

# Evaluation of civil society projects in countries with high HIV prevalence: a methodological discussion

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## Abstract

This article approaches methodological aspects of the evaluation of community projects in countries where HIV/AIDS prevalence is high, from the assumption that these countries need to adjust epidemic reduction actions to development initiatives. It originates from work carried out in the Republic of Mozambique in 2006<sup>1</sup>, in which 160 of the 1124 civil society projects supported by the government were evaluated, with a focus on their relevance, design quality, efficiency, intervention quality, coverage, supervision, organizational capacity, and support received from the government. In order to set a value for the performance of each project, with an eye to the differences in each of the various organizations and of the context in which they were developed, a system of variables and indicators, composed of quantitative and qualitative information, collected by means of questionnaires, interviews, visits to the projects and document analysis was designed, which proved adequate for the purposes of the work.

It is considered that the evaluation of the civil society interventions in poor countries, and other places where the epidemics are disseminated, must be guided by tools capable of intercepting the challenges generated from the combination of AIDS, poverty, and culture, so as to build an operational understanding of the socio-cultural and economic factors which contribute to the success or failure of community initiatives for combating the epidemics.

## Keywords

Policy evaluation, process evaluation, civil society

## Introduction

Since the beginning of the Human Immunodeficiency Virus (HIV) epidemics, civil society mobilization has been essential, whether by pressuring governments to seek alternatives for confronting it, or by discovering the needs of people affected and infected by HIV (UNAIDS, 2001). The community work carried out

by non-governmental organizations (NGOs) allows the identification of needs, questions, and difficulties regarding the prevention of the HIV infection and the development of Acquired Immunodeficiency Syndrome (AIDS), establishing comprehensive dialogues with people about concrete and viable protection alternatives against the virus. Major donors of big national programs

for combating HIV recommend that countries include a component of support for civil society initiatives in their action programs for countering the epidemics (WORLD BANK, 2005).

The participation of civil society, however, must be analyzed from various HIV dissemination profiles: in countries where the epidemic is concentrated in specific subgroups, the actions must be focused there. On the other hand, in countries where the epidemic is generalized, the actions must seek to impact the entire population, even considering the heterogeneity which composes the populational mosaic of each country.

In order to make possible a myriad of necessary interventions in confronting HIV/AIDS in the context of a generalized epidemic, the participation of all kinds of organizations and of all available organizations is essential (CORE INITIATIVE, 2006). As, in general, countries with this epidemic profile are the ones with the least technical and financial resources for confronting it. Thus, the mass incorporation of community organizations is vital, also in order to compensate for grave deficiencies of the state.

In addition to this urgency, community organizations must meet the challenge of carrying out a complex task, for which successful models of other countries with distinct socio-cultural and epidemic characteristics are of little value. The confluence of factors – economic, political, moral, ethical, religious and emotional – which represent a greater or smaller vulnerability to the virus, on individual or collective terms, demands that combative actions against these epidemics seek to include all of these spheres.

Behavioral and mentality changes, however, are processes. Thus, the effective analyses of actions for combating the epidemics must not be based only on the measurement of behaviors or protection practices against the virus (WORLD COUNCIL OF CHURCHES, 2006). When evaluating civil society actions in countries where there is a high prevalence of HIV, it is important to identify aspects or dimensions which act as catalysts, of an individual or community nature, for the desired changes: in effective behaviors of prevention and care for the sick, infected, and affected people. It is also necessary to distinguish results, which depend on government actions by those agencies related to civil society actions. This is particularly important when certain types of indicators are used, for example; the use of a condom in the latest sexual encounter, which means increasing the availability of this good, which is a government action, and the search for the removal of cultural barriers to its use, which is an action by civil society (WORLD BANK, 2003).

It is known that in countries which succeeded in combating HIV, such as Brazil, part of the obtained success is related to a strict partnership between government and civil society in the implementation of joint, multiple, and articulated actions, seeking simultaneously to give access to prevention and treatment. The importance of a continuous and mutual monitoring of the activities of

both social actors, government and civil society, is also a consensus (GRANGEIRO et al., 2006).

It is fundamental to have mechanisms for checking whether the organizations do what they have proposed to, and whether their use of the received resources is correct. Similarly, it is essential to perceive the lacks and difficulties in the execution of projects, the technical and operational procedures used, as well as more subtle dimensions of community work, like postures and attitudes relating to the epidemic and to the people affected by it, from the perspective that profoundly rooted moral values and cultural habits are among the main challenges in confronting HIV (CNCS, 2004).

Thus, side by side with the quantifiable information about how projects are unfolding, qualitative information about the relationships of implementers with community services or their degree of commitment to the search for creative solutions to the challenges encountered, is also relevant. It is also important to perceive whether those responsible for community projects are able to position themselves well in relation to the government, placing themselves in the same battle field, although from distinct reference points. Finally, the potential of a project for stimulating solidarity practices, defying conservative and prejudiced positions regarding the epidemic, is yet another dimension which must be present in the evaluation process.

Since the spread of HIV is benefited by poverty, it is necessary to articulate actions for countering the epidemic to actions, in the individual and collective planes, destined to guarantee the dignified survival of the affected and infected people. Thus it is also necessary that the projects be in fine synchrony with governmental development and income generation proposals, in such a way as to prevent the combat of HIV from losing its strength in the void of food supply insecurity, for example. At the same time, it is necessary to guarantee that the allocated resources for confronting epidemics are not drained in income generation projects, especially because these are not always guaranteed to be sustainable in the long run (ECONOMIC COMMISSION FOR AFRICA, ECA, 2006).

These reflections point to the necessity of using innovative and sensitive tools in the evaluation of complex social processes, as in community mobilization for confronting HIV/AIDS in the context of it being a generalized global epidemic.

## **The Republic of Mozambique and the evaluation of civil society subprojects**

The methodological proposal presented here has its origin in the evaluation of the effectiveness of civil society subprojects supported by the Republic of Mozambique's National AIDS Combat Council *Conselho Nacional de Combate ao SIDA* (CNCS), carried out between October and November 2006. The backdrop of poverty, multiculturalism, precarious social and health indicators, and high HIV prevalence which characterizes Mozambique is not too different from what is seen in all other countries in Sub-Saharan Africa (SHAKOW, 2006).

The prevalence of HIV infection in Mozambique is estimated at 16.1%. The profile of the epidemic is predominantly heterosexual, being more disseminated among women. Among the Sub-Saharan African countries, this rate, although high, is smaller than the one found in South Africa and higher than that of Tanzania, countries with whom Mozambique has borders. There is a great heterogeneity from one region of the country to another: it is possible to find a profile close to that of South Africa, for example, in the central provinces, where the infection rate among pregnant women is 27%, or closer to Tanzania's in the northern provinces, where there is a strong Muslim influence and the rate among pregnant women is around 8.6% (CNCS, 2004).

With a population which is predominantly rural, afflicted by frequent natural disasters, high unemployment rates, and with a poorly qualified workforce involved in reconstructing the country after a long civil war, Mozambique has worrying health indicators: life expectancy is around 37 years, maternal mortality is estimated at around 1000 for every 100,000 live births, and the infant mortality rate is 143 per 1000. Only 12% of women use contraceptives, and less than half of deliveries are assisted by trained professionals. The ratio of health professionals working in the public system to population is 3 per 100,000 inhabitants, a situation worsened by difficulties of access to health units due to distances, lack of roads and means of transportation, and a reduced number of services. The data also point out that the epidemic is still expanding all over the country (UNAIDS, 2007).

The vast variety of ethnic groups, local languages and religions that exist in the country is an obstacle for educational messages, elaborated from the perspective of the "occidental" culture or only in the official language, Portuguese, reaching a sufficient number of people. At the same time, it is the poorest populations that live in rural areas, without access to transportation or electric energy, who have the greatest difficulty to access, understand, and use condoms and adopt non-discriminatory postures towards HIV positive people.

The structuring of a national response to HIV in Mozambique is recent. The CNCS was created in the year 2000 and the *National Strategic Plan for Combating HIV/AIDS* (PEN II) was elaborated in 2003, setting goals and strategies for the period between 2005 and 2009. The actions defined as priorities were: prevention; legal assistance, reduction of stigma and discrimination, treatment, mitigation, investigation and coordination of a national response. The PEN II assumes civil society's participation in its operations and points to the need for diverse responses based on regional differences of the epidemic. This demands that organizations adjust their proposals to the PEN II's priority lines and interact closely with local actors who influence ways and practices in their communities.

In the selection of projects for support, relevance and the guarantee of sustainability are fundamental aspects. Defining "relevance" in an emerging civil society, with a general lack of resources for combating an

epidemic is not easy. Similarly, it is difficult to establish equitable parameters of sustainability when resources are disputed by both international and national NGOs, as well as by basic community associations, many times formed voluntarily and altruistically after unavoidable contact with the epidemic.

After the first two years of support to civil society initiatives, the CNCS has identified gaps regarding meeting the set priorities and to the geographic distribution of the projects. Considering the need to broaden and solidify the partnerships among governmental and non-governmental organizations, and seeking to obtain subsidies which would direct a better use of resources, an outside consultant was called in to evaluate the effectiveness of the civil society projects developed with governmental support. According to the Term of Reference (TOR), the evaluation should, specifically, consider aspects of the relevance, formulation quality, implementation efficacy, activity quality, coverage, supervision and monitoring strategies, capacity of the implementers, and the adequacy of the support received by the CNCS (CNCS, 2005).

## The work's methodological framework

Taking into consideration the complexity of the Mozambican context, the recent character of the construction and implementation of a national response, and, also, the OED's recommendations about the evaluation of community responses (WORLD BANK, 2005), a qualitative evaluation model was developed, with the goal of evaluating different project performances, and their relationships with one another, as well as the particularities of each organization and diversity of the local and regional contexts where the activities were developed. To ensure the adequacy of the questions proposed by the CNCS to the DAC/ OECD definitions (2002), six analysis variables and a system of indicators for its operation were defined. The data were collected by means of document analysis, visits to the projects and to the communities where they were carried out, interviews with representatives of the national, provincial and local governments, with those responsible for the projects, and with the afflicted population. A tool with open and semi-open questions was also developed to collect the opinions of the project leaders about their work. The evaluation model was applied to 160 of the 1124 subprojects supported by the CNCS up to 2005, selected by the CNCS according to the project financing area, project development stage, type of proposed intervention, and geographic location. All the projects situated in the two financing areas were included (79) and a sample of the remaining projects was selected, considering, for this, their geographic distribution, so as to include all provinces, an expenditure time-table, to make sure that the projects were already being carried out and also the proposed intervention type, with the purpose of encompassing all modalities – prevention, legal assistance, mitigation, stigma, treatment, research,

and community mobilization. There were a total of 2291 people, interviewed: 37 of them were CNCS representatives, at the various levels, 8 were representatives of the ministries involved in the national response (Health, Woman, Education, Agriculture), 1926 were beneficiaries, 312 were members of non-governmental organizations who were responsible for projects and 8 represented the private sector with projects for combating HIV (ECON POLICY, 2007).

## Employment of variables and indicators

The definition of the analytical variables and indicators has taken into consideration the size and impact of the epidemic, socio-economic and cultural aspects of the country, and the fact that, until 2003, there were practically no actions dedicated to HIV/AIDS in the communities.

Likewise, it was considered that, although it was necessary for each project to select one or more intervention areas, there could be some blurring of the limits of each of these activities, at the time of their implementation.

A recommendation was made to the projects for them to always have a mitigation-income generation component, food production or distribution of goods, with the objective of integrating the fight against the epidemic with development. The tension caused by the possibility of this directive becoming more important than actions for fighting HIV, both for beneficiaries and implementers, was also taken into account. The context of poverty, lack of employment and opportunities, and suspicions about the concrete existence of HIV, which characterize Mozambique and other countries in the region, could lead to this kind of priority inversion.

In addition to the aforementioned considerations, the choice of variables has taken into consideration the following questions:

### Relevance

The definition of relevance is guided by the idea that a project is relevant when it responds to the real needs of its beneficiaries. This definition suggests a first question, regarding what could be assumed as the “real need” of a population. Together with the many meanings and the imprecision of this concept, when speaking of health and social support, the specifics of each context must be considered. Where access to formal education and information is limited, there is a lack of health professionals; penury and a tradition that leads people to depend upon witchdoctors, who many times perform cure rituals which involve the exchange of blood and the sharing of sharp tools; the existence of HIV is subject to doubt and disbelief, and the prevalence of malaria is higher than that of HIV. What can be defined as real needs regarding the AIDS epidemic, and which may be answered in the scope of a project? In a situation of multiple needs, to choose an area of actuation, at the same

time resisting community pressures for broader answers and greater benefits, is a constant challenge. Actually, in Mozambique, beneficiaries who received help from the projects, even when feeling thankful for the initiative, pointed to its insufficient character, in terms of the goods supplied or of the duration of the benefit, one year at the most (ECON POLICY, 2007).

At the same time, in a generalized epidemic situation, all live in close contact with its negative impacts, which have reduced life expectancy at birth in the country and jeopardize the reconstruction effort being carried out by the population and the government after the war. Thus working against the epidemic becomes almost an imposition, independently from the contents or of the goals of a certain project.

Taking these reflections into consideration, the “relevance” variable was executed using the following indicators:

- Actions based on an analysis of a problem, that is, the implementer is able to focus, considering all the problems of a community, on a specific and opportune situation around which to articulate the project;
- Compilation of needs: which demands organized and up to date information about the most vulnerable groups in a specific community, like widows, orphaned children, and people living with HIV/AIDS.
- Adequacy of prevention or mitigation actions to the characteristics of their beneficiaries, taking into consideration the language, habits and cultural practices of the community.
- Satisfaction of the beneficiaries – in addition to material benefits, people will absorb information about the epidemic, and become able to discuss their questions about the existence of the virus and the possibility of its prevention;
- Income generation activities planned with the involvement of the community and beneficiaries, so as to make sure they will be sustainable, and the support of other community members, who are not included in the activity.

### Project quality

The construction of an effective response to the epidemic assumes that prevention and care actions can not be dissociated (SALOMON et al., 2005). Thus, the discussions regarding this item were concentrated into two variables, which are: the prevention interventions reach for those who are more likely to become infected with or transmit HIV; and care and support interventions which supply the immediate needs of the people who live with HIV/AIDS, adults and children.

According to epidemic prevalence data in African countries, and lacking more specific studies, it was assumed that the people who had the most chance of becoming infected and affected by HIV/AIDS were women, because of initiation rites and other cultural practices, their reduced negotiation capacity for the use of condoms, their poverty, which facilitates the

exchange of sex for money, and their social condition of subservience (SEELEY et al., 2004). This means that there is a need for interventions directed to women with the objective of empowering them and thus enabling of HIV prevention actions, through an understanding of gender inequality, as a structural factor in societies and a structuring factor of the profile of the epidemic in a given country. This was, therefore, the perspective which guided the analysis of prevention actions for groups with greater probability of infection.

The needs of orphaned children, with or without HIV, must be thought through differently than those of adults. Given the high number of orphans in countries with a high prevalence of HIV and the broad spectrum of needs they present, insufficient possible answers in the context of the projects, which can only care for limited needs of a reduced group of children, is evident.

Certain studies indicate that orphans are in greater danger of suffering violence, discrimination, and mistreatment (BRIAN et al., 2006). Orphan girls have more probability of suffering sexual abuse and engaging in prostitution (TSHIFHIWA, 2005) and, also, of becoming responsible, too early, for the care of their younger siblings. In Swaziland, for example, one in ten households is run by an orphan (UNICEF, 2006). For these reasons, it is necessary to deepen government actions directed to children, and to define more clearly the type of support which would be pertinent to civil society in the context of the fight against HIV. The projects were considered in function of their capacity of articulation with other governmental initiatives in the sense of broadening the scope of their benefits.

In relation to adults and teenagers living with HIV, there seem to be other demands. There are access problems to testing and care centers, and much discrimination. The fundamental contributions that the projects can provide are supplying material and emotional support for the realization of a diagnosis, so that an infected person may live with quality, to stimulate adhesion to antiretroviral treatment and treatment of opportunistic infections, and an improvement in diet, through vegetable cultivation (ECONOMIC COMMISSION FOR AFRICA, 2006). Here the organizations of soropositive persons are emphasized for they stand as an example that it is possible to live with HIV, collaborating so that the individuals lose the fear of getting tested and declaring themselves positive, if that is the case.

Considering the points discussed above, the projects quality operations have focused on actions of promoting:

- awareness of the methods of prevention, including the use of condoms;
- stimulation and company for testing;
- counseling about adhesion for those who use Antiretroviral Therapy (ART);
- household visits, with the distribution of basic food supplies, counseling, and search for water, clothes washing, and bathing;

- offer of household care, with distribution of medicines, bandaging, massage, and treatment of opportunist infections;
- activities for home production of food.

## Efficacy

Efficacy analysis normally seeks to determine to what extent the projects achieved the anticipated results, in number of people and activities, during an adequate timeframe. However, those responsible for community projects in poor countries have to deal with many obstacles. There is a lack of roads and means of transportation, the banking system is concentrated in the capital cities, making financial operations pursuant to the accounting demands of the donors difficult, and there are a great number of candidates for benefits, each one with his/her own demands regarding supporting materials supplied by the projects – food, seeds for planting, agricultural tools, and others – which forces project coordinators to constantly redefine the timetable and the scope of activities.

Thus, the “efficacy” variable, put into operation based on a project’s having achieved a number equal, bigger or smaller than the one predicted for its period of validity, has also included a description of the reasons posed for each of these results.

## Sustainability

Given the importance of sustainability in the construction of a national response, this aspect, which in the Reference Term was but an item in the project design, was taken as a variable defined as the possibility of continuity of the benefits of an intervention, even after its conclusion (DAC/OECD, 2002).

The idea of sustainability incorporates the political, institutional, technical, and financial dimensions. For the work at issue, the political sustainability indicator was given according to civil society’s degree of ownership; institutional sustainability was derived from the integration with other institutions and projects; technical sustainability rated according to the capacity of the team, and financial sustainability according to success in the search for continuity strategies after the end of governmental support.

The political sustainability of a project depends on its being rooted in a community, so that its importance is recognized and given legitimacy; its institutional sustainability being made implicit by the participation of responsible persons in community spaces, so that the actions of a project may be incorporated into daily life and social practices occurring there. The technical qualification depends on the opportunities created by the government and some international organizations, because in most countries with high epidemic prevalence, there is not, to date, an accumulation of knowledge which would allow agents to be trained by means of horizontal exchanges. The discussion about financial sustainability is more delicate. The income generation actions developed in

the context of the projects may guarantee some kind of income for the involved families, and, in this sense, the project could be considered sustainable. However, there is no way of guaranteeing payment to activists who do prevention and counseling work, or even the transport of volunteers who care for the sick, an essential activity in contexts of precarious health resources.

At the same time, the income generation projects deserve critical reflection. The production of wealth is not a spontaneous process, nor does every job produce income or profit. Technical knowledge is necessary, for the organization of a chain which articulates production, commercialization of the product and the continuity of production. This type of initiative demands qualification and monitoring, and also a thorough analysis to identify the activities which should be encouraged and those that should not, in terms of type of product, and investment size. Considering these questions, the sustainability of the subprojects was defined by the following indicators:

- Adequate knowledge about AIDS, mitigation, and administration of projects by the coordinators and agents involved in the realization of the work;
- Capacity of the project's coordinator and of the organization's team to negotiate and obtain support from international partners, such as the World Food Program, and national partners, such as other sectors in government, social action organizations, those acting for women's rights, and bilateral donors.
- Capacity for interaction with community members and target population, and experience of the coordinators and agents with activities proposed in a project.
- Recognition by the beneficiaries and partners of a team's commitment and the quality of its work.
- Linking between a project and a region's health services.
- Involvement of community leaders and local authorities in the development of a project.
- Establishing of a partnership between a project, or organization, and other community organizations in a region.

### Quality of the activities

The quality of the activities was measured from their potential to promote human rights. Given the situation of exclusion in which most beneficiaries live, concrete actions were valued, like obtaining a birth certificate or matriculation at schools, in the case of children, or taking people to get tested, or to hospital, in the case of adults. However, these types of intrinsically assistance-based activities are not enough to make all beneficiaries believe in the existence of HIV and take onto themselves the task of protecting themselves and helping others members of the community protect themselves against infection. Since a reduction in the stigma is somehow related to an understanding of the disease as being caused by a virus, and not by *witchcraft*, a situation which pushes people away from socializing with a carrier. Acceptance

of the existence of the HIV and of the AIDS is critical for reducing the number of new HIV carriers.

Thus contact with witchdoctors, with the goal of supplying them with safe tools for carrying out rituals which involve blood, and also a linguistic and conceptual adaptation of explanations concerning HIV, its prevention and care, seems to be an essential and challenging strategy. It would not be legitimate or possible to transform values, traditions, and beliefs which, somehow, amalgamate the national identity, due to the epidemic. On the other hand, it is neither legitimate nor possible to reduce the indices of the epidemics without recognizing the existence of the virus. The interaction with witchdoctors in the sense of explaining to them about the virus and about using their wisdom as a complement of the necessary care for the sick is considered to be a basic quality requirement.

Finally, it must be considered that, in specific cultural contexts, the pedagogic potential and the replicability of interventions are topics which deserve careful analysis, with the goal of identifying which pedagogic elements of an intervention could, in a culturally appropriate manner, produce effects in terms of self-care and non-discrimination.

With these points in mind, the quality of an activity was analyzed in terms of:

- adequacy to the specific demands of the target population;
- the promotion of human rights;
- pedagogic potential;
- replicability;
- conformity to international standards.

### Coverage

The implementation of projects directed to the HIV/AIDS epidemics by civil society organizations is a pioneering experience. Many types of African countries have only recently started to have international cooperation in support of this kind of activity, therefore, a greater demand of candidates to beneficiaries than the projects' physical-financial capacity is expected. However, it is almost impossible to try to benefit all those who need the benefits, and it is equally difficult to define who must be considered the priority target group in each community. In the same way, the geographic coverage of each project is also limited by the project's size, and by the access of the population who lives in the periphery of the communities. The statistics regarding the HIV/AIDS epidemic and other health and socio-economic indicators indicate that, in the Sub-Saharan African countries, the number of people who need benefits from community projects greatly surpasses their capacity for helping them. Despite national and international efforts to broaden the coverage of assistance to HIV/AIDS carriers and to orphaned and vulnerable children, antiretroviral therapy coverage (ART) in the majority of the poor countries is much below the desired levels. In Mozambique, for example, ART reached 12.6% of those who needed it; the govern-

ment estimates that, in 2006, there were 1.6 million orphans in the country – 20% of them because of AIDS – with a tendency for growth in the next years. Similarly, HIV/AIDS is emerging as a major cause of death among children, but only 3% of the children with HIV receive treatment, and only 5% of the pregnant women with HIV succeed in preventing vertical transmission.

In view of this context, it is not possible to think about project coverage on a national basis. Therefore, coverage analysis has taken as a parameter the area or community of action of the project, considering, for this space, whether the project:

- reaches the population considered, in the community, priority for the epidemic;
- includes more than half of the potential beneficiaries.

## Discussion

Despite difficulties regarding communication, transportation, isolation, volume, and diversity of demands of the beneficiaries, and the lack of experience of the organizations with actions directed to the epidemics, the projects developed by the civil society in Mozambique, as well as in other countries, have contributed to the expansion of national responses to HIV/AIDS.

As it is not the goal of this article to discuss the results of evaluation which were carried out, there will be a reflection on the context of evaluation of community projects in poor countries and in those with high HIV prevalence, about the need for sensible strategies which will allow perceiving the involvement of the community with the topic and an exchange between organizations, at several government levels and with donors. These are some of the foundations for the success of a response.

As they were defined in this evaluation, the variables – relevance, project quality, efficacy, sustainability, quality of the activities, and coverage – operationalized as above, have a direct relation with the goals anticipated by the government in the implementation of a national response, having been proved capable of absorbing some of the nuances of the contexts where the executed actions acquired meaning and produced effects.

The proposed model for the work has taken as presuppositions the need for civil society's participation in the building of national responses for confronting HIV and the importance of community and family links in the structure of African societies. Thus, it has been sought to build an evaluation strategy which would be able to come close to the work of the organizations, with the complexity which involves their implementation, from the need to adjust the prevention and care activities which relate to HIV/AIDS, and are internationally recommended, to the socio-cultural characteristics of the country.

However, it is still necessary to deepen understanding of the interactions between HIV/AIDS, nutrition and food safety, particularly in poor countries with generalized epidemics, for the evaluation processes to be

able to better contribute to linking short- and mid-term interventions, like humanitarian assistance, to long-term ones, aimed at development. It is also necessary to discuss more HIV prevention aspects in the various cultures, so as to build monitoring indicators for the most culturally adequate actions. In the case of Mozambique, as in other neighboring countries, the concept that diseases are related to feelings of envy or anger, in most cases, and not to material agents, as well as the rules for the exercise of sexuality among men and women from the various religions, subcultures and ethnic groups, are challenges which demand the creation of specific strategies for action, monitoring and evaluation.

Although the method used in the evaluation has made it possible to perceive the commitment of the implementers of projects with cultural mediations which would enable them to meet these challenges, it was not enough to identify, from among so many initiatives, those supposedly more adequate to overcoming this type of problem. That is, there is a need for specific research for comparing the effectiveness of distinct HIV prevention initiatives in the many subcultures.

The mutual relationship between HIV infection and situations of absolute poverty must also be better explored, in all of its dimensions. Although it is clear that without combating poverty it is difficult to confront the epidemic, it is also clear that combating poverty alone is not capable of reverting the dissemination of HIV. This points to the urgency for more detailed evaluation studies and for the continuous revision of proposed models of action in the context of national responses, with the goal of adapting the processes to the results achieved in each stage.

## Final considerations

In countries with grave social and economic problems and a generalized epidemic, in which the participation of the community is essential for the success of any policy for controlling HIV, evaluation studies must be guided by tools which allow researchers to come closer to the complexity of the contexts which favor the dissemination of the epidemic.

This article has presented the methodological construction of a study of this nature, trying to give emphasis to the importance of the qualitative approach in studies which evaluate complex processes, like community responses to the HIV/AIDS epidemic in countries of high prevalence and high degree of social and structural vulnerability. At the same time, it has pointed to the need for rigorous proceedings for making findings objective, so as to confer validity to the work done. It is supposed that the discussion presented here will be useful and opportune for organizations which act in countries or regions with characteristics similar to those in Mozambique, and which bet on community mobilization as a fundamental strategy for decelerating the epidemics growth in these countries. However, it will only be possible to verify the correctness of this bet at a later date.

## Notes

I. "Evaluation of the Efficacy of the Subprojects Financed by the CNCS within the Sprefer of the National Response to the HIV/AIDS in the Republic of Mozambique" ("Avaliação da Eficácia dos Sub-Projectos Financiados pelo CNCS no Âmbito da Resposta Nacional ao HIV/SIDA na República de Moçambique") Coordination: Econ Policy Consultoria; Support: CNCS – Mozambique".

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