2023 CLA CASE COMPETITION

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Case Title:

Transforming Behaviors By Collaborative Human Centered Design

Name:

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Organization:

ADRA International

Summary:

The FIOVANA project, from October 1, 2019, to September 2024, was designed by the Adventist Development and Relief Agency (ADRA) and funded by the U.S. Agency for International Development's Bureau for Humanitarian Assistance (USAID - BHA) to achieve sustainable improvement of food and nutrition security of vulnerable populations in the Atsimo Atsinanana and Vatovavy Fitovinany regions of southeastern Madagascar. The project identified and promoted key behaviors and practices that contributed to this overall goal. However, due to significant evidence gaps between the two regions, FIOVANA conducted a Trials of Improved Practices (TIPs) formative research study to support refinement of the Theory of Change (ToC) and development of the project social and behavior change (SBC) strategy through the identification of key behavioral determinants that impact adoption of these behaviors. The two behaviors that this study focused on were dietary diversity and handwashing practices.

The FIOVANA team strategically promoted an organizational culture of collaboration and continuous learning and improvement throughout project implementation. A key partner within the five-member consortium, FHI 360, led the SBC components and provided technical guidance and oversight during the refinement period. The project team collaborated with the project families successfully during regular follow-up visits to discuss the adoption of newly formed behaviors and their impact on the health and nutritional status of participants. FIOVANA identified how each influencer (men, women, family members) selected the behaviors they themselves felt capable of changing and used these findings to create a strong SBC strategy and implementation plan that built capacity of families. Through an iterative refinement and continuous learning approach, we were able to involve participation of family members through human centered design, enabling them to take more ownership of the process and behaviors they want to change in order to reach the objective of living a healthy lifestyle.

1. **WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?**

The FIOVANA project aimed to achieve sustainable improvement of food and nutrition security of vulnerable populations in the Atsimo Atsinanana and Vatovavy-Fitovinany regions of Madagascar, through the enhancement of health and nutritional status of women of reproductive age, adolescent girls, and children under five years. FIOVANA identified and promoted key behaviors and social change elements that contributed to this overall goal. FHI 360, the SBC partner within the consortium, led the process of evidence gathering and iterative refinement of the project's SBC strategy and design of activities.

There were significant knowledge gaps and disparities between the two respective regions regarding nutrition and health indicators. Formative research was needed to provide contextual information on the barriers and facilitators to adoption of priority behaviors among different sub-populations and within target households. This information was used to develop an overarching project SBC strategy that guided SBC activities and ensured their integration across all project components. TIPs formative studies were implemented during the refinement year to investigate two key behaviors: 1) parents and caregivers of infants aged 6-9 months feed their child a diverse diet (dietary diversity), and 2) household members wash their hands at five critical times (handwashing). These studies yielded essential information regarding priority practices to be promoted and insights to address barriers to these practices that were used to develop the project's SBC strategy.

Following the refinement year formative study, an additional longitudinal study was conducted to further explore the determinants of dietary diversity and handwashing. Further investigation was also needed to better understand the individual, social, and structural factors that impacted the sustainability of these practices and which the program could address.

2. **What two CLA Sub-Components are most clearly reflected in your case?**

External Collaboration

Continuous Learning & Improvement

3. **HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?**

ADRA and FHI 360 created several mechanisms and activities to support collaborative learning and adaptation of interventions to ensure they were centered on the participants' real-life experiences. The project intentionally involved local communities, technical experts, and project partners in relevant aspects such as research design, data collection and analysis, and review of findings. FHI 360 provided human centered design expertise and led the iterative processes.

Knowledge gaps on key SBC practices were prioritized during the refinement year and adopted into the project learning plans to ensure they were addressed. An interagency SBC group comprised of ADRA and FHI 360 staff was created to provide oversight of SBC planning and activities. Initial SBC activity focused on the TIPs trial set to address these gaps, and formative research findings from several data collection rounds provided strong insights that informed program plans and technical delivery. The group held biweekly co-creation meetings to share and discuss TIPs findings, which helped create consensus around what challenges prevented communities from achieving optimal dietary diversity and handwashing practices and what steps could be taken to address them. These biweekly meetings allowed the project to consolidate all learnings into FIOVANA's SBC strategy to inform all behavior change activities within the project. Insights from these sessions were adopted into the program delivery strategy for dietary practices and handwashing, including specific actions integrated into the SBC tools.

FIOVANA integrated participatory learning as part of a routine adaptive management approach throughout the project, and embedded regular learning opportunities to gather information from the participants to ensure our SBC intervention was designed by their real-life experiences. The ADRA and FHI 360 field teams shared feedback from community health volunteers' (CHVs) experiences from the counseling and negotiation sessions with family members, and overall observations on adoption and uptake of practices. When there was flooding or an outbreak in an area, the SBC teams knew how to shift their messages to address immediate needs. Participatory learning offered families the chance to give their input that facilitated a focus on actionable recommendations and promotion of a sustainable SBC strategy. This collaborative approach supported the project to develop and implement an evidence-based SBC strategy that was tailored to the specific needs and strengths of target households, to transform related behaviors and norms at the individual, household, and community levels.

Knowledge sharing during the regular co-creation sessions highlighted the need for additional information on local foods and the necessity of tracking actual changes in dietary diversity to determine whether there was a significant change or not. The project adapted its strategy to conduct 6-month follow-up visits to monitor improvements, facilitators, and barriers to sustainable behavior change. Collaboration between project staff and participants during these visits enhanced learning, and informed ongoing revisions to FIOVANA's SBC strategy, activities, and materials to ensure that activities contribute to an enabling environment that promotes sustained adoption of these behaviors.

Routine after-action reviews were conducted after every major TIPs iteration/adaptation to review SBC processes, and how they informed behavior change plans for dietary diversity and handwashing practices. The modified TIPs methodology was as follows: behavioral negotiation => trial => experience sharing => demonstration => continued trial => experience sharing => follow-up visits.

In 2023, after almost a year and a half of the 6-month SBC monitoring visits, the co-creation sessions once again highlighted the need for a change in direction. The interagency SBC group realized that learning on dietary diversity and handwashing practices had plateaued, and further data collection would be futile. To this end, the group decided to strengthen the routine gathering of SBC data which could be used to assess the impact of these activities.

4. RESULTS: Choose one of the following questions to answer.

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

A. DEVELOPM ENT RESULTS

From the initial TIPs findings, the FIOVANA team learned that participants had mixed success during the trial period despite eagerness to introduce new foods to their diet. Some of the barriers they encountered were limited access to new foods; dislike or rejection of the food by infants; negative attitudes, myths, and taboos toward certain foods; time constraints for preparing food; cost; and lack of support. Some of these findings were used to go back to the participants during regular follow-up visits and ask additional questions regarding their dietary diversity and handwashing behaviors. It was reported that people still faced challenges which hindered adoption of these new behaviors. To this end, the field staff used the information that had been developed for counseling and negotiating certain behaviors with the mothers. They also involved men in how to utilize various methods to diversify diet so that they could contribute more money, support their women in food preparation, and help them to go out and search for more diversified foods. In addition, the families were reminded that there are foods that grow naturally in their environment which are edible and can be included in their diet. These were locally grown wild foods that the families found to be monotonous, hence new recipes were introduced so that they could add some of these foods to their porridge to enhance their dietary diversity.

Follow-up visits identified certain barriers to handwashing also such as forgetting to wash hands, insufficient supplies, limited access to water, and increased cost of soap. However, high levels of sustained handwashing were reported, with participants beginning to wash hands at additional times, beyond those stated in their original action plan. A key indicator of improvement was the increase in the percentage of households with soap and water at a handwashing station on premises from 3% in May 2021 to 47.6% in September 2022. Some of the facilitators of success were convenient placement of handwashing supplies which served as a reminder or visual cue; reserving extra water for handwashing; use of Tippy Tap or other handwashing devices; reminders between household members; perceived health benefits; perceived economic savings from less visits to the health clinic for cases of illness; and improved cleanliness. Indeed, some participants voluntarily repaired unusable Tippy Taps, or constructed new ones to meet their needs.

5. **ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?**

The FIOVANA team prioritized human, financial, and time resources for learning and developing SBC strategies which helped smoothen the iteration, adaptation, and continued learning processes. The project process was primarily led by field staff, thereby building local capacity. By holding biweekly SBC-focused meetings, staff were more committed to dedicating their time and service to the project activities. They created strong connections with community members and families targeted by the SBC intervention. Open communication with participants facilitated more ownership and empowered caregivers and family members of their capacity to improve their own health as they had co-created solutions to their own challenges. Dialogue with families and communities enabled trusting relationships that were essential for adoption of these key behaviors. Project-wide processes and plans wholly integrated SBC learning agenda and plans which enabled staff and communities to work jointly despite the challenges posed by cyclone, dry spells, and the COVID-19 pandemic. ADRA believes in empowering staff, and they actively participated in the trial, follow-up visits, synthesis of observations and insights, and adoption of the improved SBC products.

Several external challenges caused FIOVANA's activities to be stalled or delayed. COVID-19 restrictions led to a standstill on community group meetings and slowed down interactions between staff and the participants. A severe drought in 2021 followed by tropical storms and cyclones in early 2022 had pushed many households within the implementing zone into even more dire living conditions, further complicating the start-up of many activities. Given the major changes in the project regions, there was an increase in migration which had led to potential participants being excluded from receiving FIOVANA's support. Due to the time constraints, the project worked with the existing groups in the implementation areas to assess how they could include new members in their activities.