

# **Impact evaluation of TCE interventions in South Africa**

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# Introduction

- South Africa is experiencing an HIV/AIDS epidemic of shattering dimensions
- The epidemic is a development crisis, which deepens poverty
- Government and organisations have responded in many different ways to the epidemic
- Humana People to People responded by creating the "Total Control of the Epidemic" (TCE) program in 2000
- Many questions remain about the impact of the TCE project



# **TCE – Strategy and vision**

## **Strategy**

TCE is a strategy to reach every single individual in a community with HIV/AIDS education and mobilization for behaviour change.

## **Vision**

- To achieve total control of the epidemic through a comprehensive and systematic intervention involving all people, local leaders, service providers, etc.
- To reach every single person with information, education, counseling and mobilization through interpersonal communication.



# Why TCE – The rationale

- HIV spreads by human behaviour and can therefore only be prevented by informed decisions by the people themselves.
- Awareness is not enough to change sexual behaviour – people need to talk about it, make decisions and take action.
- Because of the stigma connected to HIV/AIDS, people need help to overcome fear and denial to be able to take decisions



# Objectives of the evaluation

- Over 65% of people are **TCE compliant** (they have taken control).
- Over 50% of people are mobilized to **know their HIV status**.
- Over 5% are active as “**passionates**” (community activists).
- The program has **reached all (100%)** the households.



# Evaluation methods

1. A **cross-sectional survey** of 1,200 recipients of services in the intervention and comparison communities,
2. **Review of project** records such as annual reports, progress project reports, etc.
3. Ten **interviews with key informants** linked to the programme during field visits.

# Evaluation design



Source: Baker QE, Davis DA, Gallerani R, Sánchez V and Viadro V (2000).



# A quasi-experimental community-based evaluation study

- A **quasi-experimental, mixed qualitative-quantitative study** comparing intervention and matched comparison communities was used for evaluating the TCE intervention
- A randomly selected **intervention community (Greater Tubatse Municipality)** was compared with a **comparison community (Elias Motsoaledi Municipality)**, which shares similar characteristics

# Evaluation design

N	X	O1
N		O2

N = No randomisation

X = TCE intervention

O1 = Intervention community (Greater Tubatse Municipality)

O2 = Comparison community (Elias Motsoaledi Municipality)

# Map showing evaluation sites

## Mpumalanga Province

Section 12 Local Municipality names

Section 12 Name

Greater Marble Hall Municipality

Greater Groblersdal Municipality

Greater Tzaneen Municipality

Albert Luthuli

Muskaligwa

Mkhondo

Seme

Lekwa

Dipaeseng

Highveld East

Delmas

Emalahleni

Middelburg

Highlands

Thembisile

Dr. J.S. Moroka

Thaba Chwa

Mbombela

Umgidi

Nkomazi

Sekukhune Cross Boundary District Municipality

Greater Tzaneen Municipality  
Sekukhune Cross Boundary District Municipality

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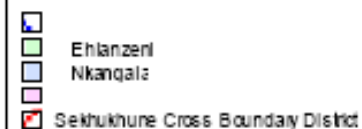
Mbombela

Umgidi

Nkomazi

Legend

DISTRICTS



Department of Health, Information Systems

Prepared by Thembu Shamba, 02/10/2001

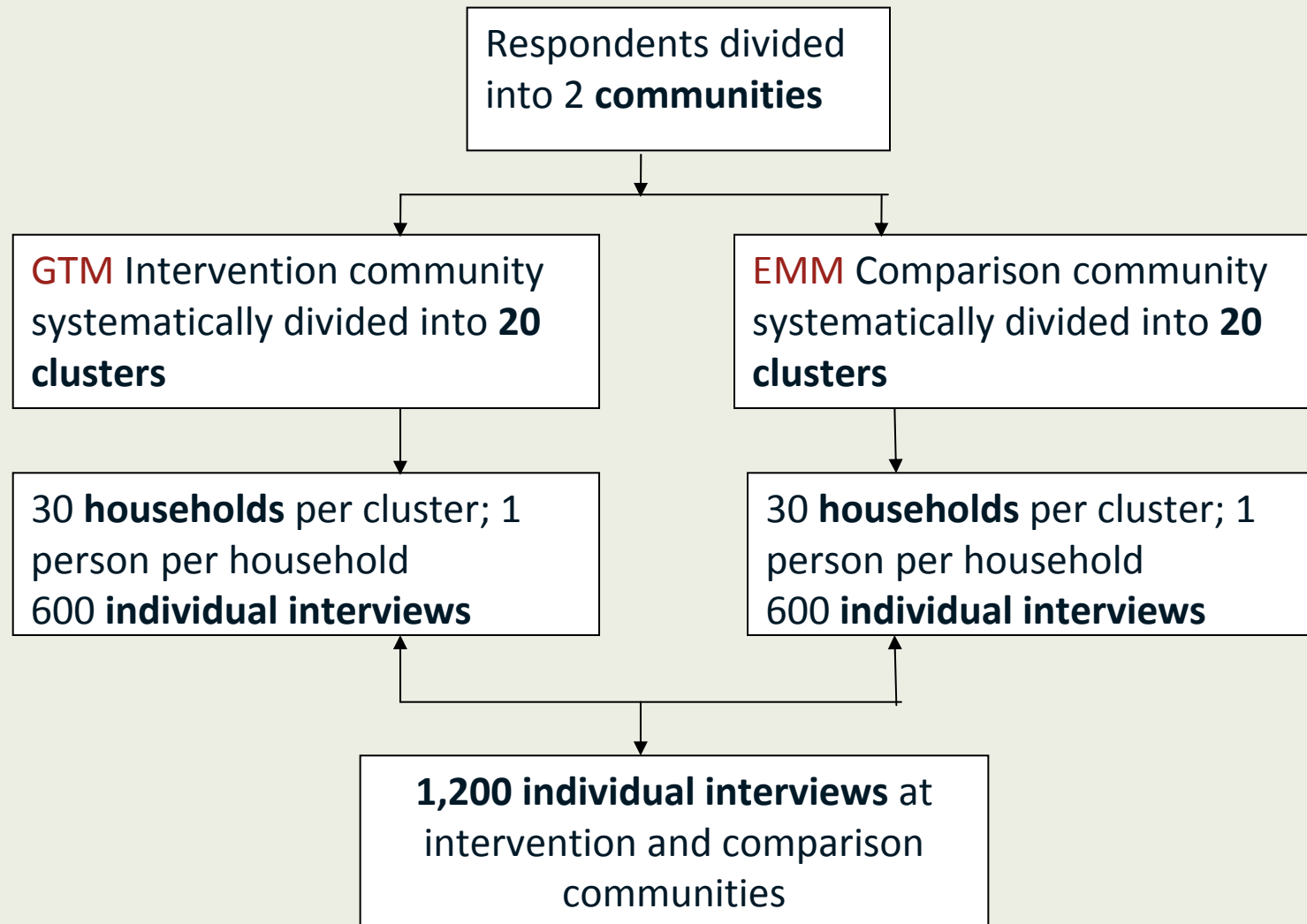
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# Sampling

- A **three-stage cluster sampling design** was used to select a sample in each of the 2 sites:
  1. Each community was divided into 20 **clusters**
  2. Selected 30 **households** per cluster; 1 person/household
  3. Did 30 interviews x 20 clusters = 600 **individual interviews**

# Three-stage cluster sampling design



GTM = Greater Tubatse Municipality; EMM = Elias Motsoaledi Municipality<sup>13</sup>

## Plan for analysis of survey data

- **Individuals:** compare respondents with TCE exposure to those without, using multivariate analysis (controlled for demographics)
- **Community:** compare respondents in GTM to those in Elias Motsoaledi Municipality, using bivariate analysis

# Individual interviews and records review

- The HSRC conducted KIIs and records review to determine the following:
  - Capacity of TCE to assist people to take control of the epidemic (i.e. to be **TCE compliant**);
  - Mobilize individuals to **know their HIV status**
  - Empower people to **become passionates**
  - **Promote HIV/AIDS knowledge and behaviour change** among individuals in households

# Ethical considerations

- The study was *approved* by the HSRC Research and Ethics Committee (REC).
- *Permission* to conduct the evaluation was obtained from the relevant authorities
- Participation in the evaluation was *voluntary*...and *consent* was obtained from all participants



# Findings: Demographics for GTM and EMM

	Overall		Intervention site		Comparison site		
	N	%	N	%	N	%	P-value
<b>Total</b>	1 223	100	661	100	562	100	
<b>Sex of respondent</b>							
Male	408	33.4	246	37.2	162	28.8	0.002
Female	815	66.6	415	62.8	400	71.2	
<b>Race of respondent</b>							
African	1,218	99.6	658	99.5	560	99.6	0.790
Others	5	0.4	3	0.5	2	0.4	
<b>Age group</b>							
15-24	388	31.7	217	32.8	171	30.4	
25-34	287	23.5	151	22.8	136	24.2	
35-44	204	16.7	103	15.6	101	18.0	
45-54	141	11.5	65	9.8	76	13.5	
55 & above	201	16.4	125	18.9	76	13.5	
Unspecified	2	0.2	0.0	0.0	2	1.4	0.021

# Have they taken control of HIV/AIDS?

I can take control of HIV	Frequency	%
Yes	607	91.9
No	54	8.2

91.9% of respondents in the GTM (intervention area) said that they can take control of HIV. This implies that the majority of respondents were TCE compliant.

# Knowledge and attitudes towards HIV/AIDS

	Intervention site		Comparison site		
	Freq	%	Freq	%	P-value
<b>Have thorough knowledge of virus</b>					
Yes	618	93.5	511	90.9	0.093
No	43	6.5	51	9.1	
<b>Know how to avoid being infected with HIV</b>					
Yes	410	90.7	250	83.1	0.002
No	42	9.3	51	16.9	
<b>Decided never to get infected</b>					
Yes	558	84.6	490	87.2	0.188
No	102	15.5	72	12.8	

## Impact of mobilization by TCE Field Officers on people who got tested for HIV

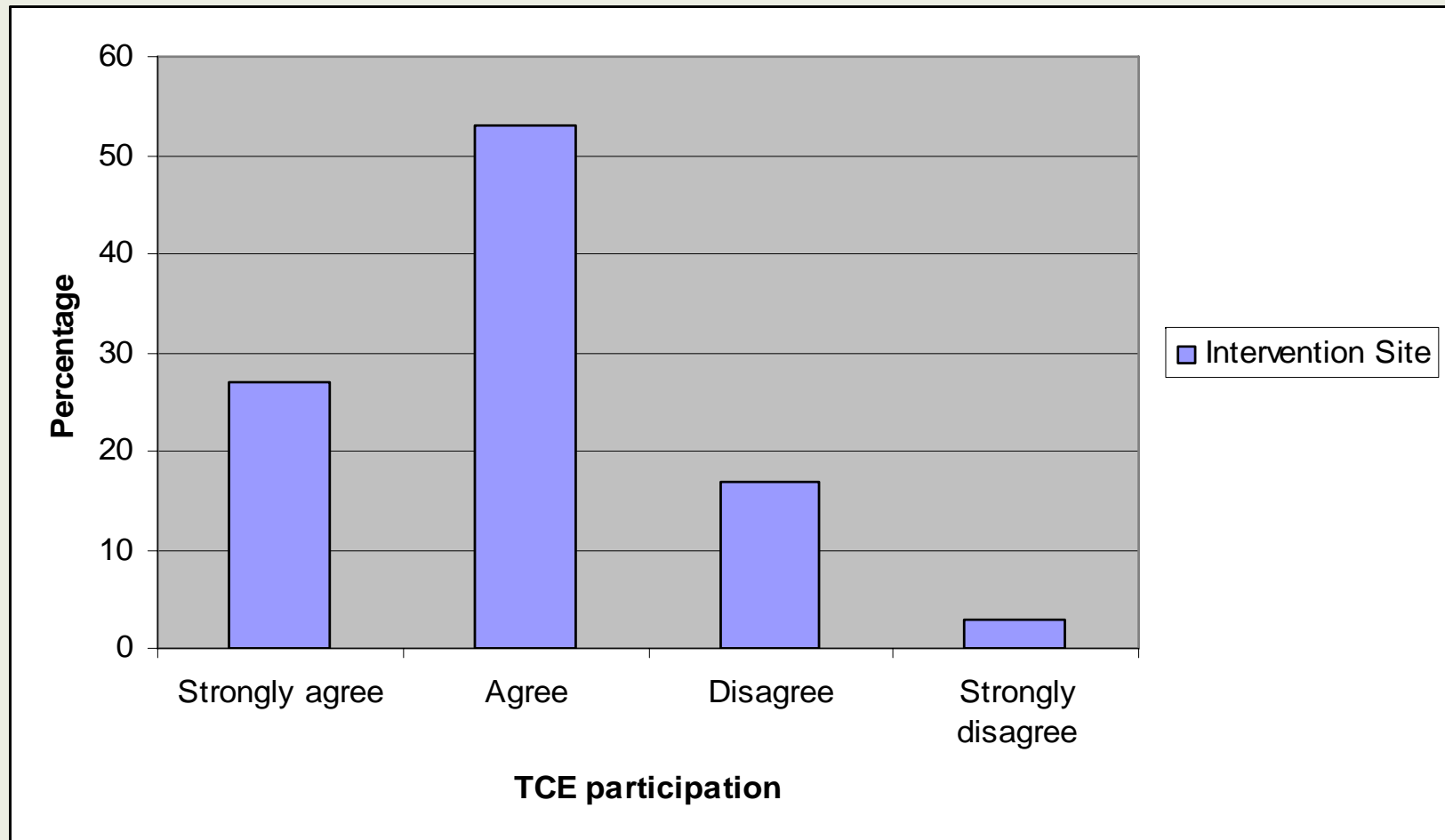
Mobilization by TCE Field Officers had significant impact on the people who got tested for HIV	Intervention site	
	Freq	%
Strongly agree	193	29.2
Agree	400	60.6
Disagree	60	9.1
Strongly disagree	7	1.1

An overwhelming majority of respondents in the GTM intervention community **89.8%** said that mobilization by TCE Field Officers had significant impact on them getting tested for HIV

# Information about HIV testing and getting tested

	Intervention site		Comparison site		
	Freq	%	Freq	%	P-value
<b>Someone talked to me about getting tested for HIV</b>	531	80.3	392	69.8	
<b>Ever tested for HIV</b>					
Yes	411	62.3	309	55.0	
No	239	36.1	248	44.1	
<b>Have you been informed of most recent HIV test results</b>					
Yes	376	57.1	301	53.6	
No	88	13.4	11	2.0	
Not applicable	194	29.4	250	44.5	0.0000

## Participation in TCE activities in GTM



80% of respondents from GTM said they participated actively in the TCE project

## The reach of TCE to households in GTM

	Intervention site		Comparison site	
	Freq	%	Freq	%
<b>Ever visited to talk about HIV</b>	564	85.3	367	65.3
<b>Never visited to talk about HIV</b>	90	13.6	191	34.0
<b>Organization visited</b>				
TCE	402	60.8	3	0.5
Local NGO	113	17.1	308	54.8
<b>Who visited you</b>				
Community volunteer from TCE	385	58.2	10	1.8
Volunteer from local NGO	110	16.6	304	54.1

## Impact of TCE on the community

	Intervention community	
	Freq	%
TCE has made lasting changes in my life in relation to HIV/AIDS	613	92.9
TCE campaign was accepted in the community	627	94.8
TCE was helpful to people on HIV/AIDS matters	642	94.4
TCE increased our resolve to know our HIV status	620	93.8
One-to-one approach helped us take total control of the epidemic	623	94.2
TCE had impact on my sexual behaviour and practice	596	90.2



# Attitudes of community members to PLHIV

	Intervention site		Comparison site	
	Freq	%	Freq	%
I think I am at risk of getting HIV	390	59	351	62.5
I would be willing to care for a family member with AIDS	609	92.1	490	87.2
I am willing to shake hands or hug a PLHIV	612	92.6	520	92.5
I am willing to eat a meal prepared by an HIV+ person	600	90.8	493	87.9

# Communicating about HIV/AIDS among community members

	Intervention site		Comparison site		
	Freq	%	Freq	%	P-value
Talked about HIV with friends	509	77	434	77.2	
Know of anyone died from AIDS	271	41	240	42.7	
Know of someone living with HIV					
Yes	286	43.3	247	44	
No	302	45.7	282	50.3	
Don't know	73	11.0	32	5.7	0.0038

## Summary evaluation of impact

Major objectives	Targets (milestones)	Achieved	Rating of achievements (0-4)
<i>TCE compliance</i> (they have taken control).	65%	89%	4
People are mobilized to know their HIV status	50%	62.3%	4
<i>"Passionates"</i> (community activists)	5%	80%	4
The programs have reached all households	100%	85.3%	3

**Key:** 4 = Excellent; 3 = Good; 2 = Average; 1 = Poor

## Limitations of the study

- Inability to measure or determine HIV incidence in GTM vs. EMM. Incidence and prevalence are convincing in evaluating impact of a programme/intervention.
- Possible contamination in the comparison community.
- No accepted quality-scoring tool for quasi-experimental evaluations

# Conclusions

- TCE had impact on people in GTM taking control of the HIV epidemic. Respondents in GTM were:
  - Assisted to take control of the epidemic i.e. **TCE compliant**;
  - Mobilized to **know their HIV status**
  - Empowered to **become passionates**
  - Assisted to **know more about HIV/AIDS**



# Recommendations

- TCE should review the objective of getting 50% of people getting tested for HIV and increase this to at least 60% of people reached by field officers.
- TCE should review the objective of getting over 5% to be community activists and should consider increasing this to at least 25%.
- The objective of reaching 100% of households in TCE intervention areas should be retained.



THANK  
YOU