

Applying the BEHAVE Framework



A Workshop on Strategic Planning for Behavior Change

PARTICIPANT BINDER



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.



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Welcome!

The CORE Group and AED offer you a workshop to build PVO staff skills for strategic project planning for maternal and child health. The workshop materials—a Facilitator’s Guide and a Participant Binder, are available in CD-ROM and in print. The CD-ROM contains all the materials you need to conduct a five-day workshop, including PowerPoint presentations, handouts and worksheets. In the print version of the Facilitator’s Guide, all PowerPoint slides with speaker notes are included as part of each session.

Participants learn to manage the four decisions in AED’s BEHAVE Framework:

- Priority and supporting groups
- Behavior
- Key Factors
- Activities

Participants also use the BEHAVE Framework to organize a monitoring and evaluation plan.

For further information, please contact behave@coregroup.org

Terms of Use

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- 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.

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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

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Introduction

Workshop Sessions

Opening Session

- 0a: Applying the BEHAVE Framework – Presentation Slides
- 0b: AED BEHAVE Framework
- 0c: Applying the BEHAVE Framework: Workshop Objectives
- 0d: Workshop Agenda

Session 1. “Exercise” Exercise

- 1a: “Exercise” Exercise – Presentation Slides
- 1b: Video Viewing – “truth” Campaign

Session 2. Overview: Applying the BEHAVE Framework

- 2a: Overview: Applying the BEHAVE Framework – Presentation Slides

Session 3. Selecting Priority Group & Supporting Groups

- 3a: Selecting Priority Group & Supporting Groups – Presentation Slides
- 3b: Five Ways To Describe Your Group

Session 4. Defining the Behavior You Will Promote

- 4a: Defining the Behavior You Will Promote – Presentation Slides
- 4b: What is a Behavior?
- 4c: The Emphasis Behaviors
- 4d: Sixteen Key Family Practices for IMCI
- 4e: Key Behaviors Addressed by the CHANGE Project

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

- 5a: Case Study Part 1: Selecting Priority Group + Behavior – Presentation Slides
- 5b: Case Study Part 1a: Possible Priority Groups + Behaviors
- 5c: Case Study Part 1b: Selecting a Priority Group + Behavior

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

- 6a: “Exercise” Exercise: Coding Doer/NonDoer Data – Presentation Slides
- 6b: Exercise Survey Tool
- 6c: Exercise Coding Guide

Session 7. Identifying Key Factors that Influence Behavior

- 7a: Identifying Key Factors that Influence Behavior – Presentation Slides
- 7b: Some Determinants that Influence Behavior
- 7c: Caribbean Data #1
- 7d: Caribbean Data #2

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

- 8a: Case Study 2: Identifying the Most Powerful Key Factors – Presentation Slides
- 8b: Part 2: Identifying the Most Powerful Key Factors

Session 9. Cluster Critiques 1

- 9a: Cluster Critiques 1: Groups, Behaviors, Key Factors – Presentation Slides
- 9b: Cluster Critiques 1

Session 10. Planning Project Activities

- 10a: Planning Project Activities – Presentation Slides
- 10b: The Right Tool for the Job
- 10c: BEHAVE Framework Samples

Session 11. Case Study 3: Planning Activities

- 11a: Part 3: Planning Activities

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

- * No materials

Session 13. Developing and Measuring Indicators for the BEHAVE Framework

- 13a: Naming Indicators for Monitoring & Evaluation – Presentation Slides
- 13b: Glossary of Monitoring & Evaluation Terms
- 13c: Developing Indicators
- 13d: BEHAVE Framework Sample

Session 14. Case Study 4: Developing Indicators

- 14a: Part 4: Indicators for Monitoring & Evaluation

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

- 15a: Filling in the Blanks – Presentation Slides
- 15b: Favorite Approaches (1-4)

Session 16. Cluster Critiques 2

- 16a: Cluster Critiques 2

Session 17. Case Study 5: Preparing Your Poster Presentation

- 17a: Part 5: Preparing Your Poster Presentation

Session 18. Field Visit

- 18a: Field Visit: What I Saw

Session 19. Report on Field Visit

- 19a: Report on Field Visit

Session 20. Adapting the Doer/Non Doer Tool

- 20a: Adapting the Doer/Non Doer Tool – Presentation Slides

Session 21. Poster Session: Your Case Studies

- 21a: Guide for Poster Session
- 21b: Poster Session: Treasure Hunt

Session 22. The BEHAVE Framework's Place in Project Planning
22a: CSHGP Cycle

Closing Session. Workshop Evaluation & Wrap-up

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

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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.

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. Session 22 of this workshop provides participants the chance to consider where and how the framework fits into the project planning cycle.

BEHAVE Framework

Opening Session

Applying the BEHAVE Framework



A Collaboration...



change



2

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

Your expectations...






4

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

AED • BEHAVE Framework

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

Applying the BEHAVE Framework:

Workshop Objectives

.....

By the end of this workshop, 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/NoDoer Analysis – for identifying factors most influential in changing a behavior.
- ❖ Identify appropriate indicators for monitoring and evaluating the behavior change effectiveness of their projects.

Applying the BEHAVE Framework Workshop

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				BREAK				Session 21 - Poster Session: Your Case Studies					
9:30				Session 8 - Case Study 2: Identifying the Most Powerful Key Factors				Session 14 – Case Study 4: Developing Indicators					
9:45	Session 1 - “Exercise” Exercise	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		Session 22 - The BEHAVE Framework’s Place in Project Planning					
10:00										Session 10 - Planning Project Activities		Session 16 - Cluster Critiques 2	
10:15										Session 11 - Case Study 3: Planning Activities		Recap/Evaluation	
10:30										Recap/Evaluation		Session 17 - Case Study 5: Preparing Your Poster	
10:45	Session 2 - Overview: Applying the BEHAVE Framework	Session 10 - Planning Project Activities		Session 16 - Cluster Critiques 2		Session 17 - Case Study 5: Preparing Your Poster		Closing Session - Workshop Evaluation & Wrap-up					
11:00										Session 11 - Case Study 3: Planning Activities		Recap/Evaluation	
11:15										Session 12 - Case Study 4: Planning Activities		Recap/Evaluation	
11:30										Session 13 - Case Study 5: Planning Activities		Recap/Evaluation	
11:45	Announcements	Session 14 - Case Study 6: Planning Activities		Session 17 - Cluster Critiques 2		Session 18 - Case Study 6: Preparing Your Poster		Session 23 - The BEHAVE Framework’s Place in Project Planning					
12:00										Session 15 - Case Study 7: Planning Activities		Recap/Evaluation	
12:15										Session 16 - Case Study 8: Planning Activities		Recap/Evaluation	
12:30										Session 17 - Case Study 9: Planning Activities		Recap/Evaluation	
12:45	LUNCH	LUNCH		LUNCH		LUNCH		LUNCH					
1:00										Session 18 - Case Study 10: Planning Activities		Recap/Evaluation	
1:15										Session 19 - Case Study 11: Planning Activities		Recap/Evaluation	
1:30										Session 20 - Case Study 12: Planning Activities		Recap/Evaluation	
1:45	Session 3 - Selecting Priority & Supporting Groups	Session 21 - Cluster Critiques 1		Session 24 - Filling In the Blanks: Where Do Our Favorite Approaches Fit?		FREE AFTERNOON: Get to know your colleagues AND/OR Prepare your poster		Session 25 - The BEHAVE Framework’s Place in Project Planning					
2:00										Session 22 - Case Study 13: Planning Activities		Recap/Evaluation	
2:15										Session 23 - Case Study 14: Planning Activities		Recap/Evaluation	
2:30										Session 24 - Case Study 15: Planning Activities		Recap/Evaluation	
2:45	Session 4 - Case Study Part 1: Selecting Priority Groups + Behavior	Session 25 - Cluster Critiques 2		Session 28 - Filling In the Blanks: Where Do Our Favorite Approaches Fit?		FREE AFTERNOON: Get to know your colleagues AND/OR Prepare your poster		Session 29 - The BEHAVE Framework’s Place in Project Planning					
3:00										Session 26 - Case Study 16: Planning Activities		Recap/Evaluation	
3:15										Session 27 - Case Study 17: Planning Activities		Recap/Evaluation	
3:30										Session 28 - Case Study 18: Planning Activities		Recap/Evaluation	
3:45	Session 5 - “Exercise” Exercise: Coding Doer/NonDoer Data	Session 29 - Case Study 19: Planning Activities		Session 32 - Filling In the Blanks: Where Do Our Favorite Approaches Fit?		FREE AFTERNOON: Get to know your colleagues AND/OR Prepare your poster		Session 33 - The BEHAVE Framework’s Place in Project Planning					
4:00										Session 30 - Case Study 20: Planning Activities		Recap/Evaluation	
4:15										Session 31 - Case Study 21: Planning Activities		Recap/Evaluation	
4:30										Session 32 - Case Study 22: Planning Activities		Recap/Evaluation	
4:45-5:00	Recap/Evaluation		Recap/Evaluation		Recap/Evaluation		Recap/Evaluation		Recap/Evaluation				

Session 1

“Exercise” Exercise



“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

“Exercise” Exercise

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



3

Exchange

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



4



5

Benefits

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




6



Benefits

- Refreshment
- Fun
- Connection
- Attractiveness
- Youthfulness



Coca-Cola Arista

8

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**

Coca-Cola Arista

9

BEHAVE Framework Session 1, Activity A

Video Viewing:
“truth” Campaign

1

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

Benefits offered to youth

Tobacco Companies
promise:

-
-
-
-
-

Anti-smoking groups
promise:

-
-
-
-
-

3

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

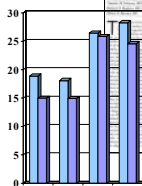
TV spots

truth

Behavior Change

(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

Changes From the Youth Risk Behavior Survey, 1998-2000

1998
1999

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

AED • BEHAVE Framework

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	<p>in order to help:</p> <p>Florida teens likely to smoke</p>	<p>to:</p> <p>Reject a cigarette when offered by friend</p>	<p>we will focus on:</p> <p>Demonstrating independence from tobacco industry</p> <p>Giving chance to rebel against adult institution</p> <p>Increasing sense of belonging to "cool" group of peers</p>	<p>through:</p> <p>Radio and TV spots show rebellion against Big Tobacco and cohesion of youth</p> <p>Events and promotional materials create a visible "brand" for "truth"</p>
INDICATORS				

COORE

AED

7

BEHAVE Framework

Session 2

Overview: The BEHAVE Framework



AED · BEHAVE Framework

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



2

AED's BEHAVE Framework



3

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...

- ...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

The BEHAVE Framework...



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



6




BEHAVE Framework

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



7



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



Selecting Priority Group and Supporting Groups

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



9


BEHAVE Framework



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

10

The BEHAVE Framework works at all levels



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


11

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



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

Defining the Behavior



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





14


BEHAVE Framework

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



15

What is a Behavior?

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

Child Survival Behaviors

- The Emphasis Behaviors
- 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

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...

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			

Identifying Key Factors that Influence Behavior

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

AED · BEHAVE Framework

PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
<small>In order to help:</small> <div style="border: 1px solid #ccc; height: 80px;"></div>	<small>to:</small> <div style="border: 1px solid #ccc; height: 80px;"></div>	<small>we will focus on:</small> <div style="border: 1px solid #ccc; height: 80px;"></div>	<small>through:</small> <div style="border: 1px solid #ccc; height: 80px;"></div>
<div style="background-color: #006633; color: white; padding: 2px; display: inline-block; transform: rotate(-90deg); transform-origin: left top;">INDICATORS</div> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>			

22

Definitions

Benefit: Something that people want

Barrier: A perceived obstacle or deterrent to taking the action

23

Definitions

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

24

Definitions

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

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

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*

Not Just Guesswork

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


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: •Addressing safety fears •Making available and affordable •Informing that treated nets kill mosquitoes •Increasing knowledge that malaria is dangerous for woman and fetus	
INDICATORS			

Planning Project Activities



All your activities should:

- maximize the benefits
- minimize the barriers

that matter to the group




BEHAVE Framework

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



30


Planning Activities

- Right types of activities
- Right messages & content

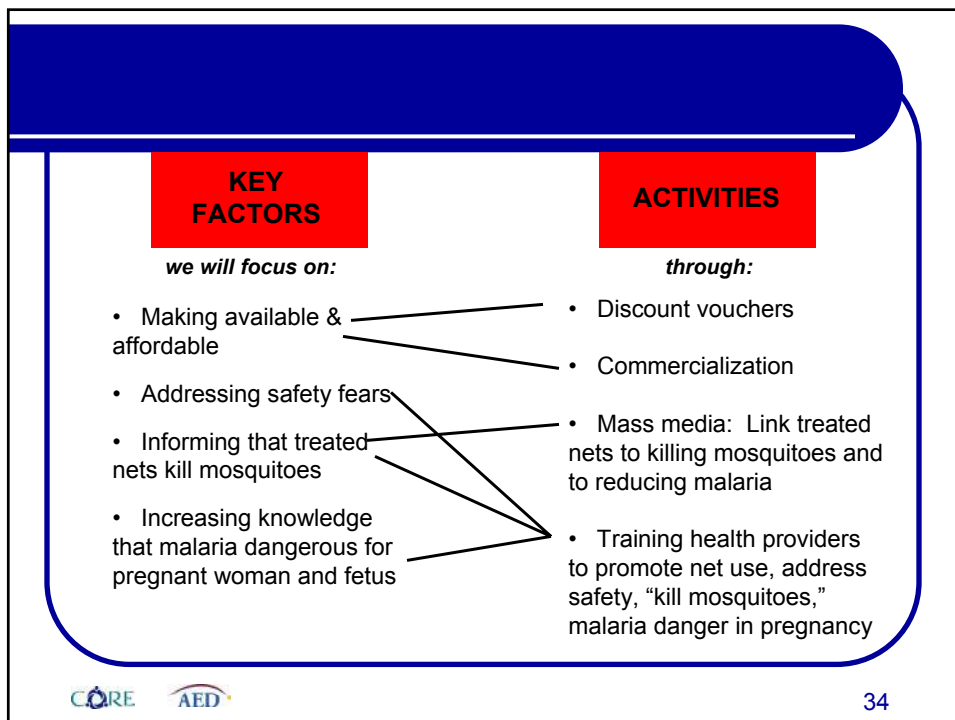
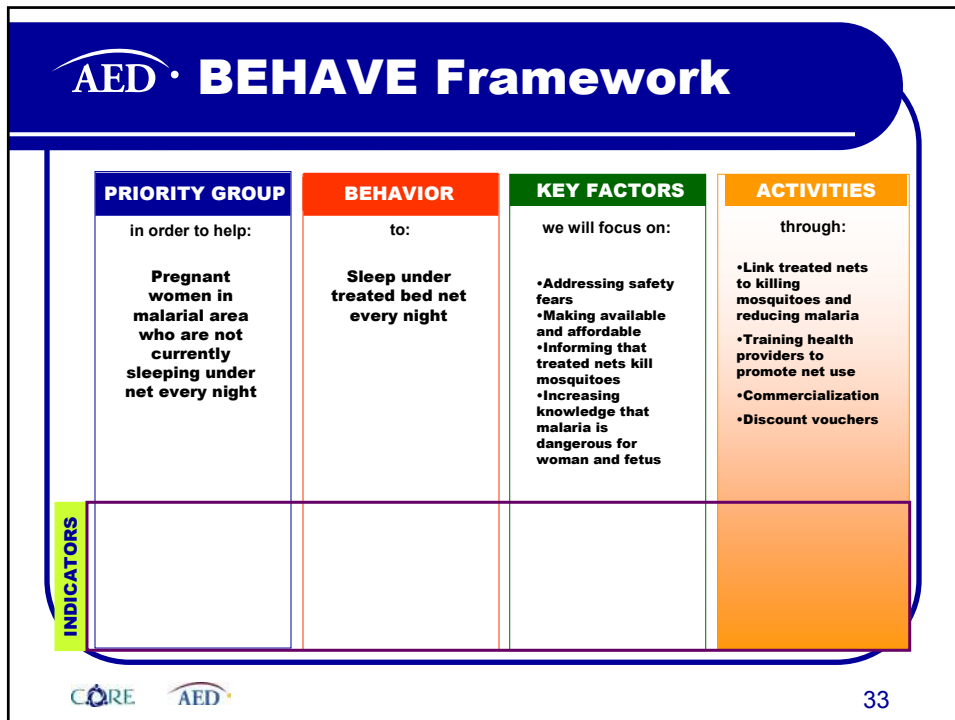


31

Types of Activities

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



32



BEHAVE Framework

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

INDICATORS

35

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

36

Using Data to Make Decisions

37

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.

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.

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.

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

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

BEHAVE Framework

Session 3

Selecting Priority Group and Supporting Groups



AED · BEHAVE Framework

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



2

Principle #1

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



3

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

Example: Exclusive Breastfeeding

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

Example: Immunization

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

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.

Activity A: Whose point of view?

Whose point of view...?

"It's hard to get my child to the clinic when it closes at 5 p.m."

Whose point of view...?

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



10

Whose point of view...?

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



11

Whose point of view...?

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



12

Whose point of view...?

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

Whose point of view...?

"Take the bus. We need the fares."

Whose point of view...?

"Take the bus. Meet eligible guys."

The BEHAVE Framework Works at All Levels

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

Individuals



Family/Household



Community



CORE AED

19

Institutional Systems



CORE AED

20

Policy Makers/ Health Planners



CORE AED

21

Defining the Group



Reach the largest number possible who have similar needs, wants

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”)

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

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")

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

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")

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

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

Stages of Change

Pre-awareness

Awareness/Contemplative

Preparation/Decision-Making

Action

Maintenance

Source: Adapted from Prochaska and DiClemente, 1986

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

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

Exercise: Five Ways to Describe Your Group

1. Demographic features
2. Behaviors
3. Benefits
4. Barriers
5. "Readiness" point



33

Sources of Data for Selecting Your Group

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

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

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

SESSION

3

Five Ways to Describe Your Priority Group

.....



1. Demographic feature.

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

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

4. Something that keeps group members from “doing the right thing” (**barrier**).

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

BEHAVE Framework

Session 4

Defining the Behavior You Will Promote



1

AED · BEHAVE Framework

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



2

Principle #2

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

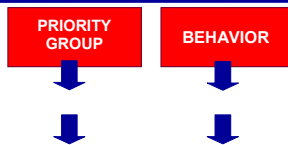


3

What is a Behavior?

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

What is a Behavior?



Warning:
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)

What is a Behavior?

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

Child Survival Behaviors

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

Activity B: How “hard” is that behavior?

Simple  Complex

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

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

Community Input on Defining New Behavior

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



11

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

SESSION
4

What is a Behavior?

.....

1. Action (someone must do something).
“Big benefits” that may not be obviously related to the behavior.
2. Observable (at least hypothetically).
3. Specific:
 - a. time
 - b. place
 - c. quantity
 - d. duration
 - e. frequency
4. Measurable (by some indicators).
5. Feasible (for target audience to do).
6. Direct link to improved health outcome.

SESSION
4

The Emphasis Behaviors

.....
REPRODUCTIVE HEALTH PRACTICES: Women of reproductive age need to practice family planning and seek antenatal care when they are pregnant.

1. For all women of reproductive age, delay the first pregnancy, practice birth spacing and limit family size.
2. For all pregnant women, seek antenatal care at least two times during the pregnancy.
3. For all pregnant women, take iron tablets.

INFANT AND CHILD FEEDING PRACTICES: Mothers need to give age-appropriate foods and fluids.

4. Breastfeed exclusively for about six months.
5. From about six months, provide appropriate complementary feeding and continue breastfeeding until 24 months.

IMMUNIZATION PRACTICES: Infants need to receive a full course of vaccinations; women of childbearing age need to receive an appropriate course of tetanus vaccinations.

6. Take infant for measles immunization as soon as possible after the age of nine months.
7. Take infant for immunization even when he or she is sick. Allow sick infant to be immunized during visit for curative care.
8. For every pregnant women and women of childbearing age, seek tetanus toxoid vaccine at every opportunity.

HOME HEALTH PRACTICES: Caretakers need to implement appropriate behaviors to prevent childhood illnesses and to treat them when they do occur.

Prevention

9. Use and maintain insecticide-treated bed nets.
10. Wash hands with soap at appropriate times.
11. For all infants and children, consume enough Vitamin A.
12. For all families, use iodized salt.

Treatment

13. Continue feeding and increase fluids during illness; increase feeding immediately after illness.
14. Mix and administer ORS, or appropriate home-available fluid, correctly.

15. Administer treatment and medications according to instruction (amount and duration).

CARE-SEEKING PRACTICES: Caretakers need to recognize a sick infant or child and need to know when to take the infant or child to a health worker or health facility.

16. Seek appropriate care when infant or child is recognized as being sick (i.e., looks unwell, not playing, not eating or drinking, lethargic or change in consciousness, vomiting everything, high fever, fast or difficult breathing).

Source: BASICS Technical Report: "Emphasis Behaviors in Maternal and Child Health: Focusing on Caretaker Behaviors to Develop Maternal and Child Health Projects in Communities;" Table 1, p. 6

SESSION
4

Sixteen Key Family Practices for IMCI

(Presented at the international Workshop on Improving Children's Health and Nutrition in Communities, Durban, South Africa June, 2000)

For physical growth and mental development

- ❖ Breastfeed infants exclusively for at least four months and, if possible, up to six months. (Mothers found to be HIV positive require counseling about possible alternatives to breastfeeding.)
- ❖ Starting at about six months of age, feed children freshly prepared energy and nutrient-rich complementary foods, while continuing to breastfeed up to two years or longer.
- ❖ Ensure that children receive adequate amounts of micronutrients (in particular, Vitamin A and iron), either in their diet or through supplementation.
- ❖ Promote mental and social development by responding to a child's need for care through talking, playing and providing a stimulating environment.

For disease prevention

- ❖ Take children as scheduled to complete a full course of immunizations (BCG, DPT, OPV and measles) before their first birthday.
- ❖ Dispose of feces, including children's feces, safely. Wash hands after defecation, before preparing meals and before feeding children.
- ❖ Protect children in malaria-endemic areas by ensuring that they sleep under insecticide-treated bed nets.
- ❖ Adopt and sustain appropriate behavior regarding prevention and care for HIV/AIDS affected people, including orphans.

For appropriate home care

- ❖ Continue to feed and offer more fluids, including breast milk, to children when they are sick.
- ❖ Give sick children appropriate home treatment for infections.
- ❖ Take appropriate actions to prevent and manage child injuries and accidents.
- ❖ Prevent child abuse and neglect and take appropriate action when it has occurred.
- ❖ Ensure that men actively participate in providing childcare and are involved in the reproductive health of the family.

For seeking care

- ❖ Recognize when sick children need treatment outside the home and seek care from appropriate providers.
- ❖ Follow the health worker's advice about treatment, follow-up and referral.
- ❖ Ensure that every pregnant woman has adequate antenatal care. This includes having at least four antenatal visits with an appropriate health care provider and receiving the recommended doses of the tetanus toxoid vaccination. The mother also needs support from her family and community in seeking care at the time of delivery and during the postpartum and lactation period.

Source: Reaching Communities for Child Health: Advancing PVO/NGO Technical Capacity and Leadership for HH/C IMCI

SESSION
D
4

Key Behaviors Addressed by the CHANGE Project

Being careful not to alter meanings, CHANGE has edited USAID's list of key behaviors (from Section III of the Request for Proposal) that our project is to address. We have reworded some of the behaviors to state them as actions rather than simply as an objective of increasing knowledge. We have also indicated the primary type of people who need to carry out each behavior in order to improve maternal and child health and nutrition (in a few cases elaborating on USAID's description of the target group).

In addition, for some of the key behaviors, we have added some important sub-behaviors in brackets. These sub-behaviors have not been officially agreed upon, as have the key behaviors, but it seems important to illustrate that many of the key behaviors in actuality entail important sub-behaviors that we can define in general, but which need to be defined specifically in each project situation.

For the purpose of the workshop on key behaviors, we have grouped the behaviors by major technical areas.

1. BREASTFEEDING AND CHILD FEEDING

Target group: Mothers of children under six months old

- ❖ Breastfeed exclusively for about six months.
- ❖ [Initiate breastfeeding within an hour of birth/feed colostrum]
- ❖ [Breastfeed a minimum of ten times in 24 hours]

Target group: Mothers of children 6-24 months old

- ❖ Give appropriate complementary feeding with breastfeeding until 24 months.
For caretakers of children 6-11 months old:
 - Continue to breastfeed at least six times per 24 hours.
 - Introduce soft foods, one at a time, beginning in the fifth or sixth month, two or three times daily.
 - Begin to give mashed family foods at nine months, three or four times daily.
 - Feed two spoonfuls per month of age, besides healthy snacks and breast milk.
 - Do not give watery food.
 - Feed, or add to other foods, calorie or nutrient-rich foods such as oil, mashed nuts or seeds, fruit, vegetables, animal products.
 - Give extra liquids, esp. breast milk, and plenty of food a little at a time to sick children.

- Practice good food hygiene. In particular: store/reheat food safely, wash hands properly, protect food from flies, use no bottles (use cup and spoon instead) or pacifiers.
- Practice active feeding (encourage child to eat, reduce distractions) “Big benefits” that may not be obviously related to the behavior.

For caretakers of children 12 - 23 months old:

- Continue to breastfeed several times a day.
- Feed family foods three or four times/day plus two snacks.
- Feed the child in his own, large plate.
- Practice good food hygiene. In particular: store/reheat food safely, wash hands properly, protect food from flies, use no bottles (use cup and spoon instead) or pacifiers.
- Practice active feeding (encourage child to eat, reduce distractions).

Target group: Caretakers of children under five years

- ❖ Feed all children adequate amounts of micronutrients: [iodized salt, vitamin A-rich and -fortified foods, and iron-rich and fortified foods].

2. IMMUNIZATION

Target group: Caretakers of children less than a year old

- ❖ Take all children for their full primary series of immunizations before their first birthday; take all children for their measles immunization as soon as possible after nine months.

Target group: Women of childbearing age

- ❖ Go for all needed immunizations against tetanus.

3. (OTHER) CHILD SURVIVAL

Target group: Caretakers of children under five years

- ❖ Ensure that all children in malaria-endemic areas sleep under insecticide-treated bed nets[all year round].
- ❖ Carry out appropriate hygiene behaviors for the prevention of diarrhea. [In particular: store/reheat food safely, wash hands properly, protect food from flies, use no bottles (use cup and spoon instead) or pacifiers, consume safe water, and use a latrine or bury feces].

Target group: Women of childbearing age

- ❖ Delay your first pregnancy, practice birth spacing, and limit family size.

Target group: Pregnant women

- ❖ Seek antenatal care at least two times during pregnancy and take adequate amounts of iron/folate and iodine.

Target group: Caretakers of sick children

- ❖ Look for and recognize danger signs: Take the child to an appropriate health care provider if the child:
 - becomes sicker;
 - has difficult or fast breathing;
 - is losing fluid from diarrhea and/or vomiting faster than s/he can take fluids in;
 - has blood in the stool;
 - has fever lasting more than one day in spite of household treatment;
 - is breastfeeding or drinking poorly; and/or
 - is not growing well.
- ❖ Continue feeding and increase fluids, including breastfeeding, during illness and increase feedings immediately after illness for recovering children.
 - Give appropriate home management, including full compliance with instructions for use of drugs and other treatments prescribed.

Target Group: Caretakers of seriously ill children

- ❖ Look for danger signs and take the child to an appropriate health care provider if the child:
 - is not able to drink or breastfeed;
 - vomits everything;
 - has a convulsion; and/or
 - is abnormally sleepy or difficult to wake.

Target group: Caretakers of children with diarrhea

- ❖ Give appropriate extra fluids, including more frequent and longer breastfeeds, until the diarrhea stops.

Target group: The community: multiple people working together

- ❖ Organize, manage, and give labor and other resources to support:
 - community-based workers or organizations to educate community members about key preventive behaviors and to motivate them to make use of and/or seek key preventive services;

- effective mechanisms for increasing access to needed health products and services;
- a sustainable and effective growth promotion project;
- a universally accessible supply of abundant, clean water;
- sanitation services sufficient for the community to be free from contamination with human feces;
- an effective organization for liaison with and effective participation in the management of facility-based health care services; and/or
- an effective means of identifying high-risk populations for targeting preventive services.

Target group: The community: multiple people working together

- ❖ Support ready access to services for sick children [e.g. compensate volunteer health workers, help clean and manage local health facility, manage revolving drug fund].
- ❖ Ensure that undernourished children receive appropriate community-level care.
- ❖ Seek information from community-based workers or organizations on key household treatment behaviors and on appropriate use of qualified health providers.

Target group: Health services managers and workers

- ❖ Give caretakers of all children appropriate and adequate counseling on nutrition and on preventive practices during visits to health facilities.
- ❖ Counsel all women on birth-spacing and limiting family size, giving them the option of using modern contraceptive methods.
- ❖ Identify all children in high-risk groups, with the assistance of community organizations and community members, through mapping and other participatory methods.
- ❖ Demonstrate improved skills in interpersonal communication, counseling and community organization in working with caretakers and communities.

4. MATERNAL HEALTH

Target group: Pregnant women

- ❖ Seek antenatal care at least two times during pregnancy.
- ❖ Take the prescribed course of iron supplements [often for 90 or 120 days].

Target group: Women and girls of reproductive age

- ❖ Follow good self-care practices, avoid harmful practices and make appropriate use of available health services.
- ❖ Go for all needed immunizations against tetanus.
- ❖ Delay your first pregnancy, practice birth spacing and limit family size.

Target group: Parents and families

- ❖ Recognize obstetric and neonatal risk and emergency situations and seek the best available care.
- ❖ Recognize postpartum complications and take action should they arise.

Target group: Communities

- ❖ Make plans and actually take appropriate actions to support use by women of the best available care for obstetric and neonatal complications.
- ❖ Make plans and actually take actions to identify women and newborns who need assistance and to improve access to needed services.

Target group: Health workers

- ❖ Use positive inter-personal skills to assist women and families in a respectful, appropriate and responsive manner.
- ❖ Promote, among mothers, families and communities, appropriate food-based interventions that improve the quality of a woman's overall diet [protein, calories, and all vitamins and minerals].
- ❖ Counsel women effectively on the use of micronutrient supplements, particularly iron and Vitamin A.
- ❖ Promote and support appropriate breastfeeding practices.
- ❖ Provide quality, client-centered care to mothers and families who seek services.

Target group: Political and health system decision-makers

- ❖ Carry out policy and advocacy activities that support the establishment of quality, client-centered emergency obstetrical care.

5. MICRONUTRIENTS

Target group: Families

- ❖ Correctly use micronutrient interventions, particularly supplements.
- ❖ Improve infant feeding practices [see Child Survival for sub-behaviors].
- ❖ Practice dietary diversity [sufficient consumption of micronutrient-rich foods].
- ❖ Obtain and consume micronutrient-fortified foods.

Target group: Communities

- ❖ Improve behaviors related to dietary diversification [educate, promote cultivation of micronutrient-rich foods, etc.].
- ❖ Demand and use fortified foods.
- ❖ Mobilize to increase use of micronutrient supplementation by high-risk populations.

Target group: Health care officials and workers

- ❖ Educate clients about available micronutrient interventions.
- ❖ Counsel women effectively on the use of micronutrient supplements, particularly iron and Vitamin A.

Target group: Other social-sector workers [agricultural workers, sanitation agents, etc.]

- ❖ Support micronutrient interventions.

Target group: Government decision-makers

- ❖ Carry out policy and advocacy activities to established strong food fortification projects.
- ❖ Implement institutional changes that support increased use of micronutrient interventions.

Target group: Health project planners and managers

- ❖ Fund and assure the implementation of public education strategies that increase use of micronutrient-related behaviors.

Target group: Caretakers of children under five years

- ❖ Feed all children adequate amounts of micronutrients: [iodized salt, vitamin A-rich and -fortified foods and iron-rich and fortified foods].

Mike Favin, January 1999

BEHAVE Framework

Session 5

Case Study Part 1: Selecting Priority Group + Behavior



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

Criteria for...

Selecting Priority Group + Behavior



3

Assess Group + Behavior

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



4

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

1. Health risk

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



6

2. Impact

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



7

3. Operational feasibility

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



8

4. Political feasibility

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



9

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?



10

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

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

SESSION
5

Part 1a: Possible Groups + Behaviors

.....

Possible Groups + Behaviors for:

(Health Intervention Area)

Group <i>In order to help...</i>	Behavior <i>...to...</i>

SESSION
5

Part 1b: Selecting Priority Group + Behavior

.....

Your team has developed a long list of possible behaviors that various groups could take to improve health outcomes. For your case study, you must select a single priority group (with a supporting group, as appropriate) and a single behavior that the priority group could take. Consider each potential group + behavior in terms of the criteria below. Select a priority group + behavior that meet these criteria:

1. Health Risk

- ❖ Large proportion of this priority group practicing risky behaviors and/or failing to practice proposed behavior.

2. Impact

- ❖ Proposed behavior effective at reducing risk.
- ❖ Adoption of this behavior by this priority group will eliminate their risk (no other behaviors putting them at same risk).
- ❖ Priority group is large.

3. Operational Feasibility

- ❖ Possible to reach priority group with given resources.
- ❖ Possible to influence behavior with given resources.

4. Political Feasibility

- ❖ The community supports choice of group + behavior.

5. Behavioral Feasibility

Is the priority group likely to make the change?

- ❖ Achievable.
- ❖ Requires few resources or little effort.
- ❖ May be done occasionally/only once.
- ❖ Involves few elements and is not complex.
- ❖ Is compatible with existing practices, already widely practiced or socially approved.
- ❖ Offers strong positive consequences/benefits.
- ❖ Barriers are relatively low.

Session 6

“Exercise” Exercise Coding



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

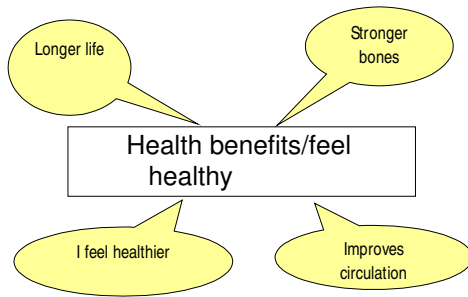
Coding the Survey Data

- 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!



3

For example...



4

"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



Exercise Survey Tool

.....

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: _____

Now turn to the next page and, following the instructions at the top, complete all questions.

Continue survey on next page>>>>>>>

We would like to ask you some questions about your perceptions of what happens when you get 30 minutes of exercise, that increases your heart rate, at least four times every week. Keep in mind that many people exercise less than that. Answer for what it's like for you or what it would be like for you to get 30 minutes of exercise at least four times every week. In answering the questions, respond for yourself (and not some hypothetical audience member). Please provide as many responses as you can for each question.

1. What do you see as the **advantages or good things** about getting 30 minutes of exercise at least four times every week?

2. What do you see as the **disadvantages or bad things** about getting 30 minutes of exercise at least four times every week?

3. What makes it **easier** for you to get 30 minutes of exercise at least four times every week?

4. What makes it **more difficult** for you to get 30 minutes of exercise at least four times every week?

5. Who (individuals or groups) do you think would **approve or support** your spending time getting 30 minutes of exercise at least four times every week?

6. Who (individuals or groups) do you think would **disapprove or object** to your spending time getting 30 minutes of exercise at least four times every week.

SESSION
6

Exercise Coding Guide

1. Code Guide for Advantages or good things.

Advantages or good things	Doer Count	Doer %	NonDoer Count	NonDoer %
Total Doers and NonDoers				
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/social opportunity				
Feel safer (feel you could run or fight if attacked)				
Exercise is fun				

2. Coding Guide for Disadvantages or bad things.

Disadvantages or bad things	Doer Count	Doer %	NonDoer Count	NonDoer %
Total Doers and NonDoers				
Takes up time				
Cuts into time with my family or friends				
Cuts into to work time				
Get sweaty/dirty				
Might hurt myself				
Get tired				
Costs money				
Get lonely				
Not fun				

3. Coding Guide for Easier.

Easier	Doer Count	Doer %	NonDoer Count	NonDoer %
Total Doers and NonDoers				
Convenient location (either health club or outdoor spot)				
Convenient hours for pool or gym				
Having a variety of exercise options				
Safe place (free from physical danger)				
Getting into a routine				
Planning				
Low cost				
Having an exercise buddy/partner				
Seeing results (stronger/slimmer/less stress, etc.)				
Motivation				
Employer/work flexibility				
Family support/flexibility				
Nice weather				

4. Coding Guide for More Difficult.

[illegible]

5. Coding Guide for Approves.

People who approve of my spending time exercising	Doer Count	Doer %	NonDoer Count	NonDoer %
Total Doers and NonDoers				
Doctor/health professional				
Spouse/partner				
Children				
Parent or other family				
Employer				
Coworkers				
No one				
Me				
Friends				
Everyone				

6. Coding Guide for Disapproves.

People who Disapprove of my spending time exercising	Doer Count	Doer %	NonDoer Count	NonDoer %
Total Doers and NonDoers				
Doctor/health professional				
Spouse/partner				
Children				
Parent or other family				
Employer				
Coworkers				
No one				
Myself				

Session 7

Identifying Key Factors that Influence Behavior

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?

AED • BEHAVE Framework

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

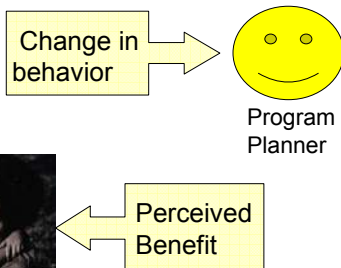
Principle #3

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

Two Starting Points for Considering Key Factors

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

It's about an exchange



What do people WANT?

- Go beyond actual characteristics of the behavior
- Link the behavior to something BIG that people WANT

Definitions

Benefit: Something that people want

Barrier: A perceived obstacle or deterrent to taking the action

Definitions

Determinant of behavior:
Factor shown to motivate or “determine” a behavior for a given priority group of people

Determinants: Some categories for Key Factors

- Access
- Policy
- Skills
- Culture
- Actual consequences
- Knowledge
- Perceived risk
- Self-efficacy
- Perceived social norm
- Perceived consequences
- Attitudes
- Intentions

Definitions

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

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

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*

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

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



14

"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

Activity B: Comparing “Doers” with “NonDoers”

Doer = Person who currently does the behavior

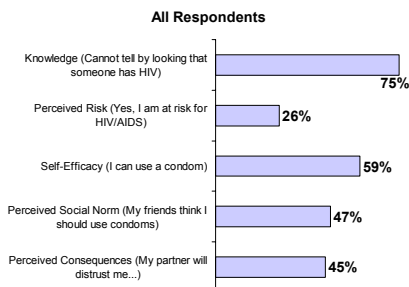
NonDoer = Person who does *not* currently do the behavior

- How could comparing them help you know what *really* influences the behavior?
- Why is it important to identify the most powerful key factors?

Doer/NonDoer Example

- Caribbean survey of youth and young adults
 - Before using Doer/NonDoer analysis
 - After using Doer/NonDoer analysis

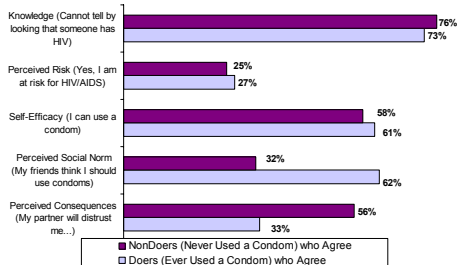
Caribbean Data #1 Survey of Youth and Young Adults



Caribbean Data #2

Survey of Youth and Young Adults

Analyzed by Doers and NonDoers



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

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...?

Data Analysis

- Compare Doer/NonDoer totals for each item
- Look for large differences (what distinguishes Doers from NonDoers)

Look for **differences** -- not **deficits**!

"Exercise" Exercise Results

Exercise data

[Insert Excel file with Exercise data]

Three Powerful Types of Key Factors

- Perceived consequences
- Self-efficacy, skills
- Perceived social norms

Three Powerful Types of Key Factors

- Perceived consequences **FUN**
- Self-efficacy, skills **EASY**
- Perceived norms **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

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

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?

What is your “default” mode?

Knowledge?

Perception of risk?

Positive consequences!

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

Ways of Thinking about Key Factors

- Determinants
- Predisposing, Reinforcing, Enabling
- Benefits, Barriers
- Motivators, Inhibitors

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)

SESSION
7

Some Determinants that Influence Behavior

EXTERNAL DETERMINANTS. Those forces outside the individual that affect his or her performance of a behavior.

Skills. The set of abilities necessary to perform a particular behavior. Key skills for protective HIV behaviors include communication, negotiation, sexual refusal, condom use skills and cleaning needles.

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

Policy. Laws and regulations that affect behaviors and access to products and services. Policies affecting HIV include those regulating needle exchange, products or services to minors without parental permission, partner notification and domestic partners regulations.

Culture. The set of history, customs, lifestyles, values and practices within a self-defined group. This may be associated with ethnicity or with lifestyle, such as "gay" or "youth" culture.

Actual Consequences. What actually happens after performing a particular behavior.

Relationship Status. Type of relationship as categorized by the sexual partners and their community. Common categories are short-term/long-term, casual/serious, and monogamous/ multiple partners.

INTERNAL DETERMINANTS. The forces inside an individual's mind that affect how he or she thinks or feels about a behavior.

Self-efficacy. An individual's belief that he or she can do a particular behavior.

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

Perceived Consequences. What a person thinks will happen, either positive or negative, as a result of performing a behavior.

Knowledge. Basic factual knowledge about transmission of HIV, how to protect oneself from transmission, what test results mean or where to get services.

Attitudes. A wide-ranging category for what an individual thinks or feels about a variety of issues. This over-arching category would include self-efficacy, perceived risk and other attitudinal factors.

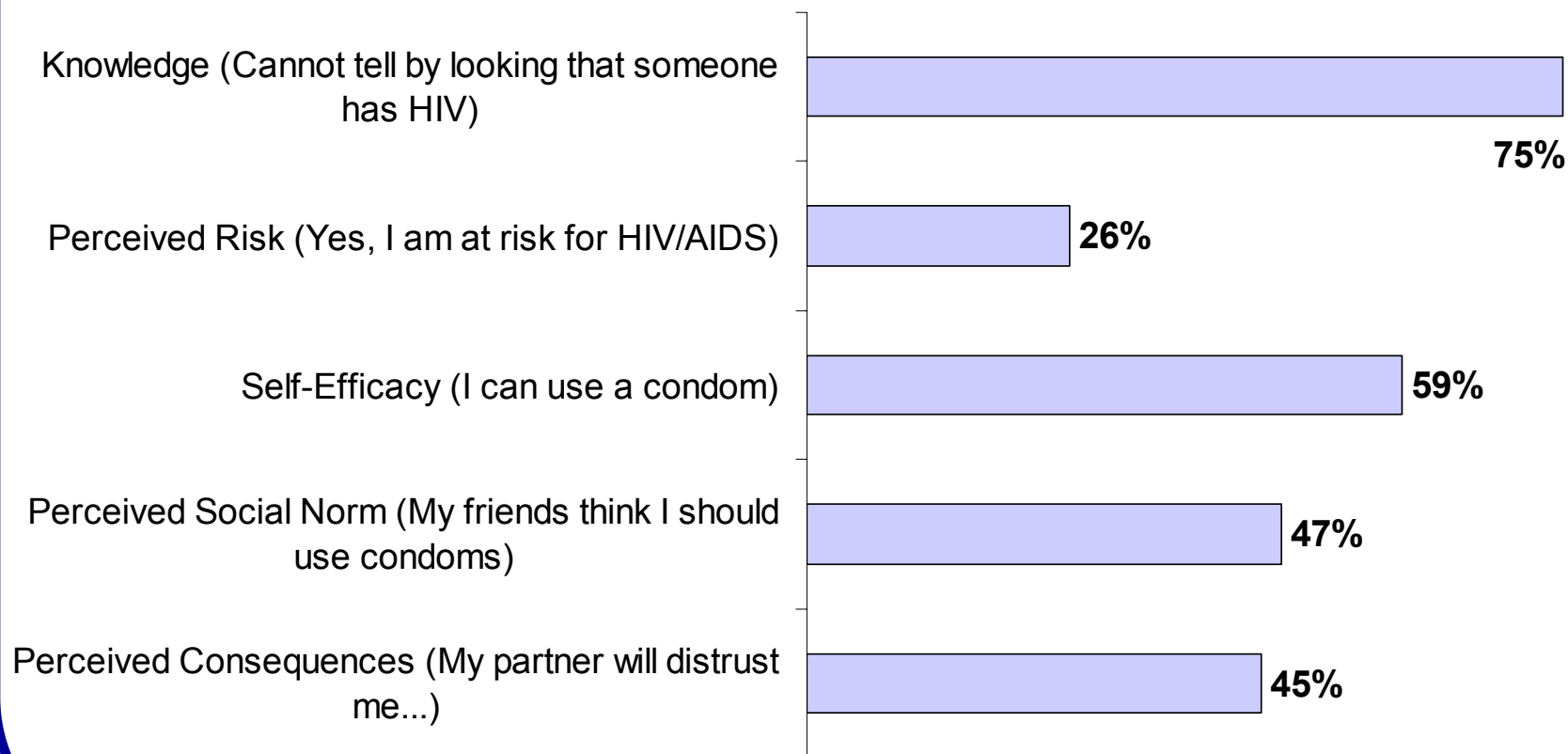
Perceived Risk. A person's perception of how vulnerable they feel (to HIV, STDs, etc.).

Intentions. What an individual plans or projects he or she will do in the future; commitment to a future act. Future intention to perform a behavior is highly associated with actually performing that behavior.

Caribbean Data #1

Survey of Youth and Young Adults

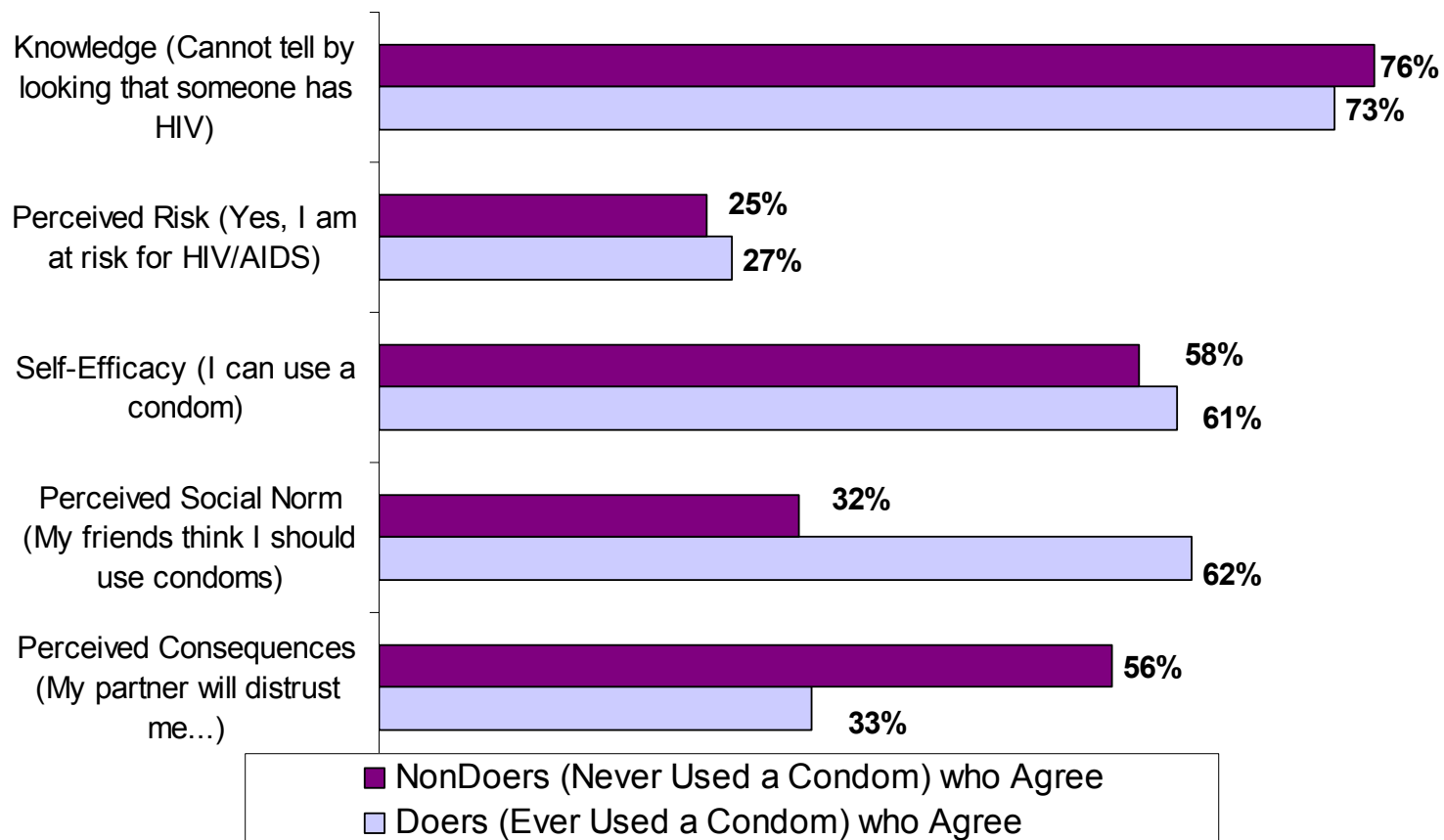
All Respondents



Caribbean Data #2

Survey of Youth and Young Adults

Analyzed by Doers and NonDoers



BEHAVE Framework

Session 8

Case Study 2: Identifying the Most Powerful Key Factors That Influence Behavior Change



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

Case Study: Powerful Key Factors

- 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

Case Study: *Powerful Key Factors*

- 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

SESSION
8

Part 2: Identifying the Most Powerful Key Factors

Your team has selected a single behavior to promote with a single priority group. You will now work together to propose several key factors that you believe are the most important in helping this group to adopt this behavior. The following steps will help you organize your time:

1. **Develop a list of possible key factors.** Think in terms of *benefits* and *barriers* to the behavior. Be sure to include factors that reflect:
 - ❖ “Big benefits” that may not be obviously related to the behavior.
 - ❖ Consequences of the behavior (FUN!).
 - ❖ Skills and self-efficacy (EASY!).
 - ❖ Perceived social norms (POPULAR!).
 - ❖ Structural, environmental or policy changes.
2. **Select three or four priority key factors.** One good way to identify priority key factors is to conduct research with Doers and with NonDoers to see what makes them different from one another. For this case study, you will not be able to conduct that research. Instead, make sure that you choose priorities in the following categories:
 - a. A factor that makes the behavior fun – or at least offers strong positive consequences that people care about.
 - b. A factor that addresses skills and gives people the confidence to do the behavior.
 - c. A factor that assures priority group members that the people whose opinions they value will support them in the behavior.
 - d. A factor that overcomes a barrier to the behavior – including structural, environmental or policy factors.
3. **Phrase these priority key factors so that they fit into the sentence: In order to help _____ to _____, we will focus on _____.**

Example: In order to help _____ to _____, we will focus on:

- ❖ Increasing their image as good mothers.
- ❖ Building the skills they need to mix ORS.
- ❖ Showing that their mothers-in-law want them to do it.
- ❖ Decreasing beliefs that there is a need to “clean the stomach of the newborn.”

4. **Write your three or four priority key factors into the “Key Factors” column of your team’s BEHAVE Framework.**

BEHAVE Framework

Session 9

Cluster Critiques 1: Groups, Behavior, Key Factors



What is a “critique?”

- Artists get input from peers
- “Critical” means “thoughtful”
- Stress the **positive!**
- Suggest improvements



2

Two good reasons for “critiques”

- An improved case study example
- Practice in reviewing others’ project plans



3

Cluster Critique process

- Several teams assigned to a cluster
- Facilitator moderates YOUR discussion
- Team A presents work:
 - All read Team A's framework
 - Teams B & C offer feedback, using guide
 - Team A asks for clarification
- Team B presents; A & C discuss
- Team C presents; A & B discuss



4

SESSION
D
9

Cluster Critiques I

.....

- ❖ What's good about the plan?
- ❖ How could the team improve the plan?
 - 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?

Session 10

Planning Project Activities

10a



1

AED · BEHAVE Framework

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



2

Principle #4

All your activities should:

- maximize the benefits
- minimize the barriers

that matter to the group



3

Activities Build On:

- Priority & Supporting Groups
- Behavior
- Key Factors

Planning Activities

- Right types of activities
- Right messages & content

Types of Activities

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

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

CORE AED

7

AED · BEHAVE Framework

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

CORE AED

8

KEY FACTORS

we will focus on:

- Making available & affordable
- Addressing safety fears
- Informing that treated nets kill mosquitoes
- Increasing knowledge that malaria dangerous for pregnant woman and fetus

ACTIVITIES

through:

- Discount vouchers
- Commercialization
- Mass media: Link treated nets to killing mosquitoes and to reducing malaria
- Training health providers to promote net use, address safety, "kill mosquitoes," malaria danger in pregnancy

CORE AED

AED

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

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

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*)



12

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

Summary: Planning Program Activities

- Match activities to your identified key factors
 - type of activity
 - content
- Consider a mix that meets your project's objectives

SESSION
10

The Right Tool for the Job:

Choosing Activities that Address Identified Benefits and Barriers

Type of Activity	Determinant Addressed thru Activity
Small or Large Group Interventions <i>Can be very effective but require intensive effort to reach relatively small numbers. Need to design the activity to specifically address the targeted determinant. All small group interventions falling into this category address numerous determinants, individually or several at a time.</i> <ul style="list-style-type: none"> ✓ Peer or non-peer led workshops ✓ Lectures, panel discussions ✓ Testimonials ✓ Video presentations/discussions ✓ Live theater ✓ Events (such as health fairs) ✓ Single or multiple session ✓ Community, work, school or clinical setting 	Enhance positive attitudes. Provide normative support. Model desired action(s). Build skills (small group). Improve knowledge/awareness. Increase sense of importance. Increase intentions to act.
One-on-One Interventions <ul style="list-style-type: none"> ✓ Counseling and referral ✓ Home outreach ✓ Event-based outreach (fair, booth) ✓ Community, work, school or clinical setting 	Deliver complex information. Provide application assistance. Answer questions. Assess potential eligibility. Enhance positive attitudes. Build skills. Increase sense of importance. Increase intentions to act.
Centralized Information & Referral <ul style="list-style-type: none"> ✓ Information, counseling, or referral hotline ✓ Clearinghouse 	Knowledge/awareness. Access to materials or support. Perceived risk/degree of importance.
Distribution, promotion or subsidizing of products or services <ul style="list-style-type: none"> ✓ Free distribution ✓ Price supports ✓ More/different distribution outlets ✓ More/different brands 	Access to materials or support. Norms. (Policy, requirements & processes, in the long run)
Advocacy	Policy, Requirements & Processes. Access to Materials or Support.

Community Mobilization <ul style="list-style-type: none"> ✓ Endorsements/testimonials ✓ Involvement by opinion leaders ✓ Coalition building 	Laws/Policies. Access to Materials or Support. Knowledge/Awareness. Social Norms.
Mass Media and Small Media <i>Depending on the media selected</i> <ul style="list-style-type: none"> ✓ Paid electronic media advertisements ✓ Public service announcements (free) ✓ Media relations ✓ TV/Radio Soap Operas ✓ Video ✓ Brochures and flyers ✓ Posters ✓ Flipcharts (as part of a small group intervention)	 Knowledge/awareness (limited). Attitudes. Perceived risk/degree of Importance. Social norms. Perceived consequences of Action. Social norms. Perceived risk/degree of Importance. Perceived consequences of Action. Skills (modeling basic skills). Attitudes. Intentions to act. Knowledge/awareness. Knowledge/awareness. Attitudes. Perceived risk/degree of Importance. Simple skills (illustrating those not requiring much practice). Intentions to act.

BEHAVE Framework

Sample #1 – HIV testing

Examples compiled by the Academy for Educational Development, September 2003.

PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
<p>in order to help:</p> <p>Pregnant women who attend antenatal clinic, lack knowledge about antiretroviral availability and may doubt effectiveness.</p>	<p>to:</p> <p>Accept HIV tests as part of prenatal visits.</p>	<p>we will focus on:</p> <p>Increasing knowledge of “free” availability of antiretrovirals (ARVs).</p> <p>Increasing knowledge and perception of effectiveness of ARVs.</p> <p>Ensuring availability of tests in clinics.</p> <p>Improving health worker attitudes and treatment of mothers.</p> <p>Lowering stigma associated with testing.</p>	<p>through:</p>
INDICATORS			

BEHAVE Framework

Sample #2 – Malaria treatment for children

PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
<p>in order to help:</p> <p>Parents and caretakers of children under five years.</p>	<p>to:</p> <p>Give child complete course of multi-dose antimalarial (e.g. chloroquine) for malaria episode.</p>	<p>we will focus on:</p> <ul style="list-style-type: none"> ■ Ensuring availability of complete course. ■ Increasing knowledge of importance of completing the course (not stopping when child appears to have recovered). 	<p>through:</p>
INDICATORS			

BEHAVE Framework

Sample #3 – Immunization

PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
<p>in order to help:</p> <p>Nurses in Metro Manila; already convinced of the value of immunizing all children brought to the clinic; fear reprimand for wasting vaccine.</p>	<p>to:</p> <p>Immunize every child who is missing measles immunization.</p>	<p>we will focus on:</p> <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. ■ Educating and informing clinic managers of the relative cost-effectiveness of giving the measles vaccine. 	<p>through:</p>
INDICATORS			

BEHAVE Framework

Sample #4 – HIV/AIDS prevention, condom use

PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
<p>in order to help:</p> <p>Sexually active adults, currently using condoms with a “casual” partner who is about to be considered a “primary” partner.</p>	<p>to:</p> <p>Continue to use a condom even when the relationship becomes “primary” or “steady.”</p>	<p>we will focus on:</p> <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. 	<p>through:</p>
INDICATORS			

BEHAVE Framework

Sample #5 – Post-partum care

PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
<p>in order to help:</p> <p>Traditional Birth Attendants (TBAs) who are:</p> <ul style="list-style-type: none"> ■ Already trained in skills for conducting early postpartum (EPP) home visits; and <p>Currently reluctant to make follow-up visits after child's birth.</p>	<p>to:</p> <p>Conduct EPP visits four times within two weeks after child's birth, making first visit within 72 hours of birth, counseling on breastfeeding, and assessing fever.</p>	<p>we will focus on:</p> <ul style="list-style-type: none"> ■ Overcoming TBAs' reluctance to visit. ■ Expanding community's perception of the TBA role and increasing respect. ■ Clarifying the exchange/pay for post-partum visits. ■ Increasing knowledge and skills needed to conduct EPP visit. 	<p>through:</p>
INDICATORS			

BEHAVE Framework

Sample #5 – Continued...

	PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
	<p>in order to help:</p> <p>Mothers of newborns under two weeks old.</p>	<p>to:</p> <p>Accept home visits by TBAs.</p>	<p>we will focus on:</p> <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. ■ Overcoming the barrier of no visits. 	<p>through:</p>
INDICATORS				

SESSION
11

Part 3: Planning Activities

Finally, your team is ready to create some activities that will address the key factors and, in turn, help people adopt a specified behavior.

You may choose one or more of the following types of activities:

- ❖ Small or large group activities.
- ❖ One-on-one activities.
- ❖ Centralized information and referral.
- ❖ Distribution, promotion or subsidizing of products or services.
- ❖ Advocacy.
- ❖ Community mobilization.
- ❖ Mass media and small media.

Follow these steps:

1. Identify three or four types of activity that are appropriate for reaching your priority and supporting groups and addressing the kinds of key factors you have selected. Make sure each activity type is the right tool for the job! Refer to handout 10b and select an activity within each of the appropriate three or four categories.

Examples:

- ❖ One-on-one interventions: counseling sessions.
- ❖ Mass media and small media: radio advertisements.

2. After you have chosen three or four activities, describe the content for each, specifically showing how the activity addresses one or more of the key factors.

Examples:

- ❖ One-on-one counseling sessions: health worker describes importance of returning for next immunizations, asks mother what barriers keep her from returning, helps her find solution to barriers, helps her think of place to keep health card safe and reminds her to bring card back.
- ❖ Radio advertisement: reminds mothers to bring children back for immunization, to bring health card, portrays "good mother," shows father's interest in immunizations.

3. Make sure that you have picked an activities mix that:

- ❖ Reaches enough people in the priority & supporting groups.
- ❖ Makes clear call to action for each group.
- ❖ Addresses all key factors.
- ❖ Minimizes barriers.
- ❖ Works together.
- ❖ Fits the budget.

Session 13

Developing and Measuring Indicators for the BEHAVE Framework



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



2

AED · BEHAVE Framework

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



3

Is evaluation scary?

- My biggest fear about evaluation is _____

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

What do you need to *decide*?

- Collect information *during* the project so you can adjust activities, materials, messages
- **Monitoring**

What do you need to *demonstrate*?

- Collect information *before, during* and *after* the project to show results – what “worked,” what didn’t
- **Evaluation**

Definition

- **Indicator.** A single, specific measure of a general concept

AED • BEHAVE Framework

PRIORITY GROUP

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:

- believe in need to clean stomach
- have positive attitude toward vaccines
- trust midwives' advice

BEHAVIOR

to:

give colostrum starting within one hour of birth and continuing until "regular" milk comes in

KEY FACTORS

we will focus on:

- Increasing knowledge about the benefits of colostrum, stressing it is sufficient nourishment for the newborn
- Increasing the knowledge/ attitude that colostrum is the "first vaccine"
- Increasing health worker belief that poor mothers' milk sufficient
- Strengthening hospital policies to encourage giving of colostrum

ACTIVITIES

through:
Small Group Workshops with Mothers. Address:
•benefits of colostrum
•colostrum as first vaccine
•their colostrum sufficient
Stickers For Immunization Cards. The first vaccine!
Promotion of Colostrum during Prenatal Visits.
•promote idea that mother's milk is sufficient
•refer to colostrum as first vaccine and show stickers.
Monitoring to Assure Adherence to Hospital Policies
Identify "Positive Deviant" Mothers. Identify poor, malnourished mothers who exclusively breastfeed and whose infants are thriving; have them speak to mothers.

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?

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



11

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



12

Practice Developing Indicators:
Activity 2

Stickers for Immunization Cards

Colostrum: The First Vaccine!



13

Practice Developing Indicators: Activity 3

- Monitoring to Assure Adherence to Hospital Policies

Indicators for *Key Factors*

- Have the key factors changed?
 - In the right direction?
 - How much?

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."

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

Indicators for Behavior

- Has the behavior changed?
 - In the right direction?
 - How much?

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

Practice Developing Indicators: Behavior

...to give colostrum starting within one hour of birth and continuing until "regular" milk comes in...



20

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)



21

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



22

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?



23

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



24

Relationships Among Columns

**How does your
“hypothesis” hold up?**



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



26

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

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



28

SESSION
13

Glossary of Monitoring & Evaluation Terms

Baseline study. The collection and analysis of data regarding a target audience or situation prior to intervention. Generally, baseline data are collected in order to provide a point of comparison for an evaluation.

Comparison Group. A population that does *not* participate in or receive the project activities. Indicators are measured with the comparison group in order to compare results with those of the group that has participated in the project. Comparison groups are groups that are matched to be comparable in important respects to the experimental group, or the group that receives the project. True control groups are formed by the process of randomization.

Evaluation. Assessing a component of an intervention that compares what was expected to what was observed.

Exposure. Listened, seen, participated or otherwise having contact or having experienced a particular activity. Examples: exposure to television spots; exposure to training workshop.

Impact indicators. Those specific measures that assess the extent to which a project accomplished its stated goals and objectives. Also called impact, outcome, or summative evaluation. Impact evaluations focus on the end results of projects. For the BEHAVE Framework, impact indicators will generally measure behaviors of the priority group. Health status measures may occasionally be used to assess project impact. Questions may be "What is the result of the activities conducted by the project?" or "What happened to the target population because of those activities; was it the expected outcome?" or "Should different activities be substituted?" To measure the project's effectiveness, questions may include "Was the project cost effective?" or "What would have happened to the priority group in the absence of the project?"

Indicator. A single, specific measure of a general concept. 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 behavior.

Intermediate indicators. For the BEHAVE Framework, intermediate indicators are the specific measures that assess changes in key factors or determinants of behavior.

Monitoring. The process of tracking project implementation and audience response. Includes assessments of whether materials are being distributed to the right people and in the correct quantities, the extent to which project activities are being carried out as planned and modified if needed and other measures of how and how well the project is

working. Also measures the extent to which members of the target audience are exposed to project components. Also measures the audience's response to the project, including their feelings and perceptions about it and whether they attended and understood an activity or message.

Process indicators. The specific measures of the means by which a project or policy is delivered to priority and supporting groups. The first process level is monitoring daily tasks and asking fundamental questions of project operation. Questions such as "Are contractual obligations being met?" or "Are staff adequately trained for their jobs?" are pursued in order to uncover management problems or to assure that none are occurring. The second level of process evaluation concerns assessing project activities and client satisfaction with services. Questions considered may include, "What is done to whom and what activities are actually taking place?" or "How could it be done more efficiently?" or "Are clients satisfied with the service or image of the service?" Both the first and second aspects of process evaluations involve subjective measures at times and also require staff and client involvement to complete.

Qualitative research. Research that collects data that appear in words rather than numbers. Useful for collecting information about feelings and impressions. Focus groups and in-depth personal interviews are common types of qualitative research.

Quantitative research. Research designed to count and measure knowledge, attitudes, beliefs, and behaviors. Yields numerical data that are analyzed statistically. Surveys are a common type of quantitative research.

Reach indicators. The specific measures that assess the degree to which priority or supporting group members are exposed to the project. For the BEHAVE Framework, reach measures are considered with the Priority/Supporting Group column.

The definitions in this glossary have been adapted from a variety of sources, including:

- CDCynergy: Social Marketing Version. Atlanta: Centers for Disease Control and Prevention, 2003.
- Bingham, Richard D. and Claire L. Felbinger. *Evaluation in Practice: A Methodological Approach*. White Plains, NY: Longman, 1989.

SESSION
13

Developing Indicators

ACTIVITIES

Indicators to assess	Try writing sample indicators to assess: Did the activity take place? ▪ How much? How many?	Try writing sample indicators to assess: Did the proper activity take place as expected? ▪ How well/completely? ▪ How faithfully?
Activity 1. Small Group Workshops with Mothers Address: <ul style="list-style-type: none"> ▪ benefits of colostrum. ▪ colostrum as “first vaccine.” ▪ their colostrum is sufficient. 	<i>Examples:</i> <ul style="list-style-type: none"> ▪ Number of small group workshops held. ▪ Number of mothers in the region who participated in a small group workshop. 	<i>Examples:</i> <ul style="list-style-type: none"> ▪ Number of benefits mentioned during the workshop. ▪ Workshop leader mentioned colostrum as “first vaccine” (yes/no). ▪ Percent of mothers who spontaneously mention “colostrum is first vaccine” when asked about what they learned in workshop.
Activity 2. Stickers for Immunization Cards <i>Colostrum: The First Vaccine!</i>		
Activity 3. Monitoring to Assure Adherence to Hospital Policies		

Congratulations. You have just developed sample “process indicators” to assess the means by which the project or the policy is delivered to priority or supporting groups.

You will measure these indicators *during* the project so that you can decide what you may need to adjust about the project. They will help you *after* the project to describe what happened.

KEY FACTORS

Indicators to assess	Try writing sample indicators to assess: Has the key factor changed? <ul style="list-style-type: none"> In the right direction? How much?
Key Factor 1. Increasing knowledge about the benefits of colostrum, stressing it is sufficient nourishment for the newborn.	<i>Examples:</i> <ul style="list-style-type: none"> 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."
Key Factor 2. Increasing the knowledge/attitude that colostrum is the "first vaccine."	
Key Factor 3. Increasing health worker belief that poor mothers' milk is sufficient.	
Key Factor 4. Strengthening hospital policies to encourage giving of colostrums.	

Congratulations. You have just developed sample "results indicators" to measure the degree to which you have helped to change the key factors you are addressing.

When you measure changes in key factors, you are able to check your hypothesis about what will help a priority group member adopt the behavior. You will be able to assess:

- whether you are successfully addressing the key factor and
- whether changes in the key factor are related to adoption of the behavior.

You will need to compare the indicator with something else – either a baseline measure of the indicator **with the same people before** your project activities are operating **or** a measure of the same indicator with a similar group of **people who have not been exposed** to your project.

BEHAVIOR

<p>Indicators to assess</p>	<p><i>Try writing sample indicators to assess:</i></p> <p>Has the behavior changed?</p> <ul style="list-style-type: none"> ▪ In the right direction? ▪ How much?
<p>Behavior: Give colostrum starting within one hour of birth and continuing until "regular" milk comes in.</p>	

Congratulations. You have just developed sample "results indicators" to assess the degree to which the behavior has changed.

Measuring the number or percent of people who have adopted the behavior you are promoting is your "bottom line." This is how you measure your project's success.

You will need to compare the indicator with something else – either a baseline measure of the indicator **with the same people before** your project activities are operating **or** a measure of the same indicator with a similar group of **people who have not been exposed** to your project.

You may be able to detect a change in actual health outcomes, demonstrating that the behavior change has an impact on health. Sometimes, though, a change in behavior is the best indicator of success.

PRIORITY GROUP or SUPPORTING GROUP

Indicators to assess	<i>Try writing sample indicators to assess:</i> Did project activities reach priority and supporting groups? ■ How many people? ■ The right people?	<i>Try writing sample indicators to assess:</i> Did people respond? ■ Can they recall activity, material, message?
Priority Group: 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.		

Congratulations. You have just developed sample “process indicators” to assess the degree to which the project activities, materials or messages reached priority or supporting group members – and how people received or responded to them.

You will measure these indicators *during* the project so that you can decide what you may need to adjust about the project. They will help you *after* the project to describe what happened.

If you can assess the degree of exposure, you may be able to determine whether the “exposed” people adopted the behavior “more” than “unexposed” people.

AED • BEHAVE Framework

PRIORITY GROUP	BEHAVIOR	KEY FACTORS	ACTIVITIES
<p>in order to help:</p> <p>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:</p> <ul style="list-style-type: none"> •believe in need to clean stomach. •have positive attitude toward vaccines. •trust midwives' advice. 	<p>to:</p> <p>Give colostrum starting within one hour of birth and continuing until "regular" milk comes in.</p>	<p>we will focus on:</p> <ul style="list-style-type: none"> •Increasing knowledge about the benefits of colostrum, stressing it is sufficient nourishment for the newborn. •Increasing the knowledge/ attitude that colostrum is the "first vaccine." •Increasing health worker belief that poor mothers' milk sufficient. •Strengthening hospital policies to encourage giving of colostrum. 	<p>through:</p> <p>Small Group Workshops with Mothers. Address:</p> <ul style="list-style-type: none"> •benefits of colostrum. •colostrum as "first vaccine." •their colostrum sufficient. <p>Stickers For Immunization Cards. The "first vaccine."</p> <p>Promotion of Colostrum during Prenatal Visits.</p> <ul style="list-style-type: none"> •promote idea that mother's milk is sufficient. •refer to colostrum as "first vaccine" and show stickers. <p>Monitoring to assure adherence to hospital Policies.</p> <p>Identify "Positive Deviant" Mothers. Identify poor, malnourished mothers who exclusively breastfeed and whose infants are thriving; have them speak to mothers.</p>

SESSION
14

Part 4: Developing Indicators for Behavior Change Strategy

Once your project is underway, you will want to monitor whether or not you are bringing about changes in the key factors and on the behavior. It is better to select indicators before the project is underway since you may need to collect baseline data for comparison. Your team will now develop a set of indicators for your proposed project, following these steps.

1. **Develop one or two indicators that will measure the degree to which group members are “doing” the behavior.** Next to each of these, indicate the method you will use to collect the data. Examples:
 - ❖ Percent of children 0-23m of age who slept under an insecticide-treated bed net last night (household survey).
 - ❖ Percent of households with insecticide-treated bed nets (household survey).
 - ❖ Percent of children offered immunization during sick-child visit (observation during a specific time period).
2. **For each key factor, develop one or two indicators that will measure the degree to which your project has changed that key factor.** Examples:
 - ❖ Percent of mothers of preschool children who agree with the statement: “Good mothers give their new babies the first milk.” (household survey).
 - ❖ Percent of HIV/AIDS counselors who helped all clients write down a personal prevention plan during the past month (records review).
 - ❖ Percent of mothers of preschool children who agree with the statement: “My husband thinks it’s a good idea to feed our child enriched porridge at six months.” (household survey).
3. **For each project activity, develop one or two indicators that will measure the degree to which your project has faithfully conducted the activity—or the number of group members reached.** Examples:
 - ❖ Number of pamphlets distributed (project records).
 - ❖ Percentage of people counseled who recall that the counselor mentioned mother-in-law influence (exit interviews).
 - ❖ Percent of mothers who believe there is a need to “clean the stomach of the newborn.”
 - ❖ Percentage of population who recall having heard the radio soap opera (community survey).

Write each indicator in the bottom row of the BEHAVE Framework under the appropriate column. If necessary, use a separate sheet of paper.

BEHAVE Framework Session 15

Filling in the Blanks



AED · BEHAVE Framework

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



2

Why should I use BEHAVE when I already use...?

- Trials of Improved Practices (TIPs)
- Positive Deviance (PD)
- Participatory Rural Appraisal (PRA)



3

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

The BEHAVE Framework

- ... is **ELASTIC**
 - Many types of projects
 - Many levels of decision makers
 - Many different approaches can be used to make the decisions

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

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

A Few Field Approaches

1. Trials of Improved Practices (TIPs)
2. Positive Deviance (PD)
3. Participatory Rural Appraisal (PRA)



8

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?



9

Approach: Doer/Nondoer

1. Background/philosophy
2. What is it? What does it do?
3. Steps involved
4. Key characteristics



10

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

From many determinants to...

3 Powerful Determinants:

- Perceived consequences
- Self-efficacy, skills
- Perceived norms



12

Three Powerful Determinants

- Perceived consequences **FUN**
- Self-efficacy, skills **EASY**
- Perceived norms **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..... ?

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?

A Few Field Approaches

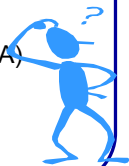
1. Trials of Improved Practices (TIPs)
2. Positive Deviance (PD)
3. Participatory Rural Appraisal (PRA)

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

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)



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

Trials of Improved Practices (TIPs)

Background/Philosophy

- ❖ An Asset-based approach.
- ❖ Project participants' trying out new practices during a trial period is the best way to assess the feasibility of various possible practices
- ❖ Initiated by Manoff International in Indonesia based on the marketing concept of "test market."

What is it? What does it do?

- ❖ Focused on behavior change. It is a participatory methodology to help negotiate new practices and evaluate them.
- ❖ Used to learn more about motivators and barriers and to incorporate project participants' real input into project recommendations.
- ❖ A formative research tool that also teaches interviewers valuable skills in counseling and negotiating that can be used during implementation.
- ❖ Follows exploratory research with in-depth interviews that are used to construct the practice and motivation guides.
- ❖ It shows the planners and communities:
 - behaviors that are both feasible and efficacious.
 - behaviors that the project should NOT promote.
 - motivations and barriers.
 - level of change expected.
 - level of health and nutrition impact expected.

Steps Involved

With each person or group that participates:

- ❖ Assess problems (always qualitative, sometimes quantitative).
- ❖ Give feedback; ask for their suggestions of solutions; suggest, discuss and negotiate one or more appropriate new practices.
- ❖ Reach and verify an agreement on what new practice(s) the person/group will try.
- ❖ Re-visit after the agreed time period to:
 - assess what the person/group did and did not do and why.
 - determine what was easy, what was difficult.
 - explore their opinions, perceived benefits, intention to continue, etc.
 - repeat quantitative measures if done on the first interview.

Applied to what health interventions

- ❖ Used in 25+ countries, primarily for improving young child feeding.
- ❖ Has also been used extensively in conjunction with increasing the intake of micronutrient-rich foods and for iron tablet compliance, ARI case management (Philippines), breastfeeding (Nicaragua), maternal nutrition (Pakistan and India), dengue fever control (Dominican Republic), and HIV/AIDS (Malawi).

Key Characteristics

- ❖ Formative research tool focused on new practices.
- ❖ Negotiation of practices – gives people a choice.
- ❖ Participatory tool which works best when the behavior is more regularly occurring.

For more information on this approach visit:

http://www.changeproject.org/tools/xchangetools/tx_tips.html or
http://www.cpc.unc.edu/measure/techassist/tools_methods/inventory/tool4.html

Positive Deviance (PD)

Background/Philosophy

- ❖ An Asset-Based approach.
- ❖ Initiated in the 1960's and grew out of efforts to reduce child malnutrition.

What is it? What does it do?

- ❖ Studies individuals (or families/communities) who already practice a desired health behavior (positive deviants).
- ❖ Examines what the positive deviants are doing and how they are overcoming the same constraints confronted by others.
- ❖ Results of this inquiry (Positive Deviance Inquiry – PDI), can help design more effective behavioral change activities.
- ❖ A formative research tool to help understand the problem. A community mobilization tool that includes inquiry.

Steps Involved

(5 D's)

- ❖ Define community, problem, desired outcome.
- ❖ Determine positive deviants (PD s) in the community.
- ❖ Discover what they are doing differently (PDI).
- ❖ Design intervention.
- ❖ Disseminate findings and intervention approach.

Applied to what health interventions

- ❖ Applied in child nutrition projects since 1960's.
- ❖ Adapted for other public health areas such as female circumcision project in Egypt and newborn care in Pakistan.

Key Characteristics

- ❖ A research tool.
- ❖ Focuses on existing and workable practices.
- ❖ An entire process.
- ❖ Provides intervention approaches.
- ❖ Identifies strengths rather risks.

For more information on this approach, visit:

http://www.changeproject.org/tools/xchangetools/tx_positive_deviance.html or
<http://www.unu.edu/unupress/unupbooks/80697e/80697E00.htm>

Participatory Rural Appraisal (PRA)

Background/Philosophy

- ❖ A family of approaches and methods.
- ❖ PRA: Participatory Rural (or Rapid) Appraisal – main approach.
- ❖ RRA: Rapid Rural Appraisal – data collection method.
- ❖ PLA: Participatory Learning and Action (very similar to PRA).
- ❖ Originated from social anthropology and agroecosystem analysis in the 1980's.
- ❖ Need for acceleration in rural change and the need for good and timely information (in contrast to lengthy and time-consuming surveys) led to the development of the method.

What is it? What does it do?

- ❖ A group of approaches and methods that enables local people to share, enhance and analyze their knowledge of life and conditions.
- ❖ Rapid Rural Appraisal (RRA) is more of a data collection tool.
- ❖ Participatory Rural Appraisal (PRA) is an empowerment process of analysis and action by local people.
- ❖ Uses many methods for analysis (Venn diagrams, matrix scoring, visuals).

Steps Involved

- ❖ Identify the problem.
- ❖ Go to the local people and learn from their experiences.
- ❖ Analyze the experiences using many methods available.
- ❖ Learn about what does and what doesn't work and ask why.
- ❖ Plan, act, monitor and evaluate the solutions.

Applied to what health interventions

- ❖ Used widely in government agencies, NGOs and universities worldwide.
- ❖ Health assessment and monitoring.
- ❖ HIV/AIDS.
- ❖ Water and sanitation assessment and planning.

Key Characteristics

- ❖ Focuses on empowerment and learning rapidly from local people.
- ❖ Participatory.
- ❖ Has many different analytical components and tools such as visual mapping.

For more information on this approach, visit:

<http://www.worldbank.org/wbi/sourcebook/sba104.htm> or
<http://iisd1.iisd.ca/casl/CASLGuide/PRA.htm>

or contact: ATS Consulting – Anne Sweetser, Arlington, VA (sweetser@erols.com)

APPROACH #4

Doer/NonDoer Analysis

Background/Philosophy

- ❖ Based on common factors mentioned in several theories of behavior.
- ❖ Uses differences between people to identify factors to address.
- ❖ Empirical or data-driven approach with input from members of the priority group.

What is it? What does it do?

- ❖ A formative research method.
- ❖ Elicits the specific factors to address with an intervention.
- ❖ Can be used to design behavior change interventions of any type.

Steps Involved

- ❖ Gather a sample of the priority group.
- ❖ Get input from participants (six questions) about the behavior in question:
 - What good things might happen if you _____(perform the behavior)?
 - What bad things might happen if you _____?
 - What would make it easier to _____?
 - What would make it more difficult to _____?
 - Who approves or supports you when you _____?
 - Who disapproves or objects you when you _____?
- ❖ Conduct a content analysis of the responses to identify factors.
- ❖ Divide the group into two on the basis of likelihood of performing the behavior (Doers vs. NonDoers).
- ❖ Compare the percent mentioning each factor among Doers to the percent mentioning each factor among NonDoers.
- ❖ Identify the factors which differentiate between Doers and NonDoers.

Health Applications

- ❖ Has been used to analyze a wide range of health behaviors.
- ❖ Examples: going for a health checkup, getting tested for an STD, using condoms, using the birth control pill, sleeping under a treated net, walking 30 minutes a day almost everyday, taking blood pressure medication, wearing seatbelts, asking adolescent patients about their sexual behavior, joining a smoking cessation project, joining an epilepsy advocacy organization and infant feeding.

Key Characteristics

- ❖ Formative research method.
- ❖ Differences rather than deficits.
- ❖ Assumes you can locate people who successfully perform the behavior.

For more information on this approach, visit:

<http://www.childsurvival.com/documents/workshops/BEHAVE!/BEHAVE3.cfm>

or see:

Middlestadt, Susan et al., *The Use of Theory Based Semi-structured Elicitation Questionnaires: Formative Research for CDC's Prevention Marketing Initiative*, Public Health Reports, Volume III (1996)

SESSION
16

Cluster Critiques 2

.....

1. What's good about the plan?

2. How could the team improve the plan?

- ❖ How clear is the **priority group** description?
- ❖ How well defined is the **behavior**?
- ❖ How 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 activities mix 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?

SESSION
17

Part 5: Preparing Your Poster Presentation

-
1. **Revise the BEHAVE Framework that your team has developed, incorporating the changes suggested in the cluster critiques.**
 2. **Consider how you would like to present your plan in poster format. You may use up to two sheets of newsprint for your presentation. Consider using headings, drawings or graphic designs to enhance the presentation. Your poster must include the following:**

- ❖ Health area that is your team's focus.
- ❖ Priority & support group/behavior(s) + indicators.
- ❖ Key factors + indicators.
- ❖ Activities + indicators.
- ❖ Names of team members.

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

3. **All team members should contribute to the poster. Have your poster ready to mount on the wall during the Friday mid-morning break!**
4. **Select two team members who will serve as “host” for the poster. Each will spend half the poster session standing near the team’s poster and answering questions or taking comments from participants. During the other half of the poster session, the “host” will have a chance to circulate and view other teams’ posters.**
5. **Inform the poster session coordinator of the names of the interpreters for your poster.**

SESSION
18

Field Visit: What I Saw

.....

You may use this sheet to write down your personal observations during and following the field visit. Please be sure to complete the starred items – behavior promoted, key factors addressed and most interesting thing I learned – since you will be asked to report on these ideas tomorrow.

Hosting organization:

Project name:

Location visited (region, city, town or village):

Project staff we met (name, position):

Community members we met (name, relationship to project):

Priority Group members we met (name, relationship to project):

Purpose of project:

Description of priority group:

❖ Behavior(s) promoted:

- ❖ Key factors addressed (for example: *building skills to _____; decreasing perception that _____; increasing knowledge that _____; etc.*):

Activities:

- ❖ Most interesting thing I learned:

NOTES:

SESSION
19

Report on Field Visit

.....

As you enter the room on the morning of Day 5, the facilitators will provide you with three or more note cards. Please use these to record some of the information you collected during the site visit. You DO NOT need to place your name on the note cards, so that your responses may remain anonymous if you wish.

1. **Most interesting or important thing I learned.** On one note card, write down the most interesting or important thing you learned during the field visit. If you would like to report on more than one thing, please fill out a card for each additional idea. Post these cards on the wall under the heading "Most interesting or important thing I learned."
2. **Name a behavior the project promotes.** On another note card, write down one behavior the project you visited is promoting with a priority group. Please list only one behavior per note card and be specific. Post the note card under the heading "Behaviors Promoted."
3. **Name a key factor the project addresses.** On a third note card, write down one key factor the project addresses. If you wish to list more than one key factor, use a separate note card for each. Post these under the heading "Key Factors Addressed."

Once you have posted the cards, please feel free to read what others have posted or wait quietly for the facilitator to call the session to order.

BEHAVE Framework Session 20

Adapting the Doer/NonDoer Tool



AED · BEHAVE Framework

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



2

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

Identify Doers and NonDoers

- First question identifies Doers and NonDoers
- You decide where to “draw the line”



4

Elicitation Questions

- What do you see as **advantages** or good things that would happen if you ... ?
- What do you see as the **disadvantages** or bad things that would happen if you ... ?
- What makes it **easier** for you to ... ?
- What makes it **more difficult** for you to ... ?
- Who would **approve** or support you if you ... ?
- Who would **disapprove** or object if you ... ?



5

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

Sample Questions Guide

- What do you see as **advantages** or good things about having your child completely immunized by 1 year of age?
- What do you see as the **disadvantages** or bad things about having your child completely immunized by 1 year of age?
- What makes it **easier** for you to completely immunize your child by 1 year of age?
- What makes it **more difficult** for you to completely immunize your child by 1 year of age?
- Who do you think would **approve** or support you if you completely immunize your child by 1 year of age?
- Who do you think would **disapprove** or object if you completely immunize your child by 1 year of age?



7

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

Analyzing It At Home!

- Don't worry about deficits
- Look for *differences* between Doers and NonDoers



9

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

SESSION 21

Guide for Poster Session

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

- 1. Mount your poster on the wall.** Follow the facilitator's instructions and hang your team's poster on the wall as indicated.
- 2. Choose two "hosts."** Your team should choose two team members who "host" visitors to the poster. One host will stand by your team's poster for the first 45 minutes of the poster session. The second host will take over duties during the second 45-minute period. Each host will describe the BEHAVE Framework or answer questions that participants from other teams may have about your team's work.
- 3. Visit other teams' posters.** Except for the time that you may be serving as host for your poster, you may circulate throughout the room. Read and enjoy the posters that the other teams have developed. Ask questions of their hosts. Be sure to write down on page 21b some examples of the type of key factors that you have been assigned for the treasure hunt. Be ready to discuss what you like about other teams' posters.

Birth Spacing & Family Planning

GROUP: 8

Save time, Save money, Just use it for Your Family Happiness

GROUP

In order to help:

Cambodian married women age 18-35 years in rural areas,

whose youngest child (last child) is currently under 2 years of age and who is currently not using any modern contraceptive methods (MCM).

BEHAVIOR

To:

Consistently and regularly use modern contraceptive methods

in order to space the next child minimum of 2 years.

KEY FACTORS

We will focus on:

- Increasing husband's sense and support that behavior brings their family happiness.
- Encouraging the successfully current users of MCM to share experiences.
- Building the skill to use MCM correctly.
- Increasing accessibility of birth spacing services and products.

ACTIVITIES

Through:

- Male group session on the benefit of using MCM (healthy, save time and money)
- Modeling sessions for successfully current users to share experience
- Community outreach to build women skill
- Promotion of birth spacing services and products by public and private sectors.
- Training health workers, VHV and CBA.

INDICATORS

At the end of year 2004, at least % of Cambodian married women age 18-35 years in rural areas consistently and regularly used MCM to space the next child minimum of 2 years interval.

From...% to...% of rural married women age 18-35 years who currently use MCM could demonstrate on how to correctly use MCM at community meetings (using checklist).

At the end of year 2004, number of... married women who currently use MCM were visited by VHV/CBA (outreach activity reports).

SESSION
21

Poster Session: Treasure Hunt

.....

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

- ☐ If your number is 1, you are on the "Perceived consequences (FUN)" hunt.
- ☐ If your number is 2, you are on the "Skills and self-efficacy (EASY)" hunt.
- ☐ If your number is 3, you are on the "Perceived social norms (POPULAR)" hunt.

As you review all the posters, study the key factors column of each team's framework. Write down examples of key factors that meet the criteria for your hunt.

My task is to hunt for _____



Other Observations:

CSHGP Cycle

