

# SUMMARY REPORT ON HIV PREVENTION END LINE EVALUATION

## Introduction

The Capable Partners Program (CAP) in Mozambique was managed by FHI 360 and funded by the U.S. Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR). CAP Mozambique built the institutional capacity of Mozambican non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), networks, and associations to improve the service delivery of HIV and AIDS treatment, care, and prevention programs.

CAP Mozambique began implementing HIV/AIDS prevention activities in late 2009. A mixed-method evaluation of CAP Mozambique was conducted from July to August of 2014 by Health Info-Matrix Ltd, of Johannesburg, South Africa, to assess the impact of the CAP intervention on prevention indicators. This summary report highlights key findings from that exercise.<sup>1</sup>

## Project Overview

The CAP Mozambique project was designed to strengthen the role of local organizations in the fight against HIV. The most significant behaviors linked to the sexual transmission of HIV in Mozambique are engaging with multiple concurrent partners, transactional sex, and the lack of consistent

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PARTICIPATORY ACTIVITIES SET THE STAGE FOR EFFECTIVE DEBATES TO ENGAGE COMMUNITIES IN DISCUSSION ON HEALTH TOPICS. (FHI 360)

and correct condom use. Formative research conducted jointly by CAP Mozambique and its Partners identified the following barriers to individual behavior change: attitudes around gender norms, peer pressure, the appeal of transactional sex, intergenerational sex, traditional practices, low perceptions of risk, and a lack of comfort talking about HIV.

Local organizations were well positioned to address these barriers, given their presence and credibility in the communities and their intimate knowledge of dynamics within their communities. They were eager to raise awareness with their beneficiaries; however, they lacked the scientific background and training to develop and implement appropriately targeted social and behavior change communication (SBCC) strategies. CAP Mozambique provided technical assistance in SBCC, project management, and organizational development to support grantees to improve their capacity to carry out effective SBCC interventions.\*

The interventions discussed in this report were conducted by Mozambican CBOs and NGOs with oversight and support from the CAP Mozambique team. Activities were conducted in five provinces. One organization, Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária (ECoSIDA), carried out activities in four provinces: **Sofala, Manica, Maputo, and Nampula**. In addition, the following implementing Partners carried out interventions in one province each:

#### **Sofala Province**

Associação de Fomento para o Desenvolvimento Comunitário (ADC)  
Conselho Cristão de Moçambique-Sofala (CCM-Sofala)

#### **Manica Province**

Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA)

#### **Nampula Province**

Ajuda Desenvolvimento Povo para Povo (ADPP)  
Ophavela—Associação para o Desenvolvimento Sócio Económico  
N´weti Comunicação para Saúde (N´weti)

#### **Zambezia Province**

Associação Moçambicana Mulher e Educação (AMME)  
Kukumbi—Organização de Desenvolvimento Rural  
Núcleo das Associações Femininas da Zambézia (NAFEZA)

Interventions were based on proven methodologies that included participatory approaches to spur engagement by local communities. To complement activities focused specifically on changing individual behaviors linked to HIV prevention, CAP Partners also engaged in

\* See also the CAP technical briefs: "Introducing Social and Behavior Change Communication to Mozambican CSOs" and "Harnessing Potential: Mozambican CSOs Demonstrate Substantial Organizational Growth with CAP Support."



community-level advocacy and community mobilization to create a supportive environment for changes in social conditions linked to these behaviors.

Project activities were designed to comply with PEPFAR orientations regarding prevention activities.<sup>2</sup> Debates for small groups of up to 25 people (segmented by gender and age, as relevant) served as the primary activity, typically prompted by a short film or theatrical sketch to engage people in discussion around the topic. Each organization adapted existing evidence-based curricula to train *ativistas* (facilitators) to tackle the barriers to behavior change highlighted by the formative research. The debates were typically held weekly over a period of two to three months.

CAP Mozambique produced four films to address specific barriers identified by the local organizations in the formative research and disseminated these films to Partners to use in their sessions. Community leaders were engaged beginning in the project-design process and had a significant role in mobilizing participation in project activities and influencing social norms. Partner organizations recruited and carefully selected *ativistas* from their own communities to organize and lead the discussion groups. The Partners then provided intensive training and follow-up supervision for the *ativistas* on the curricula and their facilitation skills.

Organizations also provided access to HIV testing and counseling services, referred individuals to other services, and created radio spots for mass dissemination. Through these complementary approaches, CAP Mozambique had a significant positive impact on attitudes, beliefs, HIV testing, and some preventative behaviors among members of targeted communities.



FHI 360'S BREAKING BARRIERS FILMS WERE USED TO GUIDE COMMUNITY DISCUSSIONS ON HIV PREVENTION. (FHI 360)

## Methodology

### Quantitative survey

This document discusses the results of a quantitative evaluation based on a cross-sectional survey conducted in July and August of 2014 in the provinces of Nampula, Zambézia, Manica, and Sofala in selected districts where CAP Mozambique Partners implemented projects. The study used multi-phased, random sampling with stratification by province and then by urban and rural residence. Within provinces, primary sampling units were selected with probability proportional to size; within these areas, households were selected using the random walk approach. One eligible respondent (male or female aged 15 to 59 years) was selected in each household using the Kish Grid Method.

Data collectors interviewed a total of 1,531 respondents aged 15 to 59 years who were living in selected households and consented to participate about their HIV-related knowledge, attitudes, and practices, as well as exposure to the program. To maximize the power of analysis, CAP defined participants as either exposed or unexposed to CAP interventions as conservatively as possible and excluded from the analysis individuals whose CAP exposure status could not be determined. This resulted in a total of 963



UNDERSTANDING ONE'S HIV STATUS IS A CRITICAL STEP IN PREVENTING THE SPREAD OF HIV. (JESSICA SCRANTON | FHI 360)

individuals, 624 of whom were exposed to CAP interventions in the preceding six months (414 men and 549 women) and 299 of whom were not exposed to any HIV intervention during that time. The survey instrument included questions about a respondent's participation in HIV activities as well as questions about the organization that offered those activities. On the basis of these responses, we assessed the impact of CAP Mozambique comparing individuals who reported being exposed to CAP programs in the prior six months to those who were not exposed to any HIV-program in that same period.

Key indicators included HIV composite knowledge, condom use, multiple concurrent partners, HIV testing, and local cultural practices. Simple comparisons were made using the Chi-squared test or Fisher's exact test for categorical variables; t-tests, ANOVA, or non-parametric tests were used for continuous variables. Factors associated with key outcomes were determined using multivariate regression models.

The evaluation assessed program impact using Propensity Score Matching (PSM).<sup>3</sup> PSM is a statistical technique used in post-intervention-only surveys, where randomization of those to be exposed and not-exposed to an intervention was not impossible. PSM aims to remove the effects of any selection bias associated with participation in intervention activities (i.e., exposure to CAP programs) that may affect levels of knowledge, attitudes, and beliefs about HIV. In this case the study matched individuals in the exposed and unexposed groups based on six factors: gender, age, marital status, employment status, education, and socio-economic status. The analysis was conducted in Stata 13.0. The present summary reports on unweighted differences between exposed and unexposed groups.

### Focus group discussions

The overall program evaluation also included focus group discussions (FGDs) with those exposed to CAP programs in order to explore their perceptions—particularly around gender-based violence (GBV), which was a component introduced later in the project. The analysis included 49 discussions conducted by trained facilitators. Discussants were purposively selected by CAP Partners to reflect the range of participants in their programs, and focus groups were formed for homogeneity according to sex and age.

The overall study was approved by the Protection of Human Subjects Committee at FHI 360 in the United States and by the Mozambican Bioethics Committee for Health.

*"...for this [sexual harassment of girls by teachers] to stop happening, there should be more involvement in these types of discussions with students, community leaders, parents/guardians and teachers, and leaders of the schools. It happens more in the schools, but it also happens in the community."*  
—FGD participant

## Key Findings

### Highlights

CAP Mozambique Partner interventions had the greatest impact on the following behaviors: HIV counseling and testing; dialogue within communities about issues related to HIV/AIDS and social norms; condom use; and selected attitudes and behaviors. The tables presented in each section below describe the percent of responses from individuals not exposed to any HIV program and the percent of responses from CAP participants.

The evaluation findings indicate that behavior change interventions that included film or theater coupled with participatory debates had the greatest impact on attitude and behavior change. While the evaluation separated these (film plus debates vs. theater plus debates) into two distinct interventions, in the Mozambican context (where live sketches and projected films are also considered to be “theater”) it is likely the effect would be stronger if all types of “theater” were considered together.

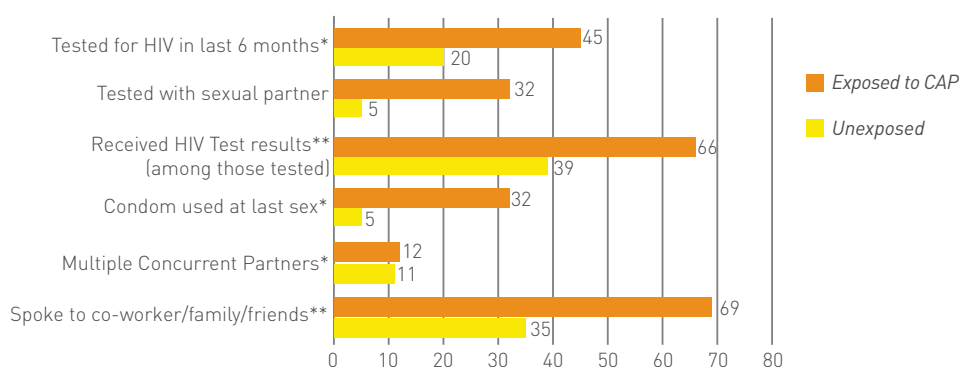
Figures 1 and 2 highlight key findings from the evaluation.



COMMUNITY THEATRE IS A FUN AND EFFECTIVE WAY OF SPREADING KNOWLEDGE ABOUT HIV PREVENTION. (JESSICA SCRANTON | FHI 360)

## FIGURE 1: PERCENTAGE OF RESPONDENTS (BOTH SEXES) REPORTING POSITIVE BEHAVIORS AT END LINE

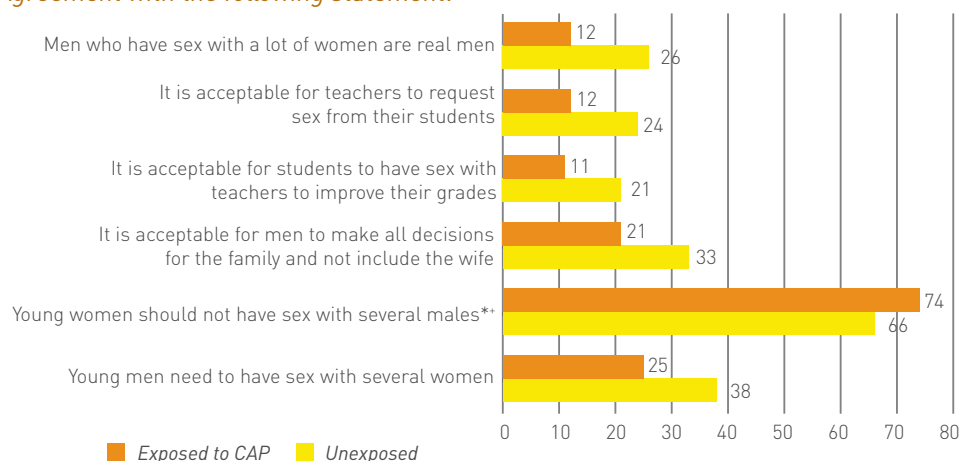
### Positive prevention behavior:



\* Significant at  $P < 0.05$ . \*\* Significant at  $P < 0.01$ . Other differences not significant.

FIGURE 2: ATTITUDES (BOTH SEXES) TOWARDS DIFFERENT SEXUAL BEHAVIORS AT END LINE

*Agreement with the following statement:*



\* Significant at  $P < 0.05$ . All other differences significant at  $P < 0.01$ .

\* In this case a high score is positive. All other statements represent undesirable attitudes so the reverse is true.

## HIV Knowledge

The evaluation measured participants' "comprehensive HIV knowledge." UNAIDS defines this indicator as ability to correctly identify two transmission methods and two preventative methods and rejection of two common misconceptions about HIV (e.g., connection to mosquito bites or sharing food). Among young men in the 15–24 year old age group, there was a significant and marked difference in comprehensive HIV knowledge between those exposed and unexposed to CAP. Seventy-five percent of young men exposed to interventions demonstrated comprehensive HIV knowledge, compared to 56 percent of those unexposed. However, the difference in HIV comprehensive knowledge for young women was not statistically significant between those exposed and not exposed. Eighty-one percent of CAP program participants correctly stated that it was possible for a healthy-looking person to be infected with HIV, compared to 53 percent of those not exposed to HIV programs.

*"Violence makes spouses vulnerable to HIV/AIDS because either the woman or the husband may get fed up and end up creating extramarital relations due to the bad relationship between the couple."*

—FGD participant

## Attitudes about sex

CAP Mozambique had a positive impact on attitudes about sex, especially in relation to gender roles (see gender section below) and adults having sexual relations with minors. In particular, only 12 percent of those who participated in CAP programs agreed that it is acceptable for teachers to request sex from their students, compared to 24 percent of the unexposed group.

Table 1 shows the percentage of individuals not exposed to HIV programs that agreed with given statements, compared to the percentage of individuals participating in CAP programs that agreed. The last column shows the difference between those exposed and those not exposed, or the estimated impact of the CAP program on each attitude.

TABLE 1: ATTITUDES (BOTH MALES AND FEMALES)  
ABOUT SEX AT END LINE

Variable	% Not exposed to any HIV programs	% Exposed to CAP programs	% Difference
A married man can have more than one sexual partner	48	46	2
A married woman can have more than one sexual partner	27	24	3
Young men need to have sex with several women	38	25	13**
Young women should not have sex with several males	66	74	12*
It is acceptable for men to make all decisions for the family and not include the wife	33	21	12**
It is acceptable for men to make all decisions about sex without consulting his partner	30	20	10**
It is acceptable that women cannot make decisions about sexual partners	20	25	-5
It is acceptable for students to have sex with teachers to improve their grades	21	11	10**
It is acceptable for teachers to request sex from their students	24	12	12**
It is acceptable for girls under the age of 18 to have sex with boys of the same age	51	58	7*
It is acceptable for young girls/women to have sex with older men (5 or 10 years)	32	26	6
It is acceptable for young girls/women to have sex in exchange for food, clothing and other material things	25	15	10**
Men can have sex with girls aged younger than 14 years	26	16	10**
Women can have sex with boys aged younger than 14 years	24	12	12**
Young men can start to have sex by age 14	35	21	14**
Young girls can start to have sex by age 14	37	26	9**
Men who have sex with a lot of women are real men	26	12	14**
A woman has a right to say no to sex if she does not want it	22	26	4

\* Significant at  $P < 0.05$ . \*\* Significant at  $P < 0.001$ . Other differences were not significant.

## Dialogue

The CAP Mozambique interventions were designed to spur tough conversations that can lead to real behavior change. Group discussions on difficult topics (sexual behaviors, women's rights, and domestic violence) increase knowledge, allow for the exchange of different points of view, and can change attitudes. Talking about these sensitive topics—as opposed to simply receiving information—strengthen self-efficacy among participants to break down silence and speak to their spouses/partners about using condoms and/or limiting multiple partners. Research in this area indicates the importance and cumulative effect of face-to-face communication on intentions and decisions to practice preventative behaviors.

Table 2 below describes who respondents exposed to CAP interventions talked to about different themes linked to HIV/AIDS and social norms. A total of 69 percent of those exposed—or 430 participants—said they engaged in such dialogue.

TABLE 2: DIALOGUE ON HIV/AIDS PREVENTION THEMES AND SOCIAL NORMS, AMONG RESPONDENTS (EXPOSED TO CAP) REPORTING SUCH DIALOGUE (N=430)

Variable	Person with whom respondent spoke (%)		
	Partner/spouse/boyfriend/girlfriend	Family/friends	Peer educator/health worker/teacher/counselor
Sex for money/materials	15	19	20
Fidelity/Faithfulness	38	33	40
Intergenerational Sex (women)	12	16	20
Abstinence	31	30	34
Multiple Partners (men)	23	26	25
Use condoms	35	40	39
Not sharing needles/syringes	28	33	35
Women's right to say no to sex	28	33	33
Adult sexual abuse	14	25	20
High risk behaviors	32	36	40
Negotiating safe sex	28	30	27
Limiting multiple partners	35	36	39
Young people having early sex	12	16	21
Traditional ceremonies that increase HIV risk	19	24	26

## Behavior Change

*"We used to take no initiative to tell our husbands to go and get tested but with these messages we now have the courage, and have been able to go and get tested."*

—FGD participant

While correct and consistent condom use, remaining faithful to one partner, and abstinence are key HIV prevention behaviors, changes leading to the adoption of these practices are challenging, require time, and are difficult to measure on a large scale. Intermediate stages proven to be important milestones in the behavior change process include HIV counseling and testing and willingness to talk with others about HIV. In addition, in Mozambique, certain traditional practices contribute to the spread of HIV, and community dialogue on these practices can be a precursor to change.

**HIV Counseling and testing and condom use.** Among CAP participants, 45 percent said they were tested for HIV in the last six months, in contrast to 20 percent of those not



exposed to any HIV program; 32 percent of those exposed were tested with a partner, in contrast to only 5 percent of those not exposed. Finally, 66 percent of those exposed said they intended to get tested in the next six months as opposed to 32 percent of those not exposed. These results illustrate the impact prevention programming can have to increase HIV testing.

Twenty percent of CAP participants reported condom use at last sexual encounter, compared to five percent of the unexposed population—a difference of 15 percentage points.

**TABLE 3: SELF-REPORTS OF HIV TESTING AND COUNSELING**

Variable	% Not exposed to any HIV programs	% Exposed to CAP programs	Significance (p-value)
Tested for HIV in last 6 months	20	45	.01
Tested for HIV with a sexual partner	5	32	.05
Intention to test for HIV in next six months	32	66	<0.01

**Self-reported changes in prevention behaviors.** The survey asked participants what behaviors they had changed within the last six months to mitigate against the risk of becoming infected with HIV. While positive changes in behaviors are subject to over-reporting by individuals themselves, self-reports reflect knowledge and to some degree intention or desire to change—key steps in the path toward behavior change. Table 4 shows that CAP interventions were significantly associated with statements about changes in behavior.

Sixty-nine percent of CAP participants said they spoke to co-workers, family, or friends about HIV prevention issues, compared to 35 percent of those unexposed. Sixty-seven percent indicated they were faithful to one partner, compared to 38 percent of those unexposed. In addition, 64 percent of CAP participants said they had reduced the number of their sexual partners over the prior 6 months, compared to 34 percent of individuals unexposed to HIV interventions.

Other positive changes were noted around traditional practices that increase the risk of HIV. Sixty percent of CAP participants indicated that they would discourage blade-sharing during traditional ceremonies, compared to only 35 percent of those not exposed to any HIV program—a difference of 25 percentage points.

*“We have noticed that [the organization’s] project is different from other projects. [Its] program is educative, they present the sessions with videos that allow a person to watch and listen and from there people start to behave.”*  
—FGD participant



PARTNER ANDA WORKS IN MANICA PROVINCE ON A VARIETY OF ACTIVITIES, INCLUDING HIV PREVENTION. (MAURO VOMBE | FHI 360)

TABLE 4: SELF-REPORTED CHANGES (OVER THE LAST SIX MONTHS) IN BEHAVIORS ASSOCIATED WITH HIV PREVENTION

Variables	% Not exposed to any HIV programs N = 299	% Exposed to CAP programs N = 624
Talked to co-workers, family/friends	35	69
Talked to partner or spouse about HIV/ AIDS prevention	37	68
Sought HIV/AIDS information	25	56
Warned people who may be at risk	27	54
Get tested for HIV	26	53
Always used condoms	29	53
Bought condoms and try them	23	34
Was faithful to one partner	38	67
Abstained from sex	30	43
Reduced number of sex partners	34	64
Stopped sharing needles	33	57
Stopped sharing blades at traditional ceremonies	35	60
Encouraged other forms of widow purification	29	46

All differences significant at  $P < 0.001$

### Gender attitudes

CAP prevention programs included messages focused on gender and gender-based violence. Although the end line evaluation survey did not include specific questions about behaviors associated with gender-based violence, findings point to strides made in healthier attitudes, perceptions, and behaviors linked to gender norms. Twenty-one percent of CAP participants, compared to 33 percent of the unexposed population, agreed that it is acceptable for men to make all of the decisions for the family and not include the wife. Forty-six percent of CAP participants encouraged alternative forms of widow purification (i.e., those not requiring sexual exposure), compared with 29 percent of the unexposed population. Twelve percent of CAP participants agreed with the statement that “real men have sex with lots of women,” compared to 26 percent of the unexposed population. Fifteen percent of CAP participants agreed that it is acceptable for young girls/ women to have sex in exchange for food, clothing, and other material things, compared to 25 percent of the unexposed population.

Focus groups conducted with CAP project participants reinforced the role of CAP interventions in changing attitudes and behaviors related to gender and gender-based violence. The majority of respondents in these focus groups reported that gender-based violence had decreased as a result of the interventions. According to participants, the

prevention sessions explained the types of support and legal mechanisms that protected human rights and provided information about how to access protection and legal services from community leaders, the police, and other relevant bodies. However, participants in some groups noted the interventions were most effective in getting women who were long-term victims of abuse to access services.

## Conclusions

CAP Mozambique had a positive impact on HIV/AIDS knowledge, attitudes, and prevention behaviors and succeeded in influencing community-level norms that enable behavior change. Although the behaviors that showed the greatest impact—increased testing, dialogue, and condom use—are the most likely to be affected by a program of relatively short duration, they are also important steps on the path to other prevention behaviors that are more difficult to change.

While all of the documented changes were positive, the impact of CAP Mozambique on HIV testing was especially notable. It demonstrated the role Mozambican CSOs can play in the important task of increasing HIV testing rates and ensuring individuals know their status and can seek treatment as early as possible.

The results of CAP's end line evaluation point to the potential for community partners to effect change in their communities when armed with accurate information and the organizational skills needed to run effective programs.

Written in 2015 and updated in 2016.

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### » NOTES

<sup>1</sup> CAP Mozambique HIV Prevention End Line Report. (March 2015) Johannesburg and Maputo: Health Info-Matrix Ltd. and FHI 360.

<sup>2</sup> USAID. (2009). The President's Emergency Plan for AIDS Relief: Next Generation Indicators Reference Guide, Version 1.1.

<sup>3</sup> Propensity Score Matching (PSM) is described in more detail in the full evaluation report.

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