: a) conversational interviews; b) focus groups and c) participant observation. This was supplemented with review and analysis of written documents. This methodological approach is not meant to supplant questionnaire surveys and other traditional methods for data gathering; rather it complements these methods with reliable and useful information for task managers and policymakers on the socio-cultural context and perceptions of a beneficiary/client population. It is an intermediation tool that allows for systematic and continuous tracking of client attitudes from identification, through preparation to implementation of a project.

The Uses of BA:

The BA approach examines how people behave, and why they behave as they do. The information derived from qualitative approaches such as this can be used to:

- improve targeting, design and service delivery;
- enhance ownership and accountability;
- help identify and mitigate any potential adverse social impacts; and
- develop local resources, build local capacity and in-country knowledge.

BA is systematic consultation with project beneficiaries and other stakeholders to help identify and design a development activity, to signal any potential constraints to their participation, and to obtain feedback on reactions to an intervention during implementation.

Bank Experience to Date:

Between 1983-2003, the BA approach has been used in at least 250 Bank projects in all regions and across nine sectors. BA has mostly been employed in sectors with a social delivery

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20 This annex is an updated version of the first four sections of Lawrence Salmen (1995), *Beneficiary Assessment — An Approach Described*, Social Development Note, World Bank.
orientation (health, population, education, agriculture, water supply and urban projects) where it is especially important to gauge user demand. While usage in other sectors has been limited, there is an increasing recognition among donors of BA's usefulness and versatility in gauging effective demand in sectors such as energy and industry. Conversational interviewing, focus groups and direct observation have proven especially effective ways to address sensitive issues, such as gender, and to identify at risk groups, including indigenous people, the landless, and groups outside the "formal" sector.

Participatory Poverty Assessments (PPAs):

PPAs are an important instrument for focusing policy on poverty reduction. They use the BA approach as an instrument to gather the views and concerns of the poor and popular perceptions of factors affecting poverty. The results are used in designing more effective poverty reduction strategies responsive to different categories of poor people. PPAs can increase understanding of the socio-cultural constraints of the poor to access to land, credit, agricultural inputs and markets. This information can be used to examine and sharpen the poverty focus of incentive and regulatory frameworks; for example, to emphasize "poverty conscious" restructuring of public expenditure allocations to primary education, preventative health or access to safe water; to improve the targeting of formal safety nets and to support informal ones.

Using the BA approach in PPAs or Social Action Programs (SAPs) is a flexible, pragmatic, cost effective approach to monitoring trends in poverty and assessing the need for targeted programs. To date, PPAs have been completed or are underway in 57 countries including Brazil, Cameroon, Costa Rica, Ecuador, Ghana, Kenya, Madagascar, Malawi, Mexico, Uganda, Vietnam and Zambia.
Annex 2: The Niger MAP BA Process Detailed

Techniques:

- documentation review;
- individual conversational interviews in all groups sampled;
- focus groups (youth, parent/teachers associations, truck drivers); and
- participant observation (truck drivers, commercial sex workers)

Sample Size:

Total: 4,626 — (individual, 86%; focus group, 14%)

Female, 43%; male, 57%

Rural 59%; urban 41%

By group:

Youth 2,097

Defense and security forces 495

Diverse Actors (donors, community leaders, NGOs, health workers) 307

Commercial sex workers (formal — street, bordello, night club) 205

Commercial sex workers (informal — maids, fruit/vegetable sales girls, barmaids) 310

Clients of commercial sex workers 100

Persons living with HIV/AIDS (asymptomatic and symptomatic) 110

Education community (parents, teachers, students) 427

Working men (migrant farmers, miners, truck drivers, barmen) 460

Jail population 115

Interview Guide:

The interview guide is central to the implementation of the BA. It is the key instrument used to obtain information from the assessment. The preparation of the interview guide should be a collaborative effort between the project manager and BA Study Director. The guide identifies a series of themes of importance to project implementation that will be discussed with targeted beneficiaries. The interview guide used in the Niger BA was as follows:

1. Needs and priorities of communities regarding HIV/AIDS
2. Behavior and knowledge of key groups re: HIV/AIDS

3. Perceptions of HIV/AIDS (what it represents) and feedback on programs of government and civil society

4. Perceptions regarding the seriousness of the disease among groups at risk and population at large

5. Attitudes toward
   a. persons living with HIV/AIDS and their families
   b. blood test

6. Perceived means of prevention

7. Communication
   a. channels
   b. reaction to messages
Annex 3: Niger MAP Beneficiary Assessment Summary

<table>
<thead>
<tr>
<th>Cost</th>
<th>$80,000</th>
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<tbody>
<tr>
<td>Time increment</td>
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<tr>
<td></td>
<td>2 weeks for training and piloting the interview guide</td>
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<td></td>
<td>10 weeks for data collection</td>
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<td></td>
<td>2 weeks for data tabulation and analysis</td>
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<td></td>
<td>2 weeks for report writing</td>
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<tr>
<td>Staffing</td>
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<td></td>
<td>1 senior social scientist (mentor)</td>
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<td>1 chief consultant</td>
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<td></td>
<td>1 coordinator</td>
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<td></td>
<td>5 field workers</td>
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<td>Key findings</td>
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<td></td>
<td>Condom use is lower than previous instruments showed.</td>
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<td></td>
<td>Further evidence that poverty fuels HIV, with compelling data on the economic</td>
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<tr>
<td></td>
<td>vulnerability of women and its link to the spread of HIV.</td>
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<td>Precise information for targeting messages to specific groups.</td>
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<td></td>
<td>Health care providers need better skills and information.</td>
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<td>Communication is more effective through trusted community members than</td>
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<td></td>
<td>through external agents.</td>
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<td>Policy impacts</td>
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<td>PRSP now in concert with MAP.</td>
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<td>Testing beginning to be recognized as acceptable.</td>
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<td>Communication strategy targeted and collaborative.</td>
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<td>Attention to previously marginalized groups (disabled people and construction</td>
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<td></td>
<td>workers).</td>
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<tr>
<td></td>
<td>Administrators partner with communities.</td>
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<td></td>
<td>Income generation now part of prevention strategy.</td>
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</tbody>
</table>
Annex 4: Niger Facts

Niger covers a land mass of 1,267,000 square kilometers. In 2001, it had a population of about 10 million, with an annual growth rate of 2.7%. Young persons, under 15 years of age, represent 70% of the country’s population. Niger is one of the poorest countries in the world with a per capita GNP of $260. In 1999, Niger’s UN Human Development indicator of 0.311 placed it number 172 out of 174 countries. In 2002, the HIV prevalence rate was 0.8% for the entire population, 1.7% for youth, and at-risk groups had prevalence rates as high as 25%.