

## Project Design for Behavior Change

The Capable Partners Program (CAP Mozambique) is designed to strengthen Mozambican organizations and networks to implement HIV&AIDS treatment, care, and prevention activities. CAP integrates intensive capacity building with grants that provide opportunities to organizations to apply what they have learned and to demonstrate their capacity.

CAP initiated activities in Mozambique in early 2006, when many Mozambican organizations focused their efforts on public awareness campaigns linked to HIV&AIDS and tried to simply copy the activities others implemented. Few organizations at that time had the knowledge or experience to create strategies that would engage individuals and communities in making the changes necessary to bring around a reduction in the HIV&AIDS infection rates in the country. One of the foundations of social and behavioral change communication (SBCC) is that effective interventions are tailored to the particular needs and perspectives of clearly defined target groups. One of the strengths of civil society organizations, particularly community-based organizations (CBOs), is the linkages they develop with the communities in which they work. However, the approach many organizations used to design projects didn't capitalize on or cultivate these strengths. CAP Mozambique seized an opportunity to support organizations to strengthen these linkages by consulting with target populations and communities in the design phase, and providing a structured, evidence-based methodology to analyze the information gathered and use it to inform the design of effective SBCC projects.

This case study provides an overview of CAP's Project Design for Behavior Change process. The case study is based on interviews with CAP staff members, two organizations that participated in this process (OPHAVELA and AJULSID), and members of the EUROSIS consulting team that were contracted by CAP to lead certain parts of this capacity-building process.

### A. Overview of CAP's Project Design for Behavior Change Process

As CAP began providing SBCC training and technical assistance 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 real needs of their target communities. Organizations often designed projects that were copies of projects implemented by others, without understanding the theory behind the design. In many cases, the proposal writers assumed they understood the needs of their communities and developed their own strategies based on these assumptions or on what they thought the donors wanted to see. Little or no consultation with the target groups happened prior to proposal development; the prevention strategies developed did not define the most appropriate target audiences, did not include an analysis of the social norms impacting individual behavior, and failed to fully understand the factors contributing to individual knowledge, attitudes, and behavior. This resulted in the creation of interventions that did not address the real problems of the community - or did so in a manner that appeared artificial and irrelevant to the community. Communities were seen as recipients of services as opposed to active participants that reflect on their reality and could contribute to creating change.

CAP designed a training model to help organizations walk through the steps necessary to consult with their target populations, gather a clear picture of all of the issues that impact HIV&AIDS in the community, design a communication strategy targeting the specific needs of identified target groups, and create a

strategy for behavior change. CAP's model for designing projects for behavior change includes the following elements:

- 1. Training in formative research.** CAP provided training to organizations in formative research methods, the process of identifying appropriate target groups, and development of data collection tools (primarily key informant interview questionnaires and focus group questionnaires). Enough theory of SBCC is introduced during this training to enable organizations to understand how to explore issues at the individual, family, and community levels to develop effective tools.
- 2. Fieldwork.** At this stage, the tools developed during training are tested in the field and revised. Focus groups and interviews are conducted by the organization based on pre-identified target groups and the sample size selected for each community. CAP accompanies this process to monitor and provide on-sight technical assistance, and at the end of each day of data collection the group meets to review the on-going relevance of the questions included in the tools and their responses.
- 3. Compilation of Data and Analysis.** At this stage, the organization compiles all of the data collected and analyzes the information. CAP typically provided a great deal of technical assistance during this stage to support the data analysis process.
- 4. Preparation of Formative Research Report.** Based on the analysis conducted, organizations prepared a report of the entire process. CAP reviewed the reports, provided comments, and worked closely with the organization to finalize the reports.
- 5. Development of Communication Strategy.** The findings from the formative research were used to develop a Communication Strategy for each target group identified. This process is facilitated by CAP together with the partner organization.
- 6. Integration of Formative Research and Communication Strategy into Project Design.** Organizations that completed the formative research and communication strategy process used this information to develop an overall strategy for behavior change for their project proposals. This process was guided by CAP in a two-week training that included the development of a problem statement, SBCC strategy, full proposal, and budget.

## **B. Results of the Capacity Building Process**

From the beginning, there were three main goals inherent to this process: a) teaching organizations how to consult with their communities and design effective SBCC interventions, b) providing organizations with the tools and baseline information (in the form of qualitative data to serve as a point of comparison for future qualitative data collection interventions) to enable them to return at a later date to measure change, and c) leaving the organizations with the recognition of the value of community consultation, the knowledge and skills to listen to communities in a structured and systematic manner, and the ability to analyze the data and use it to inform project design.

One of the greatest benefits of this process has been the connection forged between participating organizations and their target communities. It was an eye opening experience for many to hear that their assumptions about project design were not necessarily based on the real situation on the ground, and it was a positive experience from the communities' perspective to be consulted and know in advance what type of activities were to be anticipated from the organizations once the process was completed. In particular, the level of contact between the organizations and community leaders was a major change from before. Through this experience the organizations were required to seek out the opinions of the leaders – the very individuals that can motivate the passion of their communities to participate in project activities. From CAP's experience, most of the organizations that took this exercise seriously continued to engage the leaders throughout the implementation of their projects.

Perhaps the biggest learning for organizations was an increased understanding in the relevance of data, how to develop a problem tree based on this data, and develop hypothesis based on the data that may or may not correspond to the original assumptions developed prior to the research. In one concrete example, organizations brought with them the assumption that youth began drinking alcohol at the age of 10, but the research demonstrated that 20 years old was more accurate. In another example, project interventions were slated to focus on abstinence for youth under the age of 14 primarily because of donor guidelines, but the formative research demonstrated in some provinces that sexual debut can begin as early as ages 8-10. Based on this evidence, CAP was able to negotiate with the donor to allow for general prevention messages to apply to this particular target group.

In many cases, this process helped better define project strategies or even helped revise them completely. In a few cases, organizations had developed a strategy for working with married individuals, but only after consulting with the community they determined that the target group preferred to participate as couples. In another case, an organization was uncertain which OVC service areas to target in their target community, and the formative research process made it abundantly clear that education and psycho-social support were the real needs of the communities.

The second objective of this process, providing baseline information for future measurements of change, is only relevant if the organizations have the capacity and/or the resources to conduct the qualitative exercise at least one more time in their target populations to compare and analyze change. While the financial resources exist for organizations to conduct this process themselves, it would be more difficult for them to contract external support for this process. While CAP staff members have the capacity to support this process in theory, the number of CAP prevention partners and other programmatic priorities make it impossible for CAP to directly support this process with its partners. CAP will have to explore how best to support organizations in continuing to gather and analyze qualitative data to ensure that their prevention strategies remain relevant to their target populations.

The hardest question to respond to definitively is whether the organizations that participated in this process once, or even twice, have the capacity to repeat the exercise on their own. The organizations can conduct the interviews and some have shown good capacity for facilitating focus group discussions. There are still a number of gaps in organizations' capacity: the ability to develop instruments that include pertinent questions, domination over the data collection process, data analysis, and data reporting. Behavior change also is not only a challenge for the target populations – it takes more than one training and one application to reverse years of experience and habit in proposal design. It was apparent, however, that all of the organizations that participated in this process recognized the value of engaging the communities – both from the project design and on-going implementation perspectives – and are interested in continuing the practice in future.

While most agree that the organizations learned how the process unfolds, and gained skill sets in some areas (primarily data collection), the majority would need additional CAP support to repeat the exercise in the future. CAP encouraged a few of its more experienced partners to replicate the exercise with subpartners, and quickly discovered it was necessary to enter the process and provide this additional support.

## **1. OPHAVELA –**

OPHAVELA (Associação para o Desenvolvimento Socio-económico) is an organization based in Nampula with a strong track record for providing micro-credit opportunities to communities in the province. The savings and loans groups created by the organization were being impacted by HIV & AIDS, and the

organization seized on the opportunity of using the existing savings and loans groups as a platform for promoting healthy behaviors to prevent HIV & AIDS. In late 2011, OPHAVELA participated in CAP's project design for behavior change process as a part of CAP's Capacity Building and Grant Program - Prevention.

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*“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*

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For OPHAVELA, this project design process imparted the organization with a renewed sense of confidence, as it gained new tools and approaches and increased the confidence of its target groups in the organization. Although the organization already had a sense of the problems facing its target groups

prior to this experience, the training and field work provided them with the tools to explore the root causes of the issues, bring out the arguments, and develop hypotheses for change. OPHAVELA shared the example from their field work where they learned about young girls waiting for truck drivers in the late afternoons, and how this information fed directly into their project design.

OPHAVELA was excited about the process because it engaged the entire team, was highly participatory, and introduced new technical skills – with practical application – to the team. In particular, OPHAVELA learned that the questionnaire used needs to be very direct and clear, and needs to be tested in the communities before put into practice. The problem tree exercise also helped the organization explore community problems in more detail, and determine how to separate target groups into focus groups in order to capture the best quality of data. On the flip side, OPHAVELA was concerned about the amount of time the process took, as it took staff time away from their other responsibilities.

While OPHAVELA believes that it could replicate portions of the formative research and strategy design exercise by itself in the future, it also recognizes that it received a foundation that needs to continuously be developed. CAP was present during the field research, for example, and stepped in to support OPHAVELA in raising follow-up questions during focus groups to draw out more information from community members. Overall, however, the organization is pleased with its new capacity to develop research tools, collect data in the field, and feed this information into a communication strategy for behavior change.

## **2. AJULSID –**

AJULSID (Associação da Juventude de Luta Contra SIDA e Droga) is an organization based in Sofala province that provides HIV&AIDS prevention and OVC services. AJULSID first participated in this project design process with CAP in 2009/2010, and repeated the process in 2011/2012.

For AJULSID, the project design process initiated changes not only in the final proposal/budget designed by the organization, but also individual members of the organization. Program staff members are able to clearly understand their target group and design strategies to meet their needs. Other AJULSID members who participated in the process, the majority of whom are university students, are integrating the formative research techniques into their own personal research.

AJULSID is no stranger to participatory assessment processes, as the organization had applied this approach to other projects in the past. However, the formative research process introduced by CAP spurred a much greater quantity of information, and information that was directly linked to the behavior change strategy under development. AJULSID also has had the opportunity to make adjustments to its project strategy based on formative research, since the first time they

experienced this process was a few months following the initiation of their first grant agreement with CAP. At that time, AJULSID learned that the prevention sessions they were implementing were not reaching their intended objectives. Upon reaching out to the community through focus groups, AJULSID learned that it

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*“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*

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needed to expand the length of the sessions in the schools and repeat some sessions with the target group. Following that change, AJULSID felt more confident that its prevention sessions were bringing about the intended behavior change.

The way forward for AJULSID is to monitor project activities and use qualitative methods to support this process. With credible baseline information captured from the target group, which was discussed by community leadership, there is a great foundation from which to measure behavior change.

Although AJULSID participated in this process twice, it does not feel confident that it could replicate the exercise without some support from CAP. They accept that they know have the tools and the basic knowledge required, but are not yet convinced that the results would be of the same quality without this support. Even though AJULSID recognizes the benefit of the exercise and wants to continue, the

organization also admits that the process is lengthy and expensive, and would require the buy-in of donors to provide financing in order to repeat the exercise.

### C. Lessons Learned

Over the past three years that CAP has been implementing this approach, a number of lessons have been learned about the process.

- a. **Mozambican organizations have limited experience and capacity in conducting qualitative research, analyzing and reporting on this research, and designing project strategies based on the results.** Based on CAP’s experiences providing training and accompaniment to organizations throughout each stage of this process – and sometimes more than once – CAP is considering a more simplified process for the future, realizing as well that there are key elements of this process that will always require external assistance, such as data analysis. Key areas where organizations struggled the most were the analysis and reporting of data. The CAP and EUROSIS teams are not confident that the organizations have the capacity on their own to analyze the large amounts of data produced during data collection, and produce a report that effectively captures the key elements required for decision-making.

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*“(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*

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- b. The advantages and disadvantages of leading the process internally, or seeking external consultants to support components of the process, need to be carefully weighed.** CAP developed in-house capacity to facilitate this process, but decided in 2010 to seek the support of external consultants to enable CAP staff to focus on other pressing priorities. The first consultants trained by CAP to facilitate the process never reached the capacity necessary to effectively facilitate the process, and had to be dismissed. CAP then contracted EUROSIS, who brought to the table new tools (i.e. the problem tree) that helped clarify aspects of the initial training, as well as a rigid timeline that helped propel the process forward. At the same time, the organization was only responsible for certain elements (training and reporting), and CAP staff were required to accompany the organizations during field work and the data analysis process. Once an organization contracts out a piece of work, they have to realize that they are giving up on some aspects of control over the process. EUROSIS had a mandate to facilitate this process and complete proposals/budgets, and were less focused on CAP's overall goal of instilling in organizations the capacity to replicate this process in the future. For example, most of the reporting writing was done by EUROSIS itself, rather than the partner, which resulted in the partners not having a great deal of ownership over the final product. On the one hand, you are able to move forward quickly with new grants but on the other hand you miss a capacity-building opportunity.
- c. It is important to take into consideration organizations' capacity and available resources when defining the sample size for the formative research.** One of the biggest challenges for organizations in this process was the deciphering through the large amount of data collected based on the sample size generated for the research. As this was a new process for most of them, starting off with an exercise that quickly overwhelmed, and required an intensive amount of TA from the CAP Team, may have inhibited CAP from meeting its capacity-building objective. In addition, a greater sample size lends toward a requirement for additional resources – both human and financial – as well as extends the time required to complete the process. One of the organizations interviewed reflected that while the process was very valuable overall, the amount of time spent on the activity did detract from their other responsibilities. It is important to keep the process accessible for the partners so they are not intimidated and they feel like it is something that they can and want to do again.

#### **D. Conclusion**

CAP launched this exercise with its prevention partners knowing that it was going to be a challenging task, but believing that it was imperative for organizations to learn the principles and fundamental steps required in creating behavior change strategies. Based on the interviews conducted for this case study, and the changes CAP is seeing in the way its partners are implementing HIV&AIDS prevention programming, CAP feels that this process has contributed toward improved prevention programming in the areas where its partners are implementing activities. The process has also affected how these civil society organizations perceive their relationship with the communities they serve. These principles of SBCC will require reinforcement as the organizations monitor and evaluate the impact of prevention programming moving forward, and this support to organizations is built into the CAP program. The lessons learned about community consultation and basic research principles are applicable beyond HIV prevention activities – they are appropriate for health, education, water/sanitation, and other interventions. The systematic application of the principles behind community consultation and use of data can do more than strengthen the organizations' interventions, but also contributes to their credibility, an important resource as organizations engage in advocacy and community mobilization.