



Facilitating  
sustainable  
behavior  
change

*A guidebook  
for designing  
HIV programs*

Bruce Parnell  
and Kim Benton

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1. Behaviour change 2. HIV prevention 3. Workshop

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# Contents

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	<b>Acknowledgements</b>	<b>2</b>
<b>1.</b>	<b>Introduction</b>	<b>3</b>
<b>2.</b>	<b>Problems with some common ways of thinking about behaviour change</b>	<b>6</b>
<b>3.</b>	<b>The behaviour change spiral</b>	<b>9</b>
<b>4.</b>	<b>The enabling environment</b>	<b>17</b>
<b>5.</b>	<b>Capacity development</b>	<b>25</b>
<b>6.</b>	<b>The role of programs</b>	<b>29</b>
<b>7.</b>	<b>Summary of the framework and steps to take in program design</b>	<b>42</b>
	<b>Workshop Outline</b>	<b>45</b>

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Bruce Parnell and Kim Benton  
*Melbourne, June 1999*

# 1. Introduction

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What kinds of programs best help to facilitate behaviour change? How can we know where to start?

This guidebook suggests issues to consider when designing programs to facilitate behaviour change. It is written to help people who want to understand the HIV epidemic, consider how it relates to their own lives, and work out effective responses in their own settings.

Behaviour change is central to most effective responses to the HIV epidemic. It can be important to:

- reduce further transmission of HIV
- reduce discrimination against the people most directly affected by HIV
- mobilise community-wide responses
- build consensus about legal, ethical and human rights concerns
- minimise harm associated with drug use and expansion of the sex industry
- organize community-based care for those who are ill, their dependents and the survivors of those who die.

No single *method* works to facilitate behaviour change to address all issues in all settings. This is because of the nature of the HIV epidemic and the way it interacts with the world. In each different setting, the epidemic has different effects on the individuals, families, communities and nations involved. It is entwined with various aspects of our lives including the social, cultural, economic, political and developmental circumstances in which we live.

However, much is now known about what *approaches* work best. The most effective programs are those that encourage and nurture change; the least effective are those relying on coercion and force. There are common issues worth considering in designing programs to facilitate behaviour change, and this guidebook presents and explains those issues.

Behaviour change that works in response to HIV is not the result of special processes relating just to the epidemic. The way programs can facilitate HIV-related changes is consistent with the way programs can facilitate changes in other fields. Effective change emerges from the various ways we understand our own worlds and then act within them.

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This guidebook draws together theories from various disciplines and life experiences. It does not present entirely new theories or programming models, but does introduce some recent developments not widely understood. In addition, it puts recent theories together in a framework that makes them accessible, and suggests ways to proceed with program design.

Three sources of understanding inform the framework presented here:

- recent developments in psychological explanation of how individuals undertake behaviour change, particularly the “stages of change” model<sup>1</sup>
- recent advances in understanding the nature of sustainable human development, suggesting ways to promote development consistent with people’s needs and building on their own capacities<sup>2</sup>
- the authors’ own experiences in undertaking changes and in facilitating change amongst others<sup>3</sup>.

The guidebook begins with a critical look at models often used to explain how programs facilitate behaviour change. It then describes how important new developments can inform the design of more effective programs. First, it introduces the “stages of change” model, which explains how individuals undertake change. Second, it shows how different aspects of people’s environments can enable or hinder change. Third, it demonstrates how people can develop the capacity to influence their own environments. Finally, it explains the role programs can play in facilitating such changes, and outlines a framework to consider when designing programs.

To assist with the design of programs using this framework, the authors have developed a *workshop outline*. This starts on page 45 of this guidebook, and can be used by group facilitators to:

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1 JO Prochaska, CC DiClemente, JC Norcross, (1992) In search of how people change: applications to addictive behaviours. *American Psychologist* 47 (9): 1102-1114

2 Informed especially by the work of the United Nations Development Programme (UNDP) and UNDP’s HIV and Development Programme

3 The authors were part of the Australian response to the HIV epidemic in the 1980s and early 1990s, however this resource is also relevant to other countries

- 
- enhance workshop participants' understanding of how behaviour change comes about in their own settings
  - assist group participants to design context-relevant programs
  - provide a framework for participatory and developmental evaluation of programs.

Both the guidebook and the workshop curriculum complement the manual *Community Action on HIV*<sup>4</sup> a resource for non-government organisations in Australia and their regional collaborative partners.

This guidebook aims to stimulate discussion and reflection amongst those who design programs. It suggests ways of looking at things rather than providing fixed answers. As the epidemic evolves, so does understanding of the complex components that contribute to effective responses. The framework presented here is one more step in the ongoing exploration of what works to facilitate behaviour change.

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<sup>4</sup> T Kwarteng, R Moodie, W Holmes, (Eds) (1999) *Community Action on HIV: a resource manual for HIV prevention and care. Second Edition*. Melbourne, Macfarlane Burnet Centre for Medical Research

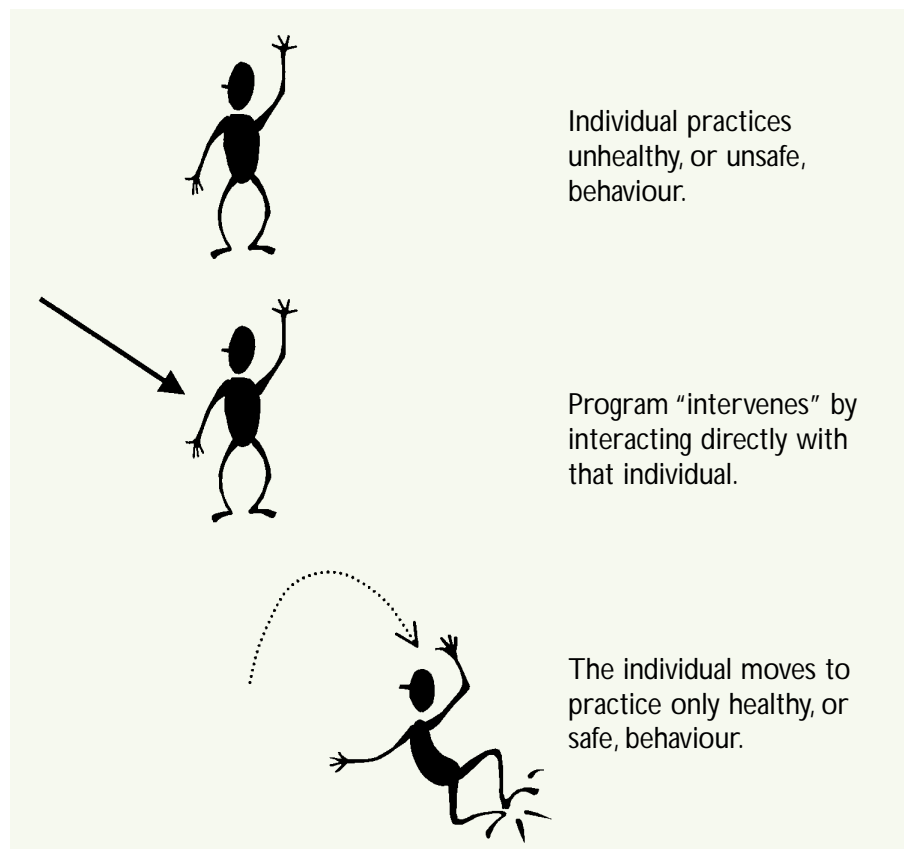
## 2. Problems with some common ways of thinking about behaviour change

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Many programs in response to HIV are based on models of behaviour change or on theories about program design. This section introduces some concerns about the way these models and programs interact. It outlines problems and suggests the need for a more detailed framework for understanding how people change and how programs can facilitate this.

### The usual framework for thinking about behaviour change

Programs to promote behaviour change are often based on the assumption that people react in standard and rational ways to new information they receive. Although differing in detail, many programs follow the framework illustrated here.



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Some problems with this commonly-used framework are:

- It assumes behaviour change only has to happen once. But people do not just change once. They often move back and forwards between behaviours, in response to many influences.
- It assumes people all change at the same time. But some people are not ready to change at the time a program intervenes in their lives. Others might want to change after the intervention has been and gone.
- It does not explain how people can adapt their “new” behaviour in response to changing circumstances. Behaviours might need to be adapted over time, as circumstances change, and programs must take account of this.
- It assumes others determine the most important decisions about behaviour change, not the people wanting to change.
- A move back to old behaviours is assumed to be a problem, and is often labelled “relapse”. The solution to relapse is usually taken to be another “better” intervention, yet it’s rarely clear just what other intervention might work.
- Programs based on the usual framework often leave people uncertain about how to change and maintain their behaviour, or how to encourage others to change. Consequently, expensive programs and much frantic activity often produce only limited or short-term results.
- Attention is usually focused on either individuals or programs, but rarely on the interaction between them. Thus, research usually considers individuals’ knowledge, attitudes, behaviours and practices (KABP studies), while programs focus on how to change the behaviours of many individuals at once. To make programs viable, the differences between people are then ignored and the people who don’t respond to programs are considered odd, “difficult to reach”, or just plain “difficult”.

Exploration within the usual framework has produced models and theories to explain how people behave, how they change, and what is needed for change to occur. Those often cited include the Health Belief Model<sup>5</sup> and the Theory of

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<sup>5</sup> NK Janz, MH Becker, (1984) The Health Belief Model: a decade later. *Health Education Quarterly* 11:1-47

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Reasoned Action<sup>6,7</sup>. These explain how individuals experience behaviour change, but they are less effective at explaining how programs can influence such experiences.

Likewise, there is now an understanding of how programs based on theories about social marketing, community mobilisation and organisational change can best be implemented<sup>8</sup>. These explain what programming options are possible, but they do not always explain how to choose between different programming options.

An expanded framework might help explain how various models and theories interact, as well as helping program designers to decide what will work best in specific program settings. The rest of this guidebook outlines such a framework.

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<sup>6</sup> I Azjen, M Fishbein, (1980) *Understanding attitudes and predicting social behaviour*. Englewood Cliffs, Prentice-Hall

<sup>7</sup> For descriptions of how psychological theories can explain behaviour change, see M Conner, P Norman, (1996) *Predicting health behaviour: research and practice with social cognition models*. Buckingham, Open University Press; and RJ Di Clemente, JL Peterson, (Eds) (1994) *Preventing AIDS: theories and methods of behavioral interventions*. New York, Plenum Press

<sup>8</sup> For a helpful description of useful models, see D Nutbeam, E Harris, (1998) *Theory in a nutshell: a practitioner's guide to commonly used theories and models in health promotion*. Sydney, National Centre for Health Promotion

### 3. The behaviour change spiral

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Behaviour change is a process that takes place over time. It is never straight forward, nor is it a single event. People go through stages before final changes are made, and many things happen after they start to make changes. This section summarises the recently developed “stages of change” model, suggesting stages of behaviour change and processes that influence people’s progression through those stages<sup>9,10</sup>.

#### **Pre-contemplation stage**

In the beginning, a person might not realise that change is possible, desirable, or relevant to them. This stage has been called **pre-contemplation**. The person has not begun to contemplate change or the need for change.

#### **Contemplation stage**

Later, something happens to prompt the person to start thinking about change. Perhaps hearing that someone else has made changes? Maybe something else has changed, resulting in the need for further change? This stage is called **contemplation**. The person has started the process of contemplating change.

#### **Preparation stage**

The next stage is called **preparation** for change. The person prepares to undertake the change. This will require gathering information about the change, finding out how to achieve the change, learning what skills are necessary and deciding when the change will take place. It may include talking with others to assess how they feel about the likely change. There might be intense feelings associated with the change, and the person might need time to reflect on those feelings. The person may consider what impact the change might have and who will be affected. The **preparation** stage may occur quickly and easily or it may take some time.

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9 JO Prochaska, CC DiClemente, JC Norcross, (1992) In search of how people change: applications to addictive behaviours. *American Psychologist* 47(9): 1102-1114

10 JO Prochaska, *et al.* (1994) Stages of change and decisional balance for twelve problem behaviours. *Health Psychology* 13: 39-51

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### Action stage

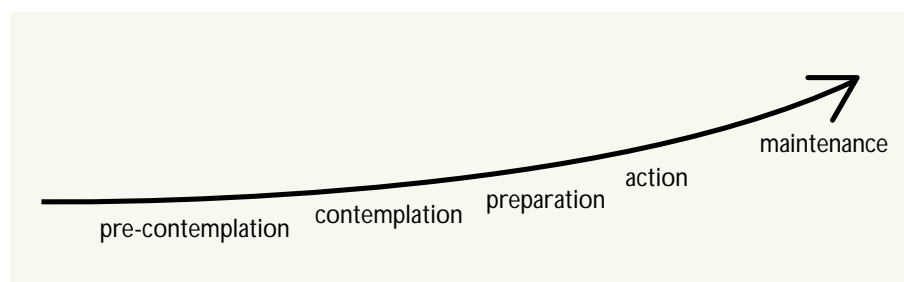
Eventually, the person will change their behaviour. This is called the **action** stage. The person is acting on previous decisions, experience, information, new skills and motivations for making the change. A new behaviour has been adopted!

### Maintenance stage

Once a new behaviour has been adopted, practice is required for the behaviour to be consistently maintained. **Maintenance** occurs when the behaviour has been incorporated into the rest of the person's life. It becomes just one of a whole range of behaviours the person undertakes. Once behaviour is familiar, and occurs without requiring active thinking, it can be said that the behaviour has been maintained.

## Presenting the stages

These stages can be illustrated using a curved line, to show how a person moves through one stage to another. Change is rarely straight forward, so a curved line is used to emphasise complexity within this staged process.



**The first stages of behaviour change**

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## Now what happens?

The process is not yet complete. It may never be complete. Many things can affect behaviour change. At the start a person may just be trying out a new behaviour, to see if it works and to find out what happens. They may try it twice to see if it can be repeated, or to see how other people react. They might return to previous behaviours – maybe for a time, perhaps forever.

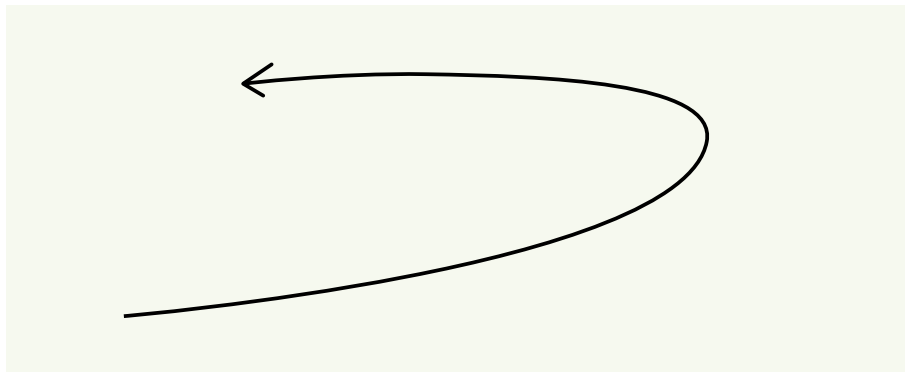
Although a person may want to maintain a new behaviour, other things might make this difficult. At first the change might have been easy, but it may later become hard to sustain. The available resources might disappear. Other people who initially supported the change might move away, or withdraw support. A new situation might make old behaviours seem more appealing.

For all sorts of reasons, people might move back to the earlier stages of behaviour change and work through the stages again. Importantly, though, they do not return to exactly where they started. Things are different now. Other people have changed too.

People never return to the *pre-contemplation* stage. They might return to the *contemplation* stage for more reflection and thinking, or to the *preparation* stage to gather new skills or more support, before continuing on again through the other stages.

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To illustrate how this movement occurs, the earlier curve can be continued and circle back to a new starting place. Because the starting place is not the same – the person has changed, the world has changed – the illustration is a spiral rather than a circle.

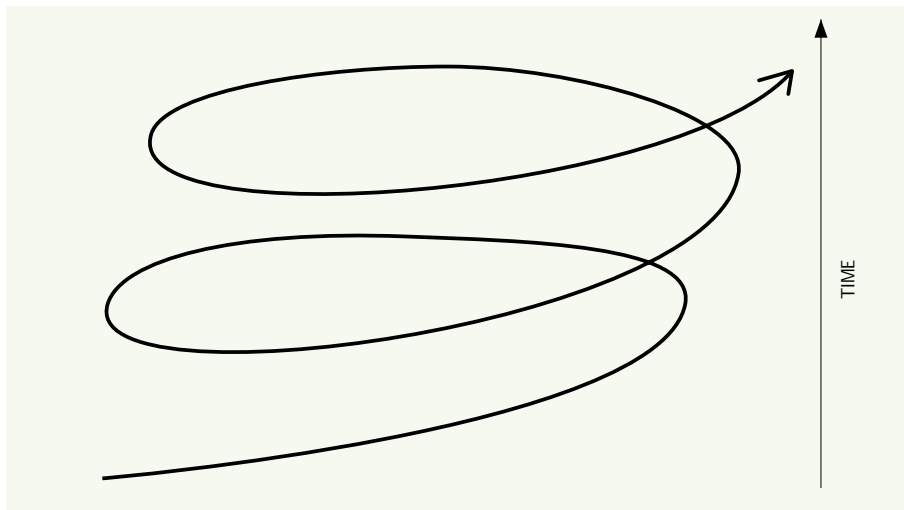


### **The ongoing spiral of behaviour change**

Maintaining behaviour means a person might have to go through some of the same stages more than once. This movement will not be exactly the same each time. The person might think about the change again, but in different ways. They might decide to make a change, but not exactly the same one first tried.

Once a person reaches the *action* stage again, there might still be a return to the processes of the earlier stages. To illustrate this long-term movement, a longer spiral can be drawn. The person continues the new behaviour, or at least continues to move through their own spiral-like process.

Eventually people will continue to act in ways that make sense to them. They will respond to other influences, but long-term behaviour change will have occurred.



**The full spiral of stages of behaviour change**

## Everyone changes

In the long term, people make changes that work for them. These changes, however, will not be straightforward. Different people will think about options, challenge one another, try new things, and move about. They might go through the five stages one after the other or sometimes they might miss a stage. When people make changes they spiral about. They might return to older behaviours, they might circle about working through different stages, or they might make permanent changes. For ongoing behaviour change, they will eventually need to move through all the stages.

## How people move through the behaviour change spiral

Something has to happen for a person to embark upon behaviour change. Such an event may be initiated by the person or may be a response to something else that happens. Behaviours do not happen in isolation. They are also affected by influences such as a person's beliefs, expected benefits and other people's expectations.

When moving through the behaviour change spiral, people draw on a range of processes to assist movement through each stage. These processes will vary according to the types of changes people are undertaking. They will not be the same for all people, and can differ according to cultural situations and opportunities.

Some processes that may be important at each stage are outlined in this box.

**Processes influencing movement through the stages of change [after Prochaska and DiClemente (1992)]**

Precontemplation	Contemplation	Preparation	Action	Maintenance
	Becoming aware			
	Emotional response			
	Environment analysis			
	Thinking through the issues			
		Seeing other options		
		Self-efficacy		
		Social support		
			Helping relationships	
				Reinforcement
				Seeing other options
				Being in control
				Social support

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Each process is listed under the stage of behaviour change to which it is most relevant. Because each stage of behaviour change is closely related to the stage before and after it, the listed processes do not always appear directly under the headings for each stage. Some processes are included more than once, because the same process may be used again as people move through different stages of behaviour change.

Each process is further explained here:

**Becoming aware**

Becoming aware of the issues; the impact of the issues on themselves; the relevance of the issues to them; the way the issues fit within the current setting.

**Emotional response**

Experiencing and expressing feelings about the issues, the situation and possible solutions.

**Environment analysis**

Assessing how the issues relate to the physical environment.

**Thinking through the issue**

Making an assessment of feelings and thoughts about the issue and the situation.

**Seeing other options**

Learning new behaviours and skills as alternative options.

**Self-efficacy**

A sense of being able to do something: choosing to act, making a commitment to change, having a belief in their ability to change.

**Social support**

Alternative behaviours and solutions are occurring in the rest of the community, and support for change is available.

**Helping relationships**

Being open and trusting with others about the difficulties and the new behaviour.

### **Reinforcement**

Rewarding themselves, or being rewarded by others, for making changes to behaviour.

Although these processes are useful for understanding the way people change behaviours, not all people need to go through all the same processes for every change they make. Depending upon the situation, the motivation, the need to change and the change itself, some processes are used more often than others. Therefore, programs to bring about behaviour change need to facilitate a wide range of processes. They must allow people to become aware of the issues, and to learn to adopt new behaviours and skills as and when it is right for them: not when it seems right to program designers.

The “stages of change” model is useful in explaining how behaviour change can be achieved and maintained. However, no behaviour occurs in isolation. Many influences around a person can assist or hinder change. Some of these are outlined in the next section.

## 4. The enabling environment

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Change is influenced by many factors. People respond to what's happening around them, and to their own motivations and needs. They then *choose* to behave accordingly. The factors that influence positive change can be grouped together and collectively described as making up an *enabling environment*. In this section the concept of the enabling environment is explained<sup>11</sup>.

### What is the enabling environment?

People's journey through the behaviour change spiral is not dependent just on their own desires. The changes they make occur within the broader setting in which they live. Each setting, or 'environment' has a range of influential features including:

- social
- cultural
- ethical and spiritual
- legal
- political
- resources.

These features surround a person in the same way as the physical environment surrounds a crop (see box below). A range of influential features in the *environment* must be in place to *enable* a person to change. The reliance on certain features will vary from person to person and be specific to the kind of behaviour change they are undertaking. The enabling environment is itself subject to various influences and can also keep changing.

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<sup>11</sup> Suggested reading: T Klouda, (1995) Responding to AIDS: are there any appropriate development and health policies? *Journal of International Development* 7(3): 467-487

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One way to understand the enabling environment is to think about the growing of crops. Starting with seeds, a crop will grow only if:

- the soil is right
- there is adequate water
- the weather is appropriate for that crop
- the right fertilisers are used
- large farm animals are kept away so they cannot trample the crop
- floods are kept out
- fires are prevented
- humans act to ensure all these things are in place.

If any aspect of the environment is inadequate then the crop yield may be low or fail altogether, even if the seeds are of prime quality.

In similar ways, people's behaviour is influenced by the environment. Even when they intend to behave in certain ways, this may or may not be possible.

Thus, we talk about an *enabling environment*: an environment enabling people to practise health-enhancing behaviours.

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## Enablers and barriers

Behaviour change can sometimes be facilitated, and sometimes hindered, by influential features of a given environment. The features of the environment can assist change through providing encouragement or through ensuring the availability of necessary resources.

However, features of an environment that enables change for some people might be barriers to change for others. In the following review of environmental features, some can be considered as enablers or barriers at different times: how they affect change will differ in each specific situation.

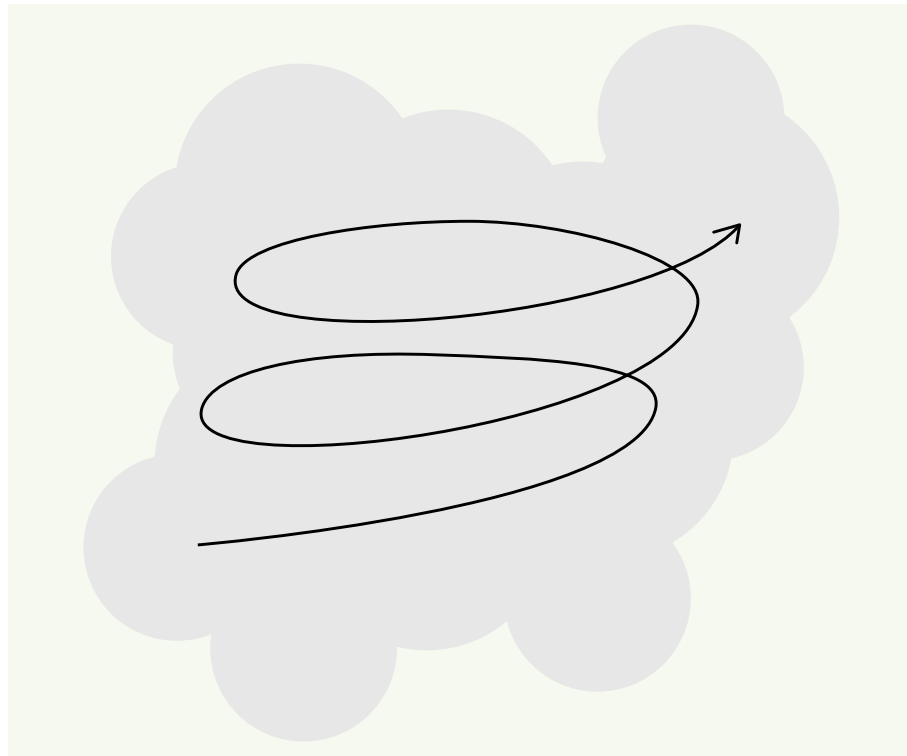
## Influential features of the enabling environment

### **Social features**

*Social features* of the enabling environment include the relationships a person has with others and the ways these relationships are experienced.

Each interaction with others in each stage of change is based upon relationships. Some relationships are personal, such as those between spouses or close friends. Others are more functional, such as the relationships customers have with shop assistants, or drivers have with police.

Other social features of an environment include people's experiences of the benefits or disadvantages of class, age, gender, geographical location and economic development. What are the roles a person is expected to play out? How does a person perform these roles? What opportunities are available? What social changes are now taking place?



**The spiral of behaviour change in the enabling environment**

### **Cultural features**

*Cultural features* of the enabling environment reflect what behaviours or attitudes are acceptable in given contexts. In all cultures there are strong but unwritten rules about who a person can have sex with and what sexual practices are possible. In most societies it is acceptable to talk about sex with certain people at certain times, but not with all people or in all places. In most cultures payment for sex is permitted yet not easily discussed. In many cultures there is women's talk and men's talk. There are public discussions and private conversations. In some cultures different types of drugs are available by prescription or on the streets, and some drugs may be used but not spoken about. Who makes legitimate pleasure in a culture and how is this learnt and practised? All these sorts of influences are part of the *cultural environment*, and this affects how and when people move through behaviour change.

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### **Ethical and spiritual features**

*Ethical and spiritual features* of the enabling environment arise from the importance of personal and shared values, as well as discussion about beliefs and moral systems. They reflect connections between people as they live in relationship with each other and in community. Ethical and spiritual features of the environment may also include rituals and rites of passage practised in families and societies. Religious authorities can condone certain behaviours and provide a moral background against which behaviours and consequences can be tested. In some cultures religious prohibitions have a powerful influence on the enabling environment. In others, limitations on religious belief or expression may be a barrier to people's ability to contemplate, talk about or undertake behaviour change.

### **Legal features**

*Legal features* of the enabling environment include laws to determine what people can do. They also include procedures, which encourage observance of those laws. Such laws may apply to:

- sexual activities
- permissible drugs
- who can administer drugs
- prohibited drugs and how they are taken
- availability and distribution of condoms, needles and syringes
- the selling of sexual favours
- freedom of access to information
- discrimination
- the acceptability of advertising and other educational strategies.

Laws often indicate what a society regards as acceptable behaviour. This is sometimes enforced more through social or peer pressure than through punitive measures.

Laws prohibiting certain behaviours or seek to control them with punitive measures can work against behaviour change. For example, the illegal nature of recreational drug use can lead to people hiding their own drug use, preferring to inject drugs rather than risk detection through the smell of smoking, yet injecting carries a high risk of HIV transmission through the sharing of injecting equipment.

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On the other hand, laws permitting certain behaviours can assist behaviour change. For example, in places where sex work is legal but regulated, sex workers have found it easier to hold HIV education sessions, talk to one another openly, and support each other's efforts to change the unsafe sexual behaviour of clients.

### **Political features**

*Political features* of the enabling environment are based on the systems of governance in each setting. "Governance" refers to the way communities and nations make decisions affecting everyone. UNDP has identified that human development works best when good governance promotes growth and interaction between three sectors: the state, the private sector and civil society.

The political features of the enabling environment can affect people's ability to access information, take risks, develop innovative responses, and work across sectors to organise coordinated responses to the challenges of the HIV epidemic. For example:

- Some nations have democratic systems enabling community groups to influence public policy and law making. In some countries, this has enabled groups of people affected by HIV, such as gay communities, to pressure governments to make improvements to the enabling environment.
- Some areas are politically unstable. This can make it hard for governments and others to control expansion of the drug industry, and thus make it more likely that young people will start injecting various drugs, sharing injecting equipment and becoming infected with HIV. In such regions, strategies to reduce HIV transmission may need to be very different to strategies used in other regions.
- In some areas tensions, open conflicts or wars can influence HIV-related behaviour. They can make it difficult for people to buy condoms, while simultaneously making it easier for people to have casual sex; for example, by promoting mobility of young men as soldiers, or by breaking up families. Again, new strategies will have to be developed if HIV transmission is to be curtailed in such challenging, yet all too common, circumstances.

- In some areas restrictive regimes control many aspects of people's lives. This might make casual sex or drug use more difficult, but also make it harder for communities to talk together and find innovative solutions to the challenges of the HIV epidemic.
- The political features of the environment can impose limits on access to information for some people, such as young people, and thus make it difficult for them to find out what they need to know to prevent HIV transmission.

#### Resource features

*Resource features* of the enabling environment can affect what is required to make things happen. Such features can include:

- The availability of condoms and the ease of obtaining them. In some places condoms are available only to married partners, or only to adults. This presents barriers to behaviour change for others including young people, homosexually active men, and married women and men who also have other sexual partners.
- The availability of clean needles and syringes for people who inject drugs. A drug user who has decided to avoid sharing needles will find this impossible if clean equipment is not available. This is most often the case in rural areas and in prisons.
- Human resources – volunteers, paid staff, government officials, village heads – who may or may not be engaged in promoting responses to the HIV epidemic.
- Financial resources – grants, loans, per diems – are often considered essential for HIV programs. Yet the most effective programs are those that are *sustainable*, and sustainability is more likely when programs are designed requiring just the use of existing community resources.
- Information resources. If people don't know about HIV, or what responses are possible, they will be unable to take action.

Sometimes resources are available but not everyone has equal access to them. This can mean change is easier for some than for others.

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## The evolving enabling environment

The environment must enable people to go through stages of behaviour change at the times most appropriate for them. People adapt their behaviour as the environment changes. They have an impact on the environment and, once change begins, this influences other people's needs and desires. Thus the enabling environment keeps changing too. The features making up the enabling environment are numerous and complex. What enables or hinders behaviour change may differ from place to place and from person to person.

It is not always possible to anticipate desired changes, and often people will only come to understand the features of their own environment only once they reach the *preparation* stage of behaviour change.

Before behaviour change can take place, people often find that it is important to bring about changes so that their own environment becomes an *enabling environment*. Some ways to influence the environment are explained in the next section.

## 5. Capacity development

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The enabling environment does not exist just by chance. It is created and adapted by the people who live in it. This ensures that the environment enables desired changes and hinders others. While some have more influence than others, people use various means to adapt and improve their own environments. The processes used to adapt the enabling environment can be described as *capacity development*: People develop their individual and collective capacity to influence their own environments and thus to bring about change. In this section the concept of capacity development will be discussed in relation to HIV<sup>12</sup>.

### Capacities of interest

‘Capacity development’ is about developing and enhancing the capacity of individuals, families, communities and nations to respond to issues that concern them. The combination of a range of human endeavours makes up capacity to respond. These endeavours include people’s capacity to:

- form and enhance relationships
- learn from one another
- identify common concerns
- collectively solve problems
- develop policies
- implement various programs
- conduct research
- enact laws and encourage observance of those laws
- build consensus
- form networks to address specific concerns
- work collaboratively within networks
- create, and respond to, cultural and social change
- improve quality of life of the whole community
- build and sustain a sense of hope.

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12 Suggested reading: T Banuri, G Hyden, C Juma, M Rivera, (1994) *Sustainable human development: from concept to operation, a guide for the practitioner*. New York, UNDP  
J Secker, E Wimbush, J Watson, K Milburn, (1995) Qualitative methods in health promotion research: some criteria for quality. *Health Education Journal*, 54: 74-87  
United Nations Development Programme, (1994) *Capacity development: lessons of experience and guiding principles*. New York, UNDP

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## Capacity development and behaviour change

In the context of behaviour change, people can use their collective capacity to modify the environment so that it enables desirable change. To do this, they will most often use the above processes. In addition, specific communities may also use other processes appropriate to their own needs.

People often need to develop better understanding of new problems before they determine which processes to use in order to respond to those problems. Therefore, capacity development often starts with processes that enhance understanding.

## Developing existing capacities

Capacity development is about *developing existing capacity*. All communities already have the capacity to address problems. Capacity development builds on existing factors such as:

- previous experience, skills and knowledge within the community
- an ability to develop new understandings of old concerns
- an ability to use existing effective strategies to respond to new concerns
- an ability to develop the capacity to address new concerns, by learning from others who already understand those concerns.

## Ways to modify the enabling environment

The ability to modify enabling environments involves many processes and action by the whole community, including:

- community learning
- community development
- law making
- policy development
- program delivery
- strategies specific to particular communities.

As people develop their shared capacity to modify enabling environments, these environments can continually be adapted to enable people to understand and respond to newly identified concerns.

## Capacity development and HIV

When considering HIV, capacity development commences with understanding the impact of HIV and then developing the capacity to respond appropriately. For example, people might not acknowledge that there is an HIV epidemic within their community. They might know about an epidemic but have no experience of it and therefore no understanding. Many people report a response to HIV only *after* they have had an emotional reaction which has personalised HIV for them.

Sometimes use of existing capacities can help people to understand the epidemic and to modify their own environments. For example:

- gay communities in some wealthy countries have used existing political processes and organisations to develop education programs
- religious networks have developed community-based care for people ill with AIDS and to care for the dependents of those who die
- many communities work with governments and police to develop prevention strategies which enable injecting drug users to either cease using or to inject only with clean needles and syringes.

These examples demonstrate the ability of people closely affected by HIV to develop their capacity to respond appropriately by modifying their own environments.

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## The capacity of the community to change

The capacity to achieve change cannot be imposed or taught. It must come from within each community and nation. Each community will need to develop its own capacity to respond and to set priorities based on its own understanding of HIV. Locally based action from highly motivated groups can often produce very effective solutions to the problems of HIV.

Creativity and imagination are important ingredients in capacity development. An all-inclusive approach that recognises and affirms the strengths and wisdom of a community will enhance the capacity to change and the sense of community. In time, developing capacity to respond to the HIV epidemic will enhance the capacity to respond to other issues.

Some ways that programs can be used to develop capacity in individuals and communities are discussed in the next section.

## 6. The role of programs

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This section outlines the role of programs in facilitating behaviour change. It brings together the ideas introduced in previous sections, within a single framework. It shows how these ideas relate to one another and suggests ways to proceed with program design.

### Program goals within a framework for understanding behaviour change

The way programs can contribute to behaviour change can be understood when the different components of the previous section are put together in one framework:

Behaviour change is different for every person, and does not occur in one step. People move through **stages of change** in their own ways and in their own time.

- The **enabling environment** influence people's process through the stages of change.
- People adapt and improve the enabling environment through individual and collective **capacity development**.
- The crucial goal for any program, then, is **to enhance people's capacity to modify their environment so that it enables movement through the various stages of change**.

### How can programs enhance people's capacity?

People will only use their existing capacities to respond to the HIV epidemic if:

- they know about HIV
- they reflect on how it relates to their own lives, and decide that it is important to them
- they decide to take action to modify the environment, or to start moving through their own behaviour change spirals
- they work together to build consensus when there are different options available to them.

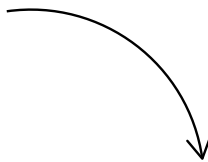
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Effective programs to facilitate responses to the HIV epidemic must support each of these processes: increasing knowledge, reflection, environmental change, behaviour change which makes sense to people, and consensus-building.

This is different to the emphasis of many programs, which focus on delivery of information and promotion of pre-determined options for behaviour change. One way to illustrate this is as follows:

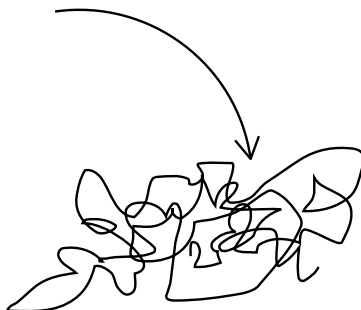
A program might have, as one goal, the delivery of new information.

But it is equally important that the program helps people to deal with that new information, by supporting processes of learning, reflection, dialogue, problem solving, consensus



building, and providing support to one another.

The processes illustrated in this diagram by the squiggly lines represent the complexity of people's processes for relating to



one another, learning, solving problems and building consensus. It is these processes, which differ in each setting, that programs need to support and develop.

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## Understanding the program setting

For a program to support the development of relevant capacities, the program designers need first to learn about how these processes already work in the given setting. What needs to be understood is suggested through the framework presented in this guide. For example, program designers need to learn about:

- Stages of behaviour change. *How does change usually come about in this setting?*
- The nature of the enabling environment in this setting. *What aspects of the existing environment are likely to enable or hinder change?*
- The existing capacities of the people within this setting, both as individuals and collectively. *What capacities to people already use to influence their environment here?*
- The work already done, or being done, through other programs. *What is already being done through other HIV programs?*

Various means may be used to find answers to these questions:

- Finding out what others know already, by talking to the people who run other programs: programs relating to HIV, and programs promoting sustainable human development in general. Much useful information can be gathered through talking with local NGOs, international NGOs and UN agencies operating in the same setting as your own program.
- Conducting special research specific to the program's objectives. This might take the form of needs assessment, behavioural research, policy research, cultural studies or other formal types of research. Agencies other than your own may be able to assist with such research. Remember, within the framework for understanding behaviour change, research about how people use their capacity to promote sustainable human development may be more useful than research focusing just on individuals' behaviour.
- Conducting workshops specifically for the purpose of program design, in which participants work together to answer the relevant questions. The **workshop outline** attached to this guidebook can be used to work with the people who live in each setting to help them, together, to decide what the program should now do.

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The people who can best answer these questions are those who live in the program's given setting. In fact, interaction with those people is the most crucial starting point for any program.

## Programs as interactions

Who might best understand what is needed? Who might have the capacity to bring about change? Who are the first people a program should work with?

Three groups of people are important here.

First, the people whose lives will be affected by the program.

These include:

- people living with HIV
- people who are likely to be vulnerable to HIV infection
- people who are close to each of these groups (their families, friends and work colleagues).

Second, the people who are initially likely to have a large influence in making changes to the enabling environment.

These include:

- people with influence in the community (community leaders, government officials)
- people who understand how the community works (traditional healers, religious leaders, researchers).

Third, the people conducting other programs in the same setting.

The key to beginning to design programs is for program designers to interact with all of these people. The key to moving further is for the program to support those people's interactions with others. In fact, interaction is the central component of successful programs.

A program can be considered as a series of interactions between people, occurring as a result of conscious design and intent.

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Think about the types of programs most often used in facilitating responses to the HIV epidemic. These include:

- mass communication programs
- peer education, or “friend talks to friend” programs
- research programs
- programs to support strategic planning and policy development
- programs to encourage and facilitate networking amongst NGOs, people living with HIV, and other groups with obvious common concerns
- conferences
- programs to provide counselling services.

In all these cases, people are encouraged to become engaged in responding to the challenges of the HIV epidemic. They are encouraged through various means, all of which involve interaction with others.

People interact with each other through:

- networks of families, friends and colleagues in the workplace
- meetings
- seminars
- use of safe spaces to hold confidential discussions, including counselling
- group settings such as peer education workshops
- telephone conversations
- use of computer networks and faxes
- use of mass media – print, radio, television – through which many people access the thoughts of a few
- story telling, which can occur in many ways and is often an important part of a community’s capacity for discussion, reflection and problem-solving.

Through different types of interaction, the capacity of the community to respond to the HIV epidemic is enhanced. The most useful programming processes are those that:

- bring people together
- provide safe spaces for reflection and sharing
- build relationships
- encourage the development of responses based on personal experiences, abilities and perceptions.

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## How common types of HIV programs can work to develop capacity

There are many processes being used to address the challenges of the HIV epidemic. Each of the most common types of programs can be used to develop the capacity of individuals, families, communities or nations. This section does not attempt to provide a “how to” guide for using different types of programs: such information is readily available elsewhere (see, for example, the UNAIDS website on the internet). Rather, it outlines here some of the most common types of programs and suggests how to ensure that they are used to develop capacity. It is only when programs are used to develop capacity that they fit within this framework for facilitating sustainable behaviour change.

### Mass communication programs (IEC)

The most successful mass communication programs do more than just provide information. This is why they are often called IEC programs (Information, Education and Communication). The term IEC emphasises the processes through which people come together and decide how to make sense of the new information and incorporate it into their lives. They might be encouraged to do this through individual reflection or community discussion.

IEC programs are most effective when:

- they promote responses that lead to community discussion and learning; one way to do this is to include questions in the mass produced materials, rather than just information and orders.
- they acknowledge the importance of the **stages of change**; this means making sure that information is available when people need it, not just when program designers think they “need” it – this requires presenting information continuously.
- they “put issues on the agenda”, or draw people’s attention to new issues; once issues are on the community agenda, people will find their own best ways for talking about them and making sense of them.

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Mass communication programs, then, are most useful when they involve constant interaction with the people whose lives are affected by them, and when complementary processes are used to ensure that community discussion follows the dissemination of information. The theories of social marketing, which have undergone substantial development over the last ten years, provide useful guidelines for developing mass communication programs<sup>13</sup>.

**Peer education, or “friend talks to friend” programs**

Peer education has been described as “the process of training ‘peers’ (ordinary members of a given population) to undertake, usually on a voluntary basis, educational and other activities related to a project among their fellows”<sup>14</sup>.

Peer education is often used to disseminate information or “life skills” to specific groups of people, usually those vulnerable to HIV infection (such as young people, sex workers, drug users or homosexual men) or people living with HIV. It can also be used to facilitate:

- problem-solving amongst participants, so that they learn together how they will best respond to HIV within their own settings
- emotional understanding and reflection, in ways which lead to better understanding of information about HIV
- sharing of experiences, including experiences of how behaviour change comes about
- community discussion amongst those who do not themselves participate in the peer education groups (for example, through promoting discussion amongst participants about how they will talk with others)
- identification of some participants as social change agents or opinion-leaders within their own settings.

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<sup>13</sup> These theories are clearly explained in: AR Andreasen, (1995) *Marketing social change: changing behaviour to promote health, social development, and the environment*. San Francisco, Jossey-Bass

<sup>14</sup> T Kwarteng, R Moodie, W Holmes, (Eds) (1999) *Community Action on HIV: a resource manual for HIV prevention and care. Second Edition*. Melbourne, Macfarlane Burnet Centre for Medical Research

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### Research programs

Research is often used by programmers to find out about *other* people's knowledge, attitudes and behaviours. This is not usually consistent with this framework for facilitating sustainable behaviour change. It is based on the assumption that the "experts" are those who conduct research and design programs, and the "targets" are the people who the program will try to influence. Think about whom understands your own life best, and consider whether you would want to be a "target".

Research to inform programs to facilitate sustainable behaviour change has a different starting point: the inclusion of those people whose lives are affected in deciding what questions need to be answered to help them develop their own capacity to bring about change.

This is not to say that formal research is unnecessary. Once people decide what needs to be understood, the skills of researchers can be very useful. As well as expertise in research methods, skilled researchers can inform program designers of what is already understood, what theories are relevant to the problems they are trying to solve, what new information needs to be gathered, and what types of analysis and interpretation are likely to be most useful.

Research builds capacity when it helps clarify how processes of change can be supported in a given setting. This is most likely to come about when researchers and the people whose lives are affected work together. They can describe what is already known, identify what further research will be useful, collect new information (quantitative or qualitative data), analyse that data and draw conclusions about what might now work best in that given setting.

Recognising the value of such partnerships in promoting useful research, some researchers now run workshops in research design. Through these workshops, program designers and groups of people in different settings can go through the steps of working out what research might be necessary or useful.

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15 UNAIDS, (1998) *Guide to the strategic planning process for a national response to HIV/AIDS*. (4 sections). UNAIDS Best Practice Collection, Geneva

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### **Programs to support strategic planning and policy development**

Planning and policy development can be facilitated through specific programs, especially the development of national strategies to respond to the challenges of the HIV epidemic. These programs can work to build capacity, through facilitating discussions about what might be most useful in a given setting at a specific time and supporting processes through which people can build consensus about what to do.

Recognising that there is no set plan which will work in every country, UNAIDS has recently published a set of guidelines for strategic planning in response to the HIV epidemic.<sup>15</sup> This set of guidelines suggests issues to consider, consistent with this framework for understanding sustainable behaviour change. For example, it suggests that planning include:

- Situation analysis: an analysis of what is going on in the given country at the current time, including consideration of the extent of HIV infection but also consideration of how people are responding to various challenges of the HIV epidemic.
- Response analysis: an analysis of what current responses are occurring, including consideration of formal programs, informal responses and current planning processes.

Each country, province, or organisation will have its own set ways of conducting planning and developing strategic responses to new and challenging issues. The processes for strategic planning aim to build on these existing capacities for planning, rather than replace them with some “new” type of plan relevant only to HIV.

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**Programs to encourage and facilitate networking amongst NGOs, people living with HIV, and other groups with obvious common concerns**

The capacity to respond to the HIV epidemic is often limited by the sense of isolation experienced by many affected people, not by lack of knowledge or skills. Bringing people together to share, reflect and plan can be more effective than bringing in outside experts to tell people what to do. The processes of networking can lead to the identification of existing capacities. The sharing of understanding can lead to the development of ongoing activities. Activities that grow out of people's sharing of their own experiences and understandings will be directly relevant, and they can change over time as people's experiences and understanding evolves.

**Conferences**

Conferences are a type of "program" to enable people from different places to interact and learn from and with each other. As with research, conferences can be closed affairs dominated by "experts" with professional skills, or they can be inclusive of the people whose lives are affected by the discussions held.

Conferences develop capacity when they provide space for people to share their lived experience and thus build confidence, understanding, and shared meanings about issues to be addressed in the forthcoming period. Such conferences include the ongoing series of Conferences on HIV/AIDS in the Asia/Pacific Region, which bring together technical experts from many fields as well as people living with HIV, NGOs working with vulnerable populations and government representatives who are interested in HIV. They also include the International Conferences of People living with HIV/AIDS. These conferences promote the exchange of experiences about how the epidemic affects people in different countries. In addition, people share the development of strategies to promote human rights and enable greater involvement of people living with HIV in the responses to various challenges presented by the epidemic.

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### **Programs to provide counselling services**

Many HIV programs provide services, including counselling services. Counselling is often reported as a useful factor influencing people's decision to change their behaviour and their ability to do so.

Counselling is a process through which people can talk about issues that concern them, with someone who they trust, in a safe space. In professional counselling, the counsellor is well informed about the issues of concern.

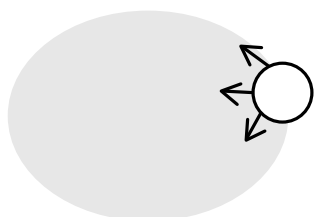
In many countries, this means a private session with a qualified professional counsellor. It sometimes means group counselling sessions facilitated by professional counsellors. But counselling, considered in this framework, might take place in other circumstances. In some places, it is not usual for people to visit professionals for counselling. But it is most often the case that there are "safe spaces" in which people can talk openly about their concerns with people whom they trust. This might include within families, with religious leaders, with traditional healers, or with work colleagues.

Within this framework, the starting point for designing counselling programs is to find out where and how such "safe spaces" already occur. The aim of the program, then, will be either to ensure that the people being consulted are well informed about HIV and other related issues, or to find ways to make such safe spaces more accessible to more people.

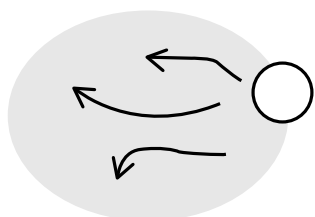
## Seeing any one program in context

Remember, the goal of the program is *to enhance people's capacity to modify their environment so that it enables movement through stages of change*. But a program need not interact with all people all of the time.

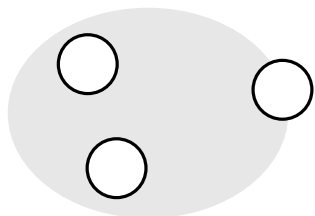
There are many different types of programs in HIV. Some of these are outlined below. It is, however, most often possible for a given organisation to implement only one program at a time. So, you need to consider where you fit within the overall context, what resources might be available, and what others are doing.



A single program can only interact with a limited number of people in a given setting.



Those people will draw on their own capacity to modify the enabling environment.



Improvements to the enabling environment will complement what is achieved through other programs operating in the same setting.



The net effect will be improvements in all people's knowledge, learning skills, reflections, dialogue and abilities to build consensus and support each other.

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## Deciding what a program will do

This section has brought together the components of the guidebook into a framework for designing programs. It has outlined components of the framework, suggested ways to think about the nature of programs, suggested the key people to work with in each setting, and discussed how some of the most commonly used programming options can be best used within the framework.

The framework is flexible, as there are different ways to go about building relationships and building understanding of what needs to be understood in each setting. But what needs to be understood in each setting is consistent: the way change comes about generally, the nature of the enabling environment, and the existing capacities of the people and organisations within the setting.

A summary of the framework and steps to take in program design is included in the final section.

## 7. Summary of the framework and steps to take in program design

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This guidebook has outlined a framework for understanding how sustainable behaviour change comes about and how programs can influence change. The framework can be used to design programs that take account of local needs for behaviour change, enabling environments and existing capacities. This final section summarises the framework and the steps recommended for program design.

The framework is summarised as follows:

- Behaviour change is different for every person, and does not occur in one step. People move through **stages of change** in their own ways and in their own time.
- The **enabling environment** influence people's process through the stages of change
- People adapt and improve the enabling environment through individual and collective **capacity development**
- The crucial goal for any program, then, is **to enhance people's capacity to modify their environment so that it enables movement through the various stages of change.**

In addition, this guidebook has suggested a way of thinking about the nature of programs:

A program can be considered as a series of interactions between people, occurring as a result of conscious design and intent.

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As suggested by this framework, the steps to designing effective programs are:

1. Interact with the relevant people:
  - The people whose lives will be affected by the program
  - The people most likely to have a large influence in making changes to the enabling environment
  - The people running other programs in the same setting.
2. Work with them to develop better understanding of
  - How does change usually come about in this setting?
  - What aspects of the existing environment are likely to enable or hinder change?
  - What capacities do people already use to influence their environment here?
  - What is already being done through other HIV programs?

(The *workshop outline* attached to this guidebook suggests a process for a two-day workshop. Of course, there are other ways to answer these questions including research, reading relevant documents, talking with those who run other programs, and talking with other “key informants” in the community).
3. Decide what is needed to complement existing capacities and improve the existing enabling environment for those who are likely to benefit from behaviour change. What is needed will become clear as the answers to the above questions are found.
4. Decide what *type* of program is most likely to provide what is needed. Section 6 of this guidebook suggests some often-used programming options.
5. Learn more about the chosen programming option. Many resources are now available about each programming option. Suggestions can be found at the UNAIDS website, or through talking with people working in health promotion, sustainable human development and other relevant fields.
6. Implement the program you have chosen.

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## Contributing to global capacity to understand and respond to the HIV epidemic

No single program will work for all people in all settings. This is because the HIV epidemic is entwined with changing variables including cultures, beliefs, economies, political situations and types of development practice. The HIV epidemic will therefore have different effects on the individuals, families and communities who live in each different setting.

However, there are some common issues worth considering when working out what to do in each setting. These common issues focus on the need to understand the nature of each setting *before* deciding what sorts of programming methods to use. This guidebook has outlined those issues and suggested ways of proceeding.

Programs do not occur in isolation. Different sorts of programs will work in different situations, and it is important to think carefully about what is most needed before rushing in with pre-conceived solutions to complex and context-specific problems. A better understanding of behaviour change should result in more effective responses to the HIV epidemic. The most effective responses are those through which people work to address their own concerns in their own specific settings.

As the epidemic continues to evolve, so does understanding of the complex components that make effective responses possible. The framework presented in this guidebook is part of that evolution of understanding. Programs designed using this framework will take the whole process an important step further.

# Facilitating sustainable behaviour change

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A workshop outline

# Introduction

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In the first part of this resource, *Facilitating sustainable behaviour change: a guidebook for designing HIV programs*, the following four questions were suggested as a way of understanding how programs can be used to facilitate sustainable behaviour change:

- How does change usually come about in your program setting?
- What aspects of the existing environment are likely to enable or hinder change?
- What capacities do people already use to influence their environment here?
- What is already being done through other HIV programs?

This Workshop Outline offers a series of exercises to enable those involved in program design to answer the above questions. From this you can gain an understanding of the steps and the processes involved and then apply this to the development of your own programs.

The writers have assumed that the people using it will have experience in facilitation and an understanding of group process. It is offered as a flexible resource, not as a fixed program. Thus, it need not just be used as a complete workshop in itself. Rather, facilitators are urged to adapt the suggested outline to fit into the processes considered most useful to address program planning needs in their own contexts.

The Workshop Outline is divided into nine sessions over two days, including evaluation sessions at the end of each day. For each session, the aims and objectives, expected outcomes and occasional notes are provided to assist facilitators to run their own workshops. To do this, it is important that facilitators first become familiar with the relevant sections of the guidebook. The evaluation sessions are integral to the learning that will take place during the workshop, so adequate time needs to be made available for these sessions.

## Day One

- Session 1: Building relationships
- Session 2: The use of analogies and frameworks
- Session 3: Behaviour change models
- Session 4: Environment – enabling change to happen
- Session 5: Evaluation of first day: process and practice

## Day Two

- Session 6: Recap on Day One
- Session 7: Capacity development
- Session 8: The role of programs
- Session 9: Evaluation of the workshop

# Day 1 Session 1: Building relationships

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*(This exercise, adapted from an exercise called, “Levelling Expectations”, has often been featured in workshops conducted by NGOs in the Philippines, and was used in consultative workshops in the preparation of the Philippines National HIV/AIDS Strategy.)*

- AIM** Build and maintain relationships for workshop participants and facilitators.
- OBJECTIVE 1** Enhance existing relationships and to establish new networks.
- OBJECTIVE 2** Create a safe space for sharing.
- OBJECTIVE 3** Enable participants to share something of themselves.
- OBJECTIVE 4** Clarify participants’ and facilitators’ expectations of workshop.
- EXPECTED OUTCOMES** At the end of this session, participants can expect to:
- renew and extend networks and relationships already established
  - establish new relationships
  - develop an understanding of expectations of the workshop.
- STRATEGY** Participatory exercises and sharing, especially through discussing expectations.
- TIME** 60 minutes
- MATERIALS** Coloured cards, pin/white boards
- ACTIVITY** 1. Introductions:  
Each person (including the facilitator) talks for one minute about  
*“Who I am and where I come from”*.

2. Expectations:  
Each participant writes with a felt tip pen, on four differently coloured cards (one for each topic), their answers to the following questions, introduced one at a time by a facilitator.
  - *What do you expect of the facilitators?*
  - *What issues do you expect will be discussed?*
  - *What do you expect from other participants?*
  - *What do you hope will not happen?*
3. Place the cards on a white board or pin board or the wall in four groups (one group for each question).
4. Each person has one minute to explain his or her words to the group.
5. Summary (include explaining what we have just done and why).

**NOTES FOR FACILITATORS**  
**SESSION 1: BUILDING RELATIONSHIPS**

Any exercise that introduces participants one to another could be used.

For the expectation exercise using very bright coloured cards or coloured papers works well. Once on the wall, the colours create a more positive atmosphere.

The exercise is easily adapted: eg. different questions and methods might be used to help the group consider the expectations written down.

# Day 1 Session 2: The use of analogies and frameworks

- AIM** To ensure that participants understand the concepts of “analogies” and “frameworks”.
- OBJECTIVE** To explain these two concepts in whatever way is best understood by participants.
- EXPECTED OUTCOMES** At the end of this session, it is expected that participants will:
- understand these two concepts
  - understand why the workshop relies on these two concepts
  - understand why the workshop will include use of both lectures and participatory exercises.
- STRATEGY** Short lecture
- TIME** 15 minutes
- ACTIVITY** (LECTURE NOTES: TO BE ADAPTED INTO THE FACILITATOR'S OWN WORDS)  
The aim of this workshop is to enhance understanding. We are seeking to understand change:
- how individuals change
  - how communities change
  - how HIV-related change occurs.
- HIV-related behaviour change is similar to other types of behaviour change. But HIV is different in each setting: its causes, its incidence, and its impact.
- Therefore, to understand how HIV-related behaviour change comes about, it is important to start with developing a better understanding of how change-in-general comes about in each setting.
- To understand how change-in-general comes about in a particular setting, you can work from your own experiences, which can be understood through exploring some of your own stories. This is what we will be doing in the next sessions of the workshop.
- Once change-in-general is understood, that understanding can be used as the basis for a “framework” for understanding HIV-related behaviour change. The idea is similar to (ie. an analogy) the way a framework might be the starting point for a new building. While each building has a framework (say, a steel framework for a skyscraper), the outside facade will be different, and what goes on in each building will also vary.

In this workshop, analogies will be used to help participants understand how one type of behaviour change might be analogous to another.

#### NOTES FOR FACILITATORS

##### SESSION 2: USE OF ANALOGIES AND FRAMEWORKS

These two concepts, “analogies” and “frameworks”, are used repeatedly during this workshop. It is therefore important that participants understand them. However, it might not always be necessary to use the exact words, “analogy” and “framework”. There might be other ways of describing these two concepts. The two concepts are important because:

“Analogies” The structure of the workshop is based on the idea that there are analogies between change in general, people’s own experiences of change, and HIV-related behaviour change. Through understanding how change comes about in general, it will be easier for participants to identify and understand how HIV-related change might come about in their own settings. If these ideas are not made clear, participants may be confused about the associations between these types of change, and therefore find it hard to make sense of the workshop.

“Frameworks” The workshop aims to help people understand the framework for behaviour change presented in this resource booklet. The framework can only be applied if participants fill the gaps with reference to their own life settings. Explaining the concept of “frameworks” at this stage will help participants to understand why the workshop relies on a mixture of lectures and participatory methods: both are needed in order to ensure that the framework is understood and that participants can make use of the framework.

The notes provided here should be used as guidelines. Facilitators should make up their own lecture notes, diagrams, overheads, etc., based on their understanding of how these concepts might best be explained to the particular group doing the workshop.

Working across cultural or language barriers, it may be useful to ask participants to explain the concepts back to the facilitator.

# Day 1 Session 3: Behaviour change models

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(Review Sections 2 & 3 of the guidebook, *Facilitating sustainable behaviour change*)

- AIM** Introduce a behaviour change model for use in community health promotion.
- OBJECTIVE 1** Explain behaviour change models.
- OBJECTIVE 2** Introduce the spiral of behaviour change.
- EXPECTED OUTCOMES** At the end of this session, it is expected that participants will have:
- an introduction to the spiral of behaviour change
  - explored the processes that motivate and reinforce behaviour change
  - an understanding of why conventional behaviour change models have limited effectiveness
  - begun to explore some personal experiences of change
  - an introduction to the concept of interpretation.
- STRATEGY** Participatory exercise followed by lecture
- TIME** 90 minutes
- ACTIVITY** **THREE SECTIONS, EACH 30 MINUTES**
1. Personal change story and key elements:
    - Explain exercise in full
    - Break into pairs (various methods possible to match pairs)
    - In pairs, each person describes “one positive change that happened in your life in the past three years” (5-10 minutes)
    - Partner records three words to explain what the story is about
    - Repeat, with the other partner in each pair telling their story of change
    - Report back to group: one minute for each story, in first language of participants, and put the paper with three words on the board/wall.
  2. Introduce and explain behaviour change models:
    - reject standard model (base lecture on Section 2 of the guidebook) (10 minutes)
    - introduce stages in the spiral of behaviour change (base lecture on Section 3 of the guidebook) (20 minutes)

### 3. Processes of behaviour change

- In the same pairs as above ask each other the question (10 minutes)
- “What were the motivating factors that helped bring about the change?”
- Partner records two or three words to summarise these motivating factors
- Report back and write the motivating factors on the white board (10 minutes)
- As a plenary exercise group the feeling responses into categories (10 minutes)

In this exercise (Session 3) the intention is to look for feeling responses to highlight the various processes that motivate and reinforce behaviour change. See the box on page 14 of the guidebook, **Facilitating sustainable behaviour change**.

# Day 1 Session 4: Environment – enabling change to happen

A workshop  
outline

53

(Review Section 4 of the guidebook, *Facilitating sustainable behaviour change*)

- AIM** Gain an understanding of what enables change to happen in the community.
- OBJECTIVE** Explore features of the environment that enable or hinder change.
- EXPECTED OUTCOMES** At the end of this session participants will have an understanding of an enabling environment.
- STRATEGY** Brainstorming in full group, lecture, buzz groups
- TIME** 90 minutes
- MATERIALS** Grains of rice
- ACTIVITY 1** (BRAINSTORM AND EXPLANATIONS: 45 MINUTES)  
HOW DO WE GET RICE?
1. Explain analogies: we will explore how rice grows, then explore some of our own stories, to help us understand the concept of the enabling environment.
  2. Ask participants to brainstorm answers to the question, “How does rice grow?”
  3. What is required in the environment to enable the rice to grow?
  4. What in the environment can be a barrier to the growing of rice?
  5. Short lecture, to explain the concept of the enabling environment (based on the guidebook).

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**ACTIVITY 2 (EXPLORE ENABLING ENVIRONMENT IN PAIRS, THEN IN SMALL GROUPS)**

6. Review the personal change story of last session in pairs:  
“What enabled the change in your story?”
7. Each person lists on their own note paper three things that enabled the change to take place (in language of choice).
8. Participants each place three words on a large board, each in different randomly chosen places on the board, in language of their choice (using one coloured pen if they choose to write in English, another coloured pen if they use another language). After all have done this, the group translates each word into the other language being used: thus, the board is covered with words in two languages.

The facilitator may draw attention to the fact that these are all words to describe what enables change to take place in this group's setting. Also draw attention to the use of analogies: these are words to describe factors that enable a range of different types of change.

The facilitator draws attention to the following:

- the similarities between the words used to describe what enabled the various changes
  - that words used to describe information, teaching and directing are only part of the complete picture of what enables change.
9. Discuss the enabling environment for change in the community, using the lists of enablers in rice story and the personal change story.
  10. Have the list of enablers/barriers at hand.
  11. Summarise.

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**NOTES FOR FACILITATORS FOR SESSION 4:  
ENVIRONMENT – ENABLING CHANGE TO HAPPEN**

Questions provide the means of opening up people's experience and understanding and create a dialogue to help build relationships and enhance empathy between people. Asking the right questions is as important as what is asked. Questions that are open-ended invite more in-depth responses than closed questions. For example, questions that invite a yes/no answer are not very helpful (e.g. "Did you enjoy the experience?" often results in a yes/no answer. But a question phrased as "What did you enjoy about the experience?" invites detail and information). Resistance to answering questions may be a result of asking questions that seek a justification rather than information. A common cause of resistance is asking "Why?" – this often results in defensive answers.

Narratives and story telling are powerful communication tools. Pictures and photos are summaries of people's experience. In any given situation, interpreting pictures and stories is an important part of gaining understanding of what is going on and how different elements interact with each other. Stories contain emotions, culture and values as well as factual information. These aspects, which are often taken for granted, are important to understanding a situation. How these interact with each other and contribute to understanding should be illustrated through this exercise.

## Day 1 Session 5: Evaluation of first day: process and practice

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<b>AIM</b>	To review and evaluate day one, emphasise 'train the trainer' aspects, and practice evaluation methods.
<b>OBJECTIVE</b>	To encourage participants to reflect on, and share, what they have learnt so far.  To enable participants to practice explaining key concepts to a group.
<b>EXPECTED OUTCOMES</b>	By the end of this session, participants will have had a chance to reflect on, and explain to others, what they have learnt so far during this workshop. They will also have had a chance to ask further questions and thus develop better understanding. This should mean that they are prepared to move on to the next section of the workshop.
<b>STRATEGY</b>	Small group work Reporting back Short lecture
<b>TIME</b>	90 minutes (30 minutes for each process)
<b>ACTIVITY 1</b>	In small groups (6 per group), explain to each other: <ul style="list-style-type: none"><li>• what happened today?</li><li>• how did it happen?</li><li>• what were the outcomes?</li></ul>
<b>ACTIVITY 2</b>	Each group reports back a summary in 10 minutes per group.
<b>ACTIVITY 3</b>	It is suggested the facilitator introduce the idea that, "Evaluation is a process used to enhance understanding". Attention should be drawn to the fact that what we just did was a form of evaluation, which tells both participants and facilitators much more than would a report just indicating whether the day was "good, bad or indifferent".

# Day 2 Session 6: Recap

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**RECAP ON DAY ONE.** Revisit barriers, as a lead-in to what is/is not in place already.

# Day 2 Session 7: Capacity development

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(Review Section 4 “*Facilitating sustainable behaviour change*”)

- AIM** Explain capacity development.
- OBJECTIVE** Gain an understanding of developing the capacity for change already present in the community.
- EXPECTED OUTCOMES** At the end of the session the participants will have gained an understanding of how communities are able to find solutions for their problems, and how this can be applied to behaviour change.
- STRATEGY** Lecture, buzz groups  
Brainstorm in large group
- TIME** 60 minutes
- ACTIVITY** Lecture, buzz groups, plenary discussion
1. Explain the concept of community learning and community capacity  
(refer to rice story: what if there are barriers. eg. rats (traps, poison, other options ), animals trampling, and also what if the farmer doesn't know what to do. ie. how do we learn what to do?
  2. In pairs discuss your behaviour change story and answer the following questions:
    - Who else was involved in the change in your story?
    - How did you know what to do?
    - Where and to whom did you go to get the information necessary for the change?
    - How much support did you have from others for the change?
  3. Report to plenary and discuss.
  4. Relate the findings to the list on page 17.
  5. Summary.

## Day 2 Session 8: The role of programs

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(Review Section 6 of the guidebook, *Facilitating sustainable behaviour change*)

- AIM** To explain program design and evaluation.
- OBJECTIVE** Ensure participants gain an understanding of how to use the program design and evaluation framework.
- EXPECTED OUTCOME:** At the end of this session participants will have gained an understanding of:
- the nature of HIV prevention and behaviour change in the local situation
  - a framework for the process of change
  - the way that the capacity for managing prevention and achieving behaviour change is already available in the local community.
- STRATEGY** Lecture, brainstorming and buzz groups
- TIME** 60 minutes for group work, 30 minutes for feedback
- ACTIVITY**
1. In small groups of four or five people discuss the following questions:
    - *How does change usually come about in my work setting?*
    - *What aspects of the existing environment are likely to enable or hinder change?*
    - *What capacities do people already use to influence their environment?*
    - *What is already being done through other HIV programs?*
  2. Each group reports in plenary session and shares their responses to the questions.
  3. Summarise on a large board, by listing reported responses in columns under each question, or by presenting the answers for each question on large sheets of paper with each group's sheets for each question placed next to each other on the wall.
  4. Question to be discussed as a group at the end of the session:
    - *How can your program enhance people's capacity to modify their environment so that it enables movement through the stages of change?*

# Day 2 Session 9: Evaluation of the workshop

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<b>AIM</b>	Conduct an evaluation of the workshop.
<b>OBJECTIVE 1</b>	Assess the level of understanding of the framework for facilitating sustainable behaviour change.
<b>OBJECTIVE 2</b>	Conduct an evaluation of the process of the workshop.
<b>EXPECTED OUTCOMES</b>	At the end of the session participants will have: <ul style="list-style-type: none"><li>• reflected upon the content of the workshop</li><li>• completed an evaluation of the workshop.</li></ul>
<b>STRATEGY</b>	In small groups of four or five address the questions below. In plenary report to large group and discuss.
<b>TIME</b>	30 minutes group work, 30 minutes plenary discussion
<b>ACTIVITY</b>	In small groups answer the following questions. Record a summary of the discussion on butcher's paper. Select a spokesperson for each group to report to plenary. <ol style="list-style-type: none"><li>1. <i>What are the key concepts in developing sustainable behaviour change programs?</i></li><li>2. <i>How relevant is the workshop to your work?</i></li><li>3. <i>What parts of the workshop worked best for you?</i></li><li>4. <i>What aspects would you like to have been different?</i></li><li>5. <i>After this workshop what is the most significant thing you will tell others?</i></li></ol>

Each small group to report to the plenary a summary of their discussion.

The facilitator then puts the following questions to the large group for discussion.

- *Are the findings an accurate description of what happened and how it happened?*
- *What are the gaps in the reports?*
- *What needs to be clarified?*
- *What are the final conclusions of the evaluation?*

The notes of the discussion can be recorded and used to formulate program plans.



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