

Applying the BEHAVE Framework



A Workshop on Strategic Planning for Behavior Change

FACILITATOR'S GUIDE

April 2004



change





The Child Survival Collaborations and Resources Group (The CORE Group) is a membership association of more than 35 U.S. Private Voluntary Organizations that work together to promote and improve primary health care projects for women and children and the communities in which they live. The CORE Group's mission is to strengthen local capacity on a global scale to measurably improve the health and well being of children and women in developing countries through collaborative NGO action and learning. Collectively, its member organizations work in over 140 countries, supporting health and development projects.



This publication was made possible by support through the Bureau for Global Health, United States Agency for International Development (USAID) under cooperative agreement FAO-A-00-98-00030. This publication does not necessarily represent the views or opinion of USAID. It may be reproduced if credit is properly given.

Acknowledgements

Many people have contributed to the development of this manual. First of all, participants in CORE sponsored trainings provided their input and feedback during and following regional trainings in South Africa in February 2002, Cambodia in February 2003, as well as the training of trainers in Washington, D.C in October 2002. We particularly recognize the input of the training facilitators in these pilots including Rikki Welch, Gail Snetro, Elise Jensen, Ann Jimerson, Linda Olga Nghatsane, Claire Boswell, Michelle Kouletio and Eric Swedberg. Academy for Educational Development staff who have served as trainers in pilots of the manual include Ann Jimerson, Carol Baume, Susan Middlestadt, Anton Schneider and Renata Seidel.

The Social and Behavior Change (SBC) Working Group of CORE hosted a meeting in June 2002, "Beyond BEHAVE: Planning for Future Workshops" to discuss the experience and lessons learned from the Regional BEHAVE workshop held in Johannesburg in February 2002, as well as feedback received from CORE members, in order to more closely tailor future BEHAVE workshops for the PVO/NGO context. Participants included: Lisa Howard-Grabman, Ann Jimerson, Karen LeBan, Stacey Lissit, Michel Pacque, Julia Rosenbaum, Anton Schneider, Lisa Sherburne, Eric Swedberg and Rikki Welch.

Significant input was provided by the following members of the SBC Working Group to further review the training material during 2003 and 2004: Michelle Kouletio, Linda Morales, Tom Davis, Eric Swedberg, Claire Boswell, Terri Lukas, Amina Agha, Elena McEwan, Kati Moseley and Laura McCarthy.

AED Authors:

Ann Jimerson
Julia Rosenbaum
Susan Middlestadt
Anton Schneider
John Strand
Peter Mitchell
Carol Schechter
Jim Bender
Jennifer French

Designer:

Jel Montoya-Reed

Production Manager:

Kavitha Goss

Production:

Ann Bellenger
Almudena Fernandez
Todd Fisk
Shawnette Gordon
Courtney Hollinger
Bridget Kelly
Cindy Rider
Mike Salamone
Sue Stine

Information Architect for the CD-ROM:

Ellyn Beiler

Our sincere thanks to all of you who have contributed to this important tool for improving the social and behavior change programming of many around the world.

Terms of Use

The CORE Group, the Academy for Educational Development (AED), and the U.S. Agency for International Development offer the materials that make up the “Applying the BEHAVE Framework: A Workshop on Strategic Planning for Behavior Change in Child Survival” for your use as you implement the workshop. You are free to reproduce and use all the materials under the condition that you:

- retain the organizations’ logos on the materials and do not replace them with your own logo
- acknowledge the source of the materials.
- acknowledge AED as the creator and owner of the BEHAVE Framework and the materials related to “Exercise” Exercise and the Doer/NonDoer tools
- do NOT charge fees for the workshop or sell the materials

For information about the materials:

<mailto:contact@coregroup.org> or 202 572 6330 (U.S.A.).

Acknowledgements

Many people have contributed to the development of this manual. First of all, participants in CORE sponsored trainings provided their input and feedback during and following regional trainings in South Africa in February 2002, Cambodia in February 2003, as well as the training of trainers in Washington, D.C in October 2002. We particularly recognize the input of the training facilitators in these pilots including Rikki Welch, Gail Snetro, Elise Jensen, Ann Jimerson, Linda Olga Nghatsane, Claire Boswell, Michelle Kouletio and Eric Swedberg. Academy for Educational Development staff who have served as trainers in pilots of the manual include Ann Jimerson, Carol Baume, Susan Middlestadt, Anton Schneider and Renata Seidel.

The Social and Behavior Change (SBC) Working Group of CORE hosted a meeting in June 2002, "Beyond BEHAVE: Planning for Future Workshops" to discuss the experience and lessons learned from the Regional BEHAVE workshop held in Johannesburg in February 2002, as well as feedback received from CORE members, in order to more closely tailor future BEHAVE workshops for the PVO/NGO context. Participants included: Lisa Howard-Grabman, Ann Jimerson, Karen LeBan, Stacey Lissit, Michel Pacque, Julia Rosenbaum, Anton Schneider, Lisa Sherburne, Eric Swedberg and Rikki Welch.

Significant input was provided by the following members of the SBC Working Group to further review the training material during 2003 and 2004: Michelle Kouletio, Linda Morales, Tom Davis, Eric Swedberg, Claire Boswell, Terri Lukas, Amina Agha, Elena McEwan, Kati Moseley and Laura McCarthy.

AED Authors:

Ann Jimerson
Julia Rosenbaum
Susan Middlestadt
Anton Schneider
John Strand
Peter Mitchell
Carol Schechter
Jim Bender
Jennifer French

Designer:

Jel Montoya-Reed

Production Manager:

Kavitha Goss

Production:

Ann Bellenger
Almudena Fernandez
Todd Fisk
Shawnette Gordon
Courtney Hollinger
Bridget Kelly
Cindy Rider
Mike Salamone
Sue Stine

Information Architect for the CD-ROM:

Ellyn Beiler

Our sincere thanks to all of you who have contributed to this important tool for improving the social and behavior change programming of many around the world.

Table of Contents

.....

Introduction

A Brief History: Promoting a behavioral approach for child survival
CORE's Social and Behavior Change Working Group
Academy for Educational Development and the CHANGE Project
Training is just one element
Overview of this training workshop
Development of this guide
Getting started
Pre-workshop meetings and communications
Materials preparation
Room set-up
Tips on using the PowerPoint presentations
Registration
Workshop agenda
Workshop overview
Workshop evaluation
Examples for a richer workshop

Workshop Sessions

Opening Session: Welcome and Introductions

Welcome
Activity A. Participant Introductions
Activity B. Expectations & Workshop Objectives
Activity C. Announcements and Walk-through of Binder
H-0: Worksheet – Participant Introductions

Session 1. “Exercise” Exercise

Presentation & Discussion
Activity A. Optional Video Viewing: The “truth” Campaign

Session 2. Overview: Applying the BEHAVE Framework

Presentation & Discussion

Session 3. Selecting Priority & Supporting Groups

Presentation & Discussion
Activity A. Whose point of view?
Presentation & Discussion, continued
Activity B. 5 Ways to Describe Your Group

Session 4. Defining the Behavior You Will Promote

Presentation & Discussion
Activity A. Name That Behavior!
Activity B. How “Hard” Is That Behavior?
Behavior Statement Cards

Session 5. Case Study Part 1: Selecting Priority Group + Behavior

Case Study Part 1a: Possible Priority Groups + Behaviors

Case Study Part 1b: Selecting a Priority Group + Behavior

Session 6. “Exercise” Exercise: Coding Doer/NonDoer Data

Instructions for Coding and Tallying Data

Activity A. Groups Code and Tally Exercise Data

Session 7. Identifying Key Factors that Influence Behavior

Presentation & Discussion

Activity A. “Big Benefits:” What People Really Want

Activity B. Comparing “Doers” with “NonDoers”

Activity C. Results of Our Own “Exercise” Survey

Presentation & Discussion

Instructions for Using Excel File

Excel File for Creating Exercise Bar Graphs

Session 8. Case Study 2: Identifying the Most Powerful Key Factors

Presentation & Discussion

Team Work

Session 9. Cluster Critiques 1

Presentation: Instructions

The Cluster Critique

Session 10. Planning Project Activities

Presentation & Discussion

Activity A. Matching Key Factors with Activities

Presentation & Discussion

Session 11. Case Study 3: Planning Activities

Presentation & Discussion

Team Work

Session 12. “Retrofits:” Using the BEHAVE Framework to Describe a Project Experience

Activity A. Retrofit

Session 13. Developing and Measuring Indicators for the BEHAVE Framework

Presentation & Discussion

Session 14. Case Study 4: Developing Indicators

Presentation & Discussion

Team Work

Session 15. Filling in the Blanks: Where Do Our Favorite Approaches Fit?

Presentation & Discussion

Activity A. Small Group Discussions

Activity B. Filling in the Blanks

Approach Cards

Session 16. Cluster Critiques 2

Cluster Critiques

Session 17. Case Study 5: Preparing Your Poster

Team Work

Session 18. Field Visit

Session 19. Report on Field Visit

Activity A. Participant Contributions: Reflections and Writing

Activity B. Discussion: Response to Field Visit

Session 20. Adapting the Doer/NonDoer Tool

Presentation & Discussion

Session 21. Poster Session: Your Case Studies

Presentation & Discussion

Activity A. Poster session

Activity B. Response to Case Studies

Session 22. The BEHAVE Framework's Place in Project Planning

Presentation & Discussion

Activity A. Small Group Discussion

Activity B. Discussion in Plenary

Closing Session: Workshop Evaluation & Wrap-up

Presentation & Discussion

Activity A. Individual Reflection & Evaluation

Activity B. Group Discussion & Wrap-Up

Appendices

Appendix A: Sample Workshop Announcement

Appendix B: Sample Learning Needs Assessment

Appendix C: Preparing for Field Visit, Session 18

Appendix D: Checklist: Room Set-up and Preparations for Day 1

Appendix E: Sample Sign-Up Sheets for Registration

Appendix F: Pre-Workshop Participant Survey and Daily Feedback Forms

Appendix G: Post-Workshop Participant Survey

Appendix H: Post-Workshop Reflection

Appendix I: Case Studies: The BEHAVE Framework Describes Strategic Project Decisions

Appendix J: Technical Reference Materials, PVO Child Survival Grants Project

Appendix K: References for Facilitator's Guide

Applying the BEHAVE Framework: A Workshop on Strategic Planning for Behavior Change in Child Survival

.....

Introduction

This field-tested five-day training package will enable PVOs and partners to replicate the BEHAVE workshops conducted in Cambodia, South Africa and Washington, DC, to additional countries and regions around the globe. The manual consolidates handouts and facilitator materials with easy-to-use training guidelines.

The "Applying the BEHAVE Framework" 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 Educational Development. The workshop trains participants to apply AED's BEHAVE Framework as described in the most recent version of the Child Survival Grants Project Technical Reference Materials. This framework has wider application to non-health development sectors as well.

This introduction is your first step in preparing for a workshop. This introduction provides background on how and why the workshop was developed, tips that help you plan for a successful workshop and a number of ready-to-adapt tools, such as checklists and sample letters.

A Brief History: Promoting a behavioral approach for child survival

By the year 2000, most of The CORE Group's member organizations were committed to taking a behavior change approach to their child survival projects. But many of those experienced project planners had little idea of how, exactly, to make this happen.

The CORE Group's Social and Behavior Change Working Group set out to identify tools and to offer capacity-building opportunities that would enable private voluntary organization (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 annual meetings. The tools and concepts offered struck a chord with members.

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 two 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.

- In February 2002, CORE and AED/CHANGE trained 56 participants from 19 organizations and 15 countries through a five-day workshop in South Africa. A full report on the workshop is available at: www.childsurvival.com/documents/workshops/behavel/behave1.cfm
- AED/CHANGE and CORE again collaborated in October 2002 to offer a three-day workshop with headquarters staff in Washington, DC. Several new sessions were tested with this group, building on response and feedback to the initial BEHAVE workshop.
- A revised five-day workshop for field staff was offered in Cambodia in February 2003. CORE and AED/CHANGE trained 61 participants from 18 organizations and eight countries, fine tuning the workshop activities and materials. It is this version of the workshop that is presented in this facilitator guide. For details, see: www.childsurvival.com/documents/workshops/SBCCambodia/main.cfm.

CORE's Social and Behavior Change Working Group

The Social & Behavior Change Working Group aims to improve the effectiveness of maternal and child health projects in the developing world through quality formative research and strategic design. The working group collaborates with academia and field practitioners to guide the CORE community on useful tools, products, and materials. For further information about our work, see: http://www.coregroup.org/working_groups/behavior.cfm.

The Academy for Educational Development and the CHANGE Project

Founded in 1961, AED is an independent, nonprofit organization committed to solving critical social problems in the U.S. and throughout the world through

education, social marketing, research, training, policy analysis and innovative project design and management. Major areas of focus include health, education, youth development, and the environment. AED is a leader in social marketing and behavior change, and an active participant in maternal and child health projects worldwide. Its BEHAVE Framework is a tool that enables staff of private and public organizations to change the way they approach strategic planning for behavior change. Over the last decade, AED has trained over a thousand participants from hundreds of organizations to apply the framework to projects ranging from health and safety to the environment to education. AED's CHANGE Project has collaborated with the SBC Working Group and The CORE Group to offer the BEHAVE Framework and workshops to the child survival community. For more about our projects, visit <http://www.aed.org>.

Training is just one element

Building PVO staff capacity for strategic thinking will not alone ensure that on-the-ground child survival projects will have a behavioral impact. The organization must support a behavioral focus in all it does by:

- Designing proposals that clearly lay out behavioral objectives;
- Agreeing that the four decisions laid out in the BEHAVE Framework should be made explicit in planning exercises;
- Allowing time and resources to conduct the types of research that allow for identification of the key factors or behavioral determinants that matter; and
- Using the concepts and the language of the framework to describe project successes.

The real purpose of the BEHAVE Framework is to strengthen the strategic thinking that goes into project design, research, monitoring and evaluation. The test of the framework, then, is in its use in real projects. The framework serves as a fairly simple means to lay out the complex decision-making that must go into project design for behavior change. This smart thinking is the valuable outcome of this workshop. The workshop provides an organized way to develop the concept and thinking skills needed for planning a behavior change project. A good first step in shifting toward a more behavioral approach may be to bring together field staff and managers for a BEHAVE Framework workshop, as described in this facilitator's guide. Session 22 of this workshop provides participants the chance to consider where and how the framework fits into the project planning cycle.

When control of decisions about project design is shifted to groups outside the organization – to Ministry of Health or local NGO staff or to community members themselves – those decision-makers must be able to manage the concepts, ideas and methods encompassed in the BEHAVE Framework. Field staff may find that many of the training sessions in this workshop guide can easily be adapted to give community members the skills they need to make sound project decisions.

Beginning in 2004, the SBC Working Group has put out a call for case studies. The plan is to highlight projects in which the BEHAVE Framework has aided in development of child survival projects that demonstrate real changes in behaviors that improve health and save lives. If you would like to share a successful application of the framework, please contact the Working Group chair at the email address behave@coregroup.org.

Overview of this training workshop

The five-day workshop described in this facilitator's guide gives field staff and managers the skills and tools to apply a behavioral approach to designing child survival projects. Participants learn to make the four important decisions of any behavior change project:

- Who are the priority and supporting groups?
- What do you want to help the priority group to do that will improve health? (behavior)
- What key factors or determinants are the most likely to motivate them to adopt that behavior?
- What activities can the project conduct to influence the key factors – and the behavior?

AED • BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	In order to help:	to:	we will focus on:	through:
INDICATORS				

Workshop highlights

- This workshop gives participants a chance to practice applying criteria to make each of the four decisions. Participants work in teams to develop a case study of interest to them, meeting together throughout the workshop to create a project design that follows the decisions of the BEHAVE Framework.
- In “cluster critiques,” participants practice assessing others’ project designs.
- Participants learn to develop and apply the Doer/NonDoer analysis as a tool to select the priority key factors, identifying the specific determinants of a behavior.
- Participants learn to recognize and apply three “powerful determinants of behavior.” With the nicknames “fun,” “easy,” and “popular,” participants can grasp some of the complexities of behavioral science and apply them to their own project design.
- Participants help to “retrofit” a project they know to the BEHAVE Framework, demonstrating that the framework can sharpen a project design at any point in the life of the project – even as an organizing tool for describing a project’s logic after it is completed.
- They experience the usefulness of the framework in organizing the pieces of a monitoring and evaluation plan.
- Participants examine how the BEHAVE Framework fits with other favorite field approaches (such as Trials of Improved Practices and Positive Deviance).
- They consider how it fits within the child survival project planning cycle.
- The fourth day of the workshop is set aside for a field visit, and facilitators are given suggestions for ensuring that the field visit furthers learning about behavior change project design.
- This version of the BEHAVE Framework workshop uses dozens of examples from child survival projects and reflects the needs and interests of those in the child survival field.

Interactive adult learning techniques

From the first session, “Exercise” Exercise, participants are up on their feet and learning through personalized and sometimes emotional experiences.

- While much of the course content is delivered through interactive presentations with games or exercises to bring the content alive, the real learning happens during the **case studies**. As teams apply the course content to a case study, they see how practical application of behavioral science principles play out in project design. Facilitators

are available during the team work to clarify the tools and the decision-making criteria.

- During two “**cluster critiques**,” participants give feedback and suggestions on their colleagues' case study project designs. The cluster critiques help the recipient of the critique to improve the project design. Perhaps more importantly, those who are giving the feedback learn the skills needed to assess a colleague's project through the lens of the BEHAVE Framework. This practice in critical thinking will be useful to most managers and supervisors, and benefits anyone who is asked to think critically about a proposed project.
- Anyone who has sat through a lengthy “report back” session, when each small group summarizes its work, will appreciate the **poster session** proposed in this workshop. For its final project, each case study team prepares a poster to mount on the wall during the last day's poster session, a take-off on conference sessions of the same name. All participants have time to learn about everyone's work. Participant viewing of the posters is focused by a “treasure hunt” that assigns each participant to identify one of the three “powerful determinants” in the case studies they review.

Development of this guide

This facilitator's guide is the result of a two-year-long process of training and writing. Once the workshop was adapted for members of The CORE Group and piloted in the South Africa and Cambodia workshops described above, members of the SBC working group and AED finalized the PowerPoint materials with speaker notes, the handouts, and the participant binder materials. The CORE Group then contracted with AED to write this manual to guide facilitators who wish to replicate the workshop. SBC Working Group members have volunteered innumerable hours to review drafts and to recommend improvements to all the workshop materials available through this guide.

What skills and experience should facilitators have?

- **Training skills.** This facilitator's guide is designed for experienced trainers who have a good understanding of how to apply the BEHAVE Framework to child survival projects. That means that this guide assumes that you have experience and comfort in giving interactive presentations and in facilitating large and small group discussions.
- **Experience using BEHAVE Framework to design projects.** Facilitators who have actually used the BEHAVE Framework to design projects will be the most comfortable in leading this workshop. If you do not have that experience, you should try filling in a BEHAVE Framework as a way

to describe a project that you know well. We call this exercise a “retrofit,” giving you a chance to try out the project's logic. See Session 12 in this facilitator's guide for ideas on retrofitting a project to the framework.

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 BEHAVE 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.** As described in “Training is just one element,” above, this workshop makes the most sense when it is part of an organization's broader plan to support a behavioral approach. Making sure that home and field staff, managers and implementers are all familiar with the framework is a start. Following training, staff of all levels can look for ways to integrate the concepts and tools into their work.
- **Selecting facilitators.** Any five-day workshop is a large undertaking, and this one is especially varied and complex. You will want to have several co-facilitators to share the workload, especially if you have a large number of participants. All facilitators should be comfortable with training methodologies and with behavior change projects for child survival. The lead facilitator should:
 - Have training experience that includes making interactive presentations and facilitating large and small work groups; and
 - Have some experience with applying the BEHAVE Framework for project design.
- **Selecting participants.** For the most effective workshop, it will be important to take care in inviting participants, considering:
 - **Number of participants.** This workshop has been conducted with fewer than 20 and more than 60 participants. Since much of the learning takes place within teams, small groups and pairs, even a large group of participants can allow for active participation. You should plan for at least one facilitator for every 15 participants.

- **Multiple participants from an organization.** The reason for training is to enable staff to apply the framework in project design. This is most likely to happen when a critical mass of an organization's staff is familiar with the BEHAVE Framework. Consider inviting staff responsible for project design and implementation as well as their superiors.
- **Counterparts.** Local counterparts – staff from Ministry of Health or nongovernmental organizations – who will be involved in designing or implementing the child survival project will benefit from the workshop. Coordination is better when PVO staff and their counterparts are using the same concepts and methods.
- **Hosting the workshop.** The local organization that hosts the workshop has a number of responsibilities, from helping with selection of the workshop venue to planning cultural events. The advantage may be that more of that organization's staff will be able to participate in the workshop, since travel is not an issue.

Pre-workshop meetings and communications

- **Planning team meetings.** Several months prior to the workshop, a planning group should begin meeting to make a number of decisions about the workshop and to ensure that all planning steps are conducted. Decisions include:
 - Workshop venue.
 - Dates
 - Place
 - Workshop costs.
 - Workshop budget
 - Costs that participants will bear
 - Types of participants to invite.
 - Organizations
 - Counterparts
 - Prerequisite training or experience required
 - Language requirements
 - Facilitators.
 - Name of lead facilitator
 - Number of co-facilitators needed
 - Names of co-facilitators

- Onsite orientation and planning.
 - Length and timing of orientation and planning meetings for co-facilitators
 - Items to accomplish
 - Will lead facilitator conduct these meetings?
 - Facilitator responsibilities.
 - Which facilitator will conduct each of the workshop sessions?
 - What other responsibilities are assigned to each facilitator?
 - Technical adaptations to materials.
 - Adjustments to language, concepts or materials required
 - Who recommends content revisions?
 - Who signs off on final revisions?
 - Field visit.
 - Purpose of the field visit
 - Day of the field visit
 - Who will coordinate field visit logistics?
 - Production of participant binders.
 - Who will sign off on final versions of participant binder materials?
 - Where/when will binder materials be reproduced and collated?
 - Who will manage production?
 - Logistics management.
 - Who will handle pre-workshop communication with participants?
 - Who will coordinate and who will carry out local logistics?
 - Who will manage participant and/or facilitator travel?
 - Who is responsible for pre-workshop registration?
 - Who is responsible for onsite registration?
- **Pre-workshop communication with participants.** Communication begins early, and may include:
- **Workshop Announcement.** The initial announcement about the workshop describes the BEHAVE Framework and its usefulness to project planners; tells when and where the workshop will be held; specifies the types of participants who should attend;

states the costs to participants; and describes how to register. A sample announcement is provided in Appendix A.

Once participants have registered, the planning team will want to communicate with participants prior to the workshop to advise them on materials to bring, invite them to prepare a country presentation to share during the workshop and learn more about participants experience and expectations in order to plan for an effective workshop.

- **What participants should bring.** Since participants will work in teams to develop case studies, they may want to bring local or national data related to child survival. Useful data sets may include KPC data, DHS data, project reports, reports on relevant focus groups or other qualitative research.
- **Opportunity to share field experiences.** Participants who travel from various countries or regions to the workshop will look forward to sharing their experiences with their colleagues and to learning about others' projects. The workshop planning team will be wise to schedule one to three evening sessions to allow participants to exchange ideas and discuss projects. Alert facilitators may find these expositions useful as a chance to "retrofit" participants' projects to the BEHAVE Framework – that is, organizing the project description around the elements of the Framework. A project presentation, then, becomes another forum for using the Framework to describe the logic behind the project.

The workshop planning team may consider a number of ways to organize these informal presentations. One that has worked includes these steps:

- ❖ Several weeks prior to the workshop, notify participants that they may have the opportunity to share information about a project. Have them submit a one-page description of the project, including:
 - Priority and supporting groups;
 - Behaviors promoted;
 - Key factors or determinants addressed;
 - Project activities; and
 - Evaluation findings, if available.

- ❖ Let them know that they may prepare a 10- to 20-minute presentation. If PowerPoint and a projector will be available, let them know.
 - ❖ During workshop registration, ask participants who have prepared a presentation to sign up for a presentation time.
 - ❖ Organize meeting rooms and times, generally scheduled for an evening or two during the week of the workshop.
 - ❖ Notify presenters of the time and place. Check that their audiovisual materials work with the available equipment.
 - ❖ Post notices and make announcements about project presentations during the first day of the workshop.
 - ❖ One of the workshop facilitators may host the presentation session, to ensure that all goes smoothly, that audiovisual equipment works, that presenters keep to the assigned time limit, that participants have opportunity to discuss and ask questions.
- **Learning needs 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 BEHAVE Framework workshop is available in Appendix B.
- **Onsite orientation for facilitation team.** The number of participants will govern the number of facilitators needed, but with even a small number of participants, at least two facilitators are recommended. An onsite orientation and coordination meeting of the team of facilitators is essential to ensure that the workshop runs smoothly.

The lead facilitator may plan and conduct the orientation, which should cover the following:

- Matching facilitators' skills with workshop roles;
- Tailoring activities and materials; and
- "Choreographing" Day 1 activities – that is, carefully laying out all responsibilities and roles for the first day.

Materials preparation

- **Tailoring activities and materials.** All the materials you need for conducting the “Applying the BEHAVE Framework” workshop are included in the facilitator’s guide and the CD-ROM. You may want to tailor some of the activities and materials to match your participants’ needs. You should especially consider the following:
 - **Choosing the “favorite approaches” to examine.** In Session 15, participants will consider how several approaches – such as trials of improved practices (TIPs) and positive deviance (PD) – fit with the decisions of the BEHAVE Framework. If you know your participants, you may be able to choose ahead of time which approaches are relevant.
 - **Planning a relevant field visit.** See Appendix C for guidance in preparing for the field visit.
 - **Identifying Doer/NonDoer research opportunity.** Some of your participants may be able to conduct Doer/NonDoer research with priority group members – either before or during the workshop. That experience would be beneficial to all participants. When we piloted the workshop in Cambodia, one PVO spent the week prior to the workshop conducting such research – with some preliminary guidance from the lead facilitator. They then reported on their experience as part of Session 20, Adapting Doer/NonDoer Study.
- **Preparing participant binders.** Participant materials include worksheets, guides and resources that participants will need during the workshop. All PowerPoint slides for workshop presentations are reproduced as handouts and included in the binders so that participants do not need to take notes during the presentations.
 - **Preparing other workshop materials.** The few handouts and cards that are not included in the participant binders are part of the facilitator’s guide. These materials are included in the description of the session for which they are used. For several of the sessions, you will need to prepare newsprints for use during the session or to mount cards on the wall. The facilitator’s guide for each session describes preparation.
 - **“Choreographing” Day 1.** The first day of the workshop is packed full of welcoming remarks, introductions, activities that require movement around the room, announcements and the first case study team meetings. All will go smoothly if you meet with the co-facilitators prior to the first day to lay out roles and

responsibilities. Be sure to assign responsibility for room set-up for Day 1. The checklist in Appendix D may be useful to ensure you are ready.

Room set-up

Depending on the size of the workshop facility and on the number of participants, facilitators will need to arrange for:

- A main meeting room for plenary sessions (when all participants meet in the same room and turn their attention to the same presentation or activity).
- Team rooms or spaces for case study exercises.
- Cluster critique space that allows the members of several teams to meet for group discussion.
- Space for poster sessions.

Main meeting room. Facilitators will want to work with facilities staff to arrange the main meeting room to maximize participant comfort and participation. Experienced trainers should feel free to use a room set-up they have found conducive to learning, keeping in mind the following:

- Participants will find a desk top or table space useful, especially when they are asked to write on a piece of paper or a worksheet.
- All participants will need to be able to view the speakers, the slides or other projections, the video monitor and newsprint sheets – whether on a flipchart or posted on walls.
- Participants will need to hear the speakers and one another. While interaction is easier and more natural without them, microphones may be necessary if the room holds a large number of participants, if the meeting room acoustics are poor or if required for simultaneous interpretation. If using microphones, make sure they are accessible for presenters and for participants, and be sure to pass a microphone to each person who would like to speak.
- Exchange among participants will be better if participants can see one another throughout the workshop.
- The workshop calls for participants to work occasionally in pairs, and the room set-up should allow for that.
- Participants will occasionally be called upon to stand up and/or move about.

Team rooms or spaces. During registration, participants will indicate personal interests related to the topic by which facilitators will organize teams for the case study. Often, the chosen topics are health intervention areas such as breastfeeding or HIV/AIDS. Team membership is fixed throughout the workshop. Teams meet five different times on Days 1-3.

On Day 5 of the workshop, teams will work together to post and “interpret” a poster that describes their case study work.

No matter what kind of workshop space is available, facilitators will need to help each team find a designated space that will be its work area throughout the first three days of the workshop. Ideally, each team would have a work table with a chair for each team member; and a flipchart or space enough to spread and write on large newsprint sheets as they work. Teams may be assigned to their own break-out rooms; gather around a table in the main meeting room; or convene in a public area, such as a lounge, that has table space.

Cluster critique spaces. On Days 2 and 3 of the workshop, participants will meet in “clusters.” Each cluster is made up of the members of two to three teams. One or two facilitators guide discussion. These discussions are most interactive when all participants can form a single circle of chairs or can gather around one large table. Facilitators should ensure that no participant has his back to another; that is, that all can see and engage with one another. Minimize distractions and ensure that everyone can hear the conversation.

Space for poster session. On the last day of the workshop, each team working on a poster session will be asked to create a wall display of the BEHAVE Framework the team has created during the week. Facilitators will want to arrange for enough space to display all posters at the same time and to allow all participants to circulate among and view posters. The size of the posters will need to be determined ahead of time to ensure that all will fit in the allotted space. Check with the facilities staff about the best way to attach the displays to the wall or to freestanding chalk boards or room dividers.

Tips for using PowerPoint slides

This workshop is built around a series of PowerPoint presentations, with audiovisual slides and with speaker notes. **Much of the content of the workshop is described in detail in the speaker notes that are part of the PowerPoint slides.**

When equipment and infrastructure allow, the PowerPoint presentations are effective audio-visual materials for use during the workshop. To use them fully, facilitators may follow the following steps:

- **Print Notes pages to help facilitator prepare.** While preparing for the workshop, facilitators will want to study the speaker notes together

with the accompanying material in this Facilitator's Guide. This is most easily accomplished if the facilitator prints the PowerPoint file with one slide per page together with the accompanying speaker notes for that slide. To print the slides and notes:

- With the PowerPoint project, open the presentation file.
- Click on "File" for the drop-down menu.
- Select "Print"
- In the dialogue box that appears, for "Print range," select "All"; for "print what," select "Notes Pages."
- Click "OK" to print.

The speaker notes are an almost verbatim text for a sample presentation. The notes provide the background and detail that a facilitator needs to understand the content and the order for the presentation. The notes should *not* be read aloud during the presentation. Rather, the facilitator will want to become familiar with the material, prepare brief notes and practice speaking with the slides.

- **Use slides during presentations.** If you have access to an LCD projector, a laptop computer, PowerPoint and electricity, the slide shows will make presentations easy for you and powerful for the participants.

Several of the presentations include slides for introducing or explaining the workshop's interactive activities. The speaker notes explain when to display these so that participants can refer to them during their individual or small group work.

- **Alternative visuals.** If you do not have all the equipment needed to project slides directly from the PowerPoint file, you may try one of these alternatives:
 - *Overhead transparencies.* Print out the slides, one to a page, and copy each to a transparency. Project these, using an overhead projector.
 - *Flipchart.* Prepare a large newsprint with the information from each slide. Mount these in order on a flipchart and turn the pages to display the material you are discussing.
 - *Hand Outs.* Print the different hand outs that you will be referencing during your presentation.
- **Print "Handouts" pages for participant binders.** Participants can be freed from taking notes during presentations if you provide copies of the slides, as handouts, in their binders. If you are using the interactive

CD-ROM to print materials, the PowerPoint handouts will be printed when you click on the print button for the participant binder. To print handouts from individual PowerPoint files:

- With the PowerPoint project, open the presentation file.
- Click on "File" for the drop-down menu.
- Select "Print..."
- In the dialogue box that appears, for "Print range," select "All"; for "Print what," select "Handouts"
- The box on Handouts will appear. For "Slides per page," select 3.
- Click "OK" to print handouts 3 slides per page with a column of lines for note-taking. The footer that prints automatically at the bottom of each page will include a number and letter to indicate its place in the participant binder.

To make the PowerPoint presentations serve your needs, consider the following tips:

- Each facilitator who will make a presentation will benefit from rehearsing with the slides, practicing how much to say with each visual and when to advance to the next slide.
 - As noted above, facilitators should not expect to read the speaker notes to the participants. This would make for a dull presentation with little chance for interaction. Instead, use the speaker notes to prepare your own talking points that will remind you what you want to cover for each slide.
 - Presenters may want to suggest that participants follow along in their binders, giving them a moment to locate the pages.
 - You may want to alter or reorganize some of the slides. This is best done prior to printing the handouts for the participant binders. Keep in mind that if you add or delete slides, the slide numbers will change, shifting the content in the facilitator's guide.
 - If changing the slide format or design, please take care to retain the embedded logos that indicate workshop authors.
 - Even the most experienced facilitator will want to test the equipment in the workshop setting. Ensure that you know how to access the files you will use during each session. Anticipate equipment failure and know who can help troubleshoot throughout the workshop.
 - Presenters may want to go through the facilitator's guide and participant binder together, before the presentation, to get familiar with what participants will be working on during the training.
- **Pace is critical.** The text provides a clue as to the length of time the facilitator should speak for each slide. Many of the presentations in this workshop have a large number of slides to be presented in a short amount of time. The presentations can

become onerously lengthy if the presenter speaks “off the cuff,” that is, speaks extemporaneously without practicing for pacing.

- **Interaction is built into presentations in an organized manner.**

The text in these notes indicates useful places for posing open-ended questions to participants. Responses should generally be handled quickly so the facilitator can keep up the pace. The notes indicate when an interactive activity requires participants to take time for work individually or in pairs.

- **You should be deliberate about choosing when to engage participants in discussion.** Each facilitator will want to establish rapport with participants, and should choose carefully when and how to ask questions of participants. Again, the presentation can sometimes become too long if dialogue is opened up. Facilitators may choose to respond to questions that are easily addressed and defer others for later (writing them on the “parking lot” newsprint). You may feel less pressure to engage participants if you keep in mind that the less time spent on presentations, the more time participants have to work with one another in teams or small groups – where the real engagement happens.

- If you will be doing a translation of the material, please first contact the SBC Working Group to see if someone else has already done a translation. If you complete a translation, please submit it to the SBC working group to keep on file. You may reach a member of the working group by email at behave@coregroup.org.

Registration

Plan to register participants the evening before or the morning of the workshop. Have ready:

- Prepared nametags, markers and blank nametags.
- Prepared name cards for participants to set on tables.
- Sign-up sheet for country presentations (sample, Appendix E).
- Sign-up sheet for case study teams (sample, Appendix E).
- Sign-up sheet for evening cultural activities (sample, Appendix E).

As participants register, you will want to hand them the following:

- Welcome letter, tailored to site and activities.
- Exercise survey for each participant (Inform participants that these must be completed before lunch on Day 1).
- Participant binder.

Set up a registration table in the main lobby next to the conference room. Ensure that two or three staff are available to register participants. Have available materials, handouts and sign-up sheets, listed above. Ensure that participants complete several tasks at the registration table, including:

- Provide information on sign-up sheet if they intend to make a country presentation.
- Register for an evening cultural event.
- Sign up for case study team of interest (One facilitator should be responsible for forming case study teams, ensuring that each team has at least 3 and no more than 6 members).
- Obtain Exercise Survey and instruction on how and when to complete the survey.
- Write down expectations and hand this sheet in before leaving the registration table.

Greet invited guests who will make welcoming remarks. Be sure that they know where to sit and when they are expected to speak. Ask each guest for information you will need for introductions – correct pronunciation of his or her name, organization representing, how he/she would like to be introduced. Encourage guests to join in the morning activities so they gain an understanding of the BEHAVE Framework and how it might influence PVOs' project planning. Ensure that they have a copy of the workshop agenda and opening session schedule.

Workshop Agenda

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
8:30	Opening Session	Warm-up	Warm-up	Session 18 - Field Visit	Session 19 - Report on Field Visit
8:45		Session 7 - Identifying Key Factors that Influence Behavior	Session 12 – “Retrofits:” Using Framework to Describe Project		Session 20 - Adapting Doer/NonDoer Tool
9:00			Session 13 - Developing and Measuring Indicators for the BEHAVE Framework		BREAK
9:15					
9:30					
9:45	Session 1 - “Exercise” Exercise	BREAK	BREAK		Session 21 – Poster Session: Your Case Studies
10:00					
10:15	BREAK	BREAK	BREAK		
10:30	Session 2 - Overview: Applying the BEHAVE Framework	Session 8 - Case Study 2: Identifying the Most Powerful Key Factors	Session 14 – Case Study 4: Developing Indicators		LUNCH
10:45	Announcements				
11:00					
11:15	LUNCH	LUNCH	LUNCH		
11:30					
11:45	Session 3 - Selecting Priority & Supporting Groups	Session 9 - Cluster Critiques 1	Session 15 – Filling In the Blanks: Where Do Our Favorite Approaches Fit?		FREE AFTERNOON: Get to know your colleagues AND/OR Prepare your poster
12:00					
12:15					
12:30					
12:45		Session 4 - Defining the Behavior You Will Promote	BREAK	BREAK	Session 22 - The BEHAVE Framework's Place in Project Planning
1:00	Session 5 - Case Study 1: Selecting Priority Groups + Behavior	Session 10 - Planning Project Activities	Session 16 - Cluster Critiques 2	Closing Session - Workshop Evaluation & Wrap-up	
1:15					
1:30					
1:45		Session 6 – “Exercise” Exercise: Coding Doer/NonDoer Data	Session 11 – Case Study 3: Planning Activities		Recap/Evaluation
2:00	Recap/Evaluation	Recap/Evaluation	Session 17 – Case Study 5: Preparing Your Poster		
2:15					
2:30					
2:45	Recap/Evaluation	Recap/Evaluation	Session 17 – Case Study 5: Preparing Your Poster		
3:00					
3:15					
3:30	Recap/Evaluation	Recap/Evaluation	Session 17 – Case Study 5: Preparing Your Poster		
3:45					
4:00					
4:15	Recap/Evaluation	Recap/Evaluation	Session 17 – Case Study 5: Preparing Your Poster		
4:30					
4:45-5:00					

Workshop overview

- **Workshop agenda.** The proposed agenda for this five-day workshop is on page 19 of this introduction – and is in the participant binder. Each training day is scheduled from 8:30 a.m. until 5:00 p.m., with an hour for lunch (except on Day 2, when lunch is 75 minutes). The fourth day is set aside for a field visit, with free time in the afternoon – unless travel to field sites is lengthy.
- **Morning warm-up.** Days 2 and 3 are to begin with a warm-up. Facilitators will want to choose an exercise that helps participants become acquainted with one another. If the warm-up has some relevance to the concepts featured in the workshop, learning can be reinforced.
- **Evening recap/evaluation.** Some time is built into Days 1, 2, and 3 for recap and evaluation.
 - Having participants complete a brief **written evaluation** at the end of each day can be helpful. The writing helps participants reflect on what they have learned and organize their thoughts before joining in an open discussion. Sample daily evaluations may be found in Appendix F of this introduction. Advise participants not to include their names and ask them to hand in the written evaluation at the end of each day.
 - An **open discussion** is also helpful as facilitators assess how the participants are responding. Post two newsprints for all to see, one titled “Most important thing I learned” and the other titled “One thing I’m still confused about...” Ask participants to contribute items and have co-facilitators list each on the appropriate newsprint.
 - **Facilitators should meet each evening** to review the comments on the evaluations and make adjustments to the next day’s activities as needed.
- **Optional country presentation sessions.** At most workshops that include participants from a number of different countries, people look forward both to talking about their own projects and to hearing about their colleagues’ work. All will benefit if you organize times for participants to share their work. Participants who wish to share can be scheduled at set times during the evenings or at lunch hours to make formal presentations. They should be encouraged to use the four decisions of the BEHAVE Framework as an “outline” for their presentations, retrofitting their projects to the framework. If facilitators observe these presentations, they are likely to find examples to use

throughout the workshop – and even to identify a likely volunteer to help with the “retrofit” that is Session 12.

Confusion often means that people are learning! Expect confusion during the first two days – and help participants to be comfortable with their confusion.

The workshop introduces some new ways of thinking about project design and offers many new tools that can be confusing to manage. If you let participants know that they are certain to feel overwhelmed and confused for the first day or two – but that you promise to help them learn to manage all the new ideas and material by the last day of the workshop – you can all relax and accept some confusion. The “retrofit” that is recommended for Session 12 at the beginning of Day 3, is often received as a welcome relief. Describing a familiar project in the terms of the BEHAVE Framework helps participants to understand that the concepts are not as foreign as they seem.

Workshop evaluation

We provide you with several tools for evaluating the workshop:

- **Pre-workshop participant survey.** Make copies of the form, the first page of Appendix F. At registration, ask each participant to take a few moments to respond to the questions and hand in the questionnaire. There is no need for them to put their names on the forms.
- **Daily feedback forms.** These are provided in Appendix F. At the end of Days 1, 2, and 3, used the time set aside for Recap/Evaluation to have participants rate each of the day's sessions, using the form for the day. The form for Day 4 – the field visit – may be handed out and completed as participants convene at the beginning of Day 5. The form for Day 5 is distributed during the closing session, together with the Post-workshop Participant Survey.
- **Post-workshop participant survey.** During the Closing Session at the end of Day 5, you will distribute this form (Appendix G) together with the Daily Feedback Form for Day 5. This final evaluation form allows participants to evaluate their learning in relation to the overall workshop objectives. Open-ended questions provide opportunities for them to let facilitators know what worked or did not work for them. Facilitators will benefit from reviewing participant responses, and can

use the results to improve future workshops. You may wish to compare responses to the first page questions with those for the Pre-workshop Participant Survey.

- **Dear Boss form.** The real purpose of this form (Appendix H) is to help participants to articulate the value of the workshop for them and for their organizations. You will ask participants to share the brief messages they have written for their bosses with their colleagues during the closing session. You may want to collect these from participants, as the concise statements add to your understanding of what they gained from the workshop.
- **Message in a Bottle form.** This form (Appendix H) is also part of the closing session, and not, strictly speaking, designed for evaluation. As with the Dear Boss messages, you may learn from participants' contributions.

Examples for a richer workshop

Facilitators who have applied the BEHAVE Framework or similar logic models to child survival project design will be able to reference their experiences as examples of particular points in the workshop. Examples are useful in answering participants' questions. Five examples of projects are provided in Appendix I. These are the same examples that are used during Session 10, Planning Project Activities. Facilitators may want to become familiar with these projects in order to use them during "teachable moments."

Technical Reference Materials

USAID's PVO Child Survival Grants Project has assembled technical reference materials on the topics of interest to grantees. Appendix J provides select pages from the complete document. Facilitators may want to provide workshop participants with copies of this material on behavior change.

For the latest, updated version of the Technical Reference Materials, see <http://www.coregroup.org/resources/trms2002.pdf>.

References for Facilitator's Guide

The content of this workshop is built on a strong base in behavioral science, documented in the literature. For references, please see Appendix K.

SESSION D 0

Opening Session

75 minutes

PURPOSE

During the opening session, facilitators, visitors and participants introduce themselves. Facilitators clarify workshop objectives, set the tone for the workshop and recognize key partners.

OBJECTIVES

By the end of this session, participants will have:

- ✓ Been greeted by the hosting organization, met the facilitation team and met fellow workshop participants.
- ✓ Developed a basic understanding of the workshop purpose and objectives.

PREPARATION

- ✓ Determine an order for hosts and invited guests to make welcoming remarks and assign someone to introduce each guest.
- ✓ Ensure that each participant, guest and facilitator has completed the Participant Introduction Worksheet.
- ✓ Greet invited guests who will make welcoming remarks. Be sure that they know where to sit and when they are expected to speak. Ask each guest for information you will need for introductions – correct pronunciation of his or her name, organization, how s/he would like to be introduced, etc. Encourage guests to join in the morning activities so they gain an understanding of the BEHAVE Framework and how it might influence PVOs' project planning. Provide each with a copy of the workshop agenda.
- ✓ Ensure that each participant, guest and facilitator has completed the Participant Introduction Worksheet.
- ✓ Ensure that PowerPoint presentation for the Opening Session is ready to project.

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Opening Session
- ✓ Handout H0, Participant Introductions Worksheet
- ✓ Participant binders, specifically pages:
 - ❖ 0b, Workshop objectives

Welcome

15 min

TIME 15 minutes

1. Show slide #1 with the title of the Workshop. The first speaker (a representative of CORE or another organization) introduces self, welcomes participants and guests and makes a few introductory remarks, especially:
 - Why the CORE Group (or other organization) requested this workshop for these participants; and
 - CORE's expectations and hopes for the workshop.
2. This first speaker introduces the invited guests, asking each to make welcoming or introductory remarks.
3. The speaker introduces each of the facilitators for the workshop.
4. The speaker introduces each of the invited guests, who welcomes participants on behalf of the organization s/he represents.



Participant Introductions

30 min

1. Show slide #3. Ask participants to refer to the Participant Introductions Worksheet they have completed.
2. Explain that the worksheets are meant to make introductions efficient. Once participants fill in the blanks, they each have a “script” from which to share a limited amount of information. The script allows each participant to speak and also ensures that no participant speaks too long. Point out that participants will have many opportunities throughout the workshop to become acquainted with one another.
3. Call upon one of the facilitators to model a brief introduction, reading his/her responses to the items on the worksheet without conversing about them. In order to move quickly into the content of the workshop, participants will simply read what they have written, without elaborating. Have each facilitator introduce himself/herself.
4. Have participants take turns introducing themselves, simply reading the words from the worksheet. Encourage invited guests to use the same model to introduce themselves.
5. During the introductions, make a list – for your use only – of the responses to the last item – “word associations” with the term “behave.” Once everyone has spoken, point out the variety of responses. Use this opportunity to talk about the negative meaning that “behave” has for some people. Note that the term is used in the workshop in a way that is value-free – that is, that the term itself is neither negative nor positive.
6. Thank all for sharing their ideas and information.



Expectations & Workshop Objectives

15 min

1. Show slide #4, "your expectations." Post the newsprint that you have prepared that summarizes participants' stated expectations for the workshop. (As described in the Introduction to this guide, this information has been collected through the learning needs assessment and/or during registration.)
2. Using the newsprint lists, describe the expectations that will be met through the workshop – and those that will not.
3. Ask if participants have more expectations to add to the list. As each new item is offered, determine where to write it on the newsprint:
 - Fit into an expectation that is already listed;
 - Add to the "will be addressed" list; or
 - Add to the "will not be met" list.
4. Show slide #5 with Workshop Objectives. Give participants time to locate the full text of the objectives on page 0c of the participant binder. Read through these without elaborating.
5. While slide #5 is projected, make the following points:
 - We will revisit these objectives as we evaluate the workshop on the final day.
 - We expect to learn a lot from participants that may influence how the BEHAVE Framework is used.
 - This workshop is designed to encourage participation. While a certain amount of information is conveyed through lecture and presentation, every session includes interactive activities.
 - [If appropriate]: English is the language of the workshop, but not everyone's mother tongue – both facilitators and participants will need to speak clearly and be patient in trying to understand one another. Please speak up if you need any facilitator or participant to repeat something or to speak more clearly/slowly.
 - A newsprint labeled, "Parking Lot" has been posted. When interesting topics or questions arise that are not directly relevant to the topic at hand, they will be recorded here so they can be addressed at a more appropriate time.
 - We'll list "Jargon and Acronyms" on another newsprint and define them.
 - Networking is important; a few times are built into the agenda, mostly during lunches and evenings; please take advantage and mingle.
 - We will ask participants to complete a brief written evaluation each day to help us in improving the workshop so that it meets your needs.



Announcements and Walk-through of Binder

15 min

1. Use this time to make appropriate announcements, on any of the following topics, as appropriate:
 - **Participant presentations:** Let participants know how and when they will have opportunities to make presentations about their own projects.
 - **Resource table:** Point out the location of the resource table. Let participants know how to distinguish between those items they may take and those that are for use during the workshop only.
 - **Housekeeping items:** Let participants know location of restrooms, time of break and other pertinent matters.
2. Ensure that every participant has a binder with the workshop materials. Ask participants to look through their binders with you. Point out – and have participants identify:
 - The BEHAVE Framework.
 - Workshop agenda – go through agenda highlights, including:
 - ✓ Start and end times.
 - ✓ Time for lunch and breaks each day.
 - ✓ Sessions that delve into each of the BEHAVE Framework's decisions.
 - ✓ Case study opportunities.
 - ✓ Field visit.
 - Organization of the materials.
 - Handouts with PowerPoint slides, so that participants need not take notes on the slide content.
- Resource materials.
3. Let participants know that all sessions will begin on time.
4. State: "Now that we have gotten acquainted and comfortable, we'll start thinking about behavior by looking at our own behaviors with 'Exercise' Exercise."

**END OF OPENING
SESSION**

BEHAVE Framework Opening Session

Applying the BEHAVE Framework



TIPS FOR FACILITATOR: How To Use Power Point Note Pages

The notes pages with each of the PowerPoint presentations are intended to capture – almost word for word – one version of a presentation that is accompanied by the slides. It is written in a conversational way with full detail. The facilitator should read and understand the content in order to develop a similar presentation. Please consider that:

- **You should NOT read text during presentation!** The facilitator should never expect to read the text, but should instead master the material and create his or her own speaking points to address the content. Italics indicate instructions; straight text indicates the facilitator's words.
- **Pace is critical.** The text provides a clue as to the length of time the facilitator should speak for each slide. Many of the presentations in this workshop have a large number of slides to be shown in a short amount of time. The presentations can become onerously lengthy if the facilitator speaks "off the cuff," that is, speaks extemporaneously without practicing for pacing.
- **Interaction is built into presentations in an organized manner.** The text in these notes indicates useful places for posing open-ended questions to participants. Responses should generally be handled quickly so the facilitator can keep up the pace. The notes indicate when an interactive activity requires participants to take time for work individually or in pairs.
- **You should be deliberate about choosing when to engage participants in discussion.** Each facilitator will want to establish rapport with participants, and should choose carefully when and how to ask questions of participants. Again, the presentation can become too long if dialogue is opened up. Facilitators may choose to respond to questions that are easily addressed and defer others for later (writing them on the "parking lot" newsprint).

[Show this slide as participants enter the classroom for the first time.]

A Collaboration...



2

[Show this slide as the CORE representative welcomes participants and makes introductory remarks, including some of the points in the following proposed script:]

This workshop is the product of a collaboration between the CORE Group and the CHANGE Project (of the Academy for Educational Development). CORE (which stands for Child Survival Collaborations and Resource Group) is a non-profit organization composed of more than 35 NGOs working in child survival and receiving funding from USAID. Its purpose is to promote sharing of ideas and lessons learned and to allow for collaborative work to improve the quality of our primary health care projects.

In 2001, CORE identified a need to improve the quality of behavior change strategies in our projects. We then began collaborating with AED's CHANGE Project, also funded by USAID. AED had already developed and used the BEHAVE Framework in many settings and offered a training program that we could adapt to meet our needs.

We had our first workshop in South Africa in February 2002; we conducted a workshop for PVO headquarters staff in Washington, D.C. in October 2002; and a second regional field-level workshop in Cambodia in February 2003. Based on those experiences, adaptations have been made to develop the workshop we are now presenting.

CORE's hopes and expectations for this workshop are that it will help you to better plan and implement more effective behavior change strategies in your health projects.

Participant Introductions

Please introduce yourself by giving:

- Your name, organization, country
- Seven additional words to tell us something about yourself
- Your phrase that begins, ***“When I hear the word ‘behave,’ the first thing I think of is...”***



3

Throughout the workshop, you will all have time and opportunities to meet one another and to learn more about each other's work. Because we have a large group, we have given you all some guidance to help keep this morning's introductions brief. By now you have each filled in the Participant Introductions Worksheet.

Please use this sheet now as you introduce yourself. We'll begin with the facilitators, who will model the way that we would like you to proceed. Please read only the words that you have filled in on the right-hand column of the worksheet. *[Call on one of the co-facilitators to demonstrate a brief introduction. Continue until all facilitators have introduced themselves.]*

[Call on one of the participants to begin. Continue around the room until all participants have introduced themselves. Gently keep participants to the limited introductory words. Make a list of responses for the last item – “word associations” with the word “behave.” Once all introductions are made, you may summarize some of the responses to that item. This gives you an opportunity to identify some of the negative associations to the term “behave.” Acknowledge that the term brings up negative thoughts for many people. Stress that throughout the workshop, the term is value-neutral.]

Your expectations...

CORE

AED

4

[Display the newsprint on which you have written a summary of the responses participants gave in the pre-workshop survey to the question, “What do you hope to gain from this workshop?” See Facilitator’s Guide for guidance.]

Prior to this workshop, we asked each of you to give us some information about yourselves and your projects. You told us what you expect to gain from this workshop. We have summarized your expectations on this newsprint. Let’s take a moment to review what you all have said.

[Point out those that will be met through workshop and those that will not – and why.

Ask for additional expectations:]

What else should we add to this list? Is everything you’re expecting already covered in this list, or should I add something?

[Alone or with Lead Facilitator: show how these contributions:

- *fit into an expectation that’s already listed*
- *should be added to the “will be addressed” list*
- *should be added to the “will not be met” list*

Add as appropriate.]

Workshop Objectives

By the end of this workshop, participants will:

- **Describe four decisions of BEHAVE Framework: Group, Behavior, Key Factors, Activities**
- **Describe own projects using BEHAVE Framework**
- **Plan and critique projects that apply behavioral theory**
- **Adapt tool for identifying factors most influential in changing a behavior**
- **Identify appropriate indicators for monitoring and evaluating behavior change effectiveness**



5

[Help participants locate objectives in participant binder, page 1b. Allow time for everyone to find them.]

By the end of this course, you – the participants – will be able to:

- Describe the four strategic planning decisions of the BEHAVE Framework:
 - Priority & Supporting Groups
 - Behavior
 - Key Factors
 - Activities
- Describe their own projects in terms of the four decisions of the BEHAVE Framework
- Plan and critique projects that apply behavioral theory
- Adapt for their own project planning a quick, participatory method – the Doer/NonDoer Analysis – for identifying factors most influential in changing a behavior
- Identify appropriate indicators for monitoring and evaluating the behavior change effectiveness of their projects

[Return to the summary of participant expectations on the newsprint and point out the relationship of expectations with the objectives – and those expectations that will and will not be met during the workshop.]

At the end of the workshop, we will ask you to complete an evaluation about how well we conducted this workshop and how helpful it is to you. We will ask you to assess the extent to which you feel you have been able to meet each of these objectives.

Participant Introductions

.....

Good Morning!

In planning an efficient way to introduce yourself to the group, think of what information you want others to know about you in addition to your name, organization and country.

Fill in the blanks, recording your name, organization, country and up to seven additional words that tell us something you want us to know about yourself. Be creative and have fun!!

Then fill in the blank in the last row.

	<i>Please read aloud only the words you have written in this column.</i>
Your name	
Your organization	
Your country	
Seven additional words: 1	
2	
3	
4	
5	
6	
7	
When I hear the word " behave ," the first thing I think of is....	

SESSION
D
1

“Exercise” Exercise

50 minutes

PURPOSE

This session gets participants up on their feet and engaged in thinking about some of the concepts that are central to the workshop. Participants are asked to consider their own personal behaviors related to physical exercise. The discussion provides an example to which facilitators and participants may refer throughout the workshop. This session uses commercial examples to introduce the exchange principle and to stress the power of offering people benefits that they really care about. Activity A, an optional video viewing, features the “truth” campaign from Florida. Please see page 5 of this guide for help in determining whether this example will be appropriate for your group of participants.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Distinguish between beliefs and behaviors.
- ✓ Define the “exchange” principle and describe the power of offering benefits that people want.

PREPARATION

- ✓ Prepare three belief and three behavior statements, using the exact wording in the box on the next page. Hang these in three sets on the wall of the meeting room, as described in the box on the next page.
- ✓ Prepare a newsprint with headings at the top of two columns:
 - ❖ left column, “Tobacco companies promise”
 - ❖ right column, “Anti-smoking groups promise”

MATERIALS

- ✓ Nine large sheets of paper: three blank to serve as covers; three belief statements; three behavior statements
- ✓ Masking tape
- ✓ PowerPoint presentation and speaker notes for Session 1
- ✓ Participant binder, especially pages:
 - ❖ 1a, Session 1 PowerPoints

If using optional Activity A:

- ❖ Video tape or disc with truth campaign TV spots
- ❖ Equipment for screening the TV spots
- ❖ Participant binder, especially pages:
 - a. 1b, Optional Activity A, Session 1 PowerPoints
- ❖ Prepared newsprint with headings:
 - a. "Tobacco companies promise";
 - b. "Anti-smoking groups promise"

Write each of the six Belief and Behavior statements below, with the number of the statement, on a separate sheet of newsprint.

Tape them so that sheets can be removed one by one, to reveal the paper underneath. Post papers in three stacks around the room, in the following sequence:

Blank sheet on top, #1, #4 against wall

Blank sheet on top, #2, #5 against wall

Blank sheet on top, #3, #6 against wall

Belief statements:

#1) I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time.

#2) I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.

#3) I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise s/he needs without a formal routine.

Behavior statements:

#4) I regularly get 30 minutes of moderate cardiovascular or muscle strengthening activity, four or more times every week.

#5) I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.)

#6) I frequently walk to the refrigerator, around the house, to the corner for a beer.
(I'm not a regular exerciser at all.)

Presentation and Discussion

50 min**TIME** 50 minutes

1. Show slide #1 and follow the speaker notes to introduce the session and its objectives.
 2. Show slide #2: Explain to the participants that for this exercise, they will each wear two hats: one of a health promotion planner and the other, a community member.
 3. Tell the participants that before we decide how to address that goal, we're going to undertake some audience research—involving all of them as research participants!
 4. Advance to slide #3, which is blank but includes speaker notes. Ask a participant to remove the blank sheet from the first set of newsprints and to read aloud belief statement #1. Do the same with the other two sets of statements. Explain that the three posted statements represent beliefs that some people have about exercise.
 5. Ask each participant to stand near the statement that most closely matches his or her own personal belief about exercise. When participants have settled next to a statement, ask:
 - What do you notice about the groups?
 - How many are in each group?
 - How are the groups different from one another? Are they different by sex? Age? Nationality? Language group? Other?
 6. Tell participants: Notice that we can't really say that the groups are particularly different from one another. You've just divided yourselves into segments, or subgroups of the community, *according to your stated beliefs*, about exercise.
 7. For each set of charts, ask a participant to remove the belief statement and read the behavior statement that was behind it. Ask participants to reposition themselves *according to what they actually do* (i.e., that is their own personal current exercise behaviors).
 8. Once they are settled next to a statement, ask:
 - What just happened as people repositioned themselves?
 - How many of you changed places?
 - What can we conclude from this migration that just happened?
- Typically, many participants who were standing near statement #1 will move to a different place in the room to stand near

statement #5 or #6. Point out that people's beliefs don't always match – or predict – their actions.

- 9.** While participants are still standing in their groups, ask:
- How many of you changed places?
 - If you had to pick one audience segment to work with first, which group would you pick?

Discuss participants' rationale for selecting one group over another:

- *Group with most people*
- *People who are already doing some exercise but not reaching the target behavior, because it will be easier to get those to reach the goal*
[Introduce the term of 'target of opportunity', i.e. choosing to work with a group that is numerous and/or initially be more prone to change.]
- *People who are not exercising at all, because they have the greatest need* [Remind participants that they will be held accountable for the objective: number of people who exercise 30 minutes four times a week. If they want instead to help people who are exercising zero times to exercise two or three times a week, they should change their behavioral goal.]
- *People who now exercise four or more times a week, because you need them to maintain that habit if you don't want the number who are reaching the target to "fall back."*
[Point out that you may need to do a "maintenance" project with these exercisers, and that it is likely to be a really different project from that designed for those who occasionally exercise but do not reach the target.]

10. Now ask participants:

- What did you learn about defining a segment to address – a priority group? [Suggest that it is not always necessary or practical to divide by socio-demographic characteristics. During Session 3 they will practice five different ways to define a priority group.]
- What did you learn about prioritizing? [Point out that it can be difficult to decide to focus on one group – because it means leaving another group out. Yet it is necessary to focus on a segment that has something in common in order to tailor a strategic project. Let participants know that during their first team work on case studies, they will practice applying criteria that help planners identify the group + behavior they should address.]

11. Show slide #8 and ask participants:

- How many of you changed places?
- What have we learned from this exercise?

12. Show slide #4 and recap the following themes, which should have been discussed during the activity:

- 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 or raising awareness is generally not enough—

- even convincing them of a new belief may not move people to adopt a beneficial behavior.
- What new ways of segmenting become apparent? [By a belief people share or by a behavior.]
 - Marketers look for targets of opportunity, that is: Where can I have the greatest impact for my investment? We may be more successful at moving the “sometimes exercise” segment to the goal than getting the “almost never exercise” folks all the way there.
 - This activity points us toward the value of doing consumer research. We learned a lot about the community by asking a few quick questions.
- 13.** Ask participants to return to their seats and let them know that you will now cover the most important point of the workshop.
- 14.** Begin by saying:
- If I could send you home with only one main idea, this would be it: All of us do the things that we think will give us something we want. We are after “benefits” or positive consequences of the things we choose to do.
- 15.** Show slide #5 and introduce the exchange principle, the idea that both parties will receive something they want. Health promotion planners need to offer something that people really want and care about in order to help them adopt a behavior.
- 16.** Show slide #6 with the Nike logo and slogan. Ask participants what they see on the slide. Following the speaker notes
- in the PowerPoint presentation, ask what Nike sells and what they offer to consumers.
- 17.** After participants have named some of the benefits that Nike offers, show slide #7 with a list of benefits. Discuss exchange and the need for market research.
- 18.** Using slides #8 and #9, hold a similar discussion on the exchange principle as it applies to marketing Coca-Cola.
- 19.** If you have determined that the participants will be able to relate to the sample television spots from the U.S.-based “truth” campaign to help young people resist a cigarette when offered, you may use the optional video viewing activity to reinforce the exchange principle. In that case, continue with the PowerPoint presentation for Activity A.
- 20.** If you will use optional Activity A, skip slide #10, since it appears at the end of the PowerPoint session for Activity A. If you will **not** use the “truth” campaign spots, close this session by showing slide #10 and summarizing the main points:
- Beliefs are not the same as behaviors
 - Demographic features are not the only way to group people
 - Health promoters may benefit from looking for targets of opportunity
 - The exchange principle means that we must offer people something they want.

ACTIVITY

A

Optional Video Viewing: The “truth” Campaign 15 min

Note

If you believe that participants will be able to relate to the materials in the “truth” campaign, it serves as an effective way to help participants grasp the idea that benefits should be viewed from the point of view of the priority group. The truth campaign, conducted in the state of Florida in 1998, used many of the benefits that the tobacco companies offer young people to sell them cigarettes. The truth campaign used many of these same benefits to motivate youth to refuse a cigarette when offered. Most workshop participants are able to see this point even if they come from non-Western cultures with far less advertising than in the U.S. Some cultural groups, though, may have a hard time relating the truth ads because youth in their countries do not long for independence or rebellion; or because people are not exposed to Western-type advertising.

1. Show slide #1 (of PowerPoint 1b – Optional Activity A Session 1 – truth) and follow the speaker notes to open this activity.
2. With slide #2, describe the Florida tobacco pilot project.
3. Post the newsprint you have prepared with two columns titled:
 - Tobacco companies promise; and
 - Anti-smoking groups promise.

4. With slide #3 displayed, ask participants:
 - Thinking of advertising or marketing materials you have seen produced by the tobacco companies, what benefits do they offer young people if they smoke?

Use the prepared newsprint to list participant responses in the left column. Anticipate responses to include “cool,” independence, rebellion, individuality, belonging, nicotine high, stress relief, thin, sexy.

5. Say, “During the 1970s and 1980s, anti-smoking groups offered some benefits to young people, mainly these:
In the right-hand column, fill in some benefits that the anti-smoking groups offer, including:

- Health
- Keep some adults happy
- Fresher breath

6. Suggest that participants picture themselves – or their child, niece, or nephew – at age 15. Ask:
 - What do young people really care about?
 - Which column offers benefits that matter to young people?

Participants will notice that the benefits the tobacco companies promise far outweigh the benefits offered by anti-smoking groups.

7. Show slide #4 and show that the challenge for the truth campaign was to undermine the benefits the tobacco

companies offer and add benefits to their column.

8. Let participants know that you will show them three brief TV spots that were one part of Florida's truth campaign. The behavior promoted is "refuse a cigarette when offered." Suggest that they watch for benefits that the truth brand offers young people.

9. Play the three spots.

10. Ask:

- What benefits does the truth campaign offer young people if they refuse a cigarette when it is offered?

With a different color marker, add their responses to the right-hand column. Expect responses to include "cool," hip, rebellion, independence, individuality, belonging. Note that a non-smoking behavior can now compete with smoking to give young people things that most young people want.

11. Ask participants how the truth campaign undermines the benefits that the tobacco companies offer. Circle and cross out "independence" and/or "rebellion" in the left-hand column.
12. With slide #6, show the results of the truth campaign after one year: a nineteen percent decline in cigarette use among middle school students. Conclude by remarking that because the truth campaign learned what young people really wanted, they offered benefits that could compete with the benefits of smoking.

13. Slide #7 shows a BEHAVE Framework filled in with the logic of the truth campaign. This is the first time the BEHAVE Framework is shown during the workshop. Do not take time to describe the framework. Simply read the logic statement:

In order to help

- Florida teens who are likely to smoke to
- reject a cigarette when offered by a friend

we will focus on

- demonstrating independence from the tobacco industry
- giving them a chance to rebel against an adult institution
- increasing their sense of belonging to a "cool" group of peers

through

- radio and TV spots that show rebellion against Big Tobacco and cohesion of youth
- events and promotional materials that create a visible "brand" for "truth."

14. Show slide #8 and offer a summary of the main points of Session 1:
 - Beliefs are not the same as behaviors
 - Demographic features are not the only way to group people
 - Health promoters may benefit from looking for targets of opportunity
 - The exchange principle means that we must offer people something they want.
15. State: "After a short break, we will introduce the BEHAVE Framework." Announce the time at which participants should return.

END OF SESSION 1

BEHAVE Framework

Session 1

“Exercise” Exercise



One of the best ways to start our thinking about behavior is to look at our own behavior. Let's find out about you and exercise.

By the end of this session, you will be able to:

- Distinguish between beliefs and behaviors;
- Define the “exchange” principle and describe the power of offering benefits that people want.

“Exercise” Exercise

- Warm-up activity & intro to key principles
- Wearing two hats: health promotion planners & community members
- Our health goal: *Increase the # of community members who engage in at least 30 minutes of moderate physical activity four or more days a week*
- Consumer research to guide decision-making



2

[Introduce “Exercise” Exercise]: We’re now going to do a warm-up activity that introduces some of the principles we’ll be applying during the workshop. For this exercise, you will each wear two hats: please be both a health promotion planner and a member of a community. Our health promotion goal is listed here: We must increase the number of community members (that’s us) who engage in at least 30 minutes of moderate physical activity four or more days a week. Before we decide how to address that goal, we’re going to undertake some participant research – data that we will gather *from ourselves*.

For many of you with experience in behavior change projects, the lessons here may not be brand new to you, but we hope all of you will have a chance to look at things in a slightly new way.

We’re purposely looking at a health behavior that is not a child survival behavior. We find that freeing participants from the subject area helps you to look clearly at the principles we’re promoting.

“Exercise” Exercise

- Disconnect – beliefs and actions
- Campaigns to raise awareness have limitations
- New ways to group people
- Targets of opportunity
- Research essential



3

[Continue this discussion while people are standing in groups around the three behavior statements.] What have we learned from this exercise?

- 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.
- What new ways of segmenting become apparent? *[by a common belief, a common action]*
- Marketers look for targets of opportunity – that is, where can I get the biggest “bang for the buck?” We may be more successful at moving the “sometimes exercise” segment to the goal than getting the “almost never exercise” folks all the way there.
- This activity points us toward the value of doing research. We'll spend lots of time during this course reminding you to look for evidence or data on which to make decisions. We learned a lot about our community by asking a few questions.

Now, please return to your seats so we can cover the most important point of this workshop.

Exchange

- Both parties must receive something they want
- “What’s in it for me?”
- Must offer benefits that matter



4

[Once participants are seated, continue with the next few slides.]

If I could send you home with only one main idea, this would be it: All of us do the things that we think will give us something we want. We are after “benefits” or positive consequences of the things we choose to do.

“Exchange” is a concept we use in social marketing – and it is really useful for behavior change. Exchange means that both parties must receive something they want.

Most people are very practical. When deciding between different choices, they ask, “What’s in it for me?”

Marketers recognize that, and so they try to offer benefits that matter to their target audiences.

Let’s take a well-known, very successful commercial marketer.



What is this? *[Nike's logo]*

What products does Nike sell? *[Athletic shoes and apparel]*

What benefits does Nike offer you as a consumer? *[Encourage participants to respond, looking for comments such as: image, vitality, adventure, fitness, excitement, belonging to the "in" crowd, that feeling of overcoming obstacles to succeed]*

Benefits

- Vitality / fitness / health
- Image
- Adventure / excitement
- Accomplishment
- Confidence



These, then, are Nike's benefits [*vitality, fitness, image, adventure, excitement, accomplishment, confidence*]

Do Nike ads say, "This basketball shoe will let you stop more quickly because of the material used for the sole?" Never!

What are they giving you? Benefits, not just an athletic shoe; benefits bound up in a shoe. The benefits go way beyond the product characteristics.

[Briefly discuss benefits that are product-related and those that are not; those that are tangible and intangible.]

How do they know what benefits to offer? Research! They need to understand their target audience and offer them what they want – even if the wants have little to do with the shoe itself.

What is the exchange here? *[Consumers give Nike money; Nike offers consumers shoes + this long list of benefits.]*

We want you to think about exchange as you plan for behavior change. This idea will really help you find the right ways to help people adopt a behavior. Look for benefits you can offer, especially those that go beyond the health benefit.



Let's try another well-known marketer – Coke.

What product does Coke offer? *[sweet, carbonated beverages – sugar water!]*

What benefits does Coke offer consumers? *[Ask participants to list the benefits that Coke offers through its advertising and promotions.]*

Benefits

- Refreshment
- Fun
- Connection
- Attractiveness
- Youthfulness



Which of Coke's benefits [*refreshment, fun, connection, attractiveness, youthfulness, others?*] are the direct result of the bottled soft drink?

What's the exchange?

In Session 7, when we address key benefits, you'll have a chance to practice linking the "big benefits" that all people want with the behavior you're promoting. For now, just remember that the most important thing you'll learn in this workshop is "benefits matter."

Summary: **“Exercise” Exercise**

- Beliefs not the same as behaviors
- Try new ways to group people – not just demographic features
- Look for targets of opportunity
- Exchange principle = offer people something they **want**

Here are some of the main ideas that we have covered during Session 1:

- Beliefs are not the same as behaviors;
- Demographic features are not the only way to group people;
- Health promoters may benefit from looking for targets of opportunity;
- The exchange principle means that we must offer people something they want.

Now we're ready for Session 2: an overview of the BEHAVE Framework.

BEHAVE Framework

Session 1, Activity A

Video Viewing: “truth” Campaign



To understand how the exchange principle can work for health promotion, we will look at an example from the United States. We recognize that your culture may be quite different from U.S. culture, but think that you will understand this example. After all, tobacco companies market their products to youth worldwide – using many of the same strategies, adjusted for local cultural differences. This is a story of public health proponents fighting the tobacco companies – and using some of the companies’ own way of thinking.

Florida Tobacco Pilot Program

Created by Florida's settlement with tobacco industry:

- Two-year pilot, launched in 1998
- To reduce youth tobacco use
- \$90M budget over 1½ years
- Barred from attacking tobacco companies
- Funded through the legislature



2

Florida was the second state in the U.S. to settle its lawsuit against the tobacco industry. As part of that settlement, the state received money for a campaign to stop young people from using tobacco. Now, it was up to Florida to figure out how to stop kids from smoking. The tough question: Why should they? Young people already knew tobacco was bad for them, yet smoking rates were rising.

Benefits offered to youth

Tobacco Companies
promise:

-
-
-
-
-

Anti-smoking groups
promise:

-
-
-
-
-

CORE

AED

3

[Post a newsprint with two columns: the left-hand column titled “What tobacco companies offer youth”; the right-hand column titled “What anti-smoking offers youth.”]

What do the tobacco companies offer young people?

[List participants’ responses in left column of newsprint. Answers may include: independence, rebellion, individuality, glamour, sex appeal, being cool or hip, nicotine high, relief from stress.]

Traditionally, anti-smoking groups offered youth some benefits of their own.

[List these in the right-hand column of the newsprint: health, keeps some adults happy, fresher breath]

Picture yourself – or your child or your niece or nephew – at age 15. What do young people really care about? Which column offers benefits that matter to young people? *[The list for the tobacco companies outweighs that for anti-smoking.]*

Offering an Exchange



Allure of smoking

- Brand identity (cool, hip)
- Independence (rebellion)
- Individuality
- Nicotine high
- Relieves stress

Undermine benefits
(overcome barriers
to non-smoking)

Allure of non-smoking

- Healthy
- Keeps some adults happy

Add benefits



4

As we've just shown, for decades, the allure of smoking has outweighed the allure of non-smoking. To succeed in cutting youth smoking rates, the campaign would need to undermine the benefits that the tobacco companies offer and add benefits to their column.

The truth campaign staff decided that tobacco companies should not control all the benefits that youth crave. If anti-smoking forces were to compete, they would have to offer young people benefits they really value.

TV spots

truth

CORE

AED

5

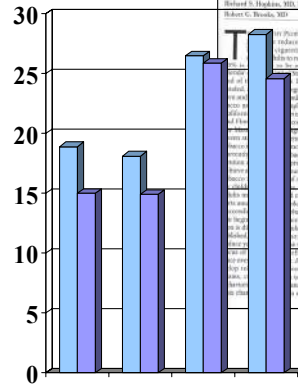
Let's see how they did this. We are going to view several TV spots from the truth campaign. As you watch, please jot down benefits that truth offers.

[Show two or three spots.]

- Ask participants to name the benefits they recognized. Write these in the right-hand column of the newsprint as benefits anti-smoking offers youth. These may include: belonging, independence, rebellion, being cool or hip, having fun.
- Ask how the truth campaign undermines some of the benefits the tobacco companies offer. Example: makes smoking look like being manipulated by Big Tobacco – the opposite of independence and rebellion. Circle and cross out “independence” or “rebellion” on the list in the left column.]

(after a year)

- 19% decline in cigarette use among middle school kids
- 8% decline in cigarette use among high school kids



Changes in Youth Cigarette Use and Intentions Following Implementation of a Tobacco Control Program

Conflict: Many states are developing tobacco use prevention and reduction programs and current data on tobacco use behaviors and uses. These change over time in response to program activities are needed for program design, implementation, and evaluation.

Design, Setting, and Participants Self-administered surveys conducted prior to program implementation (1998) and 1 and 2 years (1999, 2000) later among a sample of Florida public middle school and high school students who were classified as never users

Results: Surveys were completed by 22,940, 20,878, and 21,735 students attending 200, 342, and 343 Florida public middle and high schools in 1990, 1999 and 2000, respectively. The prevalence of cigarette smoking increased from 1990 to 2000, with males having higher rates than females. The prevalence of cigarette smoking was higher among students with lower socioeconomic status and lower academic achievement. The prevalence of cigarette smoking was higher among students with lower parental involvement and lower parental monitoring. The prevalence of cigarette smoking was higher among students with lower parental involvement and lower parental monitoring. The prevalence of cigarette smoking was higher among students with lower parental involvement and lower parental monitoring.

Response rates for the 2 survey years ranged from 80% to 82% and 77% to 80% for the middle-school and high school surveys, respectively. After 2 years, current cigarette use dropped from 18.9% to 15.1% ($P=0.01$) among middle-school students, and from 27.4% to 22.6% ($P=0.01$) among high school students. Persistence of never use increased from 80.4% to 89.3% ($P<0.001$) and from 31.9% to 43.1% ($P=0.001$) among middle-school and high school students, respectively.

middle school and high school students, respectively. Availability of experiential education increased among middle school and high school students from 21.4% to 16.2% ($P < .001$) and from 31.6% to 28.2% ($P < .001$), respectively. Among never users, the percentage of intermediate participants increased from 67.4% to 70.9% ($P < .0001$) and from 73.7% to 76.1% ($P < .0001$) among middle school and high school students, respectively. Nevertheless, the percentage of advanced participants decreased from 16.4% to 12.9% ($P < .0001$) and from 16.4% to 13.9% ($P < .0001$) among middle school and high school students, respectively.

1998 **Conclusions:** Program-induced reduction of youth tobacco use was observed in most of the 2 years of Florida Pilot Program on Tobacco Control. Our results suggest that comprehensive tobacco control programs can be effective in reducing youth tobacco use.

1999

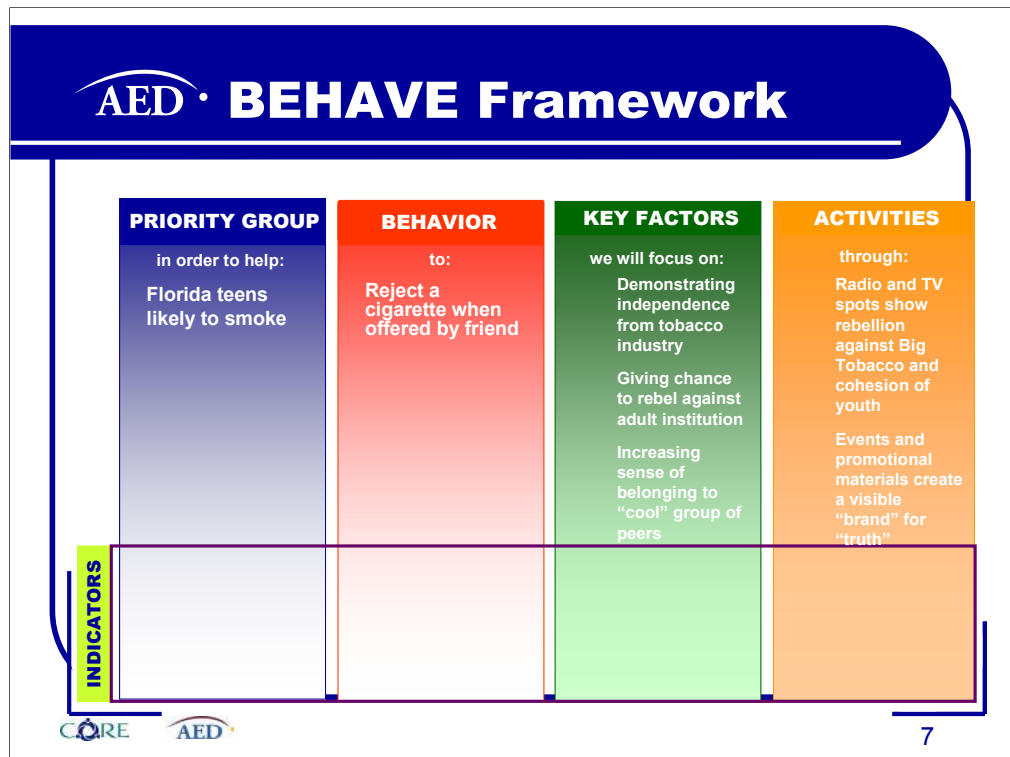
Authors' disclosures of potential conflicts of interest and author contributions are found at the end of this article.

©2014 Florida Department of Corrections, 4000 East
Cyprus Ave., Box 1-12, Tallahassee, FL 32304
1727-01-0000, corrections@fldoc.state.fl.us

Source: FYTS,
1998 & 1999.
(n=22,000)

Did the truth campaign work?

Fortunately, the campaign was well-studied. During the year the campaign was in full force, the state of Florida saw a 19 percent decline in cigarette use among middle school youth (about ages 12 to 15) and an 8 percent decline among young people of high school age (about 16 to 18).



The BEHAVE Framework can be a useful tool for organizing the way you think about monitoring and evaluation. We will spend some time during Sessions 13 and 14 practicing writing indicators for tracking your success in:

- Reaching the priority and supporting groups;
- Helping people to change their behavior;
- Shifting the key factors you have chosen; and
- Carrying out the activities you have designed.

The row across the bottom allows you to list indicators in each of the four columns.

SESSION
2

Overview: Applying the BEHAVE Framework

TIME

60 minutes

PURPOSE

This session introduces the BEHAVE Framework in a quick overview and through an example, showing how the framework helps project planners to articulate four decisions about their projects. Facilitators should not expect to treat each of the decisions in-depth nor to engage in lengthy discussion, but rather to give a quick treatment and point out that each will be covered in a session on that decision.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Name the four decisions of the BEHAVE Framework.
- ✓ Relate five principles to the decisions.

PREPARATION

Ensure that PowerPoint presentation is ready to project. Prepare a copy of the Exercise Survey (6b – Exercise Survey Tool) for each participant, making sure to prepare two-sided copies, so that each survey is a single sheet of paper with text on both sides.

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 2
- ✓ Participant binders, specifically pages:
 - ❖ 2a, with PowerPoint slides for Session 2
- ✓ One copy of Exercise Survey for each participant (6b – Exercise Survey Tool)
- ✓ If using the optional video viewing activity, you will need a videotape and VCR or a video disc and projector.

Presentation and Discussion

60 min

TIME 60 minutes

1. Show slide #1 and describe the purpose of this session: to introduce the entire BEHAVE Framework. Each of the four decisions will be addressed in a session of its own, and participants will spend the rest of the week learning to manage each of the areas.
2. Following the speaker notes in the PowerPoint file, use slides #2-7 to introduce the BEHAVE Framework and to describe how the Academy for Educational Development (AED) created the framework. Discuss its usefulness in planning projects that aim to promote a change in behavior.
3. With slide #8, introduce five principles that you will later relate to the columns of the BEHAVE Framework.

Note

For each of the columns of the BEHAVE Framework, you will:

 - Link the decision with one of the five principles.
 - Display the framework with the column highlighted.
 - Briefly cover the main points that will be taught about the decision.
 - Show how the column might be filled in, using an example about promoting use of insecticide-treated bed nets to prevent malaria.
4. Use slides #9-13 to introduce the first decision of the BEHAVE Framework: priority and supporting groups. Follow the speaker notes as you give a brief presentation about the decision in column 1.
5. With slides #14-20, introduce the second column, the decision about choosing the behavior to promote.
6. Use slides #21-28 to introduce the third column, the decision about which key factors your project will address in order to help people to adopt the behavior. Briefly define these terms:
 - Benefit
 - Barrier
 - Determinant of behavior
 - Key factor

As with the other columns, show the example of the framework with three columns completed.
7. Show slides #29-34 to discuss the fourth decision, project activities. Use the example to demonstrate the direction of the logic at two different stages:
 - During project planning, when the logic runs from left to right (*"In order to help this priority group to do this behavior we will focus on these key factors through these activities"*); and
 - During project implementation and evaluation, when the logic runs from right to left (*"We conduct these activities in order to change these key factors which will in turn influence these behaviors for the priority group."*).

8. With slide #35, state that the BEHAVE Framework can help project planners to organize their thinking about how to monitor and evaluate the project. Note that Session 13 will give participants some guidance on monitoring and evaluation.
9. Show slide #36 and tell participants that they will have time, during Session 15, to consider how the BEHAVE Framework fits with other favorite approaches they may use.
10. With slide #37, stress that the four decisions are best made with some kind of data. Link this idea with the fifth principle, "Base decisions on evidence and keep checking in." Point out, though, that during the workshop, participants will develop case studies, making the decisions without the benefit of data sets.
11. Slides #38-40 counter some common misperceptions about the BEHAVE Framework. Stress that:
 - The BEHAVE Framework is *not* used only for communication projects, but can help with the logic behind any type of behavior change project.
 - The BEHAVE Framework can help sharpen a project of any size without adding to its cost.
 - The BEHAVE Framework can be used by any group of decision-makers.
12. Summarize the main points of Session 2, using slide #41:
 - The BEHAVE Framework helps you organize the logic that drives your project.
- All four decisions are always made, even if the project planner has not articulated them. The framework helps you be explicit about all four.
 - We have introduced five principles.
 - Offering benefits that people really care about makes a powerful motivator to help people adopt a behavior.
 - All the decisions should be based on data, or some kind of evidence – not on assumptions or guesswork.
13. Ask all participants to complete the Exercise Survey before leaving the room for lunch. Distribute a copy of the Exercise Survey to each participant. Show slide #42 and instruct participants:
 - Ask them to think over the seven days right before they left home to travel to the workshop.
 - Have them recall how many times they exercised for 30 minutes during those seven days – and write that number in the blank on page 1 of the Exercise Survey.
 - They will then turn the page over and list as many responses as they can think of for each question.
 - Remind them to answer for themselves; what they really feel or believe – and to answer every question, whether they exercise or not. They will not be asked to put their names on the surveys.
 - Ask participants to complete the surveys before going to lunch, leaving the completed forms at their seats. They will refer to the completed survey during Session 6 and will hand it in at the end of the day.
14. Make these points:

- Remind participants that they are focusing on exercise *because* it represents health-related behaviors that are *different* from those they address in their work.
- Assure participants that the survey is not meant as a judgment about their personal habits, but as a fun way to introduce some of the principles and tools that they will master during the workshop.
- Point out that they have a copy of the survey tool to keep – in the participant binder, page 6b.
- Announce the time to return from lunch.

END OF SESSION 2

BEHAVE Framework **Session 2**

Overview: **The BEHAVE Framework**



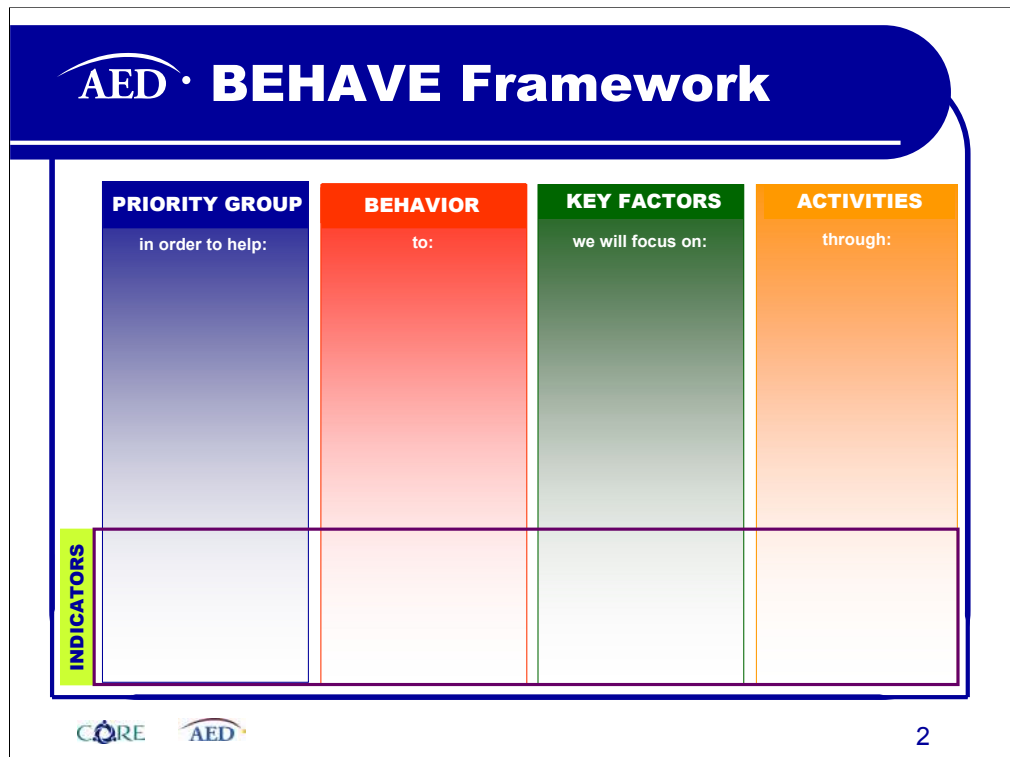
During Session 2, I will give you an overview of the BEHAVE Framework – how it was developed and why it is useful to you as you plan projects that are meant to help people adopt a positive behavior. We will quickly go through the four decisions of the framework, knowing that we will spend a full session on each of these later in the workshop.

By the end of this session, you will be able to:

- Name the four decisions of the BEHAVE Framework
- Relate five principles to the decisions

During this session:

- We will discuss the difference between a Priority Group and a Supporting Group.
- We will discuss the value of looking at things from the point of view of the priority group – and you will practice recognizing whose point of view is represented.
- We will show you five different ways to think about the people in the group you want to reach - and you'll have a chance to try these out. During your team work on case studies later today, you will need this skill.
- We'll discuss the value of “audience research” – and ways you can use data to define groups more precisely.



Here, then, is the BEHAVE Framework. It is a fairly simple organizing tool with four columns, each representing a decision that you make when you plan any behavior change project. The framework gives you a way to describe the logic behind your project. It really is a summary sheet that captures the major decisions. Behind each of these decisions you will have applied a lot of research and done a lot of thinking.

AED's BEHAVE Framework



The BEHAVE Framework was first developed during the 1990s by the Academy for Educational Development (AED), a nonprofit organization based in Washington, DC. Founded in 1961, AED is an independent, nonprofit organization committed to solving critical social problems in the U.S. and throughout the world through education, social marketing, research, training, policy analysis and innovative program design and management. Major areas of focus include health, education, youth development and the environment.

AED has been a leader in social marketing and behavior change as applied to child survival. AED's first work in communication for child survival, in the late 1970s, promoted many behaviors to reduce diarrheal disease and to promote oral rehydration. Through the years, AED has learned to put the tools for social marketing and behavioral science into the hands of project planners working in immunization, HIV/AIDS and many other health interventions that all of you care about.

Origins of AED's BEHAVE Framework

- HIV/AIDS prevention, communication for behavior change, international
- Prevention Marketing Initiative, U.S.:
 - Give community groups tools and concepts to apply social marketing + behavior change
- Workshop for community based organizations
- Adapted for CORE Group, “child survival”



4

The BEHAVE Framework began as a tool to help people in communities make sound decisions about prevention projects.

- In the late 1980s, AED led USAID's AIDSCOM project, which used communication to promote safer behaviors.
- Building on that success, CDC (the U.S. Centers for Disease Control and Prevention) asked AED to bring some of the lessons learned back to the U.S. We were asked to teach members of the community to use tools and concepts so they themselves could apply social marketing and behavioral science as they worked together to design HIV prevention programs for youth. Training was an important aspect of the Prevention Marketing Initiative. If community members themselves were to make programmatic decisions, they would need to learn the tools and criteria for making them.
- Following that project, AED pulled together all the training activities they had used with community groups and developed a workshop to give these tools to others working for community based organizations.
- By the year 2002, the CORE Group's Social and Behavior Change Working Group had requested assistance from AED to identify ways that the BEHAVE Framework could be adapted and used by CORE Group members to improve the way they approach behavior change.

The BEHAVE Framework...

- ...names decisions we aren't aware of
- ...codifies a way of thinking strategically
- ...allows for behavioral theories
- ...was created to enable community groups to plan their own smart projects



5

During 2002 and 2003, the CORE Group and AED collaborated to train with the BEHAVE Framework.

During that time, it became clear that the BEHAVE Framework is useful to the staff of private voluntary organizations as they plan child survival projects.

- The framework names decisions that are not always made consciously.
- It codifies a way of thinking strategically.
- The framework does not embrace a single behavioral theory, but it allows for many different theories.
- And, as I mentioned a moment ago, the framework was created to enable community groups and community members themselves to plan their own smart projects.

The BEHAVE Framework...

- In order to help _____
- to _____
- we will focus on

- through

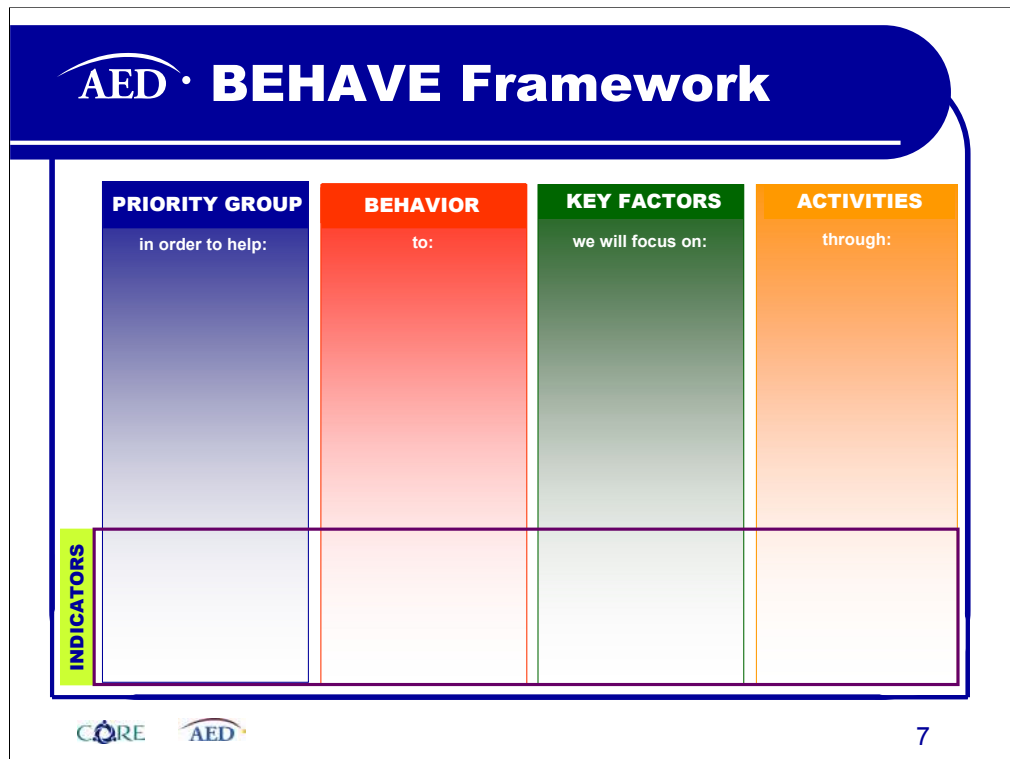


6

The BEHAVE Framework began with this statement:

- *In order to help* [a particular priority group of people]
- *To* [adopt a particular behavior]
- *We will focus on* [a few key factors that influence that behavior]
- *Through* [carefully focused project activities].

The BEHAVE Framework sums up all of the four decisions through one statement. But don't let that fool you into thinking that the decisions can be made casually! Each one is important and requires research, analysis and creative thinking.



For this workshop, we've organized that statement into this framework. Notice that the statement runs across the top of each of the four columns. Each column represents a decision.

Five Principles

- Know exactly who your group is and look at everything from *their* point of view
- Your bottom line: the *action* is what counts
- People take action when it *benefits* them. *Barriers* keep them from acting.
- All your activities should:
 - maximize the benefits and
 - minimize the barriers that matter to the priority group
- Base decisions on *evidence* and keep checking in



8

Five principles will help you to think about behavior change in a new way. These principles capture some of the most important aspects of both social marketing and behavioral science.

These principles are closely linked with the BEHAVE Framework. We will be working in-depth on each of them as we learn more about the BEHAVE Framework.


Selecting Priority Group and Supporting Groups

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

The first column includes the first principle:



Know exactly who your group is and look at everything from *their* point of view.

It's the group's viewpoint that matters. Too often, we're so excited about or committed to or even impassioned about our point of view, that we forget that we are *not* group members – and that what they care and are impassioned about *may* have little to do with our concerns.



BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				



10

We will spend Session 2 on the first column – or the first decision – of the framework.

The BEHAVE Framework works at all levels

- Individuals
- Family/household
- Community
- Institutional systems
- Policy makers/Health planners

The priority or supporting group you focus on may be at any of these levels:

- Individuals
- Family/household
- Community
- Institutional systems
- Policy makers/Health planners

We will focus mostly on the individual level, since most behaviors are carried out by a single person – even if they are influenced by others. But those individuals may be community members, members of an institution – such as the health system – or policy makers.

Five Ways to Describe Your Group

- Demographic feature
- Something most group members do
- Something most group members want
- Something that keeps group members from “doing the right thing”
- Readiness to adopt behavior (“Stages of Change”)



12


We often use demographic characteristics to describe an audience: income levels, ages (or ages of their children), geographic locations, genders, races, languages spoken, employment status – and all of these are important ways to describe an audience. But if we limit ourselves to demographic characteristics – these “life situations” – we may miss some critical clues to what makes the priority group tick – or we may unnecessarily cut the size of the group we want to reach.

We’re proposing four other ways you may want to define the priority group. Other ways include:

[Quickly read through the rest of the list.]



- People may have a behavior in common – and we’re not necessarily talking here about a behavior that relates to the action you’ll promote.
- They may want or desire the same things – or may face the same barrier.
- They may be at the same “readiness point” in terms of their readiness to adopt the behavior you’ll promote. For this we’ll talk about a model called “Stages of Change.”

We’ll discuss, one at a time, each of these other ways you can define the priority group and you’ll have a chance to practice describing your group in each of these ways.



BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help: Pregnant women in malarial area who are not currently sleeping under net every night	to:	we will focus on:	through:
INDICATORS				

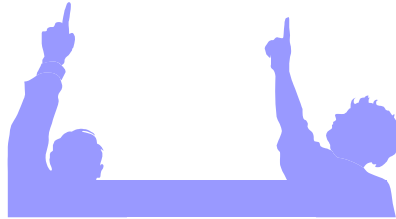



13

Here, then, is an example of a priority group.


Defining the Behavior

**Your bottom line:
action is what
counts**





Now let's take a quick look at the second column: behavior. The related principle is:

Your bottom line (that is, the thing your project is accountable for): *action is what counts*.



BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				

15

It's the second column...

What is a Behavior?

- Action
- Observable
- Specific
 - time, place, quantity, duration, frequency
- Measurable
- Feasible
- *Direct link to improved health outcome*

For our purposes, we will define action as meeting these criteria. *[Read the list from the slide.]*

Child Survival Behaviors

- The Emphasis Behaviors
- Sixteen Key Family Practices for IMCI

In the last 8 or 10 years, the child survival field has really incorporated behavioral science into its work. Behavior is a common word, it is no longer an unusual way to frame child survival issues. We'll be looking at some lists of "child survival" behaviors that others have proposed, including:

- The Emphasis Behaviors; and
- Sixteen Key Family Practices for IMCI.

Community Input on Defining New Behavior

- Observation of existing behaviors
- Development of optional behaviors
- Community trials
- Tests among health workers
- Negotiation of behaviors

And we'll be considering ways that community members can be involved in selecting the behaviors to promote. *[Do not take the time to read all of this slide; these details will be covered in Session 4.]*

Priority Group + Supporting Group

- *In order to help* mothers of newborns to initiate breastfeeding within 1 hour of birth...
- *In order to help* mothers-in-law to encourage their daughters-in-law to initiate breastfeeding within 1 hour of birth...

We will consider the relationship between the behavior of the priority group – here mothers of newborns – and the supporting group – such as mothers-in-law.

AED • BEHAVE Framework			
PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
Pregnant women in malarial area who are not currently sleeping under net every night	to: Sleep under treated bed net every night		
INDICATORS			



Here is an example of a clearly defined behavior.

Identifying Key Factors that Influence Behavior


People take an action when it *benefits* them. *Barriers* keep them from acting.

Sometimes it's useful to talk about key factors in terms of benefits and barriers. That's probably the simplest way to think about determinants of behavior.

The third column – key factors – looks at *why* people do what they do.



People act in ways that benefit them – that bring about a positive consequence, even if it's not the consequence that drives us to do our work.

And they won't take a particular action when barriers get in the way.



BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				

22

The key factors fit into the third column.

Definitions

Benefit: Something that people want

Barrier: A perceived obstacle or deterrent to taking the action

Sometimes we'll think about key factors as "benefits" and "barriers."

Definitions

Determinant of behavior:

Factor shown to motivate or “determine” a behavior for a given audience

We'll also talk about key factors in the terms of behavioral science. We'll think about them as “determinants” of behavior.

How many of you are accustomed to the term “determinant of behavior?”

[Pay attention to which participants know this term.]

If you have used the idea of determinants, the logic of the framework will make sense in those terms. Even if you have never studied about determinants, we will help you to understand what we mean and how to make the decision in the third column.

Definitions

Key factor: A specific motivator that influences this group to take this behavior

In order to help _____
to _____
we will focus on _____

And then we'll see how to convert these to what we call key factors.

[Do not worry about describing the entire slide text; just go quickly through this slide as part of the overview.]

Phrasing the Key Factors

- In order to help _____
- to _____
- we will focus on:
 - *building the skills to mix ORS properly*
 - *showing that the behavior is valued and supported by their peers*
 - *showing that behavior brings peace of mind*
 - *making sure they know the date of the national immunization day*

Here's how we'll be phrasing the key factors:

We will focus on

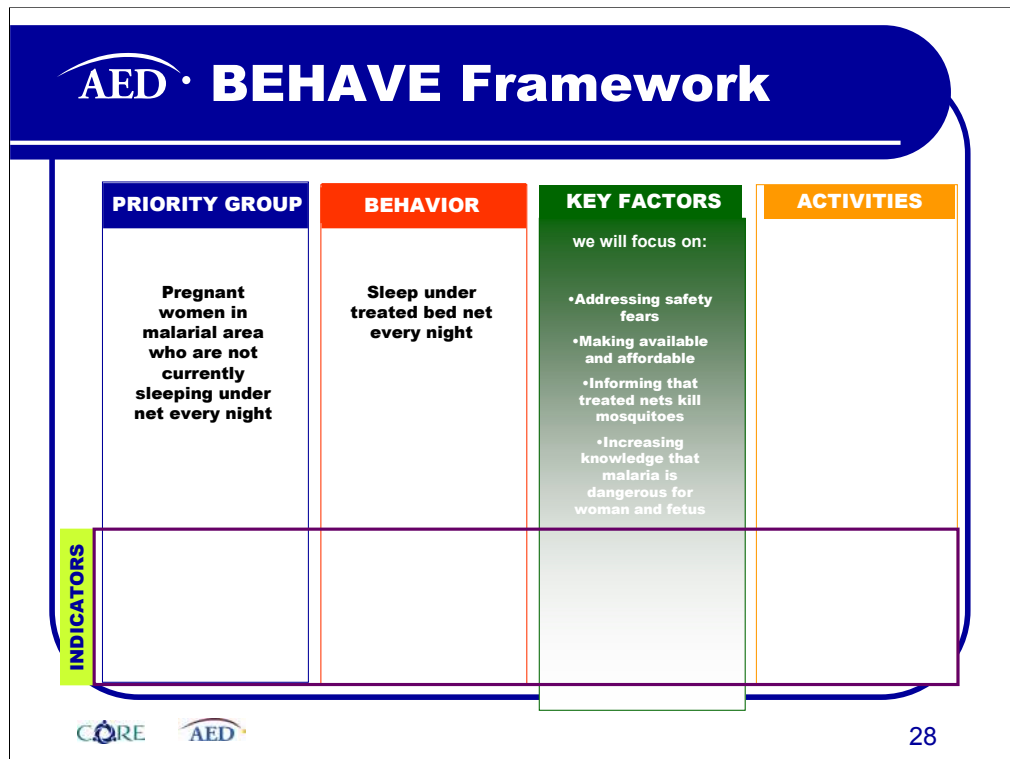
- Building the skills to mix ORS properly
- Showing that the behavior is valued and supported by their peers
- Showing that behavior brings peace of mind
- Making sure they know the date of the national immunization day

Not Just Guesswork

- Grounded in behavioral science
- Determinant = factor shown to influence the group's action
- A key factor can encompass several determinants

Too often we use guesswork to make the decision in this column. But during this workshop, we will give you the tools to make a sound decision about key factors. One particular tool is the Doer/NonDoer analysis, and we will work with this throughout the workshop.

[Do not read all of this slide.]



Continuing our example, here's what the key factors might look like:

- Addressing safety fears about sleeping under insecticide-treated nets
- Making insecticide-treated nets available & affordable
- Informing the community that treated nets kill mosquitoes
- Increasing people's knowledge that malaria is dangerous for pregnant woman and fetus

Planning Project Activities


All your activities should:

- **maximize the benefits**
- **minimize the barriers**



that matter to the group

All your activities should maximize the benefits and minimize the barriers that matter to the priority group.

Only when you have gone through the first three steps can you then choose activities that will influence the key factors so that it is easier and more rewarding for the priority group to adopt the behavior.

 **BEHAVE Framework**

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				

30

Here's where we are...

Planning Activities

- Right types of activities
- Right messages & content

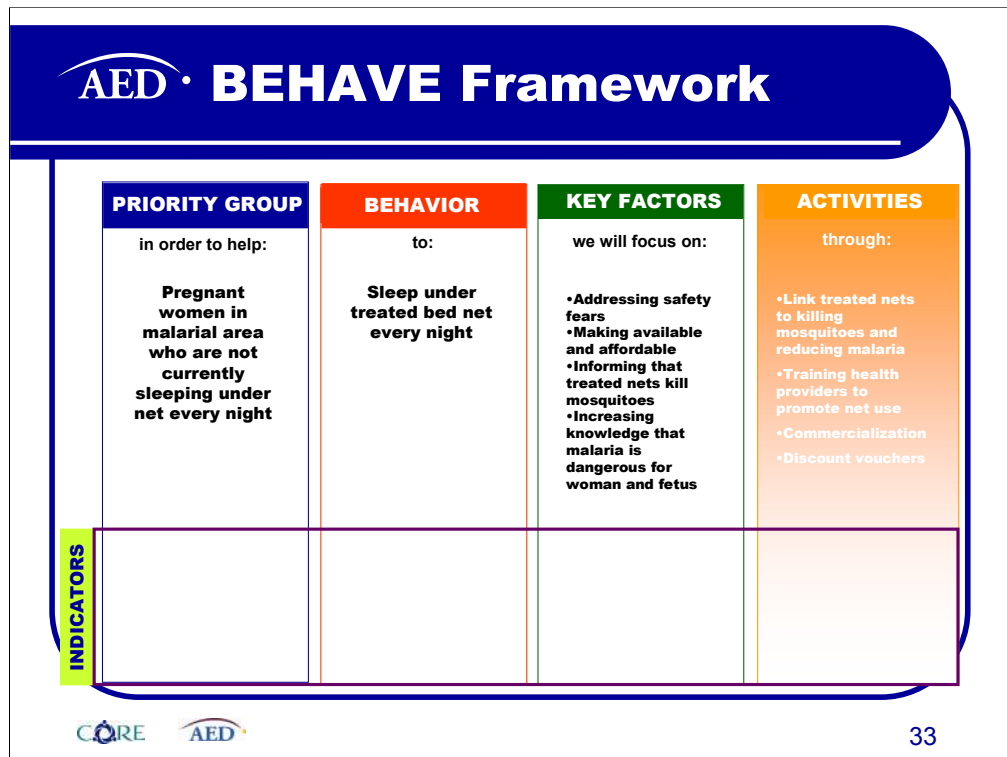
During Session 10, you will learn to choose both:

- the right types of activities; and
- the right messages and content for each.

Types of Activities

- Small-group interventions
- One-on-one interventions
- Centralized information & referral
- Product/service accessibility
- Advocacy
- Community mobilization
- Mass media & “small” media

You will see that most interventions will fit into one of these seven categories.



Now you can see the completed framework for a project designed to promote a behavior that will reduce malaria and its impact on communities. The activities include:

- Mass media messages that link insecticide-treated nets to killing mosquitoes and to reducing malaria
- Training health providers to promote net use
- Commercialization – which means the selling of insecticide-treated bed nets through private, commercial channels so they can be as widely available as other commercial products like CocaCola.
- Discount vouchers, making the nets affordable even to the poorest community members.

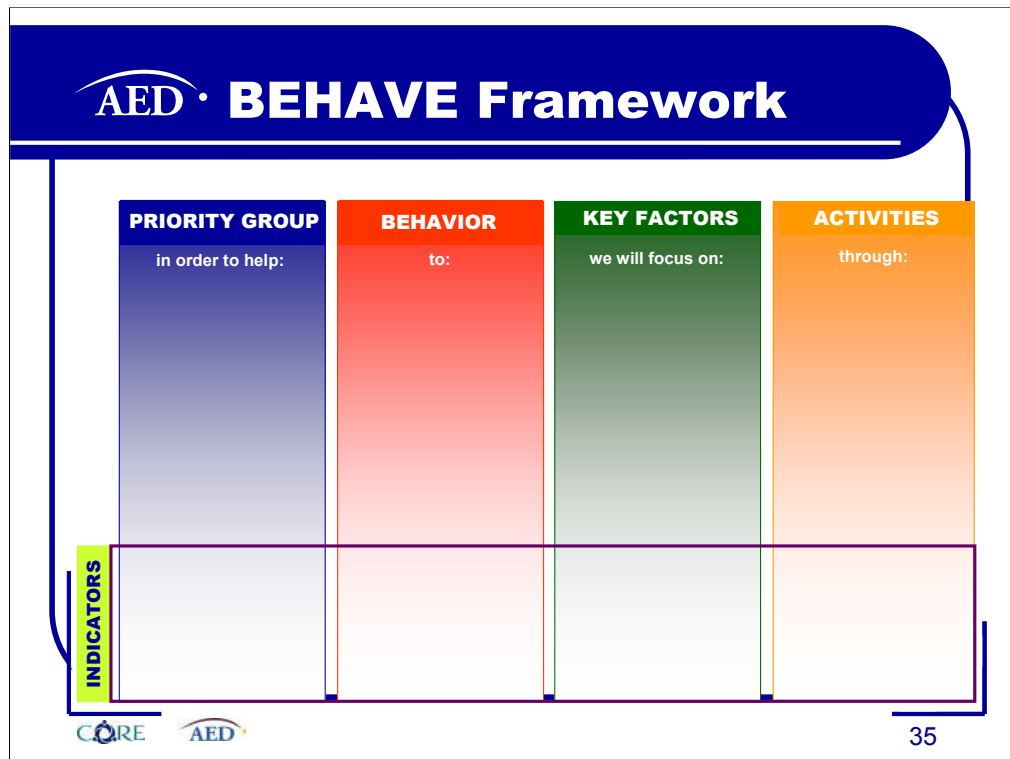
Now that you see a completed example of the framework, let's talk about the **direction** of the logic. The direction changes during different phases of your project. While you are planning the project, you work from left to right. As you've seen, you will think first about the priority group and the behavior you will promote. Next you can identify the key factors that really make a difference in the group members' adoption of the behavior. Only after you have developed this scheme will you plan the project activities.

When the project is being implemented, the logic flows from right to left. You will say that you are conducting these activities in order to influence these key factors that will, in turn, influence the priority group member to adopt the behavior.



[NOTE: This slide is most effective if the animation feature of PowerPoint is used to make each line (or set of lines) appear in sequence. Click quickly through the slide so that the line from Discount vouchers appears first; the line from Commercialization appears next; etc.]

You will see during Session 10 that the mix of activities will – together –address all of the key factors.



The BEHAVE Framework can be a useful tool for organizing the way you think about monitoring and evaluation. We will spend some time during Sessions 13 and 14 practicing writing indicators for tracking your success in:

- Reaching the priority and supporting groups;
- Helping people to change their behavior;
- Shifting the key factors you have chosen; and
- Carrying out the activities you have designed.

The row across the bottom allows you to list indicators in each of the four columns.

Yet Another Framework...?

How does the BEHAVE Framework fit with other approaches?:

- Doer/NonDoer
- Trials of Improved Practices (TIPs)
- Positive Deviance Inquiry (PDI)
- Participatory Rural Appraisal (PRA)
- others

We will take time this week, too, to examine some other approaches you all know and see how they fit with the BEHAVE Framework.

Using Data to Make Decisions



CORE AED

37

The fifth principle – *“Base decisions on evidence and keep checking in”* – is a theme that runs throughout our training. We’re talking about it last in this presentation, but I want to make an early plug for the idea.

We’ll be looking for sources of numbers and other ways – both quantitative and qualitative – that you can collect, find, but mostly APPLY, data.

Some of the decisions that people who are planning projects need to make are displayed here. As you’ll recognize once we get deeper into this training, sometimes planners make these decisions by default – they’re not even aware that they’re making the decisions. We want you to be conscious of these decisions *and* to make them using concrete evidence.

Having said that, I’ll add this caveat: In this course, we will be asking you to engage in some planning exercises without the benefit of data sets, focus groups or interviews. In short, you won’t have access to the data we’re expecting you will use when you get back to your offices. We know that. Let’s just keep it in mind as we proceed: that during the workshop, we may be using a lot of assumptions. You will want to confirm your assumptions before you try any of these ideas in your project.

Is the BEHAVE Framework only for communication projects?

- **NO!**

- Helps you examine internal and external factors. You may discover that no communication is needed at all.

[NOTE: The next three slides are most effective when PowerPoint's animation feature is used to display the question first, followed by the responses.]

When we introduce the BEHAVE Framework to PVO (private voluntary organization) staff, people have a lot of questions. For example, Is the BEHAVE Framework only for communication projects?

The answer is a resounding “no.” The framework helps you to step back and take a larger look at the behavior you want to promote. You will identify a number of internal and external factors that influence that behavior. Communication may be the appropriate activity to address some of those key factors. But in some cases, you may find that no communication is needed at all.

Do I need a big budget to apply the BEHAVE Framework?

- ***NO!***

- The four decisions are implicit in every project. The BEHAVE Framework requires a few people willing to ask some questions, collect answers and do some smart thinking.

People sometimes ask, Do I need a big budget to apply the BEHAVE Framework? Again, the answer is “no.” The four decisions are implicit in every project. The BEHAVE Framework requires a few people willing to ask some questions, collect answers and do some smart thinking.

Is the BEHAVE Framework only for top-down projects?

- ***NO!***

- The BEHAVE Framework was designed to de-mystify behavior change project planning so that community groups can make the planning decisions.

Others ask, “Is the BEHAVE Framework only for top-down projects – those projects where someone high up in the organization makes the decisions about what the project will do?”

This is decidedly not the case. As we mentioned earlier, the whole reason for creating the BEHAVE Framework was to take the mystery out of the project planning decisions and to give community members the skills and the power to make those decisions.

Summary: The BEHAVE Framework

- It's a framework for strategic planning decisions
- All projects make those four decisions
- Five principles
- Exchange, benefits
- Data-based decision making

Here's a quick recap of what we've covered so far this morning.

- The BEHAVE Framework helps you organize your logic, making decisions that are strategic.
- All four of these decisions will be made, even if you don't spend time thinking about them. The framework helps you be explicit about all four decisions, not leaving them to chance.
- We've introduced five principles. These are related to the decisions.
- We have spent some time talking about exchange, and the fact that people often adopt behaviors that they believe will give them something they want.
- We stressed the importance of using data to make the decisions about your project.

After lunch, we'll return to begin delving into each of the decision areas one by one. The first is "Priority and Supporting Groups." But before you leave for lunch, we ask that you complete a survey for that you will use later today. It's about exercise, similar to the "Exercise" Exercise that we did this morning.

[Distribute copies of Exercise Survey, one to each participant.]

Exercise Survey

- Side 1: Honest count of how many times you exercised for 30 minutes during the seven days before you traveled to this workshop
- Complete the survey for *yourself*
- Side 2: List all the responses you can think of for each question.
 - Answer for yourself; what you really feel or believe
 - Answer every question, whether you exercise or not

Please look at the Exercise Survey as we go over a few points:

- Think about the seven days right before you left home to travel to the workshop. How many times did you exercise for 30 minutes during those seven days? That is the number that you will write in the blank on the front of the survey instrument.
- Now turn the sheet over. Here you see six questions. Please write as many responses as you can for each of these. Answer for yourself, giving your own opinion or belief.
- You will not be asked to put your name on the survey.
- You will complete your survey and leave it at your seat during lunch. This afternoon you will need the completed survey for Session 6.
- Remember that talking about exercise gives you a chance to get “outside” the topics you are addressing in your projects.
- We are not intending to judge any of you on your personal exercise habits. It is meant to be a fun way to introduce some of the principles and tools we will cover in the workshop.

[Announce time to return from lunch. Make other announcements, as necessary.]

SESSION
D
3

Selecting Priority and Supporting Groups

TIME

60 minutes

PURPOSE

During session 3, participants will practice looking at things from the point of view of a priority group member. They will describe a priority group in five different ways – not just with demographic features.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Discuss the value of considering the point of view of members of the priority group.
- ✓ Describe or segment a group in 5 different ways.

PREPARATION

Tape 2 cards on the wall, about 2 yards apart:

- ✓ Priority Group Member's Point of View
- ✓ Somebody Else's Point of View

Prepare 7 cards or sheets of paper, each with a statement from slides #9-15. Ensure that PowerPoint presentation is ready to project.

MATERIALS

2 title cards

- ✓ 7 statement cards
- ✓ PowerPoint presentation and speaker notes for Session 3
- ✓ Participant binders, specifically pages:
 - 3a, PowerPoint slides for Session 3
 - 3b, Five Ways to Describe Your Group

Presentation and Discussion

10 min

TIME 10 minutes

1. Show slide #1 and follow the speaker notes to introduce the session and to review the session's objectives.
2. Continue with slides #2 and #3, showing where this session fits within the framework and linking the column with the related principle.
3. With slide #4, define the **priority group** as the people who will adopt the behavior that will have a direct impact on health. Define the supporting group as those who will help or influence the priority group members to adopt the behavior. Use slides #5 and #6 to give examples of the relationship between priority and supporting groups.
4. Show slide #7 and describe the relationship between the priority group and the behavior.



Whose Point of View?

20 min

1. Post the two signs on the wall, forming ends of a continuum between:
 - Priority Group Member's Point of View and
 - Somebody Else's Point of View.
2. Have ready the seven prepared statement cards, each with a statement that appears on slides #9-15.
3. Display slide #8. Tell participants that you will play a game to practice recognizing various points of view. Cover the points indicated in the notes page for slide #8.
4. Show slide #9. Ask participants to imagine that they are trying to encourage parents of a young child to take the child for immunization. The priority group is "parents of young children."
5. Hand the card with the statement (from slide #9), "It's hard to get my child to the clinic when it closes at 5 p.m." to a volunteer participant. Ask the volunteer to read the statement out loud and have the group determine whether the statement is from the point of view of the priority group (parents) or not. Ask the volunteer to tape the statement to the wall under the appropriate heading. [In this case, the statement could represent the point of view of the priority group and should be placed under the card "Priority Group Member's Point of View."
6. Continue with each of the remaining four statements about immunization (slides #10-13), choosing a new volunteer to read and post each statement. Allow discussion to explore several points of view. Note that some statements are ambiguous, and might represent both the priority group member's point of view AND somebody else's point of view. Participants may elect to post such a statement midway between the two categories.
7. When introducing slide #14, indicate that project planners are promoting use of public transportation. Ask whether the statement is aimed at potential riders of the bus (priority group), and have participants post it. Do the same for slide #15.
8. Close this activity by reminding participants that project planners must get to know priority group members and understand their point of view.

Presentation and Discussion, continued

10 min

TIME 10 minutes

1. Show slide #16 and briefly introduce the levels at which the BEHAVE Framework can be useful. Continue with slides #17-21 to discuss each of the levels.
2. Show slide #22 and define "segmenting." Note that the more precisely one can describe a priority group, the stronger the project will be.

ACTIVITY
B**5 Ways to Describe your Group****20 min**

1. Show slide #23. As indicated in the speaker notes, introduce the notion that while most project planners are accustomed to describing – or segmenting – a group by demographic features, it is often useful to consider other ways of grouping people. Use slide #23 to note quickly the other four ways.
2. Give participants time to locate Worksheet 3b, 5 Ways to Describe Your Group. Point out that the five boxes on the right correspond to the list on slide #23, and that you will now address each of these.
3. Show slide #24 with examples of demographic features. Ask:
 - What are the advantages of describing your group by listing demographic features?May give you an idea for how to address them, may clarify what language or types of materials to use.
4. Show slide #25, which mimics Worksheet 3b. Once it is clear that participants know how to use demographic features, ask them to think of one priority group that their programs address and to write down at least one demographic feature that describes that group. Give participants a minute or two to fill in the first box on Worksheet 3b.
5. Call on several participants to describe the demographic feature they listed.
6. Showing slide #26, ask participants to call out some examples of ways to describe a priority group by describing something that most members DO. Ask:
 - What are the advantages of describing your group by noting something they all DO?May guide you toward a channel for reaching them – “distribute pamphlets at the school the mothers attend”; may point out risk factors.
7. Show slide #27, prompting participants to return to their worksheets. Ask participants to consider the same priority group they were just thinking about, and to write down in the second box of the worksheet at least one thing that most group members DO. Entertain some responses.
8. Display slide #28. Remind participants that the “most important idea in this workshop” may be that benefits matter – that people decide to take an action when they believe it will give them something they want. Point out that during Session 7 on key factors, they will practice thinking about “big” benefits that most human beings want. Creative program messages and activities link the behavior being promoted with something people really want.
9. Have participants fill in the third box on the worksheet by noting something that

most of the members of their priority group really want.

10. Display and discuss slide #29, in the same manner. Have participants fill in the fourth box on the worksheet, something that keeps group members from “doing the right thing” – a barrier. Briefly discuss responses.

11. Display slide #30. Ask:

- How many of you have ever heard of the “stages of change,” a theory put forth by Prochaska and DiClemente?

At least a few participants will know the term. Assure participants that even if they are unfamiliar with the theory, they will be able to understand that people may be at one of several different stages in relation to a particular behavior. Following the script in the PowerPoint notes page, briefly define the five stages.

12. Display slide #31 to give a concrete example of the 5 stages of change. Ask:
 - Why is it important to understand the “stage” of your group members?

13. Point out that a mother who has never heard of immunization is very different from a mother who has had her children immunized but has not returned for the final shots. The project planner or the health promoter must plan quite different messages and activities for each segment. Ask:
 - How would you communicate differently with the two mothers at these two different stages?

14. Show slide #32. Point out that in order to find out the “stage of change” for your group, you must already have selected a behavior that you may promote, since the stage is always in relation to adopting a particular behavior. Review the examples on the slide.

15. Ask participants to think of a behavior they may want to promote with the priority group they have described on the worksheet. They should then define the “stage” where group members are in relation to the behavior – for example, “have used oral rehydration solution (ORS) at least once, but do not give it to the child whenever he has diarrhea.” Have them complete the worksheet with an example that shows the “stage of change” for their priority group and behavior.

16. Display slide #33. Point out that in their team work, participants will be asked to describe a priority group in these five different ways.

17. Continue with slides #34-35, following the speaker notes to discuss briefly the ways that project planners gather data to learn more about the priority and supporting groups.

18. With slide #36 displayed, summarize the main points of Session 3:
 - It is essential to consider everything from the group member's point of view – both for the priority and the supporting groups.
 - To maximize your resources, you want to reach the largest number of people that can be reached through the same message, materials, or activities.

- Demographics are important in describing any group – but it will also be useful to describe them in the four other ways just practiced.
- All decisions about the priority group should be based on research with group members, and not just on the program planner's assumptions.

19. State: “Next we will turn our attention to the second column of the BEHAVE Framework – Behavior.”

END OF SESSION 3

BEHAVE Framework

Session 3

Selecting Priority Group and Supporting Groups

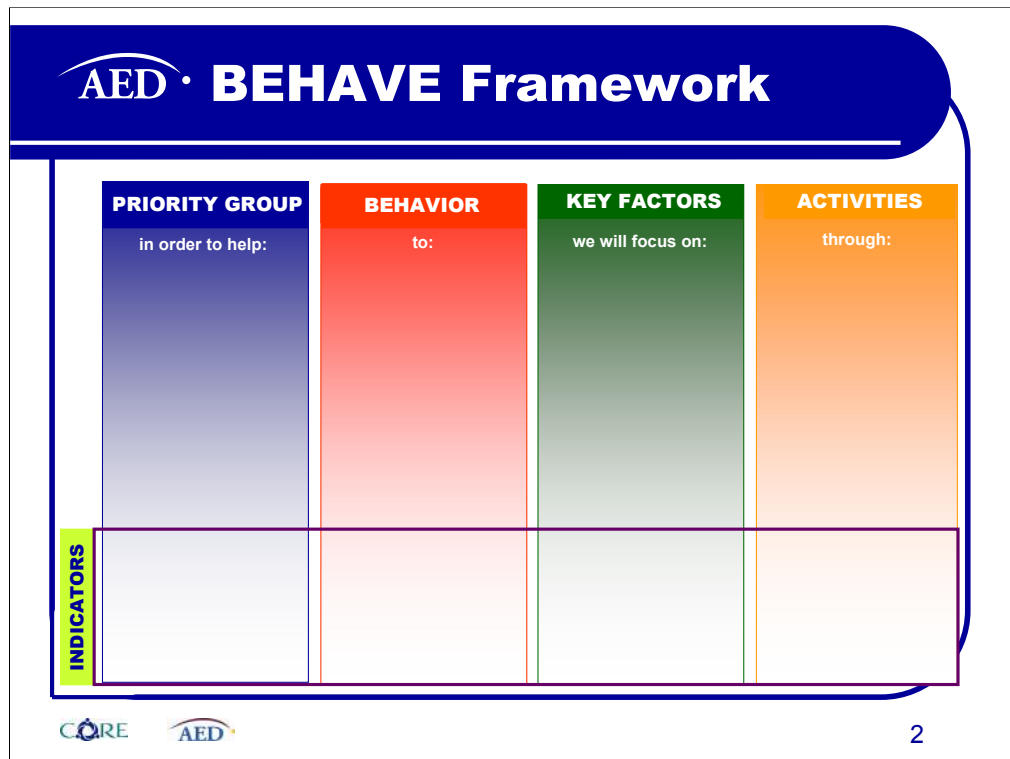


We're starting with priority and supporting groups - the people you probably know quite well. By the end of this session, you will be able to:

- Discuss the value of considering the point of view of members of the priority group
- Describe or segment a group in five different ways.

During this session:

- We will discuss the difference between a priority Group and a supporting Group.
- We will discuss the value of looking at things from the point of view of the priority group – and you will practice recognizing whose point of view is represented.
- We will show you five different ways to think about the people in the group you want to reach – and you'll have a chance to try these out. During your team work on case studies later today, you will need this skill.
- We'll discuss the value of “audience research” – and ways you can use data to define groups more precisely.



We're focusing now on the first column of the BEHAVE Framework. We'll spend some in-depth time on each of these columns so you can try thinking about project planning in a slightly new way.

Principle #1

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



3

The first column includes the first principle:

Know exactly who your group is and look at everything from *their* point of view.

It's the group members' viewpoint that matters. Too often, we're so excited about or committed to or even impassioned about *our* point of view, that we forget that we are not really members of the priority group - and that what *they* care and are impassioned about *may* have little to do with our concerns.

Project planners believe that people should use the same logic we use to make health-related decisions. We can better help them make healthful decisions when we understand what matters to *them*.

Basic to all of this way of thinking is for us to believe – really believe – that people's decisions – even decisions that seem destructive or unhelpful – are made for very good reasons. Our job is to understand those reasons so that we can make it easier for them to take actions that contribute to the health of their families, their communities and themselves.

Priority? -or- Supporting?

- Priority group member's behavior will have a direct impact on health
- Supporting group member's action will help the priority group member adopt the behavior



4

In the BEHAVE Framework, we describe groups of people you'll be working with in behavior change as belonging either to the *priority group* or to a *supporting group*.

- The *priority group* consists of people who will be adopting the behavior that will have a direct impact on health.

- The *supporting group or groups* are those who will help or influence the priority group members to adopt the behavior that will have a direct impact on health. A supporting group may be people who currently pose a barrier to the behavior, or who are in a position to make the behavior much easier.

Example: Exclusive Breastfeeding

- Priority Group
 - Mothers of children less than six months of age
- Supporting Groups
 - Mothers-in-law
 - Husbands
 - Others?

Let's look at exclusive breastfeeding, for example.

In many child survival projects, one of the objectives is to increase exclusive breastfeeding to six months. In this case the *priority group* would be the mothers—they are the ones who will be doing the breastfeeding. This is the action that will lead directly to improved child health.

But as you are all aware, individuals do not act in a vacuum. There are others around them who exert strong influences as to how and whether to act. In some cultures it is frequently the mother-in-law who controls what, how and when a baby eats. So for breastfeeding, the mothers-in-law would be considered a *supporting group*. They are not the ones who will be carrying out the step of breastfeeding, but they are intimately involved in whether that breastfeeding actually happens. You will need to work with them, too.

Another supporting group in this case (depending on the location of the project) could be husbands. There can be multiple supporting groups for each behavior, and part of the process of the BEHAVE Framework is to sort them out and discuss the role each plays in creating a barrier for or assisting the priority group to adopt the behavior.

Example: Immunization

- Priority Group
 - Caregivers
- Supporting Groups
 - Health-care workers
 - Husbands
 - Others?



6

Let's look at immunization for our next example.

Let's say that you want caregivers to take their children to the clinic to receive a full series of immunizations. In this case the priority group would be the caregivers (either mother or father, and—in areas where there are large numbers of orphaned children—grandparents). You would want to refine your priority group so that you would know what kind of caregiver you're aiming for, but we'll get more into that later. For now it's sufficient just to call them caregivers.

Who are the supporting groups for this behavior? It's going to take some research to find that out. Let's assume for a moment that you've done your formative research and have found out that one of the reasons caregivers don't like to go to the clinic is that when they go there they are treated disrespectfully by the health-care workers. In this case then, a supporting group for this behavior would be the health-care worker. They are presenting a barrier for your priority group to adopt the behavior. Their actions and behavior affect that of the priority group. You will need to define a supportive behavior for the health workers to take, changing *their* behavior in order to increase the likelihood that caregivers will take children to the clinic to be immunized.

Who else might be a supporting group for this behavior? [*husbands, religious leaders, policy-makers, etc.*]

Priority Group-Behavior Link

- In order to choose your priority group, you must have a good idea of the behavior.
- As you refine the behavior, you can also further refine your priority group.



7

You'll notice that as we're defining priority groups and supporting groups we're already starting to talk about behaviors. The BEHAVE Framework is an iterative process. In order to choose your priority group, you must have a good idea of the behavior. As you refine the behavior, you can also further refine your priority group.

The contents of one column affects other columns as well. This is especially true with priority/supporting groups. They cannot be chosen in isolation.

We'll get more into defining a behavior in Session 4, but it is important to keep in mind that the contents of these two columns are chosen together.

Activity A: Whose point of view?



8

You'll remember Principle # 1 stated that you need to know exactly who your group is and look at everything from *their* point of view.

Let's see how good we are at recognizing various points of view.

I'm going to show you a few statements that represent a concern, a value, or a benefit. I want you to think about whose values are represented by the statement. Then I'll ask for a volunteer to place the statement near the category of people who care about this point of view. It's possible that more than one category of people consider this value important.

On the wall are two categories of people:

- Priority group members – these are the community members who will be making changes in practices
- Somebody else (may include policy makers, employers, program planners, supervisors, etc)

Whose concerns or values are expressed in these statements? Do they reflect the concerns of someone who is likely to be in a "priority group," or do they more likely reflect the view of someone outside the priority group?

Whose point of view...?

“It’s hard to get my child to the clinic when it closes at 5 p.m.”

CORE

AED

9

Here’s the first...

[Read the statement; give participants a chance to understand it; help a volunteer to tape the prepared card with this statement to the wall to indicate whose point of view – probably “priority group member.”]

Whose point of view...?

“If all children come for measles vaccine on Tuesday, there is less wastage of vaccine.”



10

[Continue in same vein. Read the statement aloud and call on a volunteer to tape it to the wall. Encourage discussion among participants to determine whose point of view.]

This one is probably policy maker and/or program planner – and should be posted near “somebody else.”]

Whose point of view...?

“Vaccines keep children healthy and mean fewer days of work missed.”



11

[Read the statement, hand a card with this statement to another volunteer, and ask the group to determine whose point of view. This example is worded as it is so that it can apply to both the priority group (parents) and other groups such as employers – who might be enlisted to sponsor “immunization day” at the worksite or to give parents time off to take children to the clinic for immunization. The group may decide to post the card between “priority group” and “somebody else.”]

Whose point of view...?

“Increased vaccine coverage means fewer deaths and illnesses and a bonus for me.”



12

*[Repeat as above. Who might get a bonus as a result of increased immunizations?
“Somebody else” other than parents – a health official?]*

Whose point of view...?

“If a child with a fever gets worse when vaccinated, I could be reprimanded.”



13

["Somebody else" – a nurse or other health worker who is afraid to administer vaccine to a sick child.]

Whose point of view...?

“Take the bus. We need the fares.”



14

Now let's imagine that the behavior we want to promote is "take the bus." This might be a behavior promoted by an environmental project in order to decrease the number of cars on congested roads. You would never expect to see a message like this, right? Why?

[Encourage discussion. Point out that this is an obvious case of using the wrong point of view to persuade potential bus riders. It does not in any way consider the point of view of the priority group. The volunteer participant should post the card near "somebody else."]

Whose point of view...?

“Take the bus. Meet eligible guys.”



15

Imagine now the same campaign with the same behavior, promoting taking the bus rather than driving. Whose point of view is this? Who might consider meeting eligible men to be a benefit?

[Encourage discussion. The volunteer will most likely post the card near “priority group.”]

The BEHAVE Framework Works at All Levels

- Individuals
- Family/household
- Community
- Institutional systems
- Policy makers/health planners



16

These five levels are terms that groups like yours, working in child survival, address. While many of the behaviors that have a direct impact on child health will be carried out by individuals, your project activities often address several of these levels. The BEHAVE Framework can help you to organize your logic about the best way to motivate people at each of these levels to take a specific action that will eventually lead to improved child health.

When we're talking about improved health, we may need to work with all of these levels.

Who will be the priority groups?

Who are the supporting groups?

We'll consider each of these levels, one at a time.

Individuals



CORE

AED

17

For many of you, the priority group you think most about is parents of young children.

How often, when you think about or write about the “priority group” do you have a particular person in mind? At an office that one of our colleagues visited, every employee’s desk or office had a photo of the same person. Our colleague asked, “Who is that?” It turns out they had found a picture that represented the priority group they were trying to reach. Having a photo made the group members seem real.

Family/Household



CORE

AED

18

Sometimes you need to reach others who will support or encourage the healthful actions of the priority group.

It's not always the mother or child caretaker herself who is the priority group. Even if she is the one to ultimately take the action, there are frequently others in the household who are very influential on mothers' behaviors. Think back to the breastfeeding example, for instance.

Community



CORE

AED

19

In many cultures, individual actions or behaviors are hard to separate from community expectations. The community supports the individuals' actions, and you won't have much luck in encouraging an individual behavior unless you consider how the community members can support the individual behavior change.

Institutional Systems



CORE

AED

20

How many of you name health workers as a group you need to reach?

In using the BEHAVE Framework, we may think of health workers as supporting groups – but we also try to think of the actions we want them to take from THEIR point of view. In some cases health workers are the priority group.

Policy Makers/ Health Planners



CORE

AED

21

Sometimes you need to address policy makers. For you, who are policy makers?

[Entertain some responses, such as:

- *decision makers in the Ministry of Health/Health Department*
- *a clinic director*
- *national-level health staff who set the standards for the Districts or regions*
- *legislators*
- *executives of private companies that distribute products]*

No matter which of these groups is your supporting group, you will want to learn more about what matters to them – what they care about. For policy makers, you are identifying a particular behavior you want them to take, such as “adopt –X-policy” or “enforce the policy through supervision and monitoring.” The BEHAVE Framework helps you to identify key factors that might encourage the policy makers to take that action – what matters to *them*.

Defining the Group



Reach the largest number possible who have similar needs, wants



22

Project planners talk in terms of "segmenting" an audience. This means:

- identifying a group of people who have enough in common that you can reach them or motivate them in the same way.
- getting as specific as you can in describing who it is you're reaching.

The more precisely we can describe a group, the stronger our projects will be. And we can often identify some specific characteristics that define a very large segment.

After all, the goal is to reach the largest number possible who have similar needs and wants.

Often, selecting a priority group requires making a choice – we can't reach everyone in the same way, so we must choose a priority group to start with.

[Refer to "Exercise" Exercise example, if appropriate.] We'll talk more during Session 5 about criteria for choosing which group and which behavior are most important for your project to address.

Activity B: Five Ways to Describe Your Group

- **Demographic** feature
- Something most group members **do**
- Something most group members **want**
- Something that keeps group members from “doing the right thing” (**barrier**)
- **Readiness** to adopt behavior (“Stages of Change”)



23

We often use demographic features to describe a group: income levels, ages (or ages of their children), geographic locations, genders, races, languages spoken, employment status – and all of these are important ways to describe a group. But if we limit ourselves to demographic features – these “life situations” – we may miss some critical clues to what makes the priority group tick – or we may unnecessarily cut the size of the group we want to reach.

We’re proposing four other ways you may want to define the priority group. Other ways include:

[Quickly read through the rest of the list.]

- Many people in a group may do the same thing – and we’re not necessarily talking here about a behavior that relates to the action you’ll promote
- They may want or desire the same benefit
- They may share something in common that inhibits the healthful behavior – that is, they share a barrier
- They may be at the same “readiness point” in terms of their readiness to adopt the behavior you’ll promote (and for this we’ll talk about a model called “Stages of Change”)

We’ll discuss, one at a time, each of these other ways you can define the priority group and you’ll have a chance to practice describing your group in these ways.

Describing the Group: Demographic Feature

- Mothers of children < 2 years
- Parents with household income < ____
- Pregnant women 18 - 34
- Fathers who live in ____ District
- Health workers who can read



24

The simplest way to identify define a group with something in common is to name a life situation that priority group members share. This could be a demographic feature or some other situation they have in common. Here are some examples. *[Read examples on slide.]*

[Ask]:

- What are the advantages of describing your group by listing demographic features?

[May give you an idea for how to address them, may clarify what language or types of materials to use.]

Exercise: **Five Ways to Describe Your Group**

- 1. **Demographic features**

- 2. Something most group members do

- 3. Something most group members want

- 4. Something that keeps them from “doing the right thing”

- 5. Readiness to adopt behavior (“Stages of Change”)



25

Now I want you to have a chance to define your priority group. Please pull out a pencil or pen and find the worksheet 3b – “Five Ways to Describe Your Group” in your participant binder. *[Give participants time to locate this page.]* Notice that on this worksheet, there is a space for you to describe your priority group in each of the five ways. You will each complete your worksheet, but we will do this one way at a time – the first way is by “demographic feature.”

Think of a behavior you’re currently trying to promote in one of your projects. Who is the priority group? How can you describe them using demographic features?

[Prompt them to use type/place of employment, gender, age, age of their children, language, race/culture, income level, education level, literacy, immigration status, etc.] This may be the easiest method for you, since most of us are used to thinking of “group” this way.

Now, take a moment to write in the first box at least one demographic feature of your priority group. *[Allow a moment for participants to complete the first blank.]*

Who would like to give us an example that you wrote in the first box?

[Call on several participants. Ensure that the responses they give are demographic features.]

Describing the Group: Something Most Members DO

- Health workers who visit communities
- Families that sleep without treated bed nets
- Mothers who attend classes at ____ school
- Pregnant women who already attend antenatal clinic



26

Now we're defining by something the priority group members do. How might it be helpful to define a segment this way?

[Look for responses such as:

- *We know how to contact them*
- *We realize that we aren't trying to reach ALL health workers or ALL families]*

What are some other audiences you've addressed that are defined by a behavior they have in common?

Things priority group members do may be obvious, but it's important to write them down and include them in your description.

What are the advantages of describing your group by noting something they all DO?

[1. May guide you toward a channel for reaching them – "distribute pamphlets at the school the mothers attend."

2. May point out risk factors – behaviors that are putting audience members at risk.]

Exercise: **Five Ways to Describe Your Group**

- 1. **Demographic features**

- 2. **Something most group members do**

- 3. **Something most group members want**

- 4. **Something that keeps them from “doing the right thing”**

- 5. **Readiness to adopt behavior (“Stages of Change”)**



27

Now please return to your worksheets. For the same group you described in the first box, write down one thing that most priority group members DO.

[To ensure that participants understand what is asked of them, call on one or two participants to give an example. Explain why the offered example does or does not meet the assignment.]

Once they understand what is asked for, give participants a few moments to fill in the second box on the worksheet.

Once participants have completed this step, you may call upon a volunteer to read what he/she has written.]

Describing the Group: Something Most Members WANT

- Men who want wife to save money
- Health workers who want recognition for good work
- Mothers who want time to regain strength before next pregnancy



28

The third way of segmenting a group is by looking for something most of them want – a benefit that you could tie to the behavior you’re promoting. We’re going to talk a lot in this workshop about the need to find out what people WANT. You’ll recall that we told you learning to think about benefits may be the most important idea in this workshop. The more you can understand up front about people’s desires, what they care about, the more likely you can influence their behaviors. During Session 7 on key factors, you will practice thinking about “big” benefits that most people want – benefits that go well beyond the health benefits that we usually tell people about.

What are the advantages of identifying this segment?

- *[Suggests a way to reach the audience]*
- *Suggests some content points or messages]*

When you know that members of the group want the same thing, you will want to include it in your priority group description.

Take a moment now to write in the third box something that you know the members of your priority group all want or hope for.

[After they have had time to write, call on several participants to read the items they have placed in the third box.]

Describing the Group: Thing that Keep Them from “Doing”

- Mothers who work fulltime outside home
- Health workers who believe it's dangerous to immunize sick child
- Men who fear insulting partner



29

The fourth way of segmenting or describing a group is by looking for a barrier they share – a barrier that keeps them from the behavior you'll promote. We'll spend lots of time thinking about overcoming barriers, and we'll look at those as key factors, but you can also include them as part of your description of the priority group.

Looking at the priority group you are defining, how can you further refine this group by looking at a barrier they have in common? Fill in one barrier your group faces – in the fourth box.

[After they have had time to write, call on several participants to read the items they have placed in the fourth box.]

Stages of Change

Pre-awareness

Awareness/Contemplative

Preparation/Decision-Making

Action

Maintenance

Source: Adapted from Prochaska and DiClemente, 1986



30

Before I give you an example in the last category – readiness – let's talk briefly about a behavior change theory referred to as "stages of change." This model was developed in response to some complex behavior changes – like smoking cessation and condom use. The original model describes these five stages people go through in making a behavior change:

Pre-Awareness or Pre-contemplative – People in this stage have no intention to change behavior in the foreseeable future, are unaware of the risk or deny the consequences of risk behavior. For example, for a project working on reducing the spread of HIV/AIDS, people who have never heard of AIDS would fall into this category.

Awareness or Contemplative – People are aware that a problem exists, are seriously thinking about overcoming it, but have not yet made a commitment. This would include people who have heard of AIDS, but may or may not have thought about how it could affect them.

Preparation/Decision-Making – People intend to take action in the near future and may have taken some inconsistent action in the recent past. This would include individuals who have heard of AIDS, and have decided they want to protect themselves. They may prepare themselves by buying a condom.

Action – People modify their behavior, experiences or environment to overcome their problems. The behavior change is relatively recent. For example, those who had made the decision to protect themselves from HIV/AIDS through using a condom actually *use* the condom.

Maintenance – People work to prevent relapse and maintain behavior change over a long period of time. Using a condom once isn't enough to protect you from HIV/AIDS. They must be used correctly and consistently in every sexual encounter.

- How could it be helpful to divide your target audience into people who are at different stages?

Stages of Change

Never heard of immunization

Thinking about getting shots

Preparing to get shots

Have gotten immunizations before

Completes all immunizations

Source: Adapted from Prochaska and DiClemente, 1986



31

Here's an example of how Stages of Change might apply to thinking of mothers who might get their children immunized.

At the **Pre-contemplative** stage – They've never even heard about immunization. How many of you work in communities where immunization is unknown?

Contemplative – At this stage, mothers have heard of immunization, know what it's for, but are not ready to take their children or to accept immunization when it's offered.

At the **Preparation/Decision-Making** stage – They've made an appointment or have decided to go.

In the stage called **Action** – are mothers who have had children immunized – maybe not completely, but they have gone at least once.

The **Maintenance** stage in this case refers to – mothers who complete all the immunizations – and will for all their children. It's become a regular, routine behavior.

- How could it be helpful to divide your priority group into people who are at different stages?
- How would you communicate differently with someone who's never heard of immunization or with someone who's ready to take her children and just hasn't done so yet?

Describing the Group: Readiness to Adopt Behavior

- Parents who know about immunization but have never participated
- Health workers who occasionally counsel mothers on breastfeeding
- Men & women who have never heard of HIV/AIDS



32

Here are a couple priority group descriptions in which the project planner considered “stage of change.” What stage is each in?

- Parents who know about immunization but have never participated [*contemplative*]
- Health workers who occasionally counsel mothers on breastfeeding [*action - not maintenance*]

Other examples?

In HIV prevention, we realized that condom use should be looked at in terms of “stages of change”: people who had never thought about using a condom are really different from those who’ve tried a condom. Better to focus on one or the other priority group to begin with – because using a condom the first time is really a completely different action from using one again. You need to pull out different motivations and different support for the action you’re promoting.

Often it’s important to make “readiness” or “stage of change” a part of your description. Sometimes we assume a particular stage for our priority group – go ahead and write it down in the last box.

[After they have had time to write, call on several participants to read the items they have placed in the fifth box.]

Exercise: **Five Ways to Describe Your Group**

- 1. Demographic features

- 2. Behaviors

- 3. Benefits

- 4. Barriers

- 5. “Readiness” point



33

By now you have a rich description of the priority group. When your teams meet to develop a case study, you will want to refer to the five categories on this worksheet to consider all aspects about the priority group.

Sources of Data for Selecting Your Group

- Census
- National or local surveys (KPC, etc)
- MOH data
- DHS data
- Media reports



34

You want to use data – and not hunches – to make decisions. For that you have some really good sources of information that already exist.

Here are a few examples.

- How might you use any of these data to identify the size of your priority group?
- How can you learn about ease of reaching the priority group?
- What can help you understand their likelihood to adopt the action?
- What else can you learn from these data sources – without conducting any new research?

Your Own “Audience” Research

- Focus groups
- In-depth interviews with individuals
- Small surveys
- Key informant interviews
- Data collected during clinic visits
- Data collected through project activities, such as hotline



35

You may find that you need some additional information as you fine tune your plan. We've already mentioned some things you'll want to know about your priority group, and as we discuss behavior and key factors we'll see more kinds of information you'll want to gather.

Here are some methods you may use. How many of you have conducted research with your groups using any of these methods?

In this workshop, we obviously can't train you to do this range of research, but we'll be giving you some tools you can use to collect certain kinds of information on your priority group.

Summary: Priority & Supporting Groups

- Look at everything from the group member's point of view – *for both priority & supporting groups!*
- Look for the largest number of people you can reach in the same way
- Go beyond demographics to describe or segment your group – five ways
- Use data to make decisions about groups



36

In closing, here's what we've found to be most important in making the decisions about how you'll define a priority group in the BEHAVE Framework:

- Group members' point of view – This figures in later, too, in making the decisions about behavior and key factors.
- Largest group, reached in same way – You won't try to reach everyone in the same way. This means hard choices. But if you look for commonalities, you can still aim for a large number.
- Beyond demographics – You've had practice now in describing a group in terms of life situation, common behavior, shared benefits or barriers and stages of change.
- Data for decisions – There's no need to guess. You can use existing sources of information and you may need to collect some on your own.

The decision about priority group and behavior is often made together. That is, you find out a little about the group, and that helps you think differently about what behavior they could adopt, which in turn, helps you further describe or segment the group. Next we'll turn our attention to the second column of the BEHAVE Framework – Behavior.

SESSION
D
4

Defining the Behavior You Will Promote

TIME

40 minutes

PURPOSE

In Session 4, participants learn the value of carefully defining the behavior to promote. They work in pairs to practice “naming that behavior” in Activity A. For Activity B, participants consider the ways in which behaviors may be simple or complex.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Write a well-defined behavior as part of the BEHAVE Framework.
- ✓ Assess the relative difficulty of various behaviors related to child survival.
- ✓ Describe the value of using data to make decisions about behavior.
- ✓ Name three resources that help in defining child survival behaviors.

PREPARATION

For Activity A, print out “Name That Behavior!” cards found with this session. Sort these so that the cards you are most interested in discussing are at the top of the stack. You will want to ensure that you have statements that are vague; beliefs and “antecedent” behaviors. You will hand one card to each pair of participants, so calculate how many you will use.

For Activity B, prepare two cards and tape them on the wall about two yards apart; on the left “simple”; on the right, “complex.” Have at least 20 additional blank cards available.

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 4
- ✓ Behavior statement cards, as described above
- ✓ Prepared and blank cards for Activity B, as described above
- ✓ Markers and masking tape
- ✓ Participant binders, specifically pages:
 - ❖ 4b, What is a Behavior?
 - ❖ 4c, The Emphasis Behaviors
 - ❖ 4d, Sixteen Key Family Practices for IMCI
 - ❖ 4e, Key Behaviors Addressed by the CHANGE Project

Presentation and Discussion

15 min

1. Show the first slide and introduce this session, following the text in the speaker notes, listing the session's activities and objectives.
2. Continue with slides #2-5, following the speaker notes to discuss the importance of defining the behavior to promote and to present the criteria for a well-defined behavior.

ACTIVITY
A**Name that Behavior!****15 min**

1. Project slide #6 and tell participants that for Activity A, they are going to practice writing well-defined behavior statements. Point out that they will need that skill when they work in teams for their case studies.
 2. Give participants a few moments to locate page 4b, What Is a Behavior?, in their binders.
 3. Following the items on the slide, describe the activity:
 - They will work in pairs and each pair will receive one card with a behavior statement. Hold up one card and read it aloud, pointing out that the cards use the phrasing of the BEHAVE Framework:
 - In order to help the priority group to ___ [a behavior]Mention that the target audience is not specified for this activity; if they would like to specify a priority group, they may, but it is not necessary.
 - Together, they will determine whether the phrase is a well-defined behavior or not. Using the sample card you used previously, read it aloud and ask participants to assess it using the criteria list on page 4b, What Is a Behavior? Ask, for example, "Is this an action?" "Is it measurable?"
 - Point out that some of the cards have phrases that are well-defined, meeting all the criteria in the list.
- Should the two determine that the phrase is well-defined, their job is done.

 - If the phrase is not well-defined, they will have about five minutes to rewrite it so that it meets all the criteria on page 4b. Point out that those criteria are also listed on the slide.
 4. Ask participants what questions they have about how they will work and clarify as needed.
 5. Hand out the cards, one to each pair of participants. Let participants know that they have about five minutes to complete the task.
 6. Walk around the room to observe how the pairs are working. Clear up any misunderstandings, but do not necessarily "correct" participants' work.
 7. At the end of five minutes, ask participants to stop talking and writing.
 8. Show slide #7, What Is a Behavior?
 9. Allow pairs to volunteer to share their work. For each pair, begin by asking them to read the original phrase from the card as it was given to them. Ask them whether they considered it to be well-defined and why. If they rewrote the phrase, ask them to read the new statement aloud. Then ask the group to assess the new phrase, going through

the list on slide #7. Ask, "Is it an action?"; "Is it observable?" etc.

- 10.** While going through examples, have participants help you describe why certain phrases do not meet the criteria. You should make the following points:

- Some phrases are vague. The phrase may imply a group of behaviors ("to drive safely") without naming a particular behavior. Or the phrase may not be specific ("to exercise"), failing to specify time, place, quantity, duration or frequency.
- Some phrases name a belief or an attitude or a type of knowledge, but do not name an action or a behavior. ("To have a positive attitude about exercising" or "to realize that germs on their hands can contaminate the food they're preparing" or "to know that regular exercise is good for your health.")
- Some phrases name a behavior that meets all the criteria **except** the last one – **direct link to improved health outcome** ("to sign up for an aerobics class"). This is, indeed, a behavior, but it may be an "antecedent" behavior, something that the person does before or in preparation for a behavior that could actually improve the health outcome. Spend a bit of time defining and discussing this idea, since it may be new to some participants.
- Some phrases name a **result of behaviors**. For example, "to lose weight" is the outcome of a number of eating and physical activity behaviors, but is not a behavior in itself. This is

another concept that may merit some discussion so that participants grasp the difference.

- 11.** Continue with five or six examples until it seems clear that participants understand how to apply the criteria and you have covered all the points listed in step 10, above.
- 12.** Point out that in defining a behavior this way, you are committing to an objective for your project plan, but you may not be developing the actual message to give out to participants. Ask for an example in which the behavior in the BEHAVE Framework differs from the message given to the priority or supporting groups. [If participants do not come up with an example, mention one of your own or describe this one: The behavioral objective of the U.S. campaign "5-a-Day" is to help Americans to eat 5 or more portions of fruits and vegetables each day. Research with the priority group showed that people who already ate three a day were daunted when told to eat five. If they were encouraged to "eat two more," they were more likely to feel they could accomplish this.]
- 13.** Close this activity by asking participants why it is important to define the behavior using the criteria in the list. [In order for project planners to be clear about the actions for which the project will be accountable or will measure success; in order to ensure that all project activities and messages are focused on a single behavior that can make a difference in the community's health.]

14. Continue with slide #8, following the speaker notes. You will give participants time to locate (in participant binders, 4c, 4d, 4e) the three lists of child survival behaviors prepared by different groups of experts. Point out that these lists may be helpful to participants as they select a priority group and a behavior for their case studies. Note, though, that some of the behaviors do not specify who the actor (or priority or supporting group) is, and that when working with the BEHAVE Framework, the group must be clearly identified.

ACTIVITY
B**How "Hard" Is That Behavior?****10 min**

1. Project slide #9 and introduce Activity B, stating that some behaviors are really easy to adopt and others are more difficult. This is especially true in the field of child survival. And a behavior that might be easy in some cultures may prove really difficult in other settings. The purpose of this activity is to generate a list of ways to consider the simplicity or the complexity of a behavior that participants may promote.
2. Point out the cards posted on the wall, and explain that they represent two ends of a scale. Ask for an example of a child survival behavior that is "simple" and one that is "complex."
3. Tell participants that it can be useful to think about how easy or hard a behavior might be for people to adopt. Given the choice, project planners may opt to promote a simpler behavior; but if they are 'stuck' with promoting a complex behavior, they need to be aware of its complexities.
4. Ask participants to propose additional sets of words that help place a behavior along the continuum from simple to complex. For example, some behaviors – like taking a child to be immunized for measles – may need to be done only one time. Other behaviors – like offering a child complementary foods – may have to be done several times a day for many months. For this example, have a participant or a co-facilitator write "one time" on a card and tape it to the wall under "simple." Write "many times" on a second card and tape it under "complex." Point out that you have just created another scale for assessing a behavior's difficulty.
5. Continue seeking examples of scales, writing words for opposite ends of the scale on cards and posting them along the continuum. Note that some scales may include words for a midpoint as well as two opposite ends. If participants have a hard time thinking of words to define a scale, ask for an example of a child survival behavior they promote and help them describe that behavior in a way that creates a new scale. Refer to the samples in the speaker notes and interject another example as needed to keep the list growing.
6. Close this activity by reiterating that they will benefit from considering behaviors in this way. As project planners, they may choose not to promote a behavior that is too complex; or they will at least be aware of the complexity before they undertake to promote a behavior.
7. Continue with the presentation and discussion by displaying slide #10 to discuss sources of data for identifying – or examining – a behavior they might promote.
8. With slide #11, hold a brief discussion about the ways that project planners

may get input from the community or may “negotiate” a behavior to promote when the medically “ideal” behavior is out of reach for priority group members. Facilitators may want to mention TIPs (Trials of Improved Practices), PD/Health (Positive Deviance) and other approaches in which project planners specifically work with community members to define the behavior to promote.

9. Close Session 4 by projecting slide #12 and summarizing the session's main points.
10. Bridge to Session 5 by stating:
 - When you return from your 15-minute break, you will meet for the first time with the team with which you will develop a case study throughout the workshop. During the break, please look at the team lists posted on the door to find out which team is yours.

Announce where participants are to sit and request that they carry their own participant binders with them.

END OF SESSION 4

BEHAVE Framework

Session 4

Defining the Behavior You Will Promote




Session 4 gives us a chance to think about behaviors – the behaviors you will want to promote.

During this session:



- We will define “behavior” – the descriptions of behavior that help you plan effective projects
- You will practice writing well-defined behaviors in a way that fits with the BEHAVE Framework
- We will develop some scales to assess how “hard” a behavior is
- We will consider the importance of using data when you decide on a behavior to promote
- You will think about resources for identifying appropriate behaviors

Following this session on “behavior,” you will meet in teams to begin your case studies by thinking about priority group + behavior - and you’ll be using the skills you are practicing now.



BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				



2

Here's where we are in the framework.

Principle #2

**Your bottom line: people's
action is what counts**



3

The “bottom line” is what you want to attain; it’s the thing for which you are held accountable. If you work in the commercial sector or private industry, what’s your bottom line? [*money, sales, income*] Sometimes we in the nonprofit sector are less precise about our “bottom line.” For what do we really want to be held accountable? [*Entertain some responses.*]

Ultimately, we would like to see improvements in people’s health – that’s why we’re all in this business of child survival. But sometimes actual improvements in a community’s health are seen only after many years of changes. We can instead – in the short term – hold ourselves accountable for ACTIONS that people take. After all, improvements in health happen only when people DO something different.

- In the health field, why is behavior important?

[*Encourage discussion. Be sure that someone mentions that people’s actions can affect their own or others’ health – both positively and negatively.*]

- If we change a person’s knowledge about HIV transmission routes, but he doesn’t use a condom when he’s at risk, what have we done to protect him?
- If we convince a health worker that she should counsel mothers about breastfeeding, but she doesn’t have the time to do it, have we improved health?

This is the KAP GAP* – that gap between what people know or believe and what they do. Unless we insist that our projects really make a difference in what people DO – we won’t have much impact on health. Winning over people’s hearts and minds isn’t the end of our job. We haven’t done our work unless we can change the proportion of people who take real actions that directly improve health.

* NOTE: In the 1970s, health promoters coined the term “KAP gap” to describe the distance between people’s knowledge and their practices (KAP = knowledge, attitudes, practices survey).

What is a Behavior?

- Action
- Observable
- Specific
 - time, place, quantity, duration, frequency
- Measurable
- Feasible
- *Direct link to improved health outcome*



4

For our purposes, we will define behavior as having these criteria. [*Quickly engage participants in describing the items listed on the slide, as indicated below:*]

- What does “action” mean? Simply put, somebody must *do something specific*, not become aware of something, not know the facts, not believe something is true.
- What do we mean by “observable?” [*Can be seen or observed.*] Sometimes a behavior is only theoretically observable. What’s an example? [*Condom use!*]
- What is “measurable?” [*Can be assessed. Can be counted, even if by self-report.*]
- What is “feasible?” [*An action that it’s possible for person to take.*] Give me an example of a health-inducing behavior that is not feasible. [*Boil drinking water, when there is not enough fuel or time.*]

Think about our “Exercise” Exercise this morning; we’re not looking for “belief” statements here. We want specific, observable, countable actions, that have a clear context: 30 minutes of moderate physical activity four or more days a week.

We made sure the action would be feasible for our priority group. We do not expect to convert “couch potatoes” (sedentary people) into tri-athletes through our project.

- And, finally, for the priority group, we’re going to define actions as those that – in and of themselves – have a direct impact on health: “to purchase oral rehydration salts (ORS)” may meet the first 5 criteria – but by itself does not have an impact anyone’s health. What is the behavior that DOES affect the health of the child with diarrhea?

Note that when you define a behavior, you are describing it for planning purposes. In some cases, the message you give out to people may not use any of the same words. What we’re talking about now is your “bottom line” and how you will be certain that you’ve met your project’s behavioral goals.

You will become quite familiar with this list of criteria for a well-defined behavior. We are going to apply it in a game during this presentation. Later, when you work in teams for your case studies, you will practice defining behaviors in a way that fits all these criteria.

What is a Behavior?

PRIORITY GROUP	BEHAVIOR

Warning:
Awareness
is not a
behavior.

Let me give you a tip that will serve you well as you work to define the behaviors you will promote: Awareness is NOT a behavior!

Activity A: Name That Behavior!

- Each pair takes one card
- Together, determine whether the phrase is a well-defined behavior or not
- If well-defined, your job is done
- If not well-defined, rewrite it:
 - observable, measurable, feasible action
 - specific context (time, place, quantity, duration, frequency, etc)



6

Now, we're going to do a quick exercise to practice defining a behavior that a health project may promote. Already, you have a chance to practice using the criteria in the list. *[Have participants turn to page 4b in the participant binder, What Is a Behavior?]*

We'll ask you to work in pairs. Each pair will get one card with a proposed behavior written on it. We've put these into the phrase of the BEHAVE Framework: *"In order to help a specific audience to [behavior]."*

We want you to determine if the behavior on your sheet is "well-defined" by our criteria. If so, your job is done.

If not, your instructions are to rewrite it to make it an observable, measurable action that occurs within a specific context (time, place, quantity, frequency or duration.) Remember, you are defining a behavior, but not writing a "message" to promote the behavior. Let's try one together. *[Hold up a card with one of the behavior statements and read it aloud. Ask participants to assess it, one criterion at a time. For example, "Is it an action?" "Is it measurable?" Point out how they would need to rewrite it to make it fit the definition of behavior.] Any questions?*

[Hand out the cards, one to each pair, and let participants know that they have about five minutes to follow the instructions on the slide. Leave this slide posted while they work.]

What is a Behavior?

- Action
- Observable
- Specific
 - time, place, quantity, duration, frequency
- Measurable
- Feasible
- *Direct link to improved health outcome*



7

[Show this slide as you ask participants to share the work they have done to assess and rewrite behavioral phrases for Name That Behavior!]

[After five minutes, take a few examples.]

Who would like to share your work with the group?

[For the pair:] Start, please, by reading original statement. Is it well-defined? Why/why not? Now, how did you rewrite it?

[Ask group:] How well does this new version meet our criteria for a well-defined behavior?

[Continue with several more examples, until it is clear that participants understand how to apply the criteria. As pairs give their examples, note when a statement:

- Is **vague** (to drive safely, to exercise)
- Is a **belief** or an **attitude** or a **piece of knowledge**, not an action (to **have** a positive attitude about exercising; to **realize** that germs on their hands can contaminate the food they're preparing; to **know** that regular exercise is good for your health)
- Is an **"antecedent" behavior**, or a behavior that may be necessary to do before the behavior that will actually have an impact on health (to sign up for an exercise class)
- Is the **result** of behaviors (to lose weight)]

Child Survival Behaviors

- The Emphasis Behaviors
- Sixteen Key Family Practices for IMCI
- Key behaviors addressed by the CHANGE Project



8

In the last eight or ten years, the child survival field has really incorporated behavioral science into its work. “Behavior” is a common word; it is no longer an unusual way to frame child survival issues.

Look in your binders for these three lists of behaviors that experts in the field have articulated. How many of you have seen or have used these lists?

You’ll be using them as a reference later this afternoon when you work in teams for your case studies. You may notice that some of the behaviors listed are not specific about who the “actors” are, that is, who is to do the behavior. In some cases, the actor is the priority group, such as a mother or other caretaker of a child. In other cases, the implied “subject” of the verb is a health provider or some other supporting group member. A lot of experts weighed in on which behaviors to include and on how to list them, so these are critical resources as you take a behavioral approach to child survival.

Activity B: How “hard” is that behavior?

Simple  Complex

- Write down two words at opposite ends of this scale.

CORE

AED

9

Behaviors differ, of course. Some behaviors are really easy for people to adopt and others are complex. It is useful to consider the behavior you plan to promote on a scale of simple to complex. *[Place a card that says “simple” on the wall and one that says “complex” a few feet to its right.]*

How else might we talk about the two ends of this scale? *[Ask participants to contribute endpoints for the scale. Have volunteers help to write each proposed endpoint on a separate card and tape them to the wall under “simple” or “complex” – or somewhere in between.]*

Consider:

only once ↔ ongoing or frequent

no skills ↔ complex skills

immediate positive consequence ↔ positive consequence delayed

positive consequences ↔ negative consequences

no cost (\$) ↔ high cost (\$)

takes little time ↔ takes a lot of time

fits with social expectations ↔ goes against social expectations

resources always accessible ↔ resources seldom accessible

requires only one person to do it ↔ requires many people to do it

single step ↔ multiple steps

low tech ↔ high tech

Data for Identifying the Behavior You Will Promote

- Survey data (KPC, etc)
- Focus groups with audience members
- Data from ongoing project
 - Clinic data
 - Service data
 - Data on calls to hotline
- Interviews with key informants or gatekeepers



10

As you begin to explore possible behaviors to promote, you will need to learn about those behaviors. Here are some resources that can help you.

- You could review national or local data, collected through a survey like the KPC survey to identify needs or opportunities. You would want to know how many people are currently doing the behavior and what behaviors people are doing instead.
- How can focus groups help you select a behavior? *[May identify current behaviors; may help identify which are feasible or acceptable.]*
- You could review data from your ongoing projects. What might that tell you? *[Look for: missed opportunities to immunize children; complaints about lack of condoms; etc.]*
- Alternatively, you may conduct interviews with key informants or gatekeepers. Who are they? *[May be members of priority group or not; know a lot about the priority group; are influential; have ideas about what might work.]*

Again, you want to use your data to assess different behaviors in terms of their potential impact on the problem, and the feasibility first for the priority group to do them and then for supporting groups to support them.

Community Input on Defining New Behavior

- Observation of existing behaviors
- Development of optional behaviors
- Community trials
- Pilot projects among health workers



11

Much has been done in the child survival field on providing ways for community members – even priority group members – to be involved in selecting the behaviors to promote. Sometimes project planners need to identify not just the “ideal” behavior – that is, the behavior that medical science points to as the best – but a behavior that fits with what people in the community can do and still makes a positive impact on their health.

- Sometimes that means just observing behaviors that people are already doing.
- Sometimes people in the priority group recommend several variations on a behavior, so that options can be promoted, instead of promoting a single behavior – or “one size fits all.”
- Community trials – or “negotiations” – give priority group members a chance to try out options and help determine what behavior is most feasible
- Or health workers are given new tasks to perform and have input into which behavior or action *they* will be asked to adopt.

All of these are ways to “gather data” by engaging the people whose behaviors will be affected.

How have you engaged communities in defining the behavior that you will promote?

[Entertain brief discussion. Participants may be familiar with Hearth or other approaches that “negotiate” the behavior.]

Summary: Behavior

- People's *action* is your bottom line
- Must be observable, measurable, context-specific, feasible, have impact on health
- Use data when defining behavior you will promote
- Community may have input into defining behavior



12

Here's a summary of what we've just covered. *[Briefly review each item on the slide.]*

Bridge to Session 5: When you return from your 15-minute break, you will meet for the first time with the team with which you will develop a case study throughout the workshop. During the break, please look at the team lists posted on the door to find out which team is yours. Then when you return to the classroom, please find the number of that team on a table and sit there with your teammates for Session 5.

In order to help
[the priority group]

to

drive safely in
their cars.

In order to help
[the priority group]

to

fasten their
seatbelts
properly each
time they drive
or ride in a car.

In order to help
[the priority group]

to

eat more fruits
and vegetables.

In order to help
[the priority group]

to

eat well.

In order to help
[the priority group]

to

buy more fruits
and vegetables
the next time
they shop for
food.

In order to help
[the priority group]

to

eat five fruits or
vegetables
every day.

In order to help
[the priority group]

to

lose weight.

In order to help
[the priority group]

to

realize that
germs on their
hands can
contaminate the
food they are
preparing.

In order to help
[the priority group]

to

make sure their
hands are clean
to avoid
spreading
disease.

In order to help
[the priority group]

to

wash hands with
soap before
preparing food
and after using
the bathroom.

In order to help
[the priority group]

to

sign up for an
aerobics class.

In order to help
[the priority group]

to

have a positive
attitude about
exercising.

In order to help
[the priority group]

to

know that
regular exercise
is good for your
health.

In order to help
[the priority group]

to

exercise at least
four times a
week, 30 minutes
each time.

In order to help
[the priority group]

to

exercise.

In order to help
[the priority group]

to

increase their
calcium intake.

In order to help
[the priority group]

to

take calcium
supplements,
1000 mg/day.

In order to help
[the priority group]

to

use a condom
correctly in every
act of penetrative
sexual intercourse
with a steady
partner.

In order to help
[the priority group]

to

use a condom.

In order to help
[the priority group]

to

know that condoms
can prevent HIV
transmission.

In order to help
[the priority group]

to
have a condom
handy when and
where sexual
intercourse is likely.

In order to help
[the priority group]

to

abstain from sex.

In order to help
[the priority group]

to

refuse to have sex
with a steady
partner whenever a
condom is not
available or the
partner will not use
a condom.

In order to help
[the priority group]

to

be monogamous.

In order to help
[the priority group]

to

be faithful to one
faithful partner.

SESSION
5

Case Study Part 1: Selecting Priority Group + Behavior

TIME

60 minutes

PURPOSE

During Session 5, participants meet for the first time in their case study teams. Part 1 of the case study is conducted in two parts. During 1a, the teams generate lists of possible “priority group + behavior” couplets. In 1b, they practice applying criteria to select a priority group + behavior as they choose a focus for their team’s case study. The team fills in the first two columns of the BEHAVE Framework and submits it to the facilitators.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Generate a list of possible priority group + behavior “couplets.”
- ✓ Apply criteria to select a priority group + behavior for team case study.
- ✓ Use five different ways to describe a priority group.
- ✓ Create a well-defined behavior for a case study, using What Is a Behavior? list.

PREPARATION

Before this session, the co-facilitators will have formed teams for the case studies. During registration, participants sign up for a team representing their area of interest, such as malaria, IMCI, HIV/AIDS, or breastfeeding. Each team should have at least five but no more than eight members. Each team should also be able to communicate easily; **language** abilities should be considered. If interest and/or language needs dictate, more than one team may address the same health intervention.

Give each team a number and a name that indicates the health intervention to be addressed (for example, Team 1 – IMCI). Prepare team lists to post on the classroom door prior to the break before Session 5.

For a large workshop, it is helpful to prepare a “tent” card with the team number to identify the table at which the team will convene during this session. Also prepare a roster including team number, team health intervention focus, name of co-facilitator assigned to the team and the names of all team members. Set this on the table so that the team can check that all are present.

Each co-facilitator should be assigned to one or two teams and will work with these teams throughout the week. The lead facilitator should float from team to

team as needed, supporting and advising co-facilitators and/or responding directly to participants' questions.

Note

Communication may be clearer if co-facilitators are consistent in referring to these groups of participants as “teams.” The word “group” is reserved for a decision in the BEHAVE Framework – priority or supporting group.

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 5
- ✓ “Tents” of folded paper, each with a team number to indicate the table where each team will meet
- ✓ A roster for each team, listing the team number, team health intervention focus, name of co-facilitator assigned to the team and the names of all team members
- ✓ Several extra copies of the BEHAVE Framework blanks for each team
- ✓ Participant binders, specifically pages:
 - ❖ 3b, Five Ways to Describe Your Priority Group
 - ❖ 4b, What is a Behavior?
 - ❖ 4c, The Emphasis Behaviors
 - ❖ 4d, Sixteen Key Family Practices for IMCI
 - ❖ 4e, Key Behaviors Addressed by the CHANGE Project
 - ❖ 5b, Guide for Case Study, Part 1a: Possible Groups + Behaviors
 - ❖ 5c, Guide for Case Study, Part 1b: Selecting Priority Group + Behavior

Case Study Part 1a: Possible Priority Groups + Behaviors 30 min

1. As participants return from break, help each find the table where his or her team will meet during Session 5. As they are seated, ask that each team check the membership list on the table to confirm that everyone is at the right table. Announce the name of the co-facilitator that is assigned to each team. Ensure that each participant has his or her own binder at the team table.
2. Show slide #1 and follow the speaker notes to introduce participants to the idea of the case studies. Point out that this session takes place in two parts and that there is considerable instruction needed for these first meetings of the teams. For that reason, the teams will all meet in the classroom throughout Session 5. Announce breakout rooms and which team will meet in which room for future team meetings.
3. With slide #1 still displayed, point out that the first step of Session 5 is for the team to generate a list of possible priority group + behavior "couplets." (The term "couplet" is shorthand for the two-part decision about priority group + behavior.) Note that the second step of Session 5 is to pick one couplet – priority group + behavior – for the team's case study work throughout the rest of the week.
4. Show slide #2. Go over the directions for Case Study Part 1a as indicated in the speaker notes. Ensure that participants understand the instructions by using an example. Suggest that they write the list they are generating on worksheet 5b in their binders. Help participants to locate in their binders the resources they may use for this step:
 - 4b, What Is a Behavior?
 - 4c, The Emphasis Behaviors.
 - 4d, Sixteen Key Family Practices for IMCI.
 - 4e, Key Behaviors Addressed by the CHANGE Project.
5. Allow teams about twenty minutes to generate a list of possible "priority group + behavior" couplets. Co-facilitators should visit the table of each team to which they are assigned, clarifying any concerns they may have and helping them to organize their team work, as needed. The lead facilitator should float among teams, offering assistance as needed. Remind teams that this is a case study, and they need not create an exhaustive list of possibilities. Have them look through the resources listed above for ideas. If teams begin to mention supporting groups, ask them to list these separately, staying focused on the priority group or groups whose behavior will have a direct impact on their own or someone else's health.
6. Close this activity by asking participants to turn their attention again to the front of the classroom, where you will be showing additional slides.

Case Study Part 1b: Selecting a Priority Group + Behavior 30_{min}

1. Participants remain at the team tables. Once participants' attention is turned again to the front of the room, show slide #3 and ask what participants learned from generating the lists of couplets.
2. With slide #3 still projected, introduce the next step of the session, following the guidelines in the speaker notes.
3. Continue with slide #4.
4. Display slide #5 and, following the speaker notes, introduce the five criteria for selecting a priority group + behavior. Discuss the need to make tough decisions.
5. Continuing with slides #6-10, spend some time helping participants become familiar with the criteria they will use to make a decision about which priority group + behavior they will address in the case study.
6. Display slide #11. Use the speaker notes to instruct participants on the second step for this session of the case study. Let them know that their job is two-fold:
 - a) First, they are to select a priority group + behavior. They will do this by applying the decision criteria, as summarized on page 5c, to the list of possible couplets that they generated in the previous activity.
 - b) Second, they will fill in the first two columns of the BEHAVE Framework with this decision. Point out that they should add some detail to the description of the priority group, applying some of the "5 ways" in page 3b. As they write in the behavior to promote, team members should refer to 4b, "What Is a Behavior?" to check that the behavior is well-defined.
7. Ensure that participants understand the assignment and then allow about twenty minutes to accomplish the task.
8. While the teams work, the co-facilitators should continue to guide their teams and the lead facilitator should circulate to check on understanding and to clarify the task.

NOTE

Participants may feel rushed in trying to apply criteria to make the decision. Acknowledge that during the workshop, teams are asked to make a big decision in little time. Assure participants:

- That the point is to practice applying the criteria.
- That almost any choice is appropriate for the sake of the case study.
- That when they apply a similar prioritizing process on real programs, they will need to allow considerable time for making this important decision.

9. Make sure that one participant from each team fills in the first two columns on a "master" copy of the BEHAVE Framework. Collect that one master framework from each team, making sure that the team has written its team number and name on the top of the sheet.
10. Close Session 5 by congratulating the teams on making two important programmatic decisions. Ask for brief comments about how the process

worked and what they learned from the case study work.

11. Bridge to Session 6 by stating:
 - During Session 6, you will work together to code and tabulate the data from the Exercise Surveys that you each completed before lunch. We'll teach you how to do this. Please make sure that you have your own survey tool in hand and take a seat.(NOTE: Participants may return to their original seats or remain seated with their teams.)

END OF SESSION 5

BEHAVE Framework

Session 5

Case Study Part 1: Selecting Priority Group + Behavior



[Assign participants to teams that they will work in for the rest of the week. For Session 5, have all teams meet in the classroom, even if later they will be assigned to breakout rooms. Have team members use the worksheets on pages 5b and 5c of their participant binders.]

Session 5 is the first time that you will work in teams to begin a case study. The case study gives you all an opportunity to apply what you are learning in the workshop. Throughout the workshop, you will work together to fill in all the columns of the BEHAVE Framework. We've placed you in teams so that you can work on a health area that interests you. While you will not get to develop a real project for your own community, this should be good practice.

The session is divided into two steps. Your job right now is to generate a list of possible priority group + behavior statements. In a second step, you will apply some criteria to pick ONE to work on all this week.

Case Study Part 1a: Possible groups + behaviors

- On Guide, fill in health intervention area
- As team, consider possible **priority groups**
- Brainstorm a list of possible **behaviors**
- Ensure that each fits criteria, using:
 - What is a Behavior? list
- “In order to help ____ to ____”



2

[Go through the instructions on this slide. Leave the slide displayed as the groups work. Allow participants time to locate page 5b - Guide for Case Study: Part 1a.]

1. First, just fill in the health intervention area in the blank at the top of the worksheet. This should be your team's theme, such as malaria or breastfeeding. *[Allow participants time to fill in health intervention area on worksheet 5b.]*
2. Next, you and your team mates will list the possible priority groups you might address. Remember that the priority group is made up of the people whose action will have a direct impact on health. Let's hear from a couple of teams: What is a possible priority group for your health intervention? *[Have several teams name a priority group. For many health interventions, the priority group will be mothers, fathers or caretakers of young children. Ask the IMCI team to name a group, since theirs is likely to be health workers.]* In the left-hand column of the worksheet, you will list the possible priority groups.
3. Then in the right-hand column you will list possible behaviors. For some of your teams, you could choose from among many different behaviors that relate to the health intervention. In breastfeeding, for example, you might say, “*In order to help new mothers to give the breast within one hour after birth*” or “*In order to help new mothers to breastfeed exclusively for 6 months.*” In your binders, you have three different lists of behaviors. Feel free to review those to make sure you have included all possible behaviors that you could promote.
4. You will want to review the behavior statements that right on the worksheet to ensure that they meet the five criteria of a well-defined behavior.
5. These “couplets” that you are creating will fill in the first two blanks of the BEHAVE Framework: *In order to help ____ to ____.*
6. Please, then, have four items ready as resources to help you with this first task:
 - What Is a Behavior?, page 4b
 - Three lists of behaviors, 4c, 4d and 4e in your participant binder.

You have 10 minutes to generate a list for your team.

Criteria for...

Selecting Priority Group + Behavior



3

Each team created a list of possible groups + behaviors for the health intervention you're addressing in your case study.

- What did you learn in doing this? *[Entertain a few responses.]*

Now we're going to lay out some criteria that you can apply when you're having to choose where to put your resources – which groups and which behaviors are most important to promote?

In your own projects back home, you often face tough decisions. Recall that in "Exercise" Exercise this morning, we considered which priority group to address when we were given a behavior to promote. Often your projects have selected a priority group and a health intervention goal, but still need to identify the one behavior to promote.

Medical science is one aspect we should consider in deciding which behavior to promote. But as we'll see in a moment, we must consider the question from several other angles too.

Assess Group + Behavior

- Can't pick group alone
- Can't pick behavior alone

You really need to assess the priority group and the behavior together. Why?

Often as we learn more about a group, we find out what behaviors are feasible; as we learn more about the behaviors, we may segment – or divide – the group differently.

We call these pairs – or two blanks filled in on the framework – “couplets.” Your team has a number of couplets to consider. In the next step of this session, you will apply these criteria to pick one that seems important to address.

Decision Criteria: Priority Group + Behavior

1. Health risk
2. Impact
3. Operational feasibility
4. Political feasibility
5. Behavioral feasibility

Look for targets of opportunity!



5

Here are some criteria you'll want to use to select the "best" priority group + behavior to promote. We'll go into each of these in some detail before we set you to the task of applying them to make a decision.

[Quickly review the list.]

1. Health risk. How important is this health issue compared with others you could possibly address?
 2. Impact. This is where medical science enters in.
- The next three criteria refer to feasibility: How easy/ how "possible" is it to promote a given behavior with a given priority group?:
3. Operational feasibility. Can your organization really address this group + behavior?
 4. Political feasibility. Will the community support the choice?
 5. Behavioral feasibility. Can members of the priority group really DO this behavior?

We'll go through these one at a time. You can follow along on the slides, but please notice, too, that all the details are listed on worksheet 5c, Guide for Case Study Part 1b. *[Allow participants time to locate this worksheet.]*

Any priority group choice you make will always involve trade-offs. Sometimes it helps to think of the priority as the place you'll start. You'll try to pick an important place to start – but sometimes you will pick an "easy" place to start -- where you'll have success easily. It's good to get used to looking for "targets of opportunity," as we noticed in "Exercise" Exercise.

1. Health risk

- Large proportion of group practicing risky behavior?
- Large proportion failing to practice proposed behavior?
- How serious is the risk?

To come up with this list of criteria, we went through several criteria lists people have developed for selecting a group or a behavior or a group + behavior. This first criterion probably helped you pick the health intervention you are addressing. It helps you ask, for example, “Is malaria or HIV/AIDS a more important health threat to address in this community?” or “Will promoting breastfeeding or promoting immunization save more lives in this community?”

How do the questions here help you to assess the group + behavior against this criterion?

2. Impact

- Proposed behavior reduces risk?
- Group members' adoption of this behavior eliminates their risk?
- Size of group?

The question of impact is asking two things:

1. How big an impact will this behavior have on the health problem? We can look at this question in two ways:

First, if 100% of the people in your priority group suddenly adopted this behavior, how much would the health threat be diminished? You certainly don't want to work hard to get a group to adopt a behavior and then find that they have not reduced their risk.

The second question in this list is another way of asking about the impact of the behavior on the health problem. For example: You might get a group at risk for HIV to use a condom in every act of penetrative sexual intercourse; but if these people are also injection drug users and are sharing needles, their risk remains high.

2. The other, slightly different, consideration in this criterion is "how big is the priority group that will benefit from adopting this behavior?" If 88% of parents have already fully immunized their children, for example, and your priority group + behavior is "*In order to help* parents of non-immunized children *to take* their children for all immunizations," how large an impact would this have on the community's health?

It is important to put your resources into a group that is large enough to make a difference in the health of the community or of the country.

3. Operational feasibility

- Possible to reach group members?
- Possible to influence behavior?

Will your organization be able to:

- Reach the priority group? Do you already have access to the people you have named, or could you reach them?
- Influence the behavior? Or would influencing the behavior require greater resources than you have?

4. Political feasibility

- Community supports choice of group + behavior?
- The donor or funder supports choice?
- Your organization supports choice?

There are some behaviors that you may not be able to promote with some priority groups simply because the community or your donor or your organization is unable or unwilling to support the work.

[Ask for an example. If participants do not offer an example, give one of your own, or this example: In a U.S. project, an organization was using federal government funds to work in communities on HIV prevention among youth. One big problem was with young female teenagers who had much older sexual partners. The government staff were uncomfortable with the notion of calling attention to the issue for political reasons. So we could not select “In order to help young women to date men closer to their own age,” even though that change in behavior might have had a great impact on HIV transmission.]

5. Behavioral feasibility

- Group members likely to adopt behavior?
 - Achievable?
 - Requires few resources, little effort?
 - May be done occasionally, once?
 - Not complex?
 - Compatible with practices, socially approved?
 - Barriers are low?

We have a number of questions here to help you assess feasibility from the point of view of the priority group members. How likely is the group to adopt the behavior you want to promote? If you could answer “yes” to each of these questions, the behavior will be relatively easy to promote with this priority group. You may still promote a behavior that “scores poorly” on a couple of these, but you’ll have to work harder!

Does this list look familiar to you? *[This list resembles the “simple” to “complex” scale generated in Session 4, Activity 3, “How hard is that behavior?” Help participants to recognize that they could also consider behavioral feasibility using some of the scales from that exercise.]*

Case Study Part 1b: Selecting Priority Group + Behavior

- From your list of possible couplets (priority group + behavior), select one
 - Apply five criteria to eliminate some, keep others
 - Agree on one choice that you will use throughout workshop as example
 - *Does not need to be #1 top priority!*
- Fill in first two columns of BEHAVE Framework sheet
 - Priority Group: Use “Five Ways to Describe,” page 3b
 - Behavior: Use “What Is a Behavior,” page 4b



11

Now it's your turn to apply these criteria to pick an important priority group + behavior that you'll work on all week for your team's case study. It's good practice to try to apply the five criteria we've just discussed as you make a decision. These are all listed for you on the Case Study Part 1b Guide on page 5c of your binders. But keep in mind that you won't necessarily narrow down your selection to just one absolute top priority. **JUST CHOOSE ONE!**

Once you've selected a priority group + behavior, you may fill these in on your team's BEHAVE Framework. You don't need to use the forms in your binders – we have plenty.

* Be sure to use some detail in describing your priority group (Refer to worksheet 3b, “Five Ways to Describe your Group” and include demographic features, something most group members do, something most group members want, something that keeps group members from “doing the right thing,” and readiness to adopt behavior)

* Be precise in defining the behavior (Check your description against the list on worksheet 4b, “What Is a Behavior?”)

Pick one team member with clear handwriting and complete one framework to hand in – with your team number written on it. You'll have about 20 minutes.

[Hand out one or two BEHAVE Framework blanks to each team.]

[All co-facilitators should listen in to discussion by teams to which they are assigned, checking on how they are applying the criteria and on how they are describing the priority group and the behavior. Encourage teams to refer to the criteria list on worksheet 5c; and once they have made a selection, to refer to:

- *Worksheet 3b, “Five Ways to Describe your Priority Group” as they fill in the first column; and*
- *Worksheet 4b, “What Is a Behavior?” as they fill in the second column of the BEHAVE Framework.*

Ask teams to hand in framework to trainers, and then review these during a break. For teams that need greater precision in defining priority group + behavior, have a facilitator meet with the group at their next working session to help them refine their work.]

Summary: **Session 5: Case Study Part 1**

- Met teammates and worked together for the first time
- Generated a list of possible “couplets” (priority group + behavior)
- Made first two decisions in BEHAVE Framework
- Developed a rich description of priority group
- Wrote a well-defined behavior



12

Summarize Session 5 by reminding participants of what they have just accomplished, as listed in the slide. If there is time, ask participants to comment on the process by asking:

- How was your first session with your team?
- What went well? Where did you have difficulties?

Bridge to Session 6 by stating:

During Session 6, you will work together to code and tabulate the data from the Exercise Surveys that you each completed before lunch. We'll teach you how to do this. Please make sure that you have your own survey tool in hand and take a seat.

[NOTE: Participants may return to their original seats or remain seated with their teams.]

SESSION
6

“Exercise” Exercise: Coding Doer/NonDoer Data

TIME

45 minutes

PURPOSE

On Day 2, facilitators will use data from the Exercise Survey to demonstrate the usefulness – and the ease of administration – of the Doer/NonDoer survey. During Session 6, participants themselves code and tally the data. They learn that project planners with little research experience can compile data for a Doer/NonDoer analysis.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Distinguish between a “Doer” and a “NonDoer” for the purposes of a survey.
- ✓ Code data for tallying.
- ✓ Manage the Coding Guides and use them to tally survey results.

PREPARATION

Prior to this session, all participants should have completed the Exercise Survey Tool (extra copies of 6b).

Select two co-facilitators who will energetically and efficiently organize each of the two groups (Doers and NonDoers) to code and tally responses. If co-facilitators are unfamiliar with this survey, it may be useful to work together prior to the workshop to practice coding and tallying sample surveys.

While group facilitators may tally data directly onto a copy of 6c, Exercise Coding Guide, participants may understand the process better if they can see how the tallies are recorded on the Guide. For that reason, prepare a newsprint for each page of the Coding Guide with space to tally responses. The first newsprint for the group of Doers would look like this:

Advantages or good things	
Total # of Doers _____	
Health benefits/feel healthy	
Lose weight/control weight	
Can eat more (without gaining weight)	
Look better	
Reduce stress/more relaxed	
Feel better/more energy	
Sleep better	
Meet new people	
Get to socialize	
Feel safer (feel you could run or fight if attacked)	
Exercise is fun	

Prepare a similar newsprint to replicate each page of the Exercise Coding Guide. Prepare one set for the group of Doers. A second set of newsprints for the NonDoers group will be identical with one exception: the second row reads “Total # of NonDoers.”

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 6
- ✓ Exercise Survey Tool (6b) previously completed by each participant
- ✓ Set of prepared newsprints for each group, as described above (optional)
- ✓ Masking tape and markers
- ✓ Participant binders, specifically pages:
 - ❖ 6c, Exercise Coding Guide

Instructions for Coding and Tallying Data

10 min

1. Show slide #1 and ask, "How many of you consider yourselves to be a researcher?" Note that most in the room are not researchers. Open Session 6 by stating that for the next 45 minutes, all participants will play the role of researcher – learning some skills that they might apply on their projects.
 2. With slide #1 displayed, quickly review the purpose and objectives of Session 6, as outlined in the speaker notes. Note that participants will learn more about the Doer/NonDoer tool throughout the workshop – especially in Session 7 and Session 20. Ensure that each participant has in hand the completed Exercise Survey Tool.
 3. Project slide #2 and follow the speaker notes to help each participant determine whether he or she is a Doer or a NonDoer. Have co-facilitators circulate through the room to ensure that Doers circle the "D" on the top of page 1 of the Exercise Survey Tool; and that NonDoers circle "ND." Let participants know where the group of Doers will convene and which facilitator will guide them through the process; give this information for the group of NonDoers.
 4. With slide #2 displayed, remind participants that during Session 1 on "Exercise" Exercise, participants were divided into three segments; those that exercise occasionally and those that almost never exercise were NonDoers.
- Discuss why some participants who identified as Doers for "Exercise" Exercise in Session 1 may be classified as NonDoers in the Exercise Survey. Point out that researchers must "draw a line" to divide Doers from NonDoers, and that 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 NonDoers.
5. Continue following the speaker notes for slides #3-4, instructing participants in how they will work in groups to code and tally the data from their own surveys. Have them look at 6c, Exercise Coding Guide, as you discuss the coding process. Demonstrate the range of responses that might all be tallied under the response category "health benefits/feel healthy," helping participants to understand how coding allows researchers to group similar responses in order to count them.
 6. Display slide #5 and go through the instructions on steps to take once they join a group of Doers or NonDoers. Remind participants that they will give the facilitator the ID code at the top of page 2 when they report a relevant response. Tell them that they are to check off each response that they report in order to keep track of responses.

7. Ask all the Doers to stand again. Check that each participant takes along:
 - a pencil or pen.
 - his or her completed Exercise Survey Tool.
 - his or her copy of 6c, Exercise Coding Guide, removed from the binder.

Ask the co-facilitator assigned to the Doers group to lead them to the space where they will work and begin coding (see instructions in Activity B below). Let them know that they have about 30 minutes to tally all responses.

8. Ask the NonDoers to stand. Check that each participant takes along:
 - a pencil or pen.
 - his or her completed Exercise Survey Tool.
 - his or her copy of 6c, Exercise Coding Guide, removed from the binder.

Ask the co-facilitator assigned to the NonDoers group to lead them to the space where they will work and begin coding. Remind them that they have 30 minutes to tally responses.



Groups Code and Tally Exercise Data

35 min

Note

This description is written for the co-facilitator of the group of Doers. The NonDoers follow the same instructions.).

1. Gather all Doers in the space designated for your group. Check that all participants in your group have indicated on the Exercise Survey Tool that they completed four or more 30-minute periods of exercise in the last week. (For NonDoers, the response will be zero, one, two, or three.) Make sure participants join the right group.
 2. Ask a participant to count the total number of Doers, and point out that this is the "N" for the Doers group and will serve as the denominator when figuring percentages. Write the number on the first newsprint in the space in the second row.
 3. Point out that the categories on the first page of the Exercise Coding Guide are repeated on the newsprint. Ask a participant to read aloud the list of categories for question 1, so that participants are familiar with all categories as they consider how to code each response.
 4. Have all participants look at page 2 of their own surveys. Read aloud question
1. Tell participants that they will first record all responses for question 1. Remind them that they should:
 - offer only responses that they have previously written down on the survey.
 - **not** change or add any responses once tallying begins.
 - **not** offer responses that were written down for a different question even if they seem relevant to the one being tallied.The survey is designed to capture "top of mind" responses, or those ideas that come freely to the mind of the respondent.
 5. Ask how many Doers wrote down a response to question 1 that fits into the category "health benefits/feel healthy." If a participant has a response that fits that category, he or she should raise a hand. Have each Doer with a hand raised call out the ID number at the top of page 2 of his or her Exercise Survey Tool. Record the ID numbers in the space to the right of "health benefits/feel healthy" on the newsprint. (Do not count these up yet, since additional responses may be added

later.) Ensure that each participant is checking off the response on his or her survey once that response has been tallied on the newsprint.

6. If a participant is unsure whether a particular response belongs in the category, ask the group to help make that determination.
7. For the next category, "lose weight, control weight," have each participant with a response to question 1 that fits that category for raise a hand, call out his or her ID number, and check off that response on the survey. Fill in ID numbers to tally the number of responses. Do not total the tallies yet.
8. Continue in this way through the eleven categories on the first page of the Coding Guide. Coding and tallying should become quicker as participants become accustomed to the system and to the categories.
9. Ask who has responses to question 1 that have not been tallied. Ask each participant to read the response that has not been counted. Work with participants to determine whether that response could fit into one of the existing categories. If it can fit, ask the participant for the ID number; if that ID number does not yet appear in the category, add it. (If a participant has two responses that fit into the same category, that response is counted only once.) If the response does not fit in a given category, write in a new category at the bottom of the list on the first newsprint; and add the participant's ID number in the space to the right of that new category. Continue until all

responses to question 1 have been coded and listed on the newsprint.

10. Count up the number of responses in each row and write that number to the right of the ID numbers for that category. This is the final tally for the category.
11. Have participants turn their attention to question 2. Code and tally question 2 responses on the second newsprint, following the same process outlined for question 1, following steps 3-9 above.
12. Continue coding and tallying responses to the remaining four questions.
13. Data analysis will be simpler if a second facilitator (or a volunteer participant) transfers the tallies to a copy of 6c, Exercise Coding Guide. For the Doers, record the total number of doers at the top of the first page. Then fill in the total for each category in the column titled "Doer Count."

Note

Frequently, the number of NonDoers is greater than the number of Doers, and the Doer group may complete this activity well before the NonDoer group. Participants may take a break if done, but should be told when to return to their seats for the day's Recap and Evaluation.

14. As participants complete this activity, ask them to take their seats for a brief review of the day.

- 15.** Following the guidance in the introduction to this facilitator's guide, have participants complete the Daily Feedback Form for Day 1. Lead a discussion and list responses on newsprint to the following two questions:
- What was the most valuable thing you learned today?
 - What are you still confused about?
- Facilitators will review these items during the evening and consider how to address confusion during Day 2.
- 16.** During the evening, work with all co-facilitators to review the data that participants have just compiled. Identify several items on which Doers are quite different from NonDoers, and be prepared to present data for these items during Session 7. You may find it useful to key the data into the Excel files prepared for this purpose, allowing you to show the data items of interest in bar graphs as part of Session 7.

END OF SESSION 6

BEHAVE Framework **Session 6**

“Exercise” Exercise Coding



How many of you consider yourselves to be a researcher? *[Ask for a show of hands.]* For the next 45 minutes or so, all of you will work as researchers, and we are convinced that you will see that even without lots of training in research, you can carry out the kind of research we call Doer/NonDoer analysis – and that we can complete the survey and apply the findings to program design in less than a week.

The purpose of Session 6 is to give all of you the chance to practice coding data. By having you help with analyzing the data, you will be learning a methodology – the Doer/NonDoer analysis – that you may be able to apply in your own projects. We'll have other opportunities during the week to learn about different aspects of this methodology – especially in Sessions 7 and 20. This is one of the research tools that will help you make a decision about key factors, the third decision of the BEHAVE Framework.

By the end of this session, you will be able to:

- Distinguish between a “Doer” and a “NonDoer” for the purposes of a survey
- Code data for tallying
- Manage the Coding Guides and use them to tally results

The data you will be coding and analyzing are the results of the Exercise Survey in which you all participated this morning. Do you each have your completed survey tool in hand? *[Give participants a moment to locate their completed survey tools.]* After a brief orientation, we are going to divide you into two groups – the Doers and the NonDoers – and have you help us count and tally responses.

Are You a Doer or a NonDoer?

- How many 30-minute periods of exercise over the last week?
- Measuring the defined behavior
 - **Doer (D)** = Four or more 30-minute periods
 - **NonDoer (ND)** = 0, 1, 2, 3
- Depends on self-report, given time period



2

First let's divide you into two groups – Doers and NonDoers of this particular behavior. How did the survey ask for information that allows us to identify each of you as someone who does or does not do the behavior? *[Participants should note that the item on page 1 of the Exercise Survey Tool – number of 30-minute periods of exercise over the last week – can be used to distinguish Doers from NonDoers.]*

Who, then, are the Doers? *[Respondents who filled in 4, 5, 6 or 7 for this item]*

Please stand up if you are a Doer – that is if you wrote down four or more for this item. *[Count the number of Doers and announce the total number of Doers.]* On page 1 of your survey, circle D.

Doers, please take a seat. If you wrote down 0, 1, 2, or 3 for this item, please stand. You are the NonDoers. *[Count and announce the number of NonDoers.]* Circle ND on your survey.

NonDoers, take a seat please. Recall this morning that you divided yourselves into three categories for “Exercise” Exercise. We had one group of Doers and two groups of NonDoers – those who get some exercise but less than four times a week and those who get almost no exercise. This afternoon we will put those two segments together as NonDoers.

When you plan for a Doer/NonDoer analysis for a child survival behavior, your first task is always to decide how you will distinguish the Doers from the NonDoers, drawing a line somewhere. Notice that in this morning's exercise, we asked the question slightly differently. Is there anyone who was a Doer this morning and now finds yourself defined as a NonDoer? Is there anyone who was a NonDoer this morning and now is a Doer? How did this happen? *[Participants should respond that asking respondents to think about a particular week and count number of times is different from asking whether they agree with the statement, “I regularly get 30 minutes of moderate cardiovascular or muscle strengthening activity, four or more times every week.”]* This is a methodology decision that researchers must make. Neither measure is better.

Coding the Survey Data

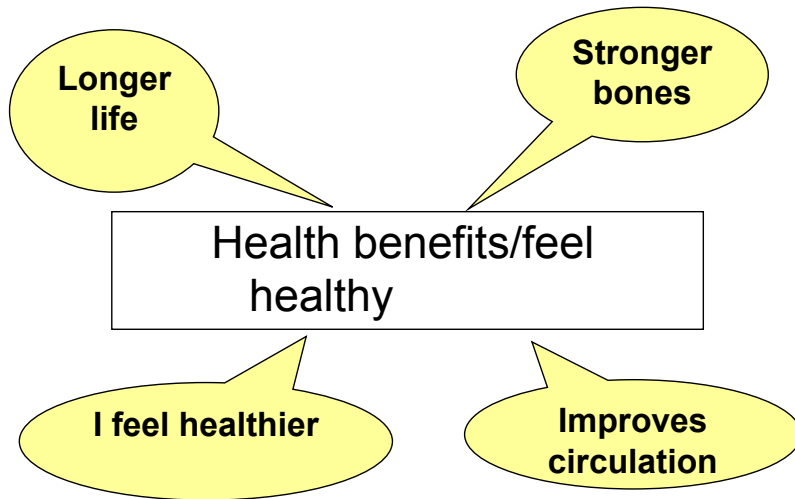
- Coding qualitative data = Grouping like responses in order to “quantify” the data
- We previously named the coding categories by reviewing many surveys
- You will NOT have respondents code their own data – this is a learning experience for you!

Let's talk about what we mean by “coding” the data. The survey you completed this morning is what we call an “elicitation” survey. That is, the questions are intended to “elicit” or draw out “top of mind” responses from the survey participants. We did *not* give you a set of optional answers and have you check those that apply. That means that the responses are not easy to count up because they are not identical. We need to group responses that are alike so that we can count them up – or “quantify” them.

Please turn to page 6c in your binder, Exercise Coding Guide. On the first page, you see a list of possible response categories for the first question on the survey, “What do you see as the advantages or good things about getting 30 minutes of exercise at least four times every week?” We created the list of possible responses by reviewing many surveys done with groups of people like you. We've seen that we can generally group most responses to this question into one of these 11 categories. Today you will help us by counting your responses.

Keep in mind that we are having you code and tally your own responses as a learning experience for this workshop. When you conduct this kind of research for your project, you will have staff members code responses. The respondents themselves will not code their own data..

For example...



CORE

AED

4

“Coding” simply means that you are grouping similar responses so you can count them. Please look at the first page of the Exercise Coding Guide. Note that the first item under “advantages or good things” is “health benefits/feel healthy.” When you are in your group this afternoon, your facilitator will ask how many of you wrote down “health benefits/or/feel healthy” on your survey. We don’t expect that many of you actually wrote down “health benefits” or “feel healthy.” If you answered “stronger bones” you may raise your hand for this category. Likewise, anyone who answered “longer life” or “I feel healthier” or “improves circulation” may all consider that these responses belong in the category “health benefits/feel healthy.”

“Exercise” Exercise, Part 2

- Join the Doer or the NonDoer group
- For each item on coding sheet, reporter tallies responses, grouping similar responses
- Respond only for what you have written on your own sheet
- Add “missing” responses (not on coding sheet) only if response can not fit



5

First, you will join the group of Doers or NonDoers, depending on your response to this survey (not necessarily the group you were in this morning). *[Let participants know where each group will meet and which facilitator will work with them to tally responses.]*

Once you are in the right group, your facilitator will help you code and tally the responses. For example, she will ask, “For question #1, who has a response that fits into the category ‘health benefits/feel healthy’?” If you do, you will call out your ID letter and she will write it down on the coding guide. Please respond only for what you have written on your own survey tool – do not change or add responses. Each time a response is counted, be sure to check it off on your survey tool so that it is not counted again and so that you can easily see any of your responses that have not been tallied.

When the facilitator has tallied responses for all the categories on the Coding Guide, you may still have some responses that have not been tallied. The facilitator will ask you to read those “missing” responses. The group will decide whether these responses should be fit into a category already counted – or to create a new category.

When you move to the Doer or NonDoer group to begin this exercise, please take with you:

- Pencil or pen
- Your completed Exercise Survey Tool
- Exercise Coding Guide, 6c in your binder (remove from binder and take to group)

You will have about 30 minutes to complete this job. *[See Facilitator’s Guide for guidance on the rest of this session and on how to prepare the final data for presentation in Session 7, Day 2.]*

SESSION
7

Identifying Key Factors that Influence Behavior

TIME

105 minutes

PURPOSE

To enable participants to identify key factors that influence behavior, by examining both the priority group and the behavior.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Describe how understanding the desires of the group members is important in identifying key factors.
- ✓ Link a “big benefit” to a behavior.
- ✓ Describe how thinking first of the behavior and then learning what group members think about that behavior can help identify important key factors.
- ✓ Name three powerful key factors.
- ✓ Name a use for the Doer/NonDoer analysis.

PREPARATION

Ensure that PowerPoint presentation is ready to project. Create Animation effects for slides as appropriate:

- ✓ Animation for slides #25 and #26 can make for a better presentation by allowing you to reveal the listed items one at a time.
- ✓ Slide #30 is effective when text is revealed one phrase at a time in the following order:
 - ✓ What is your “default” mode?
 - ✓ Knowledge?
 - ✓ Perception of risk?
 - ✓ Positive consequence!

The most demanding preparation for this session is the construction of bar graphs to display the data collected through the Exercise Survey and coded and tallied during Session 6. Facilitators will need to review the data, looking for items that will enrich the workshop discussion. Refer to the introduction to this facilitator’s guide for suggestions on how to use the Excel file to input the data, create bar graphs, and prepare talking points for the presentation and discussion of the data. To ease in the data presentation, the graphs from the Excel files may be inserted into the PowerPoint presentation.

For Activity C, prepare and post two newsprints, one headed, “Program Activities to Promote Exercise” and the other “Key Factors that Matter.”

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 7
- ✓ Participant binders, specifically pages:
 - ❖ 7a, Identifying Key Factors that Influence Behavior
 - ❖ 7b, Some Determinants that Influence Behavior
 - ❖ 7c, Caribbean Data #1
 - ❖ 7d, Caribbean Data #2
 - ❖ 6c, Exercise Coding Guide
- ✓ Instructions for Excel file
- ✓ Excel file

Presentation and Discussion

20 min

TIME 20 minutes

1. Show **slide #1** and, referring to the speaker notes, review the session's objectives.
2. Using slide #2, stress the importance of actively choosing key factors and of considering offering people what they want, even if it goes beyond health benefits.
3. Use slides #3 and #4 to locate position in the framework and to link column 3 with the third principle.
4. With slide #5, introduce the notion that program planners should take two different starting points for considering key factors. The first is to start with the priority group members. Find out what they really want, what they care about. The second is to consider the behavior – from the point of view of the priority group members. Point out that during this session, participants will practice both.
5. Slide #6 reminds participants of the importance of the idea of “exchange.” With slide #7, you will continue the idea of exchange to point out that in promoting a behavior, program planners can look beyond the characteristics of the behavior and think about the big things that most of us want.
6. Show slides #8-#12 to define the terms:
 - benefit.
 - barrier.
 - determinant.
 - key factor.

While displaying slide #10, spend some time helping participants to become familiar with determinants of behavior – or categories for key factors. The speaker notes highlight important points to draw out during the discussion of determinants. You will want to acknowledge to participants that this session covers a lot of material; and that learning to name determinants, while not essential, can help them understand key factors. Use slides #11-#12 to have participants practice the detailed and specific way that key factors are named – and to practice identifying the determinant category to which sample key factors belong.

ACTIVITY
A**"Big Benefits": What People Really Want****20 min**

1. Open Activity A by displaying slide #13 with the list of fourteen "big benefits" that people really want. Ask participants whether they agree that most human beings – the priority groups they work with, themselves, the workshop facilitators – yearn for many of the items in this list.
2. Refer to these items as "big benefits." Note that "health" is one of them, but that it is only one of fourteen. Point out that successful behavior change programs often link a "big benefit" – beyond the health benefit – to the behavior being promoted.
3. With slide #13 still displayed, have each participant write down the behavior that his or her team has chosen for the case study.
4. With slide #13 still shown, have participants number off from 1 to 14 (go around the room with each participant calling out a number in order from 1 to 14 fourteen). Each participant then writes down the "big benefit" next to his or her assigned number (which is listed on the slide). To check that participants have understood this step, ask those who wrote down "#1 – Love" to raise their hands. Continue quickly through the numbers until you are certain that each has written down a benefit.
5. Ask participants to keep handy the paper on which they have written both a behavior and a benefit.
6. Show slide #14 and give participants instructions for Activity A. Show them that they have completed the first 3 steps on the slide:
 - Write down team's behavior.
 - Participants number off, 1-14.
 - Write down the "big benefit" that is next to your number.
7. Tell them that for this activity, they will each invent an approach, a message or a slogan – even a jingle if they wish to sing it! – that links a "big benefit" with a behavior. Demonstrate with an example, as described in the speaker notes.
8. Give participants about five minutes to prepare their ideas.
9. Once most participants are ready, show slide #15. With the list of benefits displayed, ask a few participants to share their work. Seek an example for each of the fourteen benefits. Acknowledge participants' work that makes a good match or a creative slogan. Congratulate participants who make a link that seems especially unlikely.
10. Lead a brief discussion of the activity using questions such as:
 - How easy or difficult was this activity?
 - How have you – in your own programs – linked these "big benefits" to health promotion?
 - What do you see as advantages of tying your behavior to a "big benefit?"

11. Closing this activity, remind participants that one of the most important ideas of this workshop is that people do things because they believe the behavior will give them something they want – and that their “want” may not always be the health benefit that we first think to promote.

ACTIVITY
B**Comparing “Doers” with “NonDoers”****20_{min}**

1. With slides #16-#17, you will introduce the idea of using the behavior as the starting point for thinking about key factors. One reliable way to identify the key factors that matter is by comparing Doers with NonDoers. Define “Doer” and “NonDoer” as those members of the priority group who currently “do” the behavior and those who “do not” currently practice the behavior. Show slide #16 and discuss the questions, following the guidance in the speaker notes. Remind participants that in Session 1, “Exercise” Exercise, they saw that belief in the health benefits of exercise did not differentiate Doers from NonDoers.
2. With slide #17, introduce the Caribbean survey of youth on condom use behaviors.
3. Show slide #18 with data from all respondents. Have participants locate page 7c in their binders so that they can easily read the graph. As indicated in the speaker notes, take time to walk participants through the graph so that they:
 - See the connection between the survey items and the determinant measured (Example: A knowledge item asked people whether or not they agreed with the statement “You cannot tell by looking that someone has HIV.” Agreeing with that statement indicates correct knowledge.)
 - Recognize that each bar represents a percentage of all respondents. Open Activity A by displaying slide #13 with the list of 14 “big benefits” that people really want.
4. With participants still looking at page 7c and slide #18 still displayed, ask each participant to think about the percentages and to circle the determinant he or she thinks is most important to address in a program designed to increase condom use among Caribbean youth. Encourage them to select only one, even though in a program, they may be able to address more than one. Discuss their choices. Ask how many selected knowledge and why. Ask for each of the five items. Participants are likely to select “perceived risk” since the percentage is low (26%).
5. Display slide #19 and ask participants to turn to page 7d. Describe the data on the slide, pointing out that in this graph, the same data have been broken out by Doers (in this case, those who have ever used a condom) and NonDoers (those who have never used a condom). Discuss the importance of defining Doers and NonDoers.
6. Take time to walk through the first several bars so that participants can distinguish between Doers and NonDoers and can make sense of the data. Suggest that they should use the data to identify what makes a Doer different from a NonDoer.

Ask participants to consider this Doer/NonDoer analysis of the data to choose the one determinant for program focus. After they have circled their choices, ask for volunteers to explain their selections. Participants should recognize that the first three items (knowledge, perceived risk and self-efficacy) do not, in this case, distinguish condom users from non-users; and that perceived social norm and perceived consequences do differentiate Doers from NonDoers.

7. Closing this activity, note that the Doer/NonDoer analysis is an important tool for answering the question, "On which key factors should our program focus?" It can help avoid investing resources in factors that do not motivate behavior change. Point out that Session 20 shows participants how they can adapt the Doer/NonDoer tool for use in their own programs.

Note

This review of Doer/NonDoer data often triggers an "awakening" for several participants who become excited at the possibilities of applying this thinking to their own programs. Facilitators should note who these "early adopters" are and follow up with them in informal discussions during the breaks. They can help others to grasp the value of the Doer/NonDoer analysis.



Results of Our Own “Exercise” Survey

30_{min}

1. Open this activity by showing slide #20 and reminding participants of the steps they have already taken in the exercise survey:
 - Collected data by having each participant complete the exercise survey.
 - Defined Doers as those who last week exercised four or more times.
 - Coded and tallied the data, counting Doers' responses separately from NonDoers'.
2. With slide #20 still displayed, point out that during this activity, participants will use the data, analyzed by Doer/NonDoer, to identify which key factors really matter to motivate this group to do this behavior.
3. Show slide #21 with the first two items of the BEHAVE Framework noted:
 - In order to help the people in this room who currently get some exercise but do not meet the goal.
 - To engage in 30 minutes of moderate physical activity four or more days a week.
4. With slide #21 still shown, post a newsprint headed, “Program Activities to Promote Exercise.” Ask participants to contribute ideas for how they would encourage the priority group to exercise more. Write these ideas on the newsprint and keep it posted for later discussion. Expect responses to cover the range from “Make posters that teach about the health benefits of exercising” to “Promote lunchtime walking sessions at the workplace.”
5. Show slide #22 and remind participants that the value of the Doer/NonDoer is to highlight differences between Doers and NonDoers. Point out that participants will now see data from their own survey, analyzed so that Doers can be compared against NonDoers. Follow the speaker notes for slide #23.
6. In place of slide #24, you will use several slides that you have prepared to display the data from the Exercise survey that participants completed during the first morning of the workshop. (See the guide's introduction for guidance on how the slides are prepared so that bar graphs can be used to compare Doers with NonDoers.) Show the first slide with bar graphs of the data you have prepared from the exercise survey. Help participants to understand the data, pointing out the color that represents Doers and that of NonDoers. If text under each pair of bars is too small to read, have participants turn to page 6c for the category names on the Exercise Coding Guide.
7. Facilitate a discussion among participants about the meaning of the data, with attention to these points:
 - You will want to have participants note if Doers and NonDoers are almost alike on knowledge and beliefs about

the health benefits of exercise. If they are similar, then investing in activities to increase this knowledge will not be worthwhile.

- Look too for differences.
- Encourage participants to consider programmatic implications.
- Point out that the six questions may have generated overlapping information – for example, the issue of “time” may appear as responses to several of the questions. Help participants to consider these related responses together.

- 8.** Through this discussion, have participants assess which key factors these data indicate are the ones that “really matter” to this group, and list these on a second newsprint headed “Key Factors That Matter.” (Facilitators should previously have reviewed the data and agreed upon likely directions for this discussion.) Have participants phrase these as key factors, that is, with detail from the research and indicating direction. For example:

- Increasing opportunities to exercise with a friend;
- Building opportunities for exercise into the work day (or into family life); or
- Decreasing the danger of exercising outdoors after dark.

- 9.** Point out the value of using data to make this decision.
- Note those factors that do not distinguish between Doers and NonDoers.
 - State that addressing factors that are not different for the two groups is likely to be ineffective – and a waste of resources.

- 10.** Post the Key Factors That Matter newsprint to the left and the Program Activities to Promote Exercise to the right. Point out that these two sheets could represent the third and fourth columns of the BEHAVE Framework – Key Factors and Activities. Ask participants to assess their first guesses about program activities. Which ideas address key factors that matter, and which do not? Cross out those that do not address factors that appear in the newsprint on the left.

- 11.** Close this activity by stating that the Doer/NonDoer is a helpful tool to decide which factors are really “key.” Point out that this research to identify key factors took place in less than 24 hours, noting that the Doer/NonDoer can be a quick-and-easy method that need not slow down program development. The small investment in identifying key factors can pay off by ensuring that program activities “count.”

Presentation and Discussion**15** min

1. Displaying slide #25, continue the presentation about key factors. Teach that behavioral scientists have identified three powerful types of key factors that often motivate health behaviors. These are:
 - Perceived consequences (what a person thinks will happen, either positive or negative, as a result of performing a behavior).
 - Self-efficacy (an individual's belief that he or she can do a particular behavior) and skills (the set of 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).
2. Use slide #26 (using Animation features, if possible, to reveal one phrase at a time) to show a shortcut for remembering these three powerful types, "fun, easy, popular." Help participants understand that these are just shorthand and that the terms are not meant to trivialize the research or the behaviors. Note that in the absence of research to identify key factors for a particular behavior, program planners may improve their work just by considering these three types of factors. As the teams continue their case studies, they will be asked to include potential key factors that address consequences, skills and norms.
3. Display slide #27 to discuss the importance of structural, environmental or policy factors.
4. Use slide #28 to discuss the elements that go into deciding which key factors to write down on a BEHAVE Framework – which will really matter to the priority group as they decide whether to adopt the behavior you are promoting.
5. With slide #29, consider two criteria for choosing the key factors to address.
6. Show slide #30 (using Animation features, if possible, to reveal one phrase at a time) and introduce the idea that many program planners fall back on familiar or accepted ideas when choosing key factors. Note that often health promoters assume that they must increase knowledge or help people feel they are at risk – yet research shows us that other factors often matter more. Refer to this tendency as a "default" mode, and ask participants to identify their own "default" mode when planning program activities.
7. Show slide #31, pointing out that program planners may arrive at powerful key factors from two different starting points:
 - By studying the priority group to understand what they want, what really matters to them; and
 - By studying the behavior – using the Doer/NonDoer analysis – to identify how Doers differ from NonDoers.

8. Acknowledge that many ideas have been covered in this session and that some have challenged the usual way of thinking. Assure participants that it is normal to feel confused at this point in the workshop, and that with practice throughout the workshop, they will become comfortable with thinking about key factors.
9. Use slide #32 to show the variety of terminology that program planners may use to describe what we are going to call key factors. Point out that no matter which terms are used, the choice of key factors is a critical decision for sound behavior change programs, and that program planners will do well to make a clear choice based on evidence – and not leave the decision to a 'default' mode.
10. Close the session with slide #33, and summarize the main points.

END OF SESSION 7

BEHAVE Framework

Session 7

Identifying Key Factors that Influence Behavior



We're about to begin my favorite part of this workshop: the part on key factors. It's often a favorite session, because it is the part of communication work that is missing for many people: How do you help a person to adopt a healthful behavior? If knowledge is not enough, what will help? And how do you find that out? [Behavioral science was an area I knew nothing about – and when I learned its practical applications to communication work, I knew it was – for me– the missing link.]

In this session:

- You will see that there are two important starting points for considering key factors. One is to **start with the people in the priority group**. You will practice focusing on “**big benefits**”– the things people WANT.
- The second starting point is the **behavior**. We will take a quick look at what behavioral scientists call **determinants** of behavior and try converting some determinants to what–in the BEHAVE Framework - we call, “key factors”.
- You will learn **3 powerful determinants** of behavior.
- You will see how it can be helpful to compare **Doers with NonDoers** to identify the key factors that really matter.


If you want to follow along with the print-out of the slides, please turn to the page marked 7a in your binder.

It's a long session–but it's fun! You are very likely to become confused during this session – because the terms or ideas may be new to you. But we promise you will understand these ideas as you practice them during the rest of the workshop. Ready?

You need to choose!



- What really matters to people?
- What moves people to action?
- What will really make a difference in the behavior?
- What distinguishes between those who do the behavior now and those who don't?

As program planners, you will want to make choices about key factors, not just let them fall into place. You are trying to determine what moves people to action; what will make a difference in behavior. The best way to do that – as we'll show you in the Doer/NonDoer analysis – is looking at what distinguishes those who already do the behavior from those who do not do the behavior.



BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				

3

Here's where we are in the Framework.

Principle #3

People take an action when it *benefits* them. *Barriers* keep them from acting.

Sometimes it's useful to talk about key factors in terms of benefits and barriers. That's probably the simplest way to think about determinants of behavior.

In our work, we can sometimes despair about people's behaviors: Why on earth do they act as they do when they can see that it's bad for them?!

Yet people have really good reasons for behaving as they do: Their choices are logical – at least from their point of view.

People act in ways that benefit them – that bring about a positive consequence – even if it's not the consequence that drives US to do our work.

And people will NOT take a particular action when barriers get in the way.

It's our job, then, to understand what benefits they're looking for and what barriers get in the way – so that we can maximize the benefits and minimize the barriers.

Two Starting Points for Considering Key Factors

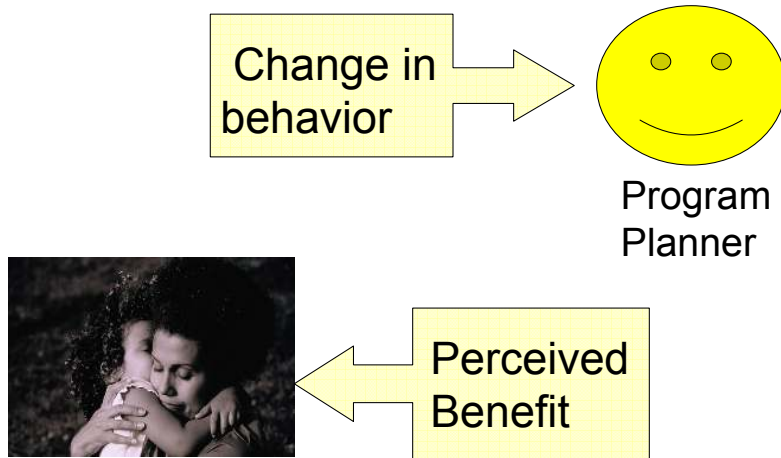
- Learn what **priority group** members want and care about
- Learn about the **behavior**

In this session, we will look at two valuable ways of deciding the key factors for focus.

One way is to learn more about members of the priority group, to identify something – maybe a “big benefit” that goes well beyond the health benefit. The creative part of your work, then, is to figure out how you can tie the “big benefit” to the behavior.

The second way is to learn more about the behavior itself. Ask group members what they think or believe about the behavior. This method will reveal the most powerful motivators, so that you can turn NonDoers into Doers.

It's about an exchange



As we saw with Nike and Coca-Cola [and “truth” campaign, if used], there is an “exchange” going on. The program planner “gets” a change in behavior. In exchange, the group member “gets” a benefit that he or she cares about.

What do people WANT?

- Go beyond actual characteristics of the behavior
- Link the behavior to something BIG that people WANT

And we will keep reminding you that people will do a behavior when they believe it will cause something GOOD to happen – something that they really WANT. You recall that people – maybe some of us – buy Nike shoes because we believe we will feel more vigorous, or accepted, or accomplished if we own them. If there is ONE idea I wish you could take home from this workshop, it is that we as health promoters can offer our group members something that they WANT and care about – and that may be way beyond the health benefits.

Definitions

Benefit: Something that people want

Barrier: A perceived obstacle or deterrent to taking the action

Let's define these two terms. *[Read slide.]*

Who can give me an example of a benefit to doing a particular healthful behavior?

[Entertain a few examples.]

Who can think of an obstacle that keeps people from doing a healthful behavior?

[Entertain a few examples.]

We find that program planners are generally really experienced at listing all the possible barriers to a behavior and at coming up with creative and effective ways to get rid of those barriers or to help people overcome the barriers. Today you will practice giving even greater emphasis to promoting the benefits— or positive consequences that happen when the person does the behavior.

Definitions

Determinant of behavior:

Factor shown to motivate or “determine” a behavior for a given priority group of people

Now let's use the language of behavioral science to think about benefits and barriers. A determinant of behavior is a factor that has been shown to motivate or “determine” a behavior for a given priority group of people.

Some of you may be familiar with the terms behavioral scientists use to describe some common determinants. How many of you have used the idea of “determinants” before? For those of you who are not familiar with behavioral theory, we will introduce this term today. We are introducing a lot of ideas in this session. Don't be alarmed if you end up quite confused! Participants often find this session on key factors confusing; but by the end of the workshop, it will all make sense!

Determinants: Some categories for Key Factors

- | | |
|-----------------------|--------------------------|
| • Access | • Knowledge |
| • Policy | • Perceived risk |
| • Skills | • Self-efficacy |
| • Culture | • Perceived social norm |
| • Actual consequences | • Perceived consequences |
| | • Attitudes |
| | • Intentions |



10

Here's a list of determinants—that is, factors that “determine” whether a person does a particular behavior. Behavioral scientists call these “determinants.” *[Point out that list is in participant binder, page 7b, in a different order.]*

The factors in the left column have something in common and are different from those in the right column. What is the difference?

[Left = Outside a person's head; “external”; Right = Inside a person's head; what's in the heart and mind of the individual; “internal”]

[Lead a discussion about the determinants to ensure that participants are familiar with terminology. Note that:

- **skills** are “outside” the person's mind; that is, what they really can do; **self-efficacy** is what they believe they can do—their confidence
- **culture** is what the community believes and accepts; perceived social norm is the individual's understanding of what's expected of him/her.
- **actual consequences** are what will happen as a result of the behavior; **perceived consequences** are what the individual believes will happen.

Qualitative research showed that Dominican men believed that their female partners would be offended if they used a condom; the women said they would consider it an act of caring.]

Some of you may find determinants an interesting field of study; let me assure you that you can manage great project design with the BEHAVE Framework without knowing everything about determinants of behavior. We offer you this list to help you think broadly about what motivates behavior.

Definitions

Key Factor: A specific motivator that influences *this* group to take *this* behavior

In order to help _____
to _____
we will focus on _____



11

We want you to be familiar with the list of determinants so that you are able to think broadly about all the factors that may influence behavior. Determinants are “categories” of factors, without the rich detail.

A Key Factor, as we use the term in the BEHAVE Framework, is a bit different. A Key Factor:

- is phrased to fit into the sentence of the BEHAVE Framework
- may not directly match just a single determinant
- is phrased to show how program activities can make a difference
- usually comes directly from the data and has rich detail

One of our colleagues says that a key factor is “a determinant with an engine.” By that she means that the key factor indicates where the program activity will “go” with the factor and in what direction.

Let’s look at some examples.

Phrasing the “Key Factors”

- In order to help _____
- to _____
- we will focus on:
 - *building the skills to administer ORS*
 - *increasing perception that the behavior is valued and supported by their peers*
 - *decreasing sense that behavior will create distrust*
 - *making sure they know date of immunization day*



12

Here's how we'll be phrasing the key factors:

[Read the examples of key factors.]

Which determinants can you see in these examples?

[Steer discussion to cover these points:]

- ***building*** the skills to administer ORS (oral rehydration salts) (skills)
- ***increasing*** perception that the behavior is valued and supported by their peers (social norm)
- ***decreasing*** sense that behavior will create distrust (perceived consequence)
- *making sure they know the date of the national immunization day* (knowledge)

Notice that most of these key factors indicate a direction. We say that we will build or increase or decrease something. If, on the third column of the BEHAVE Framework, you filled in here just the category – the “determinant,” such as “perceived consequence” – you would not be stating whether you want to increase or decrease the perception.

Activity A: “Big Benefits” What People Really Want

- | | |
|----------------|------------------------|
| 1. Love | 8. Positive self-image |
| 2. Recognition | 9. Social acceptance |
| 3. Pleasure | 10. Comfort |
| 4. Health | 11. Freedom |
| 5. Success | 12. Peace of mind |
| 6. Security | 13. Status |
| 7. Power | 14. Adventure |



13

The first way, then, way to think about key factors is to think about the people who are members of the priority group. We can consider some of the basic human yearnings we all have—and make sure that we link the behavior we want people to do to at least 1 of these “big benefits.” Sometimes we forget that benefits – things people really want – are powerful shapers of behavior!

Would you agree that most of us—and most of the people we work with—want the things on this list? Think of these as “big benefits” that may go way beyond the concrete, health benefits that we usually relate to the behaviors we are promoting.

Let’s see how we can use these “big benefits” to promote a behavior. Before we begin, please write down—on a piece of scrap paper –the behavior that your team has decided to promote. *[Give everyone a moment to do this...ask for a couple examples to be sure they understood.]*

Next, we’re going to number off, so that each of you has a number between 1 and 14. *[Have participants number off in order, going around the room. Have each participant write down the benefit next to the number he/she has been assigned. After numbering, ask all those who wrote down “#1-Love” to raise their hands; continue quickly through the numbers until you are certain that each has written down a benefit.]*

Keep these two items handy – your team’s behavior and the one “big” benefit assigned to you – because you will use these in this activity.

Activity A: “Big Benefits” you could link to behavior

- You have written down your team’s behavior
- You have a number, 1-14
- You have written down the “big benefit” that is next to your number
- Invent an approach, a message, or a slogan that ties the behavior to that benefit
- Write this down in 15 or fewer words
- You have 5 minutes

[Read instructions to participants. Point out that they have already done the first 3 steps. Explain how each individual will do this activity: Each participant will think of an approach or make up a brief message or slogan that ties the behavior they’re promoting to the benefit they’ve just written down. Give an example:

*You will help your audience **to wash their hands every time before preparing food**. The benefit you will promote is **recognition**. What is your message –or what is your program approach?*

Certificates to mothers who report they’ve washed their hands; or the slogan “Want to be a star mother? Wash hands every time you prepare food.”]

[Give participants 5 minutes to prepare an idea. Once most participants are ready, advance to the next slide.]

“Big Benefits” What People Really Want

- | | |
|----------------|------------------------|
| 1. Love | 8. Positive self-image |
| 2. Recognition | 9. Social acceptance |
| 3. Pleasure | 10. Comfort |
| 4. Health | 11. Freedom |
| 5. Success | 12. Peace of mind |
| 6. Security | 13. Status |
| 7. Power | 14. Adventure |



15

[With this list displayed, call on a few participants to share their work. Seek an example for each of the 14 benefits. Acknowledge participants' work that makes a good match or a creative slogan. Point out links that might have seemed especially unlikely and demonstrate that participants made the link "work."]

Discuss the activity, using questions such as:

- How easy or difficult was this activity?
- How have you – in your own programs – linked these “big” benefits to health promotion?
- What do you see as advantages of tying your behavior to a “big” benefit – even if it does not have a tangible relationship to the behavior?
- How have these messages or slogans made your behavior seem fun, easy, or popular? Fun & popular are positive consequences of a behavior. How many of you gave a positive consequence? Providing skills or self-efficacy (the sense that you can, indeed, do the behavior) are the “easy” part. Who had an approach that made the behavior seem “easy”?

[Point out that health is one – but just one – of this list of benefits. Note if the participants assigned to “#4 – Health” had an easier time making the link – because that link is more familiar to most program planners than are the links to other “big” benefits.]

You will recall that we told you the most important lesson you may take home from this workshop is the value of positive consequences – or benefits – in promoting a behavior. We are all human beings who long for many of the same things in life. One colleague has seen that mothers can name long lists of barriers to a behavior. Yet if given a compelling positive consequence of the behavior, she may “jump past all those barriers” to adopt the behavior. She sees that doing the behavior gives her something she really WANTS.

Activity B: Comparing “Doers” with “NonDoers”

Doer = Person who currently does the behavior

NonDoer = Person who does *not* currently do the behavior

- How could comparing them help you know what *really* influences the behavior?
- Why is it important to identify the most powerful key factors?



16

The second way to consider key factors is to start with the behavior. You will want to look at the behavior from the point of view of people who already DO it (Doers) and those who do not do the behavior (NonDoers).

The Doer/NonDoer analysis is a tool that can help you pick the most important key factors. You have already been learning to use this tool and we'll continue working with it throughout the workshop.

How could comparing the people who DO the behavior with those who do NOT do the behavior help you identify which factors are really important?

[Look for answers such as: If we can see how a Doer is different from a NonDoer, we might know what we need to do to help a NonDoer become a Doer.]

Why is it important to identify the most powerful Key Factors?

[Look for answers such as: Because resources are limited, and we want everything we do to COUNT. Why invest in changing a factor that has little influence over the behavior.]

Recall that in Session 1 we saw that both exercisers and non-exercisers shared the belief that exercise is good for one's health. If we kept promoting that piece of knowledge, would we get more people to exercise?

Doer/NonDoer Example

- Caribbean survey of youth and young adults
 - Before using Doer/NonDoer analysis
 - After using Doer/NonDoer analysis

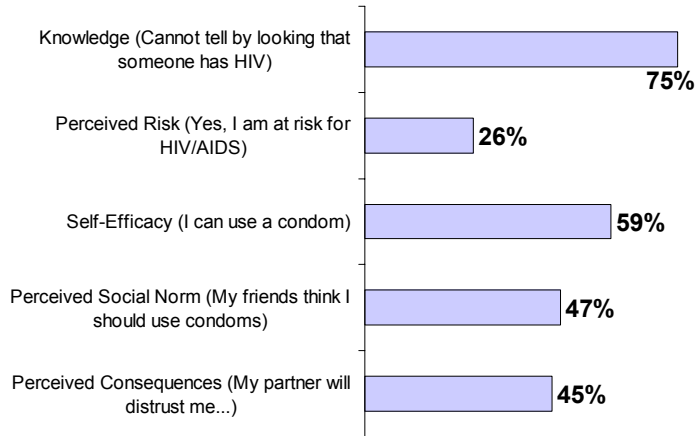
Let's look at an example of how comparing Doers with NonDoers can make a difference. During the AIDSCOM Project in the early 1990s, AED and Porter Novelli staff conducted a huge survey of young people throughout the Caribbean, learning many things about their knowledge, attitudes, practices, and beliefs related to HIV/AIDS transmission.

This is the story of how program staff ALMOST made a poor choice for the focus of their HIV prevention campaign – all because they did not realize the value of comparing Doers with NonDoers – in this case condom Users with NonUsers.

Caribbean Data #1

Survey of Youth and Young Adults

All Respondents



Let me show you what a difference it can make to analyze data by “Doer” and “NonDoer.” The survey questions had measured a number of determinants.

[Give participants a few moments to locate page 7c in their binders with this same graph. Go through graph in this way:]

We asked young people whether they agreed or not with a series of statements. One statement was, “You cannot tell by looking at a person whether or not he or she is infected with HIV.” 75% of ALL the young people surveyed **agreed** with this statement; that is, 75% had **correct knowledge** about this aspect of HIV/AIDS. What determinant does this question measure? *[A particular piece of knowledge]*

[Continue with each item, so that participants understand the data presented. Then ask:]

Let’s imagine that you want to increase condom use among sexually active youth in this population. If you had to pick just one determinant to address, which would it be? Please use the percentages here to pick one, and circle your choice on your copy of this slide (7c).

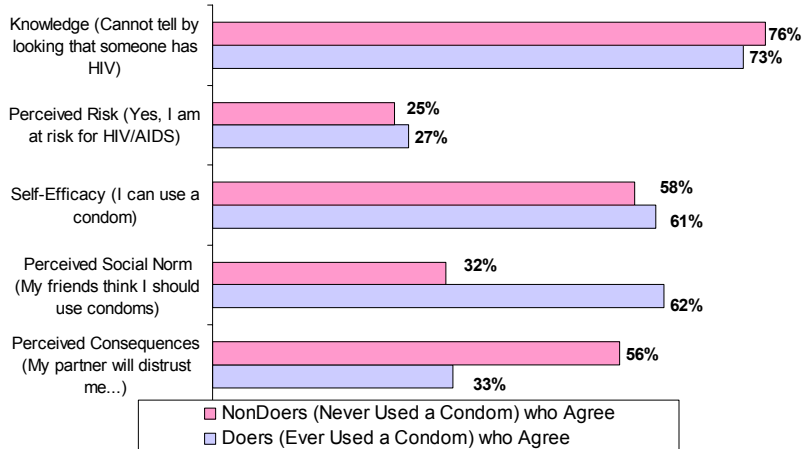
How many of you think you should work on knowledge? Why? *[Ask for each item.]*

The people who were designing the program thought it would be most important to work on perceived risk, because it was so low. Luckily, a behavioral scientist joined them before they went too far with this notion. She analyzed the data to look at Doers and NonDoers. Notice that on this slide, the data are presented for ALL RESPONDENTS – without comparing Doers with NonDoers.

Caribbean Data #2

Survey of Youth and Young Adults

Analyzed by Doers and NonDoers



[Ask participants to turn to page 7d to view the material on this slide.] Here now are THE SAME data, but this time broken out by Doers and NonDoers. In the case of condom use, we were able to define two segments of the entire group of youth. NonDoers, then, are those young people who never used a condom, represented by the pink bar. Doers are represented by the blue bar, and are defined as young people who said that they EVER used a condom. (Definitions may vary) *[Go through data one item at a time, pointing out similarities and differences—emphasizing differences in last 2 items...Then ask:]*

Now let me ask you again: If you had to pick one important determinant to motivate increased condom use, what would it be? How many of you pick the same one as before? For whom is it different? Why? *[Entertain a few responses.]*

What have you learned from this? What do you think the program planners did? *[Developed a program emphasizing perceived social norms and perceived consequences.]*

What we learn from this is that choosing priority key factors does not need to be a “hit or miss” proposition. This methodology –the Doer/NonDoer analysis - can be applied in very fast, very simple means. With it, you can take a systematic approach to selecting priority determinants of behavior. During Session 20, we’ll go through this methodology so you’ll know how to apply it at home. Many people leave this course feeling that the Doer/NonDoer analysis is the most important tool they take away.

Activity C: Results of Our Own “Exercise” Survey

Goal: *To increase number of community members who engage in 30 minutes of moderate physical activity four or more days a week*

- We gathered research data with group members
- We defined Doers – four or more times last week
- We coded group member responses, Doers apart from NonDoers
- Now we will conduct Doer/NonDoer data analysis to identify which key factors should be priorities



20

In this activity, we will learn the results of the survey you all conducted earlier about the exercise habits of the group in this room. Remember that the goal is to help the people in this community to get the exercise they need for good health, specifically to increase the number of community members who engage in 30 minutes of moderate physical activity four or more days a week.

In this activity, we’re conducting a Doer/Non Doer survey:

- We have gathered research data with the priority group—and you’re the priority group.
- We defined Doers as those who had in the last week engaged in 30 minutes of physical activity four or more times.
- Together, we all coded the responses, keeping Doers’ responses separate from NonDoers’.
- Now we’ll conduct what we call a Doer/Non Doer analysis—a simple way to find out what makes people who DO exercise a lot different from people who DO NOT.
- ONLY THEN will we name the key factors that really matter in motivating this priority group to adopt this behavior.

Promoting Exercise

- In order to help:
 - *the people in this room who currently get some exercise but do not meet the goal*
- to
 - *engage in 30 minutes of moderate physical activity four or more days a week*
- What activities will we plan...?

We have already completed the first two columns of the BEHAVE Framework for this program. Recall that we selected the “middle” group – those who get some exercise but do not meet the goal of four times a week. The behavioral objective was given to us: engage in 30 minutes of moderate physical activity four or more days a week.

Now let’s break all the rules and – without examining the key factors – suggest some program ideas for promoting exercise with this group. Please call out your ideas, and I will list them on this sheet.

[List all ideas, without comment, on a newsprint titled, “Activities to Promote Exercise”.]

We’ll put this list aside and come back to it after we have looked at the data.

Data Analysis

- Compare Doer/NonDoer totals for each item
- Look for large differences (what distinguishes Doers from NonDoers)

*Look for **differences** -- not **deficits**!*

As we did with the Caribbean youth data, we will want to look at how the Doers and the NonDoers are different. How will it help us to know this?

[If we know what makes a Doer different, we may know what to “add” to NonDoers to help them “do.” We also know that the things they have in common—that do NOT distinguish them – are not worth addressing.]

What does the phrase “Look for differences – not deficits!” mean?

[Just because a score on an item is low – or a deficit – does not mean it should be addressed. We are looking for what distinguishes Doers from NonDoers.]

“Exercise” Exercise Results

[Show the first slide with bar graphs of the data you have prepared from the exercise survey. (See the facilitator’s guide for help on how the bar graphs are prepared.) Help participants to understand the data, pointing out the color that represents Doers and that of NonDoers. If text under each pair of bars is too small to read, have participants turn to page 6c to refer to the category names on the Exercise Coding Guide.]

Facilitate a discussion among participants about the meaning of the data. You will want to have participants note if Doers and NonDoers are almost alike on knowledge and beliefs about the health benefits of exercise. If they are similar, then investing in activities to increase this knowledge will not be worthwhile. Look, too, for differences. Encourage participants to consider programmatic implications. Point out that the six questions may have generated overlapping information – for example, the issue of “time” may appear as responses to several of the questions. Help participants to consider these related responses together.

Through this discussion, have participants assess which key factors these data indicate are the ones that “really matter” to this group, and list these on a second newsprint headed “Key Factors That Matter.” Have participants phrase these as key factors, that is, with detail from the research and indicating direction. For example:

- *Increasing opportunities to exercise with a friend*
- *Building opportunities for exercise into the work day (or family life)*
- *Decreasing the danger of exercising outdoors after dark.*

*Revisit the list of program ideas the group generated earlier. Ask if they want to reconsider any of their ideas. Help them see that working on factors that are the **same** for both groups will most likely **not** influence the behavior of the NonDoers.]*

Exercise data

[Insert Excel file with Exercise data]

Three Powerful Types of Key Factors

- Perceived consequences
- Self-efficacy, skills
- Perceived social norms

In the mid-1990s, the leaders in the field of behavioral science who had been working in the field of HIV prevention, met to see what their behavior change theories had in common. Looking across their various theories, they were encouraged to identify the “top” determinants, those that were common to their theories. They came up with a short list. If you are interested in learning more about how they arrived at a short list, consult the article in the reference section of your binder. From that list, we have formed an even shorter list of determinants that are often powerful motivators for all kinds of health-related behaviors.

The questions in the Doer/Non Doer analysis are designed to explore these areas. Questions about advantages/good things and disadvantages/bad things are assessing **perceived consequences** – or what people believe will happen as a result of the behavior. “What makes it easier or more difficult” looks at **skills, self-efficacy** and **barriers**. The questions “Who approves?” and “Who disapproves?” measure people’s perceptions of the **social norms**.

Three Powerful Types of Key Factors

- Perceived consequences **FUN**
- Self-efficacy, skills **EASY**
- Perceived norms **POPULAR**



26

[This slide works best with Animation feature on so that the items are revealed one at a time.]

Bill Smith at the Academy for Educational Development summed these determinants up with three words. I'm going to share these words with you as a simple way to remember the 3 most powerful determinants.

[Reveal "perceived consequences = FUN."] An easy way to remember "perceived consequences" is with the word "fun". We don't mean by this that we always make the behavior seem like "fun"; but we do mean that you should always consider how you can link the behavior with a positive consequence that people care about, something they want. It may be a positive health benefit. More likely, it will be a "big benefit." You will always want to find a way to offer an "exchange," offering something that people really want in exchange for doing the behavior you're promoting.

[Reveal "Self-efficacy, skills = EASY."] You can remember that when people can do the behavior and believe that they can do it – skills & self-efficacy – you are making the behavior seem easy. Getting barriers out of the way or helping people find ways to overcome barriers also make the behavior easy.

[Reveal "Perceived norms = POPULAR."] And finally, when people believe that the promoted behavior is the "norm" or the "popular thing" or the way other people think it should be done, we can use the word "popular."

When you work in teams, you will come up with key factors that represent these three powerful determinants. We will ask how you have made the behavior seem fun, easy and popular.

Not just the way people think...

- Consider **structural, environmental or policy** factors that:
 - eliminate need for group members to adopt the behavior, or
 - Help them adopt the behavior

All of you are familiar with program activities that address structural, environmental or policy factors. When you change the hours that the clinic is open or bring piped water into a community or convince employers to offer immunization days at the workplace, you are changing the environment.

These factors can work two ways. They can eliminate the need for a particular behavior altogether. Who can give an example? *[Look for answers such as: When clean water is piped into a community, we may not need to ask people to boil the water they will drink.]*

If we can't eliminate the need for a behavior, we may at least make it easier for people to adopt the behavior. What are some examples of environmental changes or policies that make it easier to adopt a behavior? *[Look for responses such as: When the clinic hours are longer, employed parents can take their children for prevention or care without sacrificing income.]*

Many times, the factors that are identified through a Doer/NonDoer survey will suggest solutions that relate to structural, environmental or policy solutions.

Decision: Which key factors to address?

- Use research with group members
- Link the behavior to WANTS – “big benefits” that group members care about
- Look for *differences* between Doers and NonDoers of your behavior
- Don’t waste resources on those factors that *don’t* distinguish Doers from NonDoers
- Consider structural, environmental, policy

With a long list of possible determinants—or key factors—how will you decide which should be the focus of your program? Remember that the reason for setting priorities among possible factors is so that you can make every one of your program activities count. The most successful behavior change programs focus on a few key factors that have been demonstrated to influence behaviors.

The ideas listed on this slide will steer you toward the most powerful key factors so that you can focus your resources on those that really will influence behavior. You need not rely on guesswork. You can use research with your priority group members and others to make the decision about key factors.

Choosing most important key factors

- How likely is this key factor to influence the behavior?
- How effectively can your program activities influence this key factor?

Put simply, you really need to think about these two criteria:

- If you really could have an impact on the key factor, how likely is it that influencing that key factor will help the priority group to adopt the behavior?

Remember that the logic of the BEHAVE Framework is that your program's activities will have an impact on a few key factors that you have shown will influence the behavior; then if you can influence the key factors, the result should be a change in behavior for that group.

The second consideration is:

- How effectively can you address that key factor? Will you really be able to make a difference in it?

Often we can identify a factor or determinant of a behavior – but must recognize that we can NOT influence the factor. For example, one of the main determinants of the age at which a young woman has her first child is the age at which her mother had **her** first child. Can you do anything about that? I am certain that all of you have considered the fact that one of the greatest barriers to healthy behaviors is poverty – yet we cannot expect to rid the community of poverty during a 5-year project.

What is your “default” mode?

Knowledge?

Perception of risk?

Positive consequence!

[If you are using the Animation feature of the PowerPoint presentation, show only the title of this slide as you say:]

Think for a moment about which determinant or type of key factor you usually address in your programs. When you regularly fall back on the same solution, that solution is your “default mode” – just like when your word processing program “defaults” to Times New Roman. Consider the determinant or key factor that first comes to mind. Perhaps it is one that makes you most comfortable – or it is the only one that comes to mind. Write down your “default mode.”

[Using Animation, reveal the word “knowledge.”] For how many is it knowledge? That is, you usually assume that knowledge or information is what is needed to help people adopt a behavior.

[Reveal the next graphic, “Perception of risk.”] How about perception of risk?

[Reveal the final image, “Positive consequence.”] Positive consequences? We’d like to see more of you “default” to providing your group with positive consequences of the behaviors you promote – making the behaviors seem to be fun, easy and popular.

Two Starting Points for Considering Key Factors

- Learn what **priority group** members want and care about
 - Consider “big benefits”
- Learn about the **behavior**
 - Doer/NonDoer analysis can identify powerful factors
 - Grounded in behavioral science
 - Consider structural, environmental, policy factors

You have just seen two valuable ways of deciding on the key factors for focus.

One way is to learn more about members of the priority group, to identify something – maybe a “big benefit” that goes well beyond the health benefit. Then your creative work is to figure out a way to link these two. Linking a “big benefit” is the same as adding a positive consequence to the behavior – or making it “fun.”

The other way is to learn more about group members’ thoughts about the behavior itself. What do they see as good and bad things that happen when they do the behavior?; what makes it easier or more difficult to do the behavior?; and who approves and disapproves of the behavior? You can then use a Doer/NonDoer analysis to look for what makes the Doers of the behavior different from the NonDoers. This method will reveal – of all the possible benefits and barriers that are related to the behavior – which are powerful motivators, turning NonDoers into Doers.

Ways of Thinking about Key Factors

- Determinants
- Predisposing, Reinforcing, Enabling
- Benefits, Barriers
- Motivators, Inhibitors

We've introduced several ways of talking about key factors. I hope I haven't confused you too much. We really just want you to think broadly about what might influence behavior. You may think of key factors in many ways.

- Behavioral scientists use the term “**determinants**” to describe the categories of factors that are proven to influence behaviors.
- In some models, theorists refer to three kinds of positive factors: **predisposing, reinforcing, and enabling**.
- Others use the simpler terms “**benefits and barriers**.”
- Still others use “**motivators and inhibitors**” to refer to the same positive and negative influences.

Whatever set of terms you use, we hope that you will give thought to this important decision – and not make the choice by “default.”

Summary: Key Factors

- *Start from Priority Group:* Link the behavior to something people WANT!
- *Start from Behavior:* Doer/NonDoer analysis can pinpoint the most powerful key factors
- Consider the three powerful key factors that influence many behaviors:
 - Positive consequences or benefits (FUN)
 - Skills, self-efficacy (EASY)
 - Perceived social norms (POPULAR)



33

Now, to summarize this session:

- We've seen that you should look at key factors from two perspectives. The first is to understand the priority group and what they WANT and care about. You have seen the value of linking the behavior to something people WANT – even to desires that are “way beyond” the concrete health benefits of the behavior.
- The second perspective is to study the behavior. What do the people in the priority group think about the behavior? We've shown you one tool that can be useful in pinpointing the most important key factors – the Doer/NonDoer analysis (and we will revisit that tool in Session 20);
- You've learned that 3 of the categories of determinants are likely to be powerful influences on behavior – and that the “nicknames” for these three come down to:
 - Making the behavior seem like something “**fun**” – that is, doing the behavior gives the person something he or she WANTS.
 - Showing how **easy** the behavior can be – and getting rid of barriers that make it hard
 - And making it seem that everyone thinks the behavior is the right thing – or even the “**popular**” thing – to do;

This step of the Framework is the program planning decision that we too often skip. Sometimes we're lucky and happen into the right factor. Sometimes, especially in participatory methods, our work with communities leads us naturally or intuitively to a clear understanding of the critical key factors. But we need not guess.

And you need not wait to start a whole new planning process if you want to incorporate these ideas into your program. In your ongoing programs, you can begin to shift the content so that you address the factors that really will help group members to adopt behaviors that will lead to better health—even if the health benefit is not the one you promote with them!

SESSION
7

Using the Doer/NonDoer Excel Spreadsheet

The Excel file provided as part of this CD-ROM can help you to produce bar graphs that you will project as part of Session 7. Follow the instructions below for entering and for analyzing the data. These instructions assume basic operating knowledge of Microsoft Excel.

You will tally participant responses by hand, using the Exercise Coding Guides (6c). Next you will enter the numbers for each response in the sheet with the list of variables (example: Advantages). As you enter numbers in the list sheets, the bar graphs will automatically be produced in the next sheet in the file, for example the Advantages Chart.

Once you have created the charts, you should discuss the results of the participant Exercise Survey with the co-facilitators. Select some of the most interesting items to show during Session 7. You will want to include a few items for which Doer and NonDoer responses are about the same and a few for which the Doers are quite different from the NonDoers.

Instructions for Entering Exercise Survey Data

After administering the "Exercise" Exercise elicitation survey, collect surveys from participants and divide the surveys by the answer to the screener question on page 1.

- ❖ **Group One:** Respondents who reported exercising four or more times a week
This group is the Doers.
- ❖ **Group Two:** Respondents who reported exercising three or less times a week
This group is the NonDoers.

You can circle whether they are a Doer (D) or a NonDoer (D) in the top right corner of the survey. Count how many respondents you have in each group.

Once the groups are established you will begin tallying responses for the two groups. Note: To simplify the tallying process you might consider assigning each survey an ID number before administering the survey. This way, while you are tallying you can make sure you are accurately recording responses.

Start with the first question on the survey which corresponds to the first worksheet in the Excel spreadsheet, Advantages.

- ❖ Enter the number of respondents in each group in the cells for "Total Number of Doers or NonDoers."

- ❖ Tally the number of Doers who mentioned each variable listed down the left hand column of the spreadsheet. Record the number in the corresponding cell of the spreadsheet. For example, some respondents will say that feeling healthy is an advantage of exercising 30 minutes at least four days a week.
- ❖ Using the same process, input the NonDoer tallied responses in the corresponding cell.

Repeat this process for each category: Disadvantages, Make it Easier, Make Difficult, Approves and Disapproves.

Instructions for Analyzing Exercise Survey Data

As you enter the tallied responses, a chart will be created with corresponding percentages. Each category has a chart in the worksheet following the tally worksheet. This worksheet can be used to identify key factors relevant to the priority group.

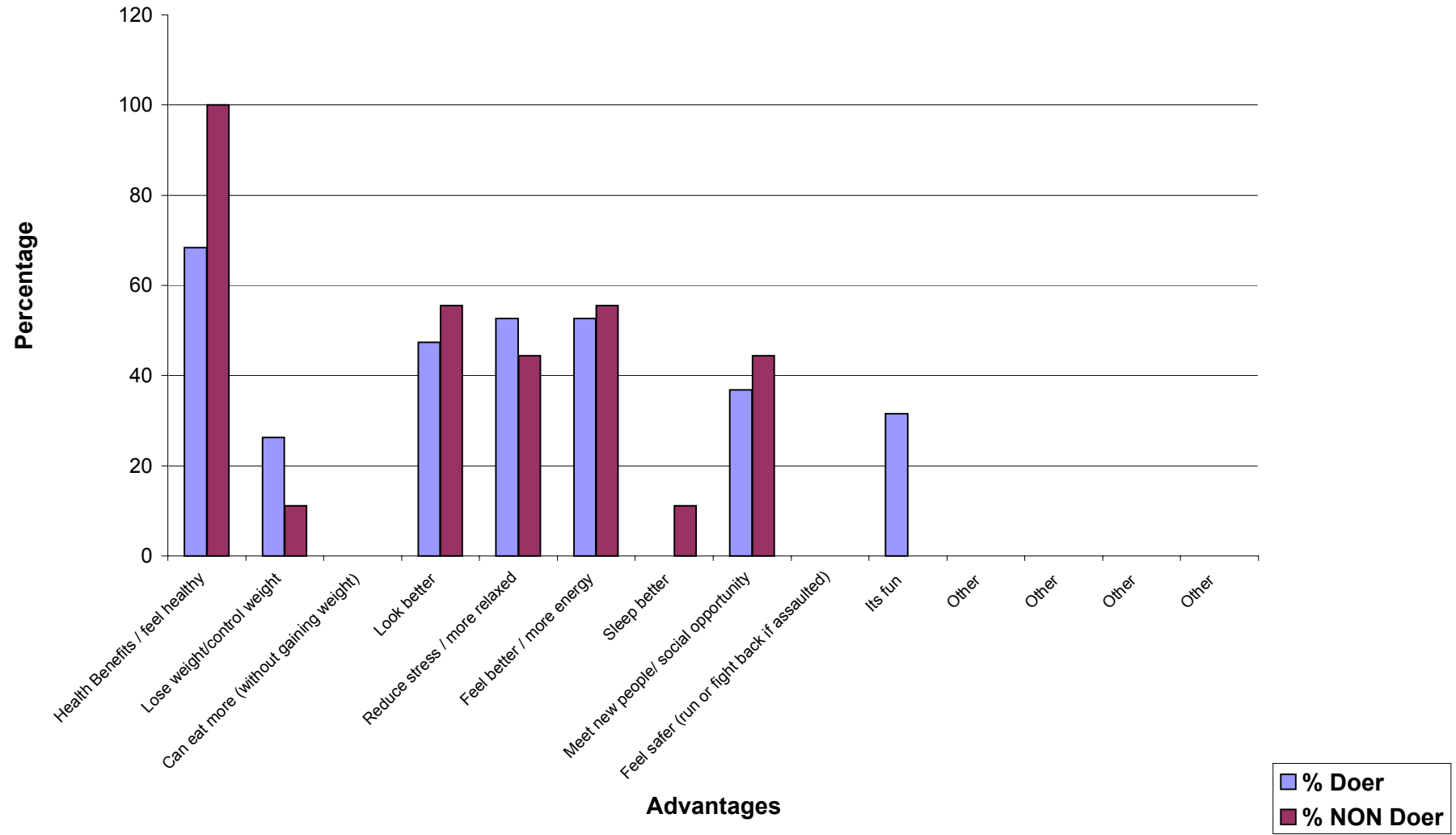
Things to look for when identifying key factors:

- ❖ Sometimes responses from Doers and NonDoers will be very similar, sometimes more Doers will have a higher response and sometimes more NonDoers will have a higher response.
- ❖ When response rates are the same, that item is not a likely determinant of that behavior for that priority group. Therefore, addressing that factor will not create great change. For example, on the sample coding sheet, in the Make It Easier Chart worksheet, roughly the same percentage of Doers and NonDoers say that a Convenient Location makes exercise easier. Thus, addressing the location of facilities will not create great change in participant behavior.
- ❖ When Doers respond higher than NonDoers to an item in a positive category, such as Advantages, Make It Easier or Approves, addressing those factors might influence NonDoers' behavior. For example, in the Make It Easier Chart worksheet, "See Results" was an important factor for over 30% of Doers. If more NonDoers could experience seeing results from exercise, they might change their behavior to exercise at least 30 minutes four days a week.
- ❖ When NonDoers respond higher than Doers to an item in a negative category, such as Disadvantages, More Difficult, or Disapproves, addressing those factors might influence NonDoers' behavior. For example, in the Disadvantages Chart worksheet, almost half of NonDoers expressed a concern that they might get hurt if they exercise.

Advantages

	Doer	% Doer	NON Doer	% NON Doer
Health Benefits / feel healthy	13	68	9	100
Lose weight/control weight	5	26	1	11
Can eat more (without gaining weight)	0	0	0	0
Look better	9	47	5	56
Reduce stress / more relaxed	10	53	4	44
Feel better / more energy	10	53	5	56
Sleep better	0	0	1	11
Meet new people/ social opportunity	7	37	4	44
Feel safer (run or fight back if assaulted)	0	0	0	0
Its fun	6	32	0	0
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Total number of Doers or Non Doers(key in manually)	19		9	

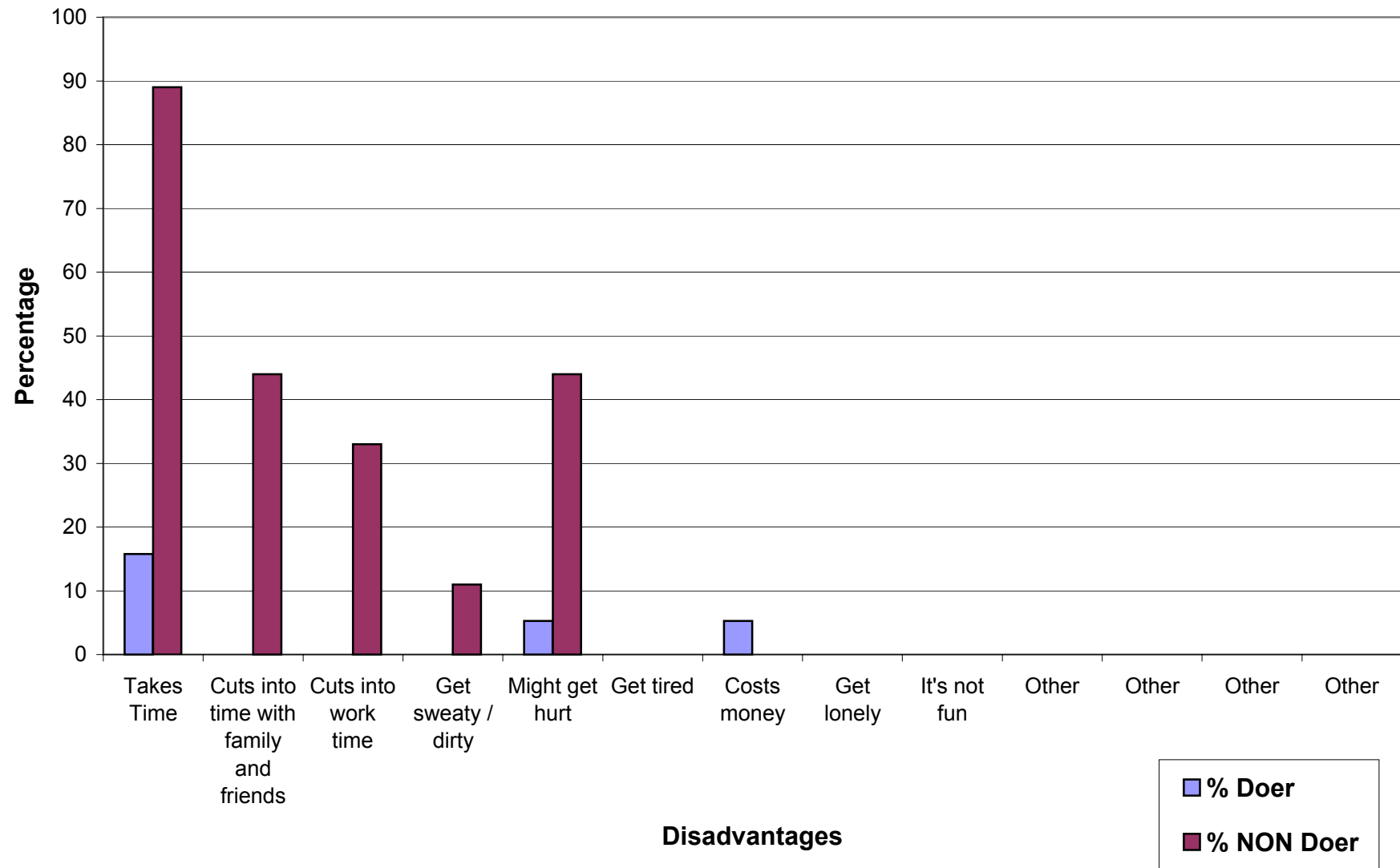
Advantages



Disadvantages

	Doer	% Doer	NON Doer	% NON Doer
Takes Time	3	16	89	989
Cuts into time with family and friends	0	0	44	489
Cuts into work time	0	0	33	367
Get sweaty / dirty	0	0	11	122
Might get hurt	1	5	44	489
Get tired	0	0	0	0
Costs money	1	5	0	0
Get lonely	0	0	0	0
It's not fun	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Total number of Doers and Non Doers (<i>key in manually</i>)	19		9	

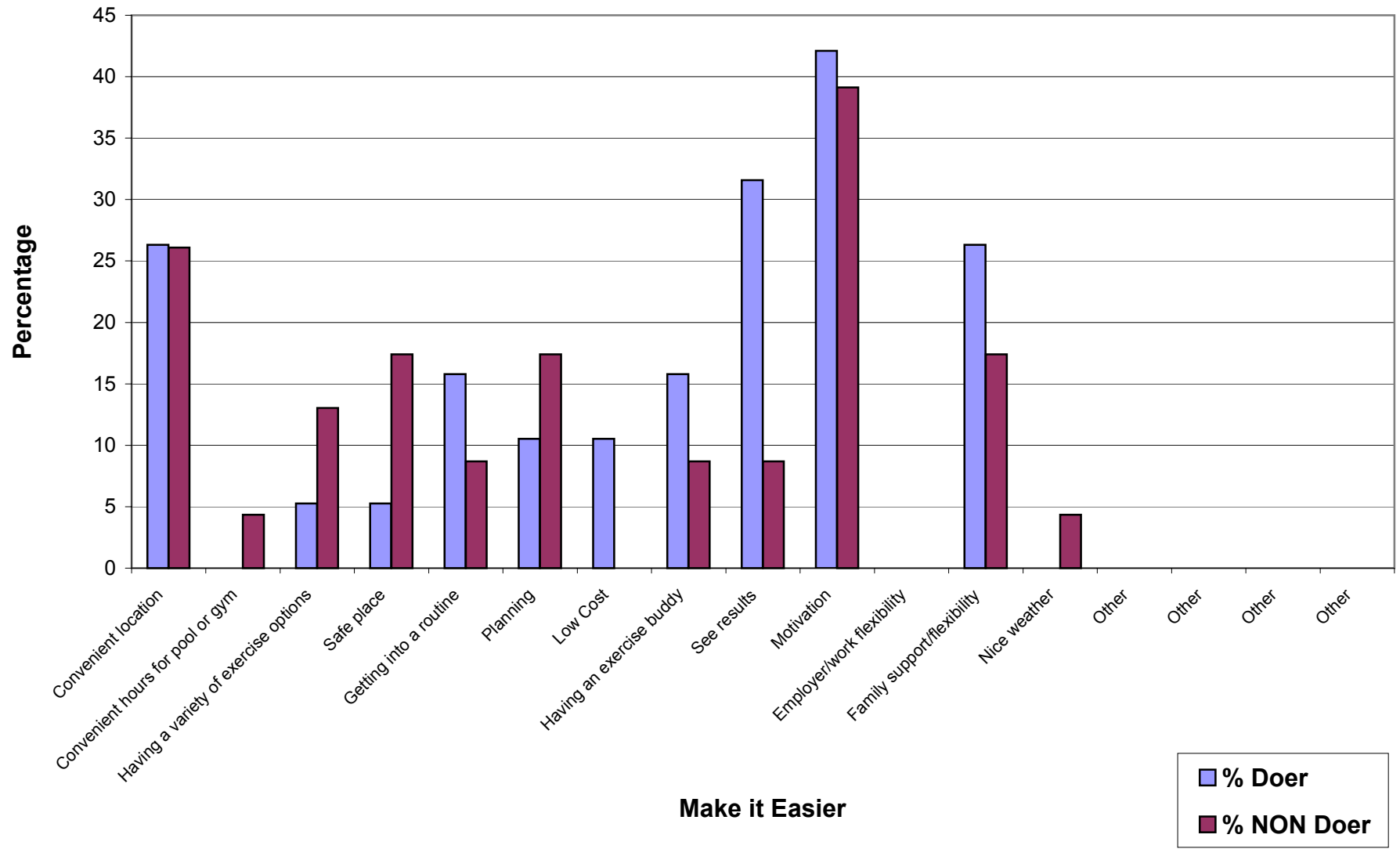
Disadvantages



Make it Easier

	Doer	% Doer	NON Doer	% NON Doer
Convenient location	5	26	6	26
Convenient hours for pool or gym	0	0	1	4
Having a variety of exercise options	1	5	3	13
Safe place	1	5	4	17
Getting into a routine	3	16	2	9
Planning	2	11	4	17
Low Cost	2	11	0	0
Having an exercise buddy	3	16	2	9
See results	6	32	2	9
Motivation	8	42	9	39
Employer/work flexibility	0	0	0	0
Family support/flexibility	5	26	4	17
Nice weather	0	0	1	4
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Total number of Doers and Non Doers(key in manually)	19		23	

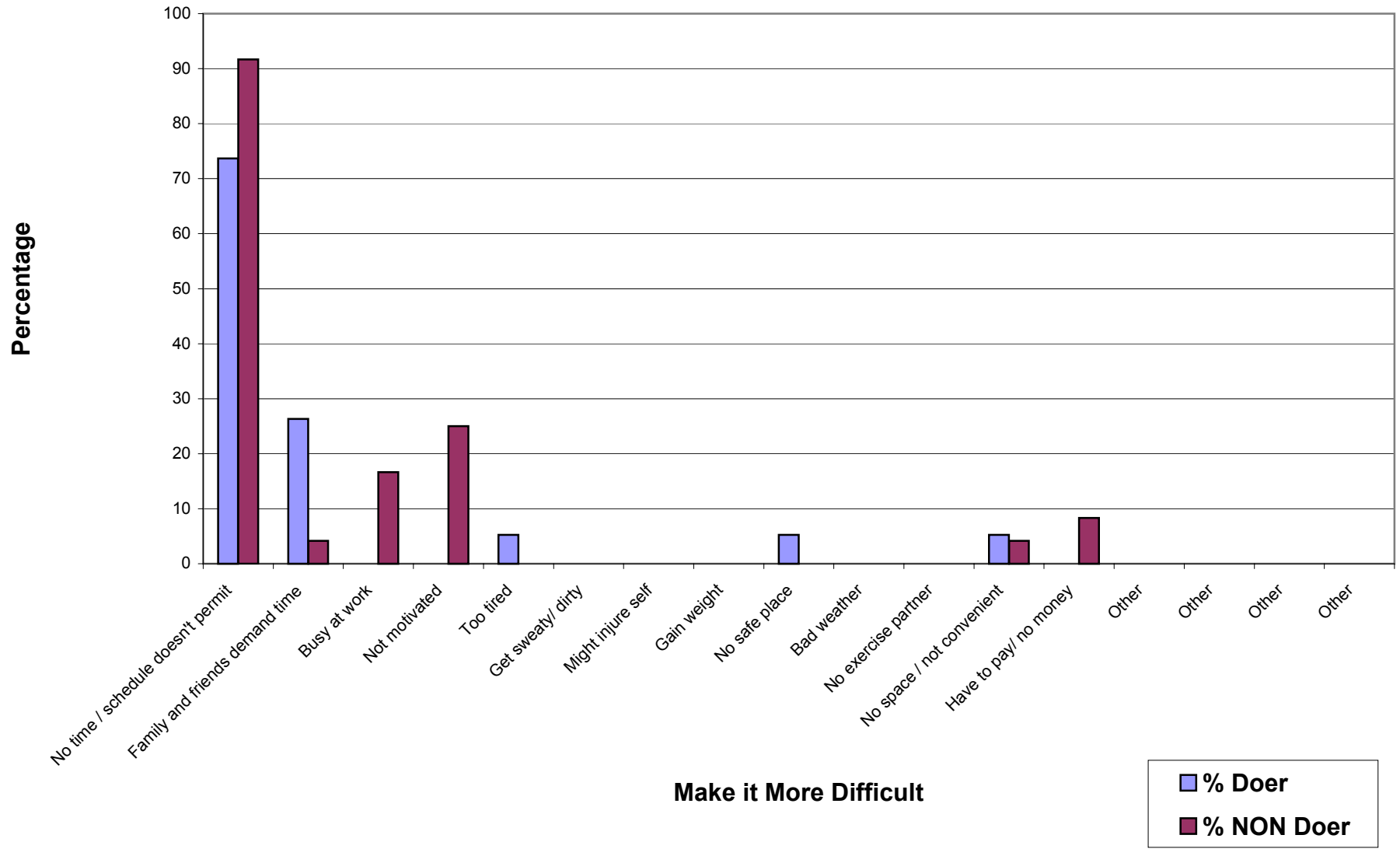
Make it Easier



More Difficult

	Doer	% Doer	NON Doer	% NON Doer
No time / schedule doesn't permit	14	74	22	92
Family and friends demand time	5	26	1	4
Busy at work	0	0	4	17
Not motivated	0	0	6	25
Too tired	1	5	0	0
Get sweaty/ dirty	0	0	0	0
Might injure self	0	0	0	0
Gain weight	0	0	0	0
No safe place	1	5	0	0
Bad weather	0	0	0	0
No exercise partner	0	0	0	0
No space / not convenient	1	5	1	4
Have to pay/ no money	0	0	2	8
<i>Other</i>	0	0	0	0
<i>Other</i>	0	0	0	0
<i>Other</i>	0	0	0	0
<i>Other</i>	0	0	0	0
Total number of Doers and Non Doers (<i>key in manually</i>)	19		24	

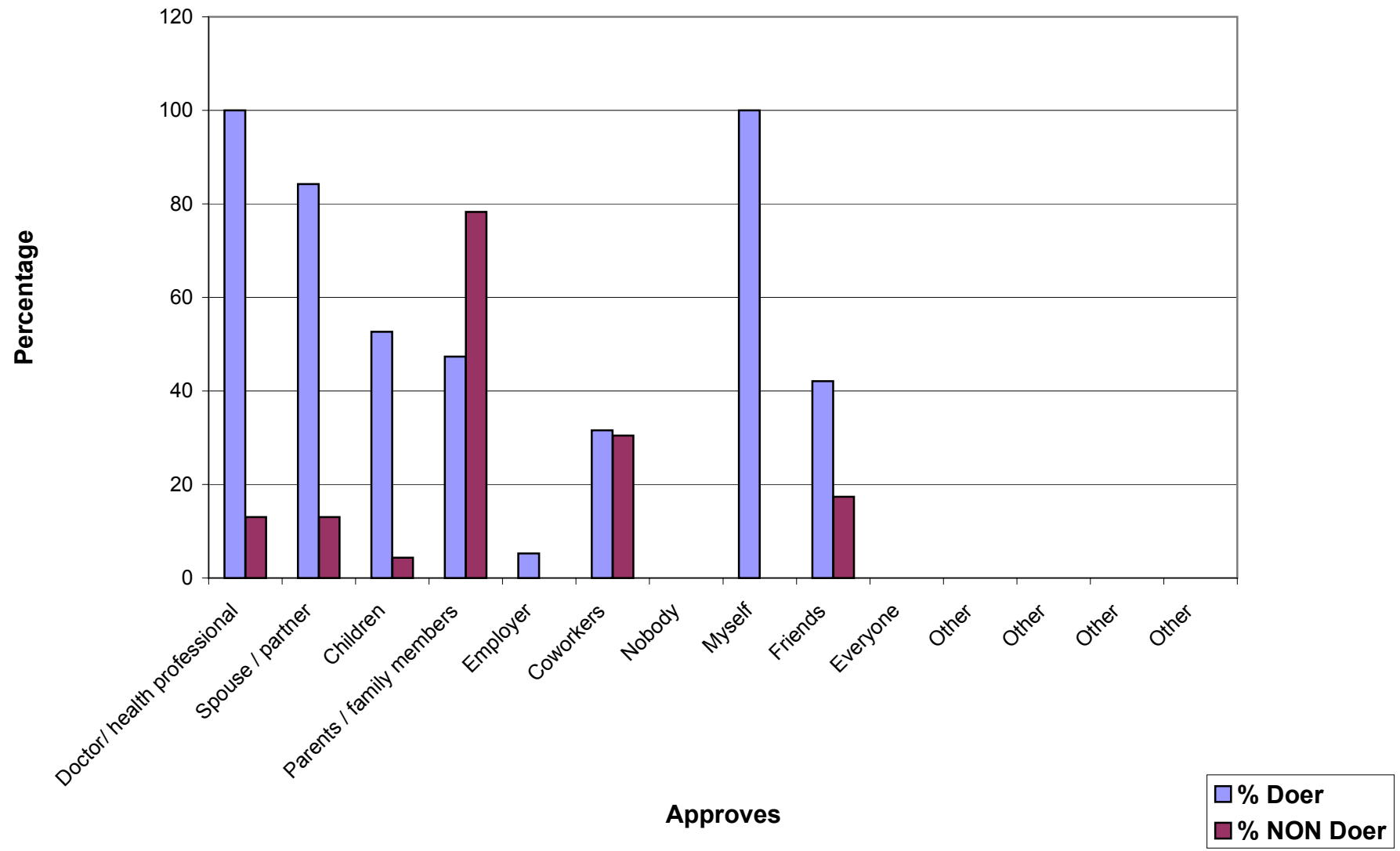
Make it More Difficult



Approves

	Doer	% Doer	NON Doer	% NON Doer
Doctor/ health professional	19	100	3	13
Spouse / partner	16	84	3	13
Children	10	53	1	4
Parents / family members	9	47	18	78
Employer	1	5	0	0
Coworkers	6	32	7	30
Nobody	0	0	0	0
Myself	19	100	0	0
Friends	8	42	4	17
Everyone	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Other	0	0	0	0
Total number of Doers and Non Doers (key in manually)	19		23	

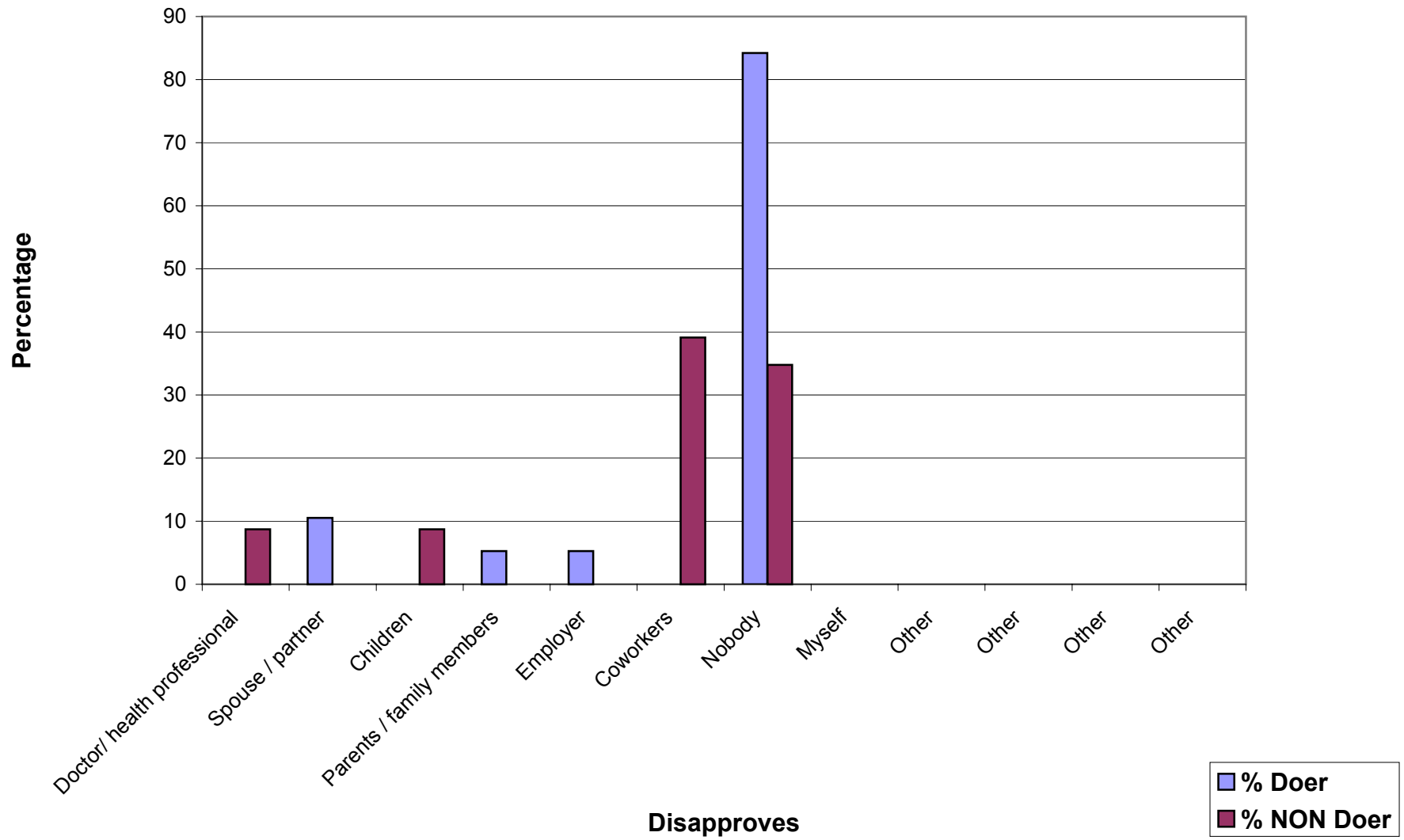
Approves



Disapproves

	Doer	% Doer	NON Doer	% NON Doer
Doctor/ health professional	0	0	2	9
Spouse / partner	2	11	0	0
Children	0	0	2	9
Parents / family members	1	5	0	0
Employer	1	5	0	0
Coworkers	0	0	9	39
Nobody	16	84	8	35
Myself	0	0	0	0
<i>Other</i>	0	0	0	0
<i>Other</i>	0	0	0	0
<i>Other</i>	0	0	0	0
<i>Other</i>	0	0	0	0
Total number of Doers and Non Doers (<i>key in manually</i>)	19		23	

Disapproves



SESSION
8

Case Study 2: Identifying the Most Powerful Key Factors That Influence Behavior

TIME 75 minutes

PURPOSE To enable participants to practice formulating key factors.

OBJECTIVES By the end of this session, participants will be able to:

- ✓ Generate a list of possible key factors that includes examples of:
 - ❖ “big benefits” or things people really want
 - ❖ perceived consequences
 - ❖ skills and self-efficacy
 - ❖ perceived social norms
 - ❖ structural, environmental or policy factors.
- ✓ Select three or four priority key factors, recognizing that for the case study, participants will not have data for selecting those that matter.

PREPARATION Teams have previously defined a priority group and a behavior, and have entered these in the first and second columns of the BEHAVE Framework.

MATERIALS

- ✓ Each team’s partially completed BEHAVE Framework
- ✓ Extra blank frameworks
- ✓ Participant binder, page 8b

Presentation and Discussion

15 min**TIME** 15 minutes

1. Display slide #1 and introduce Session 8, reviewing the purpose and objectives.
2. Show slide #2 and discuss the difficulty of being in a workshop setting without the opportunity to collect data – or even to conduct a Doer/NonDoer analysis. Point out that while the team selection of key factors is good practice. Normally, this selection should be made based on research with members of the priority group – and not the way we must do it in this setting.
3. Use slides #3 and #4 to review the steps participants will take while working with their teams during Session 8. Have participants locate page 8b so they can refer to it while at work in teams. Follow speaker notes to review the way key factors are phrased.
4. Let participants know how long they should work and what they should do once their teams have completed the two steps. (If you are following the agenda of this guide, participants will go directly to lunch following Session 8.)

Team Work

60 min

1. Each co-facilitator spends some time with his or her assigned team(s). Co-facilitators should not lead the group work, but be available to answer questions and to ensure that teams are headed in the right direction. Co-facilitators may call upon the lead facilitator as needed.
2. The lead facilitator circulates among the teams, listening in or reading work that has been done to ensure that teams understand the job.
3. Team members work together to complete the assignment. Each team should prepare one master copy of the BEHAVE Framework with the three columns filled in and hand this in to the lead facilitator.
4. The lead facilitator reminds teams of how much time remains for the session and advises each team when time is up.

END OF SESSION 8

BEHAVE Framework

Session 8

Case Study 2: Identifying the Most Powerful Key Factors That Influence Behavior Change



During Session 8, you are meeting for the second time with your team to work on your case study. By the time you finish this session, you will have selected three or four priority key factors to write into your Framework.

Team work gives you an opportunity to apply what you have been learning in the workshop. During this session, you will practice formulating key factors.

Objectives: By the end of this session, you will be able to:

- Generate a list of possible key factors that includes examples of:
 - “big benefits” or things people really want
 - perceived consequences (*fun*)
 - skills and self-efficacy (*easy*)
 - perceived social norms (*popular*)
 - structural, environmental or policy factors.
- Select three or four priority key factors, recognizing that for the case study, participants will not have data for selecting those that matter.

For Your Case Study...

- Little data
- No Doer/NonDoer data
- You are inventing

Break the rules for the case study! No data!

For your own project, you will want data.



2

We're focusing now on the first column of the BEHAVE Framework. We'll spend some in-depth time on each of these columns so you can try thinking about project planning in a slightly new way.

Case Study: Powerful Key Factors

1. Develop list of possible key factors, including:
 - **“Big benefits”**
 - Consequences of the behavior – ***FUN!***
 - Skills, Self-efficacy – ***EASY!***
 - Perceived social norms – ***POPULAR!***
 - **Structural, environmental or policy** factors
 - **Actions** that prepare for behavior



3

When you meet with your team, you will have two steps. Turn now to page 8b, Guide for Case Study: Identifying the Most Powerful Key Factors. Note that the steps are listed on the sheet and you can refer to them while working with your team.

Step 1 is to make a long list of possible factors that you can tie to the behavior you will promote. As you make this list, you want to include a variety of factors, as we discussed in Session 7.

- Consider some “big benefits” like the fourteen we practiced.
- Keep in mind that FUN, EASY & POPULAR are often influential determinants.
- Remember that key factors need not be “psychological” factors, or things that happen in people’s hearts and minds. In the Key Factors column, you may include factors that could be addressed by structural, environmental or policy changes. You might also include here some antecedent behaviors that are facilitators.
- We did not mention this during Session 7, but the key factors column is also the place to list actions people need to take that prepare them for the behavior you will promote. For example, before a parent can give the child oral rehydration salts, the parent must obtain the ingredients. You may include these “antecedent behaviors” in your list.

Case Study: *Powerful Key Factors*

2. Select three or four priority key factors
 - Phrase so they fit:
 - In order to help ____ to ____ we will focus on:
 - increasing _____
 - decreasing _____
 - building _____
 - Write these into column 3



4

The second step, as you see from page 8b, is to select 3 or 4 key factors for your case study, phrase them as shown here, and write them on the BEHAVE Framework.

Recall that the phrasing should give some detail and indicate direction. It helps you to start with words like “increasing,” “decreasing,” or “building.”

Have fun in your groups. Ask us questions as you go along. And please make sure to hand your draft Framework to a facilitator once you have decided upon three or four key factors.

SESSION
9

Cluster Critiques 1

75 minutes

PURPOSE

To give participants the opportunity to work in “clusters” (groups of case study teams) to improve the case studies they have developed and to build the critical skills to assess a program plan that is described in the BEHAVE Framework.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Revise the case studies they developed in teams
- ✓ Critically review a program plan developed by others

PREPARATION

- ✓ Confirm that the PowerPoint presentation is ready to show.
- ✓ Facilitators should review the BEHAVE Framework that each team has submitted following Session 8. Identify strengths and weaknesses of each and ensure that the facilitator who will work with the team is clear on agreed-upon feedback.
- ✓ Determine how many clusters are needed so that two to three teams meet in each cluster.
- ✓ Determine which teams will meet in clusters. This is best done as you review the BEHAVE Frameworks that the teams submitted. You may want to consider clustering teams so that each cluster includes at least one team that demonstrates a strong grasp of how to fill in the BEHAVE Framework; that strong team could then present its work first.
- ✓ Assign a facilitator to convene each cluster and ensure that facilitators are clear that their role is to help **participants provide each other with feedback**.
- ✓ Identify space and chairs for each cluster to meet.
- ✓ Prepare photocopies of each team’s BEHAVE Framework – enough copies so that every member of the cluster has one.

MATERIALS

- ✓ PowerPoint presentation for Session 9
- ✓ Participant binder, especially page 9b

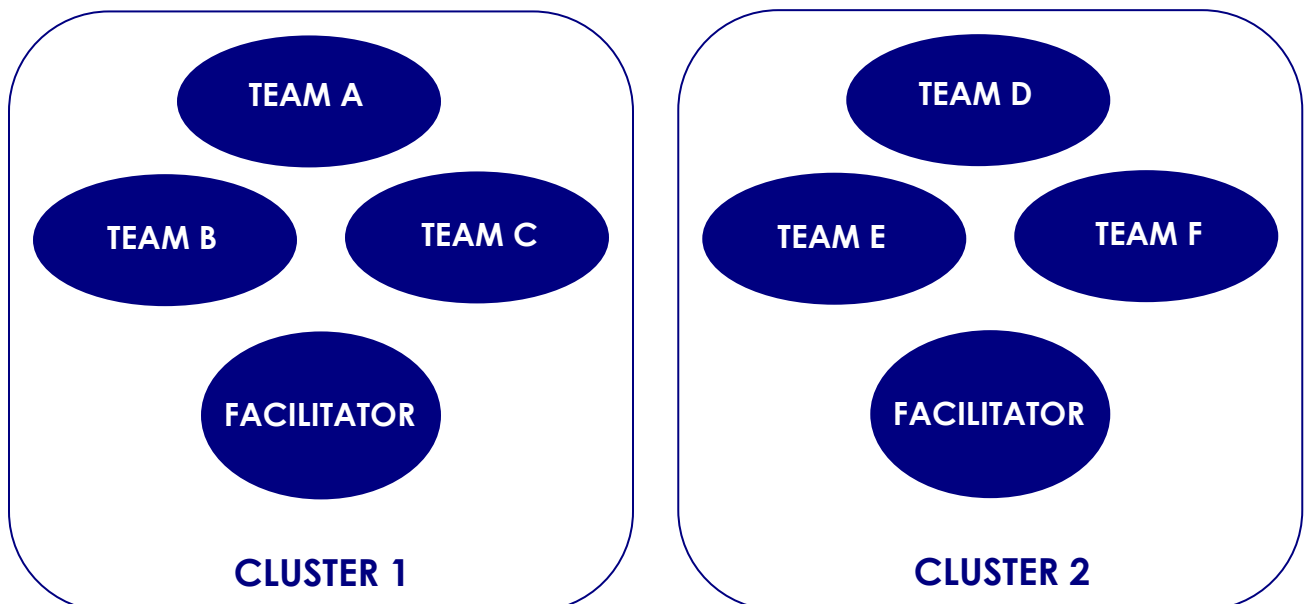
- ✓ Enough photocopies of each team's completed (most current) BEHAVE Framework so that every cluster member has a copy

Note

Many BEHAVE workshop participants and facilitators have observed that some of the best learning happens during the exchanges in the cluster critiques. Facilitators will want to take a positive approach to the critiques, ensuring that participants, too, see the value in giving and receiving constructive and positive criticism.

Facilitators are encouraged to remain silent for much of the critique, allowing the participants to introduce themes and make comments. This is a rich opportunity to hear participants talk about what they are learning. As participants, too, will notice, it is often easier to comment on others' work than to critique your own. You will find that most of the comments you as a facilitator want to mention will be introduced by a participant.

While for the most part restraining themselves, facilitators will also want to listen for opportunities to clarify misunderstandings or confusion. Stay alert for the chance to draw attention to an example that illustrates a point made earlier in the workshop. Facilitators should meet after the cluster critiques to share their insights about concepts that are confusing for some participants, and to consider ways to address the problems in subsequent sessions.



Presentation: Instructions

10 min**TIME** 10 minutes

- 1.** Display the first slide and, following the speaker notes, describe the objectives of the session.
- 2.** With slide #2, explain that a “critique” is a critical review, often used by artists or art students to obtain feedback from their peers on their artwork. Stress that “critical” means thoughtful – not negative. In a useful critique, the reviewers stress the positive qualities and suggest ways to improve the work, often beginning with positive feedback.
- 3.** Show slide #3 and discuss the benefits of a critique:
 - An improved case study.
 - Practice in reviewing others' program plans.
- 4.** With slide #5, go through the steps of the critique process. Answer any questions participants may have about the process. Then identify the facilitator, location, and team numbers for each cluster and ask participants to relocate to begin the cluster. Suggest that participants take with them page 9b of their participant binders so that they can follow the discussion guide.

The Cluster Critique

65 min

1. Each cluster is made up of all the members of the two to three teams assigned to the cluster. Depending on the amount of time left in the session and the number of teams, the facilitator will determine – and announce – how much time is available for discussion of each team's work. The facilitator may wish to have a participant serve as time keeper.
2. The facilitator for each cluster ensures that members of the assigned teams are present. Help participants to sit in a circle so that all are able to see and be seen by all members of the cluster. The facilitator should try to ensure participation of all members to make sure the whole team gives their opinion.
3. Announce the team that will present its work first. Facilitators may want to select a team with a strong presentation to lead off the discussion, serving as a model for subsequent teams. Remind participants that as Team A presents its work, members of the other teams will want to consider constructive feedback to give Team A members so they can improve their work.
4. Pass a photocopy of Team A's case study with the first three columns completed to every member of the cluster. Have Team A members identify themselves. Give everyone time to read through the case study. Ask a volunteer from Team A to read aloud the decisions as they are written in the three columns, without discussion or further explanation.
5. Suggest that the members of Team A remain silent for the first part of the discussion. Ask members of the other teams to answer the first question, "What's good about the plan?" The best role for the facilitator is to remain quiet, allowing participants to guide the discussion as much as possible. When sufficient time has passed or all comments have been made, the facilitator may sum up the discussion and move to the next question.
6. Ask participants to suggest ways that Team A might improve its plan. There is no need to discuss points in order, but the facilitator will want to ensure that some attention is given to each of the questions under this heading in the Guide for Cluster Critiques 1:
 - How clear is the priority group description?
 - How relevant are the supporting groups?
 - How well defined is the behavior?
 - How closely do selected key factors relate to the behavior?
7. When Team A's time is up, close the discussion, suggesting that Team A may like to consider their colleagues' comments and revise the first three columns during their next team meeting.
8. Pass out copies of Team B's plan and invite members of the other teams to

critique the plan, again following the guidelines on page 9b of the participant binder

9. Work to keep the discussion on track and on time. Participants will appreciate the facilitator's efforts to allow all teams equal time and to end the session on time. Once the discussion is over, thank participants for their contributions and let them know when and where they should reconvene for the next workshop session.

END OF SESSION 9

BEHAVE Framework

Session 9

Cluster Critiques 1: Groups, Behavior, Key Factors



Some of the best learning in the BEHAVE Framework workshops happens during what we call “cluster critiques.” You may have experienced a similar format in other workshops, by some other name. The clusters will give all of you a chance to “critique” – or assess – someone else’s work. In the process, you are likely to be able to clarify many of the principles that you have been learning during this workshop.

By the end of this session, you will be able to:

- Revise the case study your team has developed; and
- Critically review a project plan developed by others.

What is a “critique?”

- Artists get input from peers
- “Critical” means “thoughtful”
- Stress the **positive!**
- Suggest improvements



2

How many of you have ever been an art student? *[Watch for a show of hands.]*

Please explain how a critique works with artists or art students. *[Help participants describe a process in which an art student mounts her artwork on the wall for her peers to see; the peers take some time to look at the art; the peers hold a discussion to share with the artist their impressions and ideas about the art. The art teacher ensures that important themes and techniques are considered, asking, for example, “What do you think about the story this painting tells?” or “How has she used complementary colors?” The art student receives valuable feedback from teacher and peers. She may choose to apply these ideas in her next work.]*

We have borrowed the term “critique” from the art world. While the word sounds like “criticism” – and most of us feel that “criticism” is something to be avoided! – the emphasis really is on “thoughtfulness.”

Since the point is to improve the work, you will provide more useful input to your colleagues when you focus on the positive. What do you like about the way they defined the priority group? Which key factor that they define is often overlooked in others’ work?

Knowing that your team’s work will be assessed next may help you to look for the constructive ways to offer suggestions! You may want to open “negative” comments with “One thing I would like to see added...” or “This could be even stronger if...” or “Did you consider...?”

Two good reasons for “critiques”

- An improved case study example
- Practice in reviewing others’ project plans



3

The immediate result of the critique is that you will leave with a sense of how strong your case study is and with some good suggestions for how to improve it. What you are presenting to your peers on the other teams in the cluster is a draft. They may offer great ideas for how to make your work even better. You may discover that while your ideas for the project are clear to YOU, what you have written on paper needs revision so that others can understand what the project will do and accomplish.

But the practice of reviewing another team’s work is just as useful. It is always easier, isn’t it, to assess work that someone else has done than it is to step back from your own work and critique it? Pay attention to how you and others in the cluster are able to apply all that you have been learning about how to apply the BEHAVE Framework to project design. You may be surprised at how little input is needed from the facilitator – among yourselves, you will be able to raise almost every important theme and to catch every potential problem in each of the draft case studies.

How will this practice be useful to you in the future? *[Note that participants may be asked to review others’ Detailed Implementation Plans (DIPs) or help a colleague clarify a strategy description.]*

Cluster Critique process

1. Several teams assigned to a cluster
2. Facilitator moderates YOUR discussion
3. Team A presents work:
 - All read Team A's framework
 - Teams B & C offer feedback, using guide
 - Team A asks for clarification
4. Team B presents; A & C discuss
5. Team C presents; A & B discuss



4

Let me explain how you will work in clusters over the next hour or so.

1. First, we have assigned each of your teams to a cluster. *[Tell participants the make-up of each cluster: which teams will meet as a cluster, where each cluster will meet, who will serve as facilitator.]*
2. The facilitator's job is to keep time and to keep the discussion moving. But this is YOUR time for discussion. In the cluster, you will all sit in a circle so that all cluster members – including the facilitator – participate equally and so that you can all see one another as you talk. The facilitator will let you know how many minutes are available to discuss each team's work.
3. The first team – we'll refer to them as Team A – presents its work. To do this, they will distribute copies of the draft framework to everyone in the cluster. They give everyone time to read Team A's draft; a volunteer from Team A reads aloud what is written on the framework, without providing any extra commentary. Team A then asks Teams B & C (that is, everyone else in the cluster) for feedback. Please turn to page 9b now to look at the Guide for Cluster Critiques. You may want to try to cover these questions as you discuss Team A's work. The facilitator keeps time to ensure that each team gets a fair review.
4. Next, the second team – we'll call them Team B – hands out copies of its work, allows time for all to read, reads it aloud, invites discussion.
5. You will repeat the same process for each of the teams.

Please report now to your cluster. The facilitator has copies of your frameworks. You will want to take with you a copy of page 9b from your binder to guide the discussion about each team's work. Once you have discussed every team's framework, your facilitator will dismiss you and you may take a break. Please report here for Session 10 at X p.m.

SESSION
10

Planning Project Activities

60 minutes

PURPOSE

This session gives participants the skills and practice needed to develop project activities that address identified key factors. During Activity 1, participants will work in a small group to develop possible activities and then will show how they are linked to specific key factors in the sample BEHAVE Framework.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Describe both type and content of activities to address identified key factors.
- ✓ Assess appropriateness of a mix of activities that, together, accomplish program goals.

PREPARATION

Ensure that PowerPoint presentation is ready to project.

For Activity 1, participants will work in a small group of four to six participants; these groups may be formed by convenience and are not the same groupings as the teams for the case studies.

Prepare materials for the groups:

- ❖ Determine the number of small groups you will form for Activity 1 so that each has four to six participants.
- ❖ Print out the six sample BEHAVE Frameworks from the MSWord file named “Sample BEHAVE Frameworks for Session 10.” Note that the first three columns of each sample framework are completed and that the activities column is left blank.
- ❖ Determine which sample framework each small group will use. Note that six different samples are available. In the case of more than six groups, repeat one or more of the samples.
- ❖ Each small group will be given photocopies of one of the sample frameworks. Prepare enough copies of each sample so that each small group member has a copy.

Also for each small group, prepare a large newsprint sheet with the “Key Factors” and the “Activities” columns only, as shown below. In the left-hand column, write in each of the Key Factors from the assigned sample framework. Leave the activities column blank.

Alternative set-up: In some cases, you may wish to assign **the same sample framework** to all small groups. This has the advantage of allowing participants to focus on a single health intervention area. Small groups can then compare their creativity in developing appropriate activities.

Sample #1	
Key Factors	Activities
<ul style="list-style-type: none"> • Increasing knowledge of “free” availability of antiretrovirals (ARVs) • Increasing knowledge and perception of effectiveness of ARVs • Ensuring availability of tests in clinics • Improving health worker attitudes and treatment of mothers • Lowering stigma associated with testing 	

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 10
- ✓ One prepared newsprint and multiple photocopies of a sample BEHAVE Framework for each small group (see above).
- ✓ Two different color markers for each small group
- ✓ Participant binders, especially page:
 - ❖ 10b, The Right Tool for the Job
 - ❖ 10c, BEHAVE Framework Samples

Presentation and Discussion

20 min

TIME 20 minutes

1. Display slide #1 and, referring to the speaker notes, review the session's objectives.
2. With slides #2-#4, show the framework's column for activities, review the related principle, and point out that the activities should be built on the decisions recorded in the other three columns.
3. Continuing with the speaker notes for slide #5, introduce the idea that when planning activities, both **type** of activity and **content** must be tailored to the key factors and the behavior.
4. Show slide #6, the list of possible types of activities. Using the ideas in the speaker notes, engage participants in a conversation about how the program activities they conduct fit into these categories.
5. Have participants turn to page 10b of their binders, The Right Tool for the Job. Display slide #7 and point out that the text replicates the second entry on page 10b - "One-on-One Activities." Help participants understand how this table can help them:
 - Identify specific activities that fall into each category, listed in the left-hand column.
 - From the lists in the right-hand column, identify the usefulness of the activity type - "What It Can Do."Suggest that participants may find the sheet useful as they consider activities for their case studies.
6. With slides #8-9, remind participants of the sample BEHAVE Framework for promoting the use of insecticide treated nets. Review the decisions in the four columns. With slide #9 - especially if PowerPoint's animation feature is used to make the lines appear one at a time - it is easy to demonstrate the links between activities and key factors.

Activity A: Matching Key Factors with Activities**35 min**

1. Display slide #10 and go over the instructions for the exercise. Have participants form small groups of four to six people each. To each group, hand a few copies of the sample BEHAVE Framework they will use. Also hand the group a large prepared newsprint on which they will document their work. (See instructions in the Preparation section of this session, page 10-1 of this Facilitator's Guide.)
2. Once participants understand what they are to accomplish in the small groups, give groups about 20 minutes to complete the task. Facilitators should circulate through the room, making themselves available to answer questions.
3. When the groups have completed their work, call all participants back to order. Ask one group to volunteer a representative to present its work. Instruct the group's representative to:
 - Post the newsprint on the wall where all can see it.
 - From the sample BEHAVE Framework, read the priority group and the behavior.
 - From the newsprint, read the key factors.
 - Quickly read the description from the newsprint of each proposed activity. Using a marker of a different color, draw lines from each activity to the key factors that it will address.

Keep the presentation going quickly without too much time for detailed descriptions.

Ask participants from the other groups to assess this group's work by considering these questions:

- Are the descriptions of the activities complete enough that each activity can be linked with key factors?
 - Are there activities proposed that do not address any of the key factors in the list?
 - Together, do the activities address ALL of the key factors?
4. Continue with each group's report, quickly discussing and assessing each.
 5. Wrap up this activity by asking participants what they learned from the work using the following questions:
 - How would you now describe the difference between key factors and activities?
 - What is the advantage of linking key factors and activities?
 - What are you going to do differently in planning activities in your project?

Presentation and Discussion

5 min

1. Return to the PowerPoint presentation, using slides #11-12 to discuss the criteria used to decide on TYPES and on CONTENT for activities.
2. With slide #13, introduce the idea of a "mix" of activities that, together, reaches enough people, makes a clear call to action and addresses all the key factors.
3. Close this session, using slide #14 to recap the main points of the session.
4. Note that they will turn next to applying what they have just learned, meeting in case study teams to add activities to their case studies. Invite the next facilitator to introduce Session 11.

END OF SESSION 10

BEHAVE Framework **Session 10**

Planning Project Activities



Finally we come to the fun part of planning - What activities and what materials will you develop? To tell you the truth, most of you are so good at this part of planning that we spend relatively little time on it in this workshop. We could tell from your responses to the participant survey that most of you have experience with developing and pretesting materials and with implementing all kinds of creative and useful programs. **Our emphasis in this workshop is on making sure the program activities are designed to have an impact on key factors and thus on behavior change.**

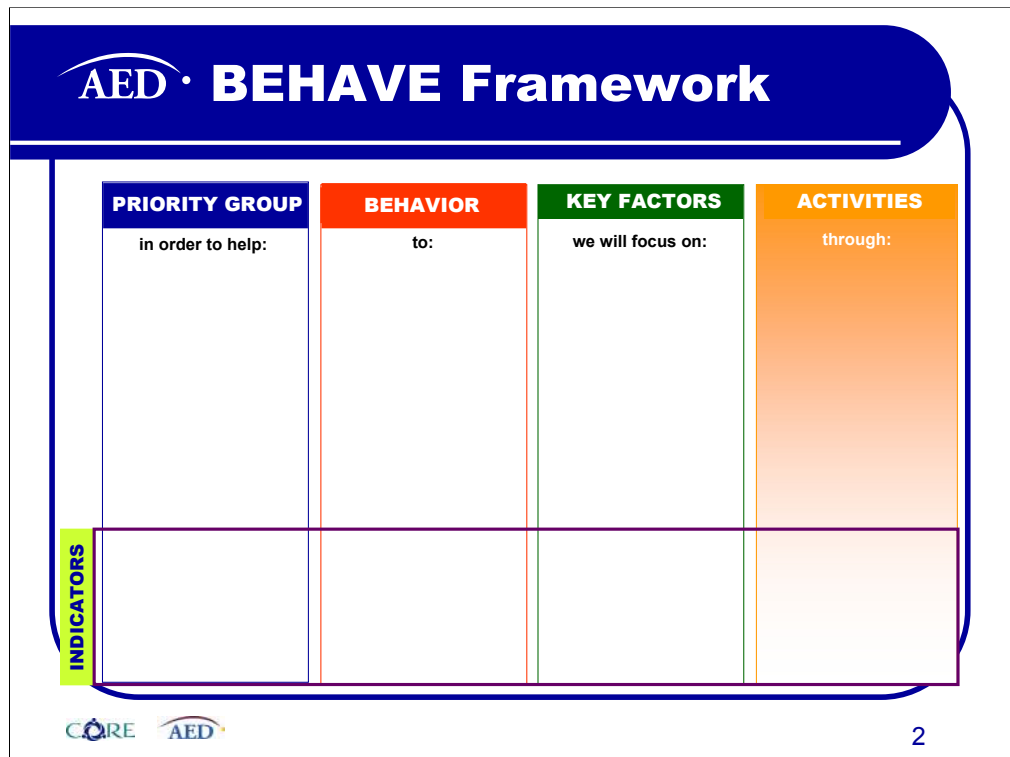
Generally, people assume that behavior change activities will involve communication. That's often true - but sometimes you may need to focus on activities that make structural or organizational or environmental or policy changes too. And yes, once you make those changes, you may need to communicate about those changes to a priority group or to supporting groups.

By the end of this session you will be able to:

- Describe both type and content of activities to address identified key factors
- Assess appropriateness of a mix of activities that, together, accomplish project goals.

I'll make a brief presentation. Then you will work in small groups to create some imaginary activities that address specific key factors. And finally, we will close with a few last slides on activities.

If you want to follow along with the print-out of the slides, please turn to 10a in your binder.



Here's where we are...in the last column of the framework.

Principle #4

All your activities should:

- maximize the benefits
- minimize the barriers

that matter to the group

All your activities should maximize the benefits and minimize the barriers that matter to the priority group.

Only when you have made the first three decisions (in the first three columns of the BEHAVE Framework) should you plan activities. You will design activities that will influence the key factors so that it is easier and more rewarding for the group members to take the action.

Activities Build On:

- Priority & Supporting Groups
- Behavior
- Key Factors

In the BEHAVE Framework, the selection and shape of your activities will be driven by the other three big decisions you've already made. Now that you've invested in making these decisions, you will want to make sure that you build on them as you develop your project's activities.

Planning Activities

- Right types of activities
- Right messages & content

When you are planning your activities, these are your two main concerns:

- Which are the right types of activities? and
- What are the messages and content for each?

[Ask:] How do you decide these two things? What are you looking for?

[Help participants to respond: “We will choose activities that will effectively address identified key factors.”]

Thinking first about types of activities, what are your choices? *[Continue with next slide.]*

Types of Activities

- Small-group interventions
- One-on-one interventions
- Centralized information & referral
- Product/service accessibility
- Advocacy
- Community mobilization
- Mass media & “small” media



6

[Have participants pull out “The Right Tool For the Right Job,” 10b, from their binders.]

This list attempts to cluster the whole spectrum of possible activities you could do into some general categories. Let’s see if it covers all you do. Think about all of your project activities and consider whether each fits into one of these broad categories. What is one activity your organization conducts? *[When a participant names an activity, such as “mother support groups,” ask participants to match the activity to a category – in this case, to “small-group interventions.” Take additional responses. It may be necessary to define some of the categories. “Centralized information & referral,” for example, is a category that could include libraries, Web sites or telephone hotlines.]*

How complete is our list? What have we overlooked? *[Generally, participants will feel that all their activities can be fit into these categories.]*

Some types of activities are better suited to accomplishing some things than others. Some address certain barriers better; some promote certain benefits better. Since you’ve already identified some key factors that will influence the priority group to adopt the behavior, your next decision is to select “The Right Tool for the Job.”

The Right Tool for the Job: Choosing Activities that Address Identified Key Factors

Type of Activity	Determinant Addressed thru Activity
One-on-One Interventions <ul style="list-style-type: none"> ➤ counseling and referral ➤ home outreach ➤ event-based outreach ➤ community, work, school or clinical setting 	<ul style="list-style-type: none"> • Deliver complex information • Answer questions • Enhance positive attitudes • Build skills • Increase sense of importance • Increase intentions to act

Look in your binder for 10b, “The Right Tool for the Job.” Locate on the sheet the row “One-on-One Interventions” that looks like what you see on the screen. Under the category of One-on-One Interventions, we have several types of counseling and outreach activities. This group of interactive activities is particularly effective at doing some specific things, shown here in the right-hand column. If your identified key factors were among those listed here, you might select some form of one-on-one interventions.

We’ve looked at just one row of this chart as an example of how to use it. You will see that for each category of activity type, the left-hand column gives variations of the activity; and the right-hand column provides ideas about the determinants or key factors that type of activity can best address.

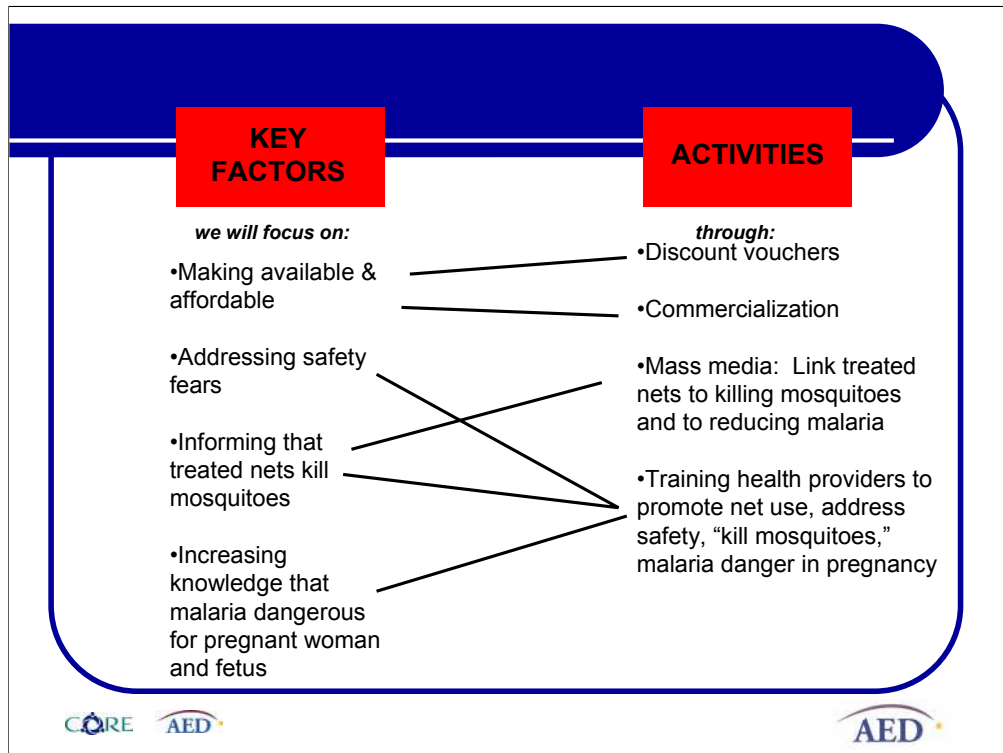
This sheet may be useful as you consider the types of activities to recommend in your case study - or once you’re back home and applying this to your own project design.

AED • BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help: Pregnant women in malarial area who are not currently sleeping under net every night	to: Sleep under treated bed net every night	we will focus on: <ul style="list-style-type: none"> •Addressing safety fears •Making available and affordable •Informing that treated nets kill mosquitoes •Increasing knowledge that malaria is dangerous for woman and fetus 	through: <ul style="list-style-type: none"> •Discount vouchers •Commercialization •Mass Media: Link treated nets to killing mosquitoes and reducing malaria •Training health providers to promote net use
INDICATORS				

You will recall this example of a BEHAVE Framework from the Netmark Project.

[Quickly review the content of each of the columns of this framework.]



[NOTE to presenter: This slide is most effective when PowerPoint's animation feature is used so that one set of lines appears at a time.]

You will recall the activities are meant to help *pregnant women in malarial areas who are not currently sleeping under a net every night to sleep under a treated net every night*. We saw this slide earlier, showing how lines can be drawn from each activity to the key factors the activity addresses. You can do this only if you fill in some detail on the content of the activity.

Activity A: Matching Key Factors with Activities

- Form a group of four to six participants
- Each group is given:
 - Copies of a sample BEHAVE Framework
 - Newsprint with key factors – activities column is blank
- Create activities with type & content, write on newsprint
- Draw lines from activities to key factors



10

Now it's your turn to try developing ideas for activities. This exercise gives you a chance to practice creating activities to address specific key factors.

- We will ask you to form a group of 4-6 participants who will work together just for this exercise. You may choose the people nearest you.

- Each small group will have photocopies of a sample BEHAVE Framework with the first three columns filled in – but with NO activities.

- Each group will also have a newsprint like this [*hold up a sample prepared newsprint, as described in the Facilitator's Guide*] with the key factors from your sample filled in and the Activities column blank.

- Your job, as a group, is to create some ideas for activities that could be used to address the key factors listed in your sample. You will want to write in the right-hand column the TYPE of activity and the CONTENT. For example, you may determine that mothers' groups are a good type of activity; you also will want to provide some details about what the mothers' groups will do. You will want to be sure that the content of the mothers' groups addresses one or more of the key factors. Have fun with this. You may be creative. You have about 20 minutes to do this.

- Once the groups finish their work, a representative from each team will post your group's newsprint at the front of the room and, with a different color marker, draw a line from each activity you have developed to the exact key factors that activity addresses.

[Give groups about 20 minutes to work. Facilitators should be available for questions.]

How Do I Decide on TYPES of Activities?

- Effectively addresses identified key factors
- Complexity of message/content
- How many people must you reach?
- Interaction of activities
- Budget available
- Other resources available



11

Matching your activities to the respective key factors is just one of your decision criteria. Here are some other criteria that you must consider in selecting the types of activities you'll develop.

- “Effectively addresses identified key factors”: We just discussed this idea when we went through “The Right Tool for the Job.”
- “Complexity of message/content”: If you must deliver complex information, you will most likely NOT use a 30-second radio spot. You may need to use interpersonal one-on-one activities or print materials to deliver complex information.
- “How many people must you reach?” If you are expected to reach people throughout a large region – or even nationally – you will have a hard time doing this through small group interventions. Mass media or community mobilization may be appropriate.
- “Interaction of activities”: You will want to ask yourself, how can you mix activities so that different activities pick up different parts of the job. Together, the interaction will be greater than the sum of the parts. For example, radio spots may bring people to the clinic; pamphlets could deliver complex information; and one-on-one counseling may help mothers to make a decision about a behavior. Any one of these alone may not accomplish behavior change; together they will.
- “Budget” is always a variable.
- “Other resources available.” Other resources include partners, existing programs, maybe even a radio disk jockey who will be willing to make announcements on the air.

How Do I Decide on CONTENT?

- Ensure that content directly addresses key factors
- Eliminate content that does not address key factors – make everything you do count
- Make a clear “call to action” (*Let group know what they’re to do*)

The second big concern when planning your activities is the content. What will your message and content be? You will want to consider these points:

- “Ensure that the content directly addresses key factors.” It is not enough to say that you will have posters or mothers’ groups. You must carefully tailor each type of activity to meet the key factors you have identified.
- “Eliminate content that does not address key factors.” Sometimes we are so accustomed to giving information in a set way that it is difficult to change. If we learn, though, that knowledge does NOT distinguish Doers from NonDoers, we may stop spending time and energy on that particular knowledge.
- “Make a clear call to action; let the group know what they’re to do” - the behavior. The words you use to describe it for the group may be quite different from the way you define it for the BEHAVE Framework - and you’ll learn that from pre-testing and message testing. But you need to ensure that your activities and your materials are all CLEAR about the action or the behavior.

Too many times, project activities fall down on content. Even though research has shown that skills and social norms are most important to help young people use a condom, for example, the leaders of a youth event spend most of their time teaching about the transmission routes of HIV and trying to raise young people’s perception of risk. Your job as project planner is to build the right content into the activities AND to monitor throughout to make sure that the proper content is really delivered.

You've Picked an Activities Mix That:

- Reaches enough people
- Makes clear call to action
- Addresses all key factors
- Minimizes barriers
- Works together
- Fits budget
- Is not too burdensome for staff
- Includes a practical number of activities, within budget and staff resources

The collection of activities you'll design is called the "mix." Each activity may not accomplish all these goals by itself - but together they will. The mix you've selected needs to meet these criteria:

[Review the list on the slide.]

Summary: Planning Program Activities

- Match activities to your identified key factors
 - type of activity
 - content
- Consider a mix that meets your project's objectives

Here's what we've covered in this session on activities. *[Review contents of slide.]*
Now it's your turn to try it out in your case study teams.

SESSION
11

Case Study 3: Planning Activities

TIME

75 minutes

PURPOSE

This session has two purposes:

- ✓ to allow teams a chance to revise their frameworks based on suggestions from the critique; and
- ✓ to enable participants to practice developing program activities that clearly address identified key factors.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Select types of activities that are appropriate for addressing particular key factors.
- ✓ Describe the content of activities in sufficient detail so that links to key factors are clear.
- ✓ Develop a “mix” of activities that, together, address all key factors and influence behavior.

PREPARATION

Teams have previously defined a priority group, a behavior, and three to four key factors, and have entered these in the first three columns of the framework.

MATERIALS

- ✓ Each team's partially completed BEHAVE Framework, with suggested revisions from cluster critique (Session 9)
- ✓ Extra blank frameworks
- ✓ Participant binder, page 11a, Guide for Case Study, Part 3, Planning Activities.

Presentation and Discussion

10 min

TIME 10 minutes

1. Introduce Session 11, informing participants that they will meet again with their teams in order to do two things:
 - Revise the BEHAVE Framework for their case study in order to make changes suggested in the cluster critique.
 - Add three to four Activities to the last column of the framework.
2. Ask participants whether their teams have identified particular changes they would like to make to the first three columns of their frameworks. Entertain a few specific comments from participants who wish to share the types of revisions they will make. Suggest that each team spend some time reaching agreement on revisions. The teams should again appoint one member as "scribe" to make a clean, clear original of the revised framework.
3. While participants are all together, ask them to turn to page 11a of the participant binder, Guide for Case Study, Part 3, Planning Activities.
4. Have participants follow along as you review the Guide for Case Study with them, pointing out the three steps they will follow after they have revised the first three columns of the framework.
5. Remind participants that for each type of activity they will need to specify the content, so that it is clear which of the key factors the activity will address. The examples in step 2 of the Guide for Case Study will help make this point.
6. Step 3 suggests that once the team has listed three to four activities and described the content of each, the team should consider the "activities mix" – that is, the combination of all the activities working together. Remind them that they should be able to draw a line from each activity to the key factors it addresses.
7. Before dismissing participants to work with their teams:
 - Answer any questions participants have about the team work.
 - Remind them of their two main tasks:
 - ✓ revise the first three columns; and
 - ✓ describe three to four activities that address the key factors.
 - Let them know how much time they have for team work.
 - Indicate what they should do with the revised master copy of the completed framework.

Team Work: Case Study, Planning Activities**65** min

1. Teams reconvene to accomplish two tasks, as described above. The co-facilitator assigned to each team should spend some time with the team in case members need clarification about the task at hand.
2. The lead facilitator should circulate among teams, being available for advice or information to team members and to co-facilitators.
3. Alert teams to the time left for the tasks. Collect revised and completed frameworks so that facilitators may review them at the end of the day.

END OF SESSION 11

SESSION
12

“Retrofits:” Using the BEHAVE Framework to Describe a Project Experience

TIME 45 minutes

PURPOSE To enable participants to relate the four decisions that are made when using the BEHAVE Framework to projects they know well.

Note

This “retrofitting” activity is a practical way to help participants find their way when the BEHAVE Framework seems confusing - or even foreign - to them. Many participants will feel they fully understand it once they see how a project they know or understand can be retrofitted to the framework.

Walking participants through this retrofit activity gives the facilitator an opportunity to reinforce many of the ideas and tools already presented in the workshop, and to demonstrate how all the elements fit together.

Experience shows that a retrofit helps those who observe the process as well as it helps the participant who volunteers to be interviewed. It is scheduled for the morning of Day 3, after participants have worked on all four columns of the framework. It could be used earlier or later, as needed, to bring clarity to participants.

Facilitation of this session requires a firm understanding of the BEHAVE Framework and quick thinking. To ensure that the activity goes smoothly, the facilitator may want to interview the selected volunteer participant the day before this session, sketching in the project decisions on a blank framework and ensuring that the selected project fits well with the framework (see below).

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Fit a project they know to the BEHAVE Framework.
- ✓ Demonstrate that every health promotion project has “made” each of the framework’s four decisions, whether that decision has been articulated or not.
- ✓ Use results to suggest changes to current project.

PREPARATION

During the first two days of the workshop, facilitators will be hearing from participants about some of their current projects. By Day 2, the facilitators should identify a project that will serve well as an example for the retrofit, looking especially for:

- ✓ A project that many participants know – or would find familiar.
- ✓ A project that can be fit to the framework without too much complication.
- ✓ A volunteer participant who will readily and clearly describe his/her project in front of the group.

Sometime prior to Session 12, select a volunteer participant and a project. Ask the volunteer, privately, to describe a project, itemizing the project elements in the four decision columns of a BEHAVE Framework blank. Sometimes it is easiest to begin by inquiring about the priority group and the project activities. The behavior and the key factors may need to be inferred through probing with the volunteer.

Prepare a blank BEHAVE Framework large enough for all to see and on which you will be able to fill in items during Session 12.

Priority Group	Behavior	Key Factors	Activities
<i>In order to help...</i>	<i>to...</i>	<i>we will focus on...</i>	<i>through...</i>

Choose from one of several options:

- ✓ On a large chalkboard or white board, draw the outline of the framework and label the four columns. Have erasable markers ready. This solution allows you to erase as needed and to fit in lots of information.
- ✓ Draw the framework on several sheets of newsprint and tape it to a smooth wall or other surface over which you will be able to write with markers. This option does not allow for easy erasing, but you may cross out items as you edit.
- ✓ Load the blank BEHAVE Framework – from the PowerPoint slides or from the MS Word file – onto the computer and project it through the LCD projector. The advantage is easy editing; disadvantages are that you may need to reduce the font size to fit all the text and that it may be difficult to type in the items and edit them on the spot. The facilitator would most likely require assistance from a co-facilitator or a participant who is adept with the computer.

MATERIALS

Prepared large, blank BEHAVE Framework to fill in during Session 12 and for all to see; use one of the three suggested options above.



Retrofit

60 min

1. Introduce this activity by pointing out that the purpose of retrofitting a known project to the BEHAVE Framework is to help participants see that they already work with many of the framework's four decisions. Assure participants that if parts of the framework still seem confusing to them, following this activity, they will have a much better understanding of how the framework helps with strategic project design as they experience the retrofit.
2. Describe what is meant by retrofitting ("retro-" means "back"). The American Heritage Dictionary defines "retrofit" as: to provide [a jet, automobile, or computer for example] with parts or devices or equipment not in existence or available at the time of original manufacture. In this activity, we examine a project that was designed **without** the BEHAVE Framework and see how well the project fits into the framework. Many excellent behavior change projects have been designed without the benefit of the BEHAVE Framework. By fitting these projects back into the framework, we can describe the logic behind them in a consistent way.
3. Introduce the participant who has volunteered to describe a project so that, in front of the group, you can retrofit it to the framework. Invite the volunteer to join you in front of the group and ask him to indicate the country and type of project he will describe. Ask participants how many of them are familiar with this particular project; and how many are familiar with a project that is similar.
4. Explain that as the volunteer describes the project, you will be attempting to fit the details into the framework. Ask participants to be ready to help out, as you may make some errors as you proceed.
5. Ask the volunteer to begin describing the project with no concern for following any particular order.
6. Probe for particular details. As the volunteer talks, you will write items into the display framework for all participants to see. For example:

The volunteer says: Our project is designed to increase exclusive breastfeeding.

You ask: So your priority group must be mothers of young children, right? What ages have you specified?

In the Priority Group column, you write: "Mothers of children ages..." and fill in the age as the volunteer specifies.

You say: Tell me more about the priority group.

The volunteer says: They all live in the capital city, in poor neighborhoods and have low levels of education.

In the Priority Group column, you write: live in poor neighborhoods, capital city, low education.

You point out that so far the volunteer has provided demographic features. Remind the group that they have learned to think of five ways to describe an audience. Have participants ask the volunteer about some of the other ways, including:

- Is there something that **most group members do**, that might help you determine how best to reach them?
 - Can you name something that **most group members want** or really care about? Something beyond better health for their children?
 - What is a **barrier** to exclusive breastfeeding that they share?
 - Where are mothers in this community on a “**stages of change**” continuum about exclusive breastfeeding? Are they exclusively breastfeeding for some weeks or months?
- As each detail is added, write it in the first column until the priority group is well defined.*

7. Continue asking the volunteer to describe the project and filling in items in the appropriate columns. As you discuss and write, keep participants engaged by having them help to interview the volunteer or help decide how to phrase the items or where to place them.
8. Look for opportunities to reinforce material covered in previous sessions. For example:

When writing the **behavior** in the second column, ask participants to define a behavior:

- Action
- Observable
- Specific
- Measurable
- Feasible for priority group to do
- Direct link to improved health outcome

When writing **key factors**, phrase them as:

- Building the skill to...
- Decreasing the cost of...
- Increasing the perception that...

Ask about the set of **key factors** itemized:

- Which of these could be presented as a positive consequence of doing the behavior? (FUN)
- Which make the behavior EASY? (skills, self-efficacy, reducing barriers)
- Which are related to perceived social norm? (POPULAR)

As the volunteer describes the project **activities**, help him articulate the specific content of each activity to demonstrate which key factors the activity addresses.

9. If the volunteer has trouble defining key factors, you may want to fill in the activities column first. Then work with the volunteer to define the content of the activities. The key factors may be implicit in the activities. For example:

The volunteer says: In meetings of the mothers support groups, we invite a mother who has successfully, exclusively breastfed her child for six

months to describe how she overcame barriers.

You ask participants: What key factor might this activity address?

Depending on the responses from participants, you write in the key factors column:

Increasing mothers' belief that they can accomplish exclusive breastfeeding

or

Increasing mothers' perception that others in the community believe that exclusive breastfeeding is acceptable

or

Helping mothers to identify and overcome specific barriers to exclusive breastfeeding

- 10.** Often, a volunteer will begin by naming one priority group and then shift discussion to a supporting group. In this case, you may want to draw a line across all four columns to make a row for describing a separate framework for the supporting group. This provides you an opportunity to show the value of looking at the behavior from the point of view of both the priority group and the supporting group. You may not have time in this session to complete both frameworks, so stay focused on the one that you believe will provide the more fruitful discussion.

Priority Group	Behavior	Key Factors	Activities
<i>In order to help...</i> Mothers of young children, ages 0 to 6 months	<i>to...</i> Breastfeed the child exclusively, meaning she will give the child no other food or drink, for first 6 months	<i>we will focus on...</i>	<i>through...</i>
Supporting Group Mothers-in-law of women with children ages 0 to 6 months	Offer explicit approval of exclusive breastfeeding for first six months, refusing to offer other food or drink to infant		

- 11.** A few minutes before Session 12 is to end, conclude the interview with the volunteer and have participants review the retrofit. Ask:
- What have you learned from retrofitting this project to the BEHAVE Framework?
 - What questions or confusion has this session helped to clarify?
 - What changes might you make now that you have "retrofitted?"

12. Close this session by pointing out the advantages of using the BEHAVE Framework to describe any project. Point out that the framework can be helpful even if it is not used from the beginning of project planning. Note that many project planners benefit from retrofitting a project that is underway. The framework helps you to make explicit some decisions or assumptions that were only implicit. This can aid in making midcourse adjustments to a project and in organizing the evaluation plan.

END OF SESSION 12

SESSION
13

Developing and Measuring Indicators for the BEHAVE Framework

TIME

60 minutes

PURPOSE

Session 13 demonstrates how the BEHAVE Framework can help project planners to organize planning for monitoring and evaluation. Using a sample framework about a breastfeeding project and a worksheet, participants work in pairs throughout the presentation to practice developing indicators for Activities, Key Factors, Behavior, and Priority Group.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Describe the purposes for monitoring and evaluation.
- ✓ Develop sample indicators for:
 - ❖ Activities
 - ❖ Key Factors
 - ❖ Behavior
 - ❖ Priority or Supporting Group

PREPARATION

Work through the sample framework and the worksheet prior to making the presentation. You will want to prepare some sample indicators of your own to help you anticipate the kinds of difficulties participants may have during the exercises and to have examples ready to discuss, as appropriate.

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 13
- ✓ Participant binders, specifically pages:
 - ❖ 13a, Developing and Measuring Indicators for the BEHAVE Framework, presentation slides
 - ❖ 13b, Glossary of Monitoring & Evaluation Terms
 - ❖ 13c, Developing Indicators
 - ❖ 13d, Example: Promote Colostrum

Presentation, Discussion and Practice

60 min

TIME 60 minutes

1. Show slide #1 and introduce the idea that the BEHAVE Framework provides a useful tool for organizing monitoring and evaluation planning. Acknowledge that participants may vary in their experience and comfort with evaluation and express the hope that all participants will gain from the session.
2. Show slide #2 and review the session's objectives. Point out that during the following session, participants will develop indicators for their case studies. The practice during Session 13 will prepare them for that exercise.
3. Show the BEHAVE Framework, slide #3. Indicate the row across the bottom with space for writing indicators that measure the items in each of the four columns. Remind participants that once a project is underway, the logic flows from right to left; that is, the activities influence the key factors that then influence the behavior for the priority group. During this session, participants will first develop indicators for activities and then move to the left through each of the four columns.
4. Show slide #4, which asks the question, "Is evaluation scary?" Many project planners and implementers find evaluation daunting or even threatening. Acknowledging participants' discomfort may help them to be receptive to the content of the session. Tell an anecdote to convey the ways that evaluation frightens people.
5. Ask participants to complete the phrase:
 - My biggest fear about evaluation is ____.Allow participants time to consider and write down responses. Call upon a few participants who wish to share their phrases. You may want to list these on a newsprint. Assure participants that they should feel more positive by the end of the session.
6. With slides #5-7, discuss the usefulness of monitoring and evaluation as problem solving; as an aid to project implementers to make decisions as the project is underway; and as a way to demonstrate what is working about the project.
7. Define "indicator," using slide #8.
8. Show slide #9 which is the same as 13d in the participant binder. Ask participants to turn to 13d. Read the example framework for a project that is promoting colostrum. Tell participants that they will develop indicators for all four columns of this sample framework.
9. With slides #10-13, you will discuss what to measure to assess activities and will help participants to practice developing indicators for activities. Follow the instructions in the speaker notes.

Have participants work on the first worksheet of 13c. While showing slide #11, Activity 1, small group workshops with mothers, review and discuss the examples in the first cell of that row of the worksheet. These sample indicators

assess whether the activity took place as expected.

10. Show slide #12, focusing on “Did the **proper** activity take place?” Review the relevant sample indicators on the worksheet.
11. Show slide #13 with Activity 2, stickers for immunization cards. Still using the first worksheet of 13c, work with the full group of participants to help them develop a sample indicator for each cell of Activity 2. Suggest that participants write these samples in the appropriate cells.
12. Show slide #14, with Activity 3, monitoring to ensure adherence to hospital policies. Have each participant work individually to develop one possible indicator. Discuss several of their responses, ensuring that they understand what is required.
13. Use slides #15-17 to practice writing indicators for key factors. Follow the instructions in the speaker notes. Participants work in pairs and discuss responses with the entire group.
14. Use slides #18-21 and the instructions in the speaker notes to practice developing indicators for behavior. Again, participants work in pairs and discuss responses in plenary.
15. Show slide #22 and discuss the possibility of developing and measuring indicators that assess health status.
16. With slides #23-24, have pairs practice developing indicators for priority or supporting groups.
17. Use slides #25-26 to discuss indicators as a means to test out the “hypothesis” that participants have set out as the “logic” of the BEHAVE Framework.
18. With slide #27, hold a brief discussion about indicators at different levels, including:
 - the individual
 - family
 - community
 - systemPoint out that the level of the indicator is dictated by the level of the priority group, behavior, or key factor that is specified in the BEHAVE Framework's project design.
19. Show slide #28 and summarize the main points of Session 13.
20. Let participants know the time they should return from break and be ready to receive instructions to work in their teams to develop indicators for the case study.

END OF SESSION 13

BEHAVE Framework **Session 13**

Developing and Measuring Indicators for the BEHAVE Framework



Welcome to Session 13.

We've been using the BEHAVE Framework to organize the logic behind planning a project. Now we'll consider how the framework can be useful when you are planning for how to monitor and evaluate a project.

Some of you may have a lot of experience in evaluation. Others of you may find the topic new. We will not try during this session to teach you everything you need to know to develop and implement a monitoring and evaluation plan. Instead, we will show you how you might use the BEHAVE Framework to help you think in an organized manner as you plan how to measure your project's progress and success.

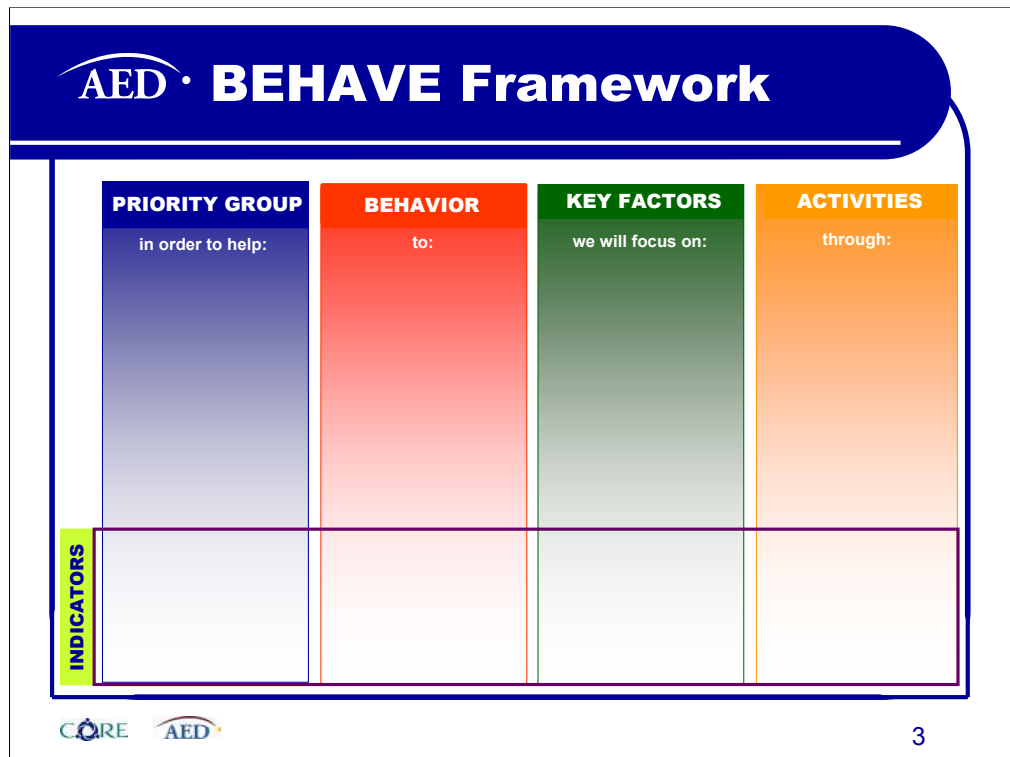
Objectives for Session 13

You will be able to:

- Describe the purposes for monitoring and evaluation
- Develop sample indicators for:
 - Activities
 - Key Factors
 - Behavior
 - Priority or Supporting Group

These are the objectives for this session. By the end of the session, each of you should be able to:

- Describe the purposes for monitoring and evaluation. You will identify the information you need in order to make decisions and in order to demonstrate what your project has accomplished – or is accomplishing; and
- During this session, you will have a little practice in developing indicators for each of the columns of the BEHAVE Framework. This will help you when you meet next with your teams to write some indicators for your own case studies.



The BEHAVE Framework offers spaces below each column. Here you may write in some indicators you propose for monitoring and evaluation – indicators that relate to each of the four decisions in the framework. During this session, we will discuss the types of indicators that fall into each column and will practice writing some samples.

You will recall that on Day 1, we noted that once your project activities are underway, the logic of the framework works from right to left. That is, the hypothesis is that if you conduct these activities, they will have an impact on these key factors, which will in turn influence this behavior for members of the priority group. As we practice developing indicators, we will move through the framework from right to left.

Is evaluation scary?

- My biggest fear about evaluation is _____



4

[Tell a personal anecdote that conveys the fear some people have of evaluation; or describe this experience that one facilitator had on the way to a BEHAVE Framework workshop:

Just as she headed out of the office for the airport, a colleague handed the facilitator an envelope with the workshop evaluation forms. Across the envelope, the assistant had written the word "Evaluation." While checking in at the ticket counter, the facilitator set the envelope on the counter. The airline agent looked at it, backed off and said, in mock terror, "Uh oh. 'Evaluation.' Somebody's in trouble!"

Many project planners find the idea of monitoring and evaluating daunting – and even fear inducing. I hope that by the end of this session, you will appreciate the ways that evaluation helps you. Let's start by examining some of your fears about the topic!

I invite each of you to consider how you would complete this sentence: My biggest fear about evaluation is _____. After you have considered a response, please take out a pencil and a piece of paper and write it down. We'll give you a couple minutes to do that, and then ask a few of you to share your thoughts – and fears!

[Allow participants time to consider and write down responses. Then entertain a few responses. You may want to write these on a newsprint. Comment on the list that is generated, assuring participants that they should feel less fearful by the end of this session.]

Evaluation Is Problem Solving!

Evaluation is the process of determining the merit, worth, and value of things...

- from Scriven, M. (1991). Evaluation Thesaurus (4th Edition) SAGE: Newbury Park, CA

Maybe this notion – that evaluation is problem solving – will help allay some of our fears about being judged. Evaluation is a tool that can help YOU solve some problems that interest you.

Consider this quote from the Evaluation Thesaurus:

Evaluation is the process of determining the merit, worth, and value of things...

As you invest time and resources into a project meant to help people change behavior – and become healthier as a result – you want to know, you deserve to know, the merit, worth, and value of that project. Evaluation is a way for you to keep track of the project:

- Is it operating as planned?
- Are you reaching the people you want to reach?
- Is the project having the desired effects?

What do you need to *decide*?

- Collect information *during* the project so you can adjust activities, materials, messages
- ***Monitoring***

Now, let's think through those two purposes of monitoring and evaluation: decision-making and demonstrating.

You, the project planners and implementers, need data to make decisions during the course of the project – decisions about aspects of the project you may need to adjust so that it is working effectively.

- What decisions might you need to make during the course of the project?

[Anticipate responses to include questions such as:

- Do I need to reach more people? How could I do that?*
- Are the messages understood? How should I change them?*
- Are people accessing the services? What should I change so that more can access them?]*

What do you need to *demonstrate*?

- Collect information *before, during* and *after* the project to show results – what “worked,” what didn’t
- ***Evaluation***

Unless someone has written you a blank check to run your project, you are accountable to someone for how you spend the project’s resources. The donor wants to know that you did what you said you were going to do. They will expect some kind of data to **demonstrate** that the project is operating as planned and having some kind of effect. This is **evaluation** of the project.

To whom else might you need to demonstrate something about the project?

[Entertain a few responses such as Ministry of Health, my supervisor, community leaders, etc.]

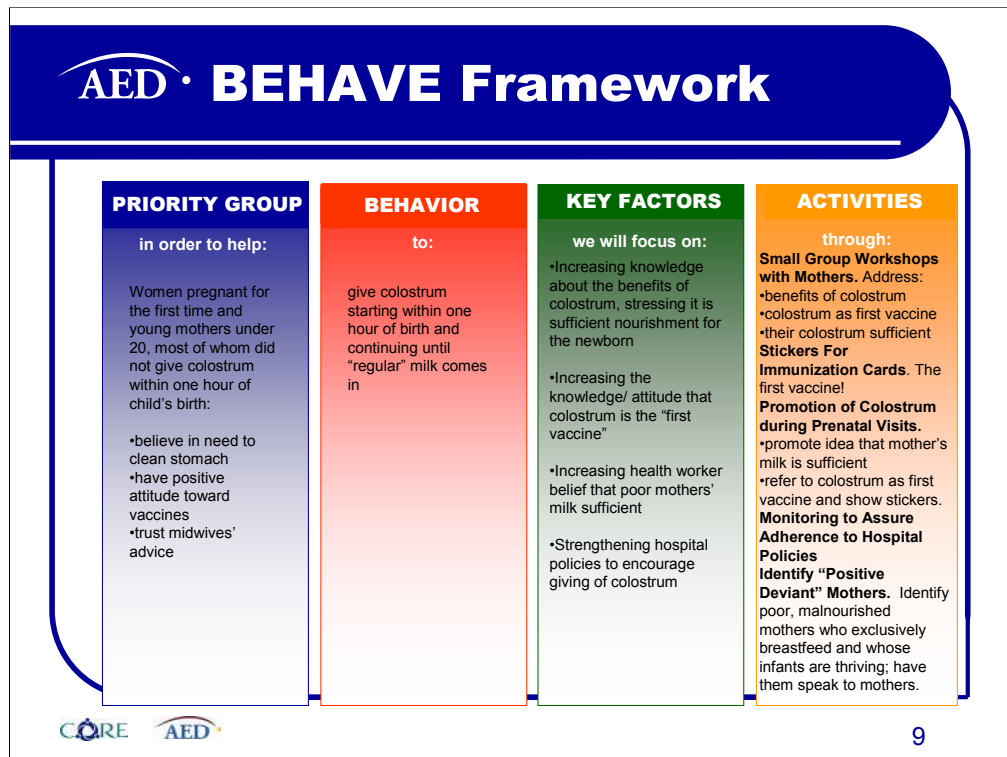
Definition

- **Indicator.** A single, specific measure of a general concept

Indicator A single, specific measure of a general concept. For example, “number of days that you smoked during the last 30 days” is an indicator of smoking behavior. Researchers often use several indicators to represent a complex concept such as a behavior.

We use indicators all the time. Let’s say that you cooked a meal for your family and invited guests. You want to know whether your guests thought the food was tasty. What are some indicators?

[All the food was eaten; three guests commented that they liked the main dish; two people requested second servings; etc.]



For practice in developing indicators, please turn to 13d in your binder. This framework lays out the logic for a project to help more young mothers to give colostrum – their first milk – within the first hour of the baby's life. Please follow along as I read the sentence:

- In order to help women pregnant for the first time and young mothers under 20, most of whom did not give colostrum within one hour of child's birth *[Note that a few extra descriptors are included in the first column.]*
- To give colostrum starting within one hour of birth and continuing until "regular" milk comes in
- We will focus on *[Read the four key factors.]*
- Through:
- Small group workshops with mothers. The project planners have listed three content points for the workshops. Notice that these match the key factors.
- Stickers for immunization card. This project takes place in a region where the health staff place a sticker on the child's health card each time the child receives an immunization. Project staff introduced a special sticker to place on the card if the mother reports that she gave colostrum. This reinforces the idea that giving colostrum is a good thing to do.
- Promotion of colostrum during prenatal visits
- Monitoring to assure adherence to hospital policies
- Identify "Positive Deviant" mothers – those who are exclusively breastfeeding

Indicators for *Activities*

- Did the activity take place?
 - How much? How many?
- Did the ***proper*** activity take place as expected?
 - How well/completely?
 - How faithfully?

When assessing activities, you really want to know two things:

- First, did the activity actually take place? If so, how much or how many?
- Secondly, did the PROPER activity take place? What was the quality of the activity, including how well or how completely was it carried out? How faithfully was it executed? By “faithfully” we mean, did the activity follow the plan? Was it, in fact, delivered as it was expected to be delivered?

Practice Developing Indicators: *Did Activity 1 take place?*

Small Group Workshops with Mothers

Address:

- Benefits of colostrum
- Colostrum as first vaccine
- Their colostrum is sufficient

Now turn, please, to 13c in your binders. We are going to work together to suggest some possible indicators for each of the columns of this framework on colostrum, starting with activities.

You should be looking at the first page of 13c – Activities.

Notice that the headings for the two columns to the right are:

- Did the activity take place? and
- Did the **proper** activity take place as expected?

The first example has already been completed for you. Let's look at the row that says Small Group Workshops with Mothers. How will you answer the question, "Did the activity take place?" Look at the two sample indicators in this cell. You could count the number of workshops; or you could count the number of mothers who participated in a workshop. This is pretty straightforward, and most of us would have systems already in place for counting and tracking these kinds of numbers.

Did the proper activity take place as expected?

Small Group Workshops with Mothers

Address:

- Benefits of colostrum
- Colostrum as first vaccine
- Their colostrum is sufficient

But what if we want to be sure that the PROPER activity took place?

Notice that the workshops should address the benefits of colostrum, colostrum as first vaccine, and that mothers' colostrum is sufficient. Look now at the last cell in the row on your worksheet. Here are three possible indicators that help you judge the quality of the activity:

- How would you count the number of benefits mentioned during the workshop? [*You could observe the workshop and count.*]
- Look at the second suggested indicator. This is a yes/no assessment that you can make by observing.
- To measure the third indicator, you might interview mothers as they left the workshop, asking them what they learned.

Some of the ways to assess whether the proper activity took place include:

- Observe workshops and note topics covered
- Ask women what they learned
- Give a pre/post-test
- Ask women or community members whether they've heard that colostrum acts as "first vaccine"
- Etc

Practice Developing Indicators: Activity 2

Stickers for Immunization Cards

Colostrum: The First Vaccine!



13

Let's work together to come up with some examples for the second activity: Stickers for immunization cards. What is a possible indicator for the first question – Did the activity take place?

[Help participants name some indicators and have them write at least one in the cell. They should suggest an indicator that would establish whether the stickers are placed on the cards.]

Next, how would you decide whether the PROPER activity took place? *[Together, develop some examples and have participants write these in the proper cell.]*

Practice Developing Indicators: Activity 3

- Monitoring to Assure Adherence to Hospital Policies

Now it's your turn. Take five minutes, please, to develop indicators for the third activity on this worksheet – Monitoring to assure adherence to hospital policies. Remember that you are just looking for indicators of whether the activity is being carried out, and being carried out properly. You are NOT trying to determine yet whether the policies actually were enforced.

[Give participants a few minutes to write in some indicators. Ask for volunteers to read their samples. Help the rest of the participants assess whether the indicators are appropriate.]

You have had some practice developing indicators for assessing activities. These are called “process indicators” because they measure the process of the project. Most of you already collect some indicators like these.

Indicators for *Key Factors*

- Have the key factors changed?
 - In the right direction?
 - How much?

Turn, please, to the second page of 13c, Key Factors. As you can see from the heading of the right-hand column, what we want to measure in this column of the BEHAVE Framework is:

Has the key factor changed? Of course, we want to know if it is going in the right direction; that is, if our key factor is “increasing skills,” we want to be sure that the change in skills is “increased” not “decreased!” In some cases, we might be able to assess how much the key factor has changed.

Indicators to Assess Key Factor 1

- Percent of mothers **in the general population of the region** who agree with the statement, "My first milk is all my child needs."
- Percent of mothers **who attended a workshop** who agree with the statement, "My first milk is all my child needs."



16

Now look on the left-hand side of the chart at Key Factor 1: Increasing knowledge about the benefits of colostrum, stressing it is sufficient nourishment for the newborn. On the right-hand side are two possible examples of indicators to measure the key factor. Please read these. *[Give participants a moment to read the two examples.]*

•What is the difference between these two indicators?

[Participants should note that the first assesses a population-wide change and the second looks for a change with only the women who attended a workshop. Discuss situations in which one of these might be more appropriate than the other. Note that a project evaluation could choose to measure both.]

You have five minutes to work with the person next to you to develop ONE sample indicator for ONE of the remaining key factors on the chart. *[Help participants to pair up and select a key factor. The pair may pick any of the three key factors on the chart. They will write only one sample indicator.]*

[Call upon several volunteers to a) read the key factor they chose and b) read the sample indicator they developed. Discuss each; revise as needed or show how adjustments could be made.]

Take a moment to read the notes at the bottom of the Key Factors page in 13c. *[Give time. Call upon participants to describe what they have read about results indicators; checking the hypothesis; comparisons.]* These notes may be a useful guide for you once you are back at work and developing indicators for your project.

Why measure key factors?

- Check your hypothesis
 - Are you addressing the “right” key factors?
 - Are changes in key factors related to changes in behavior?
- Changes in key factors may be easier to detect than changes in behavior

Tracking key factors may mean using indicators to measure:

- people’s attitudes toward the behavior
 - people’s beliefs about the behavior (including their beliefs about the consequences of doing the behavior)
 - people’s perception of social norms about the behavior, or whether they believe others think they should “do” the behavior
 - specific bits of knowledge
 - skills or self-efficacy related to the behavior
 - access to services or products
 - policies
- There are several good reasons to track key factors. The first is to assess whether the logic you have laid out in the BEHAVE Framework is sound. If, for example, you find that you have accomplished the change in the key factors but people are still not adopting the behavior, you need to try different key factors. The same would be true if the behavior changed, but the key factors did not!
- Another reason to track changes in key factors is that for some behaviors that are difficult to change – or behaviors that are hard to measure – you may have trouble showing behavior change. Instead you may demonstrate what the project has accomplished by measuring changes in key factors.

Indicators for *Behavior*

- Has the behavior changed?
 - In the right direction?
 - How much?

Continuing right to left across the BEHAVE Framework, we are now going to consider ways to measure behavior change. Please turn to the third page of 13c, titled “Behavior.”

•Why would you want to measure behavior change?

[Entertain some responses before proceeding to the next slide.]

Why measure behavior?

Behavior is your bottom line!

Helps you

- Demonstrate that the project works
 - Show *how much* the project works
 - Show which parts of the project work
- Show where you may need additional efforts in future
- Be credible, justify investment
- Seek future funds

[Follow up on the contributions participants have made in response to the question. Note that in a behavior change project, behavior is the “bottom line” – the thing against which all the project’s efforts are measured. Without change in behavior, the project is considered ineffective. Review the reasons given here for measuring behavior, comparing them with participant responses, as appropriate.]

Practice Developing Indicators: Behavior

...to give colostrum starting within one hour of birth and continuing until “regular” milk comes in...



20

The success of your project may be judged on the outcome of this indicator. With some behaviors, you may want to develop several different indicators that will help answer the question, “Has the behavior changed?” or “Have more people adopted the behavior?”

This is the behavior in the example framework. Please continue working with the partner you chose for the previous sample and develop a possible indicator for assessing this behavior. You have three minutes. *[Give participants about three minutes to draft an indicator.]*

[Have several volunteers read their sample indicators. Discuss each, looking at the advantages or disadvantages of using the indicator. Consider how easy or difficult it might be to implement the indicator.]

You may not need to invent indicators for your behavior. In many cases, the KPC (Knowledge, Practice and Coverage Survey) offers appropriate indicators – and you may already have a baseline against which to measure project success.

[Remind participants that they may find information about the KPC at <http://www.coregroup.org>, clicking on Working Groups, Monitoring and Evaluation.]

Compare with...

- ...the same measure made BEFORE the program began (baseline)
- ...the same measure with people or community NOT PARTICIPATING in the program (comparison group)

As with indicators for key factors, the number by itself will not mean anything. You must compare it, either with:

- A measure of the indicator with a sample of the same people **before** they were exposed to your project activities or materials; or
- A measure of the indicator with a sample of a similar group of people who have **not been exposed to** or are **not participating in** your project activities or materials.

Measure Health Status?

- Detect behavior change >> assume improved health based on health literature
- May be feasible, even in short term, to measure improvement in health status

Ideally, the work you do will result in better health for the women and children you serve. The reason you have picked the priority group plus the behavior is because you have evidence that if the group members adopt the behavior, they will improve their (or their children's) health.

Depending on the behavior you are promoting, you may actually be able to detect a change in health status.

Indicators for *Priority and Supporting Groups*

- Did project activities reach priority and supporting groups?
 - How many people?
 - The right people?
- Did people respond?
 - Can they recall activity, material, message?

Turn, please, to the next page of 13c – titled Priority Group or Supporting Group. Notice that we have listed the priority group on the left. Indicators for the first column of the BEHAVE Framework look at two things:

- Did the activities reach the priority and supporting groups? How many? Did you reach the right people?
- How did those people respond? Can they recall the activities or the materials or the messages?

Practice Developing Indicators: *Did the program reach people?*

Women pregnant for the first time and young mothers under 20, most of whom did not give colostrum within one hour of child's birth

Take a few moments to work with your partner to develop just one possible indicator to assess whether you reached this priority group.

[Give participants time to work in pairs to propose at least one indicator. Call on a few volunteers to share their draft indicators. Briefly discuss each. Participants may note that the description “most of whom did not give colostrum within one hour of child’s birth” does not need to define the priority group. They will really be looking for percent of “women pregnant for the first time and young mothers under 20” who were reached.]

Relationships Among Columns

**How does your
“hypothesis” hold up?**



One reason, as we mentioned, for developing and measuring indicators for each column of the BEHAVE Framework is that you want to find out if your logic "worked" in the project.

Practice Naming Indicators: ***Do relationships hold up?***

For example, check whether:

- Women exposed to project gave colostrum
- Women exposed to project believe that colostrum acts as "first vaccine"
- Women who believe that colostrum acts as "first vaccine" gave colostrum

If you have done all the measurements, you may ask of the data:

- Are women who participated in the project (or who were exposed to materials or messages) more likely to adopt the behavior than those who were not exposed to the project? That is, is there a relationship between activities and behavior?
- Are women who were exposed to the project more likely to believe that colostrum acts as the "first vaccine?" That could tell you whether your materials and messages are persuasive. Do the activities seem to be influencing key factors?
- Can you demonstrate a link between those who believe the idea and those who actually gave colostrum. That is, is there a relationship between the key factor (belief) and the behavior?

Besides being interesting questions to explore, if you can demonstrate some of these relationships, you may be able to convince more people to invest in your project. You have shown that it works.

Indicators for different “levels”

You may develop:

- individual level indicators
- family level indicators
- community level indicators
- system level indicators

Indicators will match the levels you have defined in the BEHAVE Framework



27

Many of you may be interested in looking at indicators at different levels. Many of the indicators that you just practiced developing were at the level of an individual person. That is because the example of giving colostrum is an individual behavior, and the project designers took an individual approach as they completed the framework.

If you have used the framework to work out the logic for community-level behaviors or attitudes or norms – then your indicators will reflect the community level.

Who can give me an example of a community behavior? What is an example of an indicator to assess that behavior at the community level.

[If participants do not offer an example you may use:

•Behavior – Community provides transportation to get a woman to a health center during an obstetric emergency.

•Indicator – Percent of obstetric emergencies over past six months for which the woman was transported to the health center in a timely fashion.]

Summary

- Monitoring helps you make *decisions* and evaluation helps you *demonstrate* progress or success
- You have practiced developing indicators for:
 - Activities
 - Key Factors
 - Behavior
 - Priority/Supporting Group

During Session 13, you have seen the value of monitoring and evaluation. Keeping track of indicators before, during, and after the project can help you use data to make decisions about possible adjustments to the project; and to demonstrate what works.

During this session, you have practiced developing indicators that assess each decision in the BEHAVE Framework. I hope that you see the usefulness of using the BEHAVE Framework to organize your planning for monitoring and evaluation. Considering each of these four areas will ensure that you are thorough in planning ahead for what to measure. I hope that evaluation, looked at in this orderly way, makes sense – and may even be a bit less scary.

In Session 14, you will try your hand at developing sample indicators for your team's framework.

SESSION
14

Case Study 4: Developing Indicators

TIME

75 minutes

PURPOSE

To provide participants with an opportunity to practice developing indicators for monitoring and evaluation.

OBJECTIVES

By the end of this session, participants will be able to:

Propose process indicators to measure:

- ✓ The extent to which the activity took place
- ✓ Whether the proper activity took place
- ✓ The extent to which the project reached priority and supporting group members
- ✓ Whether, and how, people responded

PREPARATION

Teams have previously revised the first three columns of the BEHAVE Framework and have added three to four activities, with detail about each activity's content.

MATERIALS

- ✓ Each team's completed BEHAVE Framework
- ✓ Extra blank frameworks, if needed
- ✓ Participant binder, page 14a, Guide for Case Study, Indicators for Monitoring and Evaluation

Presentation and Discussion

10 min

TIME 10 minutes

1. Open Session 14 by letting participants know that, following Session 13, they will work in their teams to practice developing indicators that may be useful for monitoring and evaluating the fictional project they have planned through the case study.
2. Remind participants that, because this is a case study and their decisions are not based on real data, they will be inventing indicators that they may or may not use later. Once they apply these methods to their own projects, they will have survey data and other information on which to base the indicators. Their job in the teams is to practice using the BEHAVE Framework to develop indicators which would be part of a monitoring and evaluation system.
3. Point out the row across the bottom of the BEHAVE Framework. Under each of the columns is a space in which they will be able to write indicators that relate to that column. Remind participants that they have just seen how the BEHAVE Framework can help to organize monitoring and evaluation. Ask participants:
 - Under which columns will you be writing process indicators? (Priority/Supporting Group and Activities).
 - Under which columns will you be writing results indicators? (Behavior and Key Factors).
4. Tell participants that each case study team should now add some sample indicators to each of the four columns.
5. Have participants turn in their binders to page 14a, Guide for Case Study, Indicators for Monitoring & Evaluation. Go through the five steps and examples, ensuring that participants understand that their job is to write down the following sample indicators:
 - One or two indicators for Priority Groups.
 - One or two for Behavior.
 - One or two for each key factor.
 - One or two for each Activity.
6. Before dismissing participants to work with their teams:
 - Ask participants if they have any questions about the team work and respond to their questions.
 - Let them know how much time they have for team work (65 minutes).
 - Indicate what they should do with the revised master copy of the completed framework.

Team Work: Case Study, Developing Indicators 65 min

1. Teams reconvene to write sample indicators, as described above. The co-facilitator assigned to each team should spend some time with the team in case members need clarification about the task at hand.
2. The lead facilitator should circulate among teams, being available for advice or to provide information to team members and to co-facilitators.
3. Alert teams to the time left for the tasks from time to time. Collect revised and completed frameworks so that facilitators may review them.

END OF SESSION 14

SESSION
15

Filling in the Blanks: Where Do Our Favorite Approaches Fit?

TIME

90 minutes

PURPOSE

To enable participants to see how the BEHAVE Framework's decisions fit with approaches they are accustomed to using, including:

- ✓ TIPs (Trials of Improved Practices)
- ✓ Positive Deviance
- ✓ Participatory Rural Appraisal

The facilitator will demonstrate how the Doer/NonDoer approach fits with the BEHAVE Framework.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Identify which of the four decisions a favorite approach addresses.

PREPARATION

1. Prior to this session, facilitators should identify three or four familiar approaches participants use in their child survival – or other – projects. The three used in this facilitator's guide are:

- ✓ TIPs (Trials of Improved Practices)
- ✓ Positive Deviance
- ✓ Participatory Rural Appraisal

In preparing for this session, have participants indicate which of these they know or use. Ask for other approaches they take to designing or conducting projects. The small group discussions are productive *only* if participants in the group are familiar with the approach they are discussing. This session is *not* designed to teach participants how to use the approaches.

2. Select the approaches that will be the focus of this session. If participants have identified approaches other than the three mentioned above, you will need to prepare materials for those additional approaches. Determine how many participants will want to discuss each approach. If more than 6 or 7 participants want to discuss an approach, plan to form two small groups for the discussion of that approach.

3. Prepare the following materials for the featured approach that each small group will discuss, and set these on the table where the group will meet:

- ✓ A “table tent” where the small group will meet (prepare your own or use the file Session 15 – Approach Table Tents).
- ✓ Five identical cards with the name of the small group’s approach (prepare your own on computer paper by hand or using the file Session 15 – Approach Cards).
- ✓ One copy for each small group member of a one-page description of the approach description the group will discuss (these descriptions also appear in the pages marked 15b for the participant binders, file 15b – Favorite Approaches Descriptions).

4. Post where all can see a large rendition of the BEHAVE Framework. As for Session 12, you may prepare this in one of several ways.

Ensure that each column is wide enough to accommodate the Approach Cards – that is, at least as wide as the longer dimension of a sheet of standard computer paper.

MATERIALS

- ✓ As noted above, for each small group, appropriate numbers of table tents, approach cards, and favorite approach descriptions
- ✓ Tape

Presentation and Discussion

30 min

TIME 30 minutes

1. Display slides #1 and #2 of the PowerPoint and follow the speaker notes to introduce the session's objectives.
2. With slide #3, introduce the 3 or 4 approaches that the small groups will discuss. As explained above, you will previously have identified the appropriate approaches, based on those most familiar to participants.
3. Use slides #4, #5, and #6 to remind participants of some of the characteristics of the BEHAVE Framework.
4. With slides #7 and #8, briefly describe to participants the work they will do during the small group discussions.
5. Follow the speaker notes for slides #9-#15 to model a "discussion" of the Doer/NonDoer approach. This presentation serves two purposes:
 - It shows participants one way they can conduct their own discussion of the three questions for their approach; and
 - It provides a good base of knowledge about the origins and usefulness of the Doer/NonDoer approach.
6. Show slide #16. Make sure that each participant can identify the approach s/he will discuss and indicate the table that is assigned for each approach.
7. With slide #17, describe the steps that participants will take during the small group discussion.
8. Return to slide #15, displaying the three questions so that all will be able to see them during the small group discussions.
9. Clarify participants' questions about the activity and then suggest that they join their small groups and begin work.

Participants may have questions about the Doer/NonDoer study. Feel free to use some time during this session to help them understand how it helps with the decision about key factors. Using examples from the participants' experience with the Doer/NonDoer

during Session 1 ("Exercise" Exercise) and Session 6 ("Exercise" Exercise: Coding Doer/NonDoer Data) may help them to understand its application.



Small Group Discussions: Where does our approach fit?

30 min

1. Participants gather at the assigned table to join in a small group discussion about one approach. At the table, each small group will find copies of a one-page description of the approach and "approach cards" that their reporter will, during the small group's report, post in the appropriate columns of the BEHAVE Framework at the front of the room.
2. While circulating through the room, ensure that members of each small group are already familiar with the assigned approach. If not, participants can be reassigned to discuss an approach they already know – or asked to observe the small group discussion.
3. During the discussions, co-facilitators make themselves available to the groups as needed to answer questions or to help keep them on topic or on time. Ensure that each group has chosen a reporter and has answered the three questions.
4. After 30 minutes, call time and invite participants to turn their attention to the front of the room.

ACTIVITY
B**Filling in the Blanks: Where do our favorite approaches fit? 30 min**

1. Tell participants that each small group will report on the approaches discussed, just as you had reported on a discussion of the Doer/NonDoer approach. Show slide #18 for a list of all approaches that will be discussed.
2. As described in the speaker notes of the PowerPoint presentation, identify a volunteer to report first. Ask that volunteer to respond to the first question, "Which decision (s) in the BEHAVE Framework does the approach help you make?" by posting a card with the name of the approach under each appropriate column. Hold a brief discussion about the response, asking participants if they agree with the small group's position.
3. Have the first reporter respond to the next two questions:
 - How does it help you make the decision(s)?
 - Why is the approach useful in planning an effective behavior change project?
4. Ask participants if they have any questions or comments about the small group's answers to the questions. Remind participants that a one-page description of each of the approaches can be found in the pages labeled 15b in their binders.
5. Invite the next reporter to post the card(s) and respond to the three questions. Hold a brief discussion.
6. Continue in this manner until all small groups have reported. Expect that the posted BEHAVE Framework will look something like this once all groups have reported. If a small group posts its cards in different columns from those shown in this sample table, understand why they have responded in this way. Placement of the cards may vary due to how narrowly or broadly the groups have defined the approach and/or its application.
Examples:
 - While TIPs is mainly focused on understanding priority group members and negotiating the behavior to promote, participants may feel that the work with negotiating the behaviors leads project planners to a better understanding of benefits and barriers – and thus will help with the decision about key factors.
 - Positive Deviance helps develop an understanding of the behavior and of why "positive deviants" are "doers" of the behavior. Because it focuses on those who already do the behavior, it does not reveal much about those who are not yet doing the behaviors – the priority group.
 - If the variations from the table on this page are due to a misunderstanding of the approach or of the BEHAVE Framework, you may need to help them change their responses.

Priority Group	Behavior	Key Factors	Activities
		Doer/NonDoer	
TIPs	TIPs	(TIPs)	
	PD	PD	
PRA	PRA	PRA	PRA

7. Ask:

- What have you learned from this activity about the relationship between your favorite approaches and the BEHAVE Framework?

Help participants to see that the framework is flexible and simply organizes decisions; it can be applied together with almost any other approach to child survival project design. Discuss the idea that these approaches play different and important roles.

8. Show slide #19. Follow the points on the slide to summarize the session, stating that:

- BEHAVE Framework is a flexible tool
- It identifies decisions to make. It does not tell you how to make them.
- Examining different approaches in terms of the BEHAVE Framework can help you understand the usefulness of each approach.

END OF SESSION 15

BEHAVE Framework **Session 15**

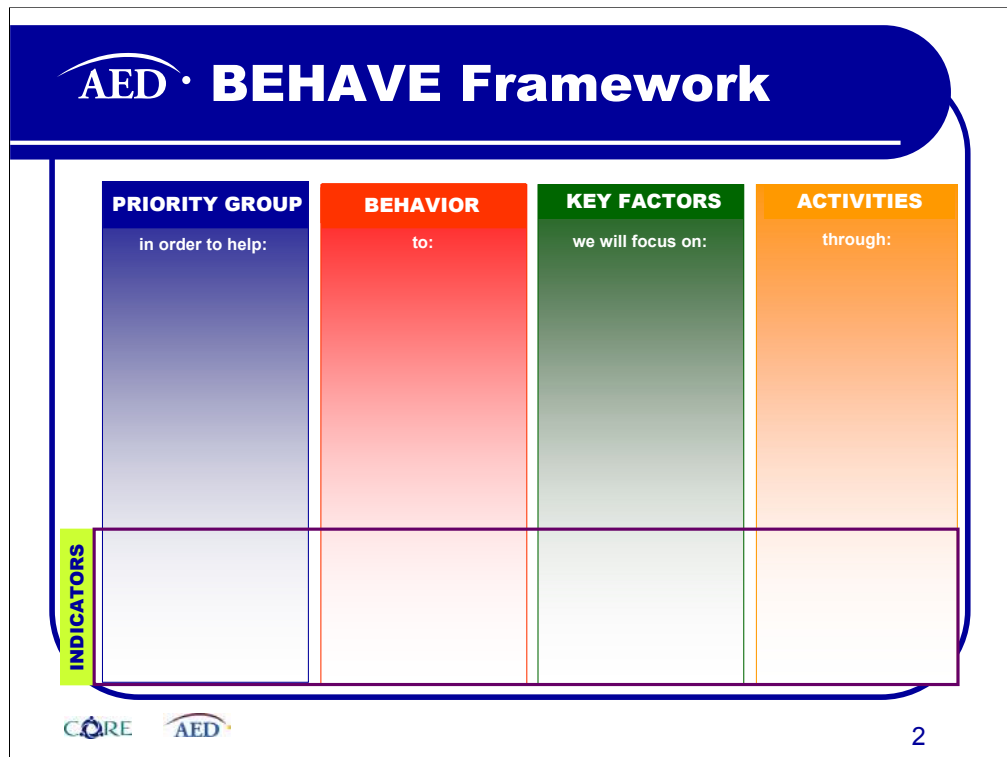
Filling in the Blanks



We're starting with the priority and supporting groups - the people you probably know quite well.

During this session:

- We will discuss the difference between a Priority Group and a Supporting Group.
- We will discuss the value of looking at things from the point of view of the priority group – and you will practice recognizing whose point of view is represented.
- We will show you five different ways to think about the people in the group you want to reach - and you'll have a chance to try these out. During your team work on case studies later today, you will need this skill.
- We'll discuss the value of “audience research” - and ways you can use data to define groups more precisely.



We're focusing now on the first column of the BEHAVE Framework. We'll spend some in-depth time on each of these columns so you can try thinking about program planning in a slightly new way.

Why should I use BEHAVE when I already use...?

- Trials of Improved Practices (TIPs)
- Positive Deviance (PD)
- Participatory Rural Appraisal (PRA)



CORE

AED

3

Why, you are asking, should you worry about BEHAVE when you already use a different approach? Could they work together? How?

Here are some of the approaches you know. These approaches each have their proponents. Several have been shown to have an impact – when used correctly – on health outcomes.

- TIPs, or Trials of Improved Practices, is a participatory approach that allows the program planners to negotiate new practices or behaviors. Program participants try out a new practice during a trial period to assess its feasibility within the culture. TIPs has been used in more than 25 countries, primarily for improving feeding of young children.

- Positive Deviance, or PD, initiated in the 1960s, grew out of efforts to reduce child malnutrition. Positive Deviance examines families or communities whose children are in good health. These people are referred to as “positive deviants” because they are different from (or “deviate” from) the rest of the community in a positive way. Understanding how these people are able to raise healthy children helps project planners identify effective ways to promote healthful habits in others.

- Participatory Rural (or Rapid) Appraisal (PRA) is a family of approaches or methods that includes Rapid Rural Appraisal (RRA) and Participatory Learning and Action (PLA). These approaches enable local people to share, enhance, and analyze their knowledge of life and conditions, focusing on empowerment.

BEHAVE is a framework

- Articulates the four decisions that should be a part of every project plan
- Encourages you to be explicit rather than implicit
- Helps you be strategic ... rather than tactical
- Identifies key decisions ... does not tell you how to make them



4

As we have pointed out throughout the workshop, the BEHAVE Framework helps you articulate the decisions that are part of every project plan. The framework helps you to be explicit about these decisions, and not just let them be assumptions – or fall to chance. It helps you to be strategic – and not rush to “tactics.”

But it does NOT tell you HOW to make the decisions. You are all familiar with many different ways of gathering information, weighing options and making these kinds of decisions so that they reflect what the priority group really needs.

The BEHAVE Framework

- ... is **ELASTIC**

- Many types of projects
- Many levels of decision makers
- Many different approaches can be used to make the decisions



5

You've also seen that the framework is elastic. The framework can be used for planning all **types** of projects, because it merely asks you what the four decisions are.

It is useful for decision makers at many **levels**. You could apply the framework in a highly centralized project, where people at the highest levels are making the decisions. It is also extremely useful in community-driven projects. As long as the people who make the decisions are given the understanding and the skills to make the decisions, the framework can be applied by community members themselves. You will recall that the reason we developed the framework in the first place is so that people in community groups – including youth members – could plan an effective behavior change project for the youth in their communities.

In this same way, many different approaches to project planning can work well WITH the BEHAVE Framework.

BEHAVE & the approaches you already use

- You can use the BEHAVE framework with the approaches you already use, to:
 - Check your logic
 - Be sure you have addressed ALL the DECISIONS
 - Make your decisions EXPLICIT



6

You can use the framework side-by-side with the approaches you already use in order to:

- Check your logic,
- Be sure that you have addressed all the decisions, and
- Make your decisions explicit – that is, make sure you can name and describe the decisions you are making, and not just leave them as assumptions.

Group Activity: Take ONE approach

- **Which** decision(s) in the BEHAVE framework does it help you make?
- **How** does it help you make the decision(s)?
- **Why** is the approach useful in planning an effective behavior change project?



7

During this session, you will work with a small group of your colleagues to explore one approach. During your discussion, you should answer these three questions:

- Which of the decisions in the framework does it help you make?
- How does it help you make the decision or decisions?
- Why is the approach useful in planning an effective behavior change project?

A Few Field Approaches

1. Trials of Improved Practices (TIPs)
2. Positive Deviance (PD)
3. Participatory Rural Appraisal (PRA)

Here, again, are the approaches that you will explore.

Before we split you into your discussion groups, I am going to lead you through an example, using an approach that is probably fairly new to most of you – the Doer/NonDoer study.

Approach: Doer/Nondoer

- **Which** decision(s) in the BEHAVE framework does it help you make?
- **How** does it help you make the decision(s)?
- **Why** is the approach useful in planning an effective behavior change project?

These are the three questions that you will be responsible for answering in your small groups – about the approach you are examining. I will now answer these for the Doer/NonDoer study.

Approach: Doer/Nondoer

1. Background/philosophy
2. What is it? What does it do?
3. Steps involved
4. Key characteristics



10

Please turn to the pages marked 15b in your binders, and look for the page titled Doer/NonDoer Study. This page is organized around some of the categories you see on this slide. Each small group will have a similar one-page description of the approach you are discussing.

Background/Philosophy: The Doer/NonDoer approach is based on common factors mentioned in several theories of behavior. It uses the differences between people to identify the factors to address. It depends on using real data from members of the priority group – so it is an empirical or data-driven approach.

What Is It? Doer/NonDoer is a formative research method. By formative, we mean that it is part of the research you do during the PLANNING (or “forming”) of your project. It elicits – or pulls out from people – the specific factors to address with your project activities and can be used for designing any type of behavior change project.

Steps: You gather a sample from the priority group and get input from these people about six questions related to the behavior. In a few moments, we will look at these questions. The planners then conduct a content analysis of the responses, divide the participants into two categories based on their likelihood of performing the behavior – Doers and NonDoers. You compare the percent mentioning each factor among Doers to the percent mentioning the factor among NonDoers. You identify factors that DIFFERENTIATE Doers from NonDoers.

Key Characteristics: This approach:

- Is a formative research method
- Focuses on differences rather than deficits
- Assumes you can locate people who successfully perform the behavior

Theoretical Factors: *Priority group must..*

- Believe that the advantages (benefits) exceed the disadvantages
- Have formed a strong positive intention or be committed to perform a behavior
- Possess the skills to perform a behavior
- Believe that they can perform the behavior
- Believe that the performance of a behavior will more likely produce a positive than a negative emotional response
- Believe that the performance of a behavior is consistent with their self-image
- Perceive greater social pressure to perform the behavior than to not perform it
- Experience fewer environmental constraints to perform a behavior than to not perform it



11

The strength of the Doer/NonDoer approach is that it is built upon theoretical factors. Let me read this slide to you, since it may be hard to see.

These theories propose that in order for members of the priority group to adopt the behavior, these factors must be in place. The priority group must...

- Believe that the advantages (benefits) exceed the disadvantages
- Have formed a strong positive intention or be committed to perform a behavior
- Possess the skills to perform a behavior
- Believe that they can perform the behavior
- Believe that the performance of a behavior will more likely produce a positive than a negative emotional response
- Believe that the performance of a behavior is consistent with their self-image
- Perceive greater social pressure to perform the behavior than to not perform it
- Experience fewer environmental constraints to perform a behavior than to not perform it

From many determinants to...

3 Powerful Determinants:

- Perceived consequences
- Self-efficacy, skills
- Perceived norms



12

From the long list on the previous slide, we arrive at a list of three determinants that are included in all the major theories of behavior change. From this finding, we arrive at the three powerful determinants that we discussed in Session 7 on key factors. How do we remember these three determinants...?

[See next slide.]

Three Powerful Determinants

- Perceived consequences **FUN**
- Self-efficacy, skills **EASY**
- Perceived norms **POPULAR**



13

While these “nicknames” for the three powerful determinants may not seem applicable in all situations, the terms FUN, EASY and POPULAR may make it easier to remember the three ideas.

Perceived consequences are what people believe will happen to them if they do the behavior you are promoting. If they believe the positive benefits outweigh the negative, we can say that they think they will get something they WANT – and we’ll call that FUN for short.

When giving people some skills – or the belief that they can do the behavior – is a determining factor as to whether or not they actually do the behavior – we refer to that as making the behavior EASY to do. In this category, we can also eliminate some of the barriers that make a difference.

And finally, if people believe that others think they ought to do the behavior, we refer to that as POPULAR.

Elicitation Questions

1. What do you see as advantages or good things that would happen if you?
2. What do you see as the disadvantages or bad things that would happen if you ?
3. What makes it easier for you to ?
4. What makes it more difficult for you to ?
5. Who would approve or support you if you ?
6. Who would disapprove or object if you..... ?



14

These elicitation questions are formed to assess each of the three most powerful determinants.

- The questions about advantages/disadvantages address what? [*perceived consequences – fun*]
- Asking about what makes the behavior easier/more difficult addresses what? [*self efficacy, skills – easy*]
- The questions about who approves/disapproves address what? [*perceived social norm – popular*]

You should recognize these six “elicitation” questions from the exercise survey that you all participated in on the first day of this workshop.

Group Activity: Take ONE approach

- **Which** decision(s) in the BEHAVE Framework does it help you make?
- **How** does it help you make the decision(s)?
- **Why** is the approach useful in planning an effective behavior change project?



15

Here are the questions that you will answer when you report back to the full group after your small group discussion. I promised you that I would model how to do this report – and would show you how, using the Doer/NonDoer study.

Help me, now, identify which of the BEHAVE Framework's decisions the Doer/NonDoer approach helps you make.

[Allow for some discussion among participants. They should arrive at the conclusion that Doer/NonDoer helps you make a decision about which key factors to address – because you will identify which factors distinguish Doers from NonDoers.]

Here, then is how I will report to you on the discussion about the Doer/NonDoer approach. I will place the Doer/NonDoer card in the third column of the BEHAVE Framework, because it can help you pinpoint the key factors that your project should address, to help turn NonDoers into Doers.

[Place the NonDoer card in the third column.]

Does the Doer/NonDoer study help me with any other decisions? *[No.]*

Therefore, I need only one card. For the rest of my report on our discussion, I will say that it **helps you make that decision** by showing the differences between people who already do the behavior and those who do not.

Why is it useful? Because – while it is not a foolproof method – it gives you strong reason to believe that you will be focusing on some factors that can really make a difference in people's behavior. The Doer/NonDoer almost always points to factors beyond health benefits and knowledge.

A Few Field Approaches

1. Trials of Improved Practices (TIPs)
2. Positive Deviance (PD)
3. Participatory Rural Appraisal (PRA)

Now it's your turn. You will join the group to which you have been assigned. Please be certain that you are discussing an approach with which you are already familiar. The purpose is NOT to teach you about a new approach. You will learn about the other approaches during the small group reports at the end of this session.

Small Group Discussions

- Choose a reporter
- Read the one-page summary
- Answer the 3 questions
- For each decision the approach helps you make, the reporter will post a card



17

You will meet in your group to discuss the one approach and answer the questions on the slide. I will display the slide so that you can refer to it during your discussions.

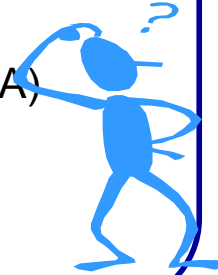
- You should select a reporter who will come to the front of the room and answer the questions about your approach.
- At your table you have a description of the approach. You may want to spend a few moments allowing everyone in the group to review that description.
- Together, you will agree on how to answer the three questions.
- On your table you also have five identical cards with the name of your approach. Your reporter will be prepared to tape one of these in each of the columns of the BEHAVE Framework for which you believe the approach helps you make the decision.

Enjoy your discussions. We look forward to hearing from you.

[Display slide #15 with the three questions, so that all can see. All facilitators may circulate among the groups, answering questions and helping them to keep on topic and on time, as needed. After the allotted time, call all participants back to order.]

So what is this BEHAVE stuff anyway?

- Why should I use BEHAVE when I already use ...
 - Trials of Improved Practices (TIPs)
 - Positive Deviance (PD)
 - Participatory Rural Appraisal (PRA)



CORE

AED

18

Here are the approaches you all have discussed. Let's hear now from one of the small groups.

[Identify a volunteer to report first.]

Thank you for volunteering. We need from you a very brief report. The first question is "**Which** decision(s) in the BEHAVE Framework does it help you make?" Please post a card under each column that applies.

[Have volunteer reporter place the card(s). Help the reporter and the participants to discuss the response. Do all agree on the small group's proposal? Why or why not? Have the reporter from the first group answer the other two questions. Continue in the same manner with all small groups.]

[Once all groups have reported, ask:]

•What have you learned from this activity about the relationship between your favorite approaches and the BEHAVE Framework?

[Help participants to see that the framework is flexible and simply organizes decisions; it can be applied together with almost any other approach to child survival project design. Discuss the idea that these approaches play different and important roles.]

Summary

- BEHAVE Framework is a flexible tool
- It identifies decisions to make, does not tell you how to make them
- Examining different approaches in terms of the BEHAVE Framework can help you understand the usefulness of each approach

[Use the points on the slide to summarize the session.]

Doer/ NonDoer

TIPS

For Session 15

PD

PRA

Trials of Improved Practices (TIPs)

For Session 15

Positive Deviance (PD)

For Session 15

Participatory Rural Appraisal (PRA)

For Session 15

SESSION
16

Cluster Critiques 2

75 minutes

PURPOSE

To give participants the opportunity to improve the case studies they have developed in teams and at the same time, build the critical skills to assess a project plan described in the BEHAVE Framework.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Revise the case studies they developed in teams.
- ✓ Critically review a project plan developed by others.

PREPARATION

- ✓ Facilitators should review the BEHAVE Framework that each team has submitted following Session 14. Identify strengths and weaknesses of each and ensure that the facilitator who will work with the team is clear on agreed-upon feedback.
- ✓ Prepare photocopies of each team's BEHAVE Framework – enough copies so that every member of the cluster has one. Allow yourself plenty of time to prepare these copies.

MATERIALS

- ✓ Participant binder, especially page 16a – Guide for Cluster Critiques 2
- ✓ Photocopies of each team's BEHAVE Framework.

Cluster Critiques

75 min

1. Teams meet in the same clusters and with the same facilitator as for Session 9.
2. Depending on the amount of time left in the session and the number of teams, the facilitator will determine – and announce – how much time is available for discussion of each team's work. The facilitator may wish to have a participant serve as time keeper.
3. As before, the facilitator ensures that members of the assigned teams are present and seated so that they can all see one another.
4. Announce the team that will present its work first. Remind participants that as Team A presents its work, members of the other teams will want to consider constructive feedback to give Team A members so they can improve their work.
5. Pass out a photocopy of Team A's completed case study. Have Team A members identify themselves. Give everyone time to read through the case study. Ask a volunteer from Team A to read aloud the decisions in the four columns and the indicators, without discussion.
6. Suggest that the members of Team A remain silent for the first part of the discussion. Ask members of the other teams to answer the first question on page 16a, "What's good about the plan?" When sufficient time has passed or all comments have been made, the facilitator may sum up the discussion and move to the next question.
7. Ask participants to suggest ways that Team A might improve its plan. There is no need to discuss points in order, but the facilitator will want to ensure that some attention is given to each of the questions under this heading in the Guide for Cluster Critiques 2:
 - How clear is the **priority group** description?
 - How well do **indicators** assess whether the right people were reached?
 - How well defined is the **behavior**?
 - How well do **indicators** measure behavior?
 - How closely do selected **key factors** relate to the behavior?
 - How well do proposed **indicators** measure changes in key factors?
 - Are **activities** described by type & content?
 - How well does the mix of activities address **all** key factors?
 - How confident do you feel that the activities will help group members adopt the behavior?
 - How well do proposed **indicators** measure the faithful implementation of activities **and** the "reach" of activities?

8. When Team A's time is up, close the discussion, moving on to Team B.
9. Pass out copies of Team B's plan and invite members of the other teams to critique the plan, again following the guidelines on page 16a of the participant binder.
10. Work to keep the discussion on track and on time. Once the discussion is over, thank participants for their contributions and let them know when and where they should reconvene for the next workshop session.

Note:

As in the earlier cluster critiques, facilitators will want to take a positive approach to the critiques, ensuring that participants, too, see the value in giving and receiving constructive and positive criticism.

Facilitators are encouraged to remain silent for much of the critique, allowing the participants to introduce themes and make comments.

END OF SESSION 16

SESSION
17

Case Study 5: Preparing Your Poster

TIME

45 minutes

PURPOSE

To provide an opportunity to finalize their case study frameworks and share their work with others

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Display their completed BEHAVE Frameworks developed in their teams to address a specific health challenge.

PREPARATION

Ensure that you know what space is available for display of the completed posters on Day 5 (last day) of the workshop. Posters may be mounted on walls in the classroom or hallways or on freestanding display boards such as chalk boards.

Facilitators should have reviewed each team's completed and revised framework and returned copies for teams prior to their development of posters.

MATERIALS

- ✓ Large paper on which each team will prepare a poster display. Facilitators will need to ensure that the paper size matches the size of the display area. Participants may tape together two or four sheets of newsprint to make a large display.
- ✓ Markers, colored paper, glue, tape, scissors, etc.
- ✓ Participant Binder, 17a.

Team Work: Preparing Your Poster

45 min

1. Have participants turn to page 17a of their binders to see the instructions for preparation of their team posters.
2. Explain that rather than standing before the whole group and describing their work, each team will prepare a visual display. The team should follow the instructions on page 17a as they plan and create a poster. They should use their imaginations and creativity to make the display appealing and easy to read. The main job is to help others understand the content of the BEHAVE Framework they have created.
3. Teams meet again in their designated meeting spaces to develop a poster display. They should complete the poster in time to hang it for display by the morning of Day 5 (last day).
4. Facilitators may circulate among teams to help as needed. Ensure that all team members are participating and that teams will clearly display the information highlighted on page 17a. Check that each team has chosen two team members to serve as “interpreters” during Session 21 – Poster Session.

END OF SESSION 17

SESSION
18

Field Visit

PURPOSE

To expose participants to local staff and projects, especially to projects that have demonstrated success in promoting behavior change.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Note highlights of field visit.
- ✓ Name a behavior promoted by the project.
- ✓ Name a key factor addressed by the project.

PREPARATION

Facilitators and local hosts will have worked together to plan useful visits to projects in the field. Please see Appendix C for suggestions on how to prepare for a successful field visit, including attention to:

- ✓ Selecting projects for the field visit.
- ✓ Arranging logistics.
- ✓ Orienting project staff who will host visits.
- ✓ Preparing participants for the visit.
- ✓ Ensuring culturally appropriate experiences for all.

MATERIALS

- ✓ From participant binder:
 - ❖ 18a, Field Visit Report

Note

The field visit is an important learning experience for participants. Facilitators should be certain to plan well in advance to make this visit meaningful for workshop participants. The guidance in the appendix suggests ways to link the field visit(s) to the content of this BEHAVE Framework workshop. An alternative approach to the field visit is suggested.

Field Visit

All day; time varies

TIME All day; varies

1. Participants join the groups to which they are assigned to make a field visit to a project that promotes behavior change.
2. One individual, generally from the host organization, is appointed as leader for the group. This leader ensures that all participants are present, makes introductions with those who welcome the visitors, handles logistics during the visit, and ensures that various aspects of the visit are comfortable for all involved.
3. Each individual records his or her personal observations about the visit on the Field Visit Observation Sheet, page 18a of the participant binder.
4. In the manner appropriate to the local culture, participants thank the hosts, including project staff, priority group members, and other community members.
5. Participants are reminded that during Session 19, Report on Field Visit, they will be asked to name:
 - Most interesting/important thing I learned;
 - Behaviors promoted; and
 - Key factors addressed.

END OF SESSION 18

SESSION
19

Report on Field Visit

30 minutes

PURPOSE

To enable participants to articulate their findings from the field visit, highlighting lessons that are relevant to principles of the BEHAVE Framework

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Describe a project visited in terms of the BEHAVE Framework.
- ✓ Describe highlights of field visit.

PREPARATION

1. Prior to or during the field visit, facilitators should have announced that participants will be expected to identify at least one behavior that the project promotes and at least one key factor the project addresses. Participants will have written these on their Field Visit Observation Sheets, page 18a.
2. Post the following instructions on the wall for all to see:

On three different note cards, write a response to each of the three points below. Post each response under the appropriate heading.

Note Card 1. Write down the most interesting or important thing you learned during the field visit

Note Card 2. Name a behavior the project promotes

Note Card 3. Name a Key Factor the project addresses

Please write only ONE idea per card.

3. On a wall or a freestanding chalk board, post three headings, large enough for all to see:

Most interesting/ important thing I learned	Behaviors promoted	Key factors addressed
--	-----------------------	--------------------------

MATERIALS

- ✓ Individual participants' completed Field Visit Observation sheets
- ✓ Note cards (use self-adhesive "Post-It Notes," index cards, or half sheets of paper; approximately 5 inches x 8 inches is ideal; at least three note papers per participant)
- ✓ Tape, if note cards are not self-adhesive
- ✓ Markers or pens

ACTIVITY
A**Participant Contributions: Reflection and Writing 15 min**

1. Participants will work individually and at their own pace as they arrive in the classroom for the morning session.
2. As participants enter the room for the morning session, direct their attention to the posted instructions. Hand each participant three or more note cards.
3. Suggest to participants that as they arrive, they reflect on the previous day's field visit and follow the posted instructions to write down three ideas, **one per note card**:
 - The most interesting/important thing you learned during the field visit.
 - A behavior the project promotes.
 - A key factor the project addresses.
4. Tell them that they will post their note cards under the appropriate headings that you have placed on the wall, but that their responses may remain anonymous if they wish. They need not indicate their names on the note cards.
5. Stress that each card should include only one idea. Participants who wish to write more than one observation for a category should use an additional note card for each.
6. Let participants know what time the reflection and writing activity will end – approximately 15 minutes after the morning's start time.
7. Each participant writes on a note card the **most interesting/important thing** s/he learned during the field visit. S/he tapes this card under the heading posted at the front of the room: "Most interesting/important thing I learned."
8. Each participant writes three or more note cards and tapes each under the appropriate heading.
9. Co-facilitators continue to direct new arrivals to the instructions and to hand out blank note cards, so they can begin work.
10. The facilitator for this stands near the area on which participants are posting their comments. Once several comments are posted, begin reading the items and ensure that:
 - Each card contains a single idea.
 - Items are placed under the appropriate heading.
11. Within each category, group similar responses and prepare to summarize participant input. Note any points you may want to make during the discussion, watching for:
 - Participant clarity or confusion about how to define a behavior.
 - Participant clarity or confusion about key factors.

- Unusually worded behaviors and/or key factors that might warrant discussion.
- Preponderance of “traditional” key factors like knowledge or perceived risk.
- Key factors that represent.
 - perceived consequences (fun)
 - skills or self-efficacy (easy)
 - perceived social norms (popular).

12. Let participants know that it is time to stop writing and to post all contributions on the wall.

ACTIVITY
B**Discussion: Response to Field Visit****15 min**

1. Call participants to order for a summary and report on field visits. Point out that the objectives of this session are:
By the end of this session, participants will be able to:
 - Describe highlights of field visit.
 - Name a behavior promoted by the project.
 - Name a key factor addressed by the project.
2. Ask one member of each group to describe briefly the project visited, naming:
 - Location.
 - Health intervention addressed.
 - Type of activity observed during field visit.Treat this discussion as a “roll call,” deferring discussion of details until all field visits have been identified.
3. Turn the group's attention to the first set of responses on the wall – “most interesting or important thing learned.” Invite participants to say a few words about items they have posted. Hold a brief discussion about the ideas in this category. Read aloud any interesting ideas that have not been mentioned by participants.
4. Next, discuss items in the “behaviors promoted” category. Again, allow participants to speak briefly about items they have posted. Use this time to point out well-defined behaviors and to clear up confusion about what is a behavior.
5. Finally, repeat a similar process for the responses related to key factors. Help participants, as appropriate to rephrase key factors so that they conform with the style taught in the workshop. As you (or participants) read posted items aloud, ask participants to identify those that represent:
 - perceived consequences (fun).
 - skills or self-efficacy (easy).
 - perceived social norms (popular).
6. Ask participants for overall observations about the usefulness of the field visits to deepening their understanding of how the BEHAVE Framework can help them to describe and understand a project that is new to them.
7. Close session by thanking hosts – if they are present – for the opportunity to make field visits and noting highlights that contribute to participants' ability to develop, implement, and evaluate behavior change projects.

END OF SESSION 19

SESSION
20

Adapting the Doer/NonDoer Tool

TIME

45 minutes

PURPOSE

Throughout the workshop, participants have learned about the Doer/NonDoer tool. The Exercise Survey they coded in Session 6 and interpreted during Session 7 is an example of the tool. During Session 15 on favorite approaches, the facilitator described the tool in some detail and indicated that its purpose is to help identify the most important key factors for a particular priority group + behavior. Before they leave the workshop, you will now walk them through the steps for using the Doer/NonDoer tool on their own projects.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Apply the Doer/NonDoer tool to identify key factors for their own projects.

PREPARATION

Decide how you want to use the sample guide questions on slide #7 of the PowerPoint for Session 20. As described in the speaker notes for that PowerPoint, you may want to remove the behavior from the slide in order to insert an example offered by a participant *during the presentation*. In this case, ask a co-facilitator to type phrases directly into the computer as you facilitate the discussion. This allows you and participants to try out and revise possible wording of questions as you go along.

A simpler approach is to use the immunization behavior as an example, allowing you to use slide #7 as it is.

MATERIALS

- ✓ PowerPoint presentation and speaker notes for Session 20
- ✓ Participant binders, specifically pages:
 - ❖ 6c, Coding Guides for Exercise Survey
 - ❖ 20a, PowerPoint slides for Session 20

Presentation and Discussion

45 min

1. Show slide #1 and, referring to the speaker notes, remind participants that throughout the workshop you have shared aspects of the Doer/NonDoer tool. During Session 20, they will practice the steps that they would need to take to apply this quick research tool to their own projects.
2. Remind participants that they themselves conducted a Doer/NonDoer study – and that they completed the study in two days. While the method shown during this workshop may not lead to a publishable study, the findings can point you in the right direction. It is a lot better than guessing – or than falling back on the “default” factor.
3. Show slide #2. Point out that this tool has one job in relation to the BEHAVE Framework: to help planners narrow down – from a long list of possible determinants or benefits or barriers – which few key factors should be the focus of their activities.
4. With slide #3, describe the basic premises behind the method you are demonstrating. Define elicitation.
5. Use slide #4 to help participants understand how the first question is designed to draw a line between – and identify – Doers and NonDoers. Remind participants how the Exercise Survey distinguished Doers and NonDoers. Ask participants for an example of a behavior they might promote, and take a few moments to work together to design a question to identify Doers and NonDoers for the behavior.
6. Showing slide #5, review the six elicitation questions. Using the speaker notes, show how the pairs of questions relate to the three powerful determinants.
7. Ask for a few examples of behaviors and help participants design the questions. Demonstrate that short-cuts are not appropriate; that each question should repeat the entire phrase for the behavior.
8. With slide #6, review the steps to take when adapting the tool for a new behavior.
9. Display the sample questions guide, slide #7. You may use the examples provided in the PowerPoint slide. Or, for greater practice, call upon a volunteer participant to offer an example behavior. With a co-facilitator at the keyboard of the computer that you are using to project the slide, complete each question for the behavior. Be sure to include the entire description of the behavior in each question.
10. Show slide #8. Remind participants that they used an existing coding guide for the Exercise Survey. Have them locate this coding guide on page 6c of their binders. Review the steps for creating a coding guide for a new behavior.
11. Use slide #10 to summarize the main points of this session.

12. Let participants know what time they should reconvene following the break. During the break, teams should ensure that their posters are displayed and that two volunteers are ready to serve as "interpreters" of the poster. Participants will sit down for instructions at the beginning of Session 21 before they view the posters.


END OF SESSION 20

BEHAVE Framework **Session 20**

Adapting the Doer/NonDoer Tool





- Throughout this workshop, we have taken several opportunities to consider ways to use Doer/NonDoer research to understand more about how to promote a particular behavior with a particular priority group. On Day 1, you all completed a survey on your own exercise habits. Together, you coded and analyzed the data from that survey. On Day 3, you considered some of your favorite approaches – and we used our time slot to describe the Doer/NonDoer. We have talked about how each of you may have a “default mode” – a standard selection of key factors, such as knowledge, that you usually fall back on. The Doer/NonDoer is a way of breaking out of that standard response to consider what factors really make the difference between those who do the behavior and those who do not.
- The BEHAVE Framework is a means of organizing your thinking about four important decisions for program planning – using data from your research with priority group members (and others) to make those decisions in a strategic way.
- We have seen this type of research help planners make smart decisions about which key factors should be priorities. You do not need a huge, six-month research project. Instead, you may have results in a week or two. Granted, the findings may not win you a published article in a peer-review journal – but they will guide you toward effective behavior change activities.



BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	in order to help:	to:	we will focus on:	through:
INDICATORS				

2

•We now will take some time to walk through the steps of planning and conducting a Doer/NonDoer analysis so that you might apply this method at home. It is a relatively simple piece of research that you can use to make better decisions about key factors.

TOOL

Doer/NonDoer Analysis

- Identifies most powerful key factors
- 7 questions
- Elicits attitudes and beliefs related to 3 powerful determinants:
 - perceived consequences (FUN)
 - skills/self-efficacy (EASY)
 - perceived social norms (POPULAR)
- You can do this at home!



3

An important decision that is often left to chance is identifying the exact key factors - or determinants of behavior - that you ought to focus on in order to help the group members to do the behavior.

[Go through points on slide]:

- The Doer/NonDoer tool is deceptively simple but, in our experience, incredibly powerful.
- You could run a Doer/NonDoer analysis on almost any data set as long as it includes: a) items that distinguish Doers of the behavior from NonDoers and b) items that measure a variety of possible determinants of the behavior (for example, questions on people's beliefs and attitudes toward the behavior). The method we are teaching you today includes only 7 questions. The first question divides the participants into two categories: those who currently DO the behavior, and those who DO NOT.
- This approach is called an "elicitation" survey, because it "elicits" or "draws out," people's feelings and attitudes about the behavior. For that reason, the remaining six questions are open-ended. You may notice that there are really three pairs of questions – which we will look at in a moment – and that each pair is designed to ensure we consider the three powerful determinants:
 - Perceived consequences (FUN)
 - Skills/self-efficacy (and barriers) (EASY)
 - Perceived social norms (POPULAR)

Identify Doers and NonDoers

- First question identifies Doers and NonDoers
- You decide where to “draw the line”



4

The Doer/NonDoer research “works” only if you can find at least 20 priority group members who already “do” the behavior – and 20 who do not. *[Point out that while 20 Doers and 20 NonDoers is a small sample, it should provide enough information to lead you toward a good decision about key factors.]* If no one does the behavior, this method obviously will not be right for you.

Our survey has only seven questions. The job of the first question is to identify which respondents are Doers and which are NonDoers.

•How did we establish this on the exercise survey that you all took on the first day?
[Remind participants that the first question was:

Think about the last full week that you were home, that is, before traveling for this workshop. Now, thinking about that week, how many times did you exercise for at least 30 minutes? By exercise, we mean any physical activity that increases your heart rate.

Number of 30-minute periods of exercise over the last week: _____

[Point out that in Session 1, participants formed three groups: Doers + two “levels” of NonDoers. Note that researchers will need to determine how many 30-minute periods of exercise a person must do to be considered a Doer.]

[Ask participants for an example of a behavior they might promote, and consider various ways to phrase this first question.]

Elicitation Questions

1. What do you see as advantages or good things that would happen if you ... ?
2. What do you see as the disadvantages or bad things that would happen if you ... ?
3. What makes it easier for you to ... ?
4. What makes it more difficult for you to ... ?
5. Who would approve or support you if you ... ?
6. Who would disapprove or object if you ... ?



5

Once we have identified who is a Doer and who is a NonDoer, we ask six questions that are “elicitation” questions. These are open-ended questions that “elicit” – or “pull out” – people’s opinions and ideas. We do not provide them with options or choices, but look for the answers that spontaneously occur to them (“top of mind”).

These six questions are designed to elicit people’s responses to the behavior you will promote in three areas:

- What area are you exploring when you ask about advantages and disadvantages of doing the behavior? *[Help participants see that these two questions uncover priority group members’ perceptions about the **consequences of the particular behavior** – and that this is one of the three powerful determinants we identified earlier.]*

- How about easier and more difficult? *[These two may elicit ideas about barriers and skills or self-efficacy, the second of the powerful determinants.]*

- What are the questions about who would approve or disapprove designed to explore? *[Perceived social norms.]*

Let’s practice, now, the way in which you would design your research instrument. Who will offer me an example of a behavior you might promote, so we can practice designing the questions? *[Ask for a sample behavior. Practice filling in the behavior to complete each question. Demonstrate that short-cuts are not appropriate; that each question should repeat the entire phrase for the behavior.]*

Trying It At Home!

- Define the behavior you will promote
- Define “Doer” and “NonDoer”
- Adapt six elicitation questions
- Collect some responses to make coding guide
- Conduct survey
(at least 20 Doers, 20 NonDoers)
- Tally results
- Look for differences



6

To conduct this kind of research, you will need to follow these steps:

- First, you must define the behavior you plan to promote. Use the entire behavior definition--be specific.
- Define where you will “draw the line” between Doers and NonDoers – and the question you will ask to identify the Doers.
- Adapt the six questions by filling in a complete description of the behavior for each.
- Test the survey instrument and get an idea of the range of answers you are going to see--make your coding guide.
- Conduct the survey with members of the priority group Our behavioral scientists tell us that in order to get a decent shot at having a representative sample, you will need to query 20 Doers and 20 NonDoers.
- Tally the results, as we did in Session 6. It works best if you have only one person do the coding.
- Then look for **differences** between Doers and NonDoers.

Sample Questions Guide

1. What do you see as **advantages** or good things about having your child completely immunized by 1 year of age?
2. What do you see as the **disadvantages** or bad things about having your child completely immunized by 1 year of age?
3. What makes it **easier** for you to completely immunize your child by 1 year of age?
4. What makes it **more difficult** for you to completely immunize your child by 1 year of age?
5. Who do you think would **approve** or support you if you completely immunize your child by 1 year of age?
6. Who do you think would **disapprove** or object if you completely immunize your child by 1 year of age?



7

[NOTE: The facilitator may use this slide to demonstrate how to adapt the elicitation questions. In this case, prior to presenting Session 20, remove the phrase “having your child completely immunized by 1 year of age” from each of the questions on this slide. Choose a “priority group + behavior” example from case studies. Work with participants to complete the wording for each question. A co-facilitator may type in the suggested questions as participants help to craft the sample questions.]

Alternatively, the facilitator may simply use the questions that appear on this slide as examples of how to complete the questions.]

Developing Coding Guide At Home!

- Administer the questionnaire to a few people - as close to target audience as you can
- Group their responses into categories, create table
- Define which responses go in each category
- Have only one person code responses



8

We mentioned earlier that you will need to develop a coding guide, similar to the coding guide in 6c of your binder. This is the guide that you used during Session 6 to organize people's responses. Notice that there is a separate list for each of the questions.

How did we arrive at these lists of possible responses?

- First, we conducted the survey back at the office. We knew the people in the office were not the same as YOU, our priority group, but they have similar experiences and education levels.
- Next, we grouped similar responses to start the categories, and we created the table that you see.
- Each time we conduct the survey with workshop participants, we further define the categories.
- During Session 6, you all worked together to agree on where to tabulate certain responses. In your work, you may want to have only one person code all responses – or work together in a group to agree as we did here in the workshop. What does NOT work well is for one person to code responses to question #1; and a different person to code the answers to question #2. This introduces the possibility that each coder will interpret responses differently and put them into different categories.

Analyzing It At Home!

- Don't worry about deficits
- Look for *differences* between Doers and NonDoers



9

You will need to calculate the percent of Doers who give a particular response to question 1 – and the percent of NonDoers who give the same response. You can do this without a computer, just figuring the percentages. But if you are able to operate Excel, you can make bar graphs like we used in this workshop.

You will recall that the value of this kind of analysis is that it points out the differences between Doers and NonDoers. Don't worry about low numbers (deficits).

•Why is it important to find out what's different about these two groups?

[Differences may point to determinants of the behavior for this priority group – the factors that influence the behavior. Remind participants that the Caribbean data about condom use among young people pointed away from addressing perceived risk – even though it was low – because that factor did NOT distinguish Doers from NonDoers.]

Summary:

- Doer/NonDoer is one way to identify most important Key Factors
- Must *first* identify Priority Group and Behavior
- Ask seven questions
- Survey at least 20 Doers and 20 NonDoers
- Look for *differences* between Doers & NonDoers



10

We have not tried to turn you all into expert researchers. But during this session, I hope you have gained a better understanding of how to plan and conduct a Doer/NonDoer survey. This is not the only method that could help you make the decision about key factors – but it is a strong method and can be conducted fairly quickly and easily. You watched how quickly we got some results about exercise during the first two days of this workshop.

How many of you feel that you could plan and conduct a Doer/NonDoer survey?

If you decide to try this for your projects, keep in mind that:

- Before you can conduct a Doer/NonDoer study, you must first identify the Priority Group and the Behavior that you will promote. It is that exact behavior that you will fill in to complete the elicitation questions.
- You can follow the model we presented here to create one question that identifies Doers and NonDoers; and six questions to elicit people's attitudes and feelings about the behavior.
- We recommend that you ask the questions of at least 20 people who already "do" the behavior; and 20 people who do not.
- You will code and analyze the data. If you can put the data into an Excel file, you will have bar graphs to help you compare the responses of Doers and NonDoers. But you can also analyze this survey without a computer, just by calculating percentages. Your main job is to identify what makes Doers different from NonDoers. Those are the key factors you will want to consider as priorities.

SESSION
21

Poster Session: Your Case Studies

TIME

120 minutes prior to lunch; 30 minutes following lunch

PURPOSE

This session allows each team to share the results of its case study work, without requiring a prolonged series of oral presentations. A host stands by each team's poster and answers questions. Participants have time to visit all posters, using a Treasure Hunt approach to focus on the three "powerful" types of key factors.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Identify key factors that relate to one of these types:
 - ❖ Perceived consequences (FUN)
 - ❖ Skills or self-efficacy (EASY)
 - ❖ Perceived social norms (POPULAR)
- ✓ Critique projects that apply the BEHAVE Framework.

PREPARATION

Teams have prepared a poster display that summarizes the work they have done on their case studies. Facilitators will need to determine adequate wall space – or freestanding room dividers – on which teams will mount their poster displays.

MATERIALS

- ✓ Posters
- ✓ Tape
- ✓ Participant binder, specifically
 - 21a, Guide for Poster Session
 - 21b, Poster Session: Treasure Hunt

Presentation and Discussion

10 min

TIME 120 minutes

1. Prior to taking a morning break, teams will have mounted their posters on the wall so that all can see. Each team should have selected two team members who will take turns serving as the team's host.
2. Explain that the poster session gives teams a chance to share their work with all participants without requiring a long series of oral presentations.
3. Have participants turn to page 21a, Guide for Poster Session and give them a few minutes to read the instructions.
4. Ask the two hosts for team 1 to identify themselves. Continue for all teams. Point out that one host will stand near the team's poster for the first 45 minutes. After that time, the second host will take over the post, freeing the first host to visit the other posters.
5. Have participants turn to page 21b. Point out that participants will all have a task during the poster session – by actively hunting for examples of the three powerful determinants of behavior.
6. Have participants number off, one to three. All those with number one will hunt for examples of key factors that address perceived consequences.
7. To clarify the instructions, give examples: "I am in the perceived consequences or FUN group. I will read Team 1's poster, paying particular attention to the key

factors column." Have participants help you identify one key factor on team 1's poster that focuses on perceived consequences. (Example: "increasing the sense that breastfeeding creates a loving bond with the baby.") Remind participants that **"FUN"** is the short way to remember the powerful determinant **"perceived consequences"** and that they will be looking for any key factors that are about beliefs people have about what good (or bad) things will happen to them if they "do" the behavior. Let participants know that those in the "perceived consequences" group will visit all the posters, as they hunt for examples.

Ask all those who are in the "perceived consequences" hunt to raise their hands. Point out that on worksheet 21b, these participants will:

- Check the first box at the top.
 - Write in "perceived consequences" in the blank.
 - Next to the bullets, list all the key factors they find (from all the posters) that they think are related to perceived consequences.
8. Ask all those who are in the **"skills and self-efficacy" or EASY** hunt to raise their hands. Remind them that they will visit all posters and will look for all the key factors that talking about increasing people's skills or helping them believe that they CAN "do" the behavior (self-efficacy). Point out that on worksheet 21b, these participants will:
 - Check the first box at the top.

- Write in "skills and self-efficacy" in the blank.
- Next to the bullets, list all the key factors they find (from all the posters) that they think are related to skills or self-efficacy.

- 9.** Ask all those who are in the "perceived social norms" or POPULAR hunt to raise their hands. Remind these participants that they will hunt for key factors that are related to what priority group members think other people want them to do.

Point out that on worksheet 21b, these participants will:

- Check the third box at the top.
- Write in "perceived social norms" in the blank.
- Next to the bullets, list all the key factors they find (from all the posters) that they think are related to perceived social norms.

- 10.** Indicate the time that the poster session will end and the time that participants should return after the lunch break. Encourage participants to take page 21b with them as they view posters.



Poster Session

110 min

1. One host takes his or her place next to each team's poster. Participants circulate among posters, collecting examples for the type of key factor assigned.
 2. After 45 minutes, let participants know that the second host should relieve the first.
 3. Co-facilitators should circulate among the posters too, making sure that each team has a host on duty and that participants are engaged in the treasure hunt. Look for highlights of the teams' work, especially work that reinforces the methods and principles taught in this workshop.
- Make note of:

 - Priority group descriptions that use more than demographic features to define the group.
 - Frameworks that show a separate framework that indicates a behavior, key factors, and activities for a secondary group.
 - Clearly defined behaviors.
 - Unusual key factors.
 - Activities that very clearly match key factors.
4. Let participants know when it is time to take lunch and at what time they should return following lunch.



Response to Case Studies

30 min

1. Following the lunch break, call participants back to their seats. Ask:
 - What did you like about the teams' work? What impressed you?Entertain a few responses. Point out some of the specific strengths that you and the co-facilitators noted.
2. Call on participants who collected examples of perceived consequences to call out some of the consequences the teams addressed. Continue with the other two categories of the treasure hunt. Remind participants that the reason for focusing on these three types of key factors is that they are often powerful motivators for behavior and yet are frequently overlooked in planning activities.
3. Congratulate teams on their work.
4. Remind participants that all the decisions they made in their teams are based on assumptions more than on real data for a real priority group. Before any of these projects could be considered for implementation, project planners would need to conduct some research with members of the priority group and secondary groups.
5. Let participants know that in the next session they will consider how the BEHAVE Framework fits into the child survival project planning cycle.

END OF SESSION 21

SESSION
22

The BEHAVE Framework's Place in Project Planning

TIME

60 minutes

PURPOSE

During this session, participants work in small groups to review the steps in the Child Survival Health Grants Project (CSHGP) planning cycle, identifying uses for the BEHAVE Framework within that process. Participants may convene with colleagues from their own organization to begin looking for concrete ways to build some of the concepts and tools learned in this workshop into their own planning process.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Identify appropriate places in the planning cycle for accommodating the new concepts and tools learned in this workshop.

PREPARATION

Check the steps in the graphic depiction of the CSHGP cycle on page 22a to ensure that they match the steps most participants take in planning a child survival project. If not, you may revise the graphic or make note of the differences as you introduce the activity.

Decide how best to divide participants into small groups of about five to eight participants each. If you are working with participants from a number of different organizations or different projects, you may want to have them work with others from their own organization or project. This will help the organization to make specific plans for building the framework into their planning process.

MATERIALS

- ✓ Participant binders, specifically page:
 - ❖ 22a, CSHGP Cycle

Presentation and Discussion

10 min

TIME 10 minutes

1. Introduce Session 22 as an opportunity for participants to consider how they might apply all that they have learned in this workshop the next time they have a chance to plan a new child survival project.
2. State the session's objective: to be able to identify appropriate places in the planning cycle for accommodating the new concepts and tools learned in this workshop.
3. Remind participants that they *need not wait* to start a new project in order to apply the BEHAVE Framework. The logic of the framework can be useful even once a project is underway. But this session will help them look at the CSHGP cycle and think about how they will introduce the BEHAVE Framework.
4. Ask participants to locate page 22a which depicts the nine steps of the CSHGP cycle. Briefly review these steps to be sure that all understand what they are. Ask participants whether these steps match those they follow. If there are differences, suggest that they will be able – in their small groups – to make adjustments to the cycle.
5. Divide participants into small groups of about five to eight people each, grouping participants who are from the same organization or project, as appropriate.
6. Instruct them on what they will do once they are in small groups:
 - Choose a recorder/reporter.
 - Determine whether the cycle on page 22a reflects the steps they take, and adjust as needed.
 - Discuss each of the nine steps in the cycle and consider what aspects of the BEHAVE Framework might be integrated into that step.
 - Record responses and discussion points of interest in order to report on these to all participants.
7. Let participants know where each group will convene and the time that they should be back in their seats for a plenary discussion.



Small Group Discussion: BEHAVE in the Cycle

30 min

1. Participants work in small groups to:
 - Choose a recorder/reporter.
 - Determine whether the cycle on page 22a reflects the steps they take, and adjust as needed.
 - Discuss each of the nine steps in the cycle and consider what aspects of the BEHAVE Framework might be integrated into that step.
 - Record responses and discussion points of interest in order to report on these to all participants.
2. Facilitators make themselves available for questions or clarification.
3. Let small groups know when they have about five minutes remaining for discussion. When time is up, call everyone back to order for Activity B, the discussion in plenary.



Discussion in Plenary: BEHAVE in the Cycle

20 min

1. Once participants are back in their seats, ask the reporter from one small group to report on:
 - the specific steps into which they plan to incorporate new concepts or ideas; and
 - discussion points of interest from their small group.
2. Entertain a brief response from participants to the report from the first small group.
3. Continue with reports and discussion from the rest of the small groups.
4. Summarize the discussion. Close this session by reminding participants that they may decide how and when to incorporate what they have learned into project design. Let participants know how long the break will be and when to return for the closing session.

Note

In pilot workshops, small groups have varied in how they suggest integrating elements of the BEHAVE Framework into the CSHGP cycle. There is no one right approach to this activity. The point is to start participants thinking about how they might integrate what they have learned about behavior change into the child survival project cycle.

Keep an open mind as you hear from each small group.

Note

In the broadest interpretation of this task, participants may see a usefulness for the BEHAVE Framework in most of the steps. For example:

- During **application**, propose specific behaviors to consider, build in time to conduct Doer/NonDoer research.
- During **DIP**, conduct audience research (such as Doer/NonDoer) prior to finalizing objectives or to identifying key factors or indicators.
- During **DIP Review**, use the decisions of the framework to assess how well the behavioral approach is integrated.
- In reports, describe the project by identifying the four decisions; show how M&E indicators link to the BEHAVE Framework decisions.

END OF SESSION 22



Closing Session

Workshop Evaluation and Wrap-up

TIME

120 minutes

PURPOSE

The workshop's final session gives participants a chance to reflect on the workshop experience and to share feedback. Participants complete the Day 5 daily feedback form and a post-workshop survey that asks them to assess the degree to which they have met the workshop objectives. Two additional feedback forms help them to identify their next steps for learning more and applying the BEHAVE Framework and to succinctly describe the value – for them and their organization – of participating in the workshop. Facilitators engage participants in a wrap-up discussion to reinforce what they take home with them. Facilitators follow local custom for a brief closing ceremony.

OBJECTIVES

By the end of this session, participants will be able to:

- ✓ Describe, succinctly, the value of the workshop to themselves and to their organizations.
- ✓ Identify next steps they will take to begin applying what they have learned.

PREPARATION

Prepare photocopies of the forms and surveys listed below. All four forms are found in the introduction to this facilitator's guide. Set up a box or large envelope into which participants can place completed forms.

MATERIALS

- ✓ One copy for each participant of each of the following forms and surveys:
 - ❖ Daily Feedback Form, Day 5
 - ❖ Post-workshop Participant Survey & Profile Information
 - ❖ Dear Boss
 - ❖ Message in a Bottle
- ✓ Newsprint and markers

Presentation and Discussion

5 min

TIME 5 minutes

1. Welcome participants to the final session of the workshop. Let them know that they will have a chance to reflect individually and to share their ideas with the group. State that by the end of this session they will be able to:
 - Describe, succinctly, the value of the workshop to themselves and to their organizations; and
 - Identify next steps they will take to begin applying what they have learned.
2. Hand out the four forms. Let participants know that they will have about 25 minutes to reflect and complete the four forms. They need not write their names on any of the forms and their responses will remain anonymous.
3. Point out that the **Dear Boss** assessment gives them a chance to justify the time and money their organization has invested in having them participate in the workshop. Suggest that participants imagine that they must convince their boss that the time was well spent – and that, as in a telegram or a pager message or text messaging, must make the case using only seven words. Let them know that everyone who would like to will have a chance to read this message aloud to the group.
4. The other forms are familiar and should be self-explanatory. Answer any questions participants have about how to proceed. Tell them what time you

would like to hold the open discussion and wrap-up.



Individual Reflection and Evaluation

25 min

1. Participants work alone to write their responses to the questions on all four forms.
2. The **Daily Feedback Form**, similar to forms they have completed at the end of each day, allows participants to rate each session and asks them to identify the most useful thing about Day 5. You will collect these after the discussion as part of workshop assessment.
3. The **Post-workshop Participant Survey** is four pages long, and includes the Profile Information. This is the formal workshop evaluation and repeats the questions of the Pre-workshop Participant Survey, allowing you to compare pre and post ratings. It provides you with additional feedback that may be useful as you assess this workshop and plan for future training. The profile information will help you describe the training participants as you report.
4. As described above, the **Dear Boss** message helps participants to describe succinctly what they and their organizations gain from their participation in the workshop. In a way, it gives them a script for answering the questions they may get once back at the office: How was the workshop? Was it worth the investment? The reason for limiting the number of words is two-fold:
 - It helps them be concise and focus on the main advantages.
- It allows all participants to share a statement with the group without taking up too much time.
5. The **Message in a Bottle** form helps participants to think ahead to what else they might need in order to be able to apply the BEHAVE Framework in their projects.
6. Alert participants to the time when a few minutes remain. Then call them to order once most have completed the paperwork.

ACTIVITY

B

Group Discussion and Wrap-up

90 min

- Once participants are ready, thank them for taking the time to reflect on the workshop. Suggest that it could be fun for them to share the seven-word messages they have written to their "bosses." Make it clear that no one is required to read the message.
- Ask for a volunteer who wants to read what he or she has written on the "Dear Boss" form. Set the scene this way:
 - "You have just been away from the office for five days. Imagine that you are back at work next week and learn that a crisis had everyone wondering where you were. Your boss says, 'I sure hope that workshop was worth it – what did you get from it that will help us?' You say: ____"

Have the volunteer participant fill in the blank.
- Invite others to share the short phrases they have written. Acknowledge participants' thoughts and feelings as they contribute.
- Next ask participants to look at what they have written on the **Message in a Bottle** form. Here they will discuss what else they would like to study or learn as they attempt to apply the BEHAVE Framework back on the job. Allow participants to turn to discussion of next steps they may take once home in order to apply what they have learned.
- Finally, open the floor to discussion of the workshop in general. Invite participants to list what they found to be the most useful parts of the workshop. List these on a flipchart as they are mentioned. Invite recommendations of what participants would like to see changed for future workshops. While you will want to give participants room to lodge complaints, you should try to keep the discussion focused on the positive.
- Close the workshop with the distribution of certificates, final words from an invited guest, and thanks from the co-facilitators – whatever local custom dictates. Remind participants of the ways they can access technical support as they work to apply the BEHAVE Framework in the design of child survival projects.
- Remind participants to place all four forms in the evaluation box.

Note

Participants will appreciate an official acknowledgment of the work they have done. Depending on the culture, you should be prepared to make a formal distribution of certificates, sing a closing song or offer special refreshments at the end of the workshop. Invited guests may be asked to say a few words in closing.

**END OF
CLOSING SESSION**

Sample Workshop Announcement

*The CORE Social and Behavior Change Working Group
and the CHANGE Project invite you to:*

Applying the BEHAVE Framework: A Workshop on Behavior Change Programming

What is it?

“Applying the BEHAVE Framework” is an opportunity for managers and planners of health projects to experience how a behavioral framework can aid them in planning their project strategically for maximum effectiveness. The workshop is based on AED’s BEHAVE Framework as found in the most recent version of the Child Survival Grants Program Technical Reference Materials.

Where is it?

The workshop will be held in Phnom Penh, Cambodia.

When is it?

February 3-7, 2003

Who should come?

Headquarters backstops and managers of health projects and their local NGO, community or Ministry of Health partners.

What will I learn?

Participants will:

- ❖ Practice data-based program (or intervention) planning.
- ❖ Learn the four basic planning decisions of the BEHAVE Framework (select a priority group, define behavioral objectives, identify key factors influencing behavior, and plan program activities) and practice applying the model to their programs.
- ❖ Integrate the BEHAVE Framework into their existing program approaches such as trials of improved practices (TIPs), social mobilization, participatory planning.
- ❖ Sharpen skills in planning for and using results of qualitative and quantitative research in program development.
- ❖ Plan for indicators to monitor changes in health behaviors and outcomes.

What is the cost?

[Fill in cost.]

How do I register?

Register at the CORE Group web site

http://www.coregroup.org/conf_reg/registration.cfm

If you are unable to access the web-based registration form, please send an email to [fill in contact name and email address] and request a registration form as an email attachment.

Sample Learning Needs Assessment

Dear participant,

Thank you for your interest in attending the Applying the BEHAVE Framework Workshop. We're happy you'll be joining us. In order for us to better prepare this workshop to meet the needs of you and your organization in thinking strategically about behavior change, 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 make sure the workshop fits your needs.

Please send your responses to [name] at [email address].

1. What experience do(es) you/your organization have in developing behavior change strategies?
2. What additional tools (besides BEHAVE Framework) have you found particularly useful for planning/selecting behavior change strategies in your programs?
3. What are the most important challenges you/your organization face(s) in implementing behavior change programs?
4. What are some ways your organization determines "key factors," "determinants" or influencers of behaviors?
5. In what ways does your organization monitor changes in these key factors/determinants as the project progresses?
6. Does your organization have any written examples of behavior change strategies, possibly from a DIP or other work plan, that you would be willing to share with us for use in the workshop? Examples can be from programs that worked really well or that didn't work at all. Please note that the name of your organization does not need to be attached to this example if you would prefer to remain anonymous.
7. What are your expectations for this workshop? What would you like to gain from participating in the workshop?
8. What questions do you have or clarifications do you need about the purpose/and content of this workshop?

Thank you for taking the time to answer these questions. We look forward to hearing from you.

Best regards, [name below]

Preparing for Field Visit, Session 18

A field visit can greatly enhance the BEHAVE workshop experience, especially when participants travel to another country to take part in it. At the very least, a field visit provides visitors a glimpse into local customs and culture, and a better understanding of how behavior change programs are structured within a given context. With thoughtful planning, a field visit can cast new light on the classroom learning about behavior change projects, offering insights into how the four decisions of the BEHAVE Framework are put into practice.

The observation field visit is designed to allow participants to apply what they are learning in the workshop, giving them a chance to describe the project using BEHAVE Framework terminology (that is, the four decisions of project planning).

Facilitators will want to consider the best way to make the field visit a productive and meaningful part of the workshop given the projects with which they can work. Generally, Day 4 of the workshop is set aside for field visits to ongoing behavior change projects so that workshop participants can hear from staff about project design, and can meet some of the people who are reached or served by the project. Workshop planners should determine the most appropriate way to enable every participant to visit one or more projects. In some cases, all participants can visit the same project at the same time. If the group is large, planners may arrange for visits by small groups of participants. In this case, each group visits a different project.

The field visit described in Session 18 of this facilitator's guide is an observation visit. Session 19, on Day 5, provides a format for a brief review of the field visits, giving participants a chance to report on what they learned and to describe the projects they visited in terms of the BEHAVE Framework.

Selecting projects for the field visit

Planning for the field visit begins several months prior to the workshop. The workshop planning group should consider what they would like participants to gain from the field visit. The objectives for Session 18 (Field Visit) and Session 19 (Report on Field Visit) are to:

- ❖ Note highlights of the field visit.
- ❖ Name a behavior promoted by the project.
- ❖ Name a key factor addressed by the project.
- ❖ Describe a project visited in terms of the BEHAVE Framework.
- ❖ Describe highlights of the field visit.

The planning group may wish to lay out some criteria for appropriate projects to visit, including:

- ❖ Project participants and staff are accepting of visitors.
- ❖ Evaluation data show changes in key factors and/or behavior.
- ❖ Easily accessible; for example, no more than 2 hours travel time from workshop site.
- ❖ Transportation available.
- ❖ Addresses a health intervention of interest to participants.
- ❖ Clearly promotes one or more behaviors.
- ❖ Staff are available to describe the logic behind the project and to answer questions.
- ❖ Space to accommodate visitors.

The number of workshop participants and other factors (such as accessibility of appropriate projects) will point to whether participants are divided into small groups, and the appropriate number of sites to select.

A local hosting organization may wish to showcase some of its projects, especially those that have demonstrated success in behavior change. That organization may value the opportunity to expose local staff to international visitors and to the ideas taught in the workshop. Whenever possible, local project staff should participate in the BEHAVE Framework workshop so that they are well-versed in the concepts and terminology used.

Careful selection of sites will ensure that the field visit is useful to participants and causes no disruption to the local project or the community.

Arranging logistics

On-the-ground staff will need to start planning early to ensure that field visits go smoothly. Once sites are selected, planning steps include:

- ❖ Determine the number of participants in each group (in the case of multiple sites).
- ❖ Ensure that at least one local host accompanies each group.
- ❖ Arrange transportation, ensuring visitors' safety and comfort.
- ❖ Consider what food and drink are needed, and who is responsible for obtaining and paying for lunch and/or other refreshments.
- ❖ Anticipate the need for interpreters, considering whether bilingual hosts or workshop participants can serve that role, or whether professional interpreters are required.

Orienting project staff who will host visits

The project staff members who greet visitors and orient them to the project can greatly enhance the experience. They will do best if you plan ahead with them, making sure that they:

- ❖ Know the number of visitors to expect.
- ❖ Understand the purpose of the visit.
- ❖ Prepare a brief presentation on project goals, objectives, and activities – describing the project in terms of priority group, behavior, key factors, and activities.
- ❖ Are prepared to share and discuss any available evaluation data or findings.
- ❖ Make copies of project data or materials to share with guests.
- ❖ Ensure that community members, especially those in the priority and/or supporting groups, are aware of the visit and are available to meet with the visitors.
- ❖ Know the other hosting responsibilities.

If feasible, help project staff to describe their projects by naming the four decisions – priority/supporting groups, behavior, key factors, and activities. Often, project hosts are invited to participate fully in the BEHAVE workshop, and thus are well-versed in the framework by the time they host the field visit.

Workshop planners may wish to use the ideas in the sample letter on page C-5 to orient the project staff who will host the visiting participants.

Preparing participants for the visit

Another key to a successful field visit is alerting participants to what they should expect, including:

- ❖ The purpose of the field visit and how it relates to the rest of the workshop.
- ❖ Name of area they will visit, type of transportation, length of trip.
- ❖ Departure and return times.
- ❖ Appropriate dress.
- ❖ What they should carry with them, including the Field Visit Observation sheet, bottled water, etc..
- ❖ When and where they should expect to eat and what amenities they will find along the way.
- ❖ Whether taking photos is appropriate.
- ❖ What they are expected to observe during the visit, and what they are to report on:
 - identify a behavior the project promotes
 - identify at least one key factor the project addresses; and
- ❖ any special cultural considerations, including appropriate ways to express thanks to the hosts and the community members they meet.

Ensuring culturally appropriate experiences for all

Most people attending an international conference will be sensitive to others' cultural differences. Hosts will want to be alert to special needs of their visitors, such as dietary restrictions. Even more importantly, visitors will want to be knowledgeable about the culture of the people they are visiting. Hosts should orient the visitors – ahead of time or at the beginning of the visit – so that they dress appropriately, greet people appropriately, offer gifts (if appropriate), and generally avoid offending the people they are visiting. The glimpse each group has of the other through this field visit can offer each a rich learning experience.

Alternative field visit: participants conduct formative research

In some settings, facilitators may prefer to organize a working field visit with a different purpose. If all participants are focused on a single health intervention and if they speak the local language, facilitators may be able to arrange a visit in which participants conduct formative research. Time may be set aside in the workshop, for example, to adapt the Doer/NonDoe elicitation survey to a particular behavior.

During the field visit, participants would interview members of a priority group, all using the same instrument. Once back at the workshop venue, participants and facilitators could work together to code and analyze the field data. With proper timing, the research findings might be ready for participants to prioritize the key factors for their case studies. To be useful to the workshop, such a field visit would need to occur during Day 1 or Day 2 of the workshop, which would require a reorganization of the proposed workshop agenda.

A working field visit requires even more planning than the observational visit. Workshop planners, facilitators, and hosts will need to agree on the field visit's purpose and timing, and to coordinate carefully. Planners should ensure that an expert in research is available to help plan and carry out such a visit. They will want to ensure that the people they interview are aware of the purpose of the research, and that their confidentiality and other rights are protected.

Sample letter to host project staff: preparing for the field visit

Workshop planners may find the ideas in this sample letter useful as they help host project staff prepare for the field visit – by sending this letter, communicating by email or conversing with staff.

Dear Colleague :

During the upcoming Applying BEHAVE Framework Workshop, scheduled for [workshop dates], we would like to make a field visit to your project. Your project has been selected because of its success in helping community members to adopt healthful behaviors.

We expect the [number] participants will visit your project on [date, time].

The purpose of the field visit is to give participants a chance to learn about your project, especially in terms of how four main decisions of project planning were made:

- ❖ **Priority Group** – That is, whose behavior is meant to change?
- ❖ **Behavior** – What specific behavior does the project promote in order that health improves?
- ❖ **Key Factors** – What factors does the project address in order to help priority group members to adopt the behavior? These factors might include specific types of knowledge that the project shares, specific skills it builds, specific barriers it helps people to overcome, or specific benefits it promotes.
- ❖ **Activities** – These are the elements of your project that you conduct to help facilitate behavior change, including: individual counseling, training, group orientation or education, radio spots, distribution of print materials, advocacy work, and other activities.

During the workshop, our participants will be exploring the rationale behind making each of these decisions. Seeing your project at work will help them to recognize how these concepts are applied in real field projects. Attached you will find the BEHAVE Framework that is the basis for the workshop. [Attach BEHAVE Framework, page 0b or participant binder.]

You may want to organize a schedule for participants to include:

- ❖ a brief orientation talk (see suggestions below) to give participants an overview of your project and allow them to ask questions – especially about priority group, behavior, key factors, and activities;
- ❖ a presentation on project evaluation findings, if available;

over...

- ❖ a display or presentation of project materials (including print materials, audio or video presentations);
- ❖ observation of project activities (for example, visit with mothers learning a new recipe for complementary feeding, visit to clinic during counseling session on breastfeeding, talk with health workers promoting immunization, visit to sales outlet promoting insecticide-treated bed nets);
- ❖ an opportunity to meet and talk with community members who participate in or otherwise benefit from the project; and/or
- ❖ a summary session in which you – or other project staff – are available to answer participants' questions.

Our participants include [describe here the types of people who will attend the workshop, noting:

- ❖ Organizations they represent.
- ❖ Countries where they work.
- ❖ Ability to understand or speak the local languages.
- ❖ Health interventions of interest.
- ❖ [Other – fill in].

As you plan for the field visit, please consider those aspects that will make this a comfortable exchange for all involved. You may want to:

[List here some ideas such as:

- ❖ Let the visiting participants know about appropriate ways to interact with community members (whether photography is allowed, etc.).
- ❖ Serve refreshments when visitors arrive.
- ❖ Serve lunch.
- ❖ [Other – fill in].

To help you prepare for the orientation talk that you or a staff member will give to participants, we offer a proposed outline:

- ❖ Purpose of project – extent of health problem.
- ❖ Reach of project – geographic area covered, number of people served/participating.
- ❖ Health interventions addressed.
- ❖ Priority group, supporting groups.
- ❖ Behavior promoted.
- ❖ Key factors addressed.
- ❖ Activities.
- ❖ Evaluation results – especially related to changes in behavior.

Please limit this orientation talk to [determine appropriate number] minutes so that the participants will have time to observe other aspects of the project for themselves.

APPENDIX D

Checklist:

Room Set-up and Preparations for Day 1

Facility and equipment preparation	Review facility arrangements including seating, table placements, equipment set-up (flip chart boards, easels, LCD projector or overhead), and breakout rooms. Confirm lunch and break times with hotel/conference center management staff.
Preparation for Opening Session: Newsprints	Newsprint with title: "Parking Lot"/ (Issues on the Side Line) Newsprint with title: "Jargon and Acronyms"
Preparation for Opening Session: Workshop Expectations and Objectives	During the weeks prior to the workshop, workshop planners have asked participants to describe their expectations for the workshop by asking the question "What do you hope to gain from this workshop?" Organize and summarize responses. On the top portion of a newsprint, write: "Expectations the workshop will address." List here statements that summarize participant comments. If appropriate, on the lower portion of the newsprint, write: "Expectations that may not be met." Here you should list participant responses that are beyond the scope of the workshop. Post this sheet on the wall prior to discussion of "Workshop Expectations and Objectives" during the Opening Session.
Preparation for Session 1: "Exercise" Exercise: Belief and Action statements	Write each of the six Belief and Action statements below on a separate sheet of newsprint. <i>Tap the m so that sheets can be removed one by one, to reveal the paper underneath. Hang up papers in three stacks around the room, each set in the following sequence:</i> <ul style="list-style-type: none"> ❖ Blank sheet on top, # 1, # 4 against wall ❖ Blank sheet on top, # 2, # 5 against wall ❖ Blank sheet on top, # 3, # 6 against wall <i>Belief statements:</i> # 1) I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time. # 2) I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.

	<p># 3) I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise s/he needs without a formal routine.</p> <p><i>Action statements:</i></p> <p># 4) I regularly get 30 minutes of moderate cardiovascular or muscle strengthening activity, 4 or more times every week.</p> <p># 5) I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.)</p> <p># 6) I frequently walk to the refrigerator, around the house, to the corner for a beer. (I'm not a regular exerciser at all.)</p>
Preparation for Exercise Survey, conducted during lunch break	Prepare a two-sided photocopy of the Exercise Survey for each participant and guest. These will be distributed at the end of Session 2, just prior to lunch.
Preparation for Session 3: Activity A, "Whose Point of View?"	<p>Prepare 7 sheets of paper, each with 1 statement from slides #9-15 of the PowerPoint file for Session 3. (Write these with a marker or print out PowerPoint slides #9-15.) Keep these to hand out to volunteers during Session 3.</p> <p>Prepare 2 large sheets of paper to post on the wall, 1 with the words "Priority Group Member's Point of View" and the other with "Someone Else's Point of View." Prior to session 3, you will post these on the wall.</p>
Preparation for Session 5: Stations for Teams	<p>Numbers on [number of] tables</p> <p>Team membership list on card on table, with Team number and Health Intervention area</p>
Room set-up: Resource Table	Set out copies of materials. Ensure that it is clear which are available for participants to take home and which must remain at the resource table.
Preparation for Opening Session: Participant Introductions Worksheet	<p>About 15 minutes prior to start of workshop, distribute worksheets to participants. Ask them, as they arrive, to take a few minutes to complete the worksheet as the instructions at the top indicate. Politely point out that it's a way to make introductions efficient – that we hope it will both save time and provide some fun.</p> <p>Ensure that all facilitators have completed the worksheet, too, as they will be asked to model the self-introductions.</p>

Audio-visual set-up:	<p>On the laptop, install the PowerPoint presentations for Day 1:</p> <ul style="list-style-type: none"> ❖ 0a – Opening Session ❖ 1a – Session 1, “Exercise” Exercise ❖ 2a – Session 2, Overview: Applying the BEHAVE Framework ❖ 3a – Session 3, Selecting Priority & Supporting Groups ❖ 4a – Session 4, Defining the Behavior You Will Promote ❖ 5a – Session 5, Case Study Part 1 ❖ 6a – Session 6, “Exercise” Exercise, Coding the Doer/NoDoer Data <p>Test the computer and the projector. Ensure that PowerPoint projections or overheads are visible throughout the classroom.</p> <p>Access PowerPoint 0a and project slide #1 with the workshop title as participants enter the room.</p>
----------------------	--

APPENDIX E

Sample Sign-up Sheets for Registration

Sample Sign-up Sheet For Country Presentation

If you have brought information and materials to make a presentation on your country behavior change program, please sign up below.

Name(s)	Country	Health Intervention Focus of the Project	Audio-visual Equipment Needed

Sample Sign-up Sheet for Cultural Event

On the evening of ____, participants are invited to ____.
Cost per participant is ____.

Name	Room Number or Contact	Paid?

Sample Sheet for Collecting Participant Expectations

What do you most hope to gain from this workshop?

Sample Sign-up Sheet for Case Study Teams

Each participant will join a team for designing a behavior change program, applying the BEHAVE Framework throughout the workshop.

Please sign up for the health intervention that interests you.

Ma la ria	1.
	2.
	3.
	4.
	5.
HIV/ AIDS	1.
	2.
	3.
	4.
	5.
Br ea stf ee d ing and Ch ild Nu trit ion	1.
	2.
	3.
	Etc .
[Add it ion al he alth in te rve nt ion s...]	

Pre - Workshop Participant Survey

Please check the box that most closely reflects your opinion.

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
a. I can describe the four strategic planning decisions of the BEHAVE Framework.	[]	[]	[]	[]
b. I can describe my project in terms of the four decisions of the BEHAVE Framework.	[]	[]	[]	[]
c. I can plan and critique projects that apply behavioral theory.	[]	[]	[]	[]
d. I can apply for my own project planning a quick, participatory method – the Doer/NonDoer analysis – for identifying factors most influential in changing a behavior.	[]	[]	[]	[]
e. I can identify appropriate indicators for monitoring and evaluating the behavior change effectiveness of my project.	[]	[]	[]	[]
f. I can clearly define a priority group using more than demographic characteristics.	[]	[]	[]	[]
g. I can name a behavior to promote.	[]	[]	[]	[]
h. I can use the Doer/NonDoer analysis to identify key factors that influence a behavior.	[]	[]	[]	[]
i. I can select and design project activities that address identified determinants of behavior or key Factors.	[]	[]	[]	[]

Please list any additional comments you may have related to any of the items in the list above:

Daily Feedback 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 the sessions.

A. Session 1 – “Exercise” Exercise

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

Suggestions for improving this session:

B. Session 2 – Overview: Applying the BEHAVE Framework.

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

Suggestions for improving this session:

C. Session 3 – Selecting Priority & Supporting Groups

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

Suggestions for improving this session:

D. Session 4 – Defining the Behavior You Will Promote

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

Suggestions for improving this session:

E. Session 5 – Case Study Part 1: Selecting Priority Groups + Behaviors

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

Suggestions for improving this session:

F. Session 6 – “Exercise” Exercise: Coding Doer/NonDoer Data

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

Suggestions for improving this session:

G. Most useful thing about today:

H. The thing I'm still confused about:

Daily Feedback 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 7 – Identifying Key Factors that Influence Behavior

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

Suggestions for improving this session:

B. Session 8 – Case Study 2: Identifying the Most Powerful Key Factors

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

Suggestions for improving this session:

C. Session 9 – Cluster Critiques 1

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

Suggestions for improving this session:

D. Session 10 – Planning Project Activities

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

Suggestions for improving this session:

E. Session 11 – Case Study 3: Planning Activities

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:

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 12 – “Retrofits:” Fitting Your Experience to the BEHAVE Framework

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

Suggestions for improving this session:

B. Session 13 – Developing and Measuring Indicators for the BEHAVE Framework

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

Suggestions for improving this session:

C. Session 14 – Case Study 4: Developing Indicators

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

Suggestions for improving this session:

D. Session 15 – Filling in the Blanks: Where Do Our Favorite Approaches Fit?

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

Suggestions for improving this session:

E. Session 16 – Cluster Critiques 2

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

Suggestions for improving this session:

F. Session 17 – Case Study 5: Preparing Your Poster

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

Suggestions for improving this session:

G. Most useful thing about today:

H. The thing I'm still confused about:

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 Visit

Very Dissatisfied
1

Somewhat
2

Neutral
3

Somewhat
4

Very Satisfied
5

Suggestions for improving this session:

B. Most useful thing about the day:

Daily Feedback Form

Day 5

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 19 – Report on Field Visit

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

Suggestions for improving this session:

B. Session 20 – Adapting Doer/NonDoer Study

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

Suggestions for improving this session:

C. Session 21 – Poster Session: Your Case Studies

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

Suggestions for improving this session:

D. Response to Case Studies

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

Suggestions for improving this session:

E. Session 22 – The BEHAVE Framework's Place in Project Planning

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

Suggestions for improving this session:

F. Most useful thing about today:

Post-Workshop Participant Survey

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

As a result of this workshop . . .	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
a. I can describe the 4 strategic planning decisions of the BEHAVE Framework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can describe my project in terms of the 4 decisions of the BEHAVE Framework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can plan and critique projects that apply behavioral theory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can apply for my own project planning a quick, participatory method – the Doer/NonDoer analysis – for identifying factors most influential in changing a behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can identify appropriate indicators for monitoring and evaluating the behavior change effectiveness of my project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can clearly define a priority group using more than demographic characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can name a behavior to promote.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can use the Doer/NonDoer analysis to identify Key Factors that influence a behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can select and design activities that address identified determinants of behavior - or Key Factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional comments you may have related to any of the items in the list above:

2. Workshop Processes and Facilitators:

Please check the box that most closely reflects your opinion regarding this workshop:

	Strongly agree (1)	Agree (2)	Disagree (3)	Strongly disagree (4)
a. The objectives of the workshop were clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The workshop was presented in an organized and interesting manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The workshop was relevant to my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The facilitators showed sensitivity to my issues, needs, and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All members of the group were encouraged to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The forum included a mix of formal presentations and participatory activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I acquired new skills at this workshop that I can apply directly to my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I received sufficient information in advance about this workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I was satisfied with the registration procedures for this workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I was satisfied with the quality of the materials distributed at this workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The workshop organizers were responsive to my logistics needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any additional comments you may have related to any of the items in the list above:

3. **Overall, how satisfied were you with the workshop?**

- ☐ 1 Very satisfied
- ☐ 2 Somewhat satisfied
- ☐ 3 Somewhat dissatisfied
- ☐ 4 Very dissatisfied

4. **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?**

- ☐ 1 No difference
- ☐ 2 Some difference
- ☐ 3 Substantial difference

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

- ☐ 1 Not at all
- ☐ 2 Somewhat
- ☐ 3 Completely
- ☐ 4 Don't know

6. **What I liked most about the workshop was:**

7. **Would you recommend this workshop to a colleague?**

- ☐ 1 Yes
- ☐ 2 Yes, under some circumstances: (specify) _____
- ☐ 3 No

Why or why not?:

Additional comments:

Profile Information

Please take a few moments to tell us a little bit about yourself so that we can use this evaluation data to inform future meetings and workshops.

8. Please indicate below the item which best describes your organizational affiliation:

☐ A PVO Headquarters Office
☐ A PVO Field Project
☐ A PVO Country or Regional Office
☐ A Donor Organization (e.g., USAID)
☐ A Collaborating Agency
☐ Other: PLEASE SPECIFY: _____

9. How would you describe your organization?

☐ Small (US\$0-\$9 million yearly cash income)
☐ Medium (US\$10-\$25 million yearly cash income)
☐ Large (more than US\$25 million yearly cash income)

10. Please indicate below the number of years' experience you have in child survival and / or health programs:

☐ 1 or fewer ☐ between 1 and 5 years ☐ between 5 and 10 years
☐ 10 years or more

11. Please provide the following demographic information about yourself:

a. Gender: ☐ Male ☐ Female

b. Age: _____

c. Highest level of education:

☐ Bachelor's Degree
☐ Master's Degree
☐ Doctorate
☐ Post-doctoral work
☐ Medical Degree
☐ Other: PLEASE SPECIFY: _____

12. In the space below please add any additional comments you have about the workshop and/ or facilitators.

Post-Workshop Reflection

Dear Boss:

Why it was a good idea that you supported my participation in this workshop!

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Post-Workshop Reflection

Message in a Bottle: Our learning commitment

What more do you want to learn about behavior change?

Case Studies

The BEHAVE Framework Describes Strategic Program Decisions

As part of its effort to promote a behavioral approach to strategic project planning, the Social and Behavior Change Working Group of the CORE Group has collected a few examples of strategic program decisions. They are described in this document in terms of the four key decisions of the BEHAVE Framework:

- ❖ Primary (or supporting) group,
- ❖ Behavior,
- ❖ Key factors (or determinants), and
- ❖ Activities.

The samples described here were selected to demonstrate the BEHAVE Framework's usefulness through a range of groups and behaviors. The examples are drawn from programs in different regions and represent a variety of health interventions.

These case studies were compiled by the Academy for Educational Development in September 2003 and updated in April 2004. As new examples become available, this document may be revised to meet new needs.

Sample #1 – El Salvador, HIV testing

Partner Organizations

- ❖ Ministry of Health, National AIDS Control Program
- ❖ CHANGE Project, Academy for Educational Development and The Manoff Group
- ❖ UNAIDS
- ❖ UNICEF
- ❖ Camanza Flores S.A. (Research Company)

Background/ Problem

With increasing evidence of the effectiveness of Anti-Retroviral Therapy (ARVs) in reducing maternal to child transmission of HIV, and increasing availability of ARVs, the Ministry of Health in El Salvador changed national policy to include universal HIV testing of all pregnant women as part of prenatal visits to MOH health facilities. A high percentage of pregnant women do attend antenatal clinics and many give birth in hospitals. The MOH hoped to identify pregnant women who were infected with HIV and offer ARVs, which dramatically reduce the likelihood of vertical transmission of HIV.

The CHANGE project was asked to join with the interagency team to help develop materials to promote the HIV test to pregnant women and their families.

As for any materials development process, CHANGE convinced the group of the importance of first conducting audience research to guide the development of a behavior change strategy. Materials could then be developed to best support behavior change objectives.

The findings from the formative research dramatically reoriented the behavior change strategy.

Formative Research

The group designed a multi-faceted research study to identify barriers and motivating factors related to behaviors around taking the HIV test during pregnancy. The study engaged health providers, pregnant women and their partners – the three groups identified as the main actors influencing HIV testing behaviors. Qualitative research included focus group discussions and in-depth interviews with Ministry of Health prenatal care health providers; pregnant women attending the MOH prenatal care services; and their partners/spouses. Some of the providers were already offering voluntary counseling and testing (VCT) to pregnant women; others would soon be asked to do so.

It was also important to explore the general context and social environment in which the voluntary HIV testing of pregnant women was to be promoted. For this

reason, the research design included a public opinion poll that interviewed a representative sample of El Salvador's major population center. The survey documented the level of knowledge and opinions of urban men and women 15 to 45 years old about the HIV test, and measured levels and types of stigma associated with the test and test results at the community level.

The study revealed strong support to offer universal HIV testing to pregnant women. There was little resistance from the general public, prenatal care health providers, pregnant women and their spouses/ partners to the offer of HIV testing during prenatal care. While there was strong support for HIV testing, knowledge levels of the probability of vertical transmission or of the advantages of HIV testing during prenatal care are very low.

There was very little knowledge of specific things that can help pregnant women who are HIV positive to reduce chances of vertical transmission. The vast majority expressed that an HIV positive mother and her child will soon die of AIDS. *(In fact, about one-third of newborns of HIV+ women contract HIV, if no treatment is given. A single dose of the antiretroviral nevirapine to mother and child at birth can reduce that figure by half. Adding maternal antiretroviral treatment during the last weeks of pregnancy can even further reduce transmission, to less than 10 percent, while also improving the health of the mother herself.)*

Research findings indicated that universal testing during prenatal care was most affected by institutional factors and by other factors at the population level that need to be addressed before widespread promotion of the HIV test during prenatal care visits.

Among the prenatal health care providers of the MOH, the need for training on advantages and benefits of the HIV test was identified, as well as the need to improve their pre- and post-test counseling skills. Additional information on antiretroviral drugs and treatments that reduce vertical transmission of HIV/AIDS would also be crucial for health providers.

Some of the motivating factors among the providers include a positive attitude to offer the HIV test to all pregnant women, not just those at "high risk," as well as wider availability of the MOH's services to pregnant women who test positive to the HIV test.

Among pregnant women who currently attend MOH prenatal care services at the health units, the study revealed a high level of acceptance for the HIV test. Women also mentioned that the most important benefit of the test is that it helps them improve the health of their child in the case of HIV positive test results. Among the barriers mentioned by pregnant women is that the HIV test is not

offered during prenatal care visits. They also mentioned as limitations the poor quality of services such as lack of information, lack of empathy and discretion, a lack of privacy, and no opportunity to ask questions about the HIV test when it was offered.

Behavior Change Strategy

The research clearly showed that little effort was required to convince women to take the HIV test as part of their prenatal visit. The real challenge was to build up the institutional offering of voluntary counseling and testing; to have tests to offer, to have a trained counselor on hand to offer pre- and post-test counseling; to offer tests in a non-judgmental and confidential setting; to assure confidentiality of results.

Mass media could easily inform the general public about the wider availability of the HIV tests and ARV treatment, and could help to normalize and destigmatize the test. Most important to include in messaging was that there is a reason to take the test: if a woman and her health provider can learn that she is HIV positive early enough during the pregnancy, steps can be taken to dramatically reduce HIV transmission to the child. It was also important to publicize that this medicine was now available, and free of charge, from the Ministry of Health.

What were the implications of the research findings on the behavior change strategy?

- ❖ **Priority Group:** The program must address the priority group of pregnant women. Addressing two supporting groups would be also be essential – the women’s partners and health workers. A second “framework” or strategy was developed to plan activities that would change health workers’ behaviors.
- ❖ **Behavior:** Before research, the behavioral objective of materials was to motivate women to take the test. But on more careful examination, if the health system was functioning properly, all a woman really needed to DO was to accept the test that was offered to her. This subtle but important change was made to the BEHAVE Framework.
- ❖ **Key Factors:** Women would be more motivated to accept the test if they saw a positive consequence for doing so. Therefore, the strategy shifted from more general promotion to emphasizing that finding out early would allow free treatment with medications that would make a difference.

The more difficult tasks were: improving the availability of the test in the health centers; making available an acceptable space to provide confidential counseling; building counseling skills; and shifting health worker attitudes towards clients.

Training in counseling, quality of care and supervision – to ensure that the training is put into practice – resulted in improved interaction with patients.

- ❖ **Activities:** The set of interventions expanded over time to address the broad range of key factors identified as most influential in changing testing behaviors.

Before systematic planning, the MOH had requested assistance in developing promotional material. The extent of essential activities took the MOH by surprise, and activities needed to be phased in to meet available funding for activities. (For instance, USAID and Global Funds* were needed before a steady supply of HIV tests and ARVs could be assured.)

Behavioral Impact

No formal baseline evaluation was planned for this intervention, so evaluation results are not available. The HIV testing program is so new that even anecdotal results are pending.

Observations and Training Points

Before any product of service is promoted, it is essential to examine the access and availability of that service or product. Quite often, program focus is needed on the “supply” side before demand is increased.

In the case of HIV or STD detection, it is essential that all women be tested, not just those deemed by medical staff to be vulnerable. When the test is in short supply, health workers informally prioritize “high risk women” based on preconceptions or stereotypes, reinforcing the stigma related to the test. For this reason, defining the **primary group** as “all pregnant women” is essential.

Choosing the **behavior** as “accept HIV tests as part of prenatal visits” was important in shaping the strategy. So was adding health worker behavior as a “supporting priority group.” Other possible behaviors were less appropriate: “attend antenatal visits” was inappropriate, since most pregnant women attend clinics, and increasing this behavior would have little impact on HIV transmission; “request an HIV test” or “get tested,” because this proactive request of the test should not be necessary if clinical protocols are followed.

The **key factors** include:

- ❖ specific types of knowledge, which seem to be sufficient in convincing women to accept the test
- ❖ the “environmental” factor of ensuring availability of test kits and private spaces for counseling
- ❖ improving health worker counseling skills and
- ❖ lowering stigma – or changing the social environment

Program planners in this situation subsequently filled out a **separate BEHAVE Framework “chain”** to analyze the best way to improve the behaviors of an important supporting group – health workers. In this example, the following key factors were identified as the most influential in shaping health worker behavior:

- ❖ Perceived consequences of HIV+ diagnosis
- ❖ Specific knowledge about the availability of free treatment
- ❖ Improved counseling skills
- ❖ Improved availability of test
- ❖ Improved physical space to offer private counseling

* The Global Fund is an independent organization whose purpose is to attract and disburse additional resources to prevent and treat AIDS, tuberculosis (TB) and malaria. The Global Fund is governed by an international Board that consists of representatives of donor and recipient governments, non-governmental organizations (NGOs), the private sector (including businesses and philanthropic foundations) and affected communities. Also participating in ex-officio capacity are representatives of the World Health Organization (WHO), UNAIDS, and the World Bank. The latter also serves as the Global Fund’s trustee. El Salvador recently applied for and in 2003 was awarded a \$26 million dollar, five year grant.

Sample #1 – El Salvador, HIV testing: Priority Group

Priority Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
All pregnant women who attend antenatal visits; most lack knowledge about antiretroviral availability; and many doubt effectiveness	Accept an HIV test during antenatal care Comply with antiretroviral (ARV) regimen to prevent vertical transmission of HIV	<ul style="list-style-type: none"> ❑ Increasing specific knowledge about transmission and the high effectiveness of ARV treatment ❑ Reducing stigma and addressing norms about sexuality (who “gets” HIV, talking with a partner about sex) ❑ Improving perceived consequences of HIV+ diagnosis (it’s not equal to death sentence) ❑ Improving health worker attitudes (about ‘having’ to offer the test, who is at risk of HIV, and consequences of HIV+ diagnosis); counseling skills; and other stigmatizing behaviors ❑ Improving availability of HIV tests (reagent) and ARVs 	<ul style="list-style-type: none"> ❑ Mass media focusing on improved availability of tests ❑ Consistent offering of HIV test for all pregnant women during prenatal care

Sample #1 – El Salvador, HIV testing: Supporting Group

Supporting Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
Health workers offering antenatal care	Offer an HIV test during prenatal care	<ul style="list-style-type: none"> ❑ Increasing specific knowledge about the availability and high effectiveness of ARV treatment ❑ Improving availability of test ❑ Improving physical space to offer private counseling ❑ Improving perceived consequences of HIV+ diagnosis (it's not = death sentence) ❑ Improving health worker attitudes (about 'having' to offer the test, of who is at risk of HIV, and consequences of HIV+ diagnosis); counseling skills; other stigmatizing behaviors 	<ul style="list-style-type: none"> ❑ Health worker training in VCT (voluntary counseling and testing) ❑ Advocacy (budget allocation/donation) ❑ Improved logistic management

Sample #2 – Five African countries, malaria prevention/insecticide treated nets

Partner Organizations

- ❖ NetMark, a project of the Academy for Educational Development
- ❖ Malaria Consortium, UK
- ❖ Exp. Momentum (formerly Group Africa)
- ❖ FCBA Advertising
- ❖ Commercial partners include BASF, Bayer AG, Siam Dutch Mosquito Netting Company, A-Z Textiles and Vestergaard Frandsen
- ❖ Funded by USAID

Background/ Problem

According to the Roll Back Malaria Web site, “one of the targets set at the Abuja Summit in April 2000 was to have 60% of populations at risk sleeping under IINs [insecticide treated nets] by 2005.” That behavior alone can reduce deaths, as the Web site notes:

Trials of insecticide-treated nets (IINs) in the 1980s and 1990s showed that IINs reduced deaths in young children by an average of 20%. Unfortunately, IINs can be expensive for families at risk of malaria, who are among the poorest in the world, and cost is not the only barrier to their effective use. Often people who are unfamiliar with IINs, or who are not in the habit of using them, need to be convinced of their usefulness and persuaded to re-treat the nets with insecticides on a regular basis.¹

According to NetMark’s Web site:

Insecticide treated mosquito nets (IINs) are the most effective method for the prevention of malaria in sub-Saharan Africa where over two million people die every year as a result of the disease. The majority of its victims are pregnant women and children under five years of age. IINs have been shown to decrease severe malaria by 45%, reduce premature births by 42% and cut all-cause child mortality by 17%-63%. In order to meet the theoretical need among the most at-risk populations, WHO estimates an annual need for over 32,000,000 IINs. The cost and logistical challenge of delivering these life-saving products across a continent on a sustainable basis is simply beyond the means of governments, NGOs, international organizations and donors alone. Since its launch in 1999 NetMark has worked closely with the commercial sector to identify and overcome the barriers to the creation of commercially viable markets for IINs in Ghana, Nigeria, Senegal and Zambia that would lessen the burden on the public sector by creating demand and corresponding supply for those who can afford to pay, thereby allowing the public sector to use its

¹ RBM Info sheet, Roll Back Malaria, World Health Organization, available at www.rbm.who.int.

limited resources to focus more on those most at risk and who cannot afford to pay.²

NetMark has set out to discover what can happen when development groups team up with the commercial sector and local NGOs to “scale up” in order to reach people throughout a region – in this case five Sub-Saharan African countries. The program takes advantage of existing marketing channels and uses mass media and events, such as road shows, to create demand for “modern” mosquito nets. This example looks only at efforts to encourage pregnant women to use IINs; the behavior of putting young children to sleep under IINs has been examined separately. While most determinants are similar for the two behaviors, details – such as the specific safety concerns – differ.

Formative Research

NetMark conducted formative research in five countries (Mozambique, Nigeria, Senegal, Uganda, Zambia) in order to develop a promotional approach that will work in many African settings. A combination of qualitative and quantitative research enabled program planners to pinpoint determinants and develop strategies and messages. Two of the studies used to learn more about what matters to women in this group are:

- ❖ Individual interviews were conducted with women of reproductive age who were responsible for at least one child under age five. Respondents were asked about the advantages/disadvantages, what makes it easy/difficult, and who approves/disapproves for pregnant women to sleep under a treated mosquito net every night. Although findings differed somewhat in the five countries, program planners looked for common important factors. This phase of research helped identify specific safety concerns about treated nets and helped researchers develop categories for pre-coding the baseline survey.
- ❖ In October and November 2000, NetMark conducted a survey in each of the five countries. Each survey included 1,000 households drawn from five sites representing the geo-ethnic diversity of each country. This study served as baseline for the project’s evaluation and also offered useful formative data to aid in developing the program strategy. Respondents were women ages 15 to 49 who were mothers or guardians of at least one child under age five. As part of the survey, a commercial marketing technique was used to develop the key message. Respondents were asked to rank the importance of various attributes of mosquito control products. Across the five countries, the attribute that people clearly valued most in mosquito control products was “kills mosquitoes.” “Preventing malaria” was also highly ranked. Participants were asked which attributes they associate with various mosquito control products (such as coils, sprays, mosquito nets). Very few respondents mentioned “kills mosquitoes” as an attribute of mosquito nets. Women expressed concerns about safety and adverse health effects of using treated nets, especially with

² www.netmarkafrica.org

children and pregnant women. Specific concerns were different for the two groups. For pregnant women, respondents feared nausea from the smell and potential effects on the fetus. Concerns about having a young child sleep under treated nets included fears that the child could become trapped or tangled in the net; or that chewing on the net would harm the child.³

Behavior Change Strategy

From the NetMark Web site:

The NetMark model seeks to strike a balance between the need for equity and the realization that the resources necessary to provide large-scale coverage are not available, especially over the long term. NetMark is attempting to act as a catalyst in working with ministries of health, international donors, NGOs and the private sector to promote an integrated market segmentation model that brings together the resources and relative strengths of each to ensure maximum availability and correct use of IINs in a way that reflects the RBM Strategic framework. By facilitating the entry of the commercial sector into the market by sharing the cost of market development, the private sector is able to keep prices low and increase the number of people who can afford commercial products.... A major benefit to this approach is that by partnering with the commercial sector, donors and NGOs can focus more on behavior change, leaving the commercial sector to handle product procurement, distribution and brand advertising. If properly negotiated, collaborative efforts with the commercial sector can result in the leveraging of significant resources.

To create demand for IINs throughout the five countries, the mass media messages need to link the product with what consumers most care about in a mosquito control product: killing mosquitoes and preventing malaria. Since the research showed that people do NOT associate nets with killing mosquitoes, NetMark needs to present IINs as a brand new product – and demonstrate that these nets actually do kill mosquitoes. NetMark's main message is repeated as a slogan on billboards, through road shows, in print ads, and on television and radio spots: "Mosquitoes Kill. Kill Mosquitoes." Ads also offer the message, "New insecticide-treated mosquito nets kill mosquitoes on contact." TV spots note that malaria kills over two million people in Africa each year, "but there is a way to kill mosquitoes and help prevent malaria." Print ads and radio and television spots are available through www.netmarkafrica.org, under Gallery, Communication Materials.

Behavioral Impact

Baseline surveys have been conducted. The surveys will be re-administered in 2004 to look at changes in knowledge of IINs, access, regular net use by vulnerable groups, and treatment of nets.

³ Baume C et al. NetMark Baseline Survey on Insecticide Treated Materials (IINs): Cross-National Summary of Findings. NetMark Project, Academy for Educational Development. July 2001.

Observations and Training Points

The **behavior**—sleep under treated bed nets every night—was identified prior to development of the NetMark project. Science had demonstrated the efficacy of treated nets in preventing malaria. This project has set out to make that a feasible behavior, especially for pregnant women and children, by addressing access, concerns, and motivation.

As shown in BEHAVE Framework, **key factors** addressed are:

- ❖ psychosocial factors (such as increasing specific knowledge, reducing concerns about safety), and
- ❖ two aspects of “access”:
 1. People must be able to find treated nets.
 2. People must be able to afford the nets.

In this example, we show that the safety concerns about pregnant women sleeping under a treated net are about potential nausea and about potential harm to the fetus. It was **important to ask all questions about the two different behaviors**, since the specific safety concerns about placing a young child to sleep under a treated net were different: that the child might suffocate or become trapped or tangled in the net; and that the child might be harmed by chewing on the net.

Since sleeping under a treated net is a new behavior (and thus there are no “Doers” of that behavior), the project was unable to conduct a Doer/NonDoer analysis. Note that the individual interviews still investigated the three categories used in the Doer/NonDoer studies: advantage/disadvantages, what makes it easier/more difficult, and who approves/disapproves.

In training, we sometimes make the case that **knowledge** is often less powerful than other key factors. Yet two bits of information may be critical for this behavior:

1. Treated nets kills mosquitoes, and
2. Malaria is especially dangerous for pregnant women.

This case study provides support for the idea that **key factors need to include what people want**. In this case, people want mosquito control products that kill mosquitoes and reduce malaria. All program **activities** and materials link this product—and the behavior—with killing mosquitoes and reducing malaria.

This case study also is a good one for demonstrating the **links between program activities and key factors**. In the PowerPoint slides for the BEHAVE Framework workshop, lines are drawn in this example from each program activity to the key factors it addresses.

Sample #2 – Five African countries, malaria prevention/ insecticide treated nets

Priority Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
<p>Pregnant women who live in malarial areas of five African countries:</p> <ul style="list-style-type: none"> - currently do not sleep under an insecticide treated mosquito net, - have some specific concerns about <i>treated</i> nets for pregnant women, - may not feel they can afford to purchase nets 	<p>Sleep under insecticide treated mosquito net (ITN) every night</p>	<ul style="list-style-type: none"> ❑ Addressing specific safety concerns about pregnant women sleeping under <i>treated</i> nets, namely that: <ul style="list-style-type: none"> ➢ Treated nets could cause nausea due to smell and ➢ Treated nets could harm fetus ❑ Making ITNs more widely available ❑ Making ITNs more affordable ❑ Informing people that <i>treated</i> nets kill mosquitoes ❑ Increasing knowledge that malaria is dangerous for a pregnant woman and for the fetus 	<ul style="list-style-type: none"> ❑ Mass media: Link treated nets to killing mosquitoes and to reducing malaria; address safety concerns ❑ Road shows: Introduce treated nets and demonstrate that they are better than untreated nets; provide opportunities to purchase ITNs ❑ Train health providers to advise net use during antenatal visits ❑ Work with private commercial companies to increase production and distribution of treated nets to make them widely available and reduce the price ❑ Provide coupons for discounts for pregnant women

Sample #3 – Philippines, immunization

Partner Organizations

- ❖ Ministry of Health
- ❖ HEALTHCOM, a project of the Academy for Educational Development
- ❖ Funded by USAID

Background/ Problem

In 1988, as part of a series of successful interventions to increase measles immunization and improve coverage of all antigens, the Philippines Ministry of Health conducted a three-month pilot in metro Manila followed by a highly successful six-month national campaign. Promotion of measles vaccine, the last in the immunization series, was used as a hook to get parents in so that children lacking any other immunizations could be identified and immunized. “The strategy included promotion of a weekly vaccination day, radio and television spots, clinic display materials, and newspaper announcements....The success of the campaign reflected substantial demand for vaccinations promoted by the mass media. However, the increased rates would not have been possible if the service delivery system was not well-supplied, well-organized, and supportive of both the campaign messages and the intensified workload created by the intervention.”⁴

This case study focuses not on the mass media campaign, but on the problem of “missed opportunities.” During program planning, investigators noted that many children were sent away from clinics without receiving needed measles immunization. The campaign would fail if health workers continued to send children away without the very vaccine that was being promoted.

Formative Research

A bit of investigation with the nurses and other health workers uncovered the problem: vials of measles vaccine held 10 doses. DOH policy was to reprimand nurses when they wasted vaccine. Nurses, then, wisely waited until they had eight or 10 children in need of the vaccine before they opened a vial. Nurses could not take the risk of opening a vial for a single child even if the child lacked measles immunization, since the other nine doses in the vial would go to waste.

Behavior Change Strategy

The MOH needed to solve the problem of missed opportunities if it was to increase coverage. The weekly vaccination day ensured that children in need of measles vaccine were clustered on that day, decreasing wastage. To help nurses take advantage of opportunities to immunize sick children and others who appear at the clinic on other days of the week, the MOH relaxed rules about wastage and

⁴ Seidel, Renata. *Results & Realities: A Decade of Experience in Communication for Child Survival*. Washington, DC: Academy for Educational Development, 1992: 15-16.

ensured that nurses knew one) that they were expected to watch for opportunities to immunize all children brought to the clinic for whatever reason and 2) that they would not be reprimanded for wasting vaccine.

Behavioral Impact

While this single activity – relaxing rules about vaccine wastage – was not evaluated on its own, the policy change clearly was essential to program success. As for the campaign as a whole:

“The six-month 1990 nationwide urban measles intervention produced some dramatic results. Measles coverage of 9- to 23-month olds increased significantly from 54 to 68 percent. Complete immunization coverage for 9- to 11-month olds increased significantly from 33 to more than 56 percent. These rates of improvement during the intervention were not associated with gender of the child or education of the parent. Timeliness of coverage increased sharply.”⁵

Observations and Training Points

Completing a BEHAVE Framework “chain” for both health workers, even though parents are the primary group, helps clarify program objectives and strategies.

This is a good example of the value of formative research to identify the most important **key factors** for this **health worker behavior**. The MOH might have spent a lot of resources training nurses to look for and respond to missed opportunities, when nurses were already aware of this responsibility. The conflict in the policies – *take advantage of all clinic visits to catch children up on immunizations versus avoid wasting vaccine by opening a vial for a single child* – was easily fixed. Most children in need of measles vaccine were reached through the weekly vaccination day, meaning that wastage could be kept to a minimum. Once the wastage policy was relaxed, opportunities were no longer missed.

⁵ Ibid.

Sample #3 – Philippines, immunization

Priority Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
Nurses in Metro Manila; already convinced of the value of immunizing all children brought to the clinic; fear reprimand for wasting vaccine	Immunize every child who is missing measles immunization	<ul style="list-style-type: none"> ❑ Grouping children who need measles immunization on a single day of the week ❑ Assuring health workers that they will not be reprimanded for wasting a 10-dose vial of vaccine for one or two children 	<ul style="list-style-type: none"> ❑ Conduct weekly vaccination day ❑ Persuade health officials to adopt a new policy, relaxing the wastage allowance

Sample #4 – Jamaica, Keep On Keeping It On HIV/ AIDS prevention, condom use⁶

Partner Organizations

- ❖ National HIV/ STD Control Programme, Ministry of Health
- ❖ Dunlop Corbin Compton, advertising agency
- ❖ Hope Enterprises, research firm
- ❖ AIDSCOM, a project of the Academy for Educational Development with Porter Novelli
- ❖ Funded by USAID

Background/ Problem

In 1990, HIV/ AIDS prevalence was relatively low; but high rates of gonorrhea, syphilis, and teenage pregnancy indicated that Jamaicans were not practicing “safer sex.” Jamaica’s National HIV/ STD Control Programme launched two AIDS communication campaigns prior to 1990. Widely seen and highly memorable, the main messages were *AIDS Kills* and *Stick with One Faithful Partner*. In 1991, AIDSCOM supported the national program in developing a mass media campaign that dramatically increased calls to Helpline, the national HIV/ STD telephone hotline. Knowledge about HIV transmission was high. Condoms had a fairly positive image. Jamaicans were willing to use condoms in “casual” relationships; but consistent, long-term use was low. People reported difficulty in introducing condoms with a primary partner. Jamaicans had interpreted earlier campaign messages in a way to rationalize inconsistent condom use.

Formative Research

Concept testing in focus groups revealed that people had distinct attitudes and behavior for primary versus secondary relationships. Men and women found condom use acceptable, but introducing condoms into an ongoing relationship threatening, as it raised suspicion of infidelity. Abstinence was well-received, especially by young women.

Behavior Change Strategy

Since Jamaicans were already using condoms in relationships they considered “casual,” and since it was too difficult to introduce condoms into ongoing primary relationships, the mass media component of the campaign would focus on couples whose relationships were moving from “casual” to “primary,” to help

⁶ The majority of the text for this case study is reprinted, with permission from the authors, from the following source:

Smith, William A, Michael J Hequist, Ann B Jimerson, Kathryn Carovano, Susan E Middlestadt. *A World Against AIDS: Communication for Behavior Change*. Washington, DC: Academy for Educational Development, 1993: 168-170.

The “Observations” section was written expressly for this case study.

maintain condom use. Messages would focus on HIV's latency period. Campaign designers took care not to reinforce the concept that "condom = mistrust." The argument would be: You both have been previously sexually active and may have been exposed to HIV; AIDS may not show up for 10 years; therefore, continue using condoms.

The national staff was committed to providing a "menu" of behavior options. In addition to supporting condom use, a face-to-face component and the telephone hotline would support other behaviors: fidelity, monogamy, and abstinence.

The priority group for the campaign was sexually active men and women, 15 to 39 years of age; and for the abstinence message, adolescent girls.

Objectives:

1. For the sexually active group, mass media: To increase condom use in "primary" relationships, especially new ones, and to achieve more consistent use with every partner.
2. For adolescent girls, mass media: To support their decision to delay sex.
3. For all, face-to-face component, including Helpline: To increase condom-related skills (how to purchase, how to talk about, how to put on) and to support abstinence and fidelity.

Behavioral Impact

Following exposure to campaign materials in a pretest, 87 percent of priority group members understood that the TV and radio spots were asking them to do something. Seventy-three percent considered the spots personally relevant, and 78 percent of respondents reported that they were "likely" or "very likely" to follow the advice of the spots.

A tracking survey conducted among 20-29 year olds six weeks into the campaign indicated:

- ❖ The percentage of people reporting ever using a condom increased significantly from 75.3 percent pre-campaign to 84.3 percent post-campaign.
- ❖ Reported condom use at last intercourse with primary partner (the campaign's objective) increased from 37.1 percent pre-campaign to 53.1 percent post-campaign.
- ❖ No significant change in reported condom use with partners other than primary partner.
- ❖ Significant changes in attitudes, including improved image of condom user as responsible, monogamous, and an ordinary person (peer); increase in perception of condoms as easy to use and not embarrassing; higher levels of agreement among males toward unconditional condom use in situations of trust, love, and new or established relationships.

Observations and Training Points

About the **audience – or primary group – segment**: The considerable research conducted about the topic with Jamaicans indicated that knowledge, attitudes and behaviors were fairly consistent across groups – sex, education level, income level, rural or urban residence, geographic region, sexual orientation. Rather than segment the population by those typical sociodemographic characteristics, program planners chose a segment with the same situation: sexually active couples whose relationships were moving from “casual” to “primary.” All Jamaicans have access to the same radio and TV stations and all could access the Helpline free of charge. Parishes were reached with face-to-face events.

Three couples – in three different stages of life – demonstrate that the TV spot is aimed at Jamaicans of all ages.

Selection of the **behavior** is key to this program’s success.

- ❖ Research indicated that most Jamaicans already “use condom with casual partner,” so changes in this behavior would have little impact on HIV or STD transmission.
- ❖ Research also pointed out that “to use condom with primary partner” was not a good choice of a behavior to promote. Introducing a condom for the first time in a standing relationship was not feasible for most people, since it raises suspicions.
- ❖ Selection of the behavior “to continue to use a condom even when the relationship becomes ‘steady’” had the chance of increasing condom use with a primary partner and was feasible – since the couples were already using condoms.

This example points out the **value of choosing the primary group + behavior together**.

Jingle

“Keep On Keeping It On” Campaign

You’ve got the love you always wanted,
Built the trust that makes romance.
You’ve been using protection and you think you can stop.
But can you take the chance?

Even though you know your lover,
Though you know there’s no one else,
Though you know you’re gonna try forever,
You still should use a condom
to protect yourself!

There were prob’ly other lovers before you
And although you know your lover is true
You can never be sure what you’ve picked up before
So don’t put away protection too soon.

You’ve got to keep it safe in all the love you give.
‘Cause using a condom is the way to live!
Keep on keeping it on,
Keep on keeping it on... (fade out)

Jamaica, 1993
Ministry of Health and AIDSCOM/ AED

Sample #4 – Jamaica, HIV/ AIDS prevention, condom use

Priority Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
Sexually active adults who are currently using condoms with a “casual” partner who is about to be considered a “primary” partner	Continue to use a condom even when the relationship becomes “primary” or “steady”	<ul style="list-style-type: none"> ❑ Reducing belief that condom = distrust; increasing notion that condom = expression of love ❑ Building skills to use, buy and talk about condoms ❑ Increasing the perception that condom use with “primary” partners is the norm and easy to do ❑ Building on value of protecting self & partner 	<ul style="list-style-type: none"> ❑ Skills-building sessions in small groups throughout the communities, with a focus on skills to put condom on and to talk about condom ❑ “Keep on Keepin’ It On” mass media campaign and jingle (TV, radio, newspaper) that: <ul style="list-style-type: none"> ✓ normalizes condom use with primary partner ✓ removes issue of condom = distrust; ✓ models ease of deciding on condom use and purchasing condoms <p><i>(list continued on next page)</i></p>

Priority Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
			<p><i>(list continued from previous page)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Promotional materials (buttons, T-shirts, etc.) with slogan “Keep on Keepin’ It On” <input type="checkbox"/> Helpline, national HIV prevention telephone hotline <input type="checkbox"/> Mobilization of partner organizations to support campaign themes <input type="checkbox"/> Placement of news and feature stories in broadcast and print media through public relations efforts

Sample #5 – Guinea, post-partum care

Partner Organizations

- ❖ The CHANGE Project, Academy for Educational Development and The Manoff Group
- ❖ Save the Children
- ❖ Funded by USAID

Background/ Problem

Early postpartum (EPP) care, including care delivered in the first two weeks after birth, is critical to both maternal and newborn survival. Up to 45% of all maternal deaths occur within first day after delivery, 65% within first week, and 80% within two weeks after birth. Up to 30% of all PIH occurs in the first days postpartum. Most deaths from sepsis occur during the second week after delivery; 50- 70% fatal/life threatening newborn illnesses occur in the first week.⁷

EPP places emphasis on routine, skilled care for early detection of complications and prompt referral. WHO recommends up to four contacts with new mothers during EPP (first two weeks). EPP begins with extended skilled care for normal facility deliveries for at least 24 hours (48 hours for complicated facility deliveries); and household vigilance for 24 hours after home births. A home visit is made on the second or third day postpartum to check blood flow and for fever. The third visit is seven to 10 days postpartum, assessing pain, erythema, nature and quantity of lochia, and conducting perineal exam to check healing.

Ideally, communities are educated about the causes, symptoms and timing of maternal and newborn deaths, and families and communities are motivated to share responsibility.

Formative Research

The qualitative research had two objectives:

- ❖ To provide insight into the factors underlying care-seeking decision making during the early postpartum period in rural Guinea, and
- ❖ To test the concept and assess the acceptability of early postpartum home visitors (EPPVs).

This project used consultative research in order to maximally involve communities and households not only as respondents in the qualitative research, but also in the design, testing and modification of new behaviors to increase acceptability and adoption. **Negotiating behavior change** means talking with women, families and

⁷ PowerPoint presentation: “Improving Early Postpartum Care in Mandiana, Guinea: Negotiating with Families, Communities and Maternal Care Providers.” The CHANGE Project and Save the Children

communities to develop realistic behaviors and determine specific “conditions of acceptability.”

The identified barriers and motivators for use of early postpartum care **from family perspective** include:

- ❖ Lack of knowledge about the importance of routine early postpartum care
- ❖ Lack of knowledge of danger signs
- ❖ Cost, distance, transportation
- ❖ Cultural taboos (*djoubabato tana*)
- ❖ Embarrassment at being examined by skilled provider
- ❖ Poor attitude of skilled providers at facilities
- ❖ Prohibitive excess costs of care.

Program planners recognized that providing home visits for early postpartum care might eliminate many of the barriers that new mothers would face if they were expected to seek EPP at a health facility. The program then conducted concept testing to identify the conditions that would make home care acceptable to families. Families would willingly accept an EPP visitor into their home during the first week after birth **if** the EPP visitor were:

- ❖ well **trained** to conduct such a visit (“trained” was a qualifier used by almost all respondents);
- ❖ chosen and supported by the community; and
- ❖ “kind, patient, welcoming, friendly, available and a good communicator.”

A major barrier to EPP care use was the overcharging for procedures at facilities during birth. The home visit program needed to explore and resolve the issue of payment so that it is not an impediment for either the TBAs or the families.

The concept of home visits was tested with skilled providers and voluntary health committee members as well; they overwhelmingly endorsed the EPPV concept, as long as clear guidelines were laid out and enforced.

Behavior Change Strategy

The selection of the program’s strategy – providing home visits rather than in-facility postpartum care – addresses many barriers from the family’s point of view (such as transportation, poor attitude of providers at facilities, and costs).

Note that the **behavior** for this group is “to accept.” The program is not asking the new mothers to go somewhere or ask for a service – just to allow the home visitor to provide services.

Program planners recommended the EPP visitor strategy should promote the concept that traditional birth attendants (TBAs) – both trained and untrained – are a link to, but not a substitute for skilled care.

Behavioral Impact

Studies not available.

Observations and Training Points

The **consultative research** – that is, research in which group members are engaged in testing and/or proposing solutions – must be conducted **before** behaviors, strategies, and interventions have been decided.

The idea that the **behavior** for the new mothers is “to accept home visits by TBAs” means that several of the barriers to EPP have automatically been eliminated.

Sample #5 – Guinea, post-partum care

Priority Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
<p>TBAs who are:</p> <ul style="list-style-type: none"> ❑ already trained in skills for conducting early postpartum (EPP) home visits; ❑ currently reluctant to make follow-up visits after child's birth 	<p>Conduct EPP visits four times within two weeks after child's birth, making first visit within 72 hours of birth, counseling on breastfeeding, assessing fever, etc.</p>	<ul style="list-style-type: none"> ❑ Overcoming TBAs' reluctance to visit ❑ Expanding community's perception of the TBA role, increasing respect ❑ Clarifying the exchange/pay for post-partum visits ❑ Increasing knowledge and skills needed to conduct EPP visit 	<ul style="list-style-type: none"> ❑ Training of TBAs: <ul style="list-style-type: none"> ✓ To understand expanded concept of their role ✓ In order to overcome their reluctance ✓ To carry out specific skills ✓ Enabling them to address the issue of pay ✓ That a nurse will supervise their work ❑ Supervision of TBAs by nurses

Sample #5 – Guinea, post-partum care

Supporting Group	Behavior	Key Factors	Activities
<i>In order to help:</i>	<i>to:</i>	<i>we will focus on:</i>	<i>through:</i>
Mothers of newborns under two weeks old	Accept home visits by TBAs	<ul style="list-style-type: none"> ❑ Increasing mothers' perception that care from TBA is "skilled" care ❑ Reinforcing the idea that the TBA is not a "professional" ❑ Supporting the notion that in an emergency a "professional" will be available 	<ul style="list-style-type: none"> ❑ Community education sessions by the village health committees explaining to families the importance of postnatal care and emphasizing the quality of the TBA training ❑ Health workers counseling pregnant mothers to accept home visits by TBAs

Technical Reference Materials, PVO Child Survival Grants Program

USAID's PVO Child Survival Grants Program has assembled technical reference materials on the topics of interest to grantees. This appendix provides selected pages from the complete document, including:

- Cover page,
- Acronyms list,
- Table of Contents,
- Introduction, and
- the pages on Behavior Change Interventions

Facilitators may want to provide workshop participants with copies of this material on behavior change.

For the latest, updated version of the Technical Reference Materials, see <http://www.coregroup.org/resources/tms2002.pdf>



**UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR HUMANITARIAN RESPONSE
OFFICE OF PRIVATE AND VOLUNTARY COOPERATION
(USAID/BHR/PVC)**

PVO CHILD SURVIVAL GRANTS PROGRAM



**TECHNICAL
REFERENCE
MATERIALS**

REVISED DECEMBER 2000

AFP	Acute Flaccid Paralysis
AI	Appreciative Inquiry
AIDS	Acquired Immuno-deficiency Syndrome
ARI	Acute Respiratory Infection
BCG	Bacille Calmette-Guerin
BCI	Behavior Change Interventions
BHR	Bureau for Humanitarian Response
CA	Collaborating Agency
CBD	Community Based Distributor
CDC	Centers for Disease Control
CDD	Control of Diarrheal Disease
CHW	Community Health Worker
CORE	Child Survival Collaborations and Resources Group
CSTS	Child Survival Technical Support
CYP	Couple-Years of Protection
DHS	Demographic and Health Survey
DIP	Detailed Implementation Plan
DOSA	Discussion-Oriented Self Assessment
DPT	Diphtheria-Pertussis-Tetanus
EBF	Exclusive Breastfeeding
EmOC	Emergency Obstetric Care
EOC	Essential Obstetric Care
EPI	Expanded Program on Immunization
FE	Final Evaluation
GAVI	Global Alliance for Vaccines and Immunization
GEM	Global Excellence in Management
Hib	Hepatitis B Vaccine
HFA	Health Facility Assessment
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
HQ	Head Quarters
HR	Human Resources
IMCI	Integrated Management of Childhood Illnesses
IR	Intermediate Results
ISA	Institutional Strengths Assessment
ITM	Insecticide Treated Material
KPC	Knowledge, Practice and Coverage Survey
LAM	Lactational Amenorrhea Method
LBW	Low Birth Weight
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
MTCT	Mother-To-Child Transmission
MTE	Mid-term Evaluation
NGO	Non-governmental Organization
NIDS	National Immunization Days
OPV	Oral Polio Vaccine



Acronyms

OR	Operations Research
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PLA	Participatory Planning and Action
PVC	Office of Private and Voluntary Cooperation
PVO	Private Voluntary Organization
QA	Quality Assurance
QI	Quality Improvement
RBM	Roll-Back Malaria
RFA	Request for Applications
RTI	Reproductive Tract Infection
SCM	Standard Case Management
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TRM	Technical Reference Materials
TT	Tetanus Toxoid
USAID	United States Agency for International Development
VAD	Vitamin A Deficiency
VCT	Voluntary Counseling and Testing
VVM	Vaccine Vial Monitor
WHO	World Health Organization
WRA	Women of Reproductive Age

Glossary	2
Introduction	5
Section A – Technical Support Areas ...	6



Table of Contents

1. Behavior Change Interventions.....	7
2. Program Design	17
3. Capacity Building	20
4. Sustainability and Financing	25
5. Management and Logistics	42
6. Monitoring and Evaluation.....	52
7. Quality Assurance	53
Section B – Technical Intervention Areas	62
1. Integrated Management of Childhood Illness	63
2. Acute Respiratory Infections	70
3. Control of Diarrheal Disease	75
4. Malaria	82
5. Nutrition and Micronutrients	89
6. Immunization	107
7. Maternal and Newborn Care	118
8. STI/HIV/AIDS	126
9. Child Spacing	131
Annex – References	137

Introduction

Welcome to the newly revised Technical Reference Materials (TRMs) from the USAID/BHR/PVC Child Survival Grants Program. This document is a guide (not an authority) to help you think through your ability and needs in choosing to implement any one technical area of child survival. An attempt has been made to keep the language simple to encourage translation for use as a field document.



Essential Elements

- Household/ Community
- Facility
- Health System

BHR/PVC has made several upgrades to other essential program documents over the last few years (DIP, annual report, mid-term and final evaluation guidelines, and the RFA). Based on these revisions, and the results from the latest applications and detailed implementation plans (DIPs) of FY 2000, we have revised the TRMs, to add some new sections, update existing ones, and reorganize the document as a whole.

To this end, the TRMs are now organized in two sections. The first section encompasses the areas of program support and cross cutting strategies including behavior change interventions, program design, management and logistics, capacity building, sustainability, monitoring and evaluation, and quality assurance.

The second section details all of the technical child survival interventions including child spacing, immunization, IMCI (ARI, diarrhea, malaria, and nutrition [and breastfeeding] and micronutrients), maternal and newborn care, and STI/HIV/AIDS. Within each of these sections, all information is provided on three levels: household/community, facility, and health system.

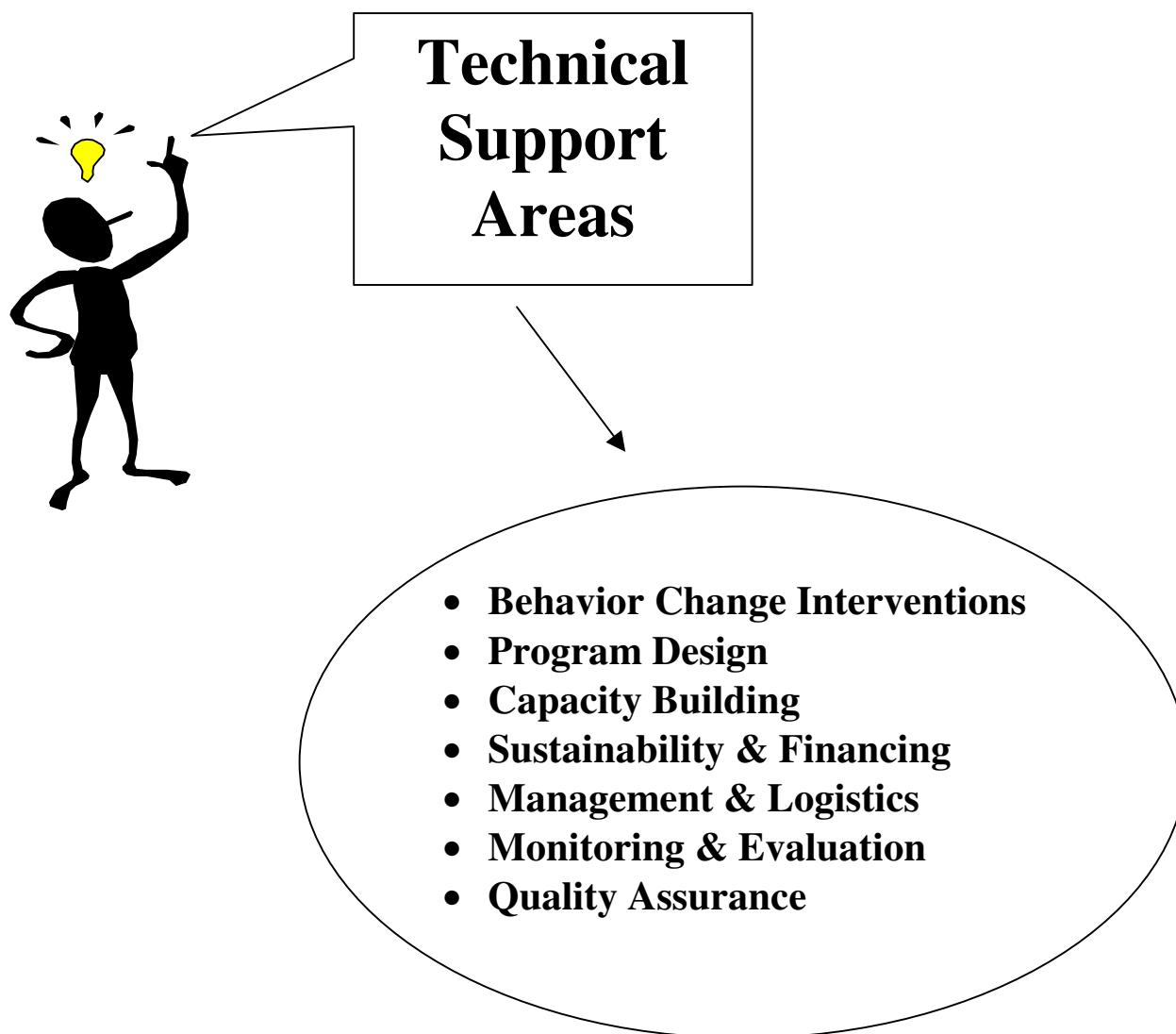
The annex includes an extensive but not exhaustive list of technical references along with their web links or ordering information. These are organized in the same order as the body of this document.

While substantial revisions have been made to this document, it is and will always be a work in progress, which will be continuously revised on an annual basis to ensure that it remains up to date, relevant, and useful to the PVO community. With this in mind, we ask that each and every one of you who uses this document over the next year please keep notes and inform us on the usefulness of these references, information that should be amended or changed, additions and subtractions, and general comments. This will help us keep this document alive and responsive to your needs throughout the life of your programs. Please share comments and any (electronic) translated copies with Michel Pacque at CSTS, mpacque@macroint.com.

This guidance was updated by Della Dash, BHR/PVC and Michel Pacque, CSTS, who are grateful for the many contributions and rereads by the Global Bureau PHN Center staff, and many of their collaborating agencies including the QAP Project, the CHANGE Project, the IMPACT Project, the EHP Project, the MOST Project, the DELIVER Project, and other projects; the CORE working groups, and most of all to our PVO partners who continue to use this guide and provide valuable insight on how to improve it.

Based on the technical and management information in the TRMs, a companion document, The Program Planning Checklist has been created by CSTS, <http://www.childsurvival.com>.

Section A



1. Behavior Change Interventions

Behavior change is essential to improving maternal, child, family, and community health. The selection and implementation of an appropriate set of behavior change interventions can help to directly improve a wide range of family care-giving and care-seeking practices, and enhance supportive environments for improved household health practices at community, institutional and policy level.



Essential Elements

- Adopt Approach
- Use Data
- Use multiple channels and methods

Individual, family and community health outcomes are influenced by many factors. A comprehensive approach to behavior change recognizes that individual behavior change does not result from improved knowledge alone, and cannot be promoted in isolation from the broader social context in which it occurs. A behavior change approach explores the full range of factors that must be addressed to effectively change behaviors at multiple levels. A standardized, step-by-step process is used to assess current behaviors and underlying factors, propose key behaviors for change, identify contributing factors, and work with individuals, families, communities, health systems, and policymakers to develop effective, feasible change interventions aimed explicitly at these factors to change behaviors.

This section briefly outlines **what** PVOs need to do to develop more effective behavior change interventions. More specific details and guidance on **how** to do it is available from the resource materials listed.

Steps for Incorporating a Behavior Change Approach into Program Design and Implementation

1. Develop broad BC goals and objectives that correspond with overall project health objectives.
2. Review existing literature and identify information gaps.
3. Pre-implementation Research (KABP Study, Behavior Change Research, Community Assessment).
4. Analyze research results, identify emphasis behaviors and types of interventions required at each level.
5. Formulate comprehensive multi-level behavior change strategy, including communication component, links to training, improved services, products, policy change etc.
6. Produce, pre-test and finalize draft communication materials, training designs, improved services/products as indicated by research.
7. Work with communities: identify, negotiate, & implement activities to change behaviors/address barriers.
8. Mobilize all levels to design/implement advocacy strategy to support policy changes as indicated by research.
9. Launch/ implement communication interventions, conduct training, introduce and promote improved services/product(s), policy changes.
10. Monitor and refine interventions throughout implementation phase, evaluate and report.

The behavior change approach is a process for planning and implementing a comprehensive, strategic set of interventions and activities that focus on changing behaviors at multiple levels to achieve a health objective.

When taking a comprehensive behavior change approach, program planners address four key decisions:

- **Whose behavior** needs to change to bring about the desired health outcomes? (mother's; pharmacist's; hospital administrator's; neighbor's?) Who is your audience?
- **What do you want to help them to do?** Is it feasible? Is it effective?
- **Why aren't they doing it now?** How can you best influence and support those behaviors? What barriers exist? Why are some people currently doing it and others not? What makes the difference?
- **What activities address those factors** that you've identified as most influential in changing the behavior? Do you need **materials** to support those activities? **Products?**

Moving Towards a Behavioral Approach

The performance indicators for PVO projects are stated as health objectives - to improve home care and case management of childhood diarrhea, to increase the proportion of pregnant women assisted by a skilled birth attendant, or to reduce mother-to-child transmission of HIV. The initial step in applying a behavior change approach is to conceptualize these health objectives *in behavioral terms and develop a set of behavior change objectives for each health outcome.*

The broad categories of behaviors to improve maternal and child health include:

- healthy preventive/promotive household, community and institutional behaviors,
- timely, appropriate family-provided care at household level
- early household recognition of danger signs, timely care-seeking, decision-making and use of appropriate health services in the community,
- adherence to treatment recommendations/ referral after receiving care from health worker, and provision of timely, appropriate, good quality community-level health care, counseling, education, and referral by traditional and modern care providers.

Specific examples are found below:

Health objective	Refocused in behavioral terms
Improve home care and case management of childhood diarrhea	Wash hands of child, caretakers, and food preparers, with soap, before food preparation or consumption, and after using the toilet. Continue feeding and increase fluids during diarrheal illness. Mix and administer oral rehydration solution, or appropriate home-available fluids. Seek appropriate care from a trained health worker when the child suffers from certain specific symptoms.
Increase the percentage of mothers' exclusively breastfeeding their babies	Initiate breastfeeding within one hour of birth Breastfeed exclusively for the first six months Practice frequent, on-demand breastfeeding, including night feeds.

After “translating” health objectives into behavioral terms, the most critical step in a behavior change approach is identifying the few key factors that most influence the target behavior for our particular audience. The identification of how best to influence target behaviors is the step most often skipped by PVO program planners, and takes away from the effectiveness of program activities.

Collecting Information for Planning Behavior Change Strategies: Formative Research

To make the four planning decisions essential to any behavior change approach, information is needed. Sometimes relevant information has already been collected and will be available. New research is often required to give a more complete picture of our behavior of interest. Research that helps to plan or form an intervention is commonly referred to as formative research. It is also known as intervention research.

Formative research will help to:

- give a clear sense of priority audiences and meaningful audience segments;
- identify feasible and effective behaviors to promote;
- clearly specify which factors influence those behaviors and at what levels to focus program activities – individual, community, health system or other institution and/or policy; and
- explore preferred channels of communication.

The contributing individual, family, community, health system, and policy factors that influence healthy outcomes should be assessed for each behavior and audience BEFORE identifying tactics or planning activities. Once the most influential factors are identified, then planners can identify activities at the various levels (individual, community, health system and/or policy) that best address the factors. Usually, a behavior change approach will require a comprehensive plan that works at several levels.

Table 4: Levels of Behavior Change Intervention

Level of Influence	Desired Intermediate Outcome	Required Areas of Assessment	Potential BC Interventions
Individual	improved household caregiving; increased knowledge, altered attitudes and beliefs; modified behaviors; improved self-efficacy; improved links to household and community resources	Knowledge, predisposing, reinforcing, enabling factors (PRECEDE Model); perception of risks and consequences; perceived severity; personal self-efficacy; personal networks; resource distribution and access	Communication such as: Face-to-face, or group training and counseling Mass media, community media Events Centralized information and referral Distribution, promotion or subsidizing of services Community mobilization
family/ household	improved household caregiving; supportive “household policy”; improved links to community resources	sources of social identity, role models; sources of social support and social pressure; perceived and actual family hierarchy and social networks; perceived social norms; resource distribution and access	Community mobilization skills-building; promote critical thinking; create enabling household environments; strengthen existing networks negotiated behaviors and interventions

Community (friends/peers, influentials, groups/orgs, businesses, public/private sector)	change social norms; increase sense of community and shared responsibility; increased social support; increased access and improved distribution of resources	community social hierarchy and networks; "assets"; social norms; sources of social support/social pressure	negotiated behaviors and interventions; enabling community environment; strengthen existing and create new social networks; develop community capacity to change;
institutional systems (health and non-health) health care providers (modern and traditional)	improved provider skills and attitudes; improved client-provider relationships; bridges between traditional and modern practitioners; enhanced image of health services; improved products/services;	current counseling attitudes, skill and practice; quality of care provided; product availability and acceptability; organizational and management factors	IPCC training; behavior change skills training; motivation and team building activities; management training' policy and advocacy; New systems (supply, supervision, etc.)
policy (health planners, policymakers)	restructured priorities; supportive policy environment; improved product development, pricing and distribution; reallocation of resources	existing priorities and policies, and impact on recommended behaviors; current products availability, acceptability, cost; current resource allocation	advocacy to inform and promote program; negotiation to reprioritize, reorganize systems, reallocate resources

Conducting Assessments for Planning BCI Strategies: Methods That Answer Key Questions

Key factors influencing health behaviors can only be determined by analyzing available data and/or collecting new information. Some of these data are already available, such as national Demographic and Health Survey (DHS) data. PVO Child Survival Projects already conduct a baseline KABP survey as part of initial project activities. This KABP survey provides basic information on current knowledge, attitudes, behaviors and practices at household level for many of the **emphasis behaviors** that correspond to each of the PVO project health objectives. A thorough review of available literature supplements the baseline information provided by the KABP Study, helps to clarify remaining information gaps, and guides development of questions for additional research to address the gaps.

A behavior change approach broadens the types, scope, and methods of information collection needed to **change** those behaviors. (Table 2) It focuses on exploring factors that influence behavior change at multiple levels - among individuals, family and community influentials, health care providers, and policymakers, to devise a maximally effective behavior change strategy.

A growing number of innovative tools are available to help ensure that methods are appropriate to the research questions asked, that the questions asked are appropriate to inform the proposed behavior change, and that proposed interventions respond to the complexities of multilevel interventions.

Several types of assessments have been suggested as part of formative research to guide behavior change interventions. A behavior change approach integrates these sources of information to determine convincing ways to reinforce enabling factors, address barriers, overcome resistances and effectively motivate desired behavior changes. Programmers should pick and choose among the available methods depending upon information needs and available resources. It is not necessary to conduct research in each category if not necessary.

Assessments include:

- **health risk assessments** - to determine the relative priority (in terms of magnitude and severity) of health problems in a community and among various segments; to guide prioritization of project health objectives;
- **behavioral or audience assessments** - to identify key behaviors and the most influential factors associated with them; to identify and profile audience segments and needed levels of intervention; and assess preferences for various kinds of intervention;
- **“environmental” assessments** - includes assessments of community, health systems and policy to understand the context of health behaviors. This research may be more or less participatory in identifying community preferences and perceptions; systems and/or policy issues affecting health behaviors.
- **pretests and trials of behaviors** - to assess the feasibility and effectiveness of proposed behaviors. Some methods will be more participatory than others, identifying strengths, assets and resources available among families and communities, allowing collaborative development of indigenous solutions.

A behavior change approach is broader than a health communication or education approach.. By broadening the planning “lens” to a behavior change approach, communication and education become just one of several available strategies for changing behaviors. Sometimes information conveyed through education and communication will be critical to changing behaviors, but often other factors are also important, such as availability of products and services, national policies, or community support mechanisms. Focusing on the goal - improved behaviors - takes into consideration that both individual and group behavior change are more likely to take place within a supportive environment that results from interventions at multiple levels.

Table 2: TEN QUESTIONS TO PLAN A BCI

1. Who (which population segments) are most at risk by NOT practicing the behaviors?
2. Do current behaviors closely approximate the recommended behaviors? Are they widely practiced?
3. How is decisions made for routine health maintenance behaviors, household caregiving and careseeking outside the home? By whom? What “triggers” caregiving or care seeking? Where do they go for health care outside the home? Why? (from KABP Study)
4. What is the sub-set of behaviors required to achieve the recommended behavior? (behavior sub-analysis)
5. Who has influence on whether or not people practice the recommended behavior?
6. What barriers do people themselves think exist to practicing the recommended behavior?
7. How do they and those who influence them think those barriers could best be addressed?
8. What other factors (beliefs, social norms, laws, resources) might also influence whether people practice the recommended behavior?
9. Who is already practicing the recommended behavior? What motivated them to adopt that behavior? (positive deviants) Who is not practicing the recommended behavior? Why not? What makes the difference between the two groups?
10. If people don't think the recommended behavior is practical or achievable, what similar behavior would they be willing to try? (negotiation)

3 Types of Assessments	Examples of Research Methodologies
Health risk assessments	DHS Surveys; Other National surveys – nutrition surveys, coverage surveys; Surveillance data
Behavioral or audience assessments	KABP Surveys; Doer/Non-doer Analyses; Positive Deviant or Discovery Inquiries; Focus Groups (less effective for this purpose); In-depth interviews
Environmental Assessments	PRA or action research; Policy Environment Scores; Missed Opportunity Surveys; Focus Groups; Integrated Health Systems Assessment
Pretests or trials of behaviors	Trials of Improved Practices (TIPS); Observation Studies; HEARTH Model

A Program Example of Multilevel Behavior Change Interventions

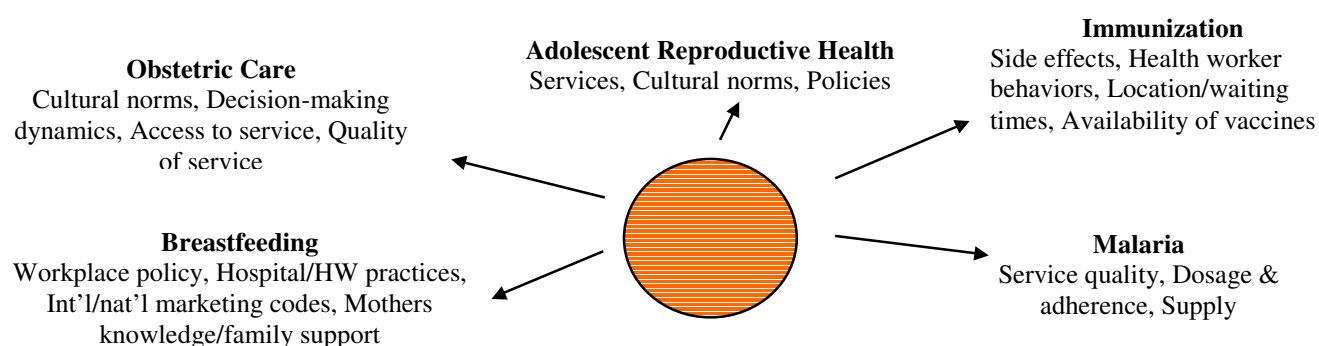
Lessons have been learned from programs that have been unable to improve household health practices, or to increase demand for and appropriate use of health services. For example, in a South East Asian country, program planners knew that maternal deaths were unacceptably high. A health communication strategy to increase knowledge about obstetric danger signs, a known contributing factor to delay in emergency care seeking, was implemented, with pregnant women as the primary audience. Local doctors were trained to upgrade emergency obstetric skills. After three years, very little change in use of services had occurred.

A behavior change approach was applied, and results of a broader range of intervention research were charted using a behavior change intervention matrix. Analysis showed that mother-in-laws were the ultimate household decision-makers regarding obstetric emergency care seeking, that families delayed care seeking because they were routinely required to purchase expensive essential supplies and medicines themselves, and that doctors were often unavailable when community midwives needed assistance.

Gradual increases in utilization were noted after a multilevel behavior change strategy was implemented that included all family and household members in education on obstetric danger signs; worked with communities to identify resources for producing and distributing “birth preparedness kits” containing essential obstetric supplies; and advocated for policy change to allow midwives to perform routine emergency care.

The chart below provides some examples of factors influencing several of the health emphasis behaviors. *This chart is illustrative and does not apply to all audiences in all contexts.* It shows the range of factors (individual and within the “enabling environment”) and audiences that need to be addressed to see changes in key health related behaviors.

Illustrative List of Factors Influencing Key PVO Health Objectives



The behavior change approach integrates findings from the four types of assessments described above to define priority behaviors for change, identify factors influencing these behaviors, define critical target audiences, and suggest a core set of behavior change interventions. Table 3 suggests a framework for charting and analyzing assessment results into a behavior change intervention matrix. This matrix helps to clearly identify a broad range of interventions that might be required to change behaviors directly as well as to create a supportive community and policy environment for change.

The BEHAVE Framework for Program Planning

Audience	Behavior	Key Factors	Interventions
<i>Who?</i> A specific target audience	<i>What?</i> Do a specific action that protects has a positive health outcome	<i>Factors</i> A few specific key factors that address barriers, enhance benefits, and are most influential to the target behavior	<i>Interventions</i> Selected activities that address those key factors
In order to help: women pregnant for the first time and young mothers under 20	to: give colostrum starting within one hour of birth and continuing until “regular” milk comes in...	we will focus on: increasing knowledge about the benefits of colostrum, stressing it is sufficient nourishment for the newborn; changing attitudes about the need to “clean the stomach of the newborn” increasing the knowledge/attitude that colostrum is the “first vaccine” Changing health worker knowledge/attitudes about poor, malnourished mothers being able to provide sufficient infant nutrition through breast milk; Strengthening hospital and community center policies.	through: small group workshops; midwife talks stickers for immunization cards (the first vaccine!) promoting colostrum during prenatal visits assuring adherence to hospital policies through monitoring identifying “positive deviant” mothers (poor, malnourished mothers) who exclusively breastfeed and whose infants are thriving; build a community-health center showcase to demonstrate effective strategies.

<p>Defining <i>who</i>:</p> <p>An audience segment should be as large a group as possible that will still react in a similar and desired way to a certain “stimulus”, in this case, the stimuli are program activities. Some criteria to consider include:</p> <p>relative risk</p> <p>potential impact on program objectives (how many?, how badly at risk? How likely to change)</p> <p>Feasibility (NGO access to audience, resources to reach/work with audience; community politics)</p>	<p>Determining <i>what</i>:</p> <p>Based on literature, research, TIPS or other behavioral trials. Determined by considering ideal behaviors and current practices, and negotiating with audiences to identify a feasible behavior that will improve health outcomes.</p> <p>Behavioral objectives must be:</p> <p>a) an action</p> <p>b) observable</p> <p>c) specific</p> <p>d) measurable</p> <p>e) feasible</p> <p>Feasible behaviors are determined by considering the:</p> <p>Ideal Behavior:</p> <p>Based on international guidelines and national policies</p> <p><i>And comparing it to</i></p> <p>Current Practices:</p> <p>Based on available EPI surveillance, DHS, other HH and community based data. Selected behaviors need to balance the ideal behavior with what is likely to be possible; and be grounded in existing practices.</p>	<p>Determining <i>factors</i>:</p> <p>Based on literature, research, TIPS or other behavioral trials, and perceived benefits and barriers to performing the behavior</p> <p>Factors may be;</p> <p>a) Interpersonal,</p> <p>b) Intrapersonal (between the individual and family, health workers, community members, others),</p> <p>c) health system (supplies of products, health center hours); or policy factors (health center policies, national guidelines, import policies)</p> <p>Common factors influencing behaviors:</p> <p>Demographics; Knowledge and attitudes of individual, family, health workers; Perceived risk; Self-efficacy; Culture and perceived social norms; Intentions; Access to Services and Products; Policy;</p> <p>Community organization and support; Actual Skills; Perceived consequences.</p>	<p>Selecting <i>interventions</i>:</p> <p>Interventions should be directly linked to key factor, address all levels identified as most influential in changing the behavior (individual, household, community, health service, other institutions, policy); should be “the right tool for the job”. (Refer to right tool worksheet)</p> <p>Broad categories of activities to address interpersonal, intrapersonal, health system and policy factors include:</p> <p>large or small group interventions (peer workshops, events, theater, fairs, etc.);</p> <p>One-on-one interventions (counseling and referral, outreach, etc.);</p> <p>Centralized Information and Referral; distribution, promotion or subsidizing of products or services (free distribution; price supports; more/ different outlets, brands); Community Mobilization; Mass Media and Small Media; Advocacy for policy change; Improved quality of care; Improved supervision.</p>
---	---	--	---

The framework provides a rationale for expanding the range of behavior change activities beyond communication, and for linking and coordinating communication activities with training, health systems support, product and service improvements and policy changes that may not otherwise have been recognized as essential components of a behavior change strategy.

Strengthening Health Systems to Promote Change

Behavior change to increase demand for and utilization of health services is influenced by access factors and acceptability of services. Access factors include concrete barriers such as hours and location of services as well as a sense of “welcome” at the point of service. Service acceptability from a client perspective is often based on perceived quality, availability of drugs, health worker attitudes and client-provider interactions. Comprehensive strategies to change utilization behavior require interventions that address some or all of these factors.

For health service providers as well as individuals, knowledge alone does not change behavior. Training programs to improve technical skills and interpersonal counseling and communication (IPCC) skills alone will not likely result in sustained change in behavior or practice. Long term changes in performance of health service providers are more likely when training includes analytical skills, addresses underlying attitudes, values and cultural norms, includes behaviors that are feasible in the clinical setting, and gives health workers skills to manage organizational problems such as a lack of time or staff for counseling. In addition, on-going supervision of some type is likely to be important for sustaining changes in clinical behavior, see M&E section.

Behaviors identified for change at individual and community level should be systematically reflected in and linked to clinical protocols and training guidelines for health care providers. Motivational activities and team building initiatives help to build bridges between communities and health services, empower health service providers to recognize need for changes within the health system, and be more able to implement those changes. Dialogue between professional health service providers and community/traditional health workers, and between public and private sector providers supports effective institutional level behavior change.

Encouraging Behavior Change at Community Level

One of the fundamental principles of the behavior change approach is promoting behavior change in the context of social change. Community engagement, efficacy and empowerment are recognized as key to sustained behavior change. Often, it is necessary for programs to reexamine current approaches and rebalance strategies to better integrate community mobilization and advocacy activities with more conventional behavior change strategies such as health communication aimed at individual behavior change.

At community level, a behavior change approach focuses on activities that create and sustain an enabling environment for social change, build partnerships with communities, and develop interventions that come from the community’s own assessment of their needs and priorities. Community-centered behavior change programs promote the empowerment of community partners, and encourage collaborative design and implementation of local programs. A community-oriented behavior change approach recognizes people and communities as agents for their own change, placing information within the community for dialogue, debate and collective action.

Rather than imposing predetermined behavior change activities, communities are assisted in identification of problems or goals, mobilizing resources and developing and implementing strategies to achieve their goals. Communities are offered a variety of tools to help identify their own problems, recognize barriers to necessary behavior change, find appropriate solutions, and mobilize necessary resources. An assets-based approach helps communities identify, strengthen and utilize resources and knowledge that exist within the community itself to support behavior change and improve health outcomes. Key to these approaches is ensuring that there is a balance between problems that are perceived as important by communities, and the public health problems that must be addressed to improve health based on local data.

Rather than imposing predetermined behavior change activities, communities are assisted in identification of problems or goals, mobilizing resources and developing and implementing strategies to achieve their goals. Communities are offered a variety of tools to help identify their own problems, recognize barriers to necessary behavior change, find appropriate solutions, and mobilize necessary resources. An assets-based approach helps communities identify, strengthen and utilize resources and knowledge that exist within the community itself to support behavior change and improve health outcomes. Key to these approaches is ensuring that there is a balance between problems that are perceived as important by communities, and the public health problems that must be addressed to improve health based on local data.

References for Facilitator's Guide

Academy for Educational Development. Applying Prevention Marketing: Workshop Training Manual. Trainer's Guide for Workshop Prepared for the Centers for Disease Control and Prevention, 1997.

Academy for Educational Development and Sutton Social Marketing. Social Marketing: Innovative Approaches for Effective CHIP Outreach. Prepared for HCFA and HRSA Regional Staff. Baltimore, MD. March 1-3, 1999.

Academy for Educational Development. Thinking Like a Marketer: More Effective Outreach Programs. Prepared for HFC A, Boston, MA. May 15-16, 2000.

Academy for Educational Development. Social Marketing Lite. Washington, DC: AED, 2001.

Academy for Educational Development. Learning to BEHAVE: A Workshop on the BEHAVE Framework for Behavior Change Programming. Trainer's Guide prepared for USAID (CHANGE and CORE) and delivered in Johannesburg, South Africa, February 4 to 8, 2002.

Middlestadt, S.E., Shepherd, M., Bhattacharyya, K., Rosenbaum, J., Baume, C., & Weiss, L. *Use of a Theory-Based Semi-Structured Elicitation Questionnaire to Explore Determinants of Consistent Condom Use*. Peer-reviewed poster presentation, XI International Conference on AIDS, Vancouver, BC, Canada, July, 1996.

Middlestadt, S.E. *Three Contributions of Behavioural Science to Developing Social Change Programs*. In David Suzuki Foundation and National Association of Japanese Canadians (Eds.), *Tools for Change: Highlights of the Social Change Conference*, Vancouver, BC, Canada, 1996.

Middlestadt, S.E., Bhattacharyya, K., Rosenbaum, J.E., Fishbein, M. & Shepherd, M. *The Use of Theory-Based Semi-Structured Elicitation Questionnaires: Formative Research for CDC's Prevention Marketing Initiative*. Public Health Reports, 1996, III, Supplement I, 18-27.

Middlestadt, S.E., Schechter, C., Peyton, J., & Tjugum, B. *Community Involvement in Health Planning: Lessons Learned from Practicing Social Marketing in a Context of Community Control, Participation, and Ownership*. In Goldberg, M., Fishbein, M., &

Middlestadt, S.E. (Eds.) Social Marketing: Theoretical and Practical Perspectives. Mahwah, NJ: Lawrence Erlbaum Associates, 1997. Pp. 291-312.

Mitchell, P.K., Smith, W., Hanlon, E., Lane, A., & Romano R. *Social Marketing Lite for Energy Efficiency: A Practical Resource Book for Social Marketing*. Prepared for IIEC, Partners for Sustainable Energy and Environmental Solutions and International Finance Corporation. Washington, DC: Academy for Educational Development. July, 2000.

Moore, M. & Rosenbaum, J. *Behavior Change Interventions, PVO Child Survival Grants Program Technical Resource Materials*. United States Agency for International Development, Bureau for Humanitarian Response, Office of Private and Voluntary Cooperation. Dec, 2000.

Rosenbaum, J., Middlestadt, S.E., Strand J., Jimerson, A., Gilad, R., & Schechter, C. *Incorporating Behavioral Science into HIV Prevention Planning: Promising Program Design Tools for NGOs and Health Departments*. Peer-reviewed poster presentation at the XII International Conference on AIDS, Geneva, June 1998.

Schechter, C., Strand, J., & Rosenbaum, J. *Enabling Community-based Organizations to Use Behavioral Science and Social Marketing in Developing HIV Prevention Programs for Youth: The Prevention Marketing Initiative*. Peer-reviewed poster/oral presentation at the Annual Meeting of the American Public Health Association, New York, November, 1996.

Strand, J., Rosenbaum, J., Middlestadt, S.E., Baume, C., Schechter, C., & Jimerson, A. *Fill in the Blanks: A Practical, Theory-based Model for Designing HIV Prevention Programs to Promote Behavior Change*. Peer-reviewed oral presentation at the XI International Conference on AIDS, Vancouver, BC Canada, July, 1996.

Strand, J., Rosenbaum, J., Gilad, R., & Jimerson, A. *But What Do you Want People to Do? Crafting a User-Friendly Tool for Designing Programs to Promote Behavior Change*. International Union of Health Promotion and Education Meeting, Puerto Rico, June, 1998.