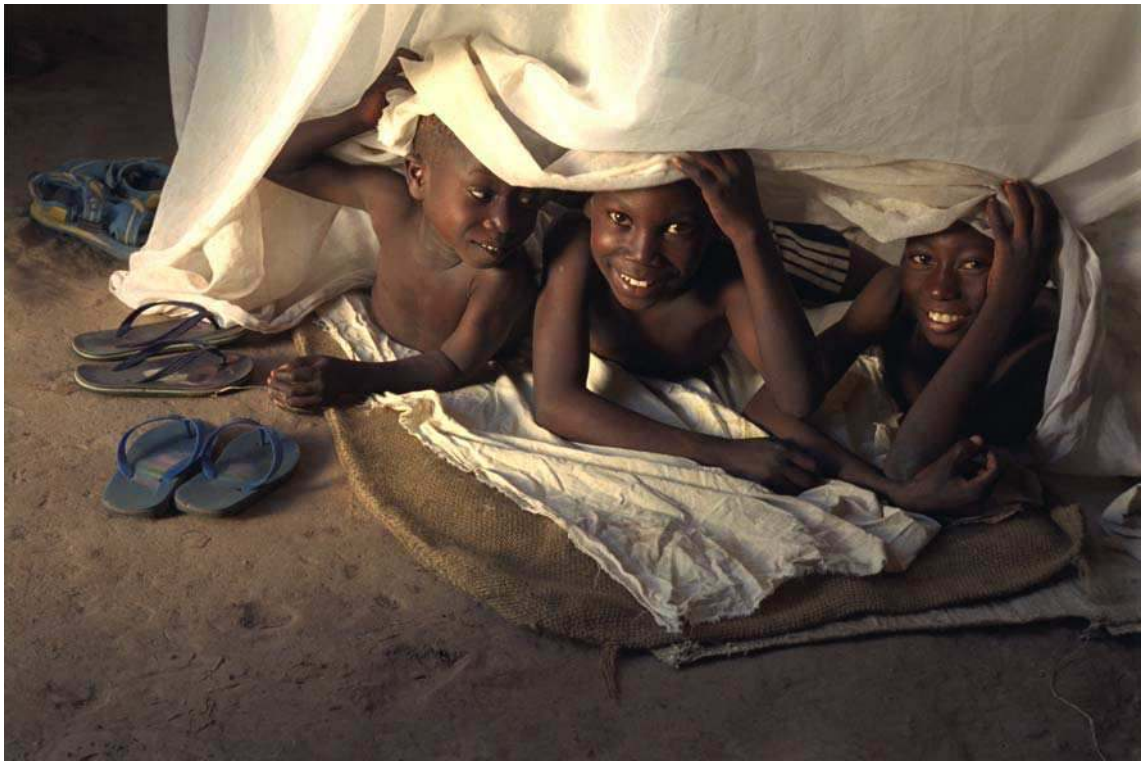
DESIGNING FOR BEHAVIOR CHANGE



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THE DESIGNING FOR BEHAVIOR CHANGE CURRICULUM WAS DEVELOPED BY THE CORE GROUP SOCIAL AND BEHAVIORAL CHANGE WORKING GROUP.

CORE Group
Working Together in Health for Mothers, Children, and Communities

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Introduction

This field-tested, six-day training package will enable private voluntary organizations (PVOs) and partners to replicate the BEHAVE workshops conducted with CORE Group members in multiple countries and regions around the globe. The manual consolidates handouts and facilitator materials with easy-to-use training guidelines.

The "Designing for Behavior Change" workshop responds to community health managers' and planners' need for a practical behavioral framework that aids them in planning their projects strategically for maximum effectiveness. It is built upon the BEHAVE Framework, developed by the Academy for Education Development (AED). The workshop trains participants to apply AED's BEHAVE Framework to improve maternal and child health programming.

A Brief History: Promoting a behavioral approach for child survival

This manual provides an updated curriculum to "Applying the BEHAVE Framework" published in April 2004.

The original curriculum emerged out of a long relationship between the Social and Behavioral Change (SBC) Working Group at CORE Group and the CHANGE Project of the Academy for Educational Development. In 2000, the SBC Working Group set out to identify tools and to offer capacity-building opportunities that would enable PVO staff to incorporate the best of behavioral science into their project plans. Teaming up with the CHANGE Project of the Academy for Educational Development, the SBC Working Group offered several brief sessions on different aspects of behavior change during CORE Group annual meetings. One of the most useful and comprehensive tools was AED's BEHAVE Framework. Intensive training on this framework with CORE Group members began in 2002.

Over the next several years, the SBC Working Group and AED/CHANGE collaborated to conduct and adapt the workshop for field staff and headquarters staff to help them develop strategic behavior change strategies for Child Survival & Health projects. Regional workshops were held in South Africa, Cambodia, and Washington, DC for participants from a total of 24 countries.

In 2006, the SBC Working Group started a process of reviewing experiences with the training and updated the curriculum. The current version has added more case studies, stories and examples; clarified the difference between determinants and key factors; incorporated the Barrier Analysis approach; added a half-day of field work using formative research; provided guidelines for selecting appropriate activities; and much more. This curriculum was further adapted following regional workshops in Mali and the US and a number of country workshops.

Overview of the Workshop

The six-day workshop described in this facilitator's guide gives field staff and managers the skills and tools to apply a behavioral approach to designing maternal and child health programs. The goals of the training are to:

- Build the capacity of PVO staff to plan, implement, monitor and evaluate effective behavior change strategies;
- Provide an introduction to the tools necessary for identifying key factors that influence behavior change to ensure that behavior change activities are selected based on their potential ability to address these key factors and to effect long-term, sustainable behavior change within the shortest time period possible;
- Increase levels of comfort with planning behavior change strategies; and
- Demonstrate the use of learner centered adult education methodologies to model how participants can replicate appropriate sections of the training for their fellow colleagues and partners.

By the end of the training, participants will have:

1) **Analyzed** the different components of the DBC framework and practiced completing each of these components based on real or sample data;
2) **Assessed** data from a barrier analysis or doer/non-doer survey to identify key factors effecting behavior change in a specific priority or influencing group;
3) **Applied** the DBC framework to their own projects or to a case study to develop strategies informed by formative research results; and
4) **Self-critiqued**, **received** feedback from peers and facilitators, and **improved** their frameworks to improve the quality and increase the potential success of their behavior change strategies.

Getting Started

- **Identifying key collaborators and a planning team.** Many decisions must be made and work done leading up to the workshop, and you will find it helpful to have a team to handle many of the details. The workshop planning team should include people who are:
  - Familiar with the workshop material and the DBC Framework.
  - Familiar with the organizations that will be invited.
  - Knowledgeable about the training site.
- **Fitting training into a broader scheme to foster a behavioral approach.** This workshop makes the most sense when it is part of an organization's broader plan to support a behavioral approach. Making sure that headquarters and field staff, managers and implementers are all familiar with the framework is a start. Following training, staff at all levels can look for ways to integrate the concepts and tools into their work.
- **Selecting facilitators.** Workshop facilitators should have experience in behavior change, adult education methodologies, participatory learning, and applying the DBC Framework itself. Ideally, the ratio of facilitators to participants should be at least 1:8 in order to maximize facilitator – participant interaction, especially during group work. Thus for a group of 25-30 participants, three co-facilitators are recommended.
- **Selecting participants.** This workshop is designed for:
  - Field-based program managers and behavior change officers who are currently implementing or planning to implement community-based maternal and child health programs;
  - Headquarters backstops who can replicate the training in other country/project sites; and
  - Local counterparts – staff from Ministries of Health or non-governmental organizations – who will be involved in designing or implementing the programs.
- **Selecting a location.** The workshop should be conducted in a comfortable setting, such as a conference room that is large enough for plenary sessions and for small groups to work without disturbing each other. In most of the sessions, participants will work with their small groups, therefore, setting up permanent small groups at the beginning of the training with same group members seated at the same tables will ensure that participants are in a configuration that promotes maximum sharing, minimizes time spent reorganizing seating for small group work, and enhances the learning environment.

- **Conducting a Learning Needs and Resource Assessment.** Workshop planners will benefit from learning about participants' experience and interests prior to the workshop. Several weeks before the workshop, send a set of questions to registered participants. Members of the workshop planning team may need to follow up with participants to encourage them to submit their responses. Share participant responses with all facilitators prior to the workshop. A sample learning needs assessment for a DBC workshop is available at the end of this section.
- **Preparing Materials.** All the materials you need for conducting the "Designing for Behavior Change" workshop are included in this guide. A Reference Materials section includes an answer key to the pre/post test, the Process of Planned Change Game (and answer key), and a key vocabulary list. You will find the following Checklists helpful as you prepare for your workshop.

Checklist 1 - Three to four months prior to the training (or as much in advance as possible):

- ☐ Form training team
- ☐ Draft training budget and planning timeline
- ☐ Send announcements to potential participants
- ☐ Conduct the Learning Needs & Resource Assessment
- ☐ Select participants
- ☐ Identify and reserve the workshop location
- ☐ Send invitations to selected participants
- ☐ Arrange for meals and refreshments during breaks
- ☐ Book lodging for out-of-town participants
- ☐ Arrange for travel and per diem reimbursements for out-of-town participants

Checklist 2 - Three weeks to two months before the training:

- ☐ Prepare training materials
- ☐ Determine room configuration and how to accommodate small group discussions during break-out sessions
- ☐ Ensure equipment is working
- ☐ Purchase all training related supplies (see Supply Checklist)

Checklist 3 - Three days to one week to before the training:

- ☐ Send Vocabulary List to confirmed participants
- ☐ Write session objectives, group work instructions, and discussion questions on the flip charts
- ☐ Reference the handouts (write the numbers of the handouts which go with each session on the flip chart for that session)
- ☐ Assemble participant packets (notepads, pens, name tags, etc.)
- ☐ Confirm participant arrival times, lodging arrangements, refreshments, travel & per diem reimbursements
- ☐ Conduct a co-facilitators team building meeting: ensure that lead facilitators are prepared for their sessions; ensure that co-facilitators know exactly how they will support the lead facilitators during each session; decide who will conduct the daily evaluations; and identify a time and place for holding facilitators' meetings after each day's sessions.

Supply and Equipment Checklist

Supplies

- ☐ 4-5 pads of chart paper; 2 easels
- ☐ 2 rolls of masking tape
- ☐ 2 staplers with staples
- ☐ 2 sets of chart markers
- ☐ 1 notepad per participant
- ☐ 1 pen or pencil per participant
- ☐ 1 file folder or 3 ring binder per participant (for organizing the handouts)
- ☐ 1 name tag per participant

- ☐ 12 adhesive dots per participant (Optional – 6 of one color and 6 of another color – for the Comfort Level Chart)
- ☐ Scissors
- ☐ 2 reams of copy paper; 1 box of file folders (100 each)
- ☐ 200 note cards or '3x5' cards (a couple of different colors, if available)
- ☐ Post-its (4-5 packs)

Equipment

- ☐ Access to copier (necessary for making copies of group case studies)
- ☐ Access to computer, printer, word processing software (optional- in case some participants prefer to rewrite their case studies on the computer instead of by hand)

Sample WORKSHOP SCHEDULE:
The workshop consists of 6 days with sessions that run from approximately 8:30 to 5:30 each day. Each day consists of approximately 6 – 6.5 hours of training time for a total of 27 hours of learning time.

Workshop Schedule

Day 1

Task	Session Title	Duration	Timeframe
1	Opening Session	2 hr	8:30 – 10:30
	BREAK	15 min	10:30 - 10:45
2	Introduction to Behavior Change: Our Roles & the Process of Planned Change	1 hr 55	10:45 – 12:40
	LUNCH	1 hr	12:40 – 1:40
3	Overview of the Designing for Behavior Change Framework	1 hr	1:40 – 2:40
4	Defining & Selecting the Behavior (includes break)	1 hr 30 min	2:40 – 4:25
5	The Priority and Influencing Groups (2 hr 20 min total)	50 min	4:25 – 5:15
E	Evaluation of the Day	15 min	5:15 – 5:30

Day 2

6	Energizer: Sing it!	40 min	8:30 – 9:10
5	The Priority and Influencing Groups (cont.)	1 hr 30 min	9:10 – 10:40
	BREAK	15 min	10:40 – 10:55
7	Our DBC Frameworks Part 1: Describing the Behavior and Priority Group	1 hr	10:55 – 11:55
	LUNCH	1 hr	11:55 – 12:55
8	Identifying Determinants & Key Factors that Influence Behavior	2 hr 25 min	12:55 – 3:20
	BREAK	15 min	3:20 – 3:35
9	The "Exercise" Exercise	1 hr	3:35 - 4:35
E	Evaluation of the Day	15 min	4:35 - 4:50

Day 3

10	Energizer: Review of Concepts	30 min	8:30 – 9:00
11	The Barrier Analysis and Doer/Non-Doer Survey	1 hr	9:00 – 10:00
	BREAK	15 min	10:00 – 10:15
11	The Barrier Analysis and Doer/Non-Doer Survey (cont.)	1 hr 15 min	10:15 – 11:30
12	Preparation and Practicum - Conducting a Doer/Non-Doer Survey	40 min	11:30 - 12:10
	LUNCH	1 hr	12:10 – 1:10
12	Preparation and Practicum - Conducting a Doer/Non-Doer Survey (cont.)	1 hr 5 min	1:10 – 2:15
E	Evaluation of the Day	15 min	2:15 – 2:30

Day 4

Field Work	Conducting a Doer/Non-Doer Survey (Includes 1 hr for travel time)	5 hr	8:00 - 1:00
	LUNCH	1 hr	1:00 – 2:00
13	Compiling & Analyzing Data	1 hr 30 min	2:00 – 3:30
	BREAK	15 min	3:30 – 3:45
14	Our DBC Frameworks Part 2: Identifying the Most Powerful Key Factors that Influence Behavior Change	1 hr 15 min	3:45 - 5:00
E	Evaluation of the Day	15 min	5:00 - 5:15

Day 5

15	Energizer: Musical Chairs	30 min	8:30 – 9:00
16	Feedback Groups - I	1 hr 15 min	9:00 – 10:15
	BREAK	15 min	10:15 – 10:30
17	Selecting Project Activities	1 hr	10:30 - 11:30
18	Our DBC Frameworks Part 3: Planning Activities	1 hr	11:30 – 12:30
	LUNCH	1 hr	12:30 – 1:30
19	Monitoring the BC Strategy	1 hr 35 min	1:30 – 3:05
	BREAK	15 min	3:05 – 3:20
20	Linking the Logical Framework/Results Framework to the DBC Framework	1 hr	3:20 – 4:20
E	Evaluation of the Day	15 min	4:20 - 4:35

Day 6

21	Energizer	30 min	8:00 – 8:30
22	Feedback Groups - II	1 hr 15 min	8:30 – 9:45
23	Our DBC Frameworks Part 4: Incorporating Final Suggestions	45 min	9:45 – 10:30
24	Poster Session (includes break)	45 min	10:30 - 11:15
25	Wheel of Solutions	45 min	11:15 – 12:00
26	Closing Session – Workshop Evaluation and Next Steps, Comfort Chart, Participant Recognition	1 hr 30 min	12:00 – 1:30
	LUNCH	1 hr	1:30 – 2:30

List of Resources/Materials by Session

#	Task Name	Materials Needed
	DAY 1	
	Registration	- Pretest, Comfort Table, Dots, Vocabulary List included in the Reference Materials folder
1.	Opening Session	- Task 1 Handout 1 pre/post test (Answer Key included in Reference Materials folder) - Comfort Table with key & instructions and 6 adhesive dots for each person (alternative: incorporate the comfort table into the pretest as set of questions) - Task 1 Handout 2 - Getting to know you sheet - Flip chart - "Our Expectations" (with expectations from LNRA) - Task 1 Handout 3 – Training Goals and Objectives - Task 1 Handout 4 – Workshop schedule - Flip chart – "Norms and Procedures" - Flip chart – "Parking Lot"
2.	Introduction to Behavior Change: Our Roles & the Process of Planned Change	- Lots of wall space and tape for each group - One set of Process of Planned Change Game per group (5-6 people per group). This game includes a set of cards/sheets for steps in planned change, one set for the change agent role and one set for the community's role. This game, along with an answer key, is available in the Reference Materials folder. - A set of the Five Stages of Change on cards (Pre-Awareness, Awareness, Preparation, Action, Maintenance) - Optional: PowerPoint slide, flip chart and/or Handout of Models of Behavior Change (Health Belief Model, Theory of Reasoned Action). These are included in the Reference Materials folder. - Vocabulary List (for those who did not receive it before the workshop). This is included in the Reference Materials folder.
3.	Overview of the Designing for Behavior Change Framework	- Flip Chart of the Designing for Behavior Change Framework (spaces with the words covered up) - Task 3 Handout 1: Blank Designing for Behavior Change (DBC) Framework (both vertical and horizontal formats) - Task 3 Handout 2: Completed examples of DBC Frameworks (ITNs, HIV Testing, & Coffee production) (3) - Task 3 Handout 3: Planning Guide - Steps in the DBC Process

		- Optional: Task 3 Handout 4: DBC process flowchart (This can be drawn on a Flip Chart as well.) - Task 3 Handout 5: The Five Principles
4.	Defining & Selecting the Behavior	- Task 4 Handout 1: What is a Behavior? (Write this on a Flip Chart as well.) - Flip chart with example behaviors as mentioned on the LNRA (some well written, some not) - Index cards with 2 - 3 MCH interventions written on them (one per participant) - T-chart with "Easy – Hard" written at the top - Post-its and markers - Flip chart of summary points
5.	The Priority and Influencing Groups	- Large DBC framework (from Task #3) - Flip chart with definitions of Priority Group and Influencing Group - Cards indicating a MCH behavior and priority group or influencing group - Task 5 Handout 1: Five Ways to Describe your Priority and Influencing Groups - Task 5 Handout 2: Example of 5 ways to describe your Priority Group - Task 5 Handout 3: Describing your Priority/Influencing Groups (blank) - 5 names of priority and influencing groups (from LNRAs) and corresponding interventions
E	Evaluation	- Day One Evaluation Handout
DAY 2		
6.	Energizer: Sing it!	- Schedule for the day - Objectives for the day
7.	Our DBC Frameworks Part 1: Describing the Behavior and Priority Group	- List of DBC groups - Flip chart with instructions for group work - Assigned priority groups and interventions (one per DBC group) - Blank Designing for Behavior Change Frameworks - Flip Chart size DBC frameworks for each small group with sections for Behavior and Priority Group
8.	Identifying Determinants & Key Factors that Influence Behavior	- Sample Designing for Behavior Change Matrix, Example 1: ITN use for Children under Five in Mali (from Task #3) - Flip chart with definitions of Determinants and Key Factors - Flip chart with example Determinants and Key Factors

		(from Task 3 ITN Example) - Task 8 Handout 1: Some Determinants that Influence Behavior - Task 8 Handout 2: Writing Key Factors from Determinants - Task 8 Handout 3: Matching Key Factors to Determinants - Optional: Task 8 Handout 4: Big Benefits
9.	Exercise, Exercise	- Masking tape - Flip chart - Statements pre-written on flip chart paper - Target Behavior Message on flip chart paper
E	Evaluation	- Day Two Evaluation Handout
DAY 3		
10.	Energizer: Review of Concepts	- Ball made from flip chart paper secured with masking tape - Strips of paper with review questions written on them (facilitator should prepare the questions & attach each to the ball so that it can be easily unraveled one question at a time) - Schedule & objectives for the day
11.	The Barrier Analysis and Doer/Non-Doer Survey	- Task 11 Handout 1: Four Tenets of the Barrier Analysis - Task 11 Handout 2: Seven Steps of the Barrier Analysis (and BA Facilitator's Guides, if available, see "Useful Reference Materials" section) - Task 11 Optional Worksheet 1 - Developing Questions about Determinants - Task 11 Handout 3: Examples of 1-2 questions for each determinant category - Blank notepaper for each small group
12.	Preparation and Practicum - Conducting a Doer/Non-Doer Survey	- Flip chart with names of team members written on it - Specific interviewing techniques written on a piece of paper for the role play (3-4 techniques to improve upon, see Note below) - Flip chart with a "Dos" and "Don'ts" T-chart - Computer, printer and paper, and stapler - Copies of questionnaires (sufficient copies for each team) - Blank notepaper for each small group - Logistics (cars to transport participants to practicum site; refreshments for participants according to project

		norms)
E	Evaluation	- Day Three Evaluation Handout
DAY 4		
13.	Compiling & Analyzing Data	- Previously prepared Flip Charts (one for each determinant) with columns for coding and tallying (see Task 13 Handout 1 for an example) - Completed questionnaires - Task 13 Handout 1: Coding Guide/Tally Sheets for participants - 2 hand calculators
14.	Our DBC Frameworks Part 2: Identifying the Most Powerful Key Factors that Influence Behavior Change	- Each team's partially completed DBC Framework - Extra blank matrices - Data from the survey (real or made up) - Task 14 Handout 1 with instructions for this session
E	Evaluation	- Day Four Evaluation Handout
DAY 5		
15.	Energizer: Musical Chairs	- Stereo with good dancing CD - Folded strips of paper with review questions written on them (facilitator should prepare the questions ahead of time) - Schedule & objectives for the day
16.	Feedback Groups - I	- Flip chart with ways to give constructive feedback - Flip chart version of each group's DBC framework taped to the wall - Flip chart with Review Questions
17.	Selecting Project Activities	- Task 17 Handout 1: Questions for Small Group Discussion - Task 17 Handout 2: A List of Criteria for Selecting Activities - Task 17 Handout 3: Examples of Non-Communication Related BC Activities - Post-its (each table should receive a stack of 3-4 different colors)
18.	Our DBC Frameworks Part 3: Planning Activities	- Each team's partially completed framework with suggested revisions from cluster groups - Extra blank DBC frameworks - Task 18 Handout 1: Instructions - Optional: Task 18 Handout 2: Communication Plan - Flip chart paper for Task 18 – Activities

19.	Monitoring the BC Strategy	- Index cards with examples of data collection (see facilitator's notes) - Task 19 Handout 1: Monitoring Indicators in the Behavior Change Strategy - Task 19 Handout 2: Monitoring the BC Strategy
20.	Linking the Logical Framework/Results Framework to DBC Framework	- Example Log Frame/Results Framework - Flip chart sheets for small groups - Copies of an example LF/RF for each group member - Flip Chart (T-chart – differences/similarities) - Markers
E	Evaluation	- Day Five Evaluation Handout
DAY 6		
21.	Energizer	- Colored cards/post-its (a few cards of different colors for each table) - Markers for each table - Schedule & objectives for the day
22.	Feedback Groups - II	- Flip chart with ways to give constructive feedback (see Task #16) - Photo copies of all the DBC Frameworks – one per group - Task 22 Handout 1: Feedback Group II - Questions
23.	Our DBC Frameworks Part 4: Incorporating Final Suggestions	- Task 23 Handout 1: Instructions - Lots of flip chart paper
24.	Poster Session	- Task 24 Handout 1: Guidelines for Poster Session - Treasure Hunting Worksheet
25.	Wheel of Solutions	- Brains & movable bodies - Note cards and pens to take notes
26.	Closing Session – Workshop Evaluation and Next Steps, Comfort Chart, Participant Recognition	- Post workshop questionnaire (see Task 1 Handout 1) - Flip Chart paper and markers - Comfort chart and colored dots (use a different color from those used on the first day)

Conducting a Learning Needs and Resource Assessment (LNRA)
Workshop planners will benefit from learning about participant's experience and interests prior to the workshop. Several weeks before the workshop, send a set of questions to registered participants. Members of the workshop planning team may need to follow up with participants to encourage them to submit responses. Share participant responses with all facilitators prior to the workshop.

SAMPLE LNRA

Learning, Needs & Resources Assessment
Workshop on Designing for Behavior Change

Dear Participant,
Thanks you for your interest in attending Designing for Behavior Change Workshop. In order for us to better prepare this workshop to meet your needs and the needs of your organization, please take a few minutes to answer the following questions. Don't worry, this is not a test; it's just a way for us to ensure that the workshop fits your needs.

Please send your responses to ADD EMAIL ADDRESS HERE

Name:_____

Position: _____

Describe briefly how you intend to use the new knowledge/skills gained from the training over the next year:

Your Native Language:_____

1) What do you expect to learn from participating in the workshop? (Please be specific)

2) To what extent are you already familiar with the BEHAVE Framework? Have you used it already? If so, what was your experience?

3) What tools/methodologies are you currently using that have been particularly helpful in designing behavior change strategies?

4) What are the most important challenges you face in designing Behavior Change programs?

5) What are the most important challenges you face in implementing Behavior Change programs?

6) How do you plan to use the knowledge & skills you gain during the workshop in your program/s?
    a. Designing BC programs
    b. Monitoring BC programs
    c. Increasing capacity of staff to do a and b
    d. Other_____

7) Will you be applying what you learn to a new program or an existing one?

8) Please specify what behaviors your child survival project is/will be promoting.

Day 1

Task #1: *Opening Session*

Achievement Based Objectives: By the end of this task, participants will have:

- Been greeted by the CORE Group representative and workshop facilitators
- Provided baseline on their knowledge and comfort levels related to the DBC
- Described themselves
- Met fellow workshop participants
- Reviewed their expectations regarding this workshop
- Reviewed the objectives and schedule for the workshop
- Listed a set of norms for workshop participation

Time: 2 hr 10 min

Materials:

- Task 1 Handout 1: Pre/Post Test (Answer Key included in Reference Materials folder)
- Comfort Table with instructions and 6 adhesive dots for each person (alternative: incorporate the comfort table into the pretest as set of questions)
- Task 1 Handout 2: Getting to know you sheet
- Flip chart - "Our Expectations" (with expectations from LNRA)
- Task 1 Handout 3: Training Goals and Objectives
- Task 1 Handout 4: Workshop schedule
- Flip chart – "Norms and Procedures"
- Flip chart – "Parking Lot"

Steps

1. Welcome and Introduction to the Workshop (10 min)
   a. Explain that since the success of a project(s) depends on people changing their behaviors, we need to learn how to develop effective behavior change strategies. The basic purpose of the training is to learn to develop effective Designing for Behavior Change (DBC) strategies.

2. Collecting Baseline Information from the Participants (20 min)
   a. Explain that before we begin the training, we would like to collect some baseline data so we can assess the effectiveness of the training when it is finished. The baseline will include a pre-test and a "Comfort Table."
   b. Pass out a pre-test and six adhesive dots to each participant. Ask each person to complete the pre-test and then go to the Comfort Table and place a dot in each space that mostly closely reflects their current level of

comfort/familiarity with the topic indicated on the table.

3. Introduction of Participants and Expectations (about 5 min. per participant)
   a. Distribute Task 1 Handout 2 – "Getting to know you sheet".
   b. Ask each participant to complete the form.
   c. Collect and redistribute the forms to other participants.
   d. Ask each participant to introduce the person whose form they received, using the information on the form.

4. Expectations (15 min)
   a. Show the Flip Chart entitled "Our Expectations" (from the LNRAs).
   b. Ask a volunteer to read the Flip Chart.
   c. Ask participants if they want to add any other expectations to the list.

5. Workshop Objectives (10 min)
   a. Distribute Task 1 Handout 3 – "Training Goals & Objectives".
   b. Point out any of the expectations that will probably NOT be met during this workshop.

6. Workshop Schedule (5 min)
   a. Pass out Task 1 Handout 4 – "Workshop Schedule" - and review it with the participants.

7. Norms and Procedures (15 min)
   a. Brainstorm with the group the norms and procedures the group wants to follow to create the best learning environment.
   b. Record these on a flip chart.

8. Roles of the Facilitators (5 min)
   a. Mention that many people may want to replicate the workshop for their colleagues.
   b. Ask that participants who intend to replicate this workshop raise their hands.
   c. Explain that the facilitators will be modeling the Learner-Centered Adult Education methodology during this workshop, and from time to time they will be making comments specifically about facilitation techniques.

Note: Set up a Flip Chart entitled "Parking Lot" for lingering questions.

PRE-/POST-WORKSHOP QUESTIONNAIRE
DESIGNING FOR BEHAVIOR CHANGE

Please circle the ONE best answer.

1) What elements must be considered in order to design effective behavior change strategies?

a. priority group, key factors, evaluation methods
b. priority group, influencing groups, key factors, activities, indicators
c. behavior, priority group, influencing groups, the most powerful determinants, key factors, and activities

2) What do we need to know about the priority and influencing groups?

a. demographics, what they like to do, what they want, whether they are at the beginning or the end of the stages of change cycle
b. profession, age, marital status, family size, income, aspirations, readiness to adopt the behavior
c. what they do, their common desires, readiness to adopt the behavior, what keeps them from doing the behavior, demographics

3) Which of the following is a clear, well-defined behavior statement?

a. Mothers provide breast milk to infants until 6 months of age.
b. Equally include orphans in family activities.
c. Children under 5 years of age will sleep under an Insecticide Treated Net every night.

4) Why is it important to study the perspective of the priority and influencing groups of a behavior change initiative?

a. So that we will be able to motivate them toward the desired behavior.
b. In order to convince them to increase their knowledge about the importance of the new behavior.
c. So that other programs/organizations will not have to spend additional money to research their perspective.

5) What is the Barrier Analysis or Doer/Non-Doer Survey used for?
a. To learn what barriers are keeping the doers and non-doers from doing the behavior.
b. To identify which people are able to do the behavior and which cannot.
c. To show which determinants are the most influential in motivating or preventing people from doing a certain behavior.

6) What is the connection between determinants of behavior and the key factors?
a. One is bigger than the other.
b. Key factors are less detailed and show the size of your target audience.
c. Determinants are categories of motivating factors; key factors are individual motivators.

7) What is the connection between determinants of behavior and the selection of an activity?
a. Selection of an activity should be based on the probability that the activity will address all of the behavioral determinants of the priority group.
b. The determinants of behavior may help us identify which activities will be sustainable at the community level.
c. Activities should be selected that will directly address the most powerful determinants and according to where individuals are in the stages of change.

8) What are commonly the 3 most powerful determinants of Behavior Change?
a. Perceived consequences (positive and negative), self efficacy, and perceived social norms
b. Perceived action efficacy, perceived social norms, and perceived consequences (positive and negative)
c. Perceived consequences (positive and negative), divine will, and perceived social norms

9) Why is it important to identify what stage of behavior change the priority group is in?
a. So you can plan a DBC strategy with activities that correspond to where the majority of the priority group is in the process of change.
b. So you know what health education is needed.
c. To not waste time and resources.

10) What are the three most important criteria for selecting an appropriate activity?

a. cost effectiveness, feasibility, sustainability
b. feasibility, receptivity of the priority group, relevance to the determinant
c. agrees with MOH policy, sustainability, and organizational capacity

Comfort Table

Skills Area	Pre-Workshop Comfort Level					Post-Workshop Comfort Level				
	1	2	3	4	5	1	2	3	4	5
Defining the priority and influencing groups of a behavior change strategy										
Writing a clear, well-defined behavior statement										
Conducting a Barrier Analysis or Doer/Non-Doer survey										
Analyzing qualitative data to determine the determinants influencing behavior change										
Using specific selection criteria to choose the activities that will best address the key factors										
Monitoring and evaluating behavior change strategies										

Task 1: Opening Session - *Sample Getting to Know You Sheet*

NAME: COLOR or ANIMAL:

Job Title and brief description:

Something I love: Place I want to visit:

Experiences w/ BC strategy design:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

What I like most about you:

Designing for Behavior Change Workshop Objectives

Achievement-Based Objectives

By the end of the training, participants will have:

1) **Analyzed** the different components of the Designing for Behavior Change framework and practiced completing each of these components based on real or sample data;

2) **Utilized** the results from formative research to identify barriers and motivators (key determinants) effecting behavior change in a specific priority or influencing group;

3) **Applied** the DBC framework to their own projects or to a case study to develop strategies informed by formative research results; and

4) **Modified** the components (the behavior statement; description of the priority group; and selection of determinants, key factors, and activities) of their DBC frameworks according to the feedback from peers and facilitators, in order to improve the quality and increase the potential success of their behavior change strategies.

Workshop Schedule

Day 1

Task	Session Title	Duration	Timeframe
1	Opening Session	2 hr	8:30 – 10:30
	BREAK	15 min	10:30 - 10:45
2	Introduction to Behavior Change: Our Roles & the Process of Planned Change	1 hr 55	10:45 – 12:40
	LUNCH	1 hr	12:40 – 1:40
3	Overview of the Designing for Behavior Change Framework	1 hr	1:40 – 2:40
4	Defining & Selecting the Behavior (includes break)	1 hr 30 min	2:40 – 4:25
5	The Priority and Influencing Groups (2 hr 20 min total)	50 min	4:25 – 5:15
E	Evaluation of the Day	15 min	5:15 – 5:30

Day 2

6	Energizer: Sing it!	40 min	8:30 – 9:10
5	The Priority and Influencing Groups (cont.)	1 hr 30 min	9:10 – 10:40
	BREAK	15 min	10:40 – 10:55
7	Our DBC Frameworks Part 1: Describing the Behavior and Priority Group	1 hr	10:55 – 11:55
	LUNCH	1 hr	11:55 – 12:55
8	Identifying Determinants & Key Factors that Influence Behavior	2 hr 25 min	12:55 – 3:20
	BREAK	15 min	3:20 – 3:35
9	The "Exercise" Exercise	1 hr	3:35 - 4:35
E	Evaluation of the Day	15 min	4:35 - 4:50

Day 3

10	Energizer: Review of Concepts	30 min	8:30 – 9:00
11	The Barrier Analysis and Doer/Non-Doer Survey	1 hr	9:00 – 10:00
	BREAK	15 min	10:00 – 10:15
11	The Barrier Analysis and Doer/Non-Doer Survey (cont.)	1 hr 15 min	10:15 – 11:30
12	Preparation and Practicum - Conducting a Doer/Non-Doer Survey	40 min	11:30 - 12:10
	LUNCH	1 hr	12:10 – 1:10
12	Preparation and Practicum - Conducting a Doer/Non-Doer Survey (cont.)	1 hr 5 min	1:10 – 2:15
E	Evaluation of the Day	15 min	2:15 – 2:30

Day 4

Field Work	Conducting a Doer/Non-Doer Survey (Includes 1 hr for travel time)	5 hr	8:00 - 1:00
	LUNCH	1 hr	1:00 – 2:00
13	Compiling & Analyzing Data	1 hr 30 min	2:00 – 3:30
	BREAK	15 min	3:30 – 3:45
14	Our DBC Frameworks Part 2: Identifying the Most Powerful Key Factors that Influence Behavior Change	1 hr 15 min	3:45 - 5:00
E	Evaluation of the Day	15 min	5:00 - 5:15

Day 5

15	Energizer: Musical Chairs	30 min	8:30 – 9:00
16	Feedback Groups - I	1 hr 15 min	9:00 – 10:15
	BREAK	15 min	10:15 – 10:30
17	Selecting Project Activities	1 hr	10:30 - 11:30
18	Our DBC Frameworks Part 3: Planning Activities	1 hr	11:30 – 12:30
	LUNCH	1 hr	12:30 – 1:30
19	Monitoring the BC Strategy	1 hr 35 min	1:30 – 3:05
	BREAK	15 min	3:05 – 3:20
20	Linking the Logical Framework/Results Framework to the DBC Framework	1 hr	3:20 – 4:20
E	Evaluation of the Day	15 min	4:20 - 4:35

Day 6

21	Energizer	30 min	8:00 – 8:30
22	Feedback Groups - II	1 hr 15 min	8:30 – 9:45
23	Our DBC Frameworks Part 4: Incorporating Final Suggestions	45 min	9:45 – 10:30
24	Poster Session (includes break)	45 min	10:30 - 11:15
25	Wheel of Solutions	45 min	11:15 – 12:00
26	Closing Session – Workshop Evaluation and Next Steps, Comfort Chart, Participant Recognition	1 hr 30 min	12:00 – 1:30
	LUNCH	1 hr	1:30 – 2:30

Task #2: Introduction to Behavior Change – Our Roles and the Process of Planned Change

Achievement Based Objectives: By the end of this task, participants will have:

- Cooperatively ordered the steps related to the process of planned change
- Identified the potential actions of the community member during this process
- Associated their role as change agents in this process

Time: 1 hour 55 min

Materials:

- Lots of wall space and tape for each group
- One set of Process of Planned Change Game per group (5-6 people per group). This game includes a set of cards/sheets for steps in planned change, one set for the change agent role and one set for the community members' actions. This game, along with an answer key, is available in the Reference Materials folder. The sets of cards/sheets should be out of order when given to the participants.
- A set of the Five Stages of Change on cards (Pre-Awareness, Awareness, Preparation, Action, Maintenance)
- Optional: PowerPoint slide, flip chart and/or Handout of Models of Behavior Change (Health Belief Model, Theory of Reasoned Action). These are included in the Reference Materials folder.
- Vocabulary List (for those who did not receive it before the workshop). This is included in the Reference Materials folder.

Steps

1. Reflecting on Behavior Change (20 min)
   a. Ask participants to individually remember a change they have made (or tried to make) in their own lives; then try to recall the things they did to make and secure that change. Finally, reflect on the success of the change.
   b. Next, ask a few people to share their reflection asking: *What was the change you made/tried to make? What did you do to facilitate the change? How easy or difficult was it? What made it easier/more difficult? How long did the change take? Were you successful in making the change? Why? Why not?*
   c. Point out that some change comes about easily and doesn't need to be planned for; whereas other behavior changes are more difficult and need to be planned. In our jobs we are all agents of planned behavior change and as

such we need to be cognizant of the steps in the process of planned change and our role in that process.

2. Identifying the Steps in the Process of Planned Change, Our Roles and the Community's Role (60 min)
   a. Divide the participants into small groups of about 5 people each and pass out the first set of pages in the Process of Planned Change Game (the written steps). The set of papers are now out of order. The participant's task is to tape the steps on the wall in the order that makes sense to the group.
   b. Once the group has ordered the first set of papers, pass out the second set of papers explaining that these represent the community's action (the steps with the stick figures). They should put these papers in order underneath the steps of change they have already posted.
   c. Next hand out the third set of papers explaining that these represent the role of the change agent (the steps with the woman).
   d. When finished, the steps should be lined up and the corresponding roles/actions of the community and change agent underneath each step. **Note**: There is an answer key to the Process of Planned Change Game in the Reference Materials folder for the facilitator.
   e. Once the three groups are finished, ask them to visit the other's display and compare their results
   f. The facilitator will lead a discussion of the change process asking such questions as:
      - What did you learn from this exercise?
      -Does everyone in a community or priority group go through the stages of change at the same pace?
      -Once a person reaches a certain stage of change, do they ever regress to a prior stage?
      -Does behavior change happen more effectively if it is planned or if it is unplanned?
      -Do you think the changes you want your priority group and influencing groups to make will happen during the life of the project without a structured plan?

Note: Some might want to bring up the idea that in some countries (FSU), traditionally behavior change is dictated or is promoted by disguised coercion. *Does anyone have experience with that type of BCC strategy?* If so, *What are the*

differences between the process of planned change we just looked at and the disguised coercion approach?

3. Five Stages of Behavior Change (20 min)
   a. Ask the participants if they have ever heard of the Five Stages of Change. (pre-awareness, awareness/contemplation, preparation/decision making, action, maintenance)
   b. If so, ask them to name the stages and post the card with the name of that step. If not, then introduce the five cards with the names of the stages above the Steps in the Process of Planned Change, explaining that we need to be aware of (through formative research) the stage of behavior change that the community is in so that we can design the most effective strategy for their needs. Explain that if a community is already aware and knowledgeable about a problem and/or a solution, you don't need to spend a lot of time on education and awareness-raising. Explain that baseline KPC surveys are a good tool to identify which stage of behavior change a community is in. Once we know this, then we need to design for behavior change. To do that we will learn about a behavior change planning tool called the ***Designing for Behavior Change Framework.***

4. (Optional step for more advanced groups) (15 min) Using the PowerPoint slides or previously prepared flip chart diagrams, take the participants through the two models explaining the differences and similarities of each. Mention that the Designing for Behavior Change framework is an evolution of these models.

5. Distribute the key vocabulary list (to participants who do not have their copies with them) and clarify participants' burning questions.

Note: If questions will be answered during the sessions, provide a brief response and inform participants that the upcoming sessions will help to further elucidate these responses. If possible leave the Five Stages of Change taped to the wall during the workshop so we can refer back to the process later in the workshop.

Task #3: Overview of the Designing for Behavior Change Framework

Achievement Based Objectives: By the end of this task, participants will have:
- Identified the different parts of the Designing for Behavior Change Framework
- Indicated the steps to follow in designing a Behavior Change strategy
- Reviewed key points to consider when making the key decisions
- Reviewed a completed Designing for Behavior Change Framework

Time: 1 hr

Materials:
- Flip Chart of the Designing for Behavior Change Framework (spaces with the words covered up)
- Task 3 Handout 1: Blank Designing for Behavior Change (DBC) Framework (both vertical and horizontal formats)
- Task 3 Handout 2: Completed examples of DBC Frameworks (ITNs, HIV Testing, & Coffee production) (3)
- Task 3 Handout 3: Planning Guide - Steps in the DBC Process
- Optional: Task 3 Handout 4: DBC process flowchart (This can be drawn on a Flip Chart as well.)
- Task 3 Handout 5: The Five Principles

Steps

1. Introduction - Elements of a Behavior Change Strategy

Option One - Brainstorming: Ask the participants, *based on your current programs, what are some of the key elements you should consider when you are designing the behavior change strategy of the project?*

Option Two - Eliciting the 5 key decisions based on a program description: Ask a volunteer to briefly explain the key elements of their program focusing on one key behavior. Before the volunteer begins, ask the participants, to listen carefully and to be thinking about the important decisions which were made to plan for behavior change. (**Note**: facilitators should have an example to share in case no one volunteers)

For Options One & Two: as participants mention anything related to the five decisions (behavior, priority group, determinants, key factors and activities), write

these down on the flip chart; or have signs prepared ahead of time on colored construction paper with the names of different components of the framework, leave some blank to write on as participants mention additional elements that are relevant; post on wall as they are mentioned. Post all valid responses (regardless of whether they are included in the DBC Framework), congratulate the participants for creating an even more detailed framework, and explain that these elements will remain in the room so that participants can compare them to the framework that we are about to introduce. (Go to Step 2)

2. The Designing for Behavior Change (DBC) Framework
   a. Introduce the framework, by saying that a tool has been developed to help us think about the different things that need to be considered when designing/reviewing a behavior change strategy; this is the **Designing for Behavior Change Framework.**
   b. Show the framework on a large flip chart: Point out the different parts of the chart as you reveal each section, making reference to any corresponding responses provided by the participants in Step 1. Ask participants to follow along on their Blank DBC Framework (Task 3 Handout 1).
   c. Give a brief explanation for each of the five decisions, briefly explaining a bit about each element and how they relate to each other.
   d. Distribute Task 3 Handout 2 - the completed DBC frameworks - and ask participants to refer to a specific framework, as you walk them through the example addressing any questions. (**Note**: facilitators can use either the landscape or portrait version depending on their preference & select the example they would like to review ahead of time).
   e. Distribute the Task 3 Handout 3 - "Planning Guide" - and review. Address participants' questions about each step.

4. Optional: Distribute the DBC Flowchart (Task 3 Handout 4) and point to the example on the flip chart; discuss the example and answer questions. If possible, leave this in the room and refer to it as you begin each step.

5. Summarize by discussing the Task 3 Handout 5 - "Five Principles." Respond to questions.

*Blank Designing for Behavior Change Framework - Program Objective:

Behavior[1]	Priority or Influencing Group[2]	Determinants[3]	Key Factors[4]	Activities[5]
To promote this behavior:	***among this audience:*** (circle one) **Priority Group:** **Influencing Group**	***we will research these determinants:*** (Circle the most powerful)* **Access, Self-Efficacy, Perceived Social Norms, Perceived Positive Consequences, Perceived Negative Consequences, Perceived Severity, Perceived Susceptibility, Action Efficacy, Perception of Divine Will Cues for Action** *These can only be determined after conducting qualitative research	***and address these key factors (priority benefits and priority barriers):*** 1. 2. 3.	***by implementing these activities:*** 1. 2. 3.

[1] What is the feasible and effective behavior to promote?
[2] Who are the priority groups and influencing groups?
[3] What are the most powerful determinants?
[4] What key factors need to be addressed?
[5] What activities will be implemented to address the key factors?

*** Adapted from AED's BEHAVE Framework**

Example 1. Designing for Behavior Change Framework – ITN use for Children under Five in Mali
Project Objective: Increase the practice of malaria prevention behaviors

Behavior *To promote this behavior……*	Children under-five (CU5) sleep under an insecticide treated mosquito net consistently
Priority or Influencing Group *Among this audience….*	Priority Group Mothers of children under five years of age, who all speak Bambara, are illiterate and live in the rural areas in Kolendiaba District. Most mothers work at home and in the fields; some are in families of multiple wives. They all want to have healthy children and to be perceived as good mothers and wives; most do not have access to bed nets and some are not convinced that they can prevent malaria. They are not all aware that malaria is caused by being bitten by mosquitoes but they know that malaria is a serious disease especially for children. They know that lots of people get malaria. Influencing Group (identified through research) Husbands of women with < 5 children – are heads of the household, proud to be fathers, most are subsistent farmers; some have more than one wife, they are not very involved in the decisions related to raising small children; they control most of the money in the family – they get preferential treatment in the household.
Determinants *We will research these determinants…*	After research, underline the most powerful determinants Access, self efficacy, perceived social norms, perceived positive consequences, perceived negative consequences, perceived severity (risk), perceived susceptibility, action efficacy, perception of divine will, cues for action.
Key Factors *And address these key factors…* *(priority benefits & barriers)*	1. Improving availability of ITNs 2. Increasing perception that ITNs are affordable- worth the price 3. Improving the equitable distribution of ITNs to households 4. Increasing specific knowledge regarding the connection between malaria and mosquitoes & that nets can prevent malaria 5. Increasing perception that nets are effective in preventing malaria 6. Improving availability of retreatment kits
Activities *By implementing these activities…*	1. Establish credit mechanisms for the purchase of ITNs through village cotton producers associations and their promoters 2. Establish a multi channel behavior change communication strategy which includes health talks, household visits, and radio broadcasts 3. Offer single use retreatment kits through the village drug kit

Example 2. HIV testing during prenatal visits in El Salvador- Designing for Behavior Change framework

Program Objective: Increase the number of women who receive HIV testing during prenatal care visits

Behavior	Priority or Influencing Group (circle one)	Determinants	Key Factors	Activities
To promote this behavior: Women who attend antenatal care accept an HIV test during their visit **Indicator** % of women who accept an HIV test during antenatal care visits (Numerator: # of pregnant women who accept an HIV test; Denominator: Total # of pregnant women in project area)	***among this audience:*** **Priority Group:** **All** pregnant women who attend antenatal visits; most lack knowledge about antiretroviral availability & many doubt effectiveness	****We will research the most powerful determinants:*** **Access** **Self-Efficacy** **Perceived Social Norms** **Perceived Positive Consequences** **Perceived Negative Consequences** **Perceived Severity** **Perceived Susceptibility** **Action Efficacy** **Perception of Divine Will** **Cues for Action** *****These can only be determined after conducting qualitative research	***And, we will address these key factors:*** • Increasing the availability of test kits • Increasing perception that all pregnant women get tested (that it is "the right thing" to do to protect your baby) • Improving perceived consequences of HIV+ diagnosis (it's not equal to death sentence) • Reducing the perception that everyone will know my status because there is no privacy at the clinic	***By implementing these activities:*** 1. Advocacy (budget allocation/donation) **Indicator:** % of budget allocated to local HIV activities (for purchase of test kits) 2. Utilize BF & + women's support groups to inform pregnant women that getting tested is "the right thing to do" & HIV is not a death sentence **Indicator**: # of active members of support groups who report giving correct message to > 5 pregnant women; % pregnant women who state HIV is not a death sentence 3. Improved Logistics Mngmt **Indicator:** % of antenatal sites which have been improved to include a private physical space for

Behavior	Priority or Influencing Group (circle one)	Determinants	Key Factors	Activities
			• Increasing specific knowledge about the availability and high effectiveness of ARV treatment	VCT 4. Health worker training in VCT (voluntary counseling and testing) **Indicator:** % of health workers having completed VCT training who can state effectiveness of ARVs & where to obtain them

Example 3. Coffee Producers in Honduras - Designing for Behavior Change framework for Desired Agricultural Practice

Decision	Response	Indicators
Behavior	Appropriate and timely pruning of coffee trees	-Number or percent of coffee producers pruning trees two years in a row. -Number of hectares being pruned annually.
Priority Group	Small scale coffee producers: • Very low levels of education • Low incomes • From small under-developed communities	-Number of family producers of coffee who have participated in the training (package). -Number of producers who have visited other producers with successful experiences.
Determinant	**(Underline the most powerful)*** Access, Self-Efficacy, Perceived Social Norms, Perceived Positive Consequences, Perceived Negative Consequences, Perceived Severity, Perceived Susceptibility, Action Efficacy, Perception of Divine Will, Cues for Action ***These can only be determined after conducting qualitative research	
Key Factors	-Decrease the perception of risk – risk of losing some product, risk of investing effort for no significant return. -Increase the perception of positive consequences – increased production. -Increase the understanding of cost-benefit of pruning coffee. -Increase the capacity of coffee growers to develop long-term plans for pruning coffee trees.	-Number of coffee producers who have developed plans for pruning management on their farms to be implemented in the midterm period (2-5 years).
Activities	-Train the coffee producers in the cost-benefit of pruning, in the technical aspects, and in market analysis and alternative markets.	-Number of producers who demonstrate pruning techniques, can explain cost-benefits, and have identified better markets.

Decision	Response	Indicators
	-Arrange cross-visits between coffee growers to learn from the positive experience of other producers. -Promote planning improved varieties of coffee including messages about the pruning care needed by each variety. – demonstration sites -Strengthen the local producers' organizations as channels of information, training, and to make small producers aware of the funds due to them through the national Coffee Fund. -Promote staggered pruning to alleviate time stress, and teach producers basic planning. -Orientation of coffee producer associations and cooperatives and provision of training materials.	-Number of producers who have long-term maintenance plans for pruning. -Number of producers and number of hectares pruned during first year after training. -Number of training replications by producer associations and cooperatives.

Planning Guide – Steps in the Designing for Behavior Change Process

1) Define the ideal behavior (well-written behavior statement).

2) Identify and describe the priority audience (Demographics).

3) Select appropriate qualitative research methods (BA, DND, other).

4) Carry out the qualitative research (to identify the most important determinants).

5) Analyze the findings.

6) Add more detail to the definition of the priority audience (5 ways) .

7) Identify the most powerful determinants that facilitate or impede the change (according to BA or DND results).

8) Describe the influencing group.

9) Write the key factors.

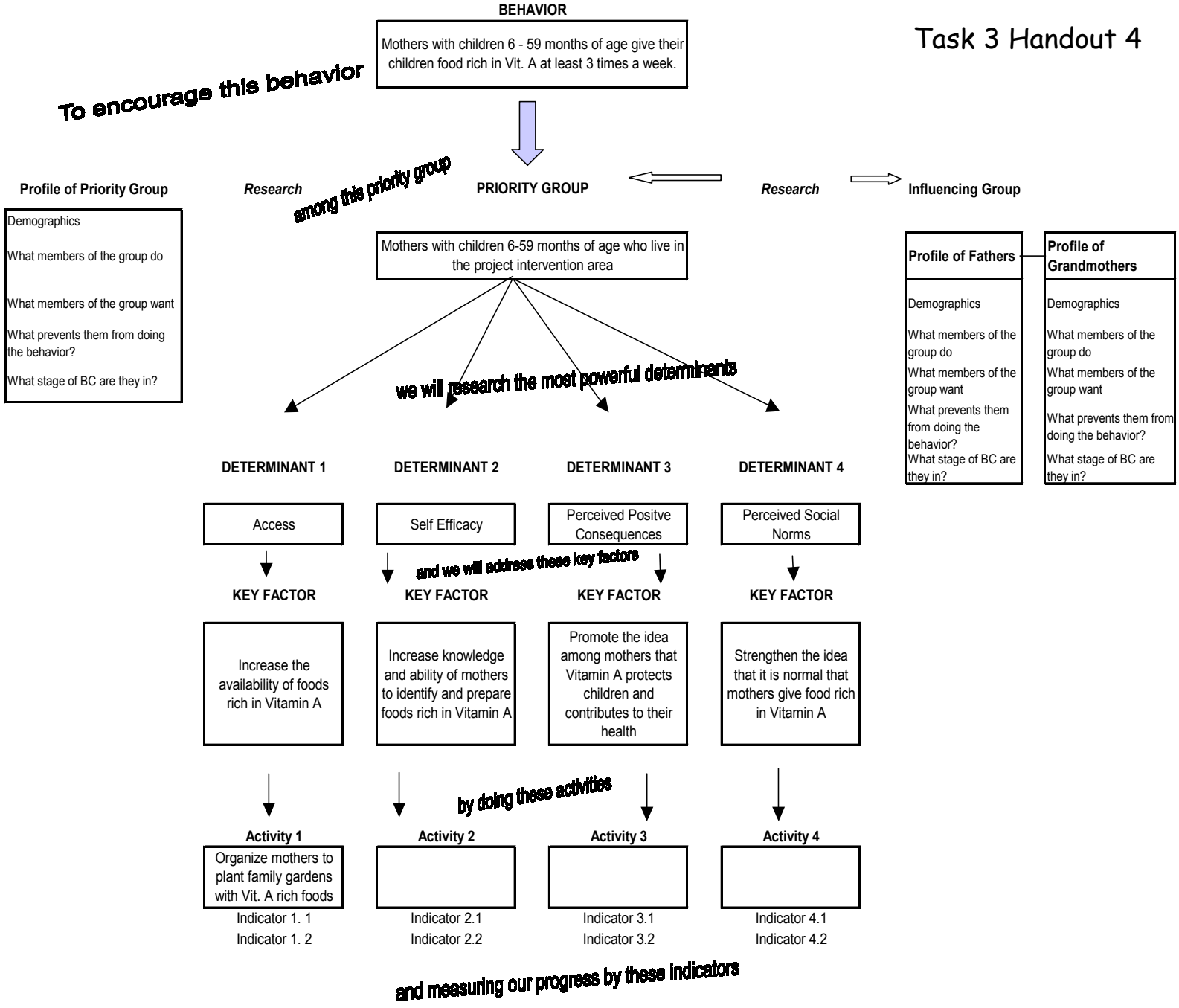
10) Choose activities for the project that address the key factors (Criteria for Selecting…).

11) Establish indicators to monitor the effectiveness (Not described in this training).

12) Complete the behavior change strategy with details for implementation (time lines, budget, training plans, etc.).

13) If necessary (if communication type activities are identified as part of the strategy), develop Communication Plan.

Task 3 Handout 4



The Five Principles

1) Know exactly who your group is and look at everything from their point of view

2) Action is what counts (not beliefs or knowledge)

3) People take action when it benefits them; barriers keep people from acting

4) All your activities should maximize the most important benefits and minimize the most significant barriers

5) Base decisions on evidence, not conjecture, and keep checking

*

The Five Principals handout is adapted from materials originally developed by AED.

Task #4: Defining and Selecting the Feasible & Effective Behavior

Achievement Based Objectives: By the end of this task, participants will have:
- Assessed the appropriateness of the behaviors they mentioned on their LNRAs
- Written a well-defined behavior statement
- Assessed the relative difficulty of various behaviors

Time: 1 hr 30 min

Materials:
- Task 4 Handout 1: What is a Behavior? (Write this on a Flip Chart as well.)
- Flip chart with example behaviors as mentioned on the LNRA (some well written, some not)
- Index cards with 2 - 3 MCH interventions written on them (one per participant)
- T-chart with "Easy – Hard" written at the top
- Post-its and markers
- Flip chart of summary points

Steps

1. Introduction (5 min)
   Explain that we will now begin to examine each part of the DBC framework individually and in more detail. As we do so, we will be doing some exercises and we will be developing our own DBC frameworks.

2. The Behavior Statement (15 min)
   a. Point to the large DBC framework (and optional DBC process flow chart) on the wall and explain that we are now working on the first decision: **What are the right behaviors to promote?** Ask: *Why is it important that we define a behavior clearly and in a certain way?* [Response: so that we all agree on what change we are striving for and we will know how to plan for and monitor the change]. Mention that we will now begin examining in detail each component of the framework and during the rest of the workshop we will be developing our own frameworks.
   b. Pass out Task 4 Handout 1, and post the flip chart with the definition of a behavior.
   c. Show a flip chart with some of the behaviors that were mentioned on the LNRAs. Ask: *Do all of these behaviors conform to the given definition? Why or why not? How would you change the behavior statement to fit the given definition?*

3. Writing a Clear Behavior Statement (40 min)
    a. Assign each participant 2 – 3 Maternal and Child Health (index cards with MCH interventions); each person will write 2 – 3 behavior statements <u>for each intervention</u>.
    b. In small groups share, comparing the various responses of fellow participants with the definition of a behavior; rewrite if necessary.
    c. A few participants will share some behavior statements with the large group.
    d. Through discussion talk about: vague behavior statements: "to drive safely;" differences between beliefs, attitudes, and knowledge; direct link to improved health (to sign up for an exercise class); differences between results and a behavior.

4. Behavior Scales (30 min)
    a. Ask the participants to name a behavior from their project that would be easy to make. Then ask them to name one that would be hard to make (write these on the flip chart). Ask: *Why is one hard and the other easier*? When the participants explain, transform their response into the comparative phrases we are looking for and write those on the T-chart for this session. Introduce the idea that some behaviors have characteristics that make them more difficult to adopt and promote than others, and as change agents we need to keep this in mind when we are choosing the behaviors to promote. Ask: *Why is this important?* [Response: The harder the behavior, the more challenging it is to promote and the more time is needed.]
    b. Working with the large group and continuing to use the T-chart, generate a list of characteristics that would make a behavior either easier or more difficult to adopt/promote. Write these characteristics on the T-chart.
    c. For each characteristic, ask participants to also share one example of a behavior with that characteristic.

<u>Prompt participants until all of the following behavior characteristics are listed</u>
(Use this list for the T-chart):

- one time/on-going or frequent;
- no skill/complex skills;
- immediate positive result/delayed result(or immediate negative result);
- no cost/high cost;
- little time/a lot of time;
- fits with social norms/against social norms;

- resource always available/resources seldom available;
- requires one person/required many people;
- single step/multiple steps;
- low tech/high tech;

5. Conclusion
   Conclude with a brief discussion about ways to involve the community in identifying the behaviors to promote: some may include Positive Deviance, and negotiated behavior change.

Summarize the main points of the session: WRITE THESE ON THE FLIP CHART

- People's actions are what counts
- The behavior must be observable, measurable, context-specific, feasible and contribute to a positive outcome (effective)
- Use data when defining the behavior you will promote – don't guess!
- Seek community input into defining the behavior – get buy-in right from the start!

WHAT IS A BEHAVIOR?

A Behavior is…

- **An Action**
- **Observable**
- **Specific (time, place, quantity, duration, frequency)**
- **Measurable**
- **Feasible**
- **Directly linked to an improved outcome**

*

* This handout is adapted from materials originally developed by AED.

Task #5: The Priority and Influencing Groups

Achievement Based Objectives: By the end of this task, participants will have:
- Practiced identifying different points of view
- Described a priority and influencing group in five ways
- Described how priority and influencing group characteristics influence the choice of behavior strategy

Time: 2 hr 20 min

Materials:
- Large DBC framework (from Task #3)
- Flip chart with definitions of Priority Group and Influencing Group
- Cards indicating a MCH behavior and priority group or influencing group
- Task 5 Handout 1: Five Ways to Describe your Priority and Influencing Groups
- Task 5 Handout 2: Example of 5 ways to describe your Priority Group
- Task 5 Handout 3: Describing your Priority/Influencing Groups (blank)
- 5 names of priority and influencing groups (from LNRAs) and corresponding interventions

Steps

1. Introduction (5 min)
   Explain that we are continuing to work on the DBC framework. Refer the trainees back to the large DBC framework on the wall and ask them which part of the DBC framework we are now working on. [Response: Priority and influencing groups]

2. The Priority and Influencing Groups (20 min)
   a. Let's look more closely at the second decision. Ask, *"Who are the priority and influencing groups?"* Refer to the flip chart with the definitions and review the meanings of both terms. Refer participants to the examples of completed DBC frameworks from Task #3.
   b. Explain that the priority group is made up of the individuals responsible for doing the behavior. Sometimes there is confusion when the behavior is done to a child (breastfeeding, vaccination, sleeping under a mosquito net). In this case the mother or caretaker is the priority group.
   c. The influencing group is THE GROUP that most directly influences the action of the priority group (for example, there may be many people we'd like

to influence such a CHWs and nurses, but we need to prioritize which ones will have the most direct influence on the priority group, for example, mothers-in-law). Selection should also be based on positive potential – choosing those who prevent the priority group and are unlikely to change should not be the first choice.

3. Priority and Influencing Group Characteristics and the Implications (60 min)
   a. Ask participants to refer back to the example of the completed DBC framework and to read the description of the priority group. Ask them to categorize the types of information provided and write the list on the flip chart or just ask participants to respond out loud.
   b. Distribute Task 5 Handout 1 - "Five Ways to describe your Priority and Influencing Groups". Explain that the more specifically you can describe your priority and influencing groups the more effectively you will be able to design your intervention. There are five categories of description as shown on this handout. Explain each of the five categories, giving the definition. Ask for 1 volunteer to read the example in the handout. While reviewing the example, point out how the Behavior Change strategy designer would take the information into consideration when designing a BC strategy. For example, if the priority group is not literate, then written materials should not be used. If they do not listen to the radio then this channel of communication will not be most effective.
   c. Pass out Task 5 Handout 2, an example of 5 ways to describe your Priority Group. Invite participants to review the example and ask any questions.
   d. Distribute Task 5 Handout 3. Ask each person to think of a priority group they work with in their projects. Each person will describe this group in as much detail as possible using all of the 5 categories.
   e. Next to each descriptor box, ask each person to write a few lines that describe the implications that these characteristics have on the design of a BC strategy.
   f. Ask some participants to report out, responding to the questions: *What were the characteristics of the audience and what were the implications?*

Note: If the influencing group's behavior is most important to the behavior change, then a DBC framework for should be developed for the influencing group alone and take priority. An example might be Female Genital Cutting (FGM) where one often works primarily with the women who do the cutting.

4. Whose Point of View? (50 min)
   a. Explain that it's not enough just to be able to describe your audiences in detail, you also need to look at everything from the perspective/point of view of the priority group. Ask: *Why is this important? What will happen if we don't consider things from the priority group's perspective?* [Response: we will not be able to motivate them toward the desired behavior.] Discuss the fact that we often mistakenly assume that just because the project staff comes from the target country that they know the perspective of the priority and influencing group. Ask: *Why isn't this true?* Take questions.
   b. Explain that we will now practice "seeing things" from another's "point of view".
   c. Working in pairs, assign half the pairs a typical MCH behavior (immunization, ORS use, complementary feeding, etc) and a priority group (urban married women who have not completed primary school; rural married women with no children who attended some primary school; and female heads of households with two or more children in a rural area). Assign the other half of the pairs the same MCH behavior and an influencing group (leaders, politicians, fathers, mothers-in-law, grandmothers, health care providers).
   d. Ask each pair to write all of the perspectives they think their audience might have about the assigned behavior (pros and cons).
   e. Pairs with the same MCH behavior, but different audiences, will share "the perspectives" of their audiences and discuss how they would take these perspectives into consideration when designing a BC strategy.
   f. Ask for volunteers to role-play a conversation between the priority group and influencing group about the behavior. This will be shared with the entire group.
   g. Close this activity by asking the participants: *Is it OK for us to presume that we know the priority audience's perspective?* [no] *Why? How do we get to know our audiences' perspectives?* [Response: by conducting qualitative studies on the priority and influencing groups.]

5. Summarize the main points covered during this session. (5 min)
   a. Look at everything from the priority group's point of view.
   b. Maximize your resources by reaching the largest number of people through the same message, materials or activities.
   c. Describe your priority group with as much specificity as possible (use the five ways).
   d. Design your BC strategy taking into consideration the groups'

characteristics.

e. All decisions about the priority group should be based on research with the group, not just on project staff assumptions.

Task 5 Flip Chart

Priority Group = the group of people who will perform the positive behavior

Influencing Group = the group of people who influence the priority group, who can either support or prevent the priority group from adopting positive behaviors (e.g. fathers, older women, traditional healers, community and religious leaders)

Five Ways to Describe Your Priority Group

1. Demographic features

2. Something most group members DO

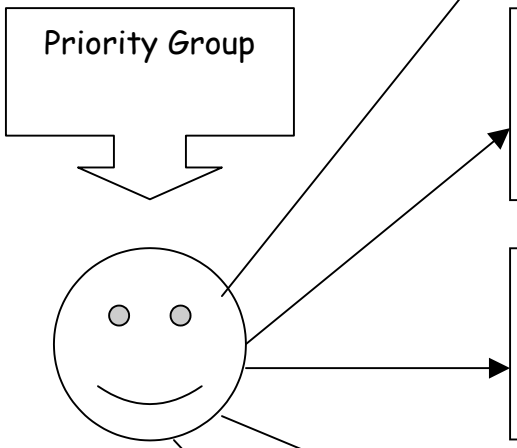
3. Something most group members WANT*

4. Something that keeps the group from "doing the right thing"

5. Readiness to adopt the new behavior (Stage of Change)

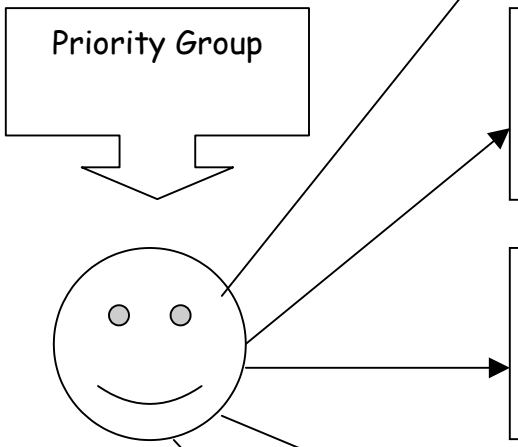
* This handout is adapted from materials originally developed by AED.

Task 5 Handout 2



1. Demographic Features: age, income, residence, skill set, language, education level etc	1. Rural Mayan women 18-38 years old; live in Huehuetenango; majority are non-literate; a third work outside the community; 20 are single
2. Things that members of the priority group do: Common behaviors, practices	2. Give foods from 6 months; breast-feed; give bottle; majority attend IMCI-Counseling sessions
3. Things that members of the priority group want: Common desires	3. Healthy babies; better homes; education for their children; better source of income
4. Things that prevent members of the priority group from "doing the right thing": Common barriers	4. Work outside the home; incorrect information about ideal practices; limited time; too many children closely spaced
5. Stages of Change: Common levels of readiness – pre-awareness, awareness, decision-making, action, maintenance	5. Awareness/contemplation about giving their babies only breast milk for first 6 months

TASK 5 HANDOUT 3



1. Demographic Features: age, income, residence, skill set, language, education level etc	1.
2. Things that members of the priority group do: Common behaviors, practices	2.
3. Things those members of the priority group want: Common desires	3.
4. Things that prevent members of the priority group from "doing the right thing": Common barriers	4.
5. Stages of Change: Common levels of readiness – pre-awareness, awareness, decision-making, action, maintenance	5.

Daily Evaluation Form - Day 1

Please indicate below your overall satisfaction with each of the sessions that you attended today, and offer any ideas you have on how to improve these sessions.

A. Session 2 – Introduction to Behavior Change

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

B. **Session 3 – Overview of the Designing for Behavior Change Framework**

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

C. Session 4 – Defining and Selecting the Feasible & Effective Behavior

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

D. Most useful thing about today:

E. The thing I'm still confused about:

Day 2

Task #6: Energizer – Sing It!

Achievement Based Objectives: By the end of this task, participants will have:
- Created and sung a song about things they learned the previous day
- Reviewed the program and objectives for day

Time: 40 min

Materials:
- Schedule for the day
- Objectives for the day

Steps

1. In teams of 5 people, participants will compose a song that captures the ideas covered the day before and how they can be used in their work. Participants will have 10 minutes to compose it. Each team will perform their song for the group.

2. Review the schedule and objectives of the day with the participants.

3. Go over evaluation of day one if anything needs to be adjusted or addressed.

Task #7: Our DBC Frameworks Part 1: Describing the Behavior and Priority Group

Achievement Based Objectives: By the end of this task, participants will have:
- Described their assigned priority group in detail
- Considered which behaviors relate to the assigned intervention
- Written a complete behavior statement that conforms to the guidance provided previously

Time: 1 hr

Materials:
- List of DBC groups
- Flip chart with instructions for group work
- Assigned priority groups and interventions (one per DBC group)
- Blank Designing for Behavior Change Frameworks
- Flip Chart size DBC frameworks for each small group with sections for Behavior and Priority Group

Facilitator's Notes:

Situation #1: If your training group contains 2-3 participants per project from each of several different countries or regions, group them according to their projects (select interventions according to what they have written on their LNRAs).

Situation #2: If participants are all from different countries, select 4-5 interventions and geographic areas according to the projects listed on the LNRAs (select those which represent interventions that the majority of the group may be interested in); let participants join their own groups (approximately 5 people per case study group).

Situation #3: If all participants come from the same country or the same project, group them according to different sub-topics of the intervention. For example, if the key intervention area is malaria, you may want to group people in the following way: group 1- ITN use for U5s, Group 2- Immediate Care & Treatment for U5s, Group 3- IPT for Pregnant Women, Group 4 - ITN use by pregnant women

Steps

1. Introduction (5 min)
   Ask participants to sit in their assigned groups. Explain that in this session we will start to develop our own DBC Frameworks, which we will complete by the

end of the workshop.

2. Starting Our DBC Frameworks – Behaviors and Priority Groups (40 min)
   a. Display the Task #7 Instructions on Flip Chart - Distribute the assigned priority groups and interventions to each group.
   b. Explain that each group will discuss the intervention provided and formulate a behavior statement according to the definition of a well-written behavior statement. Ask groups to record this statement on their individual DBC Framework.
   c. Ask each group to describe their priority group using the five descriptors discussed in Task #6 and write this on their individual DBC frameworks.
   d. Pass out flip chart-sized DBC frameworks (with Behavior and Priority group sections ONLY) to each group and ask each to write their results on the flip chart and post these on the wall.

Alternatively: Ask groups to record the behavior and priority group on their group's blank DBC Framework and modify Step 3 so that groups move from table to table to read and comment on each of the other groups' frameworks.

3. Gallery Walk sharing (15 min.)
   a. Invite the entire group (except for spokespersons) to do a gallery walk (if using flip charts). Explain that participants may ask for explanations from the spokesperson if necessary.
   b. Take a sample of comments from participants as to which behavior statements or priority group descriptions were particularly well-written and complete.
   c. Collect the partial DBC frameworks from each group.

Task 7 Flip Chart

Instructions for DBC Group Work

Defining the Behavior and Your Priority Group

1) Discuss the intervention and write the behavior statement according to the definition of a well-written behavior statement: action, observable, specific, measurable, feasible, direct link to improved health outcome

2) Describe your priority group in 5 ways

3) Write the priority group's description on your group's Designing for Behavior Change framework

4) Write these on a flip chart sheet/blank DBC framework

5) Decide upon a spokesperson for your group

Task #8: Identifying Determinants and Key Factors that Influence Behavior

Achievement Based Objectives: By the end of this task, participants will have:
- Reviewed a list of key determinants
- Matched key factors with determinants
- Named 3 powerful determinants
- Developed key factors for a list of determinants related to a behavior

Time: 2 hr 25 min

Materials:
- Sample Designing for Behavior Change Matrix, Example 1: ITN use for Children under Five in Mali (from Task #3)
- Flip chart with definitions of Determinants and Key Factors
- Flip chart with example Determinants and Key Factors (from Task 3 ITN Example)
- Task 8 Handout 1: Some Determinants that Influence Behavior
- Task 8 Handout 2: Writing Key Factors from Determinants
- Task 8 Handout 3: Matching Key Factors to Determinants
- Optional: Task 8 Handout 4: Big Benefits

Steps

1. Introduction (5 min)
   Ask the participants the following question: *Where are we on the Designing for Behavior Change Matrix?* [Determinants] Explain that we are now going to discuss the determinants of behavior change; a step in the design process that we often forget.

2. What is a Determinant of Behavior? (35 min)
   a. Ask participants*: How do you usually decide how to influence a behavior change*? (Various answers) Explain that many programs just jump from the behavior and priority group straight to the activities, without giving much thought to why people do what they do currently and what may be preventing them from adopting the healthy behavior.
   b. Review the flip chart with the definition of Determinant of Behavior.
   c. Ask the participants to read the definitions in Task 8 Handout 1 - "Some Determinants that Influence Behavior" and circle one determinant that strikes him/her as having the greatest influence on behavior change. Listen

to a sample from the participants.

d. Explain that social scientists have discovered that among all of the determinants, there are three that are more common and more powerful influencers of behavior change. These are Perceived Social Norms, Perceived Positive and Negative Consequences and Self Efficacy (skills). Ask participants to underline or star these on their list of determinants.
e. Explain that as mentioned earlier, determinants function as categories of factors that influence behavior change. But since they are a category they do not tell us specifically what needs to be done with the determinant. To do that we have to develop what we call Key factors.

3. What is a Key Factor? (45 min)
   a. Show the flip chart with the definition of a Key Factor. Explain that a key factor is more specific than a determinant and is related to a particular behavior. There is usually one key factor for <u>each determinant found to be important to the chosen behavior</u>.
   b. Show the flip chart with an example from the Task #3 - ITN DBC framework - with the behavior written at the top and the corresponding key factors. Stress that the key factor often tells us if we will "increase, improve or decrease" something. It tells us in which direction we need to address the determinant.
   c. Ask the participants to refer to their list of determinants and to tell you which determinant each key factor relates to.
   d. Divide the participants into small groups and refer to Task 8 Handout 2 – "Writing Key Factors from Determinants." Assign each group a behavior and a priority group which they can write at the top of the worksheet. Ask each group to write key factors for as many determinants as possible for the assigned behavior. When they are finished, ask them to exchange their papers with another group and discuss. We will hear from a sample of participants.

4. Matching Key Factors with Determinants (20 min)
   a. Divide the group into pairs, and ask them to read the example on Task 8 Handout 3 of some key factors associated with the use of ORS for children with diarrhea. Using the list of determinants in Task 8 Handout 1, the pairs will select the determinant that best matches each key factor.

5. Optional: Big Benefits Activity (40 min) **Note**: The following activity is most appropriate for Projects that will work with mass media.
   a. Read Box 1: Big Benefits on Task 8 Handout 4. Ask: *Do you think most people everywhere yearn for many of the items on this list? Do we need to add anything to this list?* Explain that we need to consider these "big benefits" when we think about the factors that influence behavior change. We will now do an activity to help us understand how to use big benefits in our work as behavior change agents.
   b. Have the participants count off from 1 to 12. Explain that each number corresponds to a big benefit. In your group or pair, you will have 5 minutes to develop a slogan or message about the importance of hand washing. You must use your Big Benefit in your message. Let's listen to an example: "Hand washing with soap makes your hands smell good and your skin feel soft!" (big benefit = pleasure)
   c. A few participants will share their results and discuss the benefit of this activity and lessons learned.

      Note: Sometimes, motivators in one culture may actually be important barriers in other cultures; for example, some women in a rural Bolivian area complained that when they used soap their husbands beat them (thinking that they were using soap to be more attractive to the opposite sex and that this meant they were cheating on them); in Senegal, however, women mentioned that they used soap because their husbands liked the way they smelled.

   d. Explain that we need to keep our eyes open for these big benefits as we learn how to identify the most powerful determinants for our priority group. Keep in mind that these are important motivators that can help people to change their behavior. They may be revealed especially when you learn what your priority group sees as the advantages (positive consequences) and who would approve (social norms) of the behavior.

Task 8 Flip Chart #1

Determinant of Behavior: A category of factors shown to motivate or determine a behavior for a given group of people.

Key Factor: A specific motivator that influences a given group of people to take a certain behavior.

Task 8 Flip Chart #2

Behavior: Children U-5 sleep under an ITN every night
Key Factors:

1. Improving availability of ITNs in villages. (access)
2. Increasing perception that ITNs are affordable. (perceived negative consequences)
3. Increasing perception that nets are effective in preventing malaria. (perceived action efficacy)

Some Determinants that Influence Behavior

<u>3 Most Powerful Determinants</u> (Identified through Doer/Non-Doer and Barrier Analysis Surveys):

Perceived Self-efficacy, Skills: an individual's belief that he or she can do a particular behavior; the set of skills or abilities necessary to perform a particular behavior.

Perceived Social Norms: perception that people important to an individual think that s/he should do the behavior; norms have two parts: who matters most to the person on a particular issue, and what s/he perceives those people think s/he should do.

Perceived Positive or Negative Consequences: what a person thinks will happen, either positive or negative, as a result of performing a behavior.

<u>Other Determinants (Identified through Barrier Analysis):</u>

Perceived Action Efficacy: belief that the action is actually effective in addressing the problem. E.g. the extent to which the audience thinks immunizations actually prevent communicable diseases; a mother's belief that sleeping under an insecticide treated net will be effective in preventing malaria.

Perceived Susceptibility (also known as Perceived Risk): a person's perception of how vulnerable they feel (could their child get diarrhea, malaria? Could they get HIV, STIs, etc.)

Perceived Severity: belief that the problem is serious. A mother may know that immunizations will prevent measles, but if she doesn't perceive measles to be a serious disease, she will probably not take her child for immunizations.

Perception of Divine Will: a person's belief that it is God's will (or the gods' will) for her/him to have the problem; and /or to overcome it.

Cues for Action: whether or not a person can remember to do a particular behavior or remember the steps involved in doing the behavior (a cue is something that helps you remember something else). Examples might be: a radio announcement reminding

* This handout is adapted from materials originally developed by AED.

people of the date and location of a vaccination post, or a sticker with the steps on how to make ORS written on it.

Additional Important Determinants:

Access: encompasses the existence of services and products, such as condoms, ITNs, and test kits, their availability to an audience and an audience's comfort in accessing desired types of products or using a service.

Policy: laws and regulations that affect behaviors and access to products and services. Policies affecting HIV include policies regulating land ownership for surviving spouses and children; HIV testing during peri-natal visits; ARV distribution; etc.

Culture: the set of history, customs, lifestyles, values and practices within a self-defined group. May be associated with ethnicity or with lifestyle, such as "gay" or "youth" culture. Culture often influences perceived social norms.

Task 8 Handout 2

Writing Key Factors from Determinants

Selected Behavior (including priority group)

Instructions: For each determinant write at least one key factor related to the selected behavior. Exchange your completed work sheet with another group. Provide suggestions (critique) the other group's work.

Determinant	Key Factor
Perceived Self-efficacy, Skills	
Perceived Social Norms	
Perceived Positive Consequences	
Perceived Negative Consequences	
Perceived Action Efficacy	
Perceived Susceptibility	
Perceived Severity	
Perception of Divine Will	
Cues for Action	
Access	
Policy	
Culture	

Matching Determinants to Key Factors

The determinants function as categories of key factors that influence behavior change. Therefore, a key factor will be more specific and related to a particular behavior. Let's look at an example of how key factors are used within the Designing for Behavior Change Matrix. With a partner, **read** the example on the following page of some key factors associated with the use of ORS for children with diarrhea. Using the list of determinants in Handout 8, **match** a determinant(s) with each key factor.

To promote: the administration ORS when their children have diarrhea	
Among: mothers with kids under age 5	
We will: (Key Factors)	**Determinants**
1) Build the skills to make ORS	
2) Increase perception that preventing dehydration by using ORS is valued and supported by their peers	
3) Decrease sense that using ORS instead of traditional medicine will create distrust	
4) Make sure mothers know where to get ORS	

Box 1: BIG BENEFITS – WHAT PEOPLE REALLY WANT	
1. LOVE	7. POSITIVE SELF IMAGE
2. RECOGNITION	8. SOCIAL ACCEPTANCE
3. PLEASURE	9. COMFORT
4. FREEDOM	10. PEACE OF MIND
5. SUCCESS	11. STATUS
6. SECURITY	12. POWER

* This handout is adapted from materials originally developed by AED.

Task #9: The "Exercise" Exercise

Achievement Based Objectives: By the end of this task, participants will have:

- Demonstrated that one's behaviors do not always match what they know or believe
- Analyzed the fact that raising awareness or increasing knowledge is often not sufficient to bring about behavior change
- Discussed new ways of describing or defining the target audience
- Deduced the importance of targets of opportunity and the necessity of conducting qualitative research

Time: 1 hr

Materials:

- Masking tape
- Flip chart
- Statements pre-written on flip chart paper
- Target Behavior Message on flip chart paper (see below)

Facilitator's Notes:

The "Exercise" Exercise has been tested and proven to be successful in a variety of countries. However, if you would like another option, you can use a behavior related to eating vegetables and fruit. Both examples are provided at the end of the task.

Steps

1. Explain that project implementers need to conduct in-depth audience research in each community as part of the baseline data survey and continuously throughout the life of the project. If used during project design, the qualitative research can be useful in helping project designers narrow down the list of behaviors to target once the research has been completed.
2. Explain that for this exercise, they (the participants) will each play two different roles: a community health promoter and a community member. Point out the behavior change goal written on the flip chart paper.
3. Tell the participants that before we decide how to address that goal, we're going to undertake some audience research—involving all of you as research participants!

4. Ask someone to remove the first blank sheet from each of the three stacks of papers taped to the flip chart or wall. Explain that three different knowledge statements are posted on the walls. Have a participant read them out loud (see Flip Chart instructions below).
5. Ask the participants to stand near the statement that most approximates their knowledge levels. When participants have settled next to a statement, ask: *What do you notice about the groups? How many are in each group? Other observations: Demographic observations? By profession? Gender? Age? Nationality? Language group? Region? Other?*
6. Tell participants "You've just divided yourselves into segments, or subgroups of the community, according to your stated knowledge level about exercise."
7. Tell the participants "We will now see what happens when we look at your beliefs."
8. Ask someone to remove the knowledge statement from each of the three stacks of papers to reveal the belief statement. Have a participant read them out loud.
9. Ask the participants to stand near the statement that most approximates their belief levels. When participants have settled next to a statement, ask: *What do you notice about the groups? What differences do you see? Other observations?*
10. Tell the participants "We will now see what happens when we look at your behaviors."
11. Ask a participant to remove the belief statements from each of the three stacks of papers to reveal the action statements. Ask participants to read the action statements and reposition themselves according to what they actually did (i.e. their behaviors).
12. Ask participants *"What differences do you see? Demographic observations? By profession? Gender? Age? To what extent did your knowledge and belief predict your behavior?"*
13. Stress that what we know and believe is often quite different from what we do. Introduce the terms "doer" and "non-doer." Explain that identifying doers and non-doers is an important part of this type of qualitative research.
14. While participants are still standing in their groups, ask *"If you had to pick one audience segment to work with first, which group would you pick?"* Introduce the term of 'target of opportunity', i.e. looking at groups that may initially be

more prone to change. This may be people with the greatest desire to change due to vulnerability, or those for whom the transition would not be difficult. Ask *"How else might you use this information in a BCC program?"* (identification of a Positive Deviant)

15. Now ask participants: *What did you learn about prioritizing?* Suggest that it is not always necessary or practical to divide by socio-demographic characteristics.
16. Ask participants*: What have we learned from this exercise?* Help to draw out the following themes:
    - What people do doesn't always reflect what they know or believe. That's obvious to all of us when we think about our own actions, but sometimes when we're planning health promotion, we forget this basic tenet.
    - Which would remind us that just giving people information is generally not enough—even convincing them of a new belief may not move people to take a beneficial action.
    - It's helpful for us in public health to identify the competing behaviors that are making appeals to our audience.
    - What new ways of segmenting become apparent?
    - Marketers look for targets of opportunity, that is: Where can I get the biggest bang for the buck (i.e. have the greatest impact from my investment)? Consider that we may be more successful at moving the "sometimes exercise" people to the goal than getting the "almost never exercise" people all the way there.
    - This activity points us toward the value of doing qualitative research.

Flip Charts - The "Exercise" Exercise

Behavior Change Goal: All adults will engage in at least 30 minutes of moderate physical exercise 4-6 times a week.

Three SETS of flip charts are needed for this game. Each Set has three pages as follows and page 1 should be on top of page 2 which is on top of page 3 for all sets. A blank sheet should be taped on top of page 1, so all pages are hidden. Tape them to the wall so it is easy to remove each page as they are revealed.

Set 1

p. 1: I know that getting exercise is very important. I have read multiple studies that prove it. I have also heard many advertisements promoting good healtthrough exercise.
p. 2: I believe that getting exercise is very important. I think that everyone should exercise regularly, at least four times a week.
p.3: Last week, I exercised between 4-6 times for 30 minutes at a time.

Set 2

p. 1: I have heard only that exercising can reduce your chance of heart disease.
p. 2: I believe exercise is somewhat important; most people should exercise 1-2 times a week.
p. 3: I exercised at least twice last week.

Set 3

p. 1: I know that many people are in shape because they exercise, but I'm not sure how they do it.
p.2: I think that we get enough exercise with the routine activities of the day.
p3: I did not do any exercise last week.

Alternate Behavior Change Goal - Eating vegetables and fruit

Note: Facilitators may choose to use the following behavior change goal instead of the Exercise example while following the same steps as the "Exercise" Exercise.

Behavior Change Goal: All adults will eat a serving of dark green vegetable or dark yellow vegetable or fruit at least once every day.

Three SETS of flip charts are needed for this game. Each Set has three pages as follows and page 1 should be on top of page 2 which is on top of page 3 for all sets. A blank sheet should be taped on top of page 1, so all pages are hidden. Tape them to the wall so it is easy to remove each page as they are revealed.

Set 1

p. 1: I know that eating a serving of dark green vegetable or dark yellow vegetable or fruit once every day is important. I have read technical information about nutrition which explains the benefits for preventing cancer and infections as well as for maintaining good eyesight

p. 2: I believe that eating a serving of dark green vegetable or dark yellow vegetable or fruit once every day is important for everyone

p.3: I try to eat eating a serving of dark green vegetable or dark yellow vegetable or fruit once every day

Set 2

p. 1: I have heard that eating a serving of dark green vegetable or dark yellow vegetable or fruit once every day is good for the eyes

p. 2: I believe that eating a serving of dark green vegetable or dark yellow vegetable or fruit once every day is important.

p. 3: I eat a dark green vegetable or dark yellow vegetable or fruit about once a week.

Set 3

p. 1: I know that vegetables are good for us.

p. 2: I think it's not important to eating a serving of dark green vegetable or dark yellow vegetable or fruit once every day.

p. 3: I rarely eat vegetables or fruit of any kind.

Daily Evaluation Form - Day 2

Please indicate below your overall satisfaction with each of the sessions that you attended today, and offer any ideas you have on how to improve these sessions.

A. Session 5 – Describing the Priority & Influencing Groups

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session

B. Session 7 – Our DBC Frameworks - Part 1: Behavior + Priority Groups

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session

C. Session 8 – Identifying Key Factors

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session

D. Session 9 – "Exercise" Exercise

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session

E. Most useful thing about today:

F. The thing I'm still confused about:

Day 3

Task #10: Energizer – Review of Concepts (unraveling the ball)

Achievement Based Objectives: By the end of this task, participants will have:
- Reviewed key concepts from Day 2
- Reviewed the program and objectives for Day 3

Time: 30 min

Materials:
- Ball made from flip chart paper secured with masking tape
- Strips of paper with review questions written on them (facilitator should prepare the questions & attach each to the ball so that it can be easily unraveled one question at a time)
- Schedule & objectives for the day

Steps

1. Ask participants to form a circle.

2. Explain, "As the ball is thrown to you, you must each pull off one strip of paper & answer the question written on it; after you respond, please throw the ball to someone else. You can ask others for help in answering the question if necessary."

3. Begin the game with a lively toss to a participant and continue the game until all of the questions have been unraveled & responded to. If incorrect or incomplete responses are given, ask participants to help their team mate.

4. Review the schedule and objectives of the day with the participants.

5. Go over evaluation of day two if anything needs to be adjusted or addressed.

Task #11: The Barrier Analysis and Doer/Non-Doer Survey

Achievement Based Objectives: By the end of this task, participants will have:

- Examined the 7 steps involved in conducting a Barrier Analysis
- Practiced developing questions for use in a Barrier Analysis
- Developed a questionnaire for use in a Doer/Non-Doer Survey

Time: 2 hr 15 min

Materials:

- Task 11 Handout 1: Four Tenets of the Barrier Analysis
- Task 11 Handout 2: Seven Steps of the Barrier Analysis (and BA Facilitator's Guides, if available, see "Useful Reference Materials" section)
- Task 11 Optional Worksheet 1 - Developing Questions about Determinants
- Task 11 Handout 3: Examples of 1-2 questions for each determinant category
- Blank notepaper for each small group

Facilitator's Notes:

Step 6: The behavior(s) included in the group work during this exercise should be selected directly from the projects that participants are working on – from the LNRAs, for example. Facilitators should also consult with in-country staff and conference organizers in advance to determine which behavior to use to ensure that participants will be able to find both Doers and Non-Doers and that the field work will be the most beneficial for the widest range of participants.

Alternately, if the group has participants from different programs/countries, facilitators can assign one of the behaviors listed below:
1) Pregnant women receive at least 4 prenatal consultations during their pregnancy. 2) Children < 2 years of age sleep under insecticide treated bed nets every night. 3) Mothers wash their hands after attending to a child who has defecated, after defecating, before cooking, and before eating. 4) Mothers seek immediate health care for their child when the child has a fever or diarrhea lasting 3 days. 5) Husbands use condoms each time they have sex with someone other than their spouse. 6) Mothers feed their children of 7 months 5 small nutritious meals per day.

Steps

1. Introduction to Barrier Analysis (10 min)

a. *Ask: In the earlier example you gave of your efforts to change, what obstacles or barriers to behavior change did you encounter? Did you know in advance that these would be barriers? How does knowing that the barriers/obstacles to behavior change help us to promote change?*
[Response: allows us to work on removing the barriers]

b. Ask participants: *Have you ever done a survey to identify barriers?*
<u>If the response is yes</u>, ask 1-2 participants to share their experiences and focus on the steps they used in conducting the research and analyzing the data, covering the key points below.
<u>If the response is no</u>, explain the following key points:

- A Barrier Analysis is a survey that focuses on identifying what is preventing the priority group from adopting the behavior. To identify the key barriers, the priority audience is asked a series of questions to identify **8 potential determinants** (most of which are "barriers") that can block people from taking action. The questions also identify <u>what the respondent feels</u> are the key benefits (**positive consequences**) of an action. These can then be used as "promoters" to "sell" a behavior during health promotion or other educational efforts. The results of the questions are compared amongst groups of people who already have adopted the new behavior - we call these people "doers" - and people who haven't yet adopted the new behavior – called the "non-doers." By comparing these two groups we can see which behavioral determinants seem to be the most important.

- All too often, program planners' focus on increasing knowledge about the benefits – but lack of knowledge is not usually the biggest barrier. The BA tool enables us to break out of our default mode to consider what factors really make the difference between those who do the behavior and those who do not. Program implementers have learned over the years, that helping people overcome key barriers to behavior change may be one of the most effective ways to help them change their behaviors (some examples of barriers: transportation, unsupportive spouse or mother-in-law, cultural taboos, etc).

2. Four Tenets of the Barrier Analysis (10 min)

a. Ask participants to take a few moments to read silently the Task 11 Handout 1 – "Four Tenets of the Barrier Analysis". Ask participants to underline points that seem important or particularly relevant to them. Ask a few participants to comment. Respond to questions and let participants know that you will be discussing the BA in more detail.

3. Introduction to Barrier Analysis - What is it? (30 min)
   Describe the BA while referring to the following elements:

- **Number of Categories of Determinants**: Barrier Analysis examines 8 behavioral determinants. Ask the participants to find their list of determinants in Task 8 Handout 1 and see which determinants BA covers. Among them are: Perceived Susceptibility (also known as Risk), Perceived Severity, Perceived Divine Will, Perceived Action Efficacy, Cues for Action, etc.

- **Who is interviewed:** In BA, the questions are asked of *individuals from the priority group;* their responses are compared based on whether they are Doers or Non-Doers (if they practice the behavior, they are considered "Doers")

- **Sample size**: Barrier Analysis requires a sample size of 60-85 individual interviews of Doers & 60-85 individual interviews with Non-Doers for the best results.

- **Resources**: Compared to some other qualitative research methods (such as Doer/Non-Doer Analysis), Barrier Analysis requires more human and financial resources to conduct since it requires a larger sample size and a longer questionnaire taking into account an additional 5 categories of determinants; nonetheless, if the target population is accessible (and both Doers & Non-Doers can be easily identified), research on one behavior can be done using either method with a team of 2-4 people in about 2 days.

- **When to use the method:** Barrier Analysis can be used at project start-up (for example prior to detailed implementation planning) which is the ideal time to plan a behavior change strategy, or at midterm or at final evaluation for a project which will have a follow-on if a BC strategy is needed or needs adjustment at that time. In addition, some organizations conduct a BA more

frequently in order to research many behaviors during a longer project (e.g. Food for the Hungry conducts a BA on the behavior they intend to promote, such as Exclusive Breast Feeding, before each 4-month teaching module).

- **Quality of data:** Because BA uses a large sample and looks for statistically-significant differences between Doers and Non-Doers, it is probable that the determinants found to be different between the two groups are true differences (not just due to chance). Also, BA looks at more determinants, interviews more people, and is more likely to find important differences between the two groups.

- **Analysis**: A questionnaire is developed and used, then a coding guide is developed after collecting data from doers and non-doers; the project team compiles the data from all doers and non-doers, using the totals as the denominator and the number of individuals who responded in the same way as the numerator. The team calculates the percentages and looks for the largest gaps between doers and non-doers for each type of response - the larger the gap, the more likely you are to identify determinants that are important for the priority group. A 30 point difference between the two groups for the same response is more likely to be significant than an 8 point difference for example. See pp. 65-70 of the BA Facilitator's Guide for more information. **Note:** An excel spread sheet to help you input and calculate differences can be found in the Reference Materials Folder. It can also be downloaded from: http://www.foodsecuritynetwork.org/resources/food_security/health/BA_Results_Reporting_Tabulation_Template_Aug_07_FH.xls

- **Example from the field:** In Mozambique, program staff looked at determinants related to Exclusive Breastfeeding behaviors by comparing 45 Doers & 45 Non-Doers. They found 9 important differences between Doers. 84% of Doers said that having the mothers eat a balanced diet made it easier for them to exclusively breastfeed, vs. 49% of Non-Doers. 84% of Doers believed they could do the preventive action if they wanted to, vs. 42% of Non-Doers. 64% of Doers thought that doing the preventive action would help their child avoid getting the disease (diarrhea) vs. 47% of Non-Doers (while this was a 17 point difference between the 2 groups, there was a 9% probability that this difference was purely due to chance (p=.09), so the project personnel decided not to focus as heavily on this determinant.

- **Follow-up with Other Qualitative Methods**: Other qualitative research is useful to follow-up the BA. For example, if we learn from the question about disadvantages (Perceived negative consequences) that mothers perceive the desired action will actually make the child sicker, then, we need to do follow-up focus groups to find out where that belief comes from. Similarly, if many people answer that it's more difficult to eat protein-rich foods because of the cost, then we need to learn what the actual cost is and what they are willing to pay, what else they are spending money on that could be diverted to this action, whether the doers are more affluent, etc. While BA should help you identify the most influential barriers, it may be less effective when it comes to finding what truly motivates people, including the "Big Benefits." Therefore, it can be useful to follow-up this approach with focus group discussions or a Participatory Learning and Action activity. Also, this, and other qualitative methods, can also be used effectively when a BA is not possible because of lack of doers, for example, when introducing a completely new behavior (e.g. solar water disinfection).

- ***A common question: Quantitative or qualitative?*** Barrier Analysis is both qualitative and quantitative. It has open-ended elements that help us to describe how the two groups think (which makes them qualitative in nature), but it also has quantitative elements (e.g. the comparison) which allow us to say which differences are important. Since neither tool measures *prevalence* of a particular belief, most people do not think of it as quantitative; however, quantitative information is being collected (e.g., what was said more often).

4. Identifying Doers and Non-Doers (10 min)
   a. *Explain*: Often, one of the most difficult steps in conducting a Barrier Analysis is identifying enough Doers, so let's brainstorm for a moment…
      - *What are some of the ways we might be able to rapidly identify doers and non-doers? For example in the case of ITN use – How would you describe a "doer?" Now, how would we find or identify who is a real "doer"?*
      - *What do we do when people are on the borderline? How do we decide if they are a doer or a non-doer?* (E.g. slept under an ITN 4 out of 7 nights this week.)
      - *What question(s) should we ask to distinguish doers from non-doers?* (Mention that these questions are called "behavior questions." For

example, "What food or drink did you provide your baby with during the last 24 hours?")

b. *Explain:* Often, researchers must "draw a line" to divide Doers from Non-Doers, and if the question is phrased slightly differently, respondents may be categorized differently. That does not mean, necessarily, that one measure is better than another. It demonstrates, though, the care that researchers must take in consistently defining Doers and Non-Doers. For example, in a National Hand-washing Campaign in Senegal, it was difficult to identify actual "Doers" (those that washed their hands with soap during each of the 4 critical moments), thus the team agreed to *relax* the criteria for Doers to categorize them as those who washed their hands with soap during at least 2 of the 4 critical moments. **Note**: In many cases, you will need to conduct some direct observation of your behavior to be certain that Doers are not just telling you what they think you want to hear.

5. Introduction to the Process: Seven Steps to Conducting a Barrier Analysis (10 min)
   a. Facilitator will list the 7 steps to Conducting a Barrier Analysis in order. Explain each step (see details in handout below) and respond to questions. Ask: *When during the process of doing a DBC framework should the BA be conducted?* Refer participants to Task 11 Handout 2 – "Seven Steps of the Barrier Analysis".

6. Designing the questions/coding guide (35 min)
   a. *Explain:* In preparation for our fieldwork, we will now develop the BA questionnaires we will use during tomorrow's field work. Distribute or ask participants to refer to Task 11 Handout 3.
   b. Divide the group into subgroups of 3-4 people. Assign an ideal behavior from the group's project to all of the subgroups and ask them to write this on the worksheet. Ask the groups to identify the priority group related to this behavior and write this in the space provided. Also discuss and write in the behavior question (how will we know this person is a doer or a non-doer?)
   c. Assign each group two to three determinants. Ask each subgroup to write 2 questions for their assigned determinants. You can use Task 11 Optional Worksheet 1 to complete this Step.
   d. Walk participants through an example using the questions on the Flip Chart.

Note: It will be easier and less time-consuming for the group to use the same behavior such as "mothers will administer ORS whenever their child has diarrhea" or "pregnant women will make at least 4 prenatal visits during their pregnancy," or "unmarried youth ages 15-25 will use condoms correctly during each sexual encounter," etc.

7. Sharing questions (20 min)
    a. Mention that in the interest of time, for the field work we will focus on the 3 determinant categories used in the Doer/Non-Doer (DND) Survey (Perceived Positive and Negative Consequences, Social Norms, and Self-Efficacy), but in your programs, time and budget permitting, it is advisable to conduct a Barrier Analysis (which uses questions from all 8 determinant categories and provides a higher level of precision regarding the most influential determinants) this is why we did the exercise with each of the categories.
    b. Ask a couple of participants what questions they came up with to determine if the person is a Doer or a Non-Doer. Discuss these and write the agreed upon "behavior question" at the top of a large flip chart that will be transformed into a sample questionnaire.
    c. Ask a representative from each team to share their questions with the plenary group. As this is done, walk participants through the process of developing the questionnaire using the large flip chart sheet (see BA Facilitator's guide pp. 65- 66).

Note: It will be helpful and time-saving to have a volunteer (perhaps an Administrative Assistant) type up the questions that the group selects during the plenary. This person may want to use the questionnaire template found in the Reference Materials folder. Facilitators should ensure that this person is able to follow the discussion without difficulties. After the session, facilitators should check the questionnaires, finalize, and make sufficient copies (including extras) for participants to use during the following day's field work. All translations of questions should be verified by the facilitators in collaboration with field staff. Each team of participants will be asked to interview 5 Doers and 5 Non-Doers; thus, you will need at least 10 copies (plus a few extras) of the questionnaire for each team.

8. Address participants' questions and explain that the next session will give us a chance to practice using our questionnaire before we conduct the field work. (10 min)

Useful Reference Materials

Barrier Analysis:
Davis Jr., Thomas, P., (2004). Barrier Analysis Facilitator's Guide: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs, Washington, DC: Food for the Hungry. The guide can be downloaded at:
http://barrieranalysis.fhi.net/annex/Barrier_Analysis_Facilitator_Guide.pdf

See also Food for the Hungry's webpage on Barrier Analysis:
http://barrieranalysis.fhi.net/how_to/how_to_conduct_barrier_analysis.htm
Note: this website mentions using focus group discussions as an option for conducting the barrier analysis; however, based on their experience using the methodology in numerous countries, Food for the Hungry (and many of their colleagues working in health and development) no longer recommend this approach.

See also the Academy for Educational Development's website on the Change Project:
http://www.changeproject.org/tools/xchangetools/tx_doer_nondoer_tool.html

The Four Tenets of the Barrier Analysis

1. If a person knows what he/she should do, it does NOT mean that he/she will do it. Other factors influence our decisions. Having knowledge about a behavior is only one factor. People often learn about a behavior long before they are willing to adopt it.

2. **If a person wants to do a behavior, it does NOT mean that he/she will do it.** Sometimes we are blocked and cannot do what we want to do and know we need to do (e.g., for lack of time, money). In addition, people often do not seek help from others (e.g., friends, health providers, God) to overcome a problem or change a habit.

3. Many times we try to increase the level of FEAR that a person has in order to get him/her to do a preventive action. **However, sometimes the problem is too much rather than too little fear of the disease or problem.** For example, we speak of the danger of diarrhea to convince a person to use the latrine. However, sometimes *too much fear* can keep a person from doing something.

4. **Many of the actions that people engage in that improve their health are NOT necessarily done for health reasons.** It is possible to encourage a person to do something that improves his/her health for reasons that are not directed at improving health (e.g., washing yourself with soap in order to smell good). We need to find reasons that motivate (or would motivate) people to do something that will improve their health (or well-being).

Seven STEPS of the Barrier Analysis

1. **Define the Goal, Behavior and Priority Group** -what you want to happen as a result of your BC strategy. For example, "increase the percentage of well-nourished under-fives in the community", "increase the number of women who receive prenatal care during the first trimester", etc.

2. **Develop the Behavior Question-**this question or questions will help you determine if your respondent is a Doer or a Non-doer. For example, "what did you feed your baby during the last 24 hours?" "What do you do after you clean a baby who has defecated?" "….before you prepare food?" Researchers must be consistent in how they define Doers and Non-Doers.

3. **Develop Questions about Determinants and Pretest Questionnaire-**identify 1-2 questions for each of the determinant categories (see BA Facilitators Guide, pp 65-66) and prepare the questionnaires/coding guides with potential responses. Test the questionnaire on a few members of the priority group.

4. **Organize the Data Collection**- Brainstorm as to where you may find Doers & Non-Doers. Seek authorization from appropriate gate keepers (village chief, clinic managers, etc.) Practice interviewing colleagues using the questionnaire. Make sufficient copies of the questionnaires. Arrange transportation and interviewing locale.

5. **Collect Field Data for Barrier Analysis-** Conduct at least 60-85 individual interviews of priority group members who regularly do the behavior that you wish to promote (the "Doers") and 60-85 interviews with "Non-Doers." Record the responses on the questionnaire. Specify any "other" responses (write them in their own words).

6. **Organize and Analyze the Results** -Once you have completed the interviews, organize and analyze your results. Prepare the coding guide. Using the same denominators for each, compile results from other team members and calculate the percentages of Doers and Non-Doers on the coding guide. Compare the answers of the Doers and Non-Doers for each question/response. Where are the largest gaps between percentages of Doers and Non-Doers for the same response?

7. **Use the Results of Barrier Analysis** -This is the most important part. After analyzing your data, decide what changes you need to make in your program design, what key factors must be addressed through your activities? Which messages should be used and how will you address influencing groups? You will also need to decide how to monitor changes in the determinants during the life of your project.

Sample Questions for Barrier Analysis*

Determinants	Barrier Analysis Questions
Perceived Positive Consequences	What are the advantages/benefits of feeding your baby only breast milk for the first 6 months?
Perceived Negative Consequences	What are the disadvantages or negative consequences (inconveniences) only breastfeeding?
Perceived Social Norms	Who would approve/support you if you gave only breast milk to your infant during the first 6 months? Who would discourage you from giving only breast milk? Is giving only breast milk an acceptable behavior in your community?
Self Efficacy	What would make it easier for you to give only breast milk to your infant less than 6 months? What makes it difficult?
Perceived Susceptibility	If your child didn't drink only breast milk do you think he could get sick? Would something bad happen to him?
Perceived Severity	How serious is it when infants get sick or have diarrhea?
Perceived Action Efficacy	Can giving only breast milk prevent your infant from getting diarrhea and other illnesses?
Cues for action	Can you remember to give only breast milk to your infant? Can you remember not to give other things?
Perceived Divine Will	Is it God's will that infants get diarrhea and other illnesses?

*Also see Annex 6, pp. 94-100 from BA Facilitators Guide.

Task 11 Worksheet 1

Group # ____

Developing Questions about Determinants for Barrier Analysis

1) In your small group, develop 2 questions appropriate for each category of determinants assigned to your group.
2) Brainstorm potential responses for each of the questions

IDEAL BEHAVIOR: _____

PRIORITY GROUP: _____

BEHAVIOR QUESTION: _____

Determinants	Barrier Analysis Questions	Potential Responses
Perceived Susceptibility		
Perceived Severity		
Perceived Action Efficacy		
Self Efficacy		
Perceived Social Norms		
Perceived Divine Will		
Perceived Positive Consequences		
Perceived Negative Consequences		
Cues for Action		

Task #12: Preparation and Practicum – Conducting a Doer/Non-Doer Survey

Achievement Based Objectives: By the end of this task, participants will have:

- Finalized the Doer/Non-Doer questions
- Critiqued a role play on interviewing techniques
- Listed do's and don'ts of interviewing
- Practiced posing the survey questions
- Discussed logistics and details of the field work
- Conducted field work

Time: 1 hr 45 min preparation and 4-6 hr for field work (depending on actual travel time to & from field work site)

Materials:

- Flip chart with names of team members written on it
- Specific interviewing techniques written on a piece of paper for the role play (3-4 techniques to improve upon, see Note below)
- Flip chart with a "Dos" and "Don'ts" T-chart
- Computer, printer and paper, and stapler
- Copies of questionnaires (sufficient copies for each team)
- Blank notepaper for each small group
- Logistics (cars to transport participants to practicum site; refreshments for participants according to project norms)

Facilitator's Notes:

Step 3: If you finish the questionnaire the previous day or before lunch today, ask 3 volunteers if they will help present a role play. Provide them with a copy of the questionnaire as soon as it is available and explain that you would like them to demonstrate some interviewing techniques (ask the volunteers to do nearly everything correctly, but to demonstrate 3-4 techniques to be improved upon that are not necessarily easy for the participants to identify- e.g. leading, putting the question into own words, failing to establish eye contact, etc.).

If the questionnaire is not ready by lunch today, then use the alternative Step 3 to help participants brainstorm good and bad interviewing techniques.

Facilitators should consult with in-country staff to establish teams for the field work. For example, it may be helpful to have a project staff member paired with a representative from one of the project's partners; and for mentoring purposes, it may help to pair a stronger interviewer with one who may be less experienced.

Steps

1. Introduction (5 min)

   Explain that now that we have developed our Doer/Non-Doer (DND) survey questions, we need to review them with the entire group. Then, we need to translate them into the local language so we all are asking the same questions using the same exact words.

2. Reviewing the questionnaire (35 min)
   a. Divide participants into the pairs for conducting the DND in the field (according to the flip chart) and distribute the draft questionnaire to each team.
   b. Working in the large group, read each question aloud and ask the participants if the question is clear. *Are there any terms that might be confusing? Is there a simpler, clearer way to pose the same question?* Ask the teams to share any terms or wording they feel should be improved upon and ask everyone to make these changes on their own copies of the questionnaires.
   c. Emphasize: When you conduct the real BA or DND in your project zone, you should first pre-test the questionnaire with people that are similar to those in your priority group - this will help you ensure that the questions are easily understood by the priority group. In the interest of time, we will not do that during our workshop; however, it is an important step.
   d. Question by question, ask the participants how they will ask the question in the local language and come to a consensus about the translation. If possible, have someone who is fluent in the language, and can write it accurately, type in the agreed upon local language translations on to the master questionnaire. As soon as the questionnaire is finalized in both international and local language, print out enough copies for the field work.

3. Interviewing Techniques (45 min)
   a. Tell the participants that it isn't enough for the questionnaire to be correct. The interview techniques must also be appropriate.
   b. Invite the role play volunteers to demonstrate interviewing techniques (see Facilitator's Notes). Tell participants that the role play is to help them identify positive techniques of interviewing.

c. Thank the volunteers and ask a few participants to comment on what they saw as examples of effective interviewing techniques. Note these on the flip chart under "Dos."
d. Ask participants to name common mistakes an interviewer might make. Note these on the flip chart under "Don'ts."

Alternative: If the questionnaire is not ready for the role play, skip Steps 3b through 3d and ask if anyone has had experience in conducting surveys. If so, ask them to offer some 'do's' and 'don'ts' for interviewing and list these on a flip chart using a T-chart. Continue on to Step 3e.

e. Offer the following tips, if they are not mentioned by participants:
   - Provide an appropriate introduction using customary greetings.
   - Ask the respondent if they are willing to participate in the survey.
   - Try to find a quiet place to conduct the survey where you won't be disturbed or overheard.
   - Determine early on if the person is a priority group member, if not, thank them & move on.
   - Ask questions to determine if they are a Doer or a Non-Doer (ask open-ended questions to determine this; for example, "what did you give your baby during the last 24 hours?" instead of "do you only provide your baby with breast milk?" or "How many visits did you make to the clinic during your last pregnancy?" instead of "Did you make 4 prenatal visits during your last pregnancy?"
   - Speak loudly and clearly.
   - Make appropriate eye contact.
   - Encourage/thank participants for their responses (Show respect for every answer they provide).
   - Use the child's name when asking questions related to under fives.
   - Be faithful to the question, repeat it slowly if the respondent does not answer; do not interpret the question.
   - Say "anything else?" if the question may have more than 1 response.
f. Explain that we will now practice incorporating these techniques into our own interviewing practices by conducting our own role plays. In your same pairs, role play a conversation between an interviewer and the interviewee. Please make sure that both of you get a chance to role play the interviewer.

g. As role plays are being conducted, the facilitator will circulate and help ensure that effective techniques are reinforced and inappropriate ones are improved upon.

4. Instructions for field work & questions (20 min)
   a. Show the flip chart indicating which participants have been assigned to work together in field work teams.
   b. With the large group, review the location of the survey and explain why this site was chosen. Explain what the participants can expect when they arrive at the site (will the interviews be conducted going from door to door, or has someone gone ahead to "organize" the women to be ready in one spot?) Explain how the participants will get there and when they will leave. Discuss the roles and responsibilities of each of the team members, what materials they will each have, etc. Answer any questions that come up.
   c. Remind participants:
      - Because this is a "practice BA/DND," we will not focus on the appropriate numbers for our sample size, but instead try to better understand and practice the methodology. For our field work purposes, each team should try to interview at least 5 Doers & 5 Non-Doers. If you finish ahead of time, before the scheduled time for pick-up, and have checked and organized your notes, please try to interview more people.
      - Please rotate roles so that each person gets an opportunity to practice being the interviewer & the note taker.
      - Please (both team members) review your questionnaires for accuracy and legibility after each interview.
      - When you have completed your interviews, organized and reviewed your questionnaires, please return to the pick-up location on time (feel free to conduct additional interviews if time allows).

Daily Feedback Form - Day 3

Please indicate below your overall satisfaction with each of the sessions that you attended today, and offer any ideas you have on how to improve these sessions.

A. Session 11 – The Barrier Analysis Survey

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

B. Session 12 – Preparation and Practicum – Conducting a Doer/Non-Doer Survey

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

C. Most useful thing about today:

D. The thing I'm still confused about:

Day 4

Task #13: Compiling and Analyzing the Data

Achievement Based Objectives: By the end of this task, participants will have:
- Reviewed and organized the results from their field work
- Developed a coding guide based on responses given during the field work
- Compiled their responses onto a summary tally sheet
- Analyzed the biggest differences between Doers and Non-Doers

Time: 1 hr 30 min

Materials:
- Previously prepared Flip Charts (one for each determinant) with columns for coding and tallying (see Task 13 Handout 1 for an example)
- Completed questionnaires
- Task 13 Handout 1: Coding Guide/Tally Sheets for participants
- 2 hand calculators
- Optional: Sample Barrier Analysis data sheets in Reference Materials folder

Facilitator's Notes:
Have the participants sit at tables that are placed in a circle so that everyone can see everyone else and the facilitator can be easily seen by all.

Steps

1. Introduction (5 min)
   a. Remind the participants of where we are among the seven steps in the BA [Response: Step 6: Organize and analyze the results of the BA.]
   b. Ask participants to review their questionnaires and ensure that their notes are legible.

2. Organizing the Questionnaires for Tabulation (10 min)
   a. Ask the participants to clear everything off their table tops to make room for the questionnaires.
   b. Ask participants to identify the Doers and the Non-Doers and write "D" or "ND" at the top of each page accordingly.
   c. Ask participants to separate the Doer questionnaires from the Non-Doer questionnaires and put them in separate piles.
   d. Collect the piles of Doer and Non-Doer surveys and distribute the Doer surveys to half the participants and the Non-Doer surveys to the other half. ("Doers" participants on one side of the circle and "Non-Doer" participants

on the other side of the circle.) There will be several questionnaires per participant. Participants should place the questionnaires so that it is easy to read the responses to the first question from each questionnaire at the same time.

e. Count and record the total number of Doers and Non-Doers on the Flip Chart.

3. Tabulation of Survey Results (50 min)
   a. Display the Coding Guide/Tally Sheet as a Flip chart and explain it to the participants. Explain that we will now jointly tabulate by hand, all of the results of the survey they conducted. Ask for a volunteer to help you calculate percentages.
   b. Start with the first question. Ask the participants to look at the questionnaires in front of them and read (silently) the responses, looking for similar responses. Ask participants to say out loud any response that more than one respondent mentioned on their questionnaires. Then ask if any other participants' surveys have similar responses (show of hands). Agree on a shortened wording of the response - the code - and which other similar responses should be included under this "code."
   c. Write the common responses on separate lines of the Tally Sheet under the corresponding determinant question creating a shortened version of the response. (E.g. for the behavior of: pregnant women will make at least 4 pre-natal visits during their pregnancies, potential responses for the question, "What are the disadvantages of …?" might be: "the Health Center too far; husband would hit me if I went; he thinks I will be tested without my consent; no money to go; etc.")
   d. Once all of the most common responses to the determinant question have been written in the first column (on the left), ask each participant to read the responses on the questionnaires in front of him/her and to tell you, by show of fingers, how many **Doers** responded with the same or similar response. For each same or similar response put a tick mark in the tabulation column under **Doers**. Do the same for **Non-Doers**. (If a team member finds an "other" response, write the response on that line and add a tick mark in the appropriate column - Doer or Non-Doer - of the Tally Sheet.)
   e. Based on the total number of Doers and Non-Doers calculated at the beginning of the session, calculate the percentages for each common

response given and record this on the flip chart before going on to the next determinant question.

f. Repeat this process until all of the responses to each of the determinants have been coded and tallied for both Doers and Non-Doers and a percentage calculated.

Note: Since errors in tallying are common, especially at first, facilitators can also do the tally in a notebook (where corrections are easier) rather than on the flip chart. The final tally for each response can then be written on the flip chart for all to see, and the percentage calculated.

If there is time in the training schedule, transfer the survey results to a computerized Tally Sheet and print out copies for each participant. If not, then review the results by referring to the flip charts.

4. Analyzing the Results (30 min)
   a. Once the Coding Guide/Tally Sheet is completed and percentages have been calculated, explain that the responses that show the biggest gaps between Doers and Non-Doers reveal areas where the project probably needs to work – these are considered the most powerful determinants.
   b. Ask participants to identify the biggest gaps between Doers & Non-Doers. Ask: *Are there some gaps that don't make sense?* (E.g. barriers mentioned by Doers that didn't really hold them back) *Which ones?* Ask if any participants can say what these results tell us about our key factors (give an example from the data, if necessary).
   c. Wrap up by explaining that there is a more sophisticated and valid way of identifying which responses are most significant. This is by calculating what we call "p-values." P-values can be calculated by going to this web site: http://www.youshare.com/view.php?file=BA_Results_Reporting_Tabulatio.zip and downloading the excel spread sheet. You then just have to input in the total numbers of Doers and Non-Doers, the codes and your tallies for each response and the program will automatically calculate differences, odds ratios, and highlight the statistically significant findings by showing p-values. When we are doing this in our project setting, we should also calculate the "p-values" to check for statistically significant findings.

Note: If you do not have time during the training to use the excel spread sheets, or your number of Doers and Non-Doers during the practicum is very small (n < 10),

it may be difficult to see any large differences between Doers and Non-Doers. In this case, after attempting to complete steps a & b above, facilitators can use the data sets in the Reference Materials folder to help participants learn to analyze the data. To use these data sets, ask participants to review and discuss the data and decide what the data means (refer to Steps a & b above). Discuss what programmatic decisions project staff might take based on the data.

Example Tally Sheet of Results for Doer/Non-Doer Survey
IDEAL BEHAVIOR:

Research Findings	Tabulation Column	Doers %	Tabulation Column	Non Doers %
Perceived Positive Consequences - Advantages				
Perceived Negative Consequences - Disadvantages				
Perceived Self Efficacy - Easier				
Perceived Self Efficacy – More Difficult				
Perceived Social Norms - Approves/Supports				
Perceived Social Norms – Disapproves/Does not support				

Task #14: Our DBC Frameworks Part 2: Identifying the Determinants and Key Factors

Achievement Based Objectives: By the end of this task, participants will have:

- Reviewed a set of data from a BA or DND Survey
- Identified the most important determinants for their behavior and priority group
- Identified the Influencing group
- Written 3 – 4 priority key factors for their DBC framework related to the determinants identified

Time: 1 hr 15 min

Materials:

- Each team's partially completed DBC Framework
- Extra blank matrices
- Data from the survey (real or made up)
- Task 14 Handout 1 with instructions for this session

Facilitator's Notes:

If you don't have real data to use for this session, then you can use Task 13 Handout 1 to create fictional data for each behavior and priority group selected in Task #7.

Steps

1. Ask participants to sit with the DBC groups that were assigned previously in Task #7; return the master copies of the DBC frameworks to each small group.

2. Pass out data from survey results (real or made up); explain that this is the data from your priority group and this shows the results from the DND survey.

3. Distribute Task 14 Handout 1 with the instructions for this session. Read aloud and review. Take questions. Emphasize that each group is to use the data sheets provided to identify the determinants and the key factors.

4. Allow the groups to work on their DBC Framework; circulate to provide assistance where needed.

4. Collect the completed DBC Frameworks to review for the next session.

Instructions – Working on our DBC Framework
Identifying Determinants and Key Factors

Your team has a single behavior to promote with a single priority group. You will now work together to:

(A) identify the most important determinants related to this behavior and this priority group from the data sets provided;

(B) propose several key factors that you believe are the most important in helping this group to adopt this behavior;

and

(C) identify the influencing group.

The following steps will help you organize your time:

1. **Review the data** from the Coding Guide/Tally Sheets for your behavior and priority group.
2. **Identify** the responses where **the gaps** between the Doers and the Non-Doers are more than 20 – 30 percentage points.
3. **Identify** the 2-3 determinants that are the most important and circle these on the DBC Framework.
4. Referring back to the session on how to write key factors, **now write 1-2 key factors** for each of the most important determinants onto the "Key Factors" column of your team's DBC Framework.

Daily Feedback Form - Day 4

Please indicate below your overall satisfaction with each of the session that you attended today, and offer any ideas you have on how to improve this session.

A. Field Work – Conducting a Doer/Non-Doer Survey

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

B. Session 13 – Compilation and Analysis

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

C. Session 14 - Our DBC Frameworks Part 2: Identifying the Determinants and Key Factors

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

D. Most useful thing about today:

E. The thing I'm still confused about:

Day 5

Task #15: Energizer – Musical Chairs

Achievement Based Objectives: By the end of this task, participants will have:
- Reviewed key concepts from Day 3 and 4
- Reviewed the program and objectives for Day 5

Time: 30 min

Materials:
- Stereo with good dancing CD
- Folded strips of paper with review questions written on them (facilitator should prepare the questions ahead of time)
- Schedule & objectives for the day

Steps

1. Ask participants to form a circle with their chairs and stand inside the circle.

2. Explain, "I'm going to hand out these strips of paper with review questions written on them to a few of you; please pass these strips of paper to the colleague next to you as you dance to the music - this requires a bit of coordination, you must continue dancing as you pass the papers around the circle!"

3. Before starting the music, remove one chair from the circle.

4. Stop the music after a short interlude, whoever remains standing must answer the question (if s/he does not have a piece of paper, s/he can choose one from a seated colleague).

5. Take away 2-3 more chairs each time & shorten intervals between the music until all the questions have been answered. If incorrect or incomplete responses are given, ask participants to help their team mate.

6. Review the schedule and objectives of the day with the participants.

7. Go over evaluation of day three and four if anything needs to be adjusted or addressed.

Task #16: Feedback Groups - I

Achievement Based Objectives: By the end of this task, participants will have:
- Reviewed fellow participants' DBC frameworks
- Provided constructive feedback on their DBC frameworks

Time: 1 hr 15 min

Materials:
- Flip chart with ways to give constructive feedback (see Flip Chart 1 below)
- Flip chart version of each group's DBC framework taped to the wall
- Flip chart with Review Questions (see Flip Chart 2 below)

Steps

1. Introduction (5 min)

   Explain that we are now going to benefit from our colleague's review and feedback of our DBC frameworks. Explain that this is a good way to improve our DBC strategies and make sure that we are being clear. But, before we get started we want to introduce a new way of giving constructive feedback and provide you with some Feedback Questions.

2. Constructive Feedback and Feedback Questions (10 min)
   a. Review the process to be followed for giving constructive feedback with the large group (written and oral) referencing the Flip Chart. Respond to questions.
   b. Emphasize that when giving suggestions the participants should start their sentence with "How about…?" or "What if…". In order to focus on the positive and avoid unnecessarily long explanations, those receiving feedback should not justify what they did or defend their choices, they should just say thank you.
   c. Review the Review Questions (on Flip Chart) and answer participant's questions.

3. DBC Review (1 hr)
   a. Each group will post their DBC framework and the data set used to identify the Determinants.
   b. Each group will examine the DBC framework of every other group in 15 – 20 minute intervals, providing written feedback in response to the Review Questions and following the constructive feedback guidelines. Each group

will give feedback on each DBC framework.

c. Ask each group to post a "feedback/suggestion sheet" (with their group's number or name) next to their DBC framework poster or on the table next to the group's master framework. The suggestion sheets will remain next to the posters or on the tables as groups move around the room.
d. The facilitator will keep track of time and tell the groups when to move on to the next group's framework, making sure that each group reviews every framework.
e. Once the groups have finished providing feedback to each other, invite them to return to their places and read their colleagues' comments. Ask a couple of volunteers from different groups to share their most helpful suggestions or to ask for clarification on any comments.

Task 16 Flip Chart 1 - Giving Constructive Feedback

Feedback providers say:

How about…?
Or
What if…?

Receivers say – Thank you!

Task 16 Flip Chart 2 - Review Questions - I

- What's good about the plan?
- How could the team improve the plan? "How about…? What if…"
  - How clear is the priority group description?
  - How well defined is the behavior?
  - Does the data support the choice of Determinants?
  - How closely do selected key factors relate to the selected determinants?
  - How well written are the key factors?

Task #17: Selecting Project Activities

Achievement Based Objectives: By the end of this task, the participants will have:

- Identified a list of activities that may be used to address various barriers and influencing factors for priority groups.
- Reviewed the concept that behavior change often requires more than increasing knowledge.
- Applied selection criteria to determine the appropriateness of an activity.
- Assessed which part of the process of planned behavior change an activity addresses.

Time: 1 hr

Materials:

- Task 17 Handout 1: Questions for Small Group Discussion
- Task 17 Handout 2: A List of Criteria for Selecting Activities
- Task 17 Handout 3: Going Beyond Awareness Raising
- Post-its (each table should receive a stack of 3-4 different colors)

Steps

1. Introduction (5 min)
   Point to the large DBC framework and show participants the place indicating "Activities." Explain that we will now be learning how to select the most effective activities to address the key factors identified in the BA.

2. Expanding the list of activities (20 min)
   a. Explain that now we are beginning to develop the element of the framework requiring us to use our creativity - Activities. Many of you have a great deal of experience in developing and implementing various activities, so let's first begin by brainstorming in pairs. Of course, most of our projects require training and some type of education sessions with our priority groups, so let's think of other activities that we use besides these common ones. *What are some of the activities you have used in the past or have heard about besides training or health education?* Especially think about addressing key factors. Now, please turn to your partner and list activities other than training or health education.
   b. Ask pairs to join together to form small groups; small groups then use the

colored post-its to write down different activities (one activity per post-it). Ask groups to identify what determinant the activity addresses (access, policies, self-efficacy, perceived consequences, perceived social norms, etc.) and where in the process of planned change this activity would fall.

c. Ask participants to place their post-its on a central flip chart, grouping their activity ideas with similar ones already mentioned.
d. Ask a volunteer to identify some of the more unique activities mentioned.
e. Ask participants what questions they have and if they would like to add additional brief explanations to their activities.

3. Why Choose These Types of Activities? Small Group Discussion (30 min)
   a. Ask participants: *What are some of the criteria you use when choosing activities?*
   b. Mention that now we are going to distribute a couple of job aids that may include some of the same criteria you mentioned (if not we might want to add them); you may well see some criteria that you had not previously considered.
   c. Distribute Task 17 Handouts 1-3: "Questions for Small Group Discussions", "A List of Criteria", and "Going Beyond Awareness Raising". Ask participants to remain in their small groups and to review the handouts.
   d. Ask a volunteer from each group to share their observations about the utility of the handouts and how they responded to the questions on Task 17 Handout 1 – "Questions for Small Group Discussions". Address participants' questions.

4. Wrap Up (5 min)
   a. Close the session by making the point that we are often tempted to design activities that focus on increasing knowledge, but we need to keep in mind that depending on where individuals are in the stages of change and depending on what the key factors are, other activities may be much more appropriate and more effective as catalysts for long-term behavior change.
   b. Encourage participants to use their set of handouts when they are deciding upon which activities will be most appropriate for addressing the factors influencing behavior change.

Questions for Small Group Discussion- How to Select the Right Activities

Instructions:

1. In your small group review the 2 handouts *A List of Criteria to Assist in the Selection of Appropriate Activities* and *Going Beyond Awareness Raising*.

2. Select one of the activities that someone in your group mentioned during the previous exercise or that is being currently conducted in one of your projects.

.

3. With the help of the following questions, analyze the selection of this activity according to the criteria listed on the 2 handouts.

Questions:

1. What determinant(s) does the activity address?

2. How does the activity respond to the "Must Have" list? How many of the "Must Have" categories does the activity respond to?

3. How does the activity respond to the "Good to Have" list? How many of the "Good to Have" categories does the activity respond to?

4. Based on your discussion with your small group members, would you select the same activity? Why? Why not?

A List of Criteria to Assist in the Selection of Appropriate Activities

The following list of criteria are designed to help you come to consensus on the activities that best address the key factors you have selected. Depending on the context of your behavior change intervention, you may want to add criteria to this list.

MUST HAVE

You MUST HAVE these three criteria for an activity to succeed. If the activity you have proposed meets all three of the following criteria, then you should move forward with that activity. However, if one of the three criteria is absent, then you should consider a different activity.

Feasibility: the activity is capable of being implemented within the ecological and geographical context. For example, daily meetings for mothers and their children are inappropriate in areas with highly dispersed populations.

Receptivity of priority group: the activity is appropriate within the cultural and social context. For example, working with medical personnel to deliver health messages in an area where most people seek health advice from traditional healers will not result in reaching the priority group.

Relevance to the determinant: the activity directly addresses the determinant of behavior change. For example, if the determinant of behavior change is *access* to quality antenatal care and the activity focuses on an increase in *knowledge* about antenatal care, behavior change will not occur because the determinant was not addressed by the activity.

GOOD TO HAVE

It would be GOOD TO HAVE the following criteria for an activity to succeed. You do not need to address all of these criteria, simply choose the criteria that are most important to your context.

Cost effectiveness: the activity produces the optimum results for the amount of money spent. When choosing between multiple activities, select the activity that will achieve the desired results for the least amount of money.

Reach, Equity, Coverage: the number of beneficiaries covered or reached by your activity in an equitable way. Choose an activity that has the potential to reach large numbers of beneficiaries including the most vulnerable.

Delivery systems: the activity requires a functional infrastructure in order to be effective. For example, a vaccine campaign would not be effective if the proper cold chain is impossible to put in place.

Ministry Of Health Policy: the activity is coordinated with the current MOH policy in the area. If the activity is not favorable within the current policy environment, it may be important to advocate for policy change before implementation.

Multiple determinants addressed: one activity addresses multiple determinants of behavior change. For example, a PD/Hearth session gives mothers the *skills* and *self-efficacy* to prepare affordable foods to rehabilitate their malnourished children while addressing the *social norms* of using new or different ingredients.

Organizational capacity: the NGO or the community has the capacity to implement the activity. For example, using satellite phones for emergency obstetric care may not be effective if the community or NGO does not have the capacity to maintain the communication system.

Resources available: the activity requires specific human or material resources in order to be effective. For example, an IMCI strategy would not be successful in an area where health facilities are inaccessible, where medical personnel are few, and where transportation is unavailable.

Scalability: the activity can be scaled-up cost effectively. For example, if an NGO has a cadre of community health workers and the Government is committed to ivermectin distribution, they can work together to eliminate river blindness.

Sustainability: the activity will contribute to sustaining behavior change. For example, distributing ITNs without informing the priority group about the maintenance of ITNs and/or without addressing the perceived negative consequences of sleeping under an ITN, will not lead to long-term use of the ITN.

Going Beyond Awareness Raising: Examples of Non-Communication Related Behavior Change Activities

Introducing a New Product/Promoting a Commodity Rather than Communication

- **"Tippy Tap"** During a midterm evaluation for a health project in Kenya, staff saw large changes in hand washing before eating, but not at the other critical moments. Mothers had agreed to increase hand washing prior to eating, but they had so little water, they reported that it was difficult to wash their hands at all the other times (self-efficacy related to resources). Health staff thus encouraged the promotion of the Tippy Tap as a way to conserve water, making it easier for them to do the behavior. (Tippy Taps are simple and economical hand washing stations, made with commonly available materials and not dependent on a piped water supply.)
- **Improved water storage containers** for drinking/cooking water (Haiti)
- **Small bottles** that project staff regularly refilled with small amounts of chlorine bleach for people to treat their drinking water.
- **Hand-washing stations** next to the latrine and 'kitchen' in Madagascar to increase hand washing with soap
- **PUR** (for water purification)
- **Soap** (for hand washing)
- **ITNs** (for malaria prevention)
- **Condom Carrying Case (**for promoting safer sex)
- **Bowl** (rather than eating from the family plate) so a mother can monitor quantities of semi-solid foods actually going to the child for infant feeding
- **Thermos** (provided to health centers to keep the open vials fresh to the next day)

Activities to Increase Access

- **Increasing/improving supply of vaccines** to health center (for increased immunization)
- **Increasing the supply of HIV test kits** at health center level
- **Creating a counseling corner** away for the earshot of other waiting clients (for increasing uptake of HIV counseling (in antenatal visits or otherwise)
- **Providing micro-loans** to start small businesses that sell soap in local markets

- **Advocating for Policy Changes:** convincing private sector soap companies or the government to either reduce prices, subsidize, or make soap tax free; convincing clinics to support baby friendly initiatives (to encourage women who deliver to exclusively breastfeed); encouraging clinics to eliminate restrictions saying they cannot open a vaccine vial to immunize just one infant at a time; working with employers to provide nursing breaks; working with schools to stipulate that children must be vaccinated to enter school; convincing hospital administrators to reject free formula in hospitals & to encourage rooming-in; changing legislation so that AIDS orphans are able to inherit their parents' land

Environmental Changes

- **Training people on legal issues** in communities where there are problems with coercive sex, etc. In these cases, there may be a set of messages that you want to get out to people, but in addition to that, you need to have people who know their rights and can help others get justice.
- **Training nurses to give tablets** as opposed to always giving injections
- **Promoting Values**: some organizations (like FH) promote certain **values** to try to help behavior change happen. For example, they might promote the value that women and men are both made in the image of God and have value, or that each child's life is sacred. For example, in some cultures, the word for *woman* is the same as the word "*tool*." In a culture such as that, we need to go deeper than behavior, to the values level, if we want to see changes happen. The target is still on behavior change, but the level of intervention will be deeper in the psyche.
- **Negotiating Practices**: the agents of change are the mothers, fathers, or children who agree to try something new for a specific period of time. An example from Malawi: parents and 8-11 year olds agreed to talk twice a week for three months about sexual and reproductive health issues. Parents and children were supported with some initial training about how to talk about sensitive subjects with each other, and a booklet to stimulate discussion. Follow up visits from project staff were to learn how it was going and give encouragement-not to communicate any new messages. The result was that each group came away feeling like they could talk to the other much better on every day topics as well as the project related topics.
- **Using role plays** to practice negotiating safer sex, or talking with your doctor, or talking with your patients.

Task #18: Our DBC Frameworks Part 3: Selecting Activities

Achievement Based Objectives: By the end of this task, participants will have:

- Reviewed and revised (if necessary) the first 4 columns of their DBC framework.
- Selected activities that address the key factors on their frameworks.
- Applied specific selection criteria before choosing each activity on their framework.
- Described the content of the activities in sufficient detail so that the link to key factors is clear.
- Developed a mix of activities that together address all key factors and influence behavior.

Time: 1 hr

Materials:

- Each team's partially completed framework with suggested revisions from feedback groups
- Extra blank DBC frameworks
- Task 18 Handout 1: Instructions
- Optional: Task 18 Handout 2: Communication Plan
- Flip chart paper for Task 18 – Activities

Steps

1. Introduction (5 min)
   During this session we will continue to develop our DBC frameworks. Please review your work thus far & determine if any revisions are necessary; also, please complete the last row entitled "Activities."

2. Planning activities – Your DBC Frameworks (55 min)
   a. Pass out Task 18 Handout 1 – "Feedback Group Instructions." Review with the participants and clarify tasks (participants will consider the key factors they identified from Task #14 and transfer these directly onto their team's DBC framework).
   b. Ask participants to identify the activities they feel best address the key factors based on an analysis of the criteria on the handouts distributed during the previous session.
   c. Explain that they will have 55 min. to work in their teams to complete the activities and incorporate onto their frameworks.
   d. Ask the teams to post the flip charts or hand in their individual frameworks

when they have completed their task.

e. Collect the revised completed master copies of each group's DBC framework.
f. (Optional) Distribute & discuss Task 18 Handout 2 - "Sample Communications Plan." Address participants' questions, and provide an example for each column. Ask participants, *When & how would you use this tool during your process to design for behavior change?* [Response: Should be used only if communication activities have been identified as part of the strategy based on determinants, key factors, and the criteria for selecting activities.]

Feedback Group Instructions

1. Review the data from your summary data sheets and the determinants and key factors you have chosen (from Task #14).

2. For each key factor select and briefly describe the activity you will undertake to reinforce the benefits, remove or diminish the barriers or otherwise address the key factor.

Examples:
Behavior: Mothers bring children for vaccinations
Key Factors:

- increase mother's ability to remember when to get vaccinations;
- increase understanding of importance of vaccinations;
- increase ability of mother to keep track of her child's vaccination card
- increase "image" of good parents with completely vaccinated child by 12 months

Activities:
a. One-on-one counseling sessions: Health worker describes importance of returning for next immunizations, asks mother what barriers keep her from returning, helps her find solution to barriers, helps her think of place to keep health card safe, reminds her to bring card back.

b. Community Health workers and committee members, keep vaccination register of all children < 2 in the village and remind parents through home visits, about need for vaccinations.

c. Radio advertisement reminds mothers to bring children back for immunization, to bring health card, portrays "good mother," shows father's interest in immunizations.

3. Make sure that you have picked an activity mix that:
a. Reaches enough people in the priority & influencing groups
b. Makes clear call to action for each group
c. Addresses all the key factors
d. Minimizes barriers
e. Works together
f. Fits budget

SAMPLE COMMUNICATION PLAN

Priority Group	Message (Behavioral Content/Action Verb + Motivation/Barriers)	Media & Materials (radio, posters, drama, counseling aids, etc)	Channels of Delivery

Task #19: Monitoring the Behavior Change Strategy

Achievement Based Objectives: By the end of this task, participants will have:
- Identified some tools that could be used to monitor BC strategy implementation
- Decided the most appropriate frequency for monitoring behavior change strategy (make distinction between *BC strategy* and the *Behavior*, itself)
- Practiced making decisions based on the data collected from a BC monitoring system

Time: 1 hr 35 min

Materials:
- Index cards with examples of data collection (see facilitator's notes)
- Task 19 Handout 1: Monitoring Indicators in the Behavior Change Strategy
- Task 19 Handout 2: Monitoring the BC Strategy

Steps

1. Introduction (5 min)
   Explain that: Just as we need a system to measure the other aspects of our child survival projects, we also need to monitor the progress of our Behavior Change Strategy. A monitoring system of a Behavior Change Strategy is one that allows you to measure/track progress of the implementation and effectiveness of your BC strategy. It is a part of your overall monitoring system – not separate from it. In this way, to the extent possible project designers should use measurement means that already exist, such as clinic records.

2. Identifying Monitoring Tools (20 min)
   a. Divide participants into small groups, distribute index cards (3-4) with examples of data collection tools (see below) to each group; group members will discuss the ways these tools could be used to measure/track implementation and/or effectiveness of a behavior change strategy.
   b. Ask each group to present one or two tools (avoiding repetition) and how the tool could be used.

Note: Example tools (in addition the KPC and LQAS): child registers (vaccination rates), growth cards, exit interviews (perceived & actual quality of service), attendance lists (support groups), sales records, distribution records, inventory records, supervision forms, various clinic records (facility births, PNC) verbal

autopsy reports, listener surveys (mass media education), minutes from meetings, etc.

3. Frequency of Monitoring (15 min)
   a. Ask: *Do all behaviors, activities, outcomes, etc. need to be monitored at the same frequency?* [no…] *Why? Why not? What factors influence the timing of monitoring activities?* Brain storm with the large group and write the group's ideas on a flip chart. [Responses may include: correspondence with project-wide monitoring system; according to the frequency of the planned activity, difficulty of the behavior to change, availability of staff, etc.]

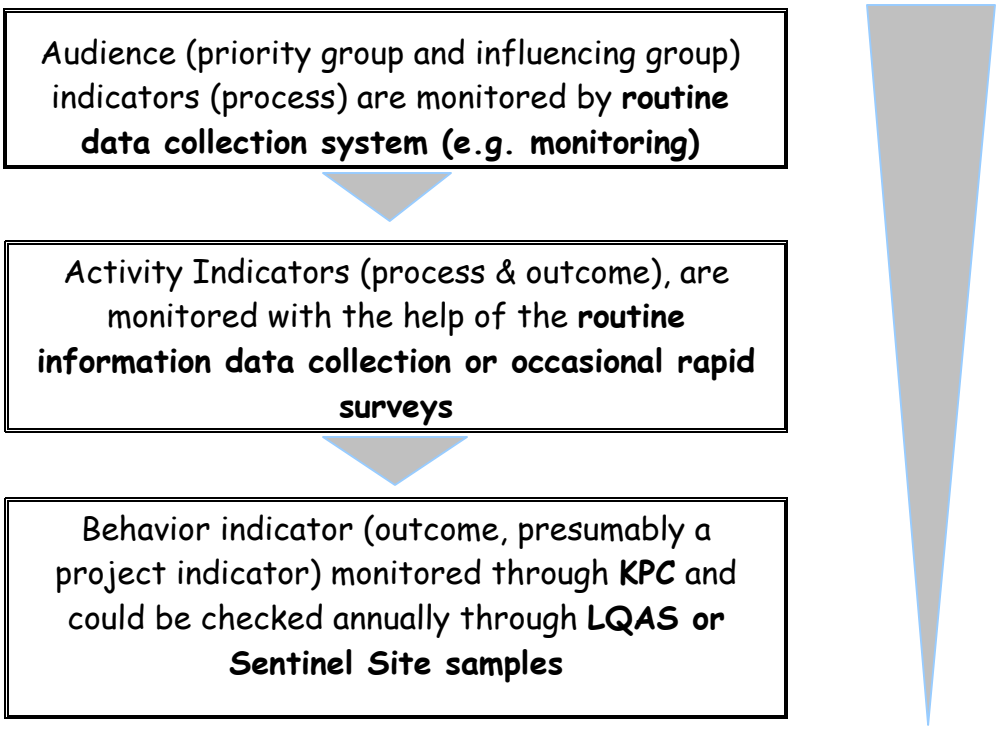
4. Explain the diagram on Task 19 Handout 1 - "Monitoring Indicators in the BC Strategy" - and respond to participants' questions/concerns. Emphasize that if both the priority and influencing groups are being reached, and activities implemented (with quality – see outcome indicators), but the behavior is not changing, then program planners should:

- reassess the appropriateness of the activity selected first, then
- reassess key factors through qualitative research of determinants

5. Monitoring: Data-based Decision Making (55 min)
   a. Distribute Task 19 Handout 2 to each small group; ask group members to analyze the data and make recommendations for program direction/decisions based on the data provided. Tell groups that they should also note if more information is needed and if so, what type of information
   b. Ask groups to record their ideas on a flip chart.
   c. After 45 minutes, ask the whole group will do a gallery walk to see the other groups' work.
   d. Ask a few participants to share their observations.

6. Wrap up/Summary (5 min)
   Summarize the three main ideas of Tools, Frequency of Monitoring, and Data-based Decision Making. Ask what questions participants have and address these.

Monitoring Indicators in the Behavior Change Strategy



If audiences are being reached, and activities implemented (with quality- see outcome indicators) **but behavior is not changing,**
Then,

Reassess the appropriateness of the activity selected first,
Then,

Reassess key factors through qualitative research of determinants.

If audiences are being reached, and activities implemented (**with quality**), and behavior is changing, there is no need to monitor or reassess key factors.

Monitoring the Behavior Change Strategy

Behavior, Key Factor, Activity and Indicator	Baseline	Actual at MTE	Target	Conclusions and Recommendations
***Behavior**: Exclusive breastfeeding up to 6 months after delivery.* **Indicators:** % of mothers with children under 2 who reported having breastfed exclusively up to 6 months after delivery.	**34%**	**38%**	**55%**	
***Key Factor**: Reduce perception that mother's milk will not come in and baby will not have enough to eat.* **Indicator:** % of new moms who believe that baby will be able to get enough milk from EBF.				
***Activity**: EBF partners/mentors for first time moms* **Indicators:** # of mentors who met with new moms at least 10 times during the past 2 months post-partum	**0**	**67**	**150 Mentors**	
***Activity**: Exclusive Breast feeding support groups* **Indicator:** # of mothers graduation from support groups	**0**	**87**	**250**	

Behavior, Key Factor, Activity and Indicator	Baseline	Actual at MTE	Target	Conclusions and Recommendations
Key Factor: *Increase perception that fathers of babies who have been exclusively breast fed are model and modern fathers* **Indicator:** % of mothers who agree with the statement, "my husband thinks that EBF is for modern dads"				
Activity*: Establish new fathers' clubs* **Indicators:** # of active fathers clubs (clubs that meet at least once a month)	**0**	**8**	**24**	
Key Factor: *Reduce perceived negative consequences that exclusive breastfeeding will cause cracked nipples that cannot be healed* **Indicator:**% of mothers who list the consequence of cracked nipples as a major reason for not providing EBF				
Activity*: Daily home visits by TBAs and/or community health workers to new mothers infants during first 5 days after delivery (illustrated counseling cards with key EBF messages).* **Indicator:** Numerator: # of new mothers who received 5 visits during first five days post partum Denominator: # of births each month	**15%**	**50%**	**75%**	

Behavior, Key Factor, Activity and Indicator	Baseline	Actual at MTE	Target	Conclusions and Recommendations
Key Factor: *Increase specific knowledge that colostrums is baby's first immunization; that mother's milk provides complete nutrients for baby; that baby will have good start to later become a smart child in school* **Indicator:** % of MWRA who state that one advantage of EBF is that colostrums is baby's first immunization; % of MWRA who state that milk provides complete nutrition; % of MWRA who say that EBF will give baby good start				
Activity: *Radio messages disseminated on EBF* **Indicators:** number of radio transmissions during peak listening times; results of listener survey: % of mom's who recall 3 key messages from radio	**0** **NA**	**1-2** **15%**	**3** **85%**	
Activity: Distribute illustrated visual aids (pamphlets) to new moms on EBF **Indicators:** % of new moms who received pamphlets; % of mom's who recall 3 key messages from pamphlets	**0** **NA**	**95%** **50%**	**90%** **85%**	

Task #20: Linking the Logical Framework/Results Framework to DBC Framework

Achievement Based Objectives: By the end of this task, participants will have:

- Reviewed another project's Log Frame/Results Framework
- Analyzed and given examples of the linkages between the Log Frame/Results Framework and the DBC framework
- Provided feedback to another group regarding the linkages they mention

Time: 1 hr

Materials:

- Example Log Frame/Results Framework
- Flip chart sheets for small groups
- Copies of an example LF/RF for each group member
- Flip Chart (T-chart – differences/similarities)
- Markers

Steps

1. The Log Frame/Results Framework and the DBC Framework
   a. Present a sample Log Frame/Results Framework and review its contents together with the participants making sure they understand the different parts. Ask if they all have something similar for their projects.
   b. As you read through the example Log Frame/Results Framework (LF/RF) ask the participants how they see the Designing for Behavior Change Framework linking to the LF/RF and visa versa. Ask: *When does one usually write an LF/RF and when does one usually develop a DBC Framework? What impact can completing the framework for key behaviors have on the quality of the LF/RF and visa versa?*
   c. Divide participants into small groups and distribute an LF/RF to each group and ask each group to take 15 minutes to identify all of the similarities and differences they can see between the DBC framework and the LF/RF. List these on a piece of notebook paper.
   d. Small groups share their responses in the large group; facilitators list all of the similarities and differences in a T-chart and discuss.
   e. Summarize: there is a lot of overlap and complementarily between the LF/RF and the Designing for Behavior Change Framework. Many of the elements can be found in both and the same monitoring systems can be used for both. So when you have developed an LF/RF for your project, use that as a tool for developing your BC matrix and visa versa.

Daily Evaluation Form - Day 5

Please indicate below your overall satisfaction with each of the session that you attended today, and offer any ideas you have on how to improve this session.

A. Session 16 – Feedback Groups - I

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

B. Session 17 – Selecting Project Activities

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

C. Session 18 - Our DBC Frameworks Part 3: Planning Activities

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

D. Session 19 – Monitoring the Behavior Change Strategy

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

E. Session 20 – Linking the Logical Framework/Results Framework to DBC Framework

Very Dissatisfied	Somewhat	Neutral	Somewhat	Very Satisfied
1	2	3	4	5

Suggestions for improving this session:

F. Most useful thing about today:

G. The thing I'm still confused about:

Day 6

Task #21: Energizer – Review Contest

Achievement Based Objectives: By the end of this task, participants will have:
- Reviewed key concepts from Days 1-5
- Reviewed the program and objectives for Day 6

Time: 30 min

Materials:
- Colored cards/post-its (a few cards of different colors for each table)
- Markers for each table
- Schedule & objectives for the day

Steps

1. In small groups (1 group per table), ask participants to develop 2-3 questions on key concepts learned during the workshop.

2. Ask participants to write each question on one side of a colored card and turn these cards with the written side down.

3. Ask participants to select a name for their team and decide who will select a card from one of the other tables for the first turn.

4. Have one facilitator keep score on the flip chart.

5. In turn, ask for a representative from each table to select a card from another table. The participants from the team having selected the card may confer with other team members, but will have only 1 minute to answer the question.

6. For each correct response, the team wins 1 point (the team developing the questions judges whether or not the response is correct).

7. Continue until questions have all been responded to or until time is up.

8. Review the schedule & objectives for the day.

Task #22: Feedback Groups - II

Achievement Based Objectives: By the end of this task, participants will have:
- Reviewed follow participant's DBC frameworks
- Provided constructive feedback on DBC frameworks

Time: 1 hr 15 min

Materials:
- Flip chart with ways to give constructive feedback (see Task #16)
- Photo copies of all the DBC Frameworks – one per group
- Task 22 Handout 1: Feedback Group II - Questions

Steps

1. Ask the participants to sit in their newly assigned groups (pre-determined).

2. Share the purpose of this session and the specific objectives.

3. Show the flip chart with the instructions and key questions and review – answer questions. Give time frame for each group – approximately 15 – 20 min. /group. Emphasize that when giving suggestions the participants should start their sentence with "How about…? Or What if…." in order to focus on the positive elements and avoid unnecessarily long explanations.

4. Ask each cluster to review each team's DBC Framework thus far and provide constructive feedback.

Feedback Groups II - Questions

1. **What's good about the plan?**

2. **How could the team improve the plan?**

- How clear is the **priority group** description?
- How well defined is the **behavior**?
- How closely do selected **key factors** relate to the behavior?
- Are **activities** described by type & content?
- How well does the **activities mix** address *all* **key factors**?
- How confident do you feel that the **activities** will help group members adopt the behavior?

Task #23: Our DBC Frameworks Part 4: Incorporating Final Suggestions

Achievement Based Objectives: By the end of this task, participants will have:
- Finalized the information on their DBC framework
- Transferred the information from their DBC framework onto a news print (flip chart papers)

Time: 45 min (allow more time, if necessary)

Materials:
- Task 23 Handout 1: Instructions
- Lots of flip chart paper

Steps

1. Introduction (5 min)
   In order to make it possible for all of the teams to see and benefit from the work of every other team, during this session we will transfer the information from our DBC frameworks onto large flip chart paper.

2. The Transfer (40 min)
   a. Pass out Task 23 Handout 1 and read it aloud. Ask for questions and make clarifications.
   b. Teams work on the flip chart presentations and post them when finished.

Preparing Your Poster Presentation

1. Revise the DBC Framework that your team has developed, incorporating the changes suggested in the Feedback Groups.

2. Consider how you would like to present your plan in poster format. You may use sheets of newsprint for your presentation. Consider using headings, drawings or graphic designs to enhance the presentation. Your poster must include the following:

   - Your team's program objective
   - Priority & Influencing Groups
   - Behavior
   - Determinants
   - Key Factors
   - Activities
   - Names of team members

   As long as these items are included, feel free to use your creativity to make your poster eye-catching and easy to understand.

3. All team members should contribute to the poster. Have your poster ready to mount on the wall by the end of the day!

4. Select two team members who will serve as "interpreters" for the poster. Each will spend half the poster session standing near the team's poster and answering questions or taking comments from participants. (During the other half of the poster session, the "interpreter" will have a chance to circulate and view other teams' posters.)

5. Inform the poster session coordinator of the names of the interpreters for your poster.

Task #24: Our DBC Frameworks: Poster Presentations

Achievement Based Objectives: By the end of this task, participants will have:
- Read and analyzed the Designing for Behavior Change frameworks of each of the other groups
- Identified one of the following: perceived consequences; skills/self-efficacy; perceived social norms

Time: 45 min

Materials:
- Task 24 Handout 1: Guidelines for Poster Session
- Treasure Hunting Worksheet

Steps

1. Ask the different groups to post their DBC Posters.

2. Pass out and review together Task 24 Handout 1 – "Guidelines for Poster Session." This explains that we will be doing a gallery walk so that everyone has a chance to review the frameworks of all the other groups.

3. Pass out the Treasure Hunt handout and review. This explains what we'll be divided into three groups and each group will look for a specific thing on the frameworks and report back to the group on this aspect: 1's will look for perceived consequences; 2's will look for skills and efficacy; and 3's will look for perceived social norms among the key factors.

4. Representatives from each group will be available to respond to questions (for 10 min) and then another person will take that job so everyone has a chance to review all the frameworks.

5. Co-facilitators will also circulate and make note of things such as well defined priority groups; completely defined behaviors; unusual key factors; and clearly matched activities.

6. After the gallery walk, the facilitator will facilitate a discussion of the findings of the group, including what people saw and appreciated and suggestions for improvement.

Guidelines for Poster Session

Now that your team has completed a poster, it is time to display it and share it with the rest of the participants. Please work with your team to:

1. **Mount your poster on the wall.** Follow the facilitator's instructions and hang your team's poster on the wall as indicated.

2. **Choose two "hosts."** Your team should choose two team members who "host" visitors to the poster. One host will stand by your team's poster for the first half of the poster session. The second host will take over duties during the second half. Each host will describe the DBC Framework or answer questions that participants from other teams may have about your team's work.

3. **Visit other teams' posters.** Except for the time that you may be serving as host for your poster, you may circulate throughout the room. Read and enjoy the posters that the other teams have developed. Ask questions of their hosts. Be sure to write down on the Treasure Hunt Worksheet some examples of the type of key factors that you have been assigned for the treasure hunt. Be ready to discuss what you like about other teams' posters.

Treasure Hunt Worksheet

Participants number off one to three. Check your tasks here.

- □ If your number is 1, you are on the "Perceived consequences" hunt.
- □ If your number is 2, you are on the "Skills and self-efficacy" hunt.
- □ If your number is 3, you are on the "Perceived social norms" hunt.

As you review all the posters,

a. Study the key factors column of each team's framework and the corresponding activities
b. In the table below write down examples of key factors that correspond to your assigned determinant and the activities that were developed for that key factor.
c. In the space provided indicate by an "X" if the activity focuses on awareness raising (AR) or action preparation (AP1) or action promotion or maintenance (AP2).
d. Below the table write any observations you think are important.

My task is to hunt for this determinant: _____

Key Factors	Corresponding Activity	AR	AP1	AP2

Other Observations:

Task #25: Wheel of Solutions

Achievement Based Objectives: By the end of this task, participants will have:

- Described a challenge that they foresee in applying the skills from the workshop in their projects
- Received at least 5 different suggestions from colleagues for potential ways to overcome the challenge
- Analyzed strategies with colleagues providing them with suggestions for how to overcome their own challenges

Time: 45 min

Materials:

- Brains & movable bodies
- Note cards and pens to take notes

Steps

1. Ask participants to think of a challenge that they anticipate encountering while applying the framework.

2. Ask participants to gather into two different circles, one interior & one exterior circle. Ask them to stand facing the person in the other circle.

3. Once participants have formed the 2 circles, state "the individuals on the inside circle, should share their challenge with the individuals facing them in the outer circle. The individuals in the outer circle should try to brainstorm solutions for addressing the challenge in the future.

4. After a couple of minutes, ask the inner circle individuals to move to the right one step to rotate the circle (putting them in front of a different individual). Participants should repeat the process with facilitators guiding them as to when to move to the next person until at least 5 individuals in the outer circle have had a chance to respond to the inner circles' challenges.

5. Next ask the circles to switch roles; those on the inner circle should be providing solutions to those in the outer circle who present their challenges.

6. During the last 5 minutes, ask a few volunteers to share the best suggestions they received.

Task #26: Closing Session and Wrap Up

Achievement Based Objectives: By the end of this task, participants will have:

- Assessed achievement of their expectations
- Evaluated their comfort levels in terms of certain key skill areas
- Made conclusions according to the overall results of the group on the comfort chart
- Described succinctly the value of the workshop to themselves and to their organizations
- Identified next steps they will take to begin applying what they have learned
- Received recognition of their participation in the workshop

Time: 1 hr 30 min

Materials:

- Workshop evaluation form
- Post workshop questionnaire (see Task 1 Handout 1)
- Flip Chart paper and markers
- Comfort chart and 6 colored dots per participant (if possible, use a different color from those used on the first day)

Steps

1. Explain the objectives of this session and pass out the forms (workshop evaluation, post-test) and the colored dots. Review all of the forms and answer any questions. Explain that it's not necessary to put names on any of the forms. Explain to participants that as they complete their post-workshop questionnaire, they should take their colored dots and place them on the Comfort Level Chart.

2. Ask participants to share their plans for using the framework. Ask participants, *In thinking about your own project and the limits of staff, time, and resources, when do you see yourself and colleagues using this framework?* (Encourage participants to be specific, not just say during proposal development, baseline, DIP development, MTE, FE, etc.)

3. Ask participants to stand by the Comfort Level Chart and invite them to comment on the differences in the comfort levels post-workshop & pre-workshop. *Are there any big surprises? Disappointments? Why?*

4. Hand out certificates & congratulate the participants. Distribute contact lists and any final materials.

Post-Workshop Process Survey

1. Please check the box that most closely reflects your opinion.

Workshop Processes and Facilitator	Strongly agree	Agree	Disagree	Strongly disagree
The objectives of the workshop were clearly stated.	☐	☐	☐	☐
The workshop was presented in an organized and interesting manner.	☐	☐	☐	☐
The workshop was relevant to my work.	☐	☐	☐	☐
The facilitator showed sensitivity to my issues, needs, and concerns.	☐	☐	☐	☐
All members of the group were encouraged to participate.	☐	☐	☐	☐
I acquired new skills at this workshop that I can apply directly to my job.	☐	☐	☐	☐
I was satisfied with the quality of the materials distributed at this workshop.	☐	☐	☐	☐

2. Overall, how satisfied were you with the workshop?

☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat dissatisfied
☐ Very dissatisfied

3. To what extent do you expect this workshop to make a difference in the way you design, implement, and/or evaluate effective, behavior change projects?

☐ No difference
☐ Some difference
☐ Substantial difference

4. To what extent do you feel that you will be able to apply the ideas and strategies from this workshop in your work?

☐ Not at all
☐ Somewhat
☐ Completely
☐ Don't know

5. What I liked most about the workshop was:

6. Would you recommend this workshop to a colleague?

☐ Yes
☐ Yes, under some circumstances: (specify)

_____

☐ No

Why or why not?

Additional comments:

Reference Materials

KEY VOCABULARY- DESIGNING FOR BEHAVIOR CHANGE

Note: This vocabulary list should be sent to participants prior to the training and distributed registration.

The definitions listed for the terms below are meant to be understood in the context of developing, implementing, monitoring and evaluating a behavior centered strategy such as one developed using the Designing for Behavior Change Framework.

The terms are divided into different categories so that a user can explore a category of particular interest rather than having to have a specific term in mind.

I. Behavioral Theory

Activities- tasks that program implementers plan, organize, and/or conduct with the priority or influencing group in order to achieve something; for example organizing mother's group meetings; holding malaria prevention health fairs; providing counseling sessions; demonstrating how to make ORS. Activities should be selected to specifically address Key Factors, in other words to reduce the most powerful barriers and increase the most powerful enablers (see Key factors).

Barrier-a determinant that prevents a person from doing a behavior (see **Determinants**)

Designing for Behavior Change (DBC) framework- a tool to help health program designers make key program decisions that will enable the designer to develop a comprehensive and effective behavior change strategy, resulting in increased adoption of positive behaviors among program participants. The five decisions are Behavior, Priority Group and Influencing Groups, Determinants, Key Factors, and Activities (defined below). The DBC framework is built upon the BEHAVE Framework, developed by the Academy for Education Development.

Behavior- a physical action that is specific, measurable, takes place at a specific time and place, with duration and frequency. Changing knowledge, belief, or attitudes toward a behavior is often not enough to change the actual behavior-the action an individual performs.

Behavior Change (BC) Strategies or Behavior Centered Approaches (BCA)- program strategies in which all program activities, not just communication activities, are designed to reduce key (prioritized) barriers, and increase key

enablers, to empower priority group members to perform positive behaviors. This approach focuses on issues like infrastructure, economic barriers or motivators, and other determinants like knowledge and attitudes.

The DBC framework is a tool for designing BC or BCA strategies; it encourages program planners to consider the full complement of program options/activities often needed for change. Ideally program participants are partners in making the 5 program decisions included in the DBC framework.

Behavior Change Communication (BCC)- communication activities which are designed to address key factors and determinants of behavior change by reducing key barriers, and increasing enablers.

Benefit-the reason an individual chooses to perform a behavior. Benefits can be physical or intangible, real or perceived. For example, a tangible benefit of regular exercise is losing weight. An intangible benefit of regular exercise is feeling better about oneself. A perceived benefit of regular exercise is being more like a role model or celebrity.

Current practice- the behavior, or series of behaviors, being practiced by the Priority group at a point in time related to a health outcome. The current practice should move toward the ideal practice over the life of a health project. (see Priority group, Ideal practice)

Determinants- determinants are a person's feelings, beliefs, or other elements within his/her environment that can support her or him to do a behavior, or prevent her or him from doing a behavior. See Task 8 Handout 1 - "Some Determinants That Influence Behavior" - for definitions of some common determinants. (see Benefit, Motivator/Enabler, Barrier, Key factor).

Emphasis or Key or Priority Behaviors- the specific behaviors promoted by a health program to achieve the project objectives. They should be empirically proven to have a direct, positive impact on the health and well being of program participants. They should also be feasible for program participants to perform, in terms of social acceptability, money, time, skills, and other resources (see Feasible practice).

Exchange principle- the benefit that an individual gets from performing a behavior must be greater than the cost he or she perceives for doing it. Promoting benefits that matter to members of the Priority group (not just those benefits that matter to program designers) is essential to increasing positive behaviors. (see Benefit)

Feasible practice- the behavior, or series of behaviors, that the Priority group is

able to do at a point in time given existing knowledge, skills, and resources (including program inputs). Sometimes the feasible practice is the same as the Ideal practice; sometimes it is between the Current practice and Ideal practice. (see Ideal practice, Current practice).

Health education- a program strategy in which an "expert" transfers knowledge and skills related to specific health outcomes to program participants. The connotation of this phrase has come to be a top-down, hierarchical process where participants are passive "vessels" to be filled by the "experts".

Ideal practice- the behavior, or series of behaviors, that according to current evidence would have the optimal impact on a health outcome if performed by the Priority group (see Priority group).

Influencing groups- the group of people who influence the Priority group, who can either support or prevent the Priority group from adopting positive behaviors (e.g. fathers, older women, traditional healers, community and religious leaders)

Information, Education, and Communication (IEC)- a program strategy in which program staff and partners engage in a dialogue with Priority and Influencing groups about the behaviors promoted by the program. The focus of this strategy is on changing knowledge, beliefs, and attitudes about key or emphasis behaviors. A more participatory connotation than Health education.

Key factor- is a specific motivator that influences this group to adopt or not to adopt the behavior (see Formative research, Consultative research, Program participants).

Motivator or Enabler- a determinant that supports a person to perform a behavior. (see Determinants)

Priority group- the group of people who perform the positive behaviors promoted through a program. Priority groups can be those with certain demographic characteristics (age, gender, level of education), or who are most affected by a condition (HIV/AIDS, poverty), or who are most at risk of negative health outcomes (children under 5, pregnant women, out of school youth). In child survival programs, often mothers or caretakers of children under 5.

Social marketing- a program strategy in which commercial marketing techniques are used to promote program behaviors to Priority and Influencing groups.

II. Gathering Data for Program Decisions

Appreciative inquiry- a research process that starts with the assumption that resources already exist within individuals, households, and communities to achieve program objectives and goals. To illustrate, a "needs assessment", which is not a method of appreciative inquiry, is immediately biased to identify gaps, whereas a "capacity assessment", which is a method of appreciative inquiry, biases the inquiry team to identify existing resources as well as gaps.

Appreciative inquiry fights against the tendency for program staff to perceive communities as a collection of problems to address rather than groups and individuals who are partners in the project process. (See Capacity assessment, Needs assessment, Positive deviance inquiry)

Barrier analysis- a process to identify those factors which are most likely to prevent priority groups from doing key behaviors promoted by a project, using the Doer/non-doer analysis method. Helps to prioritize barriers so program designers can focus project resources on the most influential ones. (See Barriers, Doer/non-doer analysis)

Capacity assessment- a research method, usually focused at the group level, to determine existing strengths which a group brings to a project as well as areas where a group needs assistance to develop skills. For example, a capacity assessment may find that an organization is strong at mobilizing volunteer efforts or financial resources, but weak in record keeping or evaluating impacts of projects.

Confidentiality- if a research participant is giving project staff information that could be damaging to the participant if known to his or her community or government, project staff must take every precaution to ensure that specific information gathered through the research can not be tied to specific research participants. This can be done by ensuring privacy during interviews, using false names in research notes, and by not reporting identifying characteristics of participants in reports (for example, quoting a "prominent community member" rather than "the headman of village Y"). The right to confidentiality is just one of a number of human rights that project staff must be aware of before conducting research in communities, including the right of refusal to participate in research.

Consultative research- a process of data gathering using any method, during any phase of the project. The term "consultative" implies that individuals and groups in the community are partners in the gathering and use of the data, rather than simply "subjects" of the research.

Doer/non-doer analysis- a research method using surveys or focus groups to compare individuals or groups in a community who practice a key behavior (doers) with those who do not practice that behavior (non-doers). Once program planners know the difference between doers and non-doers, they can focus resources on reducing those differences, supporting non-doers to become doers.

Focus group discussion- a discussion among 6-12 people who are similar in some characteristic relevant to a program (for example, gender and age, number of children, role in the community), about issues related to one specific topic. The facilitator of a focus group encourages all participants to talk to each other, and brings the conversation back to a central topic if it wanders too far off. This method is good at gathering general information about current practices, knowledge, beliefs, and similarities and differences in a community around one topic.

Formative research- a process of data gathering, using any method, during the early phases of a project. Data gathered during formative research feeds into the design of the project, for example, by helping designers to answer the five questions of the DBC framework.

Interview- a research method in which one person is asked questions about one or more related topics in a private setting. Sometimes called in-depth interview, key informant interview, or individual interview. This method is useful for getting detailed information about current practices, and when the topic is personally or politically sensitive.

Needs assessment- a research method, usually focused at the group level, that identifies the gaps in a group's skills, infrastructure, or resources, that can be strengthened during a project.

Observation- a research method where actual practices of priority or influencing groups are seen and heard by researchers. Observations can either be spontaneous and general, such as a household visit to observe hygiene and sanitation practices of a family over the course of a day, or planned and specific, such as asking a mother to show researchers the correct way to wash her hands and then observing her.

Operations research- a process of data gathering that is planned over the course of a project to test a certain approach, strategy, or technology. May have objectives separate from those of the project.

Positive deviance inquiry- a research method where researchers learn transferable, specific behaviors that are already happening in a community, from

"positive deviant" individuals in that community. For example, poor mothers with healthy and well fed 2 year olds in a community with many sick and malnourished 2 year olds are positive deviants. By talking with and observing these "positive deviant" mothers, researchers can learn what specific practices result in better outcomes for their children, and then promote these practices through a project.

Rapid Rural Appraisal or Participatory Learning Appraisal or Participatory Rural Appraisal- these are related clusters of research methods, each with a different philosophy and use, that were designed to ensure that the voices of more powerless groups in a community are heard in the program design or evaluation process. These methods include many that are visual in nature, so that illiterate as well as literate individuals can participate fully in the research. Specific methods include focus group discussions, social mapping, wealth ranking, Venn diagrams, and card sorts/cluster analysis.

Situational analysis- a broad data gathering process happening early in the program design whereby the general characteristics of a community and the problems to be addressed through specific projects are determined.

Survey- a research method involving a questionnaire centered around a programmatic issue or issues, administered to a random sample of community members who meet specific characteristics (for example, all mothers, or youth between the ages of 15 and 19). The results are analyzed and presented quantitatively. Many different sampling methods are possible, including 30-cluster random sampling and Lot Quality Assurance Sampling (LQAS).

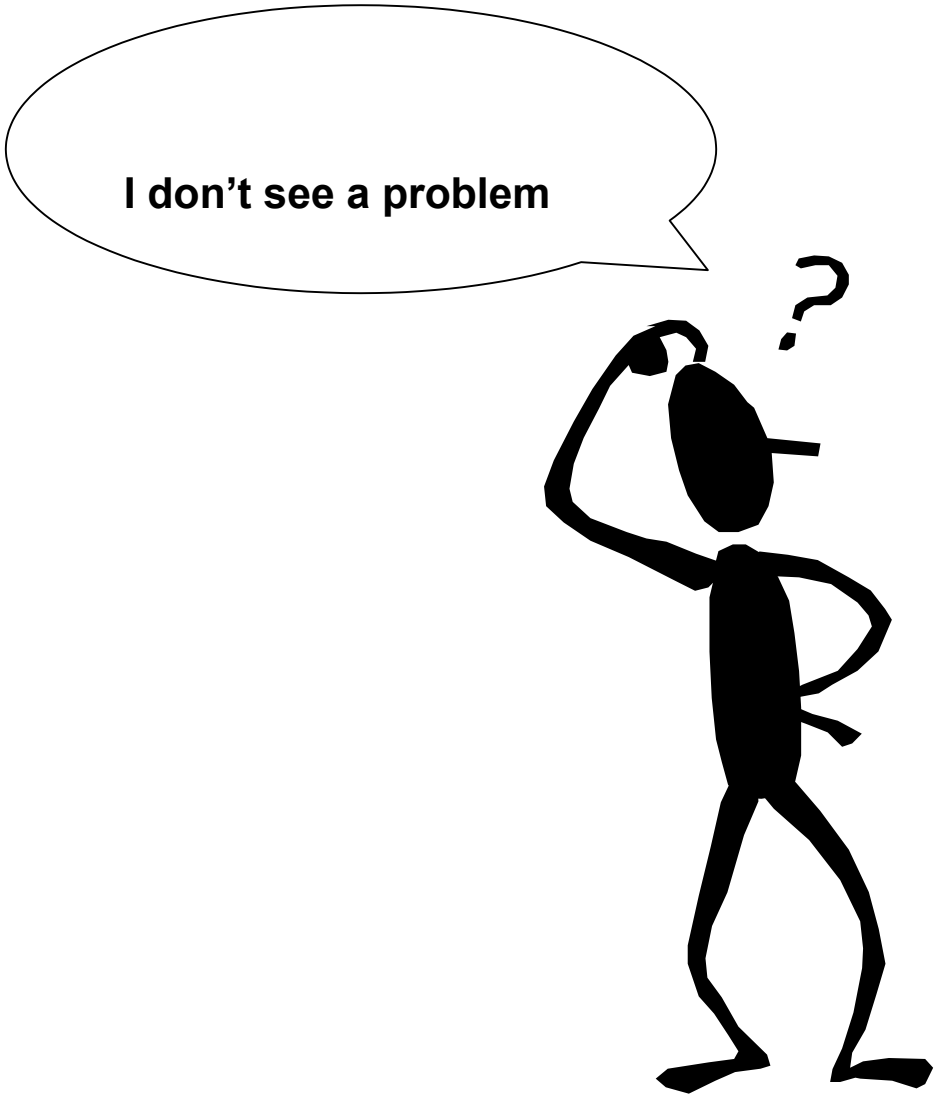
Trials of improved practices (TIPS)- a research method in which individuals or groups in the community are asked to try key behaviors which are going to be promoted by the project for a specific length of time. After the trial, TIPS participants are interviewed to learn whether they were able to perform the behavior consistently, what made it easier or harder, and what if any benefits they perceived from doing the behavior.

Answer Key
For the
PRE-/POST-WORKSHOP QUESTIONNAIRE
DESIGNING FOR BEHAVIOR CHANGE

1. c
2. c
3. c
4. a
5. c
6. c
7. c
8. a
9. a
10. b

Identify the

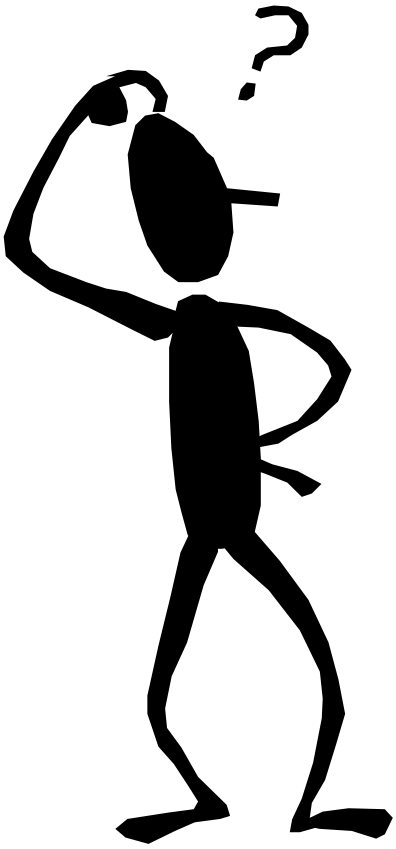
Problem

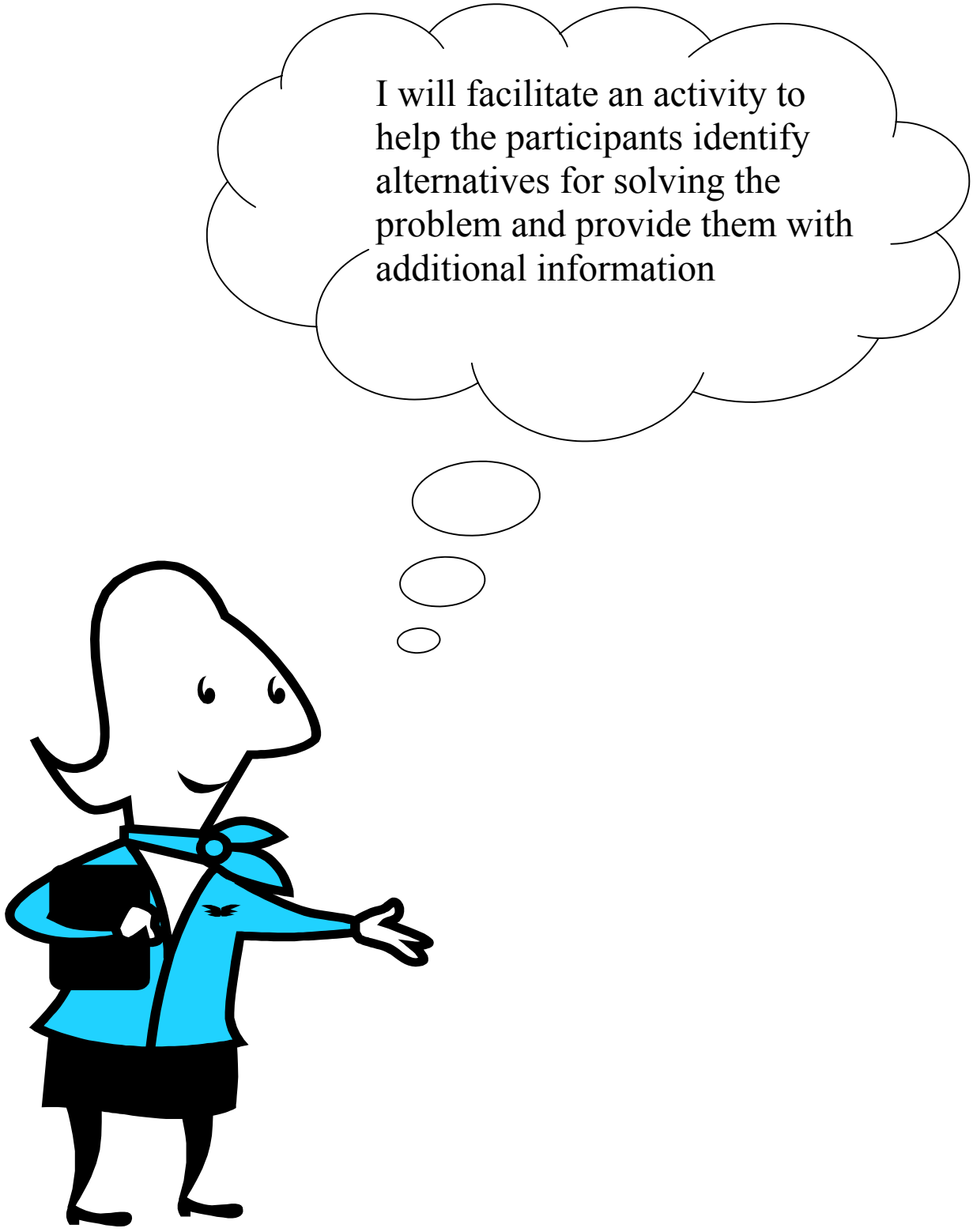

I don’t see a problem

I will facilitate an activity to help the participants identify the problem

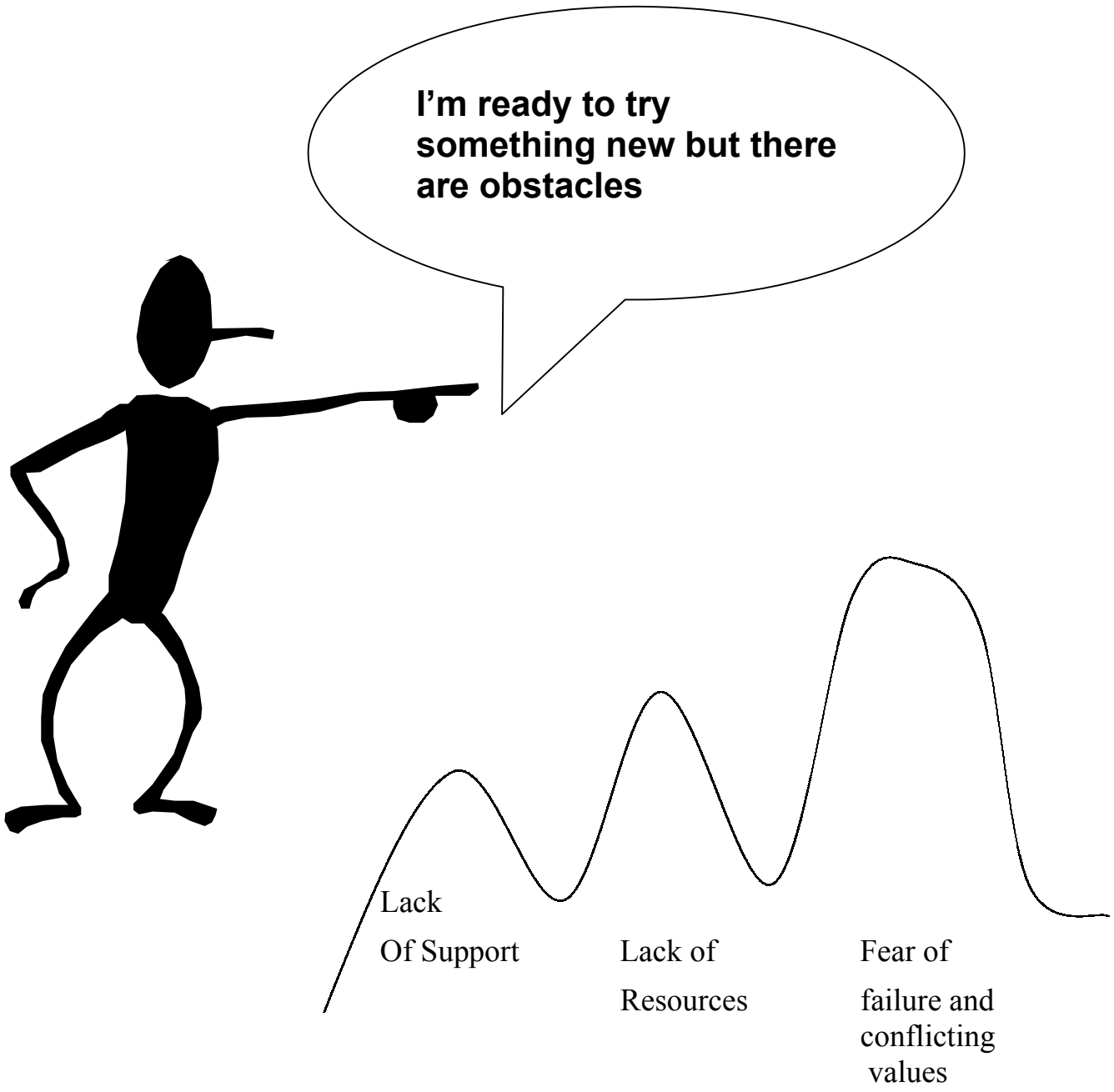
Study the Alternatives and look for more information

There might be a problem but I need more information and alternatives



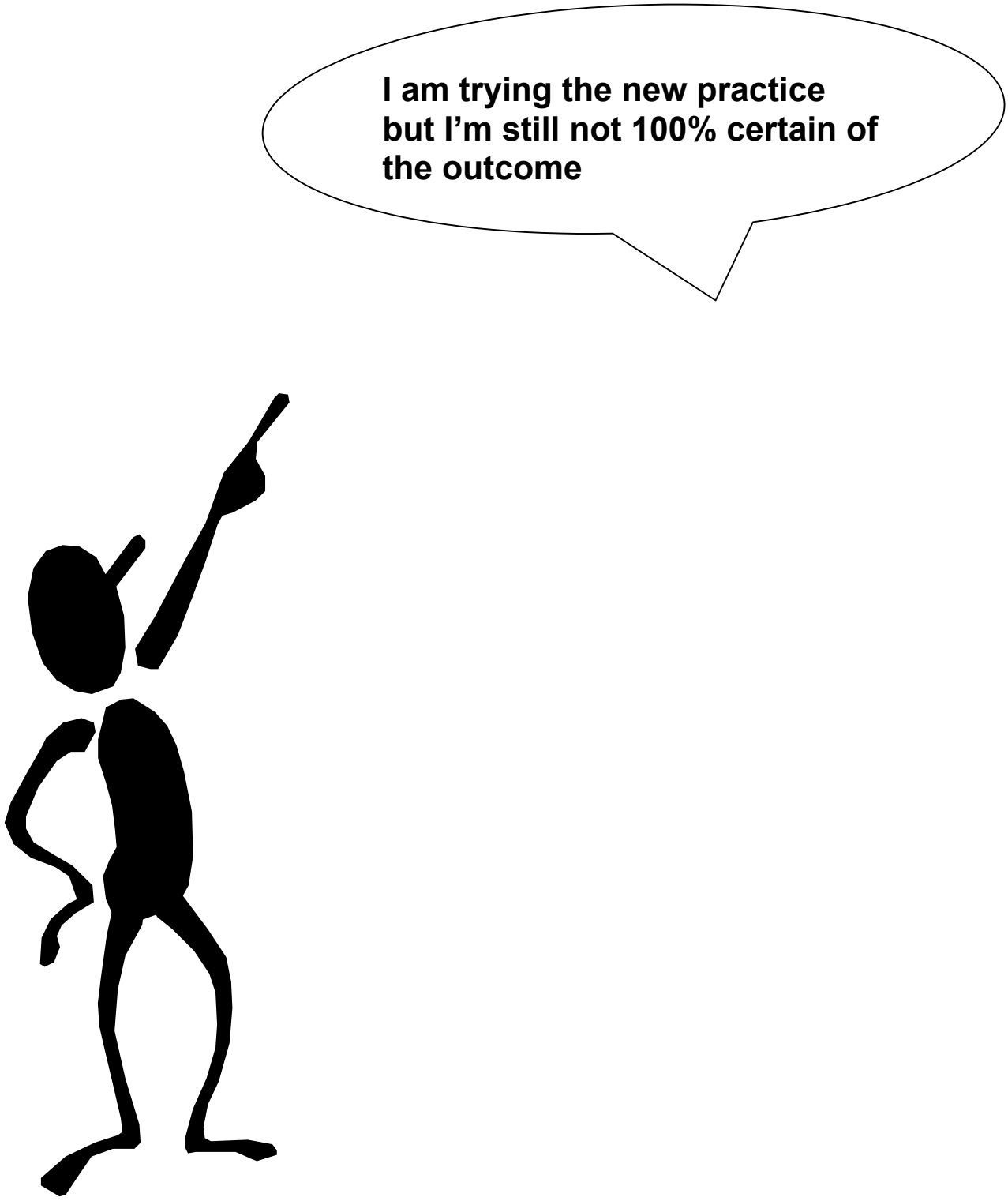

I will facilitate an activity to help the participants identify alternatives for solving the problem and provide them with additional information

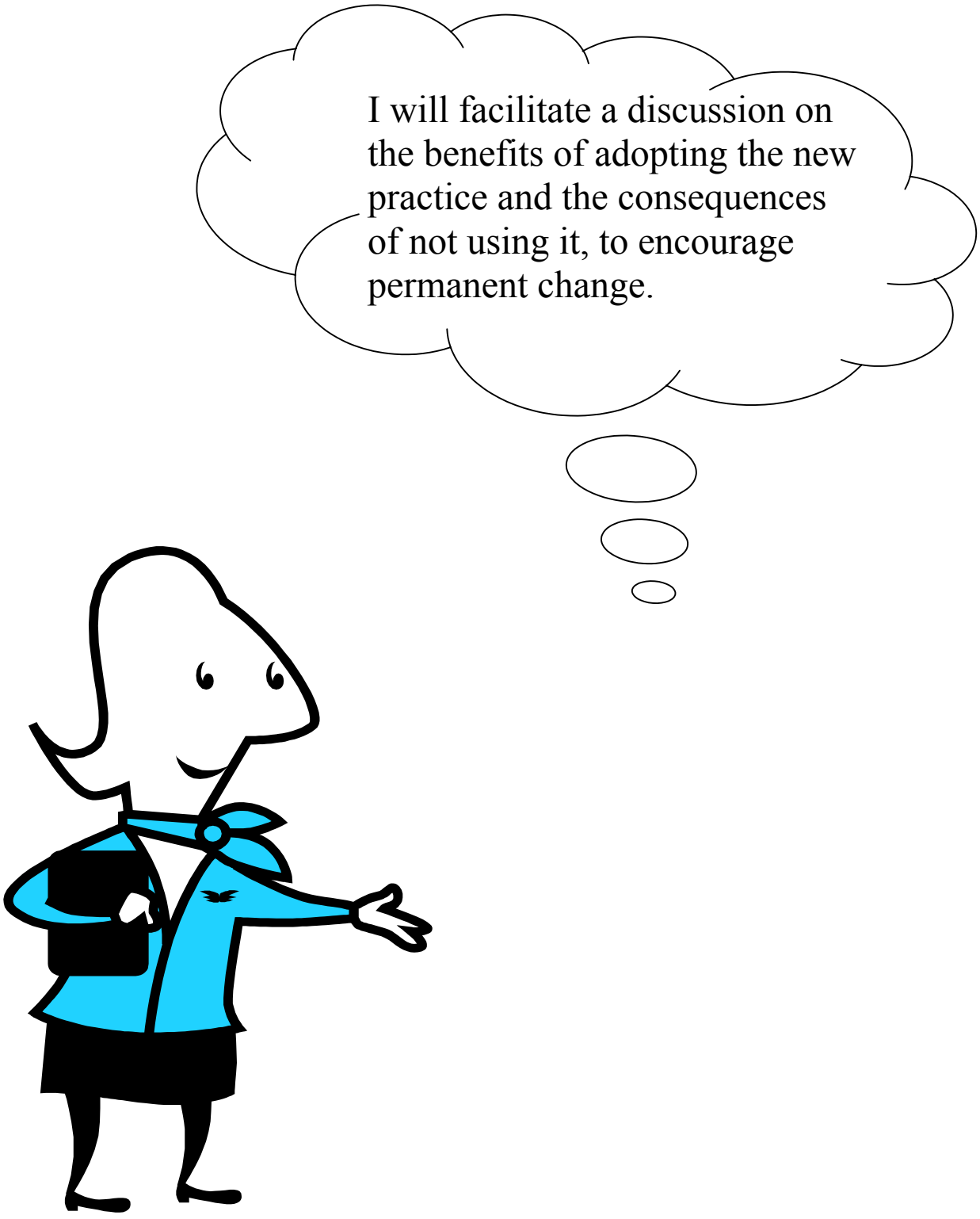
Obtain new skills and access to resources and support


I'm ready to try something new but there are obstacles
Lack
Of Support
Lack of
Resources
Fear of
failure and
conflicting
values

I will facilitate an activity to help the participants identify how to overcome the obstacles and organize access to resources

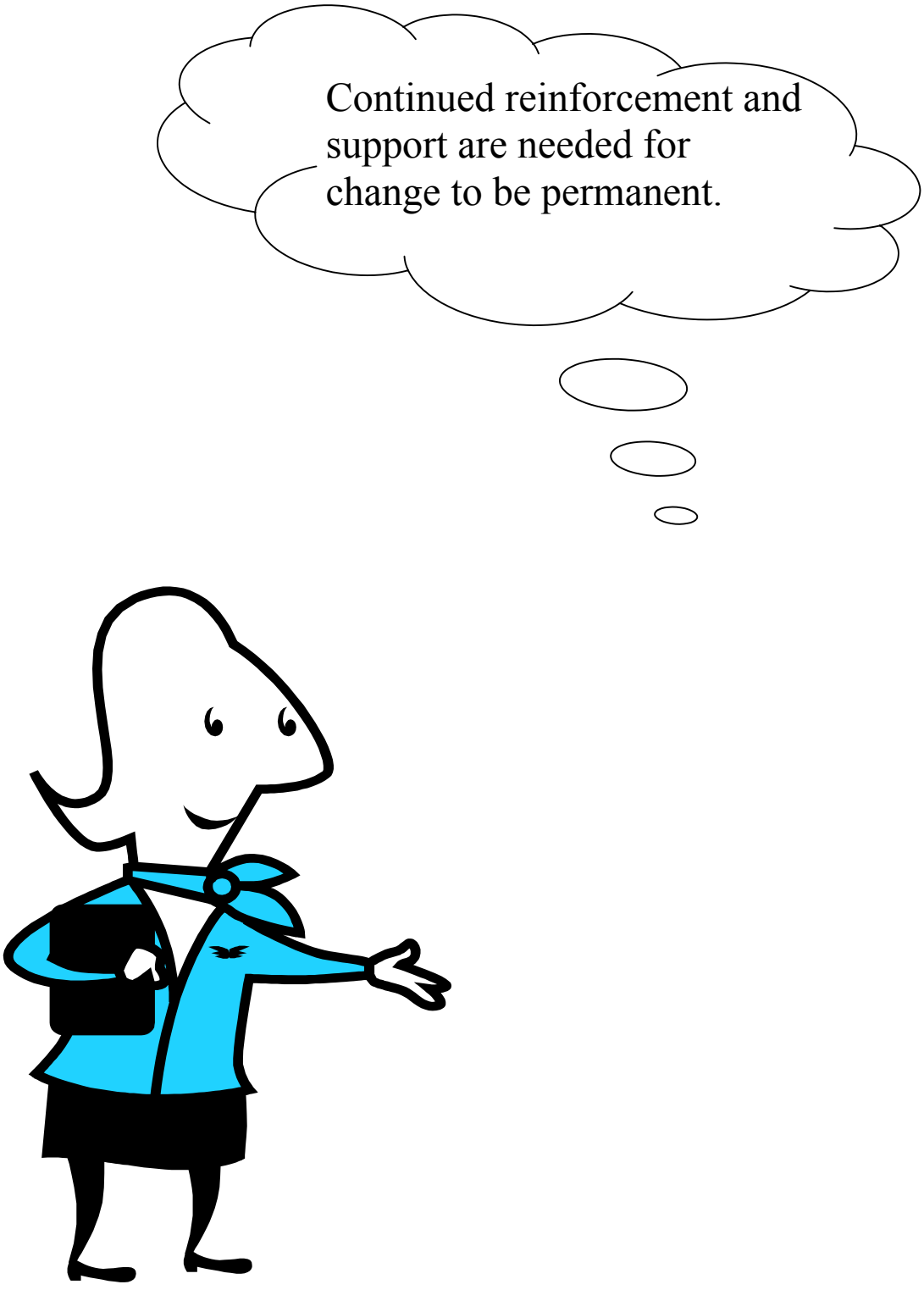
Try out the new Practice


I am trying the new practice but I'm still not 100% certain of the outcome

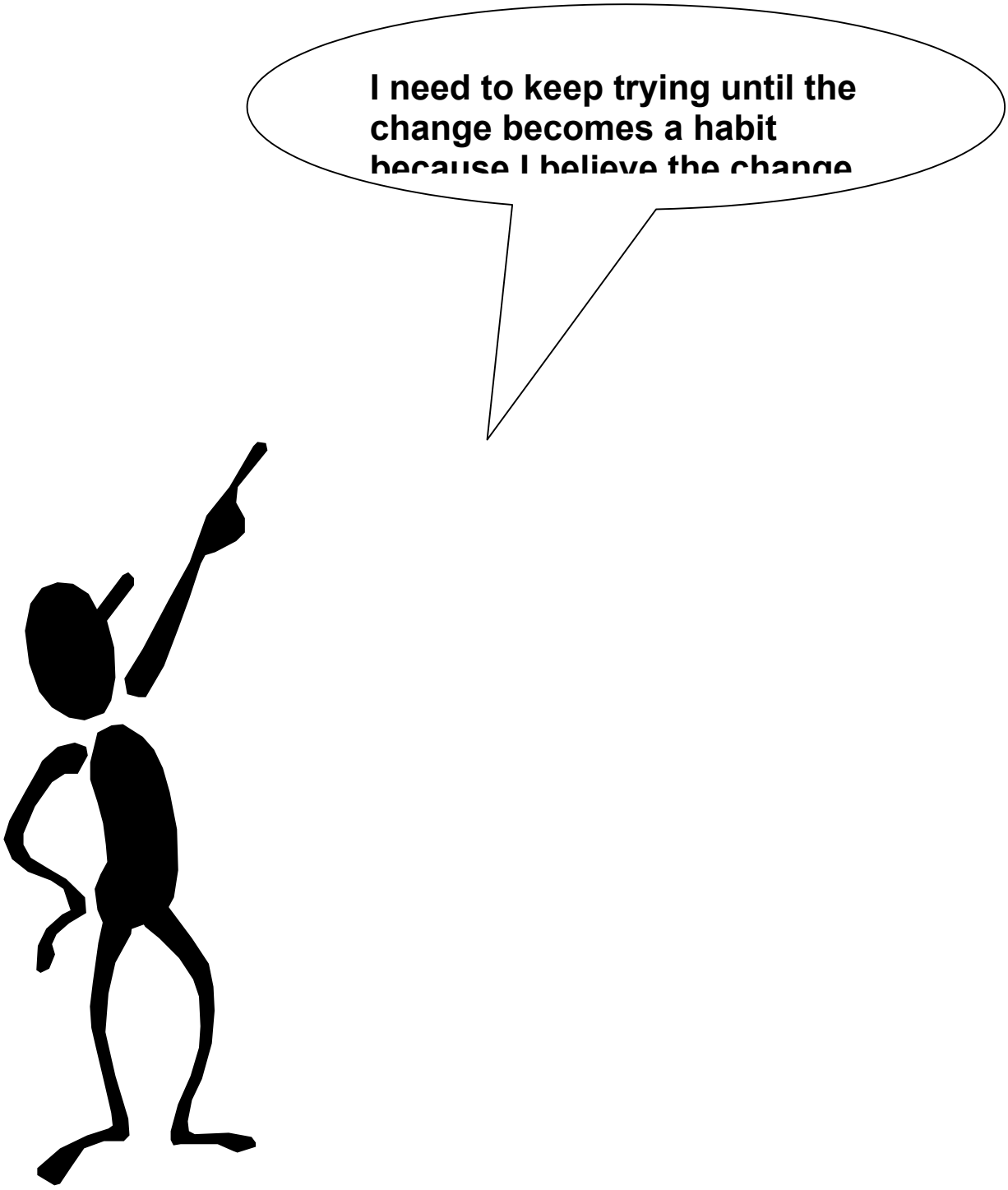

I will facilitate a discussion on the benefits of adopting the new practice and the consequences of not using it, to encourage permanent change.

Reflect on and reinforce the New Practice

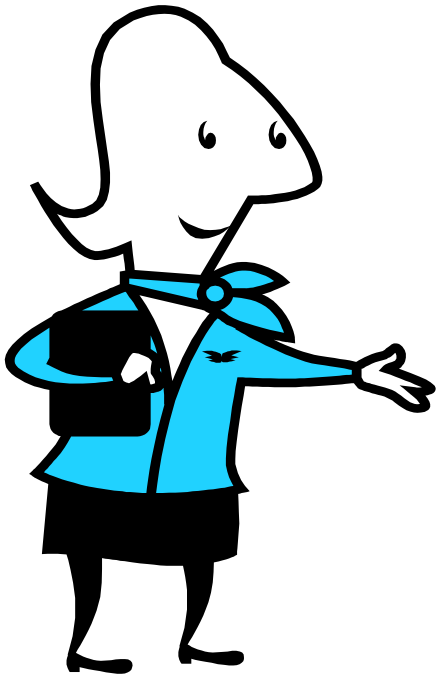
With support and encouragement from my family and community I can succeed.


Continued reinforcement and support are needed for change to be permanent.

Continue the practice with support


I need to keep trying until the change becomes a habit because I believe the change

Monitor the change to provide needed support and information

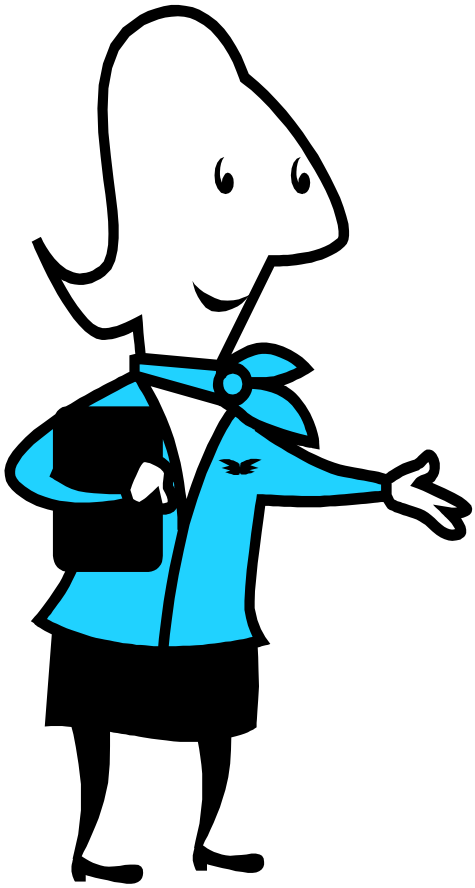


Celebrate Your

Success

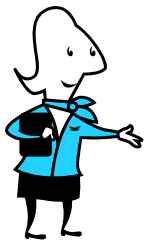
Yes! I can do it!

Recognize and Celebrate the Success of a Positive Change in Behavior

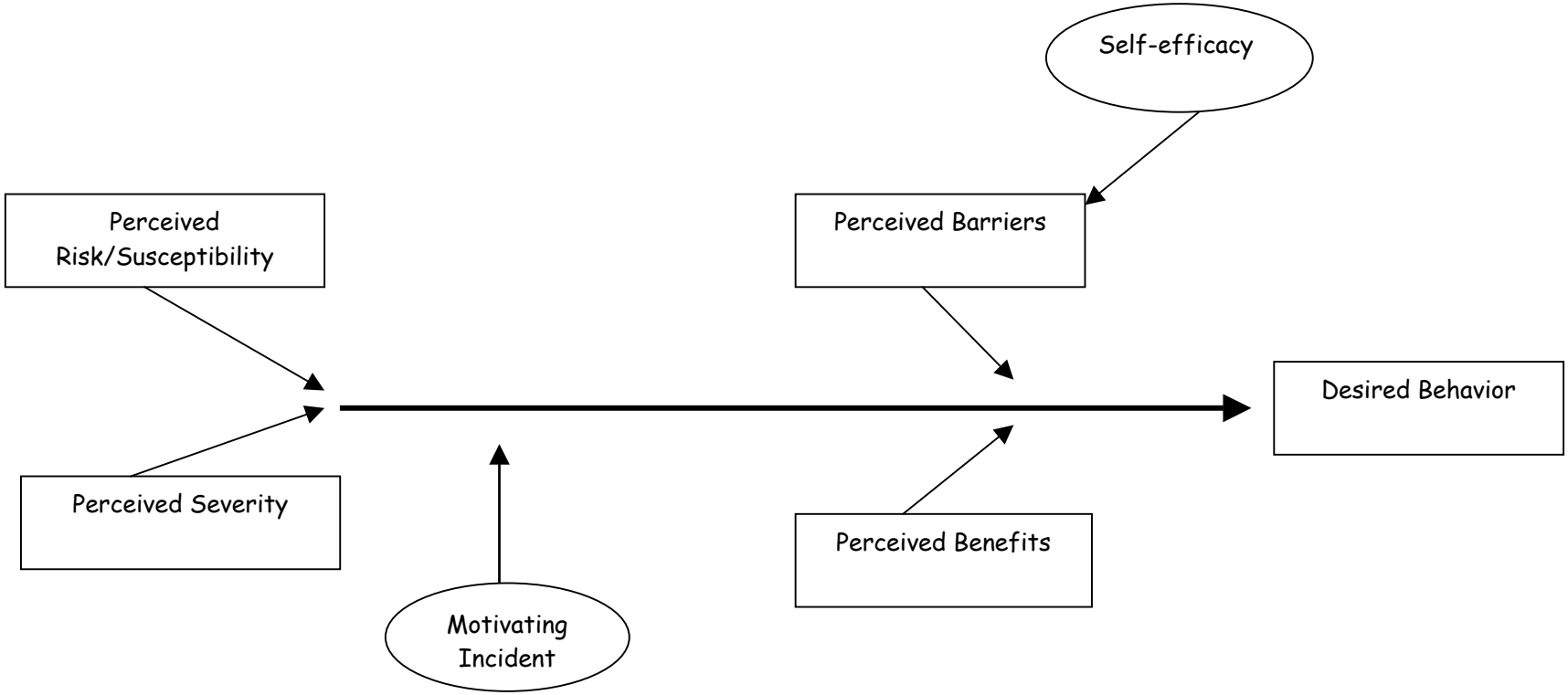


STAGES OF CHANGE

Pre-Awareness **Awareness** **Preparation** **Action** **Maintenance**

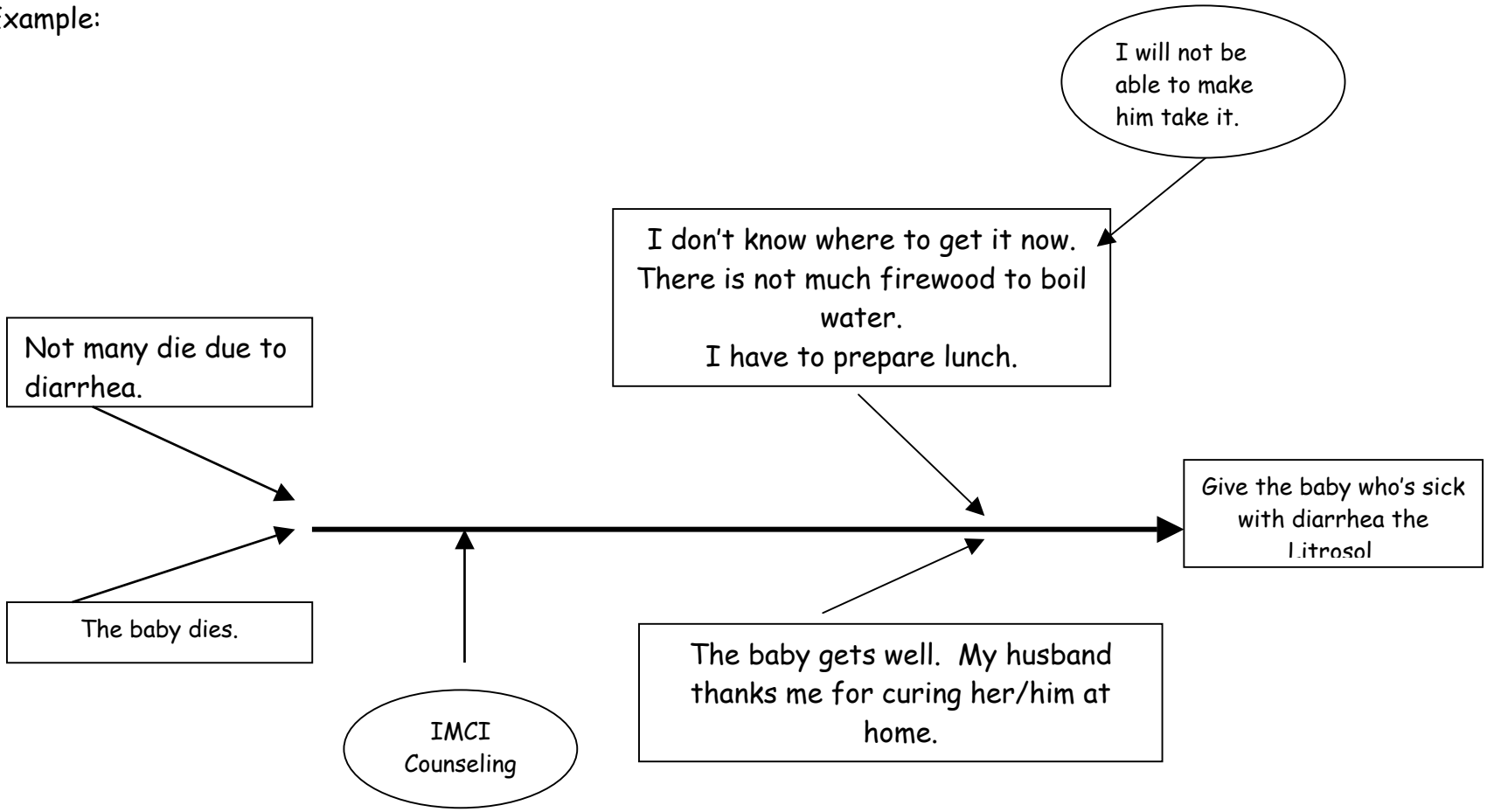
	Identify the Problem	**Study the Alternatives and look for more information**	**Obtain new skills and access to resources and support.**	**Try out the new practice.**	**Reflect on and reinforce the new practice.**	**Continue the practice with support.**	**Celebrate your success.**
Changer	I don't see a problem.	There might be a problem but I need more information and alternatives.	I'm ready to try something new but there are obstacles.	I am trying the new practice but I'm still not 100% certain of the outcome.	With support and encouragement from my family and community I can succeed.	I need to keep trying until the change becomes a habit because I believe the change is positive.	Yes! I can do it!
Change Agent 	I will facilitate an activity to help the participants identify the problem.	I will facilitate an activity to help the participants identify alternatives for solving the problem and provide them with additional information.	I will facilitate an activity to help the participants identify how to overcome the obstacles and organize access to resources.	I will facilitate a discussion on the benefits of adopting the new practice and the consequences of not using it, to encourage permanent change.	Continued reinforcement and support are needed for change to be permanent.	Monitor the change to provide needed support and information.	Recognize and celebrate the success of a positive change in behavior.

The Health Belief Model (HBM)

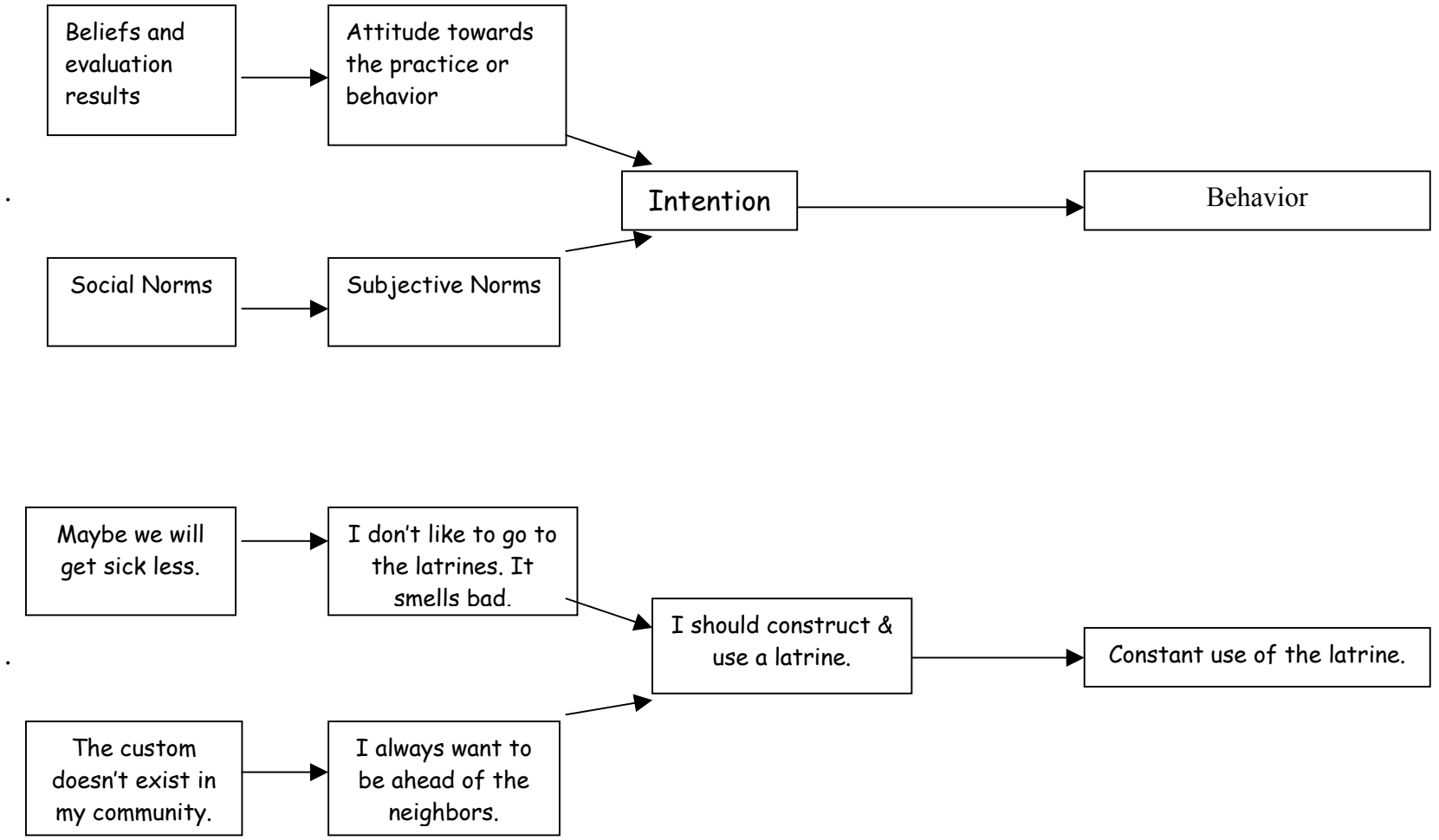


Self-efficacy: the belief that one is capable of practicing the new behavior during the proposed situation. It is composed of the influence of one's environment/surroundings, perception of consequences (prior experiences or vicarious experience), the necessary skills to achieve it, and self-confidence.

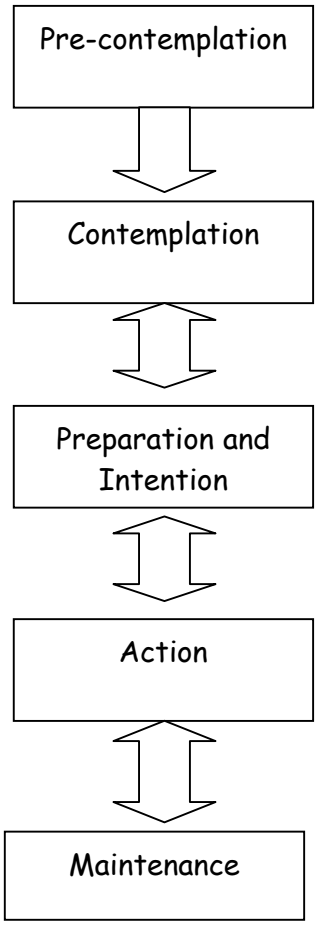
Example:


I will not be able to make him take it.
I don't know where to get it now. There is not much firewood to boil water.
I have to prepare lunch.
Not many die due to diarrhea.
Give the baby who's sick with diarrhea the Litrosol
The baby dies.
IMCI Counseling
The baby gets well. My husband thanks me for curing her/him at home.

The Theory of Reasoned Action



Stages of Change



Pre-contemplation: Doesn't know, no knowledge, has no knowledge of the problem, thus doesn't think at all about making a change. Or, maybe knows something and is aware of the problem, but is fixed not to change.

Contemplation: Is aware of the problem. Thinks a bit about making the change. Recognizes the importance of changing, but is not sure that s/he will change. You have doubts about the results, the approval of other people.

Preparation or intention: You have decided to do something. Maybe you have tried in the recent past without succeeding. You are planning to make a change, but you are only thinking about doing it.

Action: You are changing but you have not arrived at a permanent state of practicing the behavior.

Maintenance: The new behavior is now a habit.