



MOZAMBICAN CSOs EMBRACE SOCIAL AND BEHAVIOR CHANGE COMMUNICATION

A New Direction for HIV Prevention Projects Yields Measurable Results

The Capable Partners Program (CAP) in Mozambique was designed to strengthen Mozambican organizations and networks to play a more significant role in the fight against HIV/AIDS. CAP integrated intensive capacity development with grants that provided organizations with opportunities to apply what they learned and demonstrate their capacities. CAP was funded by the U.S. Agency for International Development (USAID)/President's Emergency Plan for AIDS Relief (PEPFAR) and implemented by FHI 360 from 2006 to 2016.

CAP initiated activities in Mozambique at a time when many Mozambican organizations focused their efforts on public awareness campaigns linked to HIV/AIDS. For the most part they tried to simply emulate or duplicate the activities implemented by international NGOs. Few community-based organizations (CBOs) had the knowledge or experience to create strategies that would engage individuals and communities in making the changes necessary to bring about a reduction in HIV-infection rates.

One of the principles of strategic social and behavior change communication (SBCC) is that effective interventions are tailored to the particular needs and perspectives of clearly defined target groups. A strength of civil society organizations (CSOs), particularly CBOs, is the relationships they have with the communities in which they work. However,

The Art and Science of Strategic Behavior Change

Strategic social and behavior change communication programs are evidenced-based and theory-based. They follow a systematic process aimed at changing both behaviors and their underlying social norms to achieve measurable health-related results.

CAP Mozambique helped organizations adopt aspects of a systematic SBCC process to strengthen activities focused on preventing the sexual transmission of HIV and reducing gender-based violence (a social norm connected with HIV/AIDS).



COMMUNITY LEADERS PROVIDE FEEDBACK ON GENDER-BASED VIOLENCE ACTIVITIES. (MAURO VOMBE | FHI360)

the approaches many organizations used to design projects when CAP Mozambique was launched did not capitalize on or cultivate these strengths.

CAP Mozambique seized an opportunity to help organizations strengthen these linkages by assisting them to consult with target populations and communities beginning in the design phase of their projects. Using formative research, organizations learned to strengthen the evidence base of their approaches by gathering and analyzing data to inform the design of SBCC strategies. Partners who received HIV-prevention grants from CAP also received ongoing assistance in various aspects of SBCC.

The following provides an overview of CAP's technical assistance in SBCC, with special emphasis on the process of project design. It is based on interviews with two CBO Partners that participated in this process—Associação da Juventude de Luta contra SIDA e DROGA (AJULSID) and Associação para o Desenvolvimento Sócio Económico (Ophavela)—CAP staff members, and members of a consulting team contracted by CAP to lead parts of this capacity-development process.

Providing a Strong Foundation for Project Design

Overview of the project design process

As CAP began providing training and technical assistance in HIV-prevention project design to Partners, one key issue was quickly identified as requiring urgent attention: Mozambican CSOs were not in the habit of designing activities based on the identified needs of their communities. In addition, organizations often designed projects that were copies of projects implemented by others, without understanding the theory behind the approach or its relevance to their own context.

Little or no consultation with beneficiary groups took place prior to proposal development. In many cases, writers of grant proposals to CAP for HIV/AIDS behavior change projects assumed they understood the needs of their communities and developed strategies based on these assumptions—or on what they thought a donor wanted to see.

The kinds of approaches typically developed were therefore neither participatory nor scientific. Prevention strategies did not define the most appropriate audiences, did not include an analysis of the social norms affecting individual behaviors, and did not take into consideration the many factors contributing to individual knowledge, attitudes, and behaviors. This led to interventions that did not address the real problems of an affected community (or did so in a manner that may have been artificial or irrelevant).

Communities were seen as recipients of services, instead of participants in a change process and capable of reflecting on their own realities and contributing to this change.

To address this, CAP designed a capacity development approach to help organizations consult with the communities they serve, identify and understand the factors that influence HIV/AIDS in their communities, and design communication strategies addressing the specific needs of identified target groups in order to bring about social and behavior change.

CAP's strategy for improving SBCC capacity in Mozambican organizations was integrated with its overall grant process for HIV-prevention projects. As a first step, CAP invited interested organizations to submit brief concept papers for HIV program grants. CAP reviewed these and conducted site visits; only a proportion of the interested organizations were then invited to receive a package of support in project design and proposal development. CAP's model for providing assistance in designing projects for social and behavior change included the following:

- **Collaborative review of secondary research.** CAP worked with each Partner to review epidemiological and other data to determine priority target areas and target communities for intervention activities.
- **Training in formative research.** CAP provided training in formative (or developmental) research methods, the process of identifying appropriate target groups, and development of qualitative data-collection tools (primarily key informant interview questionnaires and focus group guides). Enough SBCC theory was introduced to enable organizations to understand how to explore issues at the individual, family, and community levels and develop effective tools.
- **Fieldwork.** The tools developed during training were tested in the field and revised. CAP accompanied each Partner to the field to monitor data collection and provide on-site technical assistance. At the end of each day of data collection, CAP and the field team participants reviewed responses to research questions to make sure questions were being understood and yielding the desired kind of information.
- **Compilation of data and analysis.** Each organization compiled all of the data it collected and analyzed them. CAP typically provided a great deal of technical assistance to support the data-analysis process.
- **Preparation of formative research report.** Based on the analysis conducted, each organization prepared a report of the research results and implications vis-à-vis project design. CAP reviewed the reports, provided comments, and worked closely with organizations to finalize the documents.
- **Development of communication strategy.** The findings from the formative research were used to develop a communication strategy for each target group identified. This process was also facilitated by CAP with the Partner organization.

Ophavela Provides Cross-Sector Support

Ophavela is an organization based in Nampula with a strong track record providing micro-credit opportunities to communities in the province. The savings and loans groups created by the organization were being affected by the prevalence of HIV/AIDS among their members and members' families. Ophavela seized on the opportunity to use the existing savings and loans groups as a platform for promoting healthy behaviors to prevent HIV/AIDS.

In late 2011, staff participated in CAP's training on project design for behavior change. Ophavela was excited about the exercise because it engaged the entire team, was highly participatory, and introduced new technical skills—with practical application. The "problem tree" exercise also helped the organization explore community problems in more detail and determine how to segment target groups for research.

“The formative research method is creative and innovative. [FHI 360] should strengthen this process because it helps its Partners target their approaches. Some organizations do not conduct research, and create projects empirically out of their offices. They imagine a situation and transform it into a project, and not in accordance to the needs of the communities. This is why many HIV/AIDS programs do not succeed, because [the organizations] do not listen to the community and instead think for them.”

—AJULSID coordinator

One of the greatest benefits of the process was a deepening of connections between participating organizations and their target communities.

- **Integration of formative research and communication strategy into project design proposal.** Each organization that completed the formative research and communication strategy processes used the information to develop an overall strategy for behavior change to be included in a grant proposal to CAP. The final step of the process was a two-week workshop conducted to support organizations in developing such proposals. The workshop focused on development of a problem statement, SBCC strategy, and full proposal—including a budget—for a grant from CAP.

CAP evaluated all of the full proposals; those receiving an established minimum score were awarded grants.

The importance of an evidence-based approach

Perhaps the biggest learnings for organizations that received the design-process assistance were an increased understanding of the relevance of data; knowledge of how to develop a problem tree based on these data; and the ability to develop a theory of change based on the data. To the extent that organizations' original concept briefs included a theory of change (and many did not), these were based on inadequate information. After the community consultation process, each Partner's reformulated proposal showed a clear, logical progression from the findings to the objectives, through to strategy and activities.

Two examples illustrate the implications for these organizations of conducting community research before designing final proposals. One organization had assumed that youth began drinking alcohol at the age of 10; but their research demonstrated that the onset of drinking in their community was actually age 20. Another organization had proposed a project intervention focusing on abstinence for youth between the ages of 10 and 14, primarily because of donor guidelines. However, the formative research suggested that sexual debut was beginning as early as age 8 to 10 years. Based on this information, CAP was able to negotiate with the donor to allow general prevention messages to include this younger target group.

CSOs engage communities, leaders in the design process

One of the greatest benefits of the process was a deepening of connections between participating organizations and their target communities. It was an eye opening experience for many groups to learn that their assumptions about community needs (and therefore their project designs) were not necessarily based on the real on-the-ground situations. From the communities' perspectives, in turn, it was a positive experience to be consulted and to know in advance what type of activities organizations would conduct. The level of contact with community leaders, in particular, was a major change. As part of the formative research process, organizations were required to seek out the opinions of leaders—the very individuals who can motivate community participation in and passion for project activities. In CAP's experience, most of the organizations that took this exercise seriously continued to engage leaders throughout the implementation of their projects. They learned about the different channels of communication and how change happens in the community.

Strengthening overall SBCC Capacity with a Tailored and Flexible Approach

While many CAP Partners received training in formative research and project design before submitting full proposals, Partners who were subsequently awarded grants also received longer-term assistance in a more complete spectrum of SBCC competencies.

CAP's approach to SBCC support was highly tailored and flexible and evolved over the course of the program. It also included training of trainers within the program (as opposed to relying completely on an outside firm or international consultants) as part of an effort to build local capacity. Several globally recognized tools formed the basis of training—in particular the C-Change Learning Package for Social and Behavior Change.¹ This series of modules encompasses the classic SBCC strategic process via a five-step approach: 1) understanding the situation; 2) focusing and designing; 3) creating; 4) implementing and monitoring; 5) evaluation and re-planning. However, instead of delivering a rigid set of trainings, CAP's team adjusted scope, content, and goals to the specific needs of Mozambican CBOs. "Learning while doing" was the central principle for CAP Partners as well as to some extent for program staff who participated in central workshops themselves and also delivered intensive province-based support.

Over the course of typical grant periods (one to two years), CAP focused on those aspects of SBCC that were pertinent to the Partners' work as their projects took shape. CAP staff provided ongoing, one-on-one mentoring throughout. Major areas of assistance (beyond that of formative research and program design described above) included:

- **Selection, adaptation, and use of materials**—Partners identified existing HIV-prevention materials targeting their specific audiences and addressed project messages and adapted the materials as necessary. Unlike many SBCC programs, CAP did not focus on the process of materials design (or pretesting) *per se* because these processes can be labor- and time-intensive and good materials already exist in Mozambique. Instead, the project assisted in selecting and adapting communication tools. CAP also supported Partners' interventions by creating four videos and user guides to stimulate community discussions.² Partners could choose to use these (or not) as appropriate in their projects.
- **Selection, capacity building, and supervision of SBCC outreach personnel**—The primary communication channel for all of the Partners was small-group discussions facilitated

¹ C-Change [Communication for Change]. 2012. *C-Modules: A Learning Package for Social and Behavior Change Communication*. Washington, DC: C-Change/FHI 360. Available at: <https://c-changeprogram.org/focus-areas/capacity-strengthening/sbcc-modules>.

² The videos, in Portuguese with English subtitles, are available on FHI 360's YouTube channel: Sugar Daddies <https://www.youtube.com/watch?v=jeBaE4KXnGM>; Hidden, <https://www.youtube.com/watch?v=qCCDIU6GBp4>; Sisters of Buzi, https://www.youtube.com/watch?v=pKB_A45Mq8w; and A Special Gift, <https://www.youtube.com/watch?v=oktGXJ2mk0E>.

AJULSID Adjusts Strategies Based on Research

AJULSID is an organization based in Sofala province that provides HIV/AIDS prevention and services for orphans and vulnerable children and received two back-to-back grants. AJULSID first participated in CAP's project design process in 2009–2010 and repeated the process in 2011–2012.

As part of the design process, AJULSID analyzed the HIV-prevention activities in its first grant agreement with CAP. It realized that the prevention sessions it was carrying out were not reaching their objectives. After conducting focus groups, AJULSID learned it needed to expand the length of the sessions conducted in the schools and also repeat some sessions. After making these changes, AJULSID felt more confident that its prevention sessions were bringing about intended behavior change.

“Religion is one of the elements that determines or influences our way of life—the preservation of cultural habits, and the practice of faith healing. But, we will work with community leaders to facilitate discussions and make them spokespersons for promoting [HIV/AIDS prevention] messages.”

—Ophavela field assistant

by *activistas* from the local communities. Partners needed help establishing selection criteria and selection processes for the *activistas* and for training and supervising them. CAP also created a manual to help *activistas* conduct activities in their communities.³

- **Community mobilization**—CAP put special emphasis on the “social” factor in strategic social and behavior change. Community norms and influential secondary audiences (family members and especially religious and other leaders) play key roles in affecting individual behavior change. Partners, who already had strong links to their communities, learned to tap into these via community events and relationship-building with leaders.
- **Monitoring and evaluation**—PEPFAR provides specific indicators for HIV-prevention programs. The SBCC process also emphasizes the importance of using community data to drive decisions at many stages of the program (not only in the design process). CAP assisted Partners in establishing monitoring processes, using monitoring tools, and reflecting on their progress and making project adjustments.⁴

CAP did not aim to transform participating CBOs into SBCC experts. Some aspects of SBCC program design, monitoring, and evaluation require significant expertise in quantitative research methods and in application of behavior change theories. CAP focused on incremental ways organizations could improve the effectiveness of their approaches.

Further to this intention, CAP also streamlined certain aspects of SBCC for its Partners and focused on steps appropriate to their levels of staffing and expertise. For example, rather than requiring organizations to understand and apply complex behavioral theories to program design, Partners learned to use a problem tree to articulate a logical pathway to bring about community level change. CAP did not provide training in quantitative research or the design of baseline and end line evaluations. CAP took responsibility for carrying out this aspect of the SBCC process for its Partners.

Institutionalizing Skills: New Organizational Capacities

CAP used the C-Change SBCC assessment tool to measure change among its Partners in several basic competencies over time. Capacity assessments were conducted roughly every 18 months. CAP tailored the tool in order to focus on areas most relevant to its Partners. The three general areas of assessment measured were: project design (including formative research), project implementation, and monitoring and evaluation (M&E).

The three figures on the opposite page show changes from baseline to end line scores for Partners who had at least two assessments in each of these three SBCC capacities. Organizations are listed from left to right according to the amount of time that elapsed between their respective assessments (essentially the amount of assistance they received). Each figure also includes a trend line showing weighted averages over time. A maximum score of 4 points was possible for each assessment.

“[Now] we know what kind of messages and intervention [to use], and our beneficiaries know us and have confidence in us. Now they will accept us with confidence, because our strategy responds to the realities of the community.”

—Ophavela M&E officer

³ See also the CAP technical brief, “Improving Community HIV Prevention: Choosing the Right *Activistas*.”

⁴ See also the CAP technical brief, “Promoting Quality Data Systems and the Value of Good Data.”

FIGURE 1: CHANGES IN PARTNER SBCC IMPLEMENTATION CAPACITY BETWEEN FIRST AND LAST ASSESSMENTS

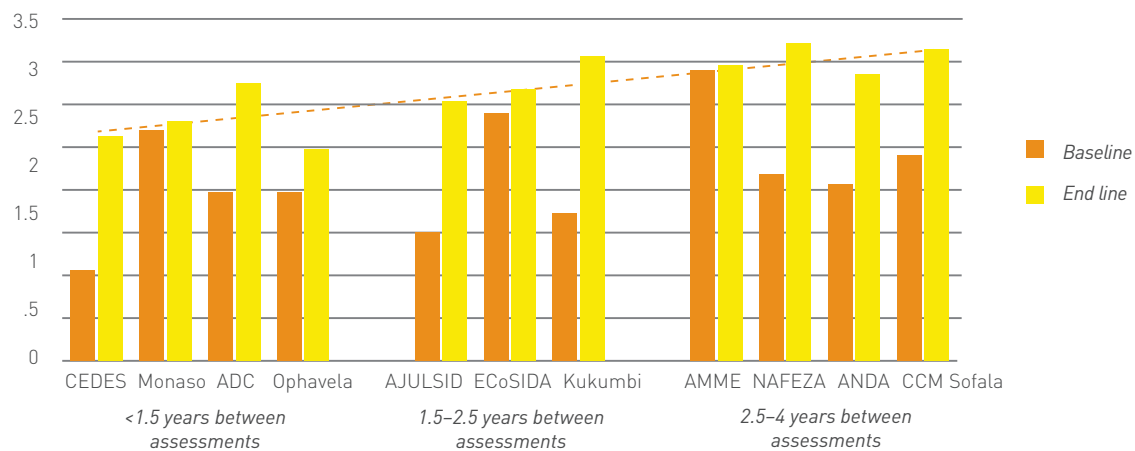


FIGURE 2: CHANGES IN PARTNER SBCC M&E CAPACITY BETWEEN FIRST AND LAST ASSESSMENTS

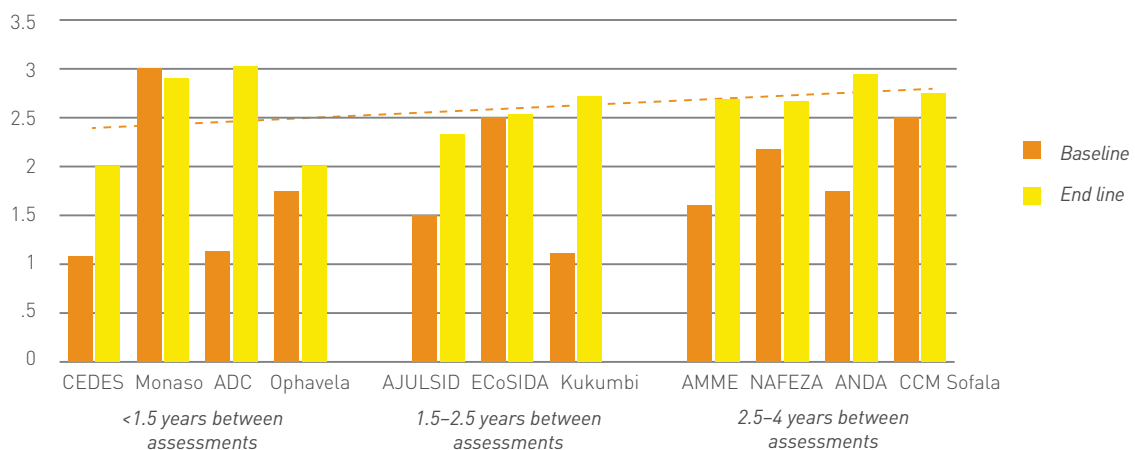
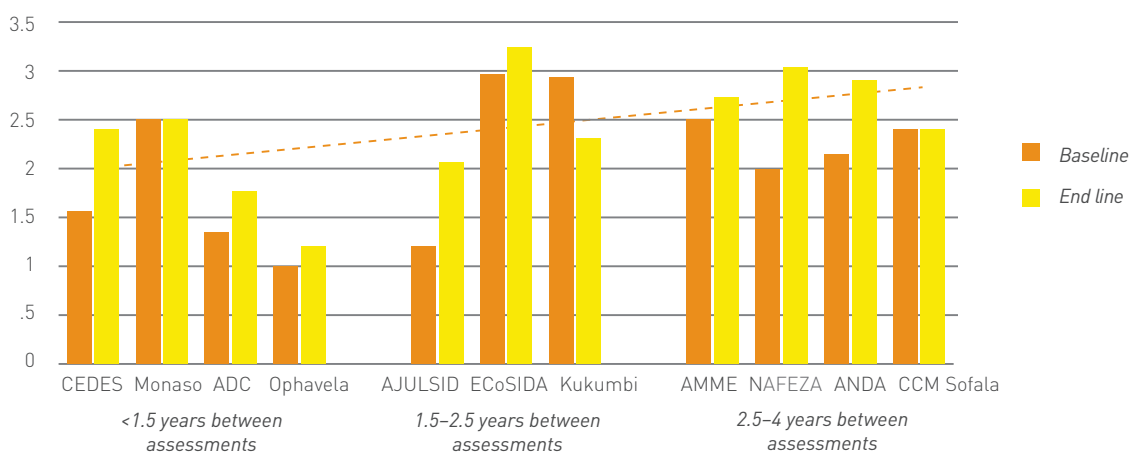


FIGURE 3: CHANGES IN PARTNER SBCC DESIGN CAPACITY BETWEEN FIRST AND LAST ASSESSMENTS





PARTICIPANTS IN ONE OF PARTNER N'WETI'S DEBATE SESSIONS.
(N'WETI STAFF)

The trend lines show there was positive change in all areas over time but that progress varied considerably by category. At the same time, the graphs highlight the fact that the length of time an organization received assistance was not the only factor that determined progress in a given area of SBCC.

Figure 1 (implementation) stands out because capacity in this area started at the highest levels and also improved the most over time. In contrast, the trend line for M&E is quite flat (figure 2). For most organizations, change in this area was most difficult. Figure 3 (program design) shows that on average, Partners began with their lowest scores in this area but that they improved over time—although not as dramatically as they did in the area of implementation.

The challenges of M&E are well known in the area of capacity strengthening for SBCC. One difficulty is that district health management information systems (HMIS) rarely include the kinds of behavioral indicators of concern to SBCC projects—thus requiring creation of new M&E tools. For projects responsible for PEPFAR indicators, the complexity of information required makes measurement particularly difficult.

CAP Partners all began their experience under the program with a commitment to their communities and a history of program implementation—albeit with different goals and target audiences. For the most part they responded well to assistance in this area. When organizations are capable of strong implementation, it is all the more important for them to build on good program design. CAP gave them the opportunity to strengthen their evidence base and their linkages with communities as a firm foundation on which to expand their impact.

Stronger Capacity Leads to Stronger Intervention Impact

CAP's SBCC capacity development clearly improved the impact of its Partners' HIV-prevention programs. At project end line, quantitative data from a cross-sectional household survey of 1,531 people showed significant differences in reported behaviors, intentions, and attitudes in the areas of HIV prevention and gender equality between those who were exposed to a CAP program in the prior six months versus those who were not exposed to any HIV/AIDS activities or messages during that time.⁵

For example, in terms of behaviors:

- 45 percent of those exposed to CAP were tested for HIV in the last six months versus 20 percent who were not exposed
- 66 percent of those exposed to CAP said they intended to get tested for HIV in the next six months versus 32 percent not exposed
- 69 percent of those exposed to CAP said they had spoken to a family member, neighbor, or co-worker about HIV prevention in the last six months versus 35 percent not exposed

⁵ See also the CAP technical brief, "Summary of HIV Prevention End Line Results."

In terms of attitudes and social norms, there were significant differences between the percent of people (both men and women) who agreed with the following statements:

- “Young men need to have sex with several women” (25 percent exposed versus 38 percent not exposed)
- “It is acceptable for teachers to request sex from their students” (12 percent exposed versus 24 percent not exposed)
- “It is acceptable for men to make all the decisions for the family and not include the wife” (21 percent exposed versus 33 percent not exposed)

Lessons Learned

CAP learned a number of lessons from its work with Partners on SBCC for HIV prevention.

- **Investing in intensive SBCC capacity development had clear impact, particularly on the design of programs and on CBO relations with their communities.** The importance of beginning with a research base was impressed upon Partners and on community leaders. Formative research results helped define target audiences and behavioral goals and provided credible information for community leaders. For example, staff of Conselho Cristão de Moçambique (CCM Sofala) said that pastors in their communities did not believe that the young people in their congregations engaged in sexual activity. When presented with the focus group results that this was the case, pastors changed their position about not discussing HIV within their congregations and became powerful advocates for CCM’s prevention program. The SBCC process also deepened Partners’ engagement with their communities and with important leaders (see box).
- **SBCC validates the instincts of local organization staff.** CAP staff found that organizations in the provinces with strong connections to their communities adopted SBCC strategies and approaches more readily and more rapidly than those organizations with weaker community links. SBCC provided processes and a structure for gathering, organizing, and presenting the data they needed in order to analyze current behavioral and social factors and articulate them clearly. SBCC also provided a systematic framework for bringing about positive changes in these factors in families and communities in order to reduce HIV infection.
- **Organizational capacity and available resources should be carefully considered when defining the scope and scale of formative research.** Particularly when organizations are first learning to conduct formative research, it is important to keep the exercise (for example the number of focus groups) limited and manageable. Organizations should not feel intimidated by the magnitude of a new process, but

Increased Recognition and Respect for CBOs

At the time of the mid-term evaluation conducted in 2013,⁴ a team of evaluators interviewed 67 community leaders in communities supported by CAP Partners and asked if they had noticed a change in the identified CAP-supported organizations’ work. Not only did all respondents know the organizations (which was not the norm before), they spoke positively of them and their activities and even cited changes in their communities that they say resulted from the organizations’ work—particularly in terms of more balanced gender norms.

⁴ Blid, N, D’Alessio O’Donnell C, Souto M, Parviainen R. (2013) External Evaluation for Capable Partners Program (CAP)—Mozambique Final Evaluation Report.

should have confidence they can put new skills and approaches into practice. Because this was a new process for most Partners, starting off with an exercise that quickly overwhelmed—and required an intensive amount of technical assistance from the CAP team—may have inhibited CAP from meeting its capacity development objectives in this area.



COMMUNITY REPRESENTATIVE CITES OPHAVELA'S CONTRIBUTION. (FHI 360)

- **Engaging CBOs to carry out systematic SBCC involved weighing trade-offs.** CAP considered contracting out the formative research components of the SBCC projects but believed that Partners would learn more by hearing feedback from communities directly than by reading information in a report. Training the CBOs to contract out such research would have presented different challenges and also would not have reaped the same rewards. CAP's Partners struggled most in the areas of data analysis and reporting.

CAP's experiences providing training and field accompaniment to organizations throughout each stage of the formative research process—sometimes more than once—led CAP to conclude a simplified approach should be considered.

- **Strengthening SBCC capacity required several major paradigm shifts for CBOs.** CBOs needed to shift from a general goal of raising awareness in their communities to that of promoting behavior change. They needed to shift from assuming they already knew their communities to listening to them and to considering research a crucial part of understanding challenges and motivations. They needed to shift their implementation approaches from that of “teaching” community members to that of facilitating discussions that prompted self-reflection and promoted broad community-level changes in social norms. CAP found that major shifts such as these were possible but required intensive assistance at *each stage* of the SBCC process.
- **Different aspects of the SBCC process presented different kinds of obstacles and varying levels of difficulty to CBOs.** Understanding the principle of evidence-based planning was key to CAP's Partners' adoption of SBCC. Once they saw the importance of this principle through their own eyes, other principles (such as the need for audience segmentation and targeting of messages) were easier to grasp. CAP's Partners were able to improve their implementation approaches more rapidly and effectively than some other aspects of the SBCC process. M&E remained difficult, even for those Partners who received several years of SBCC assistance. CAP needed to provide intensive one-on-one support and tools in this area.

- **SBCC requires rigor but it must be streamlined for different implementers and contexts.** In addition, key elements of this process will always require external assistance. CAP did not expect its Partners to become SBCC experts and aimed at different levels of competence in different areas. Making SBCC accessible to organizations that can benefit most from its principles and approaches—in particular, local organizations with strong community roots—was a major challenge. CAP made intentional decisions about areas it would not focus on (such as behavioral theories and quantitative evaluation) and on ways it could simplify processes that were priorities (such as supplying videos to support community discussions).

Conclusion

CAP launched this exercise with its HIV-prevention Partners knowing it was going to be challenging but believing it was imperative for organizations to learn the principles and fundamental steps involved in creating effective social and behavior change strategies. CAP realized its three main objectives: 1) to teach Partners how to consult with their communities, understand barriers to change, and design effective SBCC interventions; 2) to provide Partners with tools to gather and use data to inform project design; and 3) to cultivate the value of community consultation in a structured and systematic manner.

Based on the interviews conducted for this technical brief and the Partners' SBCC capacity assessments, CAP concluded the process contributed to improved prevention programming. The positive results of the mid-term and end line evaluations reflected an increased capacity not only in design, but also in project implementation and monitoring. CAP's technical assistance during project implementation followed the clear path laid out in the Partners' own project designs, reinforcing the principles of SBCC throughout. In addition, CAP emphasized that SBCC principles could apply to Partners' work in other sectors in which they are working and might work in the future.

Finally, two factors stand out about the Partners' SBCC experience that deserve to be highlighted. As CAP saw in other areas of organizational development in which it supplied assistance,⁷ those Partners that progressed the most were those most willing to embrace the opportunity; and the overall process of SBCC capacity development transformed how these CBOs engage with the communities they serve.

Document written in 2012 and updated in 2016.

⁷ See also the CAP technical brief, "Harnessing Potential: CAP's Organizational Development Results."

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