C-CHANGE COMMUNICATION FOR CHANGE

CASE STUDY

ACHIEVING LASTING CHANGE IN HIV PREVENTION PROGRAMMING IN NAMIBIA: COLLABORATION AND SUSTAINED SBCC CAPACITY STRENGTHENING

December 2012

Beline is a 25-year old woman living in a small community in Namibia. She knows a lot about HIV and its prevention because for years she has heard the same old messages from health workers, radio, TV and posters. Yet, like many others, she doesn't know how to apply them to her life. She thinks other people don't really know what her life is like.

Even though she was told to delay her first sexual encounter and to use condoms, she began having sex when she was young, like most of her friends, and is not using condoms with her boyfriend who gets upset if she brings it up. She needs money for food and other things and so sometimes has sex with other men. In the town she lives in there isn't much to do at night, so she gets together with her friends at the local bar and they drink alcohol, sometimes a lot.

She thinks if she could talk with trusted peers, face-to-face, she might figure out a way to change some of her behaviors, but without those opportunities, she feels powerless. Just telling her what to do is simply not enough!

Beline's situation is not uncommon in Namibia. Over 90% of urban and rural youth and adults know about HIV prevention and still engage in risky HIV transmission behaviors—early sexual debut, multiple sexual partners, inconsistent condom use, inter-generational and transactional sex; alcohol use; and low levels of male circumcision and HIV testing .

In mid-2008, C-Change, supported by USAID, undertook an ambitious program to improve communication programming throughout the country. A rapid assessment was conducted with social and behavior change communication (SBCC) programs on the national/regional levels, and among PEPFAR-funded civil society organizations (CSO) working in SBCC programs at national/regional levels and among PEPFAR-funded civil society organizations (CSO) working in HIV prevention. The aim was to determine how they could be strengthened to achieve greater behavioral and normative change, helping Namibians like Beline and their communities. Achieving changes in risky sexual behaviors and the social norms supporting them would mean moving beyond improving knowledge.

This case study presents the principal findings of the assessment and C-Change Namibia's systematic multi-level SBCC capacity strengthening (CS) approach. It shows how C-Change worked from 2008-2012 with the government to build and strengthen national and regional coordination structures and develop and refocus strategies, policies and programs for more effective HIV prevention communication; and worked with local CSOs to design and implement more effective HIV prevention communication programs in communities, workplaces and clinical settings.

Rapid Assessment Findings

Results of the 2008 rapid assessment revealed that the changes in knowledge detected by the 2006-07 Demographic and Health Survey (DHS) had been the result of broad program efforts towards knowledge change from national/regional to CSO and community levels. It also showed that lack of significant improvements in HIV prevention behavior was due in part to a lack of implementation of SBCC approaches and strategies aimed at behavioral and normative change.

Summary highlights of assessment findings included:

- Fragmentation of national HIV prevention coordination and SBCC efforts across line ministries and limited CSO involvement
- Lack of updated national and regional guiding policies and strategies in SBCC and HIV prevention including quality standards for programming/supervision
- National SBCC campaigns that focused on mass media/passive messaging and lacked interpersonal communication materials
- Little evidence that campaigns focused on the newly-identified drivers of the epidemic
- Limited understanding by CSOs of SBCC and the newly-identified drivers of the epidemic
- HIV prevention programs that lacked clear behavioral target
- Limited interpersonal communication approaches for behavioral and normative change with inadequate message dosage (frequency + duration) and dialogue
- Lack of SBCC field tools for use with individuals and groups
- Lack of data collection and use to evaluate the behavioral results of programs
- HIV prevention communication not integrated into community-based primary care

These findings revealed that SBCC CS for national and regional levels would require advocating with the Government of the Republic of Namibia (GRN) and its partners to:

- Build and strengthen HIV prevention and SBCC coordination structures;
- Update or create national SBCC policies and strategies;
- Bring CSO and national/regional levels together to harmonize SBCC approaches, materials and messages;
- Create new SBCC campaigns with partners to address the newly-defined drivers of the epidemic;
- Integrate interpersonal communication with mass media and strengthen the focus on behavior and social norms; and
- Integrate SBCC for HIV prevention into primary care.

Capacity strengthening would require training CSO staff in SBCC and refocusing existing HIV prevention programs to reflect current evidence. Also important would be the implementation of SBCC methods that included community dialogue for behavioral and normative change strengthened by on-site quality supervision of volunteers and field workers. And finally, a monitoring and evaluation (M&E) of the behavioral components would be critical.

Setting the Stage

A focus on knowledge change during the first phase of the HIV epidemic was appropriate in Namibia, and the high rates of knowledge (over 90% nationwide based on several indicators in the 2006-07 DHS) attested to the success of government and CSO programs.

Why had behavior change not kept pace with knowledge change? We know from SBCC theory and its application that knowledge is necessary but not sufficient for behavioral and normative change.

Applying *Stages of Change Model* to Namibia showed that individuals and communities had moved from the Pre-contemplation to Contemplation Stage (Fig. 1), meaning people were informed but had not put into practice what they had learned.

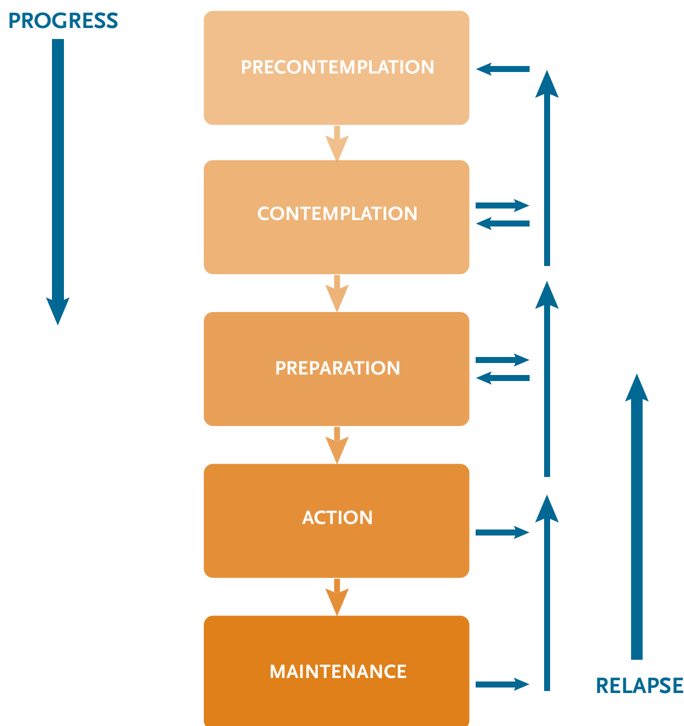
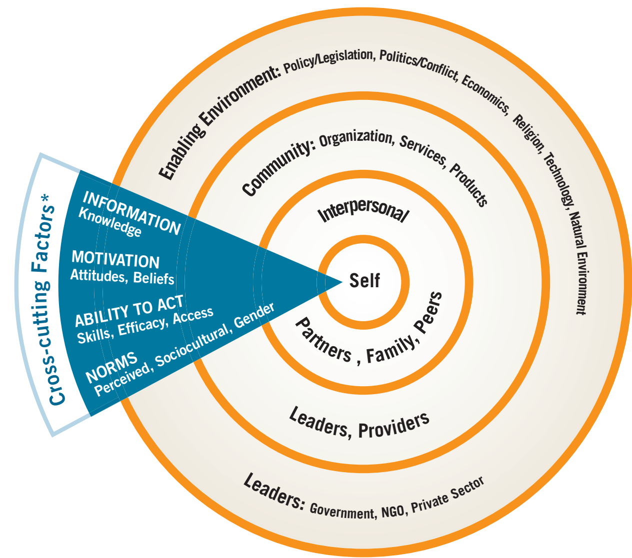


Figure 1: THE STAGES OF CHANGE MODEL



*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Figure 2: SOCIO-ECOLOGICAL MODEL

In applying the Socio-Ecological Model (Fig. 2), it was also clear that a focus on SBCC CS should not be limited to the individual or community, but should extend to the CSO providing SBCC services and to the national/regional enabling environment.

Moving people through these stages of change requires policies, strategies, and programs that are clearly targeted to specific audiences and behaviors and norms; take underlying factors into account; and include SBCC methods that create safe spaces for individuals and communities to discuss their lives and find their solutions, whether through individual or group discussions, interactive radio, or social media. Mass media, posters, handouts, and other passive messaging approaches should reinforce and complement these more interactive approaches to programming.

Capacity Strengthening with CSOs

Convincing CSOs to train in SBCC and refocus their HIV prevention programs for improved behavioral and normative change was not simple. CSOs were used to implementing their programs in certain ways; and change often required redesign with budget implications. It was critical that the approach with CSOs be practical, highly participatory, and flexible at every stage.

CSO CS was implemented with all partners (PEPFAR-funded and other interested CSOs), using a systematic, 10-step process. The process included tools for building capacity, tailored to address the specific needs of each organization and its programs.

The 10 steps and tools are summarized below, followed by a discussion of challenges, lessons learned, and results. The authors believe that this process and its tools serve as a model for SBCC practitioners and CSOs in other settings.

Step 1. Conduct participatory SBCC assessments of existing programs

Step 1 in the CS process was a participatory assessment of each of the CSO's existing programs. The tool used for this step was the SBCC Capacity Assessment Tool (SBCC CAT), developed in 2008 by C-Change Namibia and Ohio University, and later field-tested, finalized, and used widely by C-Change in other countries. Using this tool, each CSO was assisted to conduct an in-depth, participatory baseline assessment of their current program(s) against a set of quality standards for SBCC in 1) planning and design, 2) implementation, and 3) monitoring and evaluation (M&E). CSO program staff ranked their programs based on answering a set of questions in each area. Completing this step served to create a program's baseline and helped to identify gaps and needs for strengthening.

> Link: SBCC Capacity Assessment Tool (SBCC CAT)

Step 2. Train program staff in SBCC basics

Step 2 involved training CSO staff in the contents of Module 0-Introduction of the *C-Modules: A Learning Package for SBCC*, with focus on the application of the Socio-Ecological Model and the Stages of Change theory. C-Change implemented training in face-to-face workshops and also offered Ohio University faculty-facilitated and self-paced on-line courses. Additional information on the online C-Module courses is available at http://www.ouwb.ohiou.edu/c-change/registering.asp

> Link: C-Modules 0-Introduction

Step 3. Develop an SBCC Strategy

Step 3 consisted of training CSO program staff on C-Modules 1, 2, 4 and 5, and assisting staff to develop an SBCC strategy for each of their HIV prevention programs. Training alternated with working group activities, as participants were walked through the process of filling out each section of the SBCC Strategy Template. Training was tailored by C-Change to fit the specific needs of each program.

The SBCC Strategy Template is divided into three parts corresponding to the C-Modules used during training: 1) Program Design (Modules 1-2); 2) Program Implementation (Module 4); and 3) Program M&E (Module 5). For Program Design, participants reviewed existing data from the 2006-7 DHS, selected their target groups and behaviors based on evidence, and analyzed underlying factors, selected their communications channels, and thought about the required messages and tools, noting where new ones were needed or old ones modified.

For Program Implementation, organizations specified the exact cadre and number of workers who would be working with the target audience (e.g., community mobilizers, peer educators, prevention officers); the locations where the program would take place (e.g., specific workplaces, schools, communities, health facilities, in specific geographic areas); and the way in which on-site supportive supervision would be conducted.

For M&E, participants constructed monitoring objectives and indicators, set targets, and described their monitoring process, developed their behavioral objectives and indicators, set outcome targets and described how outcomes would be measured.

>Link: SBCC Strategy Template
>Link: C-Modules 1, 2, 4, & 5

Step 4. Train program staff in behavioral M&E
In Step 4, C-Change helped CSOs to develop data collection instruments and sampling plans for their programs focusing on the audiences and behaviors targeted in their SBCC strategies. CSOs were also trained in data collection and analysis. Training on C-Module 4 and 5 was provided to develop capacity to carry out baseline surveys.

> Link: C-Modules 4 & 5

Step 5. Provide TA and mentoring during data collection, analysis and report-writing
The important thread that runs through the CSO CS process and was a defining lesson learned was that **ongoing, continuous technical support and mentoring was critical to the success of this approach.** In Step 5, C Change accompanied partners during data collection training of volunteers and data collection and analysis, and reviewed reports for accuracy. This approach was critical because it allowed the organization to gain valuable experience carrying out the evaluation work while providing the safety net of having access to mentors who could provide answers to questions.

Step 6. Develop/modify IPC field tools to address targeted behaviors
Step 6 derived from the rapid assessment and application of the SBCC-CAT with CSOs (Step 1), which revealed a need to develop new interpersonal communication (IPC) materials for behavior change related to the drivers of the epidemic—for the general population and key affected populations including sex workers (SWs) and men who have sex with men (MSM). Lack of IPC tools prevented many CSOs from including interactive behavior change interventions in their programs and from participating in national SBCC campaigns.

Rather than developing IPC tools with each CSO, C-Change made the strategic decision to develop national tools with all partners that would carry the GRN logo and contain unified messages. This was achieved using participatory processes at the national level with working groups of CSOs, private and public sector organizations, the GRN and development partners. This led to a set of new IPC tools used by all sectors and organizations.

Some new IPC tools were linked to mass media SBCC campaigns. Others were stand-alone tools aimed at particular audiences that covered all of the relevant drivers for that group.

>Link: C-Modules 3
>Link: IPC materials for HIV Prevention and MCP
>Link: IPC materials for HIV Prevention and Alcohol
>Link: IPC materials on HIV prevention for MSM and Sex Workers

FIGURE 3: IMAGE FROM THE MCP PICTURE CODE FLIP CHART, LINKED TO THE NATIONAL MCP SBCC CAMPAIGN *BREAK THE CHAIN*

Step 7. Train staff and volunteers in IPC methods and use of new field tools

In Step 7, C-Change conducted widespread training of trainers workshops with CSOs and private sector and government technical staff in the use of the new IPC materials. Demand for both new materials and facilitation training was high. Organizations in turn took responsibility for training their own field staff and volunteers, while C-Change provided mentoring and support to assure knowledge and skills transfer for the effective use of the new SBCC materials in the field.

Step 8. Review/update curricula to address targeted behaviors

In Step 8, CSOs continued to receive individual technical assistance (TA) and mentoring to develop, review, or update their organization's curricula to focus on behaviors and audiences targeted in their new SBCC strategies. This was done to ensure that programs not only disseminated the new curricula and materials, but were also well equipped to manage sessions and discussions that would more likely change behaviors and social norms–thus moving beyond the traditional passive knowledge transfer typically exemplified by TV and radio ads, handouts and posters.

Step 9. Develop SBCC quality standards and conduct quality improvement support during field implementation of SBCC strategies

Once program SBCC strategies were in full implementation, Step 9—a participatory quality improvement (QI) process—was conducted. The QI process was implemented by teams made up of CSO program and C-Change staff and conducted periodically to determine gaps and needs for further support.

The QI process used three tools developed by C-Change Namibia and based on new national SBCC quality standards. SBCC quality standards were developed on the national level during a series of workshops led by C-Change with the Ministry of Health and Social Services (MoHSS) and other line ministries, civil society and private sector implementing partners, and development partners.

The first QI tool is used to review an organization's revised program against a set of quality standards for planning, implementation, and M&E. The second QI tool is a supervisory checklist used to identify gaps in quality of field work and ongoing needs for CS during observation of SBCC group sessions. The third QI tool is a summary sheet listing the agreed-upon actionable recommendations for CS.

>Link: QI instruments

Step 10. Provide support to follow-up data collection, data analysis, and report writing

Step 10 included providing assistance to CSOs, which had collected baseline data (Step 5), to collect follow-up data from target audiences and document the behavioral and normative outcomes of their strengthened programs. C-Change provided support to CSOs during this second phase of data collection, data analysis and drafting of final reports. The same instruments and sampling plans were used to collect the follow-up data so that the baseline and follow-up results could be compared. Only some CSOs implemented this last step due to time constraints.

Challenges, lessons learned, and results from CSO capacity strengthening

Persuading CSOs to train their staff in SBCC and revise their HIV prevention programs was a challenge. CSOs were convinced, however, based on review of the evidence and the changing face of the epidemic. Support from USAID/Namibia and changes in PEPFAR guidance in SBCC also helped persuade CSOs to train staff in SBCC and make changes in programs. The 10-step CS process and tools was a practical and highly participatory way of assisting CSOs to apply SBCC and evidence to

refocus their programs on behavior change, and implement continuous quality improvement during program implementation.

Work with CSOs in Namibia resulted in the following:

- PEPFAR-funded CSOs in Namibia understood the importance of, and embraced a greater focus on, changing targeted behaviors among specific audiences using quality SBCC programming and applying SBCC M&E through the collection and analysis of baseline and follow-up data.
- Revised CSO programs provided opportunities for individuals like Beline and for their communities to move beyond knowledge transfer to explore opportunities for real changes in behavior and social norms.

SBCC Capacity Strengthening at the National/Regional Levels

As noted earlier, SBCC theory emphasizes the influence that the enabling environment has on behavior change. For behavior change to take place on the organizational level, critical influences include the existence of coordinating bodies and their knowledge, attitudes, and organizational norms; and the actionable nature of guiding policies and strategies.

In order for CSOs to put into practice what they had learned, it was important that C-Change also work to strengthen the national/regional levels, including creating and strengthening the necessary coordinating structures and updating SBCC policies and strategies

The following section summarizes the approach to SBCC CS implemented at national and regional levels.

Develop and formalize an HIV prevention coordination structure at national level
Results of the mid-2008 rapid assessment revealed that national-level coordination of SBCC for HIV prevention was fragmented across line ministries. To address this gap, C-Change met with the two line ministries working in SBCC and their advisory bodies—the MoHSS/Directorate for Special Programs (MoHSS/DSP) working with CDC; and the Ministry of Information and Communication Technology (MoICT) and its task force Take Control—to advocate for a more coordinated approach to SBCC for HIV prevention. It was recommended that a new national HIV prevention body be formed that would be recognized by the National AIDS Executive Committee (NAEC) as a formal technical advisory committee (TAC).

Support the National HIV Prevention TAC to form Technical Working Groups
The next step was the formation of technical working groups (TWGs) under the TAC. C-Change advocated with the newly-formed National HIV Prevention TAC for the formation of TWGs focusing on different drivers or target populations and comprised of CSOs and development partners. The TWGs were subsequently formed and remain active.

Expand Technical Working Group membership
The rapid assessment had revealed that most PEPFAR-funded CSOs had not been involved in the implementation of national SBCC campaigns or in national bodies working in HIV prevention.

Thus, C-Change advocated with the TAC for the expanded participation of CSOs in both the TAC and TWGs, and encouraged local and international CSOs to join. The result was an expanded role for CSOs in the National HIV Prevention TAC and its TWGs, including the development of HIV prevention and SBCC policies and coordination, and implementation of national SBCC strategies. While CSOs simultaneously learned about and applied SBCC, their input on the national level proved invaluable.

Develop national HIV prevention and SBCC guiding documents, policies and strategies
C-Change provided support to the National HIV Prevention

TAC and its TWGs to develop with the government, CSOs and partners the new national guiding document, *The National Strategic Framework for HIV and AIDS*, with a special focus on the sections related to SBCC and behavior change.

Support development of new national HIV prevention SBCC campaigns
Results of the rapid assessment had revealed that national SBCC campaigns had not, for the most part, included IPC materials or curricula that could be used by CSOs in the field for behavior and normative change and were not collaboratively developed. Also, SBCC campaigns had not yet focused on the newly-defined drivers of the epidemic.

Develop new national IPC materials linked to national campaigns
C-Change Namibia supported development of SBCC IPC materials with CSO, government, and development partners so that they would be recognized nationally by the MOHSS/DSP and National Prevention TAC, to ensure higher quality materials and harmonized messaging nationally.

For that end, C-Change worked through the national TWGs to develop IPC materials that could be used nationwide during SBCC campaigns and in ongoing CSO field programs.

Develop SBCC quality standards
The 2008 assessment had revealed that quality standards for SBCC interventions were lacking but needed, while quality standards for other technical areas in HIV prevention, such as PMTCT, had been developed.

Thus, C-Change led a series of workshops with a wide range of CSOs, development partners, and line ministry staff. This led to development of quality standards and development of three Quality Improvement (QI) tools. (See Step 9 for a link to the QI tools.)

Expand support to the regional level
Because the 2008 assessment also revealed gaps in SBCC for HIV prevention on the regional level, C-Change expanded its support to SBCC CS for HIV prevention to the regions in 2010. It selected Omaheke Region as the pilot. Using guiding documents provided by the Ministry of Regional and Local Government, Housing and Rural Development as the basis, C-Change developed a Regional Assessment Tool designed to measure a region's capacity to meet their mandates in HIV and AIDS, to determine strengths and weaknesses, and to agree on needs for further support.

FIGURE 4: ALCOHOL AND HIV PICTURE CODE FLIP CHART, LINKED TO THE NATIONAL SBCC CAMPAIGN "STAND UP"

Expand strategy support to other technical areas and programs
As a result of its success in strengthening SBCC for HIV prevention, in 2010, the MoHSS asked C-Change to expand its support to other technical areas.

This resulted in the training of MoHSS program staff in SBCC and in the development of national SBCC and other strategies for the following four MoHSS divisions and programs: 1) The Expanded Program on Immunization; 2) Food and Nutrition; 3) the Communication for Behavioral Impact (COMBI) program focusing on HIV/AIDS, malaria and TB; and 4) Primary Health Care.

Design and pilot test new national community-based program
The rapid assessment in 2008 also revealed that HIV

prevention was not being integrated into primary health care, particularly on the community level.

Beginning in 2011, C-Change began working closely with the MoHSS/Primary Health Care Directorate, the National Health Training Center, and UNICEF to design and pilot test a new community-level primary health care initiative, the Health Extension Program (HEP), in Opuwo District, Kunene Region. In this pilot, 34 Health Extension Workers (HEW) selected by their communities were trained in and responsible for delivering a standard package of care in first aid, child health, maternal and neonatal health, family planning, HIV/AIDS, malaria, TB, social welfare and disabilities. HEWs map their communities and conduct household census, make regular household visits to screen for serious illnesses and conditions, manage simple cases in the community and refer, and provide health promotion to households and community groups. Through this program, HIV prevention is being integrated for the first time into community-based primary health care. C-Change developed all training and field tools as well as the M&E forms for the HEP, and field tested them during and after pilot training.

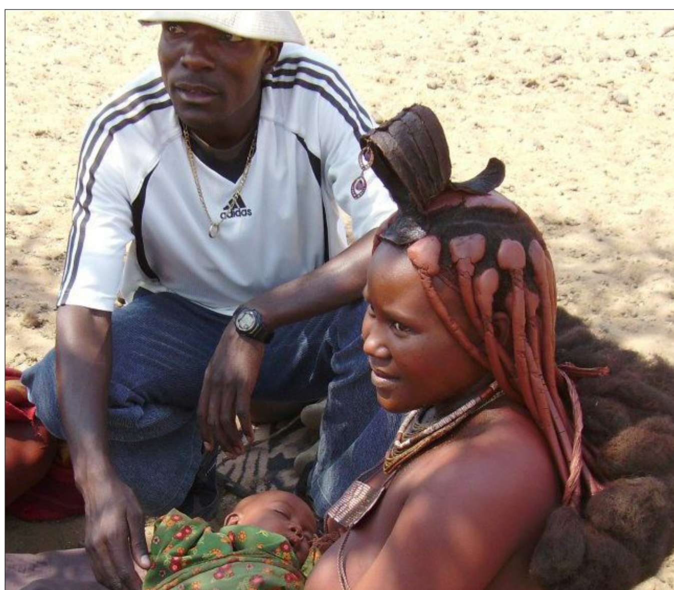


FIGURE 5: HEALTH EXTENSION WORKER & HIMBA MOTHER & BABY

Challenges, lessons learned and results from national/regional capacity strengthening

C-Change found it challenging to convince national/regional partners to make changes in their policies and strategies for social and behavior change. Working with groups of CSO, government and development partners to develop national strategies, IPC tools, and SBCC standards, agreed upon by all, also proved to be challenging.

National/regional CS lessons learned were the following:

- Evidence from the DHS and SBCC theory helped convince the national/regional levels to strengthen SBCC for behavior change.
- Advocacy with line ministries and partners resulted in the formation of the National HIV Prevention TAC and its TWGs, with expanded participation of CSO
- Working through the HIV Prevention TAC and TWGs to develop national SBCC strategies, IPC tools and SBCC quality standards resulted in wide partner buy-in.
- The assessment tool, SBCC training and strategy development process tailored to the regional level, also proved successful in strengthening Omaheke Region.

C-Change Namibia Selected Results

- 107 collaborating organizations incorporated one or more parts of the C-Change framework into an SBCC activity or interventions
- 43 government-run programs incorporated or strengthened the SBCC approach due to C-Change country-level involvement
- 1,421 individuals were trained in SBCC and applied skills learned
- 6 local organizations engaged with C-Change in SBCC capacity strengthening activities
- 34 national or lower-level technical working groups or task forces developed or revised SBCC strategies with support from C-Change
- 45 global, national or regional conferences, meetings or summits were held to advocate or strategize on the use and importance of SBCC
- 42 SBCC coordination strategy documents were developed by national or lower level technical working groups or task forces with support from C-Change
- 52 SBCC materials were developed with support from C-Change for use in national or sub-national programs

Dr. Elizabeth Burleigh and Dr. Susan Rogers prepared this case study, which was finalized by Linda Sanei and Sandra Kalscheur.

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