Training outreach workers for AIDS prevention in rural India: is it sustainable?

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Through a process of community diagnosis and participation, a non-governmental organization in rural Karnataka state in India selected and trained peer outreach workers to implement and sustain AIDS prevention education activities. This activity was part of a larger AIDS education project that aimed at creating awareness and promoting risk-reducing behaviours in the community. This paper describes efforts of the project to identify and train peer educators during its implementation phase and discusses strategies used to facilitate sustainability. We evaluate the impact of these efforts by conducting an analysis in the project area 2 years after the end of the project. The findings reveal generalized interest among rural communities in HIV prevention issues. The project originally conducted an extensive survey to understand community organization and composition, which helped to identify potential partners and peer educators. Training peer educators was a multi-step process, and one with high attrition. While individual peer educators were an excellent resource during the life of the project, peer educators affiliated with village level institutions had the interest, access to resources and willingness to sustain project efforts. However, the sustainability of their efforts was associated with the quality of interactions with the project implementation team, the strength and leadership of their own institutions, the perceived benefits of implementing AIDS education activities after project life and the gender of the outreach worker. Non-sustainers did not have an organizational structure to backstop their work, were often poor and unemployed persons who later found gainful employment, and overwhelmingly, were female. We present a conceptual model based on these findings to help future projects plan for and achieve sustainability.

Key words: HIV/AIDS, prevention, peer educators, AIDS education, sustainability

Introduction

The AIDS epidemic has had noticeable impact on the health and development of communities worldwide. There are an estimated 3.7 million adults infected with HIV in India (UNAIDS 2002) – a large and diverse country with over a billion people. While few studies document the spread of the epidemic in rural areas, the patterns of rural-urban migration and travel may influence the spread of HIV to rural areas (Singh and Malaviya 2002) and indicate a need to expand HIV prevention and care services outside urban areas (Redkar and Redkar 1999). The policy of the Indian National AIDS Control Organization (NACO) to control AIDS emphasizes working with non-governmental organizations (NGOs) and launching interventions targeting rural populations (Dasgupta and Rao 1993). In order to ensure maximum benefit from interventions, both NACO and other donor agencies emphasize the important role of sustainability (USAID 1999).

Several frameworks for planning and implementing health interventions that influence sustainability have been suggested (Olsen 1998; Shediac-Rizkallah and Bone 1998). Sustainability also has been defined in different ways. In this study, we examine sustainability as described by USAID – the ability of activities to continue appropriate to the local context after withdrawal of external funding (USAID 1999). This is primarily because this study describes a USAID/AIDSCAP-funded AIDS prevention education project. Working with this definition may help inform future donor-funded HIV prevention projects by drawing specific lessons on the factors influencing sustainability. The MYRADA/PLAN AIDSCAP Project was implemented over a 2-year period. MYRADA, an Indian NGO, in collaboration with Child Reach (PLAN International, USA) and USAID/AIDSCAP, implemented this project in four administrative blocks (talukas) of Belgaum district in Karnataka state in south India. MYRADA is a rural development organization whose focus is on economic development through micro-credit programmes. Through this approach, they address immediate poverty alleviation needs of poor rural residents while facilitating access to social services (Fernandez 1990). This AIDS project was their first attempt to directly address a health issue. The project implementation team hired local staff to implement field activities.

The primary focus of the project was on educating the population about transmission and prevention of HIV and other sexually transmitted infections (STIs). They conducted several outreach education activities, including street theatre programmes, public information campaigns, condom distribution events, information booths at public fairs, training health professionals and training outreach workers to disseminate prevention messages in the community. This paper focuses on issues related to training outreach workers. This strategy was adopted based on the theory of diffusion of innovations (Rogers 1983; Dearing et al. 1996). Based on this theory, the project planned to train 1000 community-based
outreach workers (CBOs) who would assist the project implementation team to achieve wider outreach during the project. By virtue of their involvement in project implementation, peer educators were also expected to maintain their education activities after the project ended.

The study sought to understand: (1) how best to identify outreach workers, (2) strategies used during project implementation to facilitate sustainability, and (3) factors associated with sustainability success. Addressing the first two factors, the study collated available data from the project, such as staff meeting minutes, process indicator forms and other written reports. We also conducted interviews retrospectively with the project implementation team. The four persons interviewed were part of the 18-member project implementation team who were directly involved with field level activities. They were asked to describe the outreach educator identification and training process and to discuss strategies they adopted to sustain project efforts. While the study sought to interview as many members of the implementation team as possible, most were not still living in the project area.

Data for the third factor were obtained by interviewing 30 outreach workers (24 men and 6 women), 6 representatives from government health departments and 11 representatives from NGOs. They were asked retrospectively to describe their efforts in implementing AIDS prevention education activities during the project and after its completion, and in particular, their work with trained outreach workers. All interviews were conducted 2 years after the end of the project (referred to as the ‘study period’).

Interview data were analyzed using the software NUD.IST (Celia and Hannibal 1998). Content analysis was conducted under three broad areas of interest: the process of identifying outreach workers, efforts to facilitate sustainability during the project life and factors influencing sustainability. Data from reports and other project records were reviewed for content on sustainability and to obtain statistics relevant to outreach worker training. The study protocol was reviewed and approved by all applicable institutional review boards before data collection began. The results of the analysis are presented chronologically.

### Training outreach workers

The project implemented the training strategy with the following four steps:

1. Conducting community analysis – assessing community capacity and identifying partners;
2. Identifying potential sustainers – developing criteria to identify and train outreach workers;
3. Building systems for sustainability – identifying plans for sustainability and building local capacity for sustainability;
4. End of project and sustainability – reviewing sustainability systems in action and determining factors that influence sustainability.

### Conducting community analysis

The primary challenge faced was identifying outreach workers to train given the geographical size and socio-economic context of the project area. The four administrative blocks (talukas) selected for the project had a population of 1 million people (District Statistical Office 1995) including 395 villages. Two languages were spoken – Kannada and Marathi. As the region was both industrial and agricultural (largely based on cash crops such as sugarcane, tobacco and oilseed), there was considerable migration to and from these four talukas.

In order to better understand the context, the project conducted an analysis of the community. This was done in two parts. First, a community composition survey was conducted. Then, the capacity of the community to implement AIDS education activities was assessed.

### Community composition survey

The purpose of this survey was to understand the organization of the community, identify gatekeepers at the village level and simultaneously, to build rapport with government and non-governmental institutions in the area. This involved dividing the project area into distinct geographic segments and assigning dedicated staff members to each. Establishing rapport with the community took about 3 months and was rooted in the experience of the implementing agency’s work in rural development. This exercise helped introduce the goals of the AIDS prevention project to the community and solicited their input for proposed project activities. Following each visit, staff documented the details and description of the community. The interviewed members of the project implementation team reported that while some of the information was available from the government, the survey yielded current information and identified potential partners and collaborators in the project. Figure 1 shows the various organizations already existing in the community. This information was useful in identifying specific partners for HIV prevention programmes (e.g. youth groups) and understanding needs of the community with regard to AIDS prevention.

### Identifying community capacity

Discussions were held with representatives of community groups to understand their interests and capacity to become partners in implementing the AIDS education project. As shown in Table 1, various community-based organizations served rural communities. In this setting, we use the term community-based organization to include private and public institutions based in the larger project area that are not necessarily headquartered in villages. These usually target villages for their work and have larger access to technical support and funding than village-based institutions. Private sector groups in this setting included not-for-profit and for-profit organizations. Non-profit groups such as Lions and Rotary Clubs were very prominent. They conducted health fairs and had experience in organizing communities around these activities. While these groups had access to financial resources and were willing to take part in project activities,
Training outreach workers for AIDS prevention

Community-based Institutions
- Village-based youth groups and women’s groups (898)
- Women’s groups (256)

Private Sector
- NGOs
- Private vendors
- Pharmacies (161)
- Health providers (Clinics/dispensaries) (531)

Service Establishments
- Hotels/Restaurants (197)
- Convenience stores (351)
- Barber shops (1090)
- Highway hotels (13)

Government Departments

Educational Institutions
- Schools (172 high schools)
- Colleges (72)

Community Resources

Community-based Institutions
- Already organized in groups
- Can provide assistance in organizing programmes
- Potential to train and build capacity

Private Sector
- Potential to offer leadership in future HIV prevention programmes
- Potential function as condom outlets

Religious groups
- Key social force, particularly among vulnerable groups such as women

Educational institutions
- Potential to identify resource persons to train
- Can permanently house educational materials in libraries

Government sector
- Significant presence in project community
- Village government heads are important gatekeepers to community
- Help in organizing programmes and mobilize community
- Can build capacity of government health personnel

Service establishments
- Highway hotels offer a location to disseminate materials and provide education services

Figure 1. Community composition survey: a beginning to identify numbers and organization of rural communities

Table 1. Identifying capacity of community-based organizations to help in project sustainability

<table>
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<tr>
<th>Community resources</th>
<th>Strengths that support project sustainability plan</th>
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| Community-based institutions  | • Already organized in groups  
                               | • Can provide assistance in organizing programmes  
                               | • Potential to train and build capacity                                                                 |
| Private sector                | • Potential to offer leadership in future HIV prevention programmes  
                               | • Potential function as condom outlets                                                                 |
| Religious groups              | • Key social force, particularly among vulnerable groups such as women                                               |
| Educational institutions      | • Potential to identify resource persons to train  
                               | • Can permanently house educational materials in libraries                                                        |
| Government sector             | • Significant presence in project community  
                               | • Village government heads are important gatekeepers to community  
                               | • Help in organizing programmes and mobilize community  
                               | • Can build capacity of government health personnel                                                                |
| Service establishments        | • Highway hotels offer a location to disseminate materials and provide education services                               |
they did not have routine contact with village residents. NGOs also operate in the private sector and have extensive experience in implementing village-based health and development interventions in the project area. In the for-profit sector were service sector groups, such as hotels, restaurants and pharmacies. They offered locations where educational materials and prevention tools could potentially be disseminated. Pharmacies could potentially provide easy access to medications and serve as condom outlets.

Another central group in the community were religious leaders, who drew a large segment of their community for spiritual lectures and effectively weaved health and development concerns into their lectures. Educational institutions, by virtue of their permanent presence in the communities, offered accessible resource centres. Similarly, the permanent presence of government personnel, the authority of their offices and their interaction with the public offered an opportunity to create a trained corps of people who could potentially sustain project activities. Specific government departments included the district health office, local district government at the district level and the department of education, block administration and development offices, and the public health centres at the local level.

Village-based institutions usually served a specific village community, organized around a common goal and were involved in various developmental activities. For instance, youth groups implemented cultural programmes and were often involved in development activities at the village level. They were hence intimately familiar with village residents and constantly interacted with community members. Similarly, women’s groups or mahila mandals were also present in many villages. These groups gathered to discuss maternal and child health issues or learn a skill for income generation.

These results of the community composition survey, and the collaborative process of involving close interaction with village residents, defined some desirable characteristics of CBOWs. They were as follows:

1. CBOWs would be village-based – the project aimed to train a male and a female from each village as outreach workers;
2. Peer outreach workers should be permanent residents of the village;
3. They would be identified by referrals from village leaders and elders and by nominations from the individuals themselves; and
4. They should express interest and volunteer to participate in AIDS education efforts.

Identifying potential sustainers: quantity vs. quality

CBOW training lasted one day and covered HIV/STIs transmission and prevention in the larger context of family and reproductive health and discussed appropriate methods of disseminating information. At the end of the technical content of the training, the trainers from the project focused on planning activities in the trainees’ villages. These activities included discussions with peers and friends about HIV prevention and facilitating activities such as street plays, condom distribution and information dissemination. Each trainee was given educational materials such as posters and brochures, condoms to distribute and a notebook to record their work. The outreach workers also worked with project staff to schedule village planning meetings.

The project implementation team made some observations during the CBOW training process. First, given the interest in the topic of AIDS and the training programmes, the number of people who attended the programmes in the first 3 months of the project was well over 1000 – the project goal. Second, it was discovered that a one-time training session was insufficient to distinguish between ‘informed individuals’ and ‘potential sustainers’. To promote sustainability, the project developed refresher training programmes to help identify potential sustainers among the CBOWs. The project invited trained CBOWs a month after training to discuss their plans and efforts. At these refresher sessions, the project also clarified issues relating to HIV prevention and transmission and provided feedback on addressing queries from the community. It also reviewed the work plan for the next month. As an incentive to work for the project, the CBOWs who attended the refresher sessions were offered a nominal monthly stipend. As the project implemented these refresher sessions, they developed a checklist to distinguish between the ‘informed individuals’ and ‘potential sustainers’ (Table 2). Each staff member summarized the items of the checklist for each CBOW and made recommendations about potential sustainers.

Checklist analysis revealed that of the over 5000 CBOWs who attended the first training/informational session during the project life, over 90% did not attend the retraining/refresher sessions. Individuals who returned to meetings and who consistently expressed interest in initiating and organizing prevention activities were usually individual representatives of village-based groups who were enthusiastic to include AIDS as part of their on-going activities. They attended meetings regularly and their motivation was evident from the various education activities they initiated in their village beyond what was planned for the area. They also requested that AIDS prevention materials be distributed at village events and often volunteered at these events to talk about AIDS prevention. Some of these groups also had access to institutional resources such as manpower, the ability to generate income, capacity to generate and carry through with new ideas, and all were involved in other development activities in their villages. Many of those who attended these meetings diverted some of their entire stipend to their group. Thus, the project identified village-based community groups as important vehicles in the community for sustainability. These groups were referred to as village level resource centres (VLRCs).

Building systems for sustainability

Once VLRCs were identified as a sustainability strategy, the project began to create systems which would support their efforts once the project had left the area. A two-pronged approach was adopted. First, VLRC members who were
CBOWs were involved actively in the planning and implementation of project activities beyond the dissemination of prevention information, such as providing counselling and referral information to persons with STIs. Secondly, linkages were created between VLRCs and other community-based organizations. These were done 3 months before the end of the project. In particular, the government health department was given a list of names of these CBOWs and their associated VLRCs. The project introduced these individuals to other institutions such as private medical associations, Rotary Clubs, other NGOs and community leaders. While building these liaisons, the project staff urged these community organizations to support the initiatives of the VLRCs.

One hundred and two VLRCs were identified as potential sustainers and their centres were ceremoniously inaugurated. This gesture of publicity helped attract recognition to these promising village level institutions. They were given a stock of prevention education materials and access to other resources such as educational videos and audiocassettes. The CBOWs and their VLRCs were provided condoms and links to government community health workers, who re-supplied condoms as needed. To promote sustainability the CBOWs and VLRCs were asked to discuss HIV/AIDS prevention issues at events in their villages, to provide referrals to persons with STIs and to work with government workers in implementing prevention education programmes. As the project withdrew, two staff members were left in the area for an additional year, to continue operations from a scaled down project office and coordinate AIDS prevention education efforts in the community.

What happened after the project withdrew?

**Outreach education efforts**

As there was no revolving fund established by the project, the monthly stipend for CBOWs was terminated when the project ended. To explore sustainability of AIDS prevention efforts, we interviewed the two staff members who coordinated VLRC efforts.

From the records maintained by staff members, of the 102 CBOWs, 39 (35 male and 4 female) CBOWs and their VLRCs were likely sustainers. The remaining 63 had never established contact with the project. All CBOWs and their VLRCs were contacted via visits to their villages and were invited to speak to the study about their experiences with the AIDS prevention project during and after its implementation. The study obtained data from 9 (7 men and 2 women) sustaining CBOWs and 21 non-sustaining CBOWs (17 men and 4 women). The sample size was limited by the availability of CBOWs and those who were willing to participate.

Groups that sustained project activities had a history of social service in the area, were uniformly interested in the development of their village, and were considered ‘opinion leaders’ in their village. This is revealed by a VLRC member:

"Any work that will help our village, we are involved in that . . . for example, we lobbied and organized a strike for a bus stop in our village . . . then during jathas [village fairs] we serve food, and we distribute pamphlets and educate people."

Those groups implementing AIDS programmes were also recognized as local experts on AIDS and STIs information, and received awards and other recognition for their efforts. This recognition helped provide motivation to sustain their activities. One group had been awarded a national award in a youth festival commending their work in HIV/AIDS education. Another group travelled out of state to participate in a youth meeting, and provided education materials at youth fairs.

The role of building capacity emerged in the discussions with VLRCs. As one member remarked:

"The project taught us how to talk . . . we really did not know how to talk [about HIV/AIDS related issues] or what to say in public . . . but we were trained in street plays, and in talking onstage how that is done . . . Mr G [street play instructor employed by the project] taught us . . . how to tell people and what to tell them in a convincing way… Village people are different . . . we have to talk the local language and convince them in a nice way. This is what MYRADA staff taught us . . . Mr X [project field staff] and the others."

The liaison established by the project between CBOWs, their VLRCs and the government helped motivate sustaining
groups to implement programmes for a larger audience and to update their skills and knowledge in AIDS education. The sustaining VLRCs took several initiatives to contact and work with the government:

“Because we had done work with the AIDS project, they had informed the government about our work and so it was that we were invited. So on World AIDS Day we performed street plays... we had programmes since then... for example, on Jan 26 [Indian Republic Day] there were functions in our village... we take the chance to say something about AIDS before anything else... This year alone we have done 10 programmes till now.”

Those groups who sustained prevention efforts also reported that they had positive interaction with the project and acknowledged that the project had helped establish contacts with the local government. They reported using these contacts to implement AIDS prevention activities. Almost all sustaining VLRCs reported that the training and information programmes they received during the AIDS project increased their capacity in implementing AIDS programmes.

The results further show that community groups who continued activities in the area also indicated an ability to generate resources. Some community groups engaged in events that generated financial resources for their group and its activities. One event mentioned by three groups was wedding catering. The income went into the youth groups' accounts for village development expenses. Proposal writing was another activity outlined by the participating groups. The groups shared their experiences about working with the government in generating funds, including approaching the local Member of Parliament (MP) and contacting the block development officer for funds.

Why do groups not sustain activities?
The absence of monetary benefits when the project ended was a disincentive to many workers who were actively involved when the project was ongoing. As one leader of a youth group reported:

“When I was with the project, I was in college, that time I was not only paid a monthly stipend, but I also had free time. Today, my entire family depends on me. I have to concentrate less on the VLRC activities.”

Another young man remarked:

“We are very poor. I work in the sugar factory. I am still in the temporary stage. I cannot take time off now, if I do then I will be let go. Therefore, I am not free to come for meetings. But I tell all the factory workers about AIDS every chance I get.”

The absence of leadership emerged as an important factor in failure to sustain the AIDS project. Of the 21 non-sustaining CBOWs and their VLRCs who provided information for the study, seven reported that the departure of their group leader/motivator made the group defunct. In three of these groups, the male leaders had left the area to get jobs. In two such groups with female leaders, the group disintegrated because the leader got married or left the area.

Three of the 21 non-sustaining workers recalled negative interactions with the project that influenced their decision to quit. These involved administrative processes such as dissatisfaction with travel allowances and other incentives for participation. Apart from the few words that expressed their displeasure, no further information was voiced.

Expectations from women and gender roles emerged as important factors in the analysis of the 10 VLRCs that were women's groups. While women's participation in information sessions was perceived by their spouses and extended family as a 'waste of time', their participation in other social events such as needlework exhibitions and religious events were seen as appropriate. The president of a defunct women's group said:

“Earlier there were tailoring classes for women... this was when the AIDS project also began. Therefore, you had a captive audience and you can tell them anything... As there is no such class now, it is difficult to gather women now... They have other work to do... there is no benefit from leaving their work and coming... in fact, it is a loss... and women can't simply leave their work and do education work... people at home will complain... Now, if you help with continuing those tailoring classes... many women will come.”

Women who did not participate mentioned the importance of monetary benefit gained during their period of participation. Rather than the fact that they worked with AIDS prevention, the fact that they were able to contribute to the family economy took precedence. Since the departure of the project, the women and their families perceive no tangible benefit of continuing the programmes. The issue of leadership also arose again in the analysis of non-participating women's groups.

Sustaining and non-sustaining CBOWs mentioned that although they had taken measures to increase awareness, they also created a demand for HIV testing and counselling services which was left largely unmet after the project ended. Counselling services were not in the scope of the AIDS project; thus, the demand for voluntary testing and counselling in the community remained an unresolved local issue.

Government and NGO activities
After the project withdrew from the area, there were scattered AIDS prevention efforts implemented by the government and NGOs. Interviews revealed that these activities centred around important community events on health and on international observances such as World AIDS Day. Outside these occasions, there was no attempt to maintain contact with CBOWs and their VLRCs, although as one NGO representative remarked: “when our project staff visit the village, they contact these individuals (CBOWs/ VLRCs)”. NGOs expressed their enthusiasm for AIDS work
and their eagerness to carry forward MYRADA’s efforts. However, they expressed dissatisfaction with what they perceived as their ‘last minute involvement’ with the AIDS project. They wanted to be more involved in project planning and implementation and some discussed the need for training in grant writing and project management. NGOs also felt very strongly that the AIDS project did not create systems to address the unmet issues of HIV testing and counselling that they felt had arisen because of the AIDS project.

Discussion

Training community-based outreach workers is an important component of many AIDS prevention efforts (Brackett-Milburn and Wilson 2000; Ford et al. 2001). This study began with such a goal to be implemented in a large area in rural India. Given the interest in AIDS in the study area, identifying suitable village residents to train as outreach workers was a relatively easy task. However, when it came to identifying workers to sustain their efforts, the project faced several challenges.

The conceptual framework in Figure 2 provides a basis for discussing these challenges and other study findings. The framework builds on the steps taken by the project and incorporates project experiences to examine approaches for achieving sustainability. This model outlines sustainability as a continuous process and as an integral part of project implementation. The first step in this process involves the identification of community interests and capacity. This exercise in the AIDS project allowed for determining how various community-based agencies could assist the project in planning other efforts. In this study, this process benefited from the expertise of the implementing agency. By networking with the government and other NGOs, the project established a good foundation for their activities. As Nichter suggests from another study in rural Karnataka, understanding the community – the key players, the role of government and power dynamics – is an important step in arousing community interest and ultimately in facilitating participation (Nichter 1994). The process of identifying CBOWs in this study’s community-based project was based on consensus with community leaders and self-nomination. Flanagan and Mahler (1996) report that characteristics such as confidence and technical competence are essential for peer educators in AIDS prevention projects. Thus, while MYRADA, the implementing agency in this project, had no prior experience in HIV prevention education, their extensive experience in rural development was an asset in identifying and training CBOWs for project implementation and for sustainability.

However, as the project discovered, interest in the AIDS project was not uniformly high among the trained workers. 

Figure 2. Conceptual framework to develop a strategy that will facilitate sustainability of outreach worker efforts in AIDS prevention.
From 5000 trained CBOWs, there emerged only 39 likely sustainers: an attrition rate of over 90%. While this method of identifying potential sustainers may not be efficient, we learn three important lessons. The first is the role of re-training, second is characteristics of potential sustainers and third, the role of stipend/honoraria for peer educators.

Prasad and deCostello (1995) highlight the role of frequent re-training to sustain breast-feeding education efforts in hospitals in rural Bihar, India. As the findings reveal, some of these characteristics can be promoted through re-training and involvement of outreach workers in project activities. Perhaps several re-training sessions (as opposed to one the project conducted) over time are necessary. While attrition rates of outreach workers as high as 50% have been reported (Ford et al. 2001), the level of 90% in this study is high. This may be an indicator of the level of felt need for AIDS prevention (some may simply need to be informed and not be involved in prevention efforts), the efficiency of the implementation process or the willingness to become committed to AIDS education efforts in the community. Despite this high attrition rate, the study developed useful criteria to identify potential sustainers.

Several characteristics of sustainers emerged. The permanence of these institution-affiliated CBOWs combined with their motivation and history of social service in their community made them attractive candidates for capacity building and sustainability. Further, having had prior experience in networking with other institutions and raising resources for other health and development projects, institution-affiliated CBOWs offered potential to sustain AIDS education efforts. These criteria shifted the focus of the sustainability strategy to CBOWs associated with institutions, away from a target of individual CBOWs. Finally, the role of stipend/honorarium is an important lesson from this high attrition rate. By providing a stipend offer at the end of the first refresher session, the project may have created a larger corps of workers to achieve wider community outreach during project duration. However, this did not help sustain project efforts.

Based on our observations of attrition and the role of CBOWs and VLRCs, we see support for our earlier definition that implies that sustainability is the ability to continue without external support. The continued and significant AIDS prevention efforts of a small but committed number of local institutions suggest that we can broaden our definition of sustainability. While there is now increased emphasis on measuring local capacity in donor-funded projects (USAID 1996), this definition may also help develop specific indicators to measure sustainability at the local level. Examples of these drawn from the current study include: number of local institutions, nature and type of HIV prevention activities implemented, needs for capacity building, specific cross-NGO and NGO-government linkages, and plans for activity after donor funding withdraws.

Recognizing the short duration of the intervention activities in the area, the project made some modest attempts to build systems for sustainability, an important progression once the outreach workers were identified and trained. Support systems that will help these village level workers sustain their activities (Walt 1988) are important and the project involved the CBOWs in planning and implementation of activities throughout the project life. They also created linkages and support systems for the CBOWs. This took the form of providing lists of trained CBOWs and their institutions to local leaders, government and other private institutions, and providing educational materials and supplies. While these are important steps, they were perhaps actions taken too late in this case. The inclusion of these institutions early on in the project, while developing the strategy to identify potential sustainers, might have created liaisons that were more sustainable. Further, while these were nominal attempts to facilitate sustainability, no mechanisms were in place to monitor and evaluate the liaison created between CBOWs and these other institutions.

Once the project left the area, sustainability was influenced by several factors. The first was the steps taken during the project implementation process – their understanding of the community, their identification of key partners to sustain efforts and their attempt at building linkages between CBOWs and their institutions and other permanent and authoritative organizations such as the government in the community. The project helped CBOWs become effective educators – being able to talk eloquently and communicate sensitive topics in a confident manner are indeed important factors that help increase self-efficacy and improve communication skills. These skills admittedly helped CBOWs gain recognition and motivated them to be spokespersons for HIV/AIDS prevention.

The second factor influencing sustainability had to do with community capacity. While only a fraction of the CBOWs and their VLRCs were seen to sustain project efforts, this was an active group. They remained in the community and were active in other community development efforts; as the project had envisioned, they added AIDS education to their ‘repertoire’ of community services. They were motivated to speak and discuss these issues with their community residents. They were also able to utilize the contacts and liaisons created between them and other institutions while the project was in the area.

Finally, the study found that structural and contextual factors influence sustainability. Sweat and Denison indicate several levels of influences that can affect the implementation and success of AIDS prevention efforts (Sweat and Denison 1995). In this study, influences such as poverty and unemployment were associated with non-sustaining CBOWs and their institutions. The financial incentive given to these CBOWs served as a source of income rather than as a motivation to work. Thus, when the project left, these CBOWs moved on to ‘other jobs’. The finding that the women’s group did not sustain AIDS prevention education activities is consistent with the role of poverty in rural India. Women were not very involved. Work at home and other household responsibilities are important social expectations of women (World Bank 1996). As the study shows, income generation activities may need to be part of their role expectation. This
is consistent with Li et al.’s report on women’s health in China where they note the importance of integrating health services for women with women’s work and development (Li et al. 2001). Similarly, women involved in income generation in Cote d’Ivoire were more empowered to take HIV preventive measures (Population Council 2000).

While both government and NGOs are interested in AIDS prevention issues, pre-existing commitments to non-AIDS related health and development causes might take precedence over AIDS prevention. Conducting grant-writing workshops for NGOs, involving NGOs in project planning and encouraging community organization involvement may be useful to build NGO capacity. Sustainability of AIDS prevention education efforts is also influenced by the availability of systems that help with the needs created by education. These systems, such as HIV voluntary testing and counselling and care for persons with HIV/AIDS, are essential strategies in the prevention and control of HIV (Mertens and Caraël 1997). The presence of such support services is an important continuation of prevention education efforts. Larger structural factors such as governmental policies, donor priorities and the larger political climate are also important to consider. While the role of government and other permanent structures is important in sustainability (Fiedler 2000), governments and donors may be limited in sustaining outreach worker efforts due to competing needs and priorities, lack of technical expertise and the logistical capacity to continue efforts on their own (Streefland 1995).

**Strengths and limitations of the study**

A strength of this study is that it reports on the long-term sustainability of AIDS prevention peer educator efforts in rural India. This study shares lessons on AIDS prevention programming from a region of the world where there is a need for expanded HIV prevention education (Kunte et al. 1999).

Before a discussion of the study limitations, the authors would like to note that the scope of this study was to examine the plans, processes and outcomes of training of peer educators for AIDS prevention. For this study, we did not set forth to examine project effectiveness, which is influenced by several factors such as the role of intervention design, the role of secular trends, the extent of formative research conducted and the efforts aimed at social and behavioural norm change (Merzel and D’Afflitti 2003). While scope of the paper did not extend to address these factors, clearly any one of them may have influenced the quality and ability of CBOWs and VLRCs. A larger examination of project effectiveness would also have helped draw more lessons to inform community-based HIV prevention interventions and perhaps examine how various components interact with each other to influence project outcomes.

Other limitations have to do with study design and therefore the ability to draw conclusions. There is a potential for recall bias on the process of training CBOWs. The project implementation team may have incompletely or selectively recalled their experiences in the AIDS project. We attempted to minimize this by interviewing all available members of the project implementation team and crosschecking during interviews to get a complete understanding of the process. The criteria established to identify sustaining CBOWs after the project ended may have included some information bias, as project staff overseeing sustainability who were consulted for developing the criteria may have been influenced by their personal interaction with the CBOWs and by their own efficiency in monitoring sustainability activities. Our method of developing criteria for sustainability has potential limitations. As any effort at implementing AIDS prevention efforts was considered as meeting one criterion for sustainability, potentially weak CBOWs and their VLRCs may have been equated to those who implemented programmes superior in quality and quantity. However, there are criteria associated with even the minimum performing CBOWs and VLRCs that are absent in the non-sustainers. This may be a useful lesson for programme planners who must identify community/village-based partners for AIDS education efforts. Finally, while CBOWs interviews were useful, we did not assess stakeholders’ and community residents’ perceptions of project impact (Chen 2002). Their views about project success and impact would enhance the information received from VLRC members and help draw conclusions on local willingness to support and sustain an AIDS prevention intervention.

**Conclusions and recommendations**

The study provides some key lessons in AIDS prevention project design for sustainability.

- Training outreach workers is a long-term goal with information dissemination and progress to training and involvement of individuals in project activities.
- In the Indian context, focusing efforts on village-based institutions may be more effective than focusing efforts on individual outreach workers as far as sustainability is concerned. Institutions are permanent; their members can be very motivated and self-starting with a long history of local development experience. These institutions often enjoy credibility with local residents and share good rapport with local leaders and government. Identifying institutions with these qualities and including them as partners in implementation may increase the likelihood of including HIV as a larger social issue and not simply a household concern, and also of sustaining AIDS education efforts.
- Short-term projects such as the one described here are excellent strategies to launch mass awareness programmes. In rural India in particular, the numbers of people and the interest in HIV prevention favours community participation. However, the novelty of a project wears off quickly. In order to promote sustainability, it is important to establish criteria that can be used by NGOs in both implementing the sustainability strategy and examining the impact of these efforts.
- HIV prevention education creates needs – needs for counselling, testing, care for STIs and care for people living with HIV/AIDS. When projects are being planned, the team should evaluate and build on the existing resources in the region.
community to provide these services. Presence of these services favours sustainability.

- Governments in rural India are struggling to manage pre-existing responsibilities; while their involvement is critical for sustainability, they may best serve as facilitators and resource centres. For sustainability, the private sector NGOs may be key and we need to build their capacity.
- The process of achieving and promoting sustainability is not unique to AIDS prevention education. In rural India, the experiences of the implementation agency in rural management and development in general are important precursors to implementing sustainable interventions.

References


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