A Practical Guide to Conducting a Barrier Analysis

By Bonnie L. Kittle
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Abstract: The Practical Guide to Conducting a Barrier Analysis is a training curriculum that builds skills to plan and carry out a Barrier Analysis survey. The very practical, hands-on learning exercises help learners to answer the most common and frequently perplexing questions that arise during implementation. The use of the survey as a behavior change tool is made clear by first introducing the Designing for Behavior Change framework and the determinants of behavior change. The manual uses a step-by-step approach starting with the definition of the Behavior to be studied and development of the Barrier Analysis questionnaire. As part of the training course, a mock Barrier Analysis survey is conducted. The guide covers topics including sampling, interviewing techniques, coding, tabulation and data use. After completing the course using The Practical Guide to Conducting a Barrier Analysis, trainees will be able to effectively plan and implement a Barrier Analysis survey and use the results to inform their behavior change strategy.

Contents

Acknowledgements

Since its first publication in 2015, *A Practical Guide to Conducting a Barrier Analysis* has been used to train hundreds of people. During that time, many lessons were learned and those have been incorporated into this second edition of *The Guide* (April 2017). This edition includes many new handouts, exercises and references to websites and resources. I hope it will prove to be even more useful in the development of effective behavior change strategies.

A Practical Guide to Conducting a Barrier Analysis draws heavily on both the 2011 version of the Designing for Behavior Change (DBC) Curriculum developed through The TOPS Program by Linda Morales, Judiann McNulty, Tom Davis, and Bonnie Kittle and the 2004 Barrier Analysis Facilitator's Guide written by Tom Davis. The creative skills of Tom Davis, Linda Morales, and Judiann McNulty are amply reflected in this guide.

The following people shared their insights into their experiences in organizing and conducting Doer/Non-Doer Studies and Barrier Analyses and made suggestions for what to include in this guide: Justin Colvard, Lotta Adelstal, and Lucky Kalisya (Mercy Corps); Andrea Cuthrell; Jean Pierre Okitakoy and Sarah Bauler (Food for the Hungry); Bernad Ochieng and Andy Melendez (American Red Cross); Erica Phillips (Cornel University); Lael Kucera (Water for Life); Franck Flachenberg (Concern Worldwide); and Marjolein Moreaux and Judiann McNulty (independent consultants).

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Many thanks to Tom Davis (consultant), Mitzi Hanold and Mary DeCoster (Food for the Hungry); Justin Colvard (Mercy Corps); and Jennifer Nielsen (Helen Keller International), who took time from their busy schedules to review the draft curriculum and make very helpful recommendations. Also, thanks to Rachel Elrom for formatting this second edition.

Finally, I appreciate the opportunity that Helen Keller International/Democratic Republic of Congo afforded me to develop this practical guide because it will not only support their work, but will be used by scores of other organizations to improve social and behavioral change (SBC) programming around the world.

Bonnie Kittle
April 2017

Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANR	agriculture and natural resources
ARI	acute respiratory infection
BLD	baseline data
CBO	community-based organization
CGV	Care Group Volunteer
DBC	Designing for Behavior Change
EBF	exclusive breastfeeding
HIV	human immunodeficiency virus
IPM	integrated pest management
IPTT	Indicator Performance Tracking Table
ITN	insecticide-treated bed net
KPC	knowledge, practice, and coverage (survey)
LNRA	Learning Needs and Resources Assessment
MCHN	maternal and child health and nutrition
NGO	nongovernmental organization
NRM	natural resource management
PD	Positive Deviance
PLA	Participatory Learning Action
QIVC	quality improvement verification checklist
SBC	social and behavioral change
TIPS	Trials of Improved Practice
WASH	water, sanitation, and hygiene

What's the Difference?

Some have asked what the difference is between the Designing for Behavior Change (DBC) training curriculum and the training outlined in this *Practical Guide*. They seek to determine which training they should attend or which would be best for their staff.

The DBC training is a five-and-a-half-day course that introduces participants to the DBC Framework. Participants spend equal amounts of time learning about each of the five elements of the DBC Framework, including an introduction to the formative research for Doer/Non-Doer and Barrier Analysis Studies. As part of this training course, participants may conduct a real survey or, if time or conditions do not permit, a mock survey. The DBC training course is best suited for individuals or organizations that have no prior experience with the DBC Framework and are not sure if they will adopt it as their tool of preference in designing behavior change strategies.

A Practical Guide to Conducting a Barrier Analysis training is best suited for individuals who have already been introduced to the DBC Framework and/or are already convinced that conducting a Barrier Analysis study to inform their behavior change strategy is worthwhile. This *Practical Guide* includes a brief introduction to the DBC Framework to provide the context for the formative research, but goes into much more detail regarding the planning, implementation of the study and the use of data related to the research. During the training, participants develop survey questionnaires for different Behaviors, practice interview techniques and conduct a survey. They spend time learning to code, tabulate, and analyze the data. After having participated in this course, participants are expected to be fully capable of planning and implementing a Doer/Non-Doer Study or Barrier Analysis and using the results to develop a more effective behavior change strategy.

Both courses use the Dialogue Education (Learner-Centered Adult Education–Vella) methodology, and both courses can be used to develop behavior change strategies for almost any Behavior. In addition, *A Practical Guide* includes a lesson plan (Lesson 10) on interviewing that can be used as a stand-alone guide to train interviewers.

To solidify the skills necessary to design the most effective behavior change strategies, organizations are encouraged to send their staff to both courses; first the DBC training, then the Barrier Analysis training.

The Eight Steps of Planning

1. Why?

During the past six years (2010–2016), nongovernmental organizations (NGOs) have substantially increased their use of formative research to inform behavior change strategy design. This trend is in part due to the increased number of people trained to use the Designing for Behavior Change (DBC) Framework. The DBC approach requires some form of qualitative research to be conducted, in order to write Bridges to Activities and to select or design the most appropriate activities. The DBC training promotes using a Doer/Non-Doer Study or Barrier Analysis Survey and includes several activities to help participants become familiar with these research methods. Because the research part of the training is only one aspect, participants find it difficult to master these research techniques while being introduced to the other parts of the DBC Framework. Not surprisingly, a survey conducted by the SBC Task Force among people trained in DBC found that 79 percent of respondents wanted additional training in "planning, implementing, and using data from [Barrier Analysis/Doer/Non-Doer] surveys."

Since the development of the first edition of *The Practical Guide to Conducting a Barrier Analysis* published in 2013, scores of NGOs have been trained and have carried out Barrier Analysis studies. During each training course participants' questions and conundrums caused the author to look for better ways to present the material and strengthen skills. Little by little additional tools and learning exercises were developed and used during various courses, to the point where the extra materials nearly outnumbered the exercises contained in *The Practical Guide*. Likewise, some of the exercises included in the first edition proved less useful. As a result, the author determined to up-date the first addition of The Practical Guide to include the lessons learned over the past 3 years (2013–2016) to make learning how to plan and implement a Barrier Analysis study easier.

2. Who?

This training curriculum is designed for use by NGO staff that plan to design, organize, and implement a Barrier Analysis study and who are authorized to use those results to design or modify their project's behavior change strategy. The training is designed for a maximum of 25 participants that are fluent in English[1] and have some education beyond high school. A fairly high level of formal education is required to understand the concepts in this training course.

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[1] The training curriculum is currently available in English, French, Spanish, and Arabic which are available at: http://www.fsnnetwork.org/designing-behavior-change-agriculture-natural-resource-management-health-and-nutrition

Lesson 10: Learning to Interview the Doer/Non-Doer Way and completing the questionnaire could be taught as a separate course, in which case a lower education level among participants would be sufficient.

Annex 2 includes an example Learning Needs and Resources Assessment (LNRA) questionnaire that should be used to gain additional information about the participants. This information should be used to tailor the training to the specific needs and learning levels of the participants.

The training should be facilitated by a trainer experienced in Dialogue Education and who has experience in planning, organizing, and implementing a Barrier Analysis study. The context will be more meaningful if the trainer also has participated in the DBC training course. The trainer should speak the language of the trainees fluently.

3. Where?

The course should be held in a space with plenty of natural light, plenty of wall space for posting flip-chart paper, and enough room for four or five tables placed in fish-bone fashion around the room with five people per table. At the front of the room there should be space for visual aids to be taped to the wall. This preferred room arrangement is shown on the next page. There should be a place for participants to have breaks, snacks, and meals near the training room. Because the training includes conducting a survey, it would be most convenient if the training could be held within a reasonable driving distance to a project community. If this is not possible, a mock survey can also be organized.

Preferred Room Arrangement

For Trainer

Front of the training room

5 people

5 people

5 people

5 people

5 people
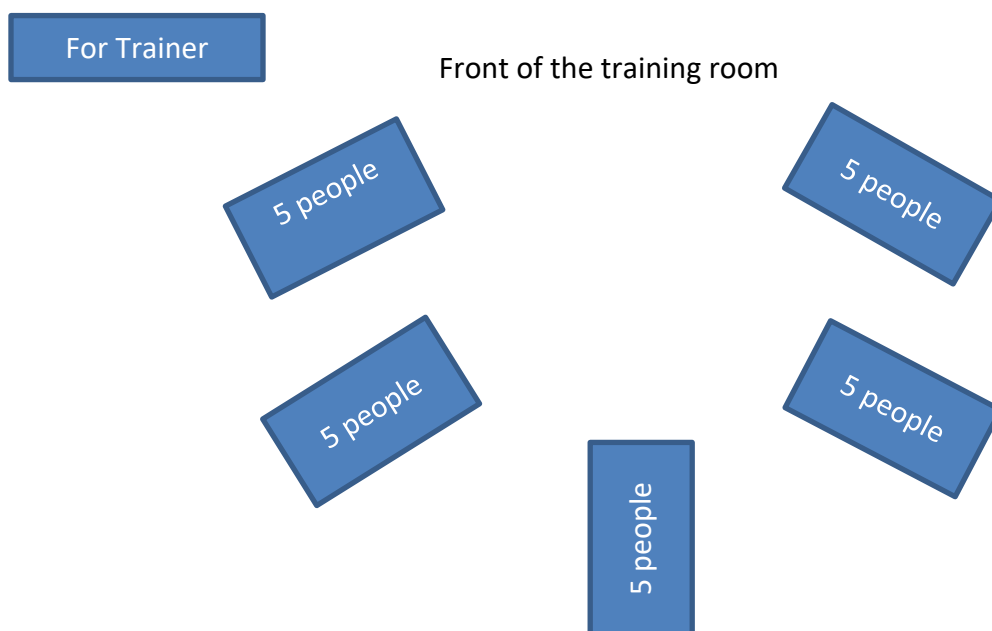
4. When?

The course takes place over a four to five-day period with approximately 6 hours of class per day. On Day Three there is only a half-day of training, but time will be needed to translate and photocopy the questionnaire and to tend to other logistics related to the survey planned for the morning of Day Four. A mock survey, conducted if no project community is nearby or if this course is conducted as a regional training, usually takes 1–2 hours. If a project community is nearby, a real survey (90 interviews) can be conducted and will likely take 4–5 hours, including travel time. Each day there are mid-morning and mid-afternoon breaks of about 15 minutes each and a lunch break of about 60 minutes.

5. What?

This curriculum covers the following topics:
- The DBC Framework
- Determinants of behavior change
- A Barrier Analysis Studies
- The behavior statement
- Defining a Doer and a Non-Doer
- The BA questionnaire
- Interviewing
- The field work
- Coding, Tabulating, Analyzing and Interpreting the results
- Using the data to make decisions (Bridges to Activities and Behavior Change Activities)

6. What for?

Achievement-based objectives: By the end of this course, participants will have:
- Reviewed the DBC Framework
- Examined a list of determinants of behavior change
- Matched study responses with determinants
- Identified determinants in the context of a story
- Researched aspects of a Barrier Analysis Study
- Practiced writing behavior statements
- Practiced relaxing behavior statements
- Practiced defining a Doer
- Critiqued definitions of Doers
- Developed a Barrier Analysis questionnaire
- Listed the characteristics of an effective interviewer
- Critiqued a Barrier Analysis interview

- Practiced interviewing
- Provided and received feedback on interview techniques
- Provided and received feedback on note-taking
- Listed the organizational decisions that have to be made to conduct the Barrier Analysis
- Practiced coding, tabulating, analyzing, and interpreting the results from a Barrier Analysis
- Identified ways to use the formative research results to make critical decisions

7. How?

The lesson plans contained in this curriculum will guide participants to plan and implement a Barrier Analysis Study.

8. With what resources?

#	Lesson Name	Learning Resources Needed
1	Opening Lesson	- Training Pre/Post-Test - Lesson 1 Flip Chart 1: "Getting to Know You" Questions - Index cards - Hand-written flip charts titled Norms and Procedures and Parking Lot - Lesson 1 Handout 1: Training Objectives - Lesson 1 Handout 2: Training Schedule
2	Overview of the Designing for Behavior Change Framework	- Wall Chart of the Designing for Behavior Change Framework - Lesson 2 Handout 1: Blank Designing for Behavior Change Framework - Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms - Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks - Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process - Lesson 2 Handout 5: The Five Principles of the DBC Framework
3	The "Exercise" Exercise	- Lesson 3 Flip Charts 1–10: The "Exercise" Exercise - Masking tape
4	Identifying Determinants that Influence Behavior	- Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms - Lesson 4 Handout 1: Important Determinants that Influence Behavior - Lesson 4 Handout 2: Learning about the Determinants of Behavior Change - Lesson 4 Handout 3: Some Tricky Determinants - Lesson 4 Handout 4: Match the Determinant to the Question

#	Lesson Name	Learning Resources Needed
5	The Doer/Non-Doer Study and Barrier Analysis	− Seven steps of Barrier Analysis on individual color construction paper for display − Lesson 5 Handout 1: The Seven Steps of Barrier Analysis − Lesson 5 Handout 2: The Five Principles of Barrier Analysis − 9–12 Post-its for each small group (1 Post-it for each question) − Lesson 5 Handout 3: Learning about Doer/Non-Doer Studies and Barrier Analysis Surveys − Lesson 5 Handout 4: Barrier Analysis Game − Lesson 5 Handout 5: Costs Associated with Doing a Barrier Analysis − Lesson 5 Handout 6: Barrier Analysis Implementation Timeline
6	Introduction to the Questionnaire	− Lesson 6 Handout 1: Barrier Analysis Questionnaire Content − Lesson 6 Handout 2: Example Barrier Analysis Questionnaire − Lesson 6 Handout 3: Examine the Questionnaire
7	Step 1: Defining the Behavior for the Formative Research	− Seven steps of Barrier Analysis on individual color construction paper for display (from Lesson 5) − Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms − Flip Chart showing the three elements of a behavior statement and an example statement − Lesson 7 Handout 1: How to Decide Which Behaviors to Study − Lesson 7 Handout 2: Guidance for Writing a Behavior Statement − Lesson 7 Handout 3: Behavior Statement Exercise (Health and Nutrition and Agriculture) − Lesson 7 Handout 4: Who's Who in Behavior Change − Flip chart paper for group work − Optional: Example indicators from participants' Indicator Performance Tracking Tables (IPTTs), project Log-frames, design framework, other monitoring and evaluation table
8	Step 2: Writing the Behavior Screening Questions	− Flip Chart paper − Lesson 8 Flip Chart 1: What are Behavior Screening Questions? − Lesson 8 Handout 1: Behavior Relaxing Worksheet − Lesson 8 Handout 2: Behavior Screening Question Characteristics − Lesson 8 Handout 3: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables
9	Step 3: Writing the Research Questions	− Behavior Statements from prior lesson (one for each small group at least) − Lesson 9 Handout 1: Generic Barrier Analysis Questionnaire − Lesson 9 Handout 2: Guidelines for Translating the BA Questionnaire − Lesson 9 Handout 3: Example (Partial) Translated Questionnaire

#	Lesson Name	Learning Resources Needed
10	Learning to Interview the Doer/Non-Doer Way	− Lesson 10 Handout 1: Doer/Non-Doer Interviewing "Dos" and "Don'ts" − Lesson 10 Handout 2: Examples of Effective Probes − Lesson 10 Handout 3: Probing Exercise − Lesson 10 Handout 4: Relating Responses to Determinants − Lesson 10 Handout 5: The Difference between "Disadvantages" and "Difficult" − Lesson 10 Handout 6: Role Play Observation Guide − Lesson 10 Handout 7: Role Play Script: How to Conduct a Doer/Non-Doer Interview − Lesson 10 Handout 8: Completed Barrier Analysis Questionnaire for Evaluation − Lesson 10 Handout 9: Practice Classifying Doers and Non-Doers − Lesson 10 Handout 10: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews − Barrier Analysis questionnaire (one for each participant)[2]
11	Step 4: Organizing the Field Work (Including Sampling)	− Lesson 11 Handout 1: Barrier Analysis Field Work Logistic Issues to Address − Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist − Lesson 11 Handout 3: Sampling for a Barrier Analysis Study: Things to Consider
	Step 5: Conducting the Survey	− 2 blank Doer/Non-Doer or Barrier Analysis questionnaires per participant (or 100 if you are doing a real survey) − Pencils, erasers, sharpeners, clip boards for each participant − Folders for supervisors to carry the questionnaires − Cell phones and a list of numbers to contact interviewers and the necessary field contacts
12	Step 6: Coding, Tabulating, and Analyzing the Data	− Lesson 12 Flip Chart 1: Definition of Coding − Lesson 12 Handout 1: Coding Game Part 1 − Lesson 12 Handout 2: Coding Game Part 2 − Lesson 12 Flip Chart 2: Example Coding Guide/Tally Sheets of Results for Doer/Non-Doer Study − Lesson 12 Handout 3: Example Tabulation Sheet for Analysis − Lesson 12 Handout 4: Guidance for Interpreting Barrier Analysis Results − Annex 13: Computerized Tabulation Instructions for Barrier Analysis − Completed questionnaires from the field work − Flip chart paper − 1 hand calculator

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[2] If you are preparing for an actual Barrier Analysis Study, then this questionnaire should be the one that interviewers will use in the field using the local language.

#	Lesson Name	Learning Resources Needed
		− Computer (optional for using the Barrier Analysis Tabulation Worksheet)
		− Lesson 12 Handout 5: Outline for Barrier Analysis Report
		− Barrier Analysis Tabulation Worksheet (MS Excel) on flash drive, downloaded from www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xls
13	Step 7: Using the Results to Make Decisions	− Lesson 2 Handout 1: Blank Designing for Behavior Change Framework
		− Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
		− Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks
		− Lesson 13 Handout 1: Writing Bridges to Activities
		− Lesson 13 Handout 2: Match the Determinants to the Activities (Nutrition and NRM)
14	Closing Session	− Lesson 14 Flip Chart 1: Expectations Assessment
		− Post-Training Process Survey
		− Training Pre-/Post-Tests (completed pre-tests from the beginning of the training and blank post-tests to be completed in this lesson)
		− Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre-and Post-Tests
		− Certificates of completion (optional)

List of Supplies

− Name tags for participants (not pre-printed)
− 2 pads of flip chart paper and a flip chart stand (tripod/easel)
− 1 rolls of masking tape
− 1 packets of colored Post-its (3" x 5")
− 1 Note pad for each participant
− Pens/pencils/eraser/sharpeners/clip boards for each participant (for conducting the survey)
− 12–15 wide-tipped permanent markers of various colors

Equipment

− 1–2 large garbage cans
− Printer that can be hooked up to the trainer's laptop with a new ink cartridge or 1 spare cartridge
− 2 reams of copy paper
− 1 pair of scissors
− 2 staplers and plenty of staples
− Electric extension cord and multi-plug

The Training Venue

— The training venue should be large enough for 25 participants to sit comfortably at five tables with five people per table.

— Rectangular tables are preferred (no tablecloths or skirts).

— A large rectangular table should be placed at the front corner of the room for the trainer's use. There should be an electrical outlet near this table.

— There should be plenty of natural light and good artificial light.

— The room should be climate controlled (air conditioning/heat) during extreme temperatures.

— There should be plenty of wall space for hanging participant's work (flip charts).

— The training venue management should provide a snack at mid-morning and another mid-afternoon plus lunch. Preferably these should NOT be served in the room used for training, but close by.

— There should be clean bathrooms nearby.

— If people are coming from out of town/country, try to accommodate those participants in the same place as the training to cut down on transport costs and ensure on-time start.

Lesson 1: Opening Session

Achievement-Based Objectives

By the end of this lesson, participants will have:

– Been greeted by the facilitator
– Established a baseline of their knowledge of the Barrier Analysis Study (pre-test)
– Introduced themselves
– Met fellow workshop participants
– Reviewed the training objectives and schedule
– Listed a set of norms for workshop participation

Time

1.5 hours

Materials

– Cell Phone Parking Lot (optional)[3]
– Training Pre/Post-Test
– Lesson 1 Flip Chart 1: "Getting to Know You" Questions
– Index cards
– Hand-written flip charts titled Norms and Procedures and Parking Lot
– Lesson 1 Handout 1: Training Objectives
– Lesson 1 Handout 2: Training Schedule

Steps

1. Welcome and Introduction to the Workshop

    1a. Explain that since a project's success depends on people changing their Behaviors or adopting new practices (in the case of a service provider), we need to learn how to develop effective behavior change strategies. To develop the most effective behavior change strategies we need to identify the things that prevent people from adopting the new Behaviors. One way to do this is to conduct formative research among the people whose Behaviors we expect to change.

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[3] If cell phone use is likely to distract participant's attention consider this: Ask participants to hold up their cells phones; invite them to turn them off or to "vibrate mode". Holding up the labeled Cell Phone Parking Lot (usually a small box) explain that it is the policy of the trainer that everyone "park" their phones in the "parking lot" while the training is on-going. Go around the room and collect all of the phones. Explain that during breaks and lunch, cell phone use is permitted, but must be returned to the "parking lot". Discuss the power of the determinant "policy" to effect behavior change. Invite participants to use the "cell phone parking lot" approach when they are facilitating a training.

Training Purpose

The purpose of this training is to learn how to design, organize, and implement a Barrier Analysis study; to analyze the data; and to use the data to design an effective behavior change strategy or to modify an existing strategy.

2. Collecting Baseline Information from the Participants

   2a. Explain that before we begin the training, we would like to collect some baseline data so we can assess the effectiveness of the training when it is finished.

   2b. Pass out the **Pre-Test**. Ask each person circle the word "Pre" and to write their name or initials or some kind of symbol on the test so it can be returned to them on the last day of the course. Ask participants to read the questions and select the one best answer provided. Circle the letter next to the best response. Give about 15–20 minutes for participants to complete the pre-test and collect them (ensuring that each is identifiable.)

3. Introduction of Participants

   3a. Show **Lesson 1 Flip Chart 1: "Getting to Know You" Questions.**[4]

   3b. Use a creative means to pair-up the participants so that people introduce themselves to someone they do not already know.

   3c. Ask each participant to interview the person they were paired with and write the responses to the questions on the index card provided

   3d. When pairs are finished interviewing, invite each pair individually to introduce the person they met to the rest of the group, sharing out loud the responses to the questions on the index card.[5]

   Note: This is an opportunity to collect additional information from the participants, such as Behaviors they are working on or countries they know a lot about, that you may need for the training. Just add questions for information you would like to collect to Flip Chart 1.

4. Expectations (Optional)

   4a. Distribute one or two Post-its to each participant.

   4b. Show a blank flip chart labeled **Our Expectations**.

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[4] Questions could include name, title, and organization, biggest behavior change challenges, hardest Behavior to change, favorite color, birth month, and other personal or work-related information.

[5] Participants can also be asked to name a Behavior their program is promoting. In this case the training can make a list of those Behaviors mentioned and use this list during Lesson 4: Writing Behavior Statements.

4c. Ask each participant to write one thing they want to learn during the training on each post it and post it on the flip chart.

4d. Group the expectations by category and post the flip chart on the wall for reference during the final lesson.

5. Workshop Objectives and Schedule

5a. Refer participants to **Lesson 1 Handout 1: Training Objectives** and review it with them. Point out any of the expectations that will probably not be met during this training.

5b. Refer participants to **Lesson 1 Handout 2: Training Schedule,** and review it with the participants. Discuss logistics issues (start/end times, breaks, bathroom locales, field work, meals, etc.).

6. Norms and Procedures

6a. Ask the participants to name the Behaviors they would like their fellow participants to practice during the training so that everyone can learn to the best of their abilities.

6b. Record these on a flip chart entitled **Norms and Procedures**.

7. Facilitator's Role

7a. Mention that many people may want to replicate the workshop for their colleagues.

7b. Ask participants who intend to replicate this workshop to raise their hands.

7c. Explain that the facilitator will be modeling the Dialogue Education (Vella) methodology during this workshop, and from time to time s/he will be making comments specifically about facilitation techniques.

Note: Set up a flip chart titled **Parking Lot** for lingering questions.

Barrier Analysis Training Pre-/Post-Test[6]

Your Name: _____

Please circle the letter that corresponds to the one best answer.

1. Formative research is used in the Designing for Behavior Change (DBC) Framework to decide which of the following?

    a. Which activities to select

    b. Which Priority Group to work with

    c. Which determinants to focus on

2. Which four determinants should you always study when conducting a Barrier Analysis survey?

    a. Self-efficacy, perceived positive consequences, perceived negative consequences, and social norms

    b. Skills, social norms, perceived positive consequences, and access

    c. Culture, knowledge, perceived positive consequences, and perceived negative consequences

3. How many determinants are studied on a Barrier Analysis study?

    a. 4

    b. 4 plus 8

    c. up to 12

4. What is the purpose of the screening questions on the Barrier Analysis questionnaire?

    a. To distinguish Doers from Non-Doers

    b. To know how many Doers you have

    c. To know how many people are practicing the Behavior

5. What do we mean by "relaxing" the Behavior definition?

    a. Only include a few of the details in the definition of the Behavior

    b. Changing the definition of the Behavior for the survey to get enough Doers or Non-Doers

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[6] Consider re-ordering the questions for the Post-Test

    c.   Using a proxy Behavior because some Behaviors are too intimate to study

6. When interviewing respondents as part of a Barrier Analysis study, one of the most important things to remember is:

    a.   To probe many times on open-ended questions

    b.   To tell the respondent if s/he is a Doer or Non-Doer

    c.   To give positive feedback when the respondent answers a question

7. When organizing the field work to conduct a Doer/Non-Doer Study or Barrier Analysis, which of the following is something you **DO NOT** need to figure out?

    a.   How many vehicles are needed

    b.   How far away the communities are

    c.   How many total Doers and Non-Doers should be interviewed

8. What do we mean by *coding* the data?

    a.   Figuring out what the respondent meant

    b.   Choosing words that represent the common meaning of different responses

    c.   Choosing a term that the majority of respondents said

9. To be considered significant, the difference between Doers and Non-Doers should be equal to or more than:

    a.   50 percentage points

    b.   25 percentage points

    c.   15 percentage points

10. The last step in the process of conducting a Barrier Analysis study is:

    a.   Finish the DBC Framework

    b.   Develop an implementation plan

    c.   Use the data to develop messages

Lesson 1 Handout 1: Training Objectives

By the end of this workshop, participants will have:

a. Reviewed the Designing for Behavior Change Framework

b. Read about different aspects of the Barrier Analysis Survey

c. Practiced "relaxing" a Behavior definition

d. Developed a Barrier Analysis questionnaire

e. Listed the logistical concerns related to organizing field work

f. Interviewed respondents using a Barrier Analysis questionnaire

g. Coded research responses, tabulated responses, and analyzed and interpreted data

h. Practiced writing Bridges to Activities

i. Matched behavior change activities to determinants

j. Shared their intentions to conduct formative research

Lesson 1 Handout 2: Training Schedule[7]

Lesson #	Lesson Name	Duration[8]
Day One		
1	Opening Lesson	1.5 hours
2	Overview of the Designing for Behavior Change Framework	1 hour
3	The "Exercise" Exercise	45 minutes
4	Introduction to Determinants of Behavior Change	2 hours
Day Two		
5	Introduction to the Barrier Analysis	2 hours
6	Introduction to the Questionnaire	2 hours
	Energizer (after lunch)	
7	Step 1: Defining the Behavior for the Formative Research	1.5 hours
8	Step 2: Writing the Behavior Screening Questions	2 hours
Day Three[9]		
9	Step 3: Writing the Research Questions	2 hours
10	Learning to Interview the Doer/Non-Doer Way	3 hours
	Energizer after lunch	
11	Step 4: Organizing the Field Work	1 hour
Day Four		
	Step 5: Practice Conducting the Survey	1.5 – 5 [10]
12	Step 6: Coding, Tabulating, Analyzing and Interpreting the Data	2.5 hours
	Energizer after lunch	
13	Step 7: Using the Data for Decision Making	2 hours
14	Closing Session	1 hour

[7] Start each day with a review of items that are still confusing to the participants. See **Annex 15 Possible Review Activities and Review Questions** for energizer ideas. At the end of each day, take 5 minutes to conduct an evaluation of the day. See **Annex 17: Daily Evaluation Form (Flip Chart)** for a suggested format.

[8] If participants already have attended the Designing for Behavior Change (DBC) course, some of this will be review and might not take as long as scheduled here.

[9] During the evening, the surveys can be translated, if necessary, and photocopied, and any other logistical issues can be taken care of.

[10] In the first edition of The Practical Guide the option of conducting a full BA as part of this training was offered. In reality, however, that rarely happened. Most organizations conduct their BA after having attended the full training; not as part of the course. If a full BA study is conducted during the training, it will likely take 5 days.

Lesson 2: Overview of the Designing for Behavior Change Framework

Achievement-Based Objectives

By the end of this lesson, participants will have:
- Identified the different parts of the Designing for Behavior Change (DBC) Framework
- Indicated the steps to follow in designing a behavior change strategy
- Reviewed essential items to consider when making the key decisions
- Reviewed a completed DBC Framework

Time

1 hour

Materials

- Wall Chart of the Designing for Behavior Change Framework
- Lesson 2 Handout 1: Blank Designing for Behavior Change Framework
- Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
- Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks
- Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process
- Lesson 2 Handout 5: The Five Principles of the DBC Framework

Steps

1. Introduction: Elements of a Behavior Change Strategy

   1a. Ask the participants: Based on your current programs, what are some of the key elements you should consider when designing the project's behavior change strategy?

   1b. As participants mention anything related to the Five Decisions (Behavior, Priority Group, Determinants, Bridges to Activities, and Activities), write these down on a flip chart. List all valid responses, regardless of whether they are included in the DBC Framework. Congratulate the participants for creating an even more detailed framework.

2. The DBC Framework

   2a. Introduce the DBC framework by saying that a tool has been developed to help us think about the different things that need to be considered when designing/revising a behavior change strategy. This tool is the Designing for Behavior Change, or DBC, Framework.

2b.   Show the framework, as seen in **Lesson 2 Handout 1: Blank Designing for Behavior Change Framework**, on a large wall chart. Point out the different parts of the framework, making reference to any corresponding responses provided by the participants in Step 1. Ask participants to follow along on their copies of **Lesson 2 Handout 1: Blank Designing for Behavior Change Framework** and **Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms**.

Explain that The Problem Statement is not shown on the DBC Framework, but is understood to come before (to the left of) the Behavior Column. This is because the Behaviors being promoted should directly contribute to the reduction of the problem. In Food Security projects, for example, the problem is often high infant/child morbidity/mortality and malnutrition. (Consider posting a sign entitled "the problem" to the left of the Behavior column to remind the participants of this element.)

2c.   Briefly explain each of the Five Decisions, including how they relate to each other.

-   **Behavior/Behavior Statement:** In the DBC Framework, the Behavior is a specific action that the Priority Group members adopt to address a problem they face. To identify the Behavior, it can be helpful to first identify the 'big problem' that the project is trying to address. In health projects the 'big problem' is typically defined as high infant/child mortality and morbidity and sometimes, malnutrition. In agriculture projects the 'big problem' is often defined as lack of food security (too little food to eat).

    A Behavior is sometimes referred to as a "practice", especially when it is done by a provider like a nurse or a doctor. In Agriculture, we sometimes refer to Behaviors as "technologies". When Behaviors or practices are done often enough they become a "habit". A Behavior is not knowledge, attitude or belief.

    For the purpose of the formative research we need to define the Behavior in a specific way called a **behavior statement**. The behavior statement should be written in a positive way. It includes three elements: 1) the Priority Group, 2) the verb in present tense, and 3) the details that describe how/when/where/how often/how long the Behavior should be done, as appropriate. The statement must be very specific, measurable, and observable. The DBC framework addresses only one Behavior at a time. If a project is promoting many Behaviors, then there would need to be many different DBC frameworks, or one for each Behavior you want to learn more about.

-   **Priority Group:** This is the group of people that are being encouraging to adopt the Behavior, as well as those people who ensure that someone else (such as a child) practices the new Behavior. While the Priority Group is usually found among the target audience (e.g., mothers of children under 5), the DBC Framework can also be used to promote Behaviors among service providers, either employees or

volunteers (e.g., extension agents, health promoters). The Priority Group is defined in seven different ways, and clearly describes the context in which the Behavior will be practiced. The seven categories include: demographics, daily routine, big desires, current practices, attitudes, knowledge (regarding the Behavior), known barriers, stage of change, and gender roles related to the Behavior. This description helps us decide how to plan appropriate and effective Behavior change activities.

– **Influencing group:** This is the group that has the most influence (positive or negative) on the Priority Group regarding the specific Behavior. Formative research among the Priority Group is used to identify the influencing group. Typically, there is only one influencing group. If the program staff want to work with people who are not identified by the priority group, we called these people "resource people".

– **Determinants:** Determinants (of behavior change) are categories of reasons why the Priority Group may or may not practice a given Behavior. There are 12 Determinants: Self-Efficacy, Positive Consequences, Negative Consequences, Social Norms, Access, Cue for Action, Susceptibility, Severity, Action Efficacy, Divine will, Policy and Culture. Knowing the 12 determinants helps us to develop the BA questionnaire. Formative research, such as a Barrier Analysis, is conducted among the Priority Group to identify the most significant reasons why the Priority Group is not practicing the Behavior, as well as the enablers that facilitate adoption of the Behavior.

– **Bridges to Activities:** Bridges to Activities are based on the responses given by the Priority Group during the formative research that were found to be 'significant'[11]. They are more-specific descriptions of a change one should make to address the issue revealed by the research. A Bridge to Activity usually begins with a directional verb (e.g., increase, decrease, improve, reinforce) and often proposes to change the perception of the Priority Group. It is not expressed in percentages. The Bridges to Activities are always about the Priority Group, so it is not necessary to mention the Priority Group in the wording. There is always at least one Bridge to Activity written for each determinant found to be significant for the chosen Behavior (e.g., "increase the perception that diarrhea could cause a child to become malnourished").

– **Activities:** Activities are a series of tasks that program implementers plan, organize, and/or conduct usually with the Priority Group or Influencing Groups to address the Bridges to Activities. They are the Activities that eliminate the barriers to adopting the desired Behavior, or reinforce the enablers that facilitate behavior change. Activity descriptions start with an action verb. For example, "offer a small

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[11] A response is "significant" if there is a gap of 15 percentage points between "Doers" and "Non-Doers."

loan to one entrepreneur per village to produce and sell quality, affordable chicken feed" or "set up additional sale points of wire mesh."

2d.　Refer participants to **Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks**. Ask participants to read to one of the examples; walk them through it, and address any questions.

2e.　Refer participants to **Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process** and review it with participants. Address participants' questions about each step, pointing out the place where after having conducted the formative research one might have to return to the Priority Group description and add additional information or make corrections. Point out that it is only AFTER having done the formative research that you will know if there is an Influencing Group and who that group(s) is(are).

3. Summary

3a.　Summarize the lesson by discussing **Lesson 2 Handout 5: The Five Principles of the DBC Framework**. Answer any questions.

Lesson 2 Handout 1: Blank Designing for Behavior Change Framework

Behavior[A]	Priority Group or Influencing Groups[A]	Determinants[C]	Bridges to Activities[D]	Activities[E]
To promote this behavior…	…among this audience… (circle one) Priority Group: Influencing groups:	…we will research these determinants… * These can only be determined by conducting research studies.	…and promote these Bridges to Activities (priority benefits and priority barriers)…	…by implementing these activities.
Indicator:				Indicators:

A. What is the specific, feasible and effective **Behavior** to promote?

B. Who are the **Priority Groups** and **Influencing Groups**? (Demographics, Daily Routine, Big Desires, Current Practices, Known Barriers, Stage of Change, Gender)

C. Which **Determinants reveal the barriers and the enablers of behavior change?** (The determinants are: self-efficacy/skills, social norms, positive consequences, negative consequences, access, cues for action, susceptibility, severity, action-efficacy, Divine will, policy, and culture.)

D. Which **Bridges to Activities** need to be promoted?

E. Which **Activities** will be implemented to address the Bridge to Activities?

Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms

Behavior

– Action, observable, specific (time, place, quantity, duration, frequency), measurable, feasible, directly contributes to solving the problem (malnutrition, high morbidity, poor harvest)

– Defined in positive terms, rather than asking that a group refrain from doing something

– Is done by the Priority Group

Behavior Statement Formulation

– The Priority Group + action verb in present tense + the specifics (time, place, frequency etc.)

– Example: Mothers of infants under 6 months of age breastfeed them on-demand throughout the day and night, emptying each breast each time.

Priority Group

– The group of people who will perform the positive Behavior, or who ensure that the Behavior is practiced by a minor (such as a child). The Priority Group is defined very specifically. For example: farmers whose land is slopped, mothers of infants 0–6 months of age.

Influencing Group[12]

– The people who influence the Priority Group regarding the Behavior, who can either support or prevent the Priority Group from adopting the positive Behavior

– Always identified by the Priority Group through formative research

Determinant of Behavior Change

– A category of factors shown to motivate or impede the adoption of a Behavior for a given group of people. There are 12 Determinants of behavior change. Self-efficacy, positive consequences, negative consequences, social norms, access, cue for action, susceptibility, severity, action efficacy, Divine will, policy and culture.

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[12] The people the project decides to work with to promote a Behavior who are not identified by the Priority Group are referred to as 'resource' people.

Bridges to Activities

- Based on the responses given by the Priority Group during formative research

- Always about the Priority Group

- More-specific descriptions of a change one should make to address the issue revealed by formative research

- Usually begins with a directional verb (e.g., increase, decrease, improve, reinforce)

- Often proposes to change the perception of the Priority Group

- Not expressed in percentages

Bridge to Activities Formulation

- Directional verb + the perception that… or the ability to… or the availability of…

- Example: Increase the perception that sleeping under an insecticide-treated bed net (ITN) is a good way to avoid getting malaria (action efficacy)

- Example: Increase the perception that mother's in law approve of only giving infants breastmilk (Social Norms)

Activity

- A set of tasks that, when implemented together, will address the Bridges to Activities

- Typically start with an action verb

- Ideally address more than one Bridge to Activity

Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks

Example 1: Agriculture and Natural Resources (ANR) Programs: Poultry Management

Behavior	Priority Group or Influencing Groups	Determinants	Bridges to Activities	Activities
Targeted adult men and women who raise chickens keep them enclosed (penned up) at all times.	**Demographics**: • Adult men and women from families who raise chickens. • These families all have children under 2 years of age or a pregnant or lactating woman at program start-up. • Both men and women have attended some school. • Speak and read Swahili **Big Desires** • They all want food security, well-being and education for their children. **Current Practices/Beliefs** • They live in rural villages and own small numbers of chickens, which currently wander freely and sleep in trees. • They think chickens will not have enough to eat if they are penned up,	Perceived negative consequences: − Belief that chickens will stop laying − Belief that it will be more effort and more expensive to give chickens food and water Perceived positive consequences: − They will not lose chickens to wild animals − Less loss due to illness − Chickens will not damage crops and gardens − It is easy to capture − chickens for vaccinating − Farmers can use	1. Reduce the perception that chickens will stop laying eggs if they are penned up. 2. Reduce the perception that it takes more effort/expense to care for penned up chickens. 3. Increase the perception that it will be economically beneficial (less loss, less damage to crops, more fertilizer etc.) to keep chickens penned up. 4. Increase access to low-cost fencing materials and skills for adapting local materials. 5. Increase the perception that there are inexpensive ways to feed penned up	1. Create one demonstration site per village where families can observe the survival of penned chickens and the ability of chickens to adapt to the enclosed environment with cost-benefits displayed. 2. Meanwhile, start promoting the provision of improved feed, clean water and vaccine to all poultry. 1 and 2. Train agriculture volunteer promoters in poultry care (feed, water, vaccine) and construction of pens and cages using locally available materials. Monitor and reinforce their ability to transmit skills to others. 2. Reinforce the benefits of enclosing poultry by distributing a calendar with one benefit shown per month.

Behavior	Priority Group or Influencing Groups	Determinants	Bridges to Activities	Activities
	• they do not know affordable ways to make chicken coops. **Stage of Change** • Most of the Priority Group is in the aware-ness (or "contemplation") stage of behavior change. **Gender Role** • Both men and women keep chickens and each is free to decide to pen them or not. Women may need financial assistance to buy fencing	manure for fertilizer Access: – Lack of materials to build a fence or cage – Cost of chicken feed	chickens.	3. Provide technical assistance and a small loan to one entrepreneur per village to produce and sell quality, affordable chicken feed, and water and feed containers made of local or recycled materials. 3. As demand increases, program agronomists will work with local vendors to sell wire mesh.

Outcome Indicator:	Process Indicators:
Percentage of households that keep their chickens penned up/ enclosed at all times	– Number of successful demonstration sites implemented – Number of visitors to demonstration sites – Number of families adopting one or more improved poultry care practices aside from enclosing poultry – Number of entrepreneurs selling chicken feed

Example 2: WASH Programs: Hand washing with soap

Behavior	Priority Group Or Influencing Group	Determinants	Bridges to Activities	Activities
Targeted mothers of children U5 wash their hands with soap at the five* critical times each day. -after defecating; -after cleaning a child who has defecated; -before preparing food; -before eating; -before feeding a child.	**1.Demographic** • Mothers of children 0 – 59 months of age • Rural area of Saut d' Eau in Haiti • Cannot easily read Creole • Speak Haitian Creole only • Low income **2. Daily Routine** • Farm; raise Animals • Gather at market • Go to church on Sunday • Practice open defecation **3. Common Desires** • Avoid catching cholera • Education for kids **4. Current Practices related to the Behavior** • Only wash hands after they defecate; • Vaguely aware of the link between hand washing and cholera **5. Common Barriers to the Behavior**	1. **Access** • Having soap makes it easy • Having access to water right where/ when you need it 2. **Perceived Negative Consequences** • Spending money on soap 3. **Action efficacy** • avoids getting cholera 4. **Cue for action** • Very difficult to remember	1. Increase access to soap and water at the places where hand washing takes place 2. Increase the perception that money spent on soap for hand washing prevents cholera and expenditures on health care 3. Reinforce the perception that washing hands with soap and water is the most (cost) effective way to avoid cholera 4. 5. Increase the ability to remember to wash hands with	1 & 2. Organize soap making classes for mothers interested in earning extra money; sell/distribute soap in the community at low prices; 1. Train caregivers to make and install simple hand washing facility (tippy tap) nearer to the kitchen, toilet, churches and market. 2 & 3. Organize discussion groups in neighborhoods of target group, to discuss the cost/benefit of hand washing (i.e. hand washing costs less than medical care and loss of time due to illness) 4. develop /distribute/display Cue Cards (action reminders) and put them near toilet, kitchen and dining area of each target

Behavior	Priority Group Or Influencing Group	Determinants	Bridges to Activities	Activities
	• Don't know dirty hands carry germs • Limited access to soap **6. Stage of Change** • Between awareness and action (wash after defecation) **7.Gender Issues** • Men provide money to buy things like soap • Would need man's approval to build a handwashing station		soap and water at each moment	house.

Outcome Indicator:	Process Indicators:
Percentage of targeted mothers of U5 children who claim to have washed their hands at the five critical times the day before the study	# of women trained to make soap # of bars of soap sold/distributed # of HH w/ tippy tap & cue cards # of T.G. members participating in cost/benefit discussions

Example 3: Maternal and Child Health and Nutrition (MCHN) Programs: Exclusive Breastfeeding (EBF)

Behavior	Priority Group or Influencing Groups	Determinants	Bridges to Activities	Activities
Mothers only give breast milk to their children from birth to 6 months of age.	Priority Group: Burundian mothers with children 0–6 months of age − Live in rural setting − Majority are illiterate − Go to church on Sunday morning − Are busy with daily household chores − Want to be perceived as good mothers and wives − After 3 months, they think they do not have enough milk to breastfeed − Exclusively breastfeed until 4 months, but give other foods at that time − Majority are in partial action stage Influencing Groups: − Mothers-in-law	Perceived action-efficacy − Mothers don't know the relationship between EBF and malnutrition Perceived Divine will: − Mothers question whether their religious leaders/ traditions support this Behavior Perceived social norms: − Mothers believe that their mothers, mothers-in-law	1. Increase the perception exclusively breastfeeding a child will help prevent malnutrition. 2. Increase the perception that religious leaders approve of EBF and that their religious tradition is supportive of EBF. 3. Increase the perception that their mothers-in-law, mothers approve of EBF. 4. Decrease the perception that a child will be hungry or lacking in nutrition if they are exclusively breastfed.	1. Record/write stories about mothers with children with good health/weight who do EBF and believe in EBF. Play the recording/read the testimonials on EBF at meetings in the community/ health facilities (following postnatal care and growth monitoring and promotion sessions). 2. In household meetings, use growth charts to show the difference between several children growing well who are exclusively breastfeeding and contrast them to other children who are losing weight who are not EBF. 3. Give pastors/priests/imams sermon guides on EBF and train them in their use. 4. Have Care Group Volunteers (CGVs) include mothers-in-law when teaching mothers of young children about EBF. 5. Explain to mothers (via CGVs and household visits) that children cry for many reasons, and crying does not always mean the child is hungry. Use growth charts to show mothers that many children who cry a lot (identify cases ahead of time) are still growing well and therefore are not lacking

Behavior	Priority Group or Influencing Groups	Determinants	Bridges to Activities	Activities
		do not approve of EBF) Perceived negative consequences: – Mothers believe that the child will be hungry if not fed other foods at 4 months of age		adequate nutrition. Teach mothers a step-by-step process for comforting a crying baby (http://www.hugyourbaby.org/).

Outcome Indicator:	Process Indicators:
Percentage of targeted mothers who only give breast milk to their infants from birth to 6 months of age	– Number of women who heard testimonials – Number of pastors trained – Number of CGV and household visits that included the mother/grandmother – Number of mothers trained to comfort a crying child

Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process

1. Write the behavior statement (make sure it directly addresses the key problem).

2. Identify and describe the Priority Group (Seven ways).

3. Select appropriate research methods (Barrier Analysis, Doer/Non-Doer Study, another method).

4. Carry out the research (to identify the most important barriers/enablers).

5. Analyze the findings.

6. Add more detail to the definition of the Priority Group (seven ways).

7. Identify the most significant barriers and enablers that impede or facilitate the adoption of the Behavior (according to the Barrier Analysis results).

8. Identify the influencing group (if there is one).

9. Write the Bridges to Activities based on the study findings.

10. Choose and describe behavior change Activities for the project that address the Bridges to Activities.

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

12. Complete the behavior change strategy with details for implementation (not covered in this training).

13. If communication-type activities are identified as part of the strategy develop a communication plan (not covered in this training).

Lesson 2 Handout 5: The Five Principles of the DBC Framework

1. Action is what counts (not beliefs, attitudes or knowledge).

2. Know exactly who your Priority Group is, and look at everything from their point of view.

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

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

5. Base decisions on evidence, don't guess, and keep checking.

Action = Behavior

Lesson 3: The "Exercise" Exercise

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Demonstrated that peoples' Behaviors do not always match what they know or believe
- Recognized that raising awareness or increasing knowledge is often not sufficient to bring about behavior change
- Identified "doers" and "Non-Doers"
- Been introduced to the term "relaxing the Behavior" and practiced relaxing one behavior statement

Time

1 hour

Materials

- Lesson 3 Flip Charts 1–10: The "Exercise" Exercise
- Masking tape

Steps

1. Tape all the parts of **Lesson 3 Flip Charts 1–10: The "Exercise" Exercise** to the wall and make sure that each set is covered.

2. Explain that we are going to play a simulation game to help demonstrate the benefits of conducting formative research.

3. Explain that for this exercise, participants will each play two different roles: yourself and a staff member of a behavior change project. Point out the behavior change objective written on Lesson 3 Flip Chart 1.

4. Tell participants: Before we decide how to address that objective, we're going to carry out some audience research—involving all of you as research participants!

   Remind participants that this is a simulation, not a role play. So, when responding to each question participants should answer honestly for themselves, not playing the role of someone else or making up a pretend response.

5. Ask someone to remove the top blank sheets from each of the three stacks of papers taped to the wall. Explain that three different *knowledge* statements are posted. Ask a participant to read the first set out loud.

6. Ask the participants to stand near the statement that most approximates their actual *knowledge* levels on the importance of exercise in reducing heart problems. When

participants have settled next to a statement, explain that now they should assume the role of your staff on the project. Ask: What do you notice about the groups? How many participants are in each group? What are the percentages in each group? Any other observations, such as demographic, profession, gender, age, nationality, language group, or region?

7. Tell participants: You've just divided yourselves into segments, or subgroups of the community, according to your stated *knowledge* level about exercise. Ask: Based on the responses to this one question, can we make any programmatic decisions? [If there is a high percent of people in the high knowledge group, then perhaps you don't need to spend much/any time/money on increasing people's knowledge of the importance of exercise. You can adjust the budget.]

8. We will now see what happens when we look at your *beliefs*. Ask someone to remove the knowledge statement from each of the three stacks of papers to reveal the *belief* statements. Have a participant read them out loud.

9. Ask the participants to stand near the statement that most approximates their actual *belief* levels. When participants have settled next to a statement, ask: What do you notice about the groups? What changes in percentages did you notice? Ask: Does high knowledge about a Behavior accurately predict beliefs?

10. Tell the participants: We will now see what happens when we look at your *Behaviors*.

11. Ask a participant to remove the *belief* statements from each of the three stacks of papers to reveal the *action* statements. Ask participants to read the *action* statements and reposition themselves according to what they actually did (i.e., their Behaviors).

12. Ask participants: What differences do you see? Any observations on demographics, profession, gender, or age? To what extent did your knowledge and belief predict your Behavior?

13. Stress that what we know and believe is often quite different from what we do. Introduce the terms "Doer" and "Non-Doer", explaining that Doers are those people that practice the ideal Behavior and Non-Doers are all those people that do not practice that Behavior. Explain that identifying Doers and Non-Doers is an important part of this type of research.

14. While participants are still standing in their groups, ask**:** If you had to pick one sub-group of your target audience to work with first, which group would you pick? Introduce the term "target of opportunity", that is, looking at sub-groups that may initially be more prone to change (also known as "low hanging fruit"). This may be people with the greatest desire to change due to vulnerability or those for whom the transition would not be difficult (a Positive Deviant).

15. Explain that if you are conducting a Barrier Analysis, you will need to find 45 Doers and 45 Non-Doers. Explain that sometimes you have to modify the definition of a Doer—just for the research—to find enough people to interview. This is called "relaxing the Behavior." This happens when the Behavior is new, very rare, or difficult.

    Ask participants: What is the desired and ideal Behavior that we are studying for our Healthy Heart Project? They should answer: 30 minutes of moderate exercise at least five times per week. Then ask: How might we relax this Behavior statement? Answers should lead to someone who exercised four times a week for 30 minutes, or 20 minutes. Remind participants that we only relax the Behavior for the day of the research and only to classify respondents as Doers or Non-Doers. During the rest of the interview and during the project you will be promoting the ideal Behavior. Explain that you should only relax the Behavior just enough to get the requisite number of Doers. If you relax the Behavior too much you won't be able to find enough Non-Doers.

16. Ask participants: What have we learned from this exercise? Help them to draw out the following themes.

    – What people do doesn't always reflect what they know or believe. That's obvious to all of us when we think about our own actions, but sometimes when we're planning health promotion, we forget this basic tenet.

    – This reminds us that just giving people information is generally not enough; even convincing them of a new belief may not move people to take a beneficial action.

    – Definition of Doer and Non-Doer

    – Need to relax the behavior statement to get enough Doers.

    – This activity points us toward the need to conduct research, which is the objective of this training.

Lesson 3 Flip Charts 1–10: "The Exercise" Exercise

Behavior Change Goal (Flip Chart 1)**:** Adults engage in at least 30 minutes of moderate physical exercise at least four times per week.

Three sets of flip charts are needed for this game, and each set should be taped to the wall, along with Flip Chart 1, above, so it is easy to remove each page as the next is revealed. Each set has three pages as follows, and each page should be taped on top of the others in the order they appear below. A blank page should be taped on top of each set so all pages are hidden.

Set 1

Flip Chart 2.   I know that getting exercise is very important. I have read multiple studies that prove it. I have also heard many advertisements promoting good health through exercise.

Flip Chart 3.   I believe that getting exercise is very important. I think that everyone should exercise regularly, at least four times a week.

Flip Chart 4.   Last week I exercised at least four times for at least 30 minutes at a time.

Set 2

Flip Chart 5.   I have only heard that exercising can reduce your chance of heart disease.

Flip Chart 6.   I believe exercise is somewhat important. Most people should exercise one to two times per week.

Flip Chart 7.   I exercised twice last week.

Set 3

Flip Chart 8.   I know that many people are in shape because they exercise, but I'm not sure how they do it.

Flip Chart 9.   I think that we get enough exercise with the routine activities of the day.

Flip Chart 10. I did not exercise at all last week.

Lesson 4: Identifying
Determinants that Influence Behavior

Achievement-Based Objectives

By the end of this lesson, participants will have:

− Reviewed a list of key determinants
− Named the four most common determinants
− Matched a determinant to a formative research statement from a Priority Group
− Identified determinants in a case study

Time

2 hours

Materials

− Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
− Lesson 4 Handout 1: Important Determinants that Influence Behavior
− Lesson 4 Handout 2: Learning about the Determinants of Behavior Change
− Option #2 – flip charts for Learning about Determinants Game
− Lesson 4 Handout 3: Some Tricky Determinants
− Lesson 4 Handout 4: Match the Determinants to the Question

Steps

1. Introduction

   1a. Tell the participants that we are now going to discuss the determinants of behavior change. Ask: When designing a behavior change strategy how do we know what are the real barriers that people face when trying to adopt a new Behavior? Explain: We often just guess about the barriers that prevent people from adopting a new Behavior. Or we use our own logic. For example, if practicing a Behavior requires a product or a service, then we assume that not having the product or service is the main barrier. We also frequently assume that people are just not aware or knowledgeable about the benefits of the Behavior. Explain that the reason the Designing for Behavior Change (DBC) Framework is so effective is because it requires the user to conduct research and gather evidence. The research is conducted among the Priority Group and the evidence is provided by them. It reduces the amount of guesswork and shows respect for the Priority Group by asking them their opinion about the Behaviors. The 12 determinants of behavior change help us to develop the questionnaires that allow us to talk to the Priority Group about their Behavior. In this lesson, we are going to learn about those 12 determinants of behavior change.

2. What is a determinant?

    2a. Ask participants: How do you usually decide how to promote (or bring about) a change in a Behavior? Allow them to share their experiences. Explain that many programs just jump from the Behavior and Priority Group straight to the Activities and messages without giving much thought to why people do what they do currently and what may be preventing them from adopting the positive Behavior. At best, as we just mentioned, we guess about the barriers.

    2b. Refer participants to **Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms**, specifically the definition of determinant of behavior: a category of elements shown to motivate or impede the adoption of a Behavior for a given group of people. It may help to think of determinants as 12 train cars, each being labeled as a separate, but connected, determinant. We need to inspect each train car (using the Barrier Analysis) to see what is inside and which of those elements is the key reason why people don't practice the Behavior.

3. The Twelve Determinants of Behavior Change

    3a. Refer participants to **Lesson 4 Handout 1: Important Determinants that Influence Behavior**. Tell participants: While we have a good idea that this list of determinants applies to health/WASH Behaviors, we do not have enough data yet to say to what extent they all apply or which ones apply to agriculture or natural resource management Behaviors, education Behaviors, or Behaviors linked to gender equity.

    3b. Explain that social scientists have discovered that among all of the determinants, there are four that are more commonly found to influence behavior change for health/WASH Behaviors. These are perceived self-efficacy/skills, perceived social norms, perceived positive consequences, and perceived negative consequences. Ask participants to underline or star these four determinants on their handout.

    3c. In addition to these four very important determinants, social scientists have identified seven other determinants of behavior change: perceived action efficacy, access, perceived susceptibility/risk, perceived severity, cue for action, policy, and culture. Perceived divine will is the determinant that was most recently added to list, to make a total of 12 determinants in all.

    3d. Keep in mind that we are talking about perceptions. What is most important for behavior change is not whether someone actually has access to something, for example, but their perception of their access. For that reason, most of the determinants are preceded by the word "perceived".

4. Learning about the Determinants of behavior change

4a. Less Active/For Advanced Learners: Refer participants to **Lesson 4 Handout 2: Learning about the Determinants of Behavior Change**. Ask participants to study the list of determinants and their definitions in Handout 1 and answer the questions posed in Handout 2 referring the list of determinants.

4b. If participants finish about the same time, ask different participants to give the answers they gave for each question. If they finish as varying times, refer them to **Annex 3**.

4c. More Active/ Less Advanced Learners: Ask participants to work in their table groups. Post one flip chart for each table group on the wall and ask the table groups to gather around the posted flip chart. The flip chart has the numbers of the questions in Handout 2. Instruct small group members to refer to the list of determinants in HO1 and write the correct answers to the questions on the flip chart next to the corresponding question number. Optional: Make this into a game/competition and ask the teams to sit back in their seats as soon that their lists are complete. The first team to finish, wins. And /or ask the teams to correct their work by checking their responses against the key shown in **Annex 3**.

4d. Refer participants to **Lesson 4 Handout 3: Some Tricky Determinants** and explain the difference between Social Norms and Culture; between Positive Consequences and Action Efficacy, and answer any questions the participants have about other determinants.

5. The Real Role of Determinants

5a. Explain that the most important role of the determinants is to guide how the questions on the Doer/Non-Doer Study or Barrier Analysis questionnaires are written.

5b. Using **Lesson 4 Handout 4: Match the Determinant to the Question**, ask participants to match the questions to the determinants. Review referencing the key in **Annex 4**.

5c. Explain that each question on the questionnaire has to relate to one specific determinant. In the next lesson, we will look more closely at how the questionnaire is developed.

Lesson 4 Handout 1: Important Determinants that Influence Behavior[13,14]

The first four determinants always should be explored when conducting formative research (e.g., Barrier Analysis or Doer/Non-Doer Studies). These four are more commonly found to be the most important for health/nutrition Behaviors.

1. **Perceived self-efficacy/skills**

   – The Priority Group member's belief that s/he can do the Behavior given his/her current knowledge, skills and resources

2. **Perceived social norms**

   – The perception that people important to the Priority Group think that s/he should do the Behavior or should not do the Behavior

   – Social Norms has two parts: 1) who matters most to the Priority Group member regarding a particular Behavior and 2) what the Priority Group member perceives those people think s/he should do

   – Response to the questions on Social Norms reveals the Influencing Group. There is usually only 1 (sometimes 2) influencing group and it is usually someone close to the Priority Group, like a family member

3. **Perceived positive consequences**

   – What positive things the Priority Group member thinks will happen as a result of practicing a Behavior

   – There is an overlap between Positive Consequences and Action Efficacy when the Priority Group cites as an advantage of doing the Behavior that it will prevent the problem (e.g. a benefit of handwashing with soap at the critical times is that I won't get diarrhea)

   – Not all positive consequences relate to preventing the problem, however. (e.g. If I sleep under a mosquito net I won't be bothered by mosquitos humming in my ears all night.)

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[13] This list of determinants has been reworked since the Designing for Behavior Change training curriculum was first published in 2008 to better fit agriculture and natural resource management (NRM) Behaviors and is somewhat different from the list of determinants used in the 2008 health and nutrition-focused Barrier Analysis manual.

[14] This handout is adapted from materials originally developed by AED and from the Food for the Hungry Barrier Analysis manual.

4. **Perceived negative consequences**

   – The negative things the Priority Groups thinks will happen as a result of performing a Behavior

   – Responses to questions related to negative consequences reveal disadvantages of the Behavior, attitudes about the Behavior, and perceived negative attributes of the Behavior

Other Key Determinants

5. **Access**

   – Includes the degree of availability (to a particular Priority Group) of the needed products (e.g., fertilizer, soap, condoms) or services (e.g., veterinary services, immunizations) required to adopt a given Behavior

   – Includes barriers related to cost, geography, distance, language, cultural issues, and gender

   – Access issues can also be revealed by responses given to the Self-Efficacy question – What makes it difficult? Not having improved seeds or the health center is too far away.

6. **Cues for action**

   – The perception of the Priority Group that they can remember to do a particular Behavior

   – The perception of the Priority Group that they can remember **how** (the steps required) to do a particular Behavior

   – Key powerful events that triggered a behavior change in a person (e.g., there was a fatal road accident here, so I remember that I should slow down when I get to this part of the road)

7. **Perceived susceptibility/risk**

   – The Priority Group member's perception of how vulnerable or at-risk s/he feels to the problem (e.g., how likely is it that my crop will get cassava wilt? How likely is it that my child will become malnourished?)

8. **Perceived severity**

   – The Priority Group member's belief that the problem (which the Behavior can prevent) is serious (e.g., Is soil erosion a serious problem for me? How serious is diarrhea?)

9. **Perceived action efficacy**

   – The belief that by practicing the Behavior one will avoid the problem; that the Behavior is effective in avoiding the problem (e.g., if I sleep under a mosquito net, I won't get malaria)

- There is an overlap between Action Efficacy and Positive Consequences when the Priority Group cites as an advantage that doing the Behavior will prevent the problem.

Note: Perceived susceptibility/risk and perceived severity relate to the problem. Perceived action efficacy links the problem to the Behavior. In order to study issues around susceptibility, severity, and action efficacy, you must know what the problems are that the Behavior addresses. Divine will can sometime also be about the problem, depending on how you phrase the question (e.g., Does God cause children to become malnourished?).

10. **Perceived Divine will[15]**

- The Priority Group's perception that their religion or God approves of the Behavior
- The Priority Group member's belief that it is God's will for him/her to have the problem and/or to overcome it
- Divine will can also refer to the Priority Group member's perception about the spirit world or magic (e.g., whether or not the problem was caused by an evil spell or curse)

11. **Policy**

- The existence of laws and regulations (local, regional, or national) that hinder or facilitate the adoption of the Behavior (e.g., the presence of good land title laws may make it more likely that a person take steps to improve their farm land, the Baby-Friendly Hospital policy that forbids the distribution of formula (even if it's free) in order to promote breastfeeding]

12. **Culture**

- The perception of the Priority Group member that the group to which they belong is allowed or not permitted by the society to practice the Behavior.
- The belief that certain Behaviors are not acceptable for certain people (e.g., boys do not collect and carry water – only girls/women do that job, mothers of newborns cannot leave the house for 40 days after the birth).
- May be associated with ethnicity or lifestyle, such as homosexual/gay or youth culture

Universal Motivators

- Factors that have been found to motivate most people, irrespective of other variables
- Usually used in mass media activities (e.g., billboards, posters, public service announcements)
- Include love, security, comfort, recognition, success, freedom, positive self- image, social acceptance, peace of mind, status, pleasure, and power

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[15] Numerous unpublished Barrier Analysis studies have found this determinant to be important for many Behaviors (particularly for health and nutrition Behaviors)

Lesson 4 Handout 2: Learning about the Determinants of Behavior Change

Instructions: Referring to **Lesson 4 Handout 1: Important Determinants that Influence Behavior**, answer the following questions.

Question	Response
1. Which determinants should always be studied?	
2. Which determinant asks about the bad things that could/did happen when you do the Behavior?	
3. Which determinant asks the priority group if they can get the things they need to do the Behavior?	
4. Which determinants **don't ask** about the Behavior, but more about the problem?	
5. What is the difference between action efficacy and self-efficacy?	
6. Which determinant is about being able to remember to do the Behavior?	
7. Which determinant might be more important for NGOs working with faith communities?	
8. Which determinant is about belief if the Behavior is effective in solving the problem?	
9. Which determinant is about the good things that may happen/did happen after doing the Behavior?	
10. Which determinant is about the belief/confidence that you can do the Behavior?	
11. Which is the determinant that talks about whether the group I belong to agrees that I do the Behavior?	

Question	Response
12. Which determinant is about the belief that someone I care about either approves or disapproves of me doing the Behavior?	
13. Which determinant is about the belief that the problem is serious?	
14. Which determinant is about the belief that there is a law or regulation that favors or hinders the practice of the Behavior?	
15. Which determinant is about the belief that one is vulnerable to the problem?	
16. Which determinant is about the belief that one can remember how to do the Behavior?	
17. Which determinant has many different facets – such as cost, geography, distance, language, gender and culture?	

Lesson 4 Handout 3: Some Tricky Determinants

Perceived Positive Consequences: This determinant is the perception of the Priority Group member that something good or positive will happen if s/he practices the Behavior. The positive thing could be related to benefit that the project is promoting, for example preventing malaria ("Sleeping under an ITN every night will prevent me from being bitten by mosquitos").

Or, the benefit could **not** be related to the benefit the project is working toward ("Sleeping under a mosquito net every night will allow me to get a better night's sleep because I won't be afraid of being bitten by a spider").

If the formative research reveals a benefit perceived by the Priority Group that is **not** the same as the benefit perceived by the project staff, it usually doesn't matter. The project can still use this perceived benefit (so long as it is not an incorrect or harmful) to promote the Behavior. This is because the benefit — preventing malaria — will be the same, regardless of the motive for sleeping under the ITN.

Standard question: What are the advantages of …

Perceived Action Efficacy: This determinant is the perception of the Priority Group that doing the Behavior will or will not prevent <u>the problem</u>. If the Priority Group associates the desired Behavior with preventing the problem that the project has identified (e.g. applying fertilizer to my field will increase my yield and reduce the malnutrition), then this is Action Efficacy. If the Priority Group perceives a benefit that is **not** related to preventing the problem identified by the project (I brush my teeth to have good breath — not to prevent cavities), then this is an example of the determinant Positive Consequences.

Standard question: If you (do the Behavior all the time), how likely is it that you will get…….

Social Norms and Culture: Social Norms is the perception of the Priority Group that someone they respect either wants them to do the Behavior or doesn't want them to do the Behavior. Social Norms is about the perceived opinion <u>of a specific person</u>. Culture, on the other hand, is not about a specific person's opinion but rather about what <u>society/tradition</u> says is appropriate or allowable for a <u>type of person</u> to do. Culture requires you to identify the cultural group the Priority Group member belongs to (unmarried adolescent, pregnant woman, mother of a newborn, married man, millet farmer) and the beliefs of the society/traditions/ customs about if that person is allowed/not allowed to practice the desired Behavior.

Standard questions:

Social Norms: Who are the people who approve of you…
Who are the people who disapprove of you…
Culture: Are there any traditions or customs that make it difficult for you to…

Lesson 4 Handout 4: Match the Determinant to the Question

Instructions: Match the determinant in the right column with the appropriate question in the left column.

Question	Determinant
A. Are there any laws or polices that make it more likely that you will use ORS?	1. Perceived self-efficacy
B. How easy is it to remember how to use the water filter?	2. Perceived social norms
C. If you only gave breast milk to your baby, would that prevent her from getting diarrhea?	3. Perceived positive consequences
D. How difficult is it for you to get the soap you need to wash your hands every day?	4. Perceived negative consequences
E. How likely is it that your child will become malnourished in the next year?	5. Access
F. What are the disadvantages of getting tested for HIV?	6. Cues for action
G. Are there any local customs or traditions against discussing how to use the household income with your wife?	7. Perceived susceptibility/risk
H. Who would disapprove of you delivering at the health facility?	8. Perceived severity
I. What are the advantages of keeping your animals penned up at all times?	9. Perceived action efficacy
J. What makes it difficult for you to use a condom every time you have sex with a non-regular partner?	10. Perceived Divine will
K. Do you think it's God's will that people get cholera?	11. Policy
L. How serious of a problem would it be if you contracted HIV?	12. Culture

Lesson 5: The Barrier Analysis Study

Achievement-Based Objectives

By the end of this lesson, participants will have:
– Studied the different aspects of a Barrier Analysis
– Reviewed the seven steps involved in conducting a Barrier Analysis
– Identified the costs associated with conducting a Barrier Analysis study

Time

1 hour 15 minutes

Materials

– Seven steps of Barrier Analysis on individual colored construction paper
– Lesson 5 Handout 1: The Seven Steps of Barrier Analysis
– Lesson 5 Handout 2: The Five Principles of Barrier Analysis
– 9–12 Post-its for each small group (1 Post-it for each question)
– Lesson 5 Handout 3: Learning about Learning about Doer/Non-Doer Studies and Barrier Analysis Surveys
– Lesson 5 Handout 4: Barrier Analysis Game
– Lesson 5 Handout 5: Costs Associated with Doing a Barrier Analysis
– Lesson 5 Handout 6: Barrier Analysis Implementation Timeline

Steps

1. Introduction to Barrier Analysis (10 minutes)

    1a. Ask participants the following questions:

        – When you think about Behaviors that you've tried to change in the past, what obstacles or barriers prevented the Priority Group from adopting the new Behaviors?

        – Did you know in advance that these would be barriers?

        – How does knowing the barriers/obstacles to Behavior change help us to promote change? Responses should include: It allows us to work on removing the barriers.

        – What about enablers? Did you always know in advance what things would make it easier for the Priority Group to adopt the new Behavior?

        – How does knowing the enablers to behavior change help us to promote change? [Responses should include: It allows us to highlight the enablers that make the change more attractive.]

1b.   Ask participants: Have you ever conducted a survey to identify barriers and motivators? If the response is yes, ask a participant to share his/her experiences and focus on the steps s/he used to conduct the research and analyze the data.

2.   Explaining Barrier Analysis

2a.   A Barrier Analysis is a study that allows us to identify the things that prevent the Priority Group from adopting the Behavior, as well as the things that facilitate adoption of the Behavior.

2b.   In the Barrier Analysis, members of the Priority Group who should practice the Behavior are asked a series of questions related to each of the 12 determinants. There are four determinants that should always be explored and eight others that may be useful to explore for many Behaviors in some contexts. In addition to identifying the barriers to behavior change, one question (positive consequences) will reveal what the respondent feels are the key benefits of the Behavior. These can then be used as "promoters" to "sell" a Behavior during Behavior promotion activities.

2c.   The responses to the questions are compared between two groups of people: those who already have adopted the new Behavior, known as "Doers", and those who are not practicing the desired Behavior, called "Non-Doers". By comparing the percentage of people who responded with one answer, with the percentage of people who responded in the same way, we can see which barriers and motivators are the most important. This approach is called the doer/Non-Doer methodology.

2d.   There is a survey called the "Doer/Non-Doer Study" which only studies four of the twelve determinants: perceived social norms, perceived self-efficacy, perceived positive consequences, and perceived negative consequences. The Barrier Analysis always studies these four, plus any number of the additional eight determinants. Aside from the number of determinants studied the Doer/Non-Doer and the Barrier studies are exactly the same in every way.

2e.   All too often program planners focus on increasing knowledge about benefits. However, lack of knowledge is not usually the biggest barrier. Barrier Analysis surveys enable planners to look beyond this preconception and identify those factors that really explain the difference between those who do the Behavior and those who do not. Substantial evidence has accumulated that helping people overcome key barriers to Behavior change may be one of the most effective ways to help them change their Behaviors. Some examples of barriers are no transportation, an unsupportive spouse or mother-in- law, and fear of negative consequences due to cultural taboos.

3. Seven Steps to Conducting a Barrier Analysis Study

    3a. Display the seven steps to conducting a Barrier Analysis (each step written on a separate piece of paper) and explain that during this training we will study each step in detail and gain the skills necessary to carry out each step. Refer participants to **Lesson 5 Handout 1: The Seven Steps of Barrier Analysis** as you explain each step in general terms.

4. Five Principles of Barrier Analysis

    4a. Ask participants to take a few moments to read silently **Lesson 5 Handout 2: The Five Principles of Barrier Analysis**. Ask participants to underline points that seem important or particularly relevant to them. Ask a few participants to comment. Respond to questions.

5. Introduction to Barrier Analysis: What is it?

    5a. Divide the group into sub-groups of four or five participants and give each group Post-its (a different color for each group and one Post-it for each question in the game). Assign a number or letter to each group, and ask group members to put the number/letter of their group on the non-sticky side of each Post-it.

    5b. Tell each group that we are going to play a game. To play, all participants should study **Lesson 5 Handout 3: Learning about Doer/Non-Doer Studies and Barrier Analysis Surveys**. (Small group members may assign certain sections to each person in the small group to make the reading easier.)

    5c. While the participants are reading Handout 1, the facilitator will create the 3–4 flip charts with questions about the Barrier Analysis (See **Lesson 5 Handout 4: Barrier Analysis Game** for the game questions) and post them around the room (usually three questions per flip chart). Be sure to hide the questions until the game starts and leave spaces between the questions so groups can stick their post-its.

    5d. After 15–20 minutes of reading, the game will begin. Ask participants to close and put away their curricula and notebooks and not use them as a reference.

    5e. At the signal given by the facilitator, the teams will go to the posted flip charts, read the questions and write the responses to the questions <u>on the backs of the Post-its</u> (one response per Post-it) and stick them under the corresponding question so that other groups can't see the answer (demonstrate this so all groups understand).

    5f. When each group finishes answering all the questions, they should sit down quickly so their completion order can be noted by the facilitator. The team that finishes first will be awarded 5 points and each subsequent team 1 point less each (4, 3, 2, and 1).

5g. Using a flip chart created for this task (see below) When all the teams have finished (or when time is called), the facilitator will review the answers to the questions with the participants (answering questions and pointing to the correct answers in the curriculum) and give one point to each group for each correct response. The facilitator will count how many correct answers each group earned and add these to the prior points earned for sequence of completion. The group with the most points wins.

Example Flip Chart for Barrier Analysis Game

Group 1	Group 2	Group 3	Group 4	Group 5

6. The Costs of using the DBC Framework and conducting a Barrier Analysis

6a. Many people associate high costs and lots of time with any type of research. Ask: How many of you have had the experience where you invite a consultant to come in to help with a survey but then you don't get the results for many months? One of the advantages of using the Barrier Analysis is that is it less costly than most types of research and takes less time. Refer participants to **Lesson 5 Handout 5: Costs Associated with Doing a Barrier Analysis** Ask participants to read the steps and to put a star next to those items that they expect to have to pay for in the place where they work. Put two stars next to the most expensive items. Ask a few participants to share.

6b. Refer participants to the **Lesson 5 Handout 6: Barrier Analysis Implementation Timeline**. Ask them to review the handout. Ask participants what is the most time-consuming task (translation). Respond to any questions.

7. Lesson Wrap Up

7a. Wrap up the lesson by asking participants to recall at least two things they learned about a Barrier Analysis Study.

Lesson 5 Handout 1: The Seven Steps of Barrier Analysis

1. **Write the behavior statement (identify the Priority Group) (Lesson 7).**

    Define what Behavior you want to study and clearly define the Priority Group (Lesson 6).

2. **Develop the Barrier Analysis questionnaire: Write the Behavior Screening Questions (Lesson 8).**

    This non-leading set of questions helps you determine if a respondent is a Doer or a Non-Doer.

3. **Complete the BA questionnaire: Write the research questions, pretest the questionnaire, and finalize[16] (Lesson 9)**

    Write one or two questions for each of the determinants. Translate the questionnaire into the local language. Test the questionnaire on a few members of the Priority Group to assure the questions are understandable and finalize.

4. **Organize the field work (Lesson 11).**

    Train the interviewers to interview correctly and record the responses properly.

    Decide which communities to visit to find the requisite Doers and Non-Doers.

    Seek authorization from appropriate authorities, if necessary (e.g., village chief, clinic managers).

    Make sufficient copies of the questionnaires.

    Arrange transportation to interviewing locales.

5. **Collect field data.**

    Conduct at least 45 interviews of Priority Group members that are Doers of the Behavior and at least 45 interviews with Non-Doers that do not practice the Behavior. Record the responses on the questionnaires.

6. **Code the questionnaire responses, tabulate, and analyze the responses (Lesson 12).**

    Prepare the coding guides. Work in a group to create codes for and count (tabulate) each type of response. Record the number of similar responses on a newsprint or enter the tabulated results into the MS Excel Barrier Analysis Tabulation Sheet. Compare the answers

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[16] The TOPS project has posted a number of BA questionnaires online. These can be found at http://www.fsnnetwork.org/barrier-analysis-questionnaires-0.

of the Doers and Non-Doers for each question/response. Look for large difference (at least a 15 percentage points) if tabulating manually or statistically significant differences between the Doers and Non-Doers if using the MS Excel sheet.

7. **Use the results to write Bridges to Activities in the Designing for Behavior Change Framework or make other decisions (Lesson 13).**

   After analyzing your data, use the information to write Bridges to Activities or to inform other decisions. Identify which barriers must be addressed through your activities. Identify which enablers to highlight. Determine how to address the influencing groups.

Lesson 5 Handout 2: The Five Principles of Barrier Analysis

1. Just because a person *knows* what s/he should do, does not mean that s/he will do it. Other factors influence our decisions. Having knowledge about the positive consequences of a Behavior is only one factor. People often learn about a Behavior long before they are willing to adopt it.

2. Just because a person *wants* to do a Behavior does not mean that s/he will do it. Sometimes we are blocked and cannot do what we truly want to do (e.g., for lack of time or money). In addition, people often do not seek help from others (e.g., friends, health providers, God) to overcome a barrier or change a habit.

3. Just because a person fears a given outcome does not mean they will take action to prevent it. Many times we focus too much on fear in order to get a person to adopt a new Behavior. For example, we might say that AIDS is a deadly disease in an effort to encourage a person to be tested. However, studies have shown that sometimes too much fear can keep a person from doing something.

4. Many of the actions that people engage in to improve their lives are not necessarily done for the reasons that we promote. It's important to be open to understanding what motivates a person to adopt the desired Behavior even if their 'motivator' is not the same as ours/ the project's (e.g. washing yourself with soap in order to smell good). With some exceptions, as long as the Priority Group practices the desired Behavior it doesn't really matter what their motivator is.

5. If you do not choose the right Behavior to promote, increasing adoption won't address the key problem. If the Behavior you plan to promote does not have that much effect on the key problem (e.g., poor agricultural productivity, child malnutrition), conducting a Barrier Analysis on that Behavior will not help you achieve your outcome. For example, studying the Behavior, "Mothers safe-guard their child's growth card", will accomplish little if mothers don't actually attend the well-baby clinic and follow the advice of the health worker. Changing a few of the right Behaviors can often drive a lot of change. (See Lesson 7 Handout 1 for guidance on selecting the right Behaviors to study.)

Lesson 5 Handout 3: Learning About Doer/Non-Doer Studies and Barrier Analysis Surveys

1. **How many determinants are explored in Barrier Analysis?**

   Barrier Analysis asks questions about 5 to 12 behavioral determinants: the four most powerful plus a number of the remaining eight determinants. Some researchers feel it is best to inquire about all of the determinants as possible so as not to miss important factors that may be hampering uptake of the Behavior. It is difficult to know ahead of time which determinants will reveal the most important barriers.

2. **Which interview technique is recommended?**

   Individual interviews with Priority Group members is the recommended interview technique. Previously, focus group discussions were considered an acceptable option, but experience has shown that the results with individual interviews are more reliable.

3. **Who is interviewed?**

   In the Barrier Analysis, the questions are usually asked of individuals from the Priority Group. Their responses are compared based on whether they are Doers or Non-Doers. A person who used to belong to the Priority Group, someone who practiced the Behavior in the past, should be interviewed when the Behavior is time-bound (should be practiced within a specific time period). For example, the respondent for exclusive breastfeeding (breastfeeding during the first 6 months of life) is a mother whose child is 7 months or older).

4. **Who interviews Doers and Non-Doers?**

   Usually project staff members are trained to conduct the interviews, though outside interviewers can also be engaged to implement the survey. All interviewers should be trained in the Doer/Non-Doer interview methodology as the technique is a bit different from other types of surveys. It is best to have all interviewers interview some Doers and some Non-Doers, rather than having a given interviewer interview only Doers or Non-Doers. This helps to avoid finding trends that are purely a result of how a particular interviewer asked the question or recorded the responses. If you have one person interviewing and one person recording the responses, be sure to have the two swap roles during the survey.

5. **Can the same person be interviewed about more than one Behavior during one interview?**

   If you are conducting more than one Barrier Analysis at the same time, it is best to avoid asking the same person about multiple Behaviors during the same interview. Doing so can

lead to over-taxing the respondent and lead to their providing incomplete or not well-thought-out responses as they grow weary of being interviewed.

6. **What sample size should be used?**

A sample size of 45 individual Doers and 45 individual Non-Doers is recommended, as this usually gives the most actionable results in Barrier Analysis. Keep in mind that because this is qualitative research there is some flexibility with the sample and it's acceptable to interview a few more or less than 45 of each type of respondent (42 Doers 47 Non-Doer, for example). Increasing the sample size over 45 Doers and 45 Non-Doers identifies very small differences between the two groups, which should probably be ignored given their limited correlation with the Behavior.

 If you interview less than 45 Doers and 45 Non-Doers, you run the risk of not finding enough important differences between Doers and Non-Doers on which to base your choice of behavior change activities.

If it is impossible to find 45 Doers and 45 Non-Doers, you may still find some significant results. If you cannot find 45 of one group (e.g., Doers), it may be helpful to do twice as many interviews of the other group (e.g., Non-Doers) to find statistically significant differences between the two groups (e.g., interviewing 30 Doers and 60 Non-Doers). When using this approach, the Barrier Analysis Tabulation Sheet (mentioned in question 12) should be used (and not the manual analysis method) to analyze the results.

When introducing a Behavior that is new to an area (e.g., solar water disinfection, use of Zinc), you may not find any Doers at the beginning of the project. In this case, the Barrier Analysis Study is not your best choice and you should consider other formative research approaches such as Trials of Improved Practices (TIPS).

7. **What type of sampling should be used?**

The Barrier Analysis is a qualitative method that uses purposive or convenience sampling. When choosing your sample, it is important to consider key differences between groups, and ensure that those differences are represented. In order for your results to reflect those key differences in the population, it is good to draw your respondents from different communities. This is particularly true if your community is not very homogenous. For example, if there are different religious or ethnic groups or if there are other issues *that may impact the practice of the Behavior* (e.g., geography in the case of care seeking), these also should be taken into consideration. For example, in order to interview 45 Doers and 45 Non-Doers, you might consider interviewing five Doers and five Non-Doers from each of nine different communities, rather than selecting them all from the same community. (If you are concerned that there may be major differences between certain groups, such as men and women, consider conducting completely separate BA surveys among those groups. *You should only do this, however, if you are able to create different activities for each group*

based on your results. Similarly, only conduct separate full BA studies in different geographical areas if the project has the resources to develop different behavior change strategies in each separate area.

8. **How long does a typical Barrier Analysis take?**

   With a team of 15–20 interviewers and supervisors a Barrier Analysis study (all 7 steps) on one Behavior can usually be completed in two weeks. This includes writing and pre-testing the questionnaire, translating the questionnaire (the most time-consuming task), training your interviewers and supervisors (one day), organizing the field work, conducting the 90 interviews (½ day), coding, tabulating and analyzing the data (½ day). This assumes that the communities to be visited are reasonably accessible (1-2 hour's drive) and that the respondents can be easily found.

9. **When in the project life cycle should Barrier Analysis be used?**

   Barrier Analysis can be used at project start-up (e.g., prior to detailed implementation planning), which is the ideal time to plan a behavior change strategy, or at midterm or final evaluation for a project that will have a follow-on, if a behavior change strategy is needed or needs adjustment at that time. In addition, some organizations conduct a Barrier Analysis studies periodically to research several Behaviors over the course of a project (e.g. Food for the Hungry sometimes conducts a Barrier Analysis on key Behaviors they intend to promote through Care Groups before each Behavior promotion module is finalized).

10. **How reliable are the findings?**

    The responses found to be significant on a Barrier Analysis study have less than a 5 percent probability of being due to chance (hence there is a 95% validity rate). Because the Barrier Analysis identifies important differences between Doers and Non-Doers, it is very probable that the responses with a 15-percentage point gap or more are *true* differences; not just due to chance.

11. **How are results *analyzed*?**

    A questionnaire is developed and administered to Doers and Non-Doers, usually members of the Priority Group. The results are coded and tabulated manually on flip charts, and the percentage is calculated using a simple calculator. Those responses with a 15-point difference or higher indicate the most significant responses. It is important to note that the percentages of Doers or Non-Doers giving a particular response alone (or even the total combined) are not meaningful; it's the difference between the two groups that matters. Also, sometimes a minority of Doers and Non-Doers will give a particular response, but the difference between them is large enough to indicate an important determinant.

    The results also can be entered into a MS Excel table specially created for finding differences between Doers and Non-Doers. The MS Excel spreadsheet calculates the

percentages of Doers and Non-Doers who gave each response and identifies important differences. Because the spreadsheet is more sensitive sometimes the number of significant differences may be different from the manual method. The spreadsheet also shows the magnitude of the difference of each response (e.g., Doers were 7 times more likely to say that their husbands approved of the Behavior than Non-Doers). The MS Excel spreadsheet can be downloaded (as of March 2016) from: http://caregroups.info/wp-content/uploads/2015/08/1Final-Computerized-Tabulation-Sheets-June-2016.xlsx

A document explaining how to use the Barrier Analysis Tabulation Sheet can be found at: http://caregroups.info/wp-content/uploads/2016/06/Final-Computerized-Tabulation-Instructions-June-2016.docx

12. **Are other qualitative methods sometimes used after a Barrier Analysis?**

Occasionally other qualitative methods are used to follow-up after a Barrier Analysis. For example, if we learn from a question about social norms that mothers feel that their husbands don't approve of something, it's important to verify if that perception is correct. In that case a few group interviews with a sample of those husbands should be conducted to see how they actually feel about the desired Behavior and if they approve of their wife adopting it. Similarly, if respondents say there is a policy or a cultural taboo that makes it hard to practice the Behavior, you might have to investigate what that policy or cultural taboo is.

When a Barrier Analysis is not possible due to a lack of Doers, using Trials of Improved Practices (TIPS), focus group discussions, Participatory Learning and Action (PLA), and other qualitative methods can be used to identify enablers and barriers. Follow this link to find a document that describes many different kinds of formative research techniques. http://www.fsnnetwork.org/formative-research-guide-support-collection-and-analysis-qualitative-data-integrated-maternal-and

13. **Is Barrier Analysis a quantitative method or qualitative method?**

Barrier Analysis is a qualitative type of research but uses a quantitative approach to analyze the data. The questionnaire has open-ended questions that help explore and describe how the two groups think (which makes them qualitative in nature), but it uses quantitative elements (e.g. the comparison of Doers and Non-Doers) that allow us to express the results in quantitative fashion. It's important to remember, however, that because of the type of sampling used, Barrier Analysis cannot measure the *prevalence* of a particular belief.

Lesson 5 Handout 4: Barrier Analysis Game

Questions
1. How many determinants are explored in a Barrier Analysis?
2. What data collection method is recommended?
3. Who is usually interviewed in a Barrier Analysis?
4. Who conducts the interviews among Doers and Non-Doers?
5. Can the same person be interviewed concerning more than one Behavior on the same day?
6. What is the minimum number of total interviews recommended?
7. How many Doers should be interviewed?
8. Is it acceptable to take your sample all from the same community?
9. When in the project life cycle can the Barrier Analysis be used?
10. How reliable are the findings?
11. To be considered significant what should the minimum point difference be between Doers and Non-Doers?
12. Can the results only be **coded** manually?
13. Is there a way to analyze the data electronically?
14. Are other qualitative methods sometimes used after a Barrier Analysis?
15. Is the Barrier Analysis a quantitative or qualitative research method?

Lesson 5 Handout 5: Costs Associated with Doing a Barrier Analysis

Below are listed the steps associated with using the DBC framework and conducting a Barrier Analysis study in order to develop an effective behavior change strategy. The items marked with two dollar symbols ($$) indicate items that would cost money. How much money depends on the place where the DBC is being used.

1. Draw large illustration of the DBC framework on a flip chart (page 41 in DBC manual) to use in training.
2. Make list of well written behavior statements for your project (this will include the name of the specific Priority Group).
3. Use the **Lesson 7 Handout 1: How to Decide Which Behavior to Study** and facilitate the activity to identify the Behaviors you need to study (½ day to 1 day).
4. Develop the BA questionnaire(s) on the Behaviors you want to study (check the Behavior Bank to see if the questionnaire you need is there).
5. Gather people working with your Priority Group and work together with them to write a detailed description of your Priority Group following the seven categories in the DBC manual (½ day).
6. Decide who your interviewers will be (project staff, combination of different project staff, or outside-hired enumerators). You will need about 15+ interviewers and five supervisors.
7. **$$** If you choose to use interviewers who don't already work for the organization, there will be a hiring process that needs to be completed with contract, job description, etc. and a cost.
8. **$$** Translate the questionnaire into local language and format properly on the page (both local language and international language) this can take up to 2 weeks.
9. **$$** Train the interviewers and supervisors (1–2 days) using **Lesson 10**. Do longer training if you want them to learn about the DBC framework.
10. Identify the Survey Supervisors (one for each 4–5 enumerators) and orient them to their responsibilities (see pages 133- 135 and include them in the training of interviewers.
11. **$$** Print the questionnaires making two or three extra questionnaires for each interview group (total 102 questionnaires).
12. Review the Logistics Checklist in *The Practical Guide* (page 130), decide where to do the survey, identify vehicles, divide interviewers into subgroups, arrange for lunch after the field work etc.
13. **$$** Purchase things like fuel for vehicles, cell phone credit, pencils, sharpeners, erasers, clip boards, plastic envelops, etc. for field work.
14. **$$** After field work, enumerators and supervisors and facilitator code, tabulate and analyze the questionnaires. You may need flip charts, tape, magic markers, and lunch for returned interviewer. You might need to rent a space.
15. Write Bridges to Activities based on the BA study results.
16. Describe your evidence-based Activities (best done with all sectors represented).

Lesson 5 Handout 6: Barrier Analysis Implementation Timeline

Task	Week 1	Week 2	Week 3	Week 4	Week 5
1. Make a list of well written behavior statements for your project (this will include the name of the specific Priority Group).	■				
2. Use **Lesson 7 Handout 1: How to Decide Which Behavior to Study** and facilitate the activity to identify the Behaviors you need to study (½ day to 1 day).	■				
3. Develop the BA questionnaire(s) on the Behaviors you want to study (check the Behavior Bank to see if the questionnaire you need is there).	■				
4. Gather people working with your Priority Group and work together to write a detailed description of your Priority Group following the 7 categories in the DBC manual (½ day)	■				
5. Decide who your interviewers will be (project staff, combination of different project staff, or outside hired enumerators). You will need about 15+ interviewers and five supervisors.	■				
6. If hiring outside interviewers write job description, recruit and hire interviewers, sign contract.	■	■			
7. Translate the questionnaire(s) into local language and format properly on the page (both local language and international language). This can take up to 2 weeks.	■	■	■		
8. Identify the Survey Supervisors (one for each 4–5 interviewers) and orient them to their responsibilities and include them in the training of interviewers.				■	
9. Review the Logistics Checklist. Decide where to do the survey, identify vehicles, divide interviewers into subgroups, arrange for lunch after the field work, etc.				■	
10. Train the interviewers and supervisors (1–2 days) using Lesson 10. Do longer training if you want them to learn about the DBC framework. Pre-test the translated questionnaire(s). Finalize the questionnaire(s).				■	
11. Print the finalized questionnaires making two or three extra questionnaires for each interview group (total 102 questionnaires).				■	
12. Purchase cell phone credit, pencils, sharpeners, erasers, clip boards, plastic envelops, fuel for vehicles etc. for field work.				■	
13. Conduct the interviews (usually can be done in a morning).					■
14. Code, tabulate and analyze the questionnaires.					■

Task	Week 1	Week 2	Week 3	Week 4	Week 5
15. Write Bridges to Activities based on the BA study results.					
16. Describe your evidence-based Activities (best done with all sectors represented).					

Lesson 6: Introduction to the Questionnaire

Achievement-Based Objectives

By the end of this lesson, participants will have identified the different elements of a Barrier Analysis questionnaire.

Time

1 hour

Materials

- Lesson 6 Handout 1: Barrier Analysis Questionnaire Content
- Lesson 6 Handout 2: Example Barrier Analysis Questionnaire
- Lesson 6 Handout 3: Examine the Questionnaire

Steps

1. Introduction and Participant Experience

   1a. Ask how many participants have experience developing a research questionnaire. Ask what their experience was like, specifically how they decided how to organize the questionnaire and which questions to ask.

   1b. Explain that the questionnaire used to conduct a Barrier Analysis Survey follows a very standard format that makes it much easier to develop compared to other types of surveys. In fact, aside from the screening questions, it is almost like a fill-in-the-blank process.

2. Questionnaire Organization

   2a. Refer participants to **Lesson 6 Handout 1: Doer/Non-Doer Study and Barrier Analysis Questionnaire Content** and **Lesson 6 Handout 2: Example Barrier Analysis Questionnaire** and review the different elements of the BA questionnaire.

   2b. **Lesson 6 Handout 3: Examine the Questionnaire.** Tell participants to refer to **Handout 2** in order to the answer the questions on **Handout 3**.   Either review the responses together (if most participants finish around the same time) or refer participants to **Annex 6** to correct their work

   2c. Explain that some organizations use a different questionnaire format (see **Annex 7: Alternative for BA Questionnaire Format**), but the core elements of the questionnaire are always included.

Lesson 6 Handout 1: Barrier Analysis Questionnaire Content

1. If the questionnaire has been translated into a second (local) language, on the first page at the top on the left you will see the word: Language: This should be followed by the name of the language and the country of that language. Example: Language: Swahili (Kenya)

2. At the very top of the first page of a questionnaire on the right are the words "Doer and Non-Doer" with tick boxes to indicate which type of respondent was interviewed using this questionnaire. This is to be completed by the supervisor after s/he has verified that the classification was correct. This placement makes it easy to categorize the questionnaire according to Doer/Non-Doer classification without having to look in the middle of the page.

3. The questionnaire has a Title that states the Behavior and the Priority Group that should be interviewed. In some cases, the respondent is NOT the same as the Priority Group.

4. Under the title, the Behavior Statement is written. We have decided to recommend writing the behavior statement on the questionnaire itself since sometimes the Priority Group to practice the Behavior is NOT the same as the group being interviewed (example: exclusive breastfeeding) see **Lesson 7 Handout 2**.

5. The first section, Demographic Data, includes the name of the interviewer and other demographic information about the respondent, but not his/her name. Only information that is pertinent to the Behavior and context and information that will be analyzed should be included here.

6. The next section is the Scripted Introduction, where the interviewer introduces himself/herself; tells the respondent the purpose of the survey in general terms; explains the time it will take, how the results will be used, the conditions of participation, and the confidentiality policy; and asks permission to proceed with the interview. It is best to write this part out word-for-word so that all interviewers present the survey in the same way.

7. The next part, Section A, includes the Behavior Screening Questions and the Doer/Non-Doer Classification Table. This table allows you to classify the respondent as a Doer, a Non-Doer, or someone not to be interviewed at all, according to the responses they gave to the screening questions.

8. After Section A, sometimes there is a section that includes an Explanation of the Behavior or a term used in the behavior statement that might not be understood by the respondent. For example, this would be the place to clarify what orange-flesh sweet potatoes are and look like, what you mean by "abuse," or what water purification tablets are used for.

9. Section B includes all the Research Questions that you intend to ask the respondent and the instructions to the interviewer on probing or which responses to read aloud to the respondent. There is a standard format and order for these questions.

Lesson 6 Handout 2: Example Barrier Analysis Questionnaire

Group : ❑ Doer ❑ Non-Doer

<div style="background:#7a9bc8">

Barrier Analysis Questionnaire:
Treating drinking water with chlorine/aqua tabs
for use with Mothers of Children 0–59 months

</div>

Behavior Statement

Mothers of children 0–59 months treat/chlorinate the family's drinking water all the times.

Demographic Data

Interviewer's Name: _____   Questionnaire No.: _____

Date: _____   Community: _____

Scripted Introduction

Hi, my name is_____; and I am part of a study team looking into things mothers do to prevent diarrhea. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. Likewise, if you decide to talk with me you won't receive any gifts, services or remuneration. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? If not, thank them for their time.]

Section A: Doer/Non-Doer Screening Questions

1. How old is your youngest child? _____ ← *write in the age in months*
   ❑ A. 0–59 months
   ❑ B. Above 59 months → *End interview and look for another respondent*
   ❑ C. Don't know → *End interview and look for another respondent*

2. Do you have drinking water stored here at home*?*
   ❑ A. Yes
   ❑ B. No → *End interview and look for another respondent*

3. Did you do anything to kill the germs in this drinking water? (to make the water safe to drink?)
   ❑ A. Yes
   ❑ B. No
   ❑ C. Do not remember / no response → End interview and look for another respondent

4. Yesterday, what did you do to make your water safe to drink?
   ❑ A. treated it/ chlorinated it/ used aqua tab/
   ❑ B. Other → *Mark as Non-Doer and continue to Section B*
   ❑ C. Doesn't recall/ no response → End interview and look for another respondent

5. Do you have chlorine/aqua tap at home now?
   ❑ A. Yes
   ❑ B. No → *Mark as Non-Doer and continue to Section B*

6. Can I please see the chlorine/aqua tab you use?
   ❑ A. Yes
   ❑ B. No → Mark as Non-Doer and continue to Section B

7. Can I taste the water you use for drinking?
   ❑ A. Waters tastes like it was treated
   ❑ B. No taste of chlorine → Mark as Non-Doer and continue to section B

DOER /NON-DOER CLASSIFICATION TABLE

DOER (ALL of the following)	Non-Doer (any ONE of the following)	Do Not Interview (any ONE of the following)
Question 1 = A		Question 1 = B or C
Question 2 = A		Question 2 = B
Question 3 = A	Question 3 =B	Question 3 = C
Question 4 = A	Question 4 =B	Question 4 = C
Question 5 = A	Question 5 =B	
Question 6 = A	Question 6 =B	
Question 7 = A	Question 7 =B	

Group: ❑ Doer ❑ Non-Doer

Section B: Research Questions

Behavior Explanation

In the following questions, I am going to be talking about treating your drinking water. By this I mean using any product that is meant to kill the germs to make the water safe to drink, like any of these (show the products that are available locally).

(Perceived Self-efficacy)
1a. *Doers*: What makes it **easy** for you to treat your drinking water?
1b. *Non-Doers*: What would make it **easy** for you to treat your drinking water?
[Write all responses below. Probe with "What else?"]

(Perceived Self-efficacy)
2a. *Doers*: What makes it **difficult** for you to treat your drinking water?
2b. *Non-Doers*: What would make it **difficult** for you to treat your drinking water?
[Write all responses below. Probe with "What else?"]

(Perceived Positive Consequences)
3a. *Doers:* What are the **advantages** of treating your drinking water?
3b. *Non-Doers:* What would be the **advantages** of treating your drinking water?
[Write all responses below. Probe with "What else?"]

(Perceived Negative Consequences)
4a. *Doers:* What are the **disadvantages** of treating your drinking water?
4b. *Non-Doers:* What would be the **disadvantages** of treating your drinking water?
[Write all responses below. Probe with "What else?"]

(Perceived Social Norms)
5a. *Doers:* Who are the people that **approve** of you treating your drinking water?
5b. *Non-Doers:* Who are the people that **would approve** of you treating your drinking water?
[Write all responses below. Probe with "What else?"]

(Perceived Social Norms)
6a. *Doers:* Who are the people that **disapprove** of you treating your drinking water?
6b. *Non-Doers:* Who are the people that **would disapprove** of you treating your drinking water?
[Write all responses below. Probe with "What else?"]

(Access)

7a. *Doers:* How difficult is it to get the products you need to treat your drinking water? Very difficult, somewhat difficult or not difficult at all?

7b. *Non-Doers:* How difficult would it be to get the products you need to treat your drinking water? Very difficult, somewhat difficult or not difficult at all?

    ❑ a. Very difficult
    ❑ b. Somewhat difficult
    ❑ c. Not difficult at all

(Perceived Cues for Action)

8a. *Doers:* How difficult is it to remember to treat your drinking water before anyone consumes it? Very difficult, somewhat difficult, or not difficult at all?

8b. *Non-Doers:* How difficult do you think it would be to remember to treat your drinking water before you or anyone else consumed it? Very difficult, somewhat difficult, or not difficult at all?

    ❑ a. Very difficult
    ❑ b. Somewhat difficult
    ❑ c. Not difficult at all

(Perceived Cues for Action)

9a. *Doers:* How difficult is it to remember the correct way to use the treatment products to treat your drinking water? Very difficult, somewhat difficult, or not difficult at all?

9b. *Non-Doers:* How difficult do you think it would be to remember the correct way to use the treatment products to treat your drinking water? Very difficult, somewhat difficult, or not difficult at all?

    ❑ a. Very difficult
    ❑ b. Somewhat difficult
    ❑ c. Not difficult at all

(Perceived Susceptibility / Perceived Risk)

10. *Doers and Non-Doers:* How likely is it that you, your child or any family member will get diarrhea in the next 3 months? Very likely, somewhat likely, or not likely at all?

    ❑ a. Very likely
    ❑ b. Somewhat likely
    ❑ c. Not likely at all

(Perceived Severity)

11. *Doers and Non-Doers:* How serious would it be if you, your child or any family member got diarrhea? A very serious, somewhat serious, or not serious at all?

    ❑ a. Very serious
    ❑ b. Somewhat serious
    ❑ c. Not serious at all

(Action Efficacy)

12. *Doers and Non-Doers:* How likely is it that your child would get diarrhea if you did not treat your drinking water? Very likely, somewhat likely or not likely at all?

- ❑ a. Very likely
- ❑ b. Somewhat likely
- ❑ c. Not likely at all

(Perception of Divine will)

13a. *Doers:* Do you think that **God approves** of you treating your drinking water?

13b. *Non-Doers:* Do you think that **God would approve** of you treating your drinking water?

- ❑ a. Yes
- ❑ b. Maybe
- ❑ c. No

(Policy)

14. *Doers and Non-Doers:* Are there any policies, laws or rules that make it more likely that you treat your drinking water?

- ❑ a. Yes
- ❑ b. Maybe
- ❑ c. No

(Culture)

15. *Doers and Non-Doers:* Are there any cultural beliefs or taboos that you know of against treating your drinking water?

- ❑ a. Yes
- ❑ b. Maybe
- ❑ c. No

Now I am going to ask you a question unrelated to treating drinking water.

(Universal Motivators)

16. *Doers and Non-Doers:* What is the one thing that you desire most in life?

THANK THE RESPONDENT FOR HIS/HER TIME!

Lesson 6 Handout 3: Examine the Questionnaire

Instructions: Find the answers to the following questions by carefully examining the questionnaire in Handout 1. Write the answers in the far-right column.

Question	Response
1. How many places on the questionnaire are there for classifying the respondent as a Doer or a Non-Doer <u>using tick boxes?</u>	
2. What seems to be the purpose of the questions posed in Section A?	
3. What do you think is the most important piece of information included in the demographics section?	
4. What is the purpose of the Behavior Explanation?	
5. How many open-ended questions are there in Section B?	
6. How many questions on the questionnaire (Section B) are NOT related to the Behavior?	
7. What is the difference between how the Doer questions are asked and the Non-Doer questions?	
8. How many questions are posed to BOTH Doers and Non-Doers **in the same way**?	
9. What is the purpose of the Classification Table?	
10. For the open-ended questions, what important instructions are included on the questionnaire?	
11. Which <u>determinants</u> have more than one question?	
12. For which closed questions do you read the responses?	
13. Which two questions will help us to identify the influencing group?	
14. Which of the questions <u>in Section B</u> should be skipped?	

Question	Response
15. In Section B for the closed - ended questions, do the tick boxes only pertain to the Non-Doers or to both Doers and Non-Doers?	

Lesson 7: Step 1:
Writing the Behavior Statement

Achievement-Based Objectives

By the end of this lesson, participants will have:

− Identified where to find the behavior statements in their projects
− Written a well-defined behavior statement
− Critiqued three or four behavior statements

Time

1 hour

Materials

− Seven steps of Barrier Analysis on individual color construction paper for display (from Lesson 5)
− Lesson 7 Handout 1: How to Decide Which Behavior to Study
− Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
− Flip Chart showing the three elements of a behavior statement and an example behavior statement
− Lesson 7 Handout 2: Guidance for Writing a Behavior Statement
− Lesson 7 Handout 3: Behavior Statement Exercise (Health and Nutrition and Agriculture)
− Lesson 7 Handout 4: Who's Who in Behavior Change
− Flip chart paper for group work
− Optional: Example indicators from participants' Indicator Performance Tracking Tables (IPTTs), project Log-frames, design framework, or other monitoring and evaluation table

Steps

1. Introduction

    1a. Explain that we will now begin to follow the steps for conducting a Barrier Analysis survey. We will be doing some exercises and developing our own Barrier Analysis questionnaires.

    1b. Explain that selecting and then writing a very clear and specific behavior statement is the first step in the process and is critical to both the Designing for Behavior Change (DBC) Framework and the formative research. If you do the formative research as part of the DBC Framework, which is recommended, you would use the behavior statement that was written in the Framework. If you have not started your DBC Framework or don't plan to use it, then you have to start by writing the behavior statement.

2. Selecting and Writing the Behavior Statement

    2a. Point to the seven steps of Barrier Analysis posted on the wall (from Lesson 5) and explain that in order to develop a Barrier Analysis questionnaire you first have to select the Behavior to study. Ask participants: How do you know which Behaviors to study? Responses should include: You should only study Behaviors that are either listed as indicators or implied in objectives/indicators. Remind participants that only Behaviors that directly contribute to solving the project's stated problem (infant/child mortality/ morbidity/malnutrition or Food Insecurity) - which is usually related to the Goal Statement – should be studied using the BA. Behaviors about participation in the behavior change activities should NOT be studied using the Barrier Analysis. Refer participants to **Lesson 7 Handout 1: How to Decide Which Behavior to Study** and review it together answering any questions

    2b. Once the Behavior has been selected, the next step is to write a clear behavior statement. Ask participants: What might happen if we don't have a very clear and detailed behavior statement? Response should include: We might not all agree on who exactly should do the Behavior or what change we are striving for and we won't be able to clearly discuss the barriers and motivators with our Priority Group.

    2c. Refer participants to **Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms** and the definition of a behavior statement. Explain that in a DBC Framework and for the purpose of our research the Behavior is formulated as: 1) Priority Group, 2) action verb in present tense, and 3) the details (time, frequency, quantity, duration, place) that make the Behavior effective in addressing the problem.

    Flip Chart Example: Pregnant women attend four antenatal care consultations at a government health facility as follows: 1 in the first trimester, 1 in the second trimester, and 2 in the third trimester. Refer participants to **Lesson 7 Handout 2: Guidance for Writing a Behavior Statement** and review.

    2d. Ask participants: How do you know which Behaviors or practices your projects are promoting? Responses should include: They might be found in your list of indictors or implied in the IPTT, log frame or results framework, depending on the type of project the participants are working on.

3. Writing Behavior Statements

    3a. **Option 1** (if most participants are working on Title II food security projects and have their IPTTs with them or if you asked them to name an indicator during the opening lesson):

    – Explain that Food Security Projects quite often include what we call "composite indicators". These types of indicators do not refer to just one Behavior, but

vaguely refer to many Behaviors. In this case you have to "unpack" the indicator in order to write a behavior statement.

– Help the group work through this example before starting their individual work.

Example IPTT indicator: % of households with adequate post-harvest storage (% of households practicing improved hygiene)

▪ Ask: Is this a Behavior according to the definition in **Lesson 2 Handout 2**? Why or why not?

▪ Ask: What is the Behavior or Behaviors underlying this indicator? Options: build pest-proof post-harvest storage facilities or purchase a storage silo. Ultimately, our goal is one of these options, so that is the Behavior we want to promote.

▪ Ask: How this could be written as a behavior statement that meets the criteria on the flip chart? (The new behavior statement should read: Household heads store their harvest in pest-proof silos.

– Ask each person to select an indicator from their IPTT, design framework, or monitoring and evaluation plan. From this indicator, decide whether it already describes a single Behavior or if it refers to several Behaviors (% of farmers using at least 3 conservation agriculture techniques, % of farmers using innovative farming techniques) and therefore needs further definition/clarification. They should also decide if the Priority Group is stated clearly enough. The Priority Group cannot be a vague group such as the household or farmers.

– The small groups continue the process of reviewing the assigned indicators, assessing them against the definition and writing accurate behavior statements on flip chart paper.

– When the groups have finished, they will present their statements to the rest of the group. As the small groups share, compare the various responses of fellow participants with the definition of a Behavior, rewriting the statement if necessary.

3b. **Option 2** (if most participants do not have an IPTT/design framework or if you asked participants to name a Behavior they are promoting as part of the Opening Session)

– Refer participants to the list of Behaviors you made as part of the Opening Session.

– Ask each person to find the Behavior they shared, and write it as a behavior statement following the guidance provided.

– In their small groups, each participant will share their behavior statement and fellow participants will give advice on how to improve it.

– Together the group will select a behavior statement from their group to write on a flip chart. They should select the behavior statement that was the most challenging/the one they are least sure is correct.

– Post the behavior statement from each group in front and in plenary review each of the behavior statements, asking them to point out the three different elements (Priority Group, action verb and details/specifics).

– Ask if anything needs to be changed to make the statement correct and through this process point out errors and correct each of the group's behavior statements.

3c. **Option 3.** Individual (or pairs) Practice writing behavior statements

– Refer participants to Lesson 7 Handout 3: Behavior Statement Exercise and ask them to decide if the behavior statement in the left column is well written or not. If not, ask them to rewrite the statement in the space provided.

– Review together or refer to the key in **Annex 8**.

4. Who's Who in Behavior Change

4a. Refer participants to **Lesson 7 Handout 4: Who's Who in Behavior Change**.

4b. Explain that in some cases the person you should interview for the formative research is NOT the same as the Priority Group. As in the handout example, if the Behavior has to be practiced over a period of time in order for the person to be considered a Doer, you should interview the people who have had a chance to complete the practice.

4c. Ask participants to list a few other Behaviors, like exclusive breastfeeding (EBF), where the people interviewed would not be the same as the Priority Group.

5. Wrap Up

5a. Wrap up the session by emphasizing the need to have a clearly stated Behavior that contains all the details necessary to directly contribute to the goal. Without the details, you will miss collecting important information from your Priority Group about the Behavior.

Lesson 7 Handout 1: How to Decide Which Behaviors to Study

1. Write out all the Behaviors your project is promoting as statements.

2. Divide them by sector (Agriculture, Nutrition, Health, WASH, Gender).

3. Reorganize by Baseline Data (BLD) Survey results for each Behavior (%).

4. Compare to the Behavior targets (your proposed end results) with the BLD.

5. Rearrange by gap (adjust target).

6. Consider degree of difficulty to do the Behavior.

7. Consider the potential of the Behavior to solve the key problems (reduce morbidity/mortality, increase productivity/income).

8. Consider your confidence in the planned behavior change activity.

    –   Ask: Which barriers/determinants/bridges does the activity address?

    –   Ask: How sure am I that these are the real/only barriers to this Behavior?

    –   Ask: How does my planned activity compare to activities being implemented by other NGOs/groups?

    –   Ask: Does this activity have a good track record of success?

Lesson 7 Handout 2: Guidance for Writing a Behavior Statement

The Priority Group

– Make sure you have selected the correct Priority Group and defined it narrowly enough.

– Be specific: Which farmers? Which age group? Married? Which mothers?

– Do not qualify by saying "all". This turns the statement into an indicator.

Action Verb in Present Tense

– Behavior statements should be stated in a positive sense, not "stopping" a negative Behavior. For example: Adolescents choose to drink only non-alcoholic beverages.

– To test if your verb is an action verb, close your eyes and try to "see" the action. Everyone should see the same action when they hear the verb.

– Avoid such verbs as use, support, provide, guide, assist, mentor or other non-specific verbs, because they are not clear enough.

– Do not use a verb in the progressive present tense (an "-ing" verb).

– Do not define your verb with vague adverbs such appropriately, immediately, correctly,

The Specifics

– Explain exactly how the Behavior should be practiced by adding the details including when the Behavior should be practiced, how often, in which place, for how long a period, how frequently, depending on the specific Behavior.

– Do not include why the Behavior should be practiced.

– Do not say "according to the policy"

Lesson 7 Handout 3: Behavior Statement Exercise

Health and Nutrition

Instructions: Read the behavior statements below. Decide if the statement is correctly written or not. If not, rewrite the statement correctly.

Behavior Statement	OK	Not OK	Rewrite
1. Family members wash their hands with soap at the five critical times each day.			
2. Mothers give ORS to their children to prevent dehydration.			
3. Mothers of newborns put the infant to the breast within one hour of delivery.			
4. Mothers of children < 5 years ensure that they are fully vaccinated.			
5. Mothers of sick children seek prompt and appropriate care when they see symptoms of acute respiratory infection.			
6. Pregnant women attend antenatal consultations.			

Agriculture

Instructions: Read the behavior statement in the left column and decide if it is correctly written or not. Put an X in one of the two next columns to show your decision. If it is not correctly written, rewrite it in the right column.

Behavior Statement	OK	Not OK	Rewrite
1. Women use compost to improve their soil.			
2. Seed conservation			
3. Female gardeners who have children < 5 years of age dig 20 cm into the soil when they prepare their garden beds.			
4. Targeted farmers don't burn their fields after the harvest.			
5. Farmers practice inter-cropping.			
6. Targeted farmers build semi-circular berms on the part of their fields at risk of erosion.			

Lesson 7 Handout 4: Who's Who in Behavior Change

For some Behaviors you have to be careful about identifying the group to work with.

Example: exclusive breastfeeding (EBF)

Ideal Behavior: Mothers only feed breast milk to their infants from birth to 6 months of age.

Target audience for behavior change activities	Priority Group that practices the Behavior and Target audience for behavior change Support and promotion activities	Audience among whom to conduct the formative research
Pregnant women	Mothers of infants under 6 months of age	Mothers with infants 7–9 months of age
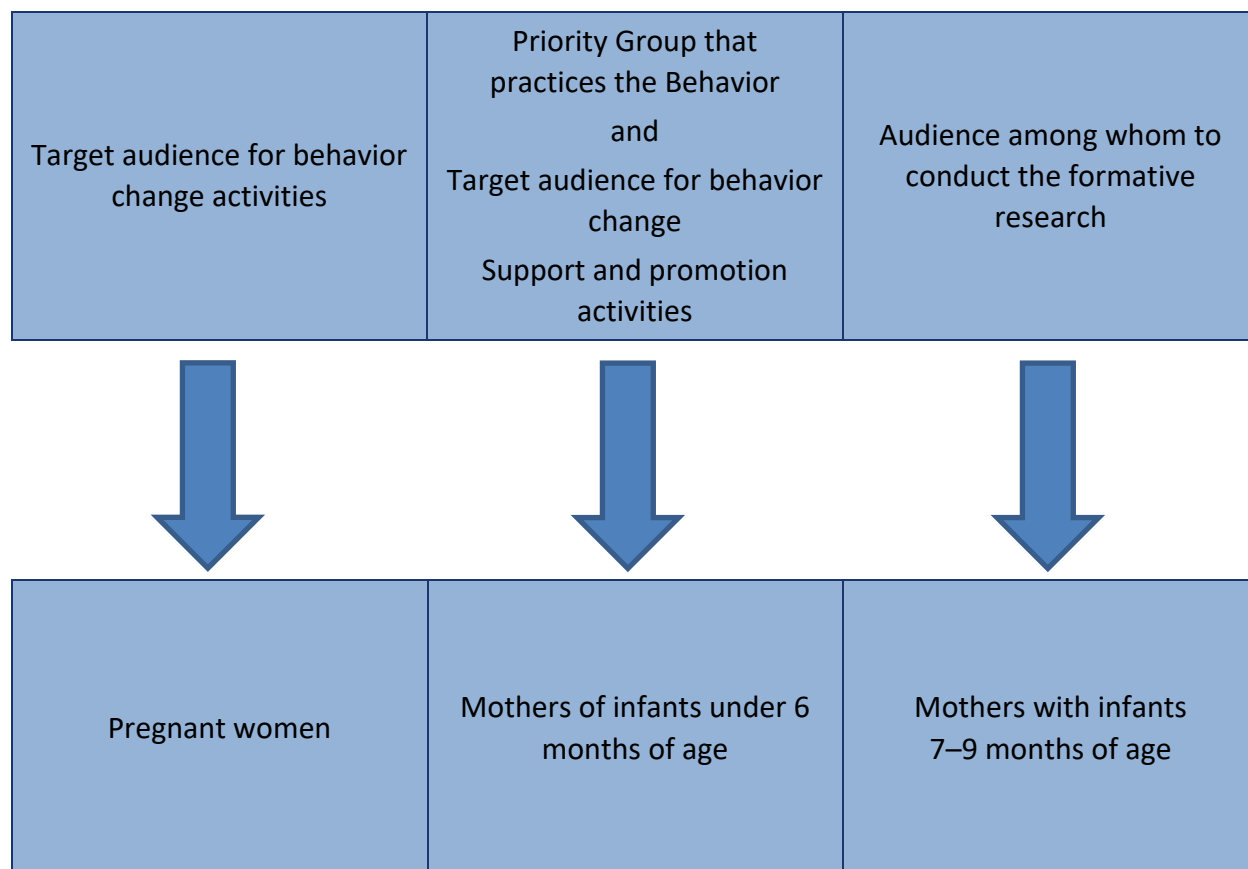
For all Behaviors that should have been practiced in a past timeframe (e.g., seasonal agricultural practices, immediate breastfeeding, assisted delivery), the audience for the formative research will NOT be the same as the Priority Group (people currently practicing).

Lesson 8: Step 2:
Writing the Behavior Screening Questions

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed the definition of "relax the behavior statement"
- Practiced relaxing some behavior statements
- Written screening questions for their assigned Behavior
- Critiqued other participant's screening questions

Time

2 hours

Materials

- Blank flip chart paper
- Lesson 8 Flip Chart 1: What are Behavior Screening Questions?
- Lesson 8 Handout 1: Behavior Relaxing Worksheet
- Lesson 8 Handout 2: Behavior Screening Question Characteristics
- Lesson 8 Handout 3: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables

Steps

1. Introduction

    1a. Looking at the posted steps in the process of conducting a Barrier Analysis, ask participants: Which step we are on? [Step Two: Develop the Behavior Screening Questions] Explain what a Screening Question referring participants to **Lesson 8 Flip Chart 1: What are Behavior Screening Questions?**

    1b. Explain to participants: To write the screening questions you have to first know two things: who you should interview for the survey and what the behavior statement is. The behavior statement will tell you what the ideal desired Behavior is. The ideal Behavior is usually based on what science (or in the case of gender equity, education, child protection) the Bill of Human Rights tells us will resolve the problem (for example, diarrheal disease is reduced by proper hand-washing).

    Quite often, however, you won't easily be able to find enough people (the recommended 45 Doers to interview) who are already doing the ideal Behavior (which is why you're promoting it), so you will have to "relax" the definition of a Doer to include a less-than-the-ideal or optimal behavior. This is done only on the day of the

study and only to find enough Doers. After you have classified the respondent, you will ask about the ideal Behavior in the research questions part of the question, found in Section B. And during the life of the project, too, you will promote the ideal Behavior.

2. Defining a Doer

   2a. Ask participants to reflect on Lesson 3: The "Exercise" Exercise and to remember what the ideal Behavior was (30 minutes of moderate exercise 4 times a week). Write the ideal Behavior on a flip chart.

   2b. Ask the participants how many ways they could relax this Behavior that would make it easier to find some Doers. Answers could include changing 5 times a week to less than 4 times, 30 minutes to less than 30 minutes, or moderate exercise to light exercise. Then ask each participant to write down a modified, relaxed version of the original behavior statement.

   2c. Explain that the objective of relaxing the Behavior is to modify the definition of a Doer just enough to ensure that they will be able to find 45 Doers to interview. However, the more the definition of a Doer is distorted away from the ideal desired Behavior, the less relevant the study data will be. As a start, researchers should reference existing data to get a sense for the percentage of people already practicing the ideal Behavior. Ask participants: Where might this data come from? Responses could include departments of health services, baseline survey data from various projects, ministry of health data, ministry of agriculture data, or government statistics.

   2e. Distribute the **Lesson 8 Handout 1: Behavior Relaxing Worksheet** and have each participant complete it. You could assign specific Behaviors to different individuals according to their technical interest or do this work in small groups.

3. Writing the Behavior Screening Questions

   3a. Now that we have practiced relaxing the definition of the ideal Behavior, we need to determine the questions to ask on the questionnaire that will distinguish Doers from Non-Doers. Remember, these are called **behavior screening questions**.

   3b. The screening questions are based on the behavior statement. Refer participants to **Lesson 8 Handout 2: Behavior Screening Question Characteristics** and review each of the points. Take questions and add any relevant ones mentioned by participants.

   3c. Refer participants to **Lesson 8 Handout 3: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables.** Read the instructions for the exercise and answer any questions. After participants have finished the exercise, review together. Refer participants back to Handout 2 and ask them if the screening questions in Handout 3 respect the guidance provided in Handout 2.

4. Practice Writing Screening Questions

4a. Using the behavior statements that were created during **Lesson 7**, and assign each small group one of the behavior statements (try to assign Behaviors that group members are familiar with/that are relevant to them)

4b. Ask each small group to develop the screening questions for their assigned Behavior and make a Classification Table.

4c. Distribute flip chart paper to each group and ask them to write their Behavior at the top and the screening questions and classification table on the flip chart. Post on the wall.

4d. Assign each small group to study another group's screening questions and to identify corrections that need to be made (including the classification table).

4e. Group by group ask each small group to present to the plenary, the screening questions they reviewed and the corrections they propose. Facilitate a group discussion, pointing out any errors that the small group may have missed.

4f. Continue until all of the sets of screening questions have been examined.

5. Wrap Up

5a. Wrap up the session by asking participants to share something new they learned or a pending issue or concern regarding writing behavior screening questions.

Lesson 8 Flip Chart 1: What are Behavior Screening Questions?

- The questions you write on the BA questionnaire to be able to categorize someone as a Doer or a Non-Doer

- Are assigned to Section A of the questionnaire

Lesson 8 Handout 1: Behavior Relaxing Worksheet

Ideal Behavior	Relaxed Behavior for the Barrier Analysis
1. Mothers of children under 5 years of age wash their hands with soap at the five critical times of day (after defecation, before eating, before feeding a child, before preparing food, after changing a diaper) every day.	
2. Mothers of children under 6 months give only breast milk to their infants from birth to 6 months.	
3. Targeted farmers use only organic compost to fertilize their fields.	
4. Targeted farmers use only bio-pesticides on their crops.	
5. Married women ages 15–49 always decide by themselves on how to spend money that she herself has earned.	
6. Targeted adults use latrines at all times.	
7. Targeted animal raisers keep their animals penned up at all times when they are in the village.	
8. Pregnant women eat iron-rich foods 5 times a week during their pregnancy.	

Ideal Behavior	Relaxed Behavior for the Barrier Analysis
9. Caregivers/mothers take their sick children (who have a fever, won't eat, or vomit everything) to a private or government health facility within 24 hours of seeing these symptoms.	
10. Couples wanting to delay a birth use a form of modern contraceptive.	
11. Caregivers of children 0–5 years old assure that their children sleep under an insecticide-treated bed net (ITN) every night.	
12. Pregnant women attend four or more antenatal consultations at a private or government health facility with the first consultation in the first trimester and subsequent visits during each trimester.	
13. Primary school children drink potable water at all times.	
14. Farmers remove impurities from their crops before sale.	

Lesson 8 Handout 2: Behavior Screening Question Characteristics

1. In general, ask the following types of questions:

    a. Priority Group: Is this person a member of my Priority Group? Or, Is this the type of person I'm supposed to interview?

    b. Action Verb: Is this person doing the Behavior? (or, Did the person do the Behavior in the past?)

    c. Details: Is this person doing/did this person do the Behavior the way they are supposed to? (respect the details?)

2. Personal, about the person's own Behavior, not someone else's

3. Specific, not theoretical (not "if this, then that" questions)

4. Often time-bound (related to a specific time period; the more frequent the Behavior the shorter the timeframe should be)

5. Sometimes include a "reminder" question just to help the person remember when they last did the Behavior so they can more accurately answer the subsequent questions

6. Sometimes include an observation/sign of proof question

7. Do not lead the respondent to answer in a particular way (e.g., Did you wash your hands with soap?)

8. No "warm up" questions are posed

9. Only questions about the Behavior are posed

10. All are closed-end (have a predictable response or a set of anticipated responses)

Lesson 8 Handout 3: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables

Instructions: Read the Behavior Statement, then read the screening questions. In the space provided write the part of the Behavior Statement that corresponds to the Screening Question.

Screening Questions Example 1. Hand-Washing

Behavior Statement (relaxed)

Mothers of children under 23 months of age wash their hands with soap at three or more of the five critical times (after using the latrine, before preparing food, before eating, before feeding a child, and after tending to a child who has defecated) each day.

Behavior Screening Questions	Corresponding part of the Behavior Statement
1. How old is your youngest child?	
2. Yesterday, did you wash your hands?	
3. Yesterday, how many times did you wash your hands? *[This is a question to get the mother to more accurately remember the responses to Question 4.*	
4. Yesterday, at what times/moments during the day did you wash your hands?	
5. Yesterday, in addition to water, did you use anything to wash your hands?	
6. If yes, what did you use?	
7. May I please see the soap you have in the house now?	

Screening Questions Example 2: Care Seeking

Instructions: Read the Behavior Statement, then read the screening questions. In the space provided write the part of the Behavior Statement that corresponds to the Screening Question.

Behavior Statement (relaxed)

Mothers of children under 5 years of age who have a fever seek medical treatment from a professionally trained provider within 48 hours of noticing the fever.

Behavior Screening Questions	Corresponding part of the Behavior Statement
1. How old is your youngest child?	
2. In the last 3 months did your youngest child have a fever?	
3. When your youngest child last had a fever did you seek medical care?	
4. Where exactly did you seek medical care when your child had a fever last?	
5. After noticing the fever, after how much time did you take the sick child to a clinic?	

Lesson 9: Step 3: Writing the Research Questions

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed example Barrier Analysis questions related to each determinant
- Spoken the research questions to a given Behavior out loud
- Examined a partially translated questionnaire

Time

2 hours

Materials

- Behavior Statements from prior lesson (one for each small group at least)
- Lesson 9 Handout 1: Generic Barrier Analysis Questionnaire
- Lesson 9 Handout 2: Guidelines for Translating the BA Questionnaire
- Lesson 9 Handout 3: Example (Partial) Translated Questionnaire

Steps

1. Introduction

   1a. Tell participants: Thus far we have discussed the first two steps in the process of conducting a Barrier Analysis Study. Writing a Behavior Statement and writing screening questions. What is the next step? The response should be: Writing the Research Questions.

   1b. Explain to participants that the Barrier Analysis Facilitator's Guide, developed in 2004, provides the option of conducting focus group discussions instead of individual interviews. However, this approach is no longer recommended because the results of many trials, most of which were conducted by Food for the Hungry under the guidance of Tom Davis, determined that individual interviews provide more reliable data. The community of researchers has also become more proficient in developing questionnaires and has more tools available, so the survey can be completed much more quickly than before. Therefore, the questions are written specifically for individual interviews, rather than for focus group discussions.

2. Selecting and Writing the Research Questions

   2a. Ask participants: How do we decide what questions to ask on a Barrier Analysis questionnaire? Responses should include: The questions pertaining to self-efficacy, social norms and positive and negative consequences plus any of the remaining eight determinants if they are deemed important to the topic: access, perceived

susceptibility/risk, perceived severity, cues for action/reminders, perceived action efficacy, perceive Divine will, policy, and culture.

2c.   Explain that writing the research questions is very easy because the questions have been standardized. All it requires is that you take the stem of the question, for example, "What make is it easy…" And then insert the root of your behavior statement: "for you to plant improved seeds"?

2d.   To make it even easier, we have posted several dozen BA questionnaires online. You can look these up and modify them to your needs or just translate them into your local language. The questionnaires can be found at http://www.fsnnetwork.org/barrier-analysis-questionnaires-0.

3.   Learning to Write the Research Questions on a Barrier Analysis Questionnaire

3a.   Refer participants to **Lesson 9 Handout 1: Generic Barrier Analysis Questionnaire**. Explain that this is a generic (standard) questionnaire that can be used to develop a new questionnaire on any Behavior. As you can see, this questionnaire includes lots of places where it says "put the Behavior here," so this is like a fill in the blank exercise.

3b.   Refer participants to Section B and demonstrate orally how you would "insert" a Behavior into a couple of the questions. Point out that when you come to the questions that relate to the problem (the ones on susceptibility, severity and action efficacy) that you have to know what problem the Behavior addresses so you can insert that problem into the space provided. Facilitator will demonstrate this using an example Behavior.

Examples:
–   How likely is it that your child will get diarrhea in the next 3 months?
–   How serious would it be if your child got diarrhea?
–   If you washed your hands frequently with soap each day how likely is it that your child would get diarrhea?

3c.   **Individual Practice:** Ask each participant to identify the Behavior they wrote screening questions for during the last lesson. Working individually and silently, take 15 minutes to insert that Behavior into each of the 16 questions in Section B of the Generic questionnaire.

3d.   **Small Group Practice:** After 15 minutes ask the participants to work with the members of their small group going around their small group, saying the questions in Section B (1,2,3,4, etc.) out loud to the other members of their small group and inserting their Behavior into the question. The first small group participant will say question 1 (What makes it easy….) out loud inserting her/his Behavior into the sentence. The next small group participant will say question 2 out loud inserting his/her Behavior into the

question (What makes it difficult...). The group work should continue until all of the questions in Section B have been stated out loud to the small group members.

3e. **Plenary Practice:** Working in plenary, and going around the room in a sequential order, ask participants now to say one question out loud to the entire group inserting their Behavior into the question. Continue around the room until all 16 of the questions on the generic questionnaire have been filled in and each of the participants has shared at least once.

3f. Ask if anyone has any questions about how the Research Questions in Section B are developed.

4. Translating and Testing the Barrier Analysis Questionnaire

4a. Ask the participants: What language should the questionnaire be administered in? Responses should include: The local language of the Priority Group. Ask participants to explain how they usually get project documents/materials translated into local languages.

4b. Explain that it is important to have the questionnaire translated into the local language of the Priority Group by a person who is a native speaker of that language (not someone who is just fluent in that language), but also someone who has experience translating in writing, not just orally. The translator should also have a good understanding of the questions and pay attention to details.

4c. To guide the process of translation we have developed some guidelines which as included in **Lesson 9 Handout 2.** Read this handout while examining **Lesson 9 Handout 3: An Example of a Translated Questionnaire.** **Please note**: If the interviewers read the international language the entire questionnaire does NOT need to be translated. Only the questions/text that <u>are read out loud</u>, need to be translated; NOT the instructions or the responses to the closed-ended questions. Both the local language AND the international should be included on the questionnaire so that even people who don't read/speak the local language can read the questionnaire. At the top left of the first page of the questionnaire the name of the local language should be written.

4d. Once the questionnaire is translated, it should be used when training the interviewers and supervisors who are either native speakers or fluent in the local language. Any issues that come up should be considered, and, if necessary, changes should be made.

4e. Back-translating (asking people to translate the local language back to an international language) is a good way to see if the meaning has remained the same after translation; but this is very time-consuming.

4f.   The format of the translated version is very important. The questionnaire should include the questions in both the local language and the international language. The local language should be first and in one font and the international language should be second and in a smaller font. This will save space.

4d.   All questionnaires that will be used to implement a survey upon which programmatic decisions will be made should be tested first in the local language among the Priority Group. Six to ten tests should be enough to reveal any issues (e.g., unclear words, questions interpreted inaccurately) so that questionnaire can be edited before making the necessary copies.

Lesson 9 Handout 1: Generic Barrier Analysis Questionnaire

Group: ❑ Doer ❑ Non-Doer

Barrier Analysis Questionnaire on
[put Behavior here]
for use with *[put Priority Group here]*

Behavior Statement

[Insert ideal behavior statement here]

Demographic Data

Interviewer's Name: _____   Questionnaire No.: _____

Date: _____/_____/_____   Community: _____

Scripted Introduction

Hi, my name is _____ and I am part of a study team looking into *[purpose of study]*. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obligated to participate in the study and no services will be withheld if you decide not to. Likewise, if you decide to be interviewed, you will not be compensated in any way or receive any gifts or services. Everything we discuss will be held in strict confidence.

Would you like to talk with me? *[If not, thank them for their time.]*

Section A: Doer/Non-Doer Screening Questions

[There are usually multiple screening questions, depending on the detail of the behavior statement.]

1. What is the age of your youngest child?

    ❑ A. 5 years or younger
    ❑ B. over 5 years of age → End the interview and look for another respondent
    ❑ C. Don't know / won't say → *End interview and look for another respondent*

2. Yesterday, how many time did you (add the Behavior here)? _____

3. *[Add any qualifying questions here (e.g., "In addition to water did you use anything else to wash your hands?").]*

    ❑ A. Yes

    ❑ B. No

    ❑ C. Don't know / no response → *[End interview and look for another interviewee]*

[In the table below identify the screening questions and how they need to be answered for the respondent to be considered a Doer, Non-Doer, or person not to be interviewed.]

Doer/Non-Doer Classification Table

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1 =	Question 1 =	Question 1 =
Question 2 =	Question 2 =	Question 2 =

Group: ❑ Doer ❑ Non-Doer

Behavior Explanation *[as needed]*

In the following questions I am going to be talking about *[put the term here, e.g. the five critical times for washing your hands]*. By this I mean *[put the explanation here]*.

Section B: Research Questions

[Perceived Self-Efficacy]
1a. **Doers:** What makes it easy for you to *[put Behavior here]*?
1b. **Non-Doers:** What would make it easy for you to *[put Behavior here]*?
[Write all responses below. Probe with "What else?"]

[Perceived Self-Efficacy]
2a. **Doers:** What makes it difficult for you to *[put Behavior here]*?
2b. **Non-Doers:** What would make it difficult for you to *[put Behavior here]*?
[Write all responses below. Probe with "What else?"]

[Perceived Positive Consequences]
3a.   ***Doers:*** What are the advantages of *[put Behavior here]*?
3b.   ***Non-Doers:*** What would be the advantages of *[put Behavior here]*?
[Write all responses below. Probe with "What else?"]

[Perceived Negative Consequences]
4a.   ***Doers:*** What are the disadvantages of *[put Behavior here]*?
4b.   ***Non-Doers:*** What would be the disadvantages of *[put Behavior here]*?
[Write all responses below. Probe with "What else?"]

[Perceived Social Norms]
5a.   ***Doers:*** Do most of the people that you know approve of your *[put Behavior here]*?
5b.   ***Non-Doers:*** Would most of the people that you know approve of your *[put Behavior here]*?

   ❑ A. Yes
   ❑ B. Maybe
   ❑ C. No

[Perceived Social Norms]
6a.   ***Doers:*** Who are all the people that approve that you *[put Behavior here]*?
6b.   ***Non-Doers:*** Who are all the people that would approve that you *[put Behavior here]*?
[Write all responses below. Probe with "Who else? "Anyone in particular?"]

 [Perceived Social Norms]
7a.   ***Doers:*** Who are all the people that disapprove that you *[put Behavior here]*?
7b.   ***Non-Doers:*** Who are all the people that would disapprove that you *[put Behavior here]*?
[Write all responses below. Probe with "Who else?" "Anyone in particular?"]

[Perceived Access]

8a. **Doers:** How difficult is it to get the materials and services you need to *[put Behavior here]*?
Very difficult, somewhat difficult, not difficult at all

8b. **Non-Doers:** How difficult would it be to get the materials and services needed to *[put Behavior here]*? Very difficult, somewhat difficult, not difficult at all

❑ A. Very difficult

❑ B. Somewhat difficult

❑ C. Not difficult at all

[Perceived Cues for Action]

9a. **Doers:** How difficult is it to remember to (or how to do) *[put Behavior here]* every time you need to do it? Very difficult, somewhat difficult, not difficult at all

9b. **Non-Doers:** How difficult do you think it would be to remember to *[put Behavior here]* every time you need to do it? Very difficult, somewhat difficult, not difficult at all

❑ A. Very difficult

❑ B. Somewhat difficult

❑ C. Not difficult at all

[Perceived Susceptibility/Perceived Risk]

10a. **Doers:** How likely is it that you *[or "your child" or whoever the Behavior is directed to help]* would *[put problem or disease here (e.g., "get malaria")]* in the next *[put a timeframe here]*? Very likely, somewhat likely, or not likely at all?

10b. **Non-Doers:** How likely is it that you *[or "your child" or whoever the Behavior is directed to help]* could *[put problem or disease here (e.g., "get malaria")]* in the next *[put a timeframe here]*? Very likely, somewhat likely, or not likely at all?

❑ A. Very likely

❑ B. Somewhat likely

❑ C. Not likely at all

[Perceived Severity]

11. **Doers and Non-Doers:** How serious would it be if you *[or "your child" or whoever the Behavior is directed to help]* would *[put problem or disease here]*? A very serious, somewhat serious, or not serious at all?

❑ A. Very serious

❑ B. Somewhat serious

❑ C. Not serious at all

[Perceived Action Efficacy]

12. **Doers and Non-Doers:** How likely is it that you or your child would get *[put problem or disease here]* if you did not *[put Behavior here]*? Very likely, somewhat likely, not likely at all

    ❑ A. Very likely

    ❑ B. Somewhat likely

    ❑ C. Not likely at all

[Perceived Divine will]

13a. **Doers:** Do you think that God approves of your *[put Behavior here]*?

13b. **Non-Doers:** Do you think that God would approve of your *[put Behavior here]*?

    ❑ A. Yes

    ❑ B. Maybe

    ❑ C. No

[Policy]

14a. **Doers:** Are there any community laws or rules in place that you know of that made it more likely that you *[put Behavior here]*?

14b. **Non-Doers:** Are there any community laws or rules in place that you know of that make it more likely that you will *[put Behavior here]*?

    ❑ A. Yes

    ❑ B. Maybe

    ❑ C. No

[Culture]

15. **Doers and Non-Doers:** Are there any cultural rules or taboos that you know of for or against *[put Behavior here]*?

    ❑ A. Yes

    ❑ B. Maybe

    ❑ C. No

Thank the respondent for his/her time!

Lesson 9 Handout 2: Guidelines for Translating the BA Questionnaire

1. The questionnaire should be translated by a native speaker of the language, experienced in doing written translations and familiar with the purpose of the questionnaire.

2. Plan 1 – 2 weeks for translation.

3. Plan to include BOTH the international language AND the local language.

4. To best decide how much of the questionnaire should be translated consider the people who will be interviewing and completing the questionnaire.

   a. **If they are bilingual and can read both the international language and the local language, then you only need to translate those words that will be spoken out loud.**

   b. **If they cannot read the international language, then you will need to translate the entire questionnaire into the local language, while still keeping the international language on the page.**

5. One the first page, on the top left, write the word 'Language', and then add the name of the language and the country. Example: Language: Swahili (Kenya).

6. On the translated questionnaire reduce the font of the international language to size 10 font for the questions and size 12 font for the local language. The international language should be smaller than the local language.

7. Translate the scripted introduction word for word putting the local language first and the international language second in smaller font.

8. When writing the screening and research questions, the local language should always come first.

9. If there is a Behavior Explanation, this should be translated and the international language should be included but in smaller font.

10. When translating the research questions (open-ended), write the question in local language first in larger font and the same question in international language but in smaller font.

11. Reduce the size of the name of the determinant in parenthesis; and the determinant doesn't necessarily have to be translated.

12. Be careful about the translation of the word "would" (conditional tense).

13. Be careful about the translation of the words "approve" and "disapprove". The meaning in English is very subtle, such as "be in favor". These words do NOT mean "give permission, or encourage, or require".

14. For 'advantages' and 'disadvantages' we sometime substitute words meaning 'good things" or "bad things".

15. For the closed-ended questions, be sure to include the potential responses (very difficult, somewhat difficult, not difficult at all) in the translated questions, and in the options provided with tick boxes.

Lesson 9 Handout 3: Example (Partial) Translated Questionnaire[17]

Language: Shoshone (Zimbabwe)   Group: ❏ Doer ❏ Non-Doer

Barrier Analysis Questionnaire: Complementary Feeding/Food Variety for Use with Mothers of Children 9–23 Months

Behavior Statement

Mothers of children 9–23 months feed them meals containing foods from

the seven (7) food groups each day.

Demographic Data

Interviewer's Name: _____ Questionnaire No.: _____

Date: _____/_____/_____ District (circle one): Nyanga   Makoni   Hurungwe

Scripted Introduction

Makadini zvenyu, zita rangu ndinonzi _____; tiri kuitawo tsvakurudzo mudunhu renyu maererano nezvekudya kunopiwa vana vadiki. Ndingada kuzivawo kuti mwana wenyu mudiki akura sei ? Ndiri kuda kunzwa maonero enyu maringe nenyaya iyi. Hamusungirwe kana kumanikidzwa kuti mubatire pamwechete nesu mutsvakurudzo iyi uyezve hapanazve chamunoitwa muchinge musina kusununguka kubatira nesu mutsvakurudzo iyi. Hapana chamuchapiwa nekupindura mibvunzo yandichavhunza.Hurukuro yese yandinoita nemi yakachengetedzeka zvakare haina mumwe munhu waichaudzwa.

Makasununguka here kubatirana neni mutsvakurudzo iyi? *[Kana musina, tinotenda nenguva yamatipa]*

Hi, my name is_____; and I am part of a study team looking into child feeding practices. Before I continue I would like to know how old your youngest child is. The study includes a discussion of this issue and will take about 15–20 minutes. I would like to hear your views on this topic. Would you be willing to talk with me? You are not obliged to participate in the study and no services will be withheld if you decide not to. Also, if you decide to participate you won't receive any compensation, gifts or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? *[If not, thank them for their time.]*

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[17] In the case of Zimbabwe, the interviewers read English, so only the sentences read out loud are translated into the local language; not the responses or instructions

Section A: Doer/Non-Doer Screening Questions

1. Mwana wenyu mudiki akura zvakadii _____ ←*write the age in months here*
   How old is your youngest child?

   ❑ A. 9–23 months

   ❑ B. 8 months or younger → *[End interview and look for another mother]*

   ❑ C. Older than 24 months → *[End interview and look for another mother]*

   ❑ D. Don't Know / Won't say → *[End interview and look for another mother]*

2. Ndinoda kuti mufunge pose pamakapa mwana chikafu mukati memazuva maviri adarika. Kunze kwekuyamwisa mwana makamupa chikafu kangani? I would like to you think about all the meals you fed your baby in the last 2 days. How many meals did you feed your baby something other than breast milk?
   [This question is just to help the mother to remember what the baby ate.]

   ❑ A. _____

   ❑ B. Do not know / no response → *[End interview and look for another respondent]*

3. Munganditaurirewo here chikafu chese chakadyiwa nemwana wenyu mukati memazuva maviri adarika? Please tell me all the different foods you remember feeding to your baby in the last two days.
   [Check all the boxes of foods the mother mentions.]

   ❑ A. *Grains, roots, tubers:*
   ❑ B. Legumes, nuts
   ❑ C. *Diary produce*
   ❑ D. *Flesh foods*
   ❑ E. *Eggs*
   ❑ F. Vitamin A-rish fruits and vegetables
   ❑ G. *Other fruits and vegetables*
   ❑ H. *Do* not know / no response → *[End interview and look for another respondent]*

DOER /NON-DOER CLASSIFICATION TABLE

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1 = A		Question 1 = B, C, or D
Question 3 = **four** or more boxes checked from A, B, C, D, E, F, G	Question 3 = three or fewer boxes checked from A, B, C, D, E, F, G,	Question 3 = H

Group: ❑ **Doer** ❑ **Non-Doer**

Behavior Explanation

[Show the mother the picture of the different food groups and place it where she can see it during the entire interview.]

Pamibvunzo yese inotevera ndichange ndichikubvunzai pamusoro pemapoka echikafu. Pandichataura nezvemapoka echikafu ndinoreva mapoka aya.

In the following questions I am going to be talking about different food groups. When I mention the food groups I am talking about foods in these groups [show the pictures of the different good groups to the mother and keep these visible throughout the interview.

Section B: Research Questions

[Perceived Positive Consequences]

1a. ***Doers:*** Chii chakanakira kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega kubva mumapoka echikafu aya?   What are the advantages of feeding your baby foods from at least four of the different food groups each day?

1b. ***Non-Doers:*** Chii chingazova chakanakira kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega kubva mumapoka echikafu aya?   What would be the advantages of feeding your baby foods from at least four of these food groups each day?

[Write all responses below. Probe with "What else?"]

Lesson 10: Learning to Interview the Doer/Non-Doer Way[18]

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Achievement-Based Objectives

By the end of this lesson the participants will have:

− Listed characteristics of an effective interviewer

− Critiqued an interview

− Practiced effective interviewing

− Provided/received feedback on interviewing

Time

3 hours

Materials

− Lesson 10 Handout 1: Doer/Non-Doer Interviewing "Dos" and "Don'ts"

− Lesson 10 Handout 2: Examples of Effective Probes

− Lesson 10 Handout 3: Probing Exercise

− Lesson 10 Handout 4: Relating Responses to Determinants

− Lesson 10 Handout 5: The Difference between "Disadvantages" and "Difficult"

− Lesson 10 Handout 6: Role Play Observation Guide

− Lesson 10 Handout 7: Role Play Script: How to Conduct a Doer/Non-Doer Interview

− Lesson 10 Handout 8: Completed Barrier Analysis Questionnaire for Evaluation

− Lesson 10 Handout 9: Practice Classifying Doers and Non-Doers

− Lesson 10 Handout 10: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews

− Barrier Analysis questionnaire[19] (one for each participant)

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Trainer's Note

Practice the role play ahead of time with another person so you know it well. For the Role Play to be impactful, it's important that the two players practice ahead of time and that the interview NOT be particularly easy. The mother should act confused and not give answers quickly or accurately. The interviewer should be forced to probe frequently.

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[18] Lesson 10 can be used as a stand-alone session.

[19] If you are preparing for an actual Barrier Analysis Study, then this questionnaire should be the one that interviewers will use in the field using the local language.

Steps

1. Introduction to Interviewing Techniques

    1a. Tell participants: As part of the process of organizing the field work (Step 4, described in Lesson 11), we need to make sure that our interviewers are prepared to conduct the interviews in the most effective way.

    1b. Ask participants: How many people have experience interviewing people as part of a study? Explain that these people will serve as resources to others for this session. Reseat those with prior experience at different tables, if necessary, so there is at least one experienced person at each table.

    1c. Working in their small groups, ask participants to reflect on any prior experience they have had as an interviewer and make a list of the things an interviewer should do and should not do during an interview. Ask them to be as thorough as possible and remember: The Devil's in the Details!

    1d. Distribute **Lesson 10 Handout 1: Doer/Non-Doer Interviewing "Dos" and "Don'ts"** and ask the groups to compare the lists they made with the handout. Ask them to identify responses that are different and any "dos" and "don'ts" that seem particular to a Doer/Non-Doer Study. Point out such things as classifying the respondent correctly as a Doer or Non-Doer and probing for multiple responses for the open-ended questions.

2. Differences between a Typical Interview and a Doer/Non-Doer Interview

    2a. Explain: Interviewing for a Doer/Non-Doer-type survey is quite different from the typical type of survey.

    2b. A Doer/Non-Doer study has several open-ended questions.

    –   The questions on the questionnaire are about opinions -not facts- and your objective is to get the respondent to share as many different opinions as possible for each open-ended question. Therefore, interviewers need to know how **to probe effectively**. Refer participants to **Lesson 10 Handout 2: Examples of Probes.** If time allows, ask participants to verbally translate the probes into their local language and say them out loud so everyone can hear them.

    –   Also, the interviewer is responsible for understanding <u>the meaning</u> of the response given. If the response is not clear or doesn't seem to make sense, the interviewer has to ask the respondent to explain his/her response.

    –   Most of the time the respondent will not have thought about the Behavior you are asking about, so it is important to give the respondent time to think. You can even preface the research questions by saying something like: "I know you haven't

thought much about the questions I am going to ask, so please feel free to take your time to think and give me your most complete answer."

– It is also important to listen for responses that respond to subsequent questions in the questionnaire. It is also important to write quickly and legibly.

– Probing is a critical skill for the Barrier Analysis' open-ended questions. If only 1 – 2 different responses are given for these questions, the study will not provide much useful information.

Refer participants to **Lesson 10 Handout 3: Probing Exercise.** Working first with their table mates, participants should follow the instructions practicing probing. After 15 – 20 minutes, working in plenary, ask each person to 'probe' to a response provided by the facilitator. Make corrections as necessary.

3. Clarifying Interview Questions

3a. Tell participants: Respondents often interpret different questions in the same way and give the same or similar answers to different questions. Occasionally, you might need to explain the differences between two questions or you might need to write the response given to one question in the space provided for another question.

Show **Lesson 10 Handout 4: Relating Responses to Determinants** and ask which determinants each of the three responses most closely reflect. Responses should include perceived self-efficacy, access, and perceived social norms.

3b. Explain that when confusion happens you can write the response given to one question in the space of a subsequent question. When you do this, however, you must remind the respondent of his/her statements when you come to that question and ask permission to include the original response for that question. Answer any questions about this practice.

3c. Explain that confusion often arises between the "what are the disadvantages" and "what makes it difficult" questions. Refer participants to **Lesson 10 Handout 5: The Difference between "Disadvantages" and "Difficult"** and discuss the themes. Ask participants to give some examples related to their assigned Behavior.

4. Interview Role Play and Practice[20]

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[20] For the Role Play to be impactful it's important that the two players practice ahead of time and that the interview NOT be particularly easy. The mother should act confused and not give answers quickly or accurately. The interviewer should be forced to probe frequently.

4a. Explain that you and another person are now going to role-play how a Barrier Analysis interview should be done. Ask participants to keep in mind the list of dos and don'ts from Lesson 10 Handout 1 as they observe.

- Refer participants to **Lesson 10 Handout 6: Role Play Observation Guide** and tell them to observe the role play and to prepare to respond to these questions afterward.

- Sitting in the front of the room where everyone can see, the facilitator and a participant (or two facilitators) will role play how a Doer/Non-Doer interview should be conducted, following the script provided in **Lesson 10 Handout 7: Role Play Script: How to Conduct a Doer/Non-Doer Interview**.

- After the role play, refer participants to **Lesson 10 Handout 8: Completed Barrier Analysis Questionnaire for Evaluation**. Point out where a response was given for one question and recorded in a subsequent question where it appears more relevant. Ask, what responses to question 9 would have been more helpful. What should the interviewer have done to get more helpful responses to this question?

- Ask participants to share their opinions about the strengths and weakness of both the interview and questionnaire completion.

5. Accurately Classifying Doers and Non-Doers

5a. Explain that gaining expertise in interviewing is essential, but that for the interview to be meaningful the respondent needs to be accurately classified as a Doer or Non-Doer (or someone not to be interviewed at all).

5b. Ask participants: What part of the questionnaire allows us to determine if the respondent is a Doer or Non-Doer? They should answer: Section A, the screening questions, and the Doer/Non-Doer classification table.

5c. Tell participants: We will now do an exercise to help us gain skill in classification.

- Distribute **Lesson 10 Handout 9: Practice Classifying Doers and Non-Doers**.

- Working individually, ask each participant to use the responses given for each respondent (1–8) to classify them as either Doers, Non-Doers, or someone not to be interviewed.

- When everyone is finished review the responses together. Ask the participants: What are some areas in which the interviewer could improve? (s/he should have stopped asking questions when s/he could classify the respondent as a Doer or Non-Doer.) Remind participants that as soon as you are able to classify a respondent you tick the box after the classification table and continue to section B.

    – When participants are finished classifying refer them to **Annex 10** for the answers.

6. Putting it all Together

    6a. Explain to participants that the only real way to become an effective interviewer is to practice, so they will do this.

    6b. Distribute pencils and erasers to participants if they don't already have them.

    6c. Refer participants to **Lesson 10 Handout 10: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews** and explain that this checklist helps evaluate the quality of an interview. Review it with the participants, and answer any questions.

    6d. Explain that during their practice interviews participants should refer to the quality improvement verification checklist (QIVC) to determine how well the interview was conducted. After the interview, the observer should review the complete questionnaire to see how well it was filled in.

    6e. Divide the group into triads (small groups of three people). Distribute a Barrier Analysis questionnaire to each participant. If this training is in preparation for an actual BA study, then participants should practice with the questionnaire(s) they will use in the field. The questionnaire should already be translated into the local language.

    6f. Each person in the triad should interview one other person in the group. While this is being done, the third person will observe and complete the QIVC. This way, each person will get a turn being an interviewer, an observer, and a respondent. Remind the group that the interviewer should write down the responses given by the respondent on the questionnaire so those can be checked, as well. People role playing the part of the respondent should change the responses to provide some challenges. People playing the role of the respondent should NOT have a questionnaire in their hands and should respond as normally a respondent would.

    6g. After each role-play, the small group should review the completed questionnaire, review the completed QIVC, and discuss what went well and what could be improved according to the methodology for QIVC debriefing. The discussion should only happen after the interview is completed, not during the interview.

    6h. When everyone has practiced in their triads, select 2–3 couples to demonstrate interviewing in front of all the participants.

    6i. Ask some participants to share strengths and weaknesses they observed and some lessons they learned from this exercise.

7. Lesson Wrap Up

    7a. Wrap up this lesson by emphasizing the importance of effective interviewing skills, which includes being able to classify the respondents accurately, probing well and filling in the questionnaire completely.

Lesson 10 Handout 1: Doer/Non-Doer Interviewing "Dos" and "Don'ts"

Do…

1. Make sure the respondent fits the category of person you want to interview.

2. Introduce yourself following the scripted introduction.

3. Gain the respondent's consent to proceed.

4. Seek out a quiet place away from others to conduct the interview.

5. Seat the respondent with his/her back toward other people who may be nearby.

6. Try to sit at the eye level of the respondent.

7. Hold the questionnaire so it's not easily read by the respondent.

8. Classify the respondent accurately according to the Doer/Non-Doer definition table.

9. Make sure you pose the appropriate questions for a Doer or Non-Doer.

10. Read each question exactly as it is written on the questionnaire.

11. Speak in a clear voice.

12. Maintain friendly, culturally appropriate eye contact with the respondent.

13. Repeat the question a bit slower if it is unclear.

14. Ask clarifying questions if you don't understand the response, such as "I don't quite understand that response, can you help me understand what you mean?"

15. Listen very carefully.

16. Repeat back to the respondent what you understood him/her to say.

17. Write down very clear and complete responses so that anyone reading your notes would understand.

18. Write legibly in an international language.

19. Keep in mind the questions that are coming up in case a response better fits a subsequent question; when you get to that question, ask the respondent if that prior response fits with this question.

20. Follow the instructions on the questionnaire carefully, as some questions require you to read the responses.

21. Probe multiple times for open-ended questions.

22. Think of creative ways to probe so the respondent gives you a full response

Don't…

1. Interview a person with the wrong profile.

2. Start asking research questions without gaining consent.

3. Interview someone in a crowded place, where others can overhear the conversation.

4. Forget to classify the respondent before continuing with the research questions.

5. Reformulate the question in a leading way, even if the person does not understand at first.

6. Give examples of potential answers.

7. Stand while your respondent sits.

8. React emotionally or facially to any responses.

9. Accept responses that do not make sense to you or do not correspond to the question.

10. Take notes in "short hand" or in one- or two-word phrases.

11. Ask or record the respondent's name.

12. Allow the respondent to read what you are writing (be discrete about your writing).

13. Hurry.

14. Give advice.

Lesson 10 Handout 2: Examples of Effective Probes[21]

Direct questions

- What do you mean when you say…?

- How did this happen?

- How do you feel about…?

- What happened then?

- Can you tell me more?

- Can you please elaborate?

- I'm not sure I understand X…Would you explain that to me?

- How did you handle X?

- How did X affect you?

- Can you give me an example of X?

Indirect Probes

- Neutral verbal expressions such as "uh huh," "interesting," and "I see."

- Verbal expressions of empathy, such as "I can see why you say that was difficult for you."

- Mirroring techniques, or repeating what the participant said, such as, "So you were 19 when you had your first child…"

- Culturally appropriate body language or gestures, such as nodding in acknowledgement.

More Probing Techniques

1. "What?" or "What" questions

2. Silent Probe

- Just remain quiet and wait for the respondent to continue.

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[21] From Qualitative Research Methods: A Data Collector's Field Guide, FHI

- Often happens as you are busy writing what the informant has just finished saying.

3. Echo Probe

- Repeat the last thing an informant said and ask them to continue.

- "I see. The child has loose stools, becomes tired and will not eat. Then what happens?"

4. The Uh-huh Probe

- Encourage participant to continue with a narrative by making affirmative noises.

- "Uh-huh." "Yes, I see." "Right, uh-huh."

Lesson 10 Handout 3: Probing Exercise

Working in the large group, the participant plays the role of the interviewer while the facilitator plays the role of the respondent. The "interviewer" asks the first question (e.g. What makes it easy?) and the facilitator/respondent responds using one of the responses under the question 1a, 1b, 1c etc.). The trainee/interviewer should then practice probing to get a clearer response, or an additional new response. Knowing the Behavior is not important. All the participants should listen to gain practice in probing.

1. What makes it easy?
    a. I know the benefits
    b. it's good for my baby
    c. It's good for me
    d. It's not complicated
    e. It's not expensive
    f. It's not far
    g. Being aware
    h. Knowing how

2. What makes it difficult?
    a. I can't do it
    b. No support
    c. I don't know
    d. Nothing
    e. Working outside the house
    f. I can't get the materials I need
    g. I don't have the money
    h. It's too expensive
    i. I don't have anyone to help me with my household chores.
    j. Working outside the home
    k. I don't have help

3. What are the advantages?
    a. It is good for my baby
    b. My children are happier
    c. My children will do better in life
    d. My family are happy
    e. My baby will be stronger
    f. Avoid diseases

4. What are the disadvantages?
    a. None
    b. It makes me sick

  c. Makes the baby sick
  d. It's not convenient
  e. It takes too long
  f. It's too far
  g. It would upset my family
  h. Feel more comfortable with others

5. Who approves?
  a. Everyone
  b. No one
  c. My neighbors
  d. My friends
  e. My family
  f. People
  g. The Leaders

6. Who disapproves?
  a. Everyone
  b. No one
  c. My neighbors
  d. My friends
  e. My family
  f. People
  g. The Leaders

Lesson 10 Handout 4: Relating Responses to Determinants

Example: What makes it easier to attend four prenatal consultations?

Response 1: Knowing the days when the clinic offers prenatal consultations

Response 2: When the nurse treats me well

Response 3: When my husband gives me permission

Lesson 10 Handout 5: The Difference between "Disadvantages" and "Difficult"

Difficult

"What makes it difficult": when something interferes with doing the Behavior, or the intention of doing the Behavior (<u>before</u> doing the Behavior).

For example: It's difficult to take my child to the well-baby clinic to be vaccinated because it is very far and I have to have money to pay for transport. It takes a lot of time, too.

Disadvantages

"Disadvantages": things that happen <u>as result</u> of doing the Behavior (<u>after</u> doing the Behavior).

For example: After I took my child to be vaccinated she got a fever and her arm got swollen. She cried a lot and I had to take time to care for her.

Flip Chart Illustration

Difficulties		Disadvantages
Things that happen **before** adopting the Behavior, while trying to adopt the Behavior and sometimes while practicing the Behavior	**The Behavior**	Things that happen as a consequence or after having practiced the Behavior, or sometimes while practicing the Behavior
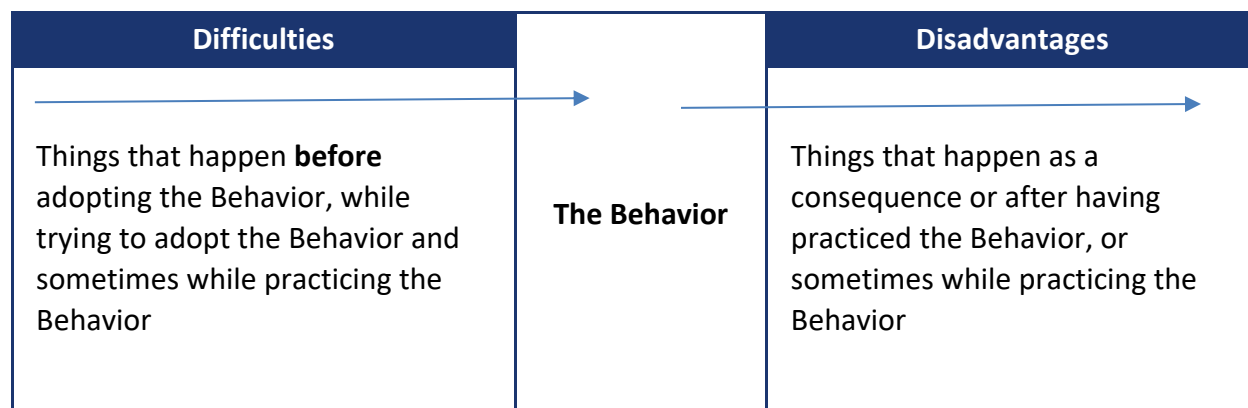
Lesson 10 Handout 6: Role Play Observation Guide

Instructions: Watch and listen to the role play carefully. While watching, prepare to respond to these questions.

1. What does the interviewer ask before s/he sit down? Why does s/he ask this first?

2. What does the interviewer ask before she starts asking questions? (not the age of the child)

3. The way the interviewer and mother are seated, can the mother see the questionnaire?

4. What does the interviewer do when the mother misunderstands a question?

5. What does the interviewer do when the mother asks for an example?

6. What does the interviewer do when the mother says 'money'?

7. What does the interviewer do to get the mother to give many responses to the open-ended questions?

8. What does the interviewer say when the mother says: "I supposed so?"

9. What does the interviewer say when the mother say: "everybody approves…"

10. Why does the interviewer mention the Village Health Worker?

11. What is the last thing the interviewer says to the mother?

Lesson 10 Handout 7: Role Play Script: How to Conduct a Doer/Non-Doer Interview

Interviewer: *[The interviewer knocks on the door and when a woman answers the interviewer says:]* Hello, my name is _____. How are you today? *[Add any culturally appropriate greetings.]* I am part of a study team looking into the things people do to prevent getting diarrheal diseases, like cholera, and we are interviewing certain mothers. Can you please tell me how old is your youngest child?

Respondent: She is 2 years old.

Interviewer: Thank you. We are interested in mothers with children under five years old, so we can continue. The interview will only take about 15 minutes and your answers will be totally confidential. They won't be shared with anyone else. If you decide to talk with me, you won't receive any gifts or services, nor will any services be withheld if you decide not to participate. If you decide to talk with me you won't be paid or receive any gifts or services. I am interested in hearing your views on this topic. Would you like to participate in the study?

Respondent: OK.

Interviewer: Great; then we can continue. It would be best if we could sit in a quiet place away from other people.

Respondent: *[pulling up some chairs]* How about over here?

Interviewer: *[moves the chairs so the interviewer is facing the respondent]* This is fine. Thanks. *[smiling]* Ok. Let's begin. Yesterday, did you wash your hands?

Respondent: Yes

Interviewer: Yesterday, how many times did you wash your hands?

Respondent: Hmmm. Let me think. *[She talks to herself and counts on her fingers]* three times, I think.

Interviewer: Now, thinking about yesterday, at what times/moments during the day did you wash your hands?

Respondent: In the morning and afternoon.

Interviewer: What I meant was: What were you doing that caused you to wash your hands?

Respondent: Oh, OK. I washed my hands after coming back from the bush in the morning, then again before I ate lunch. In the afternoon I washed them after cleaning up the baby. I think that's five times, isn't it?

Interviewer: Yes, that's what I counted too. Now, when you washed your hands yesterday, did you wash with anything in addition to water?

Respondent: *[looks confused, hesitates]* What do you mean? Can you give me an example?

Interviewer: Let me repeat the question. When you washed your hands yesterday, did you wash with anything in addition to water?

Respondent: Oh, I get it. Yes, I did.

Interviewer: What did you use?

Respondent: Soap.

Interviewer: Can I please see the soap you used?

Respondent: Sure. *[she gets up and retrieves a bar of used soap]*

Interviewer: *[looks at the soap then takes a minute to figure out if she is a Doer or Non-Doer and marks the classification, making sure the mother can't see the questionnaire]*

Now, I am going to ask you some questions about your personal opinion about handwashing. And I'm going to be talking about the 5 critical times for mothers to wash their hands. When I say this, I am talking about these five times…. [show the pictures of the five times for mothers to wash their hands and explain each one. Leave the picture in front of the mother.] I don't think you will have thought about the questions I'm going to ask you before, so please take your time to think about your responses and give me the most complete response possible.

Can you please tell me what makes it easy for you to wash your hands with soap every day at these five critical times?

Respondent: Well, having enough water.

Interviewer: Anything else?

Respondent: And if you always have soap.

Interviewer: So, enough water and soap. Anything else?

Respondent: Having money.

Interviewer: Money? Can you help me understand that better?

Respondent: Money to buy water, for example, and soap.

Interviewer: I understand now. In this community you have to buy water. Does anything else make it easy to wash your hands?

Respondent: If you put the soap in a convenient place, where you can see it. Then you won't forget.

Interviewer: Thank you. Now I'd like to know, what makes it difficult for you to wash your hands with soap or ash at these five critical times every day?

Respondent: *[she thinks for a bit]* Having to buy more water than if you didn't wash your hands so often. It's not cheap, you know.

Interviewer: Anything else?

Respondent: And if the soap runs out…

Interviewer: Ok, so having to buy water and soap makes it difficult…. Can you think of any other things?

Respondent: And when you're away from home, like in the market.

Interviewer: Can you help me understand that. What is it about being away from home or in the market that makes it hard to wash your hands with soap?

Respondent: There's no place to wash your hands and no soap.

Interviewer: Thanks. Now, can you please tell me, what are the advantages of washing your hands with soap or ash at these five critical times every day?

Respondent: [looks confused…] What? I don't understand.

Interviewer: OK – so what are the *good things* that happen when you wash your hands with soap many times during the day?

Respondent: Oh, well if you believe the health worker, you won't get sick.

Interviewer: What do you mean by "won't get sick". What illnesses in particular are you talking about?

Respondent: Well cholera and other diseases that cause diarrhea and maybe even colds.

Interviewer: Any other advantages?

Respondent: You feel clean and smell nice.

Interviewer: Anything else? [Respondent shakes her head.] Now, I'd like to know, what are the <u>disadvantages</u> of washing your hands with soap or ash at the five critical per day every day?

Respondent: *[reflects]* Like I said already, not having water and soap….

Interviewer: Ok, what I want to know is, when you wash your hands with soap often every day what bad things happen – what disadvantages are there?

Respondent: Oh I don't think there are any bad things that happen when you wash your hands.

Interviewer: OK, I will write none. But I'd like you to think about this question some more. Are you sure you can't think of any disadvantages of washing your hands with soap at these five critical times each day? [she points to the illustration of handwashing]

Respondent: [She thinks a minute] Well, if you use soap all the time, it can be expensive and you'll have to have more water.

Interviewer: And when you need more water…?

Respondent: Right… That will cost more money and take more time.

Interviewer: Any other disadvantages?

Respondent: People may think you're lazy**.**

Interviewer: Why would they think that?

Respondent: Because only people who don't work have clean hands.

Interviewer: Thanks. Who are the people that <u>approve</u> of you washing your hands with soap at these five critical times every day?

Respondent: I think everybody does.

Interviewer: Could you be more specific?

Respondent: Well, my family.

Interviewer: Anyone in particular in your family?

Respondent: My children.

Interviewer: Anyone else?

Respondent: And my husband. Probably my mother-in-law, who lives with us.

Interviewer: Thanks. Who are the people that <u>disapprove</u> of your washing your hands with soap or ash at these five critical times every day?

Respondent: [looks confused…] What did you say?

Interviewer: Who are the people that disapprove of you washing your hands with soap or ash at the five critical times every day?

Respondent: *[laughing]* no one would disapprove**.**

Interviewer: OK, no one [interview writes this down]. Now I know this seems like a silly question and I don't think you've thought about this before, so I want to give you a few seconds to think about this again. Who might disapprove of you washing your hands at the five critical times every day?

Respondent: Well if we spend a lot on water and soap, my husband might not like it. [hesitates, reflecting]...and maybe my husband's parents would be upset.

Interviewer: Ok – your husband, and mother and father-in-law. Now please tell me how difficult is it for you to get soap every time you need to use it to wash your hands. Would you say it's very difficult, somewhat difficult or not difficult at all?

Respondent: Sometimes very difficult, but usually not too difficult

Interviewer: What would you like me to write? Very difficult, somewhat difficult or not difficult at all?

Respondent: Somewhat difficult…

Interviewer: Ok, thanks. Now, please tell me, how difficult is it to get enough water to wash your hands every day at these five critical times? Would you say it's very difficult, somewhat difficult or not difficult at all?

Respondent: Oh, water is very difficult to get and if we needed a lot more water, that would be a big problem.

Interviewer: Thanks. How difficult is it for you to remember to wash your hands with soap <u>at these five critical times</u> every day? Very difficult, somewhat difficult or not difficult at all?

Respondent: Hmmm, if I need to wash my hands all of those five times, I think it would be very difficult.

Interviewer: Can you please tell me: How likely it is that your child will get diarrhea in the coming 4 months? Very likely, somewhat likely, or not likely at all?

Respondent: Oh there have been many cases of cholera, but we are very clean, so I'd say only somewhat likely.

Interviewer: Thanks. How serious would it be if your child got a diarrheal disease? Very serious, somewhat serious, not serious at all?

Respondent: Well if you count cholera, I'd say it's a very serious disease. You can die from cholera, you know.

Interviewer: Thank you *[marks the form]*. If you wash your hands with soap every day at the five critical times, how likely is it that your baby will get cholera? Very likely, somewhat likely or not likely at all?

Respondent: Well if you believe the community health worker, you won't get cholera if you wash with soap.

Interviewer: Can do you believe the health worker?

Respondent: Sure.

Interviewer: OK.   Now, do you think it's God's will that children get diarrheal diseases like cholera?

Respondent: Well, I don't know. Sometimes, I guess.

Interviewer: You gave me two different responses. Would you like me to write, "I don't know" or "maybe"?

Respondent: Maybe.

Interviewer: We're nearly finished. Finally, are there any cultural taboos against washing your hands with soap at these five critical times each day?

Respondent: Oh, I don't think so. Not that I've ever heard of.

Interviewer: Ok, that's the end of the interview. Thanks for taking the time to share your opinions with me. I'd appreciate it if you wouldn't talk about this interview with other people until tomorrow. Thanks again. Good-bye.

Lesson 10 Handout 8: Completed Barrier Analysis Questionnaire for Evaluation

Group: ☒ Doer   ☐ Non-Doer

Barrier Analysis Questionnaire: Hand Washing w/ soap among Mothers of Children 0 – 59 months

Behavior Statement
Mothers of children 0 – 59 months wash their hands with soap
at the five critical times each day.

Demographic Data

Interviewer's Name: _Marie Joseph_ Questionnaire No.: _____ Date _5_/_5_/_12_
Community: _Banamba_

Scripted Introduction:

Hi, my name is_____; and I am part of a study team looking into personal hygiene habits. The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You are not obliged to participate in the study and no services will be withheld if you decide not to. If you decide to talk with me you will not be remunerated or receive any gifts or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else. Would you like to participate in the study? [If not, thank them for their time.]

Section A. Behavior Screening Questions

1. How old is your youngest child? ___14___ months ← *write the age in months*

    ☒ a. 0-59 months

    ☐ b. >59 months → *End interview and look for another respondent*

    ☐ c. Don't know→ *End interview and look for another respondent*

2. Yesterday, did you wash your hands?

    ☒ a. Yes

    ☐ b. No → *Mark as Non-doer and continue to Section B*

    ☐ c. Don't remember → *End interview and look for another respondent*

3. I would like you to think about yesterday and tell me how many times you washed your hands yesterday. ___5___ *(this is just to help with memory)*

4. Yesterday, what are all the moments that you washed your hands? (DO NOT READ THE LIST – Mark all that are mentioned)

    ☒ a. after defecation
    ☒ b. after cleaning a child who has defecated
    ☐ c. before cooking / preparing food
    ☒ d. before eating

☐ e. before feeding a child

☐ f.   Don't know or won't say→ *End interview and look for another respondent*

5. In addition to water, did you use anything else to wash your hands yesterday?

☓ a. Yes

☐ b. No → *Mark as Non-doer and continue to Section B*

☐ c. Don't remember → *End interview and look for another respondent*

6. In addition to water, what else did you use to wash your hands?

☓ a. Soap

☐ b. Anything else → *Mark as Non-doer and continue to Section B*

☐ c. Don't know/refused to answer → *End interview and look for another respondent*

7. May I see the soap that you use?

☓ a. Soap available and looks used

☐ b. Soap available but does not look used → *Mark as Non-doer and continue to Section B*

☐ c. No soap available→ *Mark as Non-doer and continue to Section B*

Doer (all of the following)	Non Doer (any one of the following)	Do not Interview (any one of the following)
Question 1 - A		Question 1 - C
Question 2 - A	Question 2 – B	Question 2 - C
Question 4 - **A plus** any **two** from B, C, D, E	Question 4 – No A; or A and **only one** other response between B, C, D, E	Question 4 - C
Question 5 – A	Question 5 – B	Question 5 - C
Question 6 – A	Question 6 - B	Question 6 - C
Question 7- A	Question 7- B or C	

GROUP: ☓DOER   ☐ NON-DOER

Behavior Explanation: In the following questions I am going to be talking about hand washing *at five critical times.* By this I mean 1. after defecation, 2. after changing a baby's diaper/nappy 3. before preparing a meal 4. before eating and 5. before feeding a child

Section B – Research Questions

DOERS	NON-DOERS
(Perceived Self-Efficacy)	*(Perceived Self-Efficacy)*
1. What makes it **easy** for you to wash your hands with soap at the five critical times each day? (**Write all responses below. Probe with "What else?"**)	1. What would make it **easy** for you to wash your hands with soap at the five critical times each day? (**Write all responses below. Probe with "What else?"**)

— enough water

— Soap

—money to buy water

– "   "   "   soap

– puT soap in convenient place

(Perceived Self-efficacy) **2.** What makes it **difficult** for you to washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "What else?")* — having to buy water — No soap — being away from home ⟹ No water or soap	*(Perceived Self-efficacy)* **2.** What would make it **difficult** for you to washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "What else?")*
(Perceived Positive Consequences) **3.** What are the ***advantages*** of washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "What else?")* — avoid sickness — prevent cholera / diarrhea — prevent cold — feel clean — smell good	*(Perceived Positive Consequences)* **3.** What would be the ***advantages*** of washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "What else?")*
(Perceived Negative Consequences) **4.** What are the ***disadvantages*** of washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "What else?")* — expensive — people think you're lazy (clean hands = don't work)	*(Perceived Negative Consequences)* **4.** What would be the ***disadvantages*** of washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "What else?")*
(Perceived Social Norms) **5.** Who are the people that ***approve*** of you washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "Who in particular?")* — everybody — husband — family — mother-in-law — children	*(Perceived Social Norms)* **5.** Who are the people that would ***approve*** of you washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "Who in particular?")*
(Perceived Social Norms) **6.** Who are the people that ***disapprove*** of you washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "Who else?")* — No one — husband — in-laws	*(Perceived Social Norms)* **6.** Who are the people that would ***disapprove*** of you washing your hands with soap at the five critical times each day? *(Write all responses below. Probe with "Who else?")*

(Perceived Access) **7.** How difficult is it to get the soap you need to wash your hands at the five critical times each day? Would you say it is very difficult, somewhat difficult or not difficult at all? ☐ a. Very difficult ☒ b. Somewhat difficult ☐ c. Not difficult at all	*(Perceived Access)* **7.** How difficult would it be to get the soap you need to wash your hands at the five critical times each day? Would you say it is very difficult, somewhat difficult or not difficult at all? ☐ a. Very difficult ☐ b. Somewhat difficult ☐ c. Not difficult at all
(Perceived Access) 8. How difficult is it to get the water you need to wash your hands at the five critical times each day? Would you say it is: Very difficult, somewhat difficult or not difficult at all? ☐ a. Very difficult ☐ b. Somewhat difficult ☐ c. Not difficult at all	*(Perceived Access)* 8. How difficult would it be to the water you need to wash your hands at the five critical times each day? Would you say it is: Very difficult, somewhat difficult, not difficult at all? ☐ a. Very difficult ☐ b. Somewhat difficult ☐ c. Not difficult at all
(Perceived Cues for Action) **9.** How difficult is it to remember to wash your hands with soap at the five critical times each day? Very difficult, somewhat difficult, or not difficult at all? ☒ a. Very difficult ☐ b. Somewhat difficult ☐ c. Not difficult at all	*(Perceived Cues for Action)* **9.** How difficult would it be to remember to wash your hands with soap at the five critical times each day? Very difficult, somewhat difficult, or not difficult at all? ☐ a. Very difficult ☐ b. Somewhat difficult ☐ c. Not difficult at all

(Perceived Susceptibility / Perceived Risk) **10.** **Doers and Non-doers:** How likely is it that your child will get diarrhea in the coming 3 months? Very likely, somewhat likely, or not likely at all? ☐ a. Very likely ☒ b. Somewhat likely ☐ c. Not likely at all
(Perceived Severity) **11.** **Doers and Non-doers:** How serious would it be if your child got diarrhea? A very serious problem, somewhat serious problem, or not serious at all? ☒ a. Very serious problem ☐ b. Somewhat serious problem ☐ c. Not serious at all
(Action Efficacy) **12. Doers and Non-doers:** How likely is it that your child will get diarrhea if you wash your hands with soap at the five critical times each day? Very likely, somewhat likely, not very likely? ☐ a. Very likely ☐ b. Somewhat likely ☒ c. Not likely at all

(Perception of Divine Will)

13. Doers and Non-doers: Do you think that it is God's will that children get diarrhea?
   ☐ a. Yes
   ☒ b. Maybe
   ☐ c. No

(Culture)

14. Doers and Non-doers: Are there any cultural rules or taboos <u>against</u> washing your hands with soap at the five critical times each day?
   ☐ a. Yes
   ☐ b. Maybe
   ☒ c. No

THANK THE RESPONDENT FOR HER TIME!

Lesson 10 Handout 9: Practice Classifying Doers and Non-Doers

Ideal Behavior

Mothers of children under 2 years of age wash their hands with soap at the five (5) critical times each day.

Relaxed Behavior

Mothers of children under 2 years of age wash their hands with soap at three (3) or more of the five (5) critical times.

Section A: Behavior Screening Questions

1. How old is your youngest child?

    ❑ A. 23 months or younger
    ❑ B. 24 months or older → *[End interview and look for another mother]*
    ❑ C. Don't know / won't say → *[End interview and look for another mother]*

2. Yesterday did you wash your hands?

    ❑ A. Yes
    ❑ B. No → *[Mark as Non-Doer and skip to Section B]*
    ❑ C. Don't know / won't say → *[End interview and look for another mother]*

3. Yesterday how many times did you wash your hands? *[This is a question to get the mother to more accurately remember the responses to Question 5.]* _____

4. Yesterday, at what times/moments during the day did you wash your hands?

    ❑ A. Before preparing food
    ❑ B. Before eating
    ❑ C. Before feeding a child
    ❑ D. After defecating
    ❑ E. After attending to a child who has defecated
    ❑ F. Do not know/no response → *End interview and look for another mother*

5. Yesterday in addition to water, did you use anything to wash your hands?

    ❑ A. Yes
    ❑ B. No → *Mark as Non-Doer and skip to Section B*
    ❑ C. Don't know/won't say → *End interview and look for another mother*

6. If yes, what did you use?

    ❑ A. Soap
    ❑ B. Ash, sand, anything else → *Mark as Non-Doer and skip to Section B*
    ❑ C. Don't know/won't say → *End interview and look for another mother*

Doer/Non-Doer Classification Table

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1 = A		Question 1 = B or C
Question 2 = A	Question 2 = B	Question 2 = C
Question 4 = Any 3 responses between A, B, C, D, E,	Question 4 = Two or fewer responses between A, B, C, D, E,	Question 4 = F
Question 5 = A	Question 5 = B	Question 5 = C
Question 6 = A	Question 6 = B	Question 6 = C

Classification Exercise Instructions

Referring to the Doer/Non-Doer classification table above, correctly classify the respondents below as Doers, Non-Doers, or people not to be interviewed.

Respondent #	Responses	Decision
Respondent 1	Question 1 = A Question 2 = A Question 4 = B, D, E Question 5 = A Question 6 = B	❑ Doer ❑ Non-Doer ❑ Do not interview
Respondent 2	Question 1 = A Question 2 = B Question 4 = B, D Question 5 = A Question 6 = B	❑ Doer ❑ Non-Doer ❑ Do not interview

Respondent #	Responses	Decision
Respondent 3	Question 1 = B Question 2 = A Question 4 = B, C, D Question 5 = A Question 6 = A	❑ Doer ❑ Non-Doer ❑ Do not interview
Respondent 4	Question 1 = A Question 2 = A Question 4 = B, C, E Question 5 = A Question 6 = A	❑ Doer ❑ Non-Doer ❑ Do not interview
Respondent 5	Question 1 = A Question 2 = A Question 4 = B, D Question 5 = A Question 6 = B	❑ Doer ❑ Non-Doer ❑ Do not interview
Respondent 6	Question 1 = A Question 2 = A Question 4 = B, C, D Question 5 = A Question 6 = C	❑ Doer ❑ Non-Doer ❑ Do not interview
Respondent 7	Question 1 = A Question 2 = A Question 4 = B, C, E Question 5 = B Question 6 = A	❑ Doer ❑ Non-Doer ❑ Do not interview
Respondent 8	Question 1 = A Question 2 = A Question 4 = B, C, E Question 5 = A Question 6 = A	❑ Doer ❑ Non-Doer ❑ Do not interview

Lesson 10 Handout 10: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews[22]

Observer: _____

Interviewer _____

Instructions: With a copy of the questionnaire in hand, observe the interview and respond to questions 1–16. After the interview, review the completed questionnaire and respond to questions 17–21 (highlighted). Ask the interviewer how s/he thought s/he did, what s/he would do differently next time, and what went well. Share your evaluation with the interviewer, and discuss ways to improve.

Evaluation Questions	Yes	No
1. Did the interviewer have a friendly manner?		
2. Did the interviewer seek out a private place to sit?		
3. Did the interviewer seat the respondent with her/his back to any people?		
4. Did the interviewer read the scripted introduction correctly?		
5. Did the interviewer get the respondent's consent before proceeding?		
6. Did the interviewer pose all of the behavior screening questions correctly?		
7. Did the interviewer pose the correct type of question to the respondent according to his/her classification (Doer or Non-Doer)?		
8. Did the interviewer pose the questions exactly as they were written on the questionnaire?		
9. Did the interviewer follow the questionnaire instructions carefully, reading response options where necessary?		
10. For open-ended questions, did the interviewer <u>strongly</u> encourage the respondent to provide multiple responses?		
11. Did the interviewer ask the respondent to clarify any unclear responses?		
12. Did the interviewer avoid reacting to the respondent's answers?		
13. Did the interviewer avoid leading the respondent to give any particular answer?		

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[22] This exercise is based on the QIVC approach developed by Food for the Hungry.

Evaluation Questions	Yes	No
14. Did the interviewer thank the respondent for her/his time?		
15. Did the interviewer keep track of the questions and record responses in the right places?		
16. Did the interviewer complete all the demographic information correctly?		
17. Did the interviewer write her/his name at the top of the questionnaire?		
18. Did the interviewer correctly classify the respondent as a Doer or Non-Doer?		
19. Did the interviewer write responses for each question in the correct place?		
20. Did the interviewer write down the responses in a complete and clear way so that anyone reading the questionnaire would understand the meaning?		

Number of Yeses = _____

Number of Nos = _____

Lesson 11: Step 4: Organizing the Field Work (Including Sampling)

Achievement-Based Objectives

By the end of this lesson, participants will have:

− Shared stories of mishaps caused by overlooking logistical issues
− Brainstormed a list of logistical questions related to implementing a Doer/Non-Doer Study or Barrier Analysis survey
− Compared and contrasted their list with a master list provided
− Heard a presentation regarding choosing your survey sample
− Discussed and responded to logistical questions given a hypothetical context

Time

1 hour

Materials

− Lesson 11 Handout 1: Barrier Analysis Field Work Logistic Issues to Address
− Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist
− Lesson 11 Handout 3: Sampling for a Barrier Analysis Study: Things to Consider

Steps

1. Introduction

   1a. Ask participants: What step in the process of conducting a Barrier Analysis are we? Participants should answer: Step 4: Organizing the Field Work.

   1b. Ask participants: If I ask you at this juncture what the phrase "the devil's in the details" means related to conducting a Doer/Non-Doer Study or Barrier Analysis, what would you say? Responses should include: When you overlook the details of implementation, specifically the logistical issues, things are likely to go wrong.

   1c. Explain that anyone with a reasonable amount of experience has encountered some logistical mishaps. Ask participants to reflect a minute on their experiences organizing something and to share stories about any mishaps they have personally experienced or heard about related to logistical issues.

   1d. Share the following story, if appropriate, then discuss.

   While organizing to implement a Barrier Analysis, we sent someone from the project ahead to the designated community to consult with the community authorities and solicit their cooperation. The scout told the community authorities that we would

need to meet with women who had given birth within the last year because the topic we were investigating was "assisted delivery". The authority figure was very cooperative and agreed to allow the study to proceed.

After the team came back from conducting the interviews, they explained that they had a hard time finding Non-Doers, women who had given birth at home. While discussing this in the presence of the scout, he explained that this particular community had a very enlightened leader who had made a decree some years back that any woman who gave birth at home would be fined. Hence almost all women gave birth at the local health center.

Ask participants: What was the logistical oversight? How could this problem have been avoided?

2. Anticipating Logistical Problems

2a.   Explain that it is critical to anticipate as many of the logistical issues as possible that pertain to your situation, and not all situations are the same. Some projects might not need to worry about language differences or different ethnic groups while others might have various challenges to overcome. Being able to list the logistical questions helps to anticipate and plan for them and reduces the unwanted surprises.

2b.   Working at their table small groups, ask participants to list all the logistical questions they would need to answer to organize the field work of a Barrier Analysis. Prompt participants to list as many of the items to consider and to as detailed as possible to avoid surprises. For example, don't just say, "buy and distribute supplies". List the supplies needed and identify who, where and when they will be distributed.

2c.   Once participants have compiled their lists, refer participants to **Lesson 11 Handout 1: Barrier Analysis Field Work Logistic Issues to Address** and ask small groups to compare their list to the list provided and count the number of questions that are the same/similar and the number in their lists that are not included in the handout. Ask groups to share the "new" questions they came up with and list these on a flip chart.

2d.   Ask the groups to now discuss and answer as many of the logistical questions as they possibly can, imagining that the Barrier Analysis will be conducted in a situation that is known to as many people in the small group as possible. Ask one group to answer the questions for the (mock) Barrier Analysis that the participants will carry out the next day.

3.   Going around the room, from table to table, ask the small groups to share a few answers they came up with. Discuss as necessary. Discuss the responses from the group that is planning the next day's survey and make sure everyone is clear on the details.

4.   Supervisor's Role

   4a.   Tell the participants that it is always a good idea for there to be one supervisor for about five data collectors/interviewers. Ask the participants if they are used to having a supervisor during a research activity.

   4b.   Ask participants to brainstorm the roles and responsibilities of the supervisor.

   4c.   Refer participants to **Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist**. Ask participants to review it and put a star next to the three or four responsibilities that they think are most important. Discuss their choices.

5.   Selecting the Sample Communities

   5a.   Explain that choosing the communities to visit or figuring out how best to find the group researchers need to interview is also a part of the logistical issues that need to be resolved.

   5b.   Explain that because this is formative research the sample does not need to be selected with the same amount of rigor that it does for population-based samples. Even so, there are several things that need to be considered. Refer participants to **Lesson 11 Handout 3: Sampling for a Barrier Analysis Study: Things to Consider**. Review each of the points on the handout and take questions. Remind participants that when selecting the communities for the study to keep these variables in mind and select communities that most accurately represent the population you are serving.

   5c.   How to find the respondents: Explain that unlike other types of surveys where random sampling is required, for the Barrier Analysis, it is acceptable to ask the Priority Group/respondents to assemble in one place to be interviewed or to find difficult-to-locate groups (e.g., mothers who delivered in a health facility, women who practice family planning) by consulting health records or asking community health workers to help you find or mobilize certain community members to be interviewed.

   If you gather respondent's together, however, be sure to have a "crowd-control" plan so that respondents who have already been interviewed do not communicate with respondents still waiting to be interviewed.

   5d.   **A challenge:** The challenge comes when the people you need to interview are so far from the home-base where data coding and tabulation will take place that the interview teams cannot reconvene easily to conduct that work within a day or two of completing all the interviews.

   –   In this case, if possible, have the supervisor of the first team code and tabulate the data and communicate the codes that were developed with the other teams before the other teams start to code.

- Those teams should then see if their responses correspond to the codes created by the first team. If they do, those same codes should be used so that all the responses can eventually be combined and analyzed for the entire sample.

- If there are some responses that are significantly different from the codes created by the first team, new codes should be developed for that team's responses.

Keep in mind, however, that is it not very likely that one program will be able to have several different behavior change strategies for the same Behaviors.

6. Lesson Wrap Up

6a. Wrap up the session by emphasizing the importance of the logistical arrangements.

Lesson 11 Handout 1: Barrier Analysis Field Work Logistical Issues to Address

1. What communities/villages will we conduct the survey in?

2. (If there is more than one Behavior to study) What Behaviors will we study in which communities/villages?

3. (If there is more than one Behavior to study) In what order should we study the Behaviors (e.g., on day one, day two, day three)? Does the order matter?

4. How far are the communities (driving time) from the departure place? How long will it take to get from here to there?

5. What time do you need to depart?

6. Where will we depart from?

7. How will all the interviewers get in the right vehicle?

8. How will you find the respondents (Doers and Non-Doers) without them knowing the exact purpose of the study (to avoid biasing them)?

9. What resources do the teams need?

10. Who will provide these?

11. Who will be on which teams? What variables need to be taken into consideration when dividing people into teams?

12. Will interviews be done individually or in pairs?

13. If in pairs, who will work with whom?

14. Do we need written permission from any authorities?

15. Do we have the cell phone number of the village chief/authority?

16. Do we have the cell phone numbers of the enumerators and supervisors?

17. Does everyone have enough cell time?

18. How will we communicate if the teams are out of the cell phone service area?

19. Given how many interviewers we have, how long do we think it will take to interview 45 Doers and 45 Non-Doers?

20. Do the teams need something to drink? Something to eat? Where will this come from? How much will it cost? Who will get the drinks/food?

21. How much gas do we need? Where will it come from? Who will get it and when?

22. How many vehicles do we need given the number of interviewers and supervisors?

23. Given the vehicles we have how many people can we fit in each vehicle?

24. Which vehicles are going to which communities?

25. Do drivers know where to go? If not, who does?

26. How many questionnaires does each team need?

27. Do the groups need questionnaires in specific languages?

28. How many people will each interviewer/couple interview? How many Doers/Non-Doers[23]?

29. What is the timeframe for the survey (number of days, number of hours per day)?

30. What specifically will happen when everyone arrives at the community/site?

31. Who are the supervisors? Do they know their responsibilities?

32. Are there any security issues we need to take into consideration? What are they? How will we deal with those?

33. How will the supervisors make sure that enough Doers and Non-Doers are interviewed?

34. How will the supervisors keep track of the number of questionnaires each interviewer has completed?

35. What will be done to make sure no completed questionnaires are lost?

36. What will be done to make sure no badly completed questionnaires are left uncorrected before returning to the central locale?

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[23] It will facilitate matters if each person interviews equal numbers of Doers and Non-Doers or a specific number of each.

Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist

Before Departure

❑ Make sure you have plenty of air time on your cell phone and the numbers of key contact people (e.g., field based contact, survey coordinator, drivers).

❑ Collect extra supplies of water, snack, pencils, erasers, sharpeners, rain gear, etc.

❑ Know where (which village/community) you are expected to go to carry out the Barrier Analysis.

❑ Ensure that the vehicle has enough fuel.

❑ Know who the members of your team are and get their cell phone numbers (if available).

❑ Know how many Barrier Analysis questionnaires you should have to take to the field.

❑ Collect the Barrier Analysis questionnaires and carry them in a safe container (sealable, water/dust proof folder).

❑ Get the cell phone number of the field-based contact person.

❑ Know when and where you are to meet the field-based contact person.

❑ Coordinate departure arrangements (time, place) with the driver and survey coordinator.

❑ Ensure that your team departs on time.

❑ Check the security of the route and destination.

❑ Liaise with the survey coordinator or field-based contact person en route about arrival time and place or any delays, if necessary.

Upon Arrival at the Field Site

❑ Meet the field-based contact person.

❑ If necessary, greet any officials and explain the purpose of the study.

❑ If the Priority Group is already gathered, greet them and thank them for coming. Explain that each person will be interviewed in turn if they fit the profile of the Priority Group.

❑ Identify places where each interviewer can conduct the interviewers.

❑ Distribute questionnaires to each interviewer and indicate about how many Doers and Non-Doers each interviewer should interview.

❑ Identify one respondent (Priority Group member) for each interviewer and guide them to the interviewers.

❑ While the first interviews are underway, circulate among the Priority Group members and check to see if they fit the profile. If not, thank them for coming and dismiss them.

❑ As interviews are completed, guide other Priority Group members to each interviewer.

❑ Collect completed questionnaires and review them. Make sure:

– The name of the interviewer is clearly written on the questionnaire

– The classification of the respondent is correct

– All questions have been answered

– Open-ended questions have several responses

– The writing can be read easily

– Response to questions "make sense"

❑ Track the number of Doers and Non-Doers against the number expected for the site.

❑ If necessary, inform data collectors which type of respondent (Doers or Non-Doers) they should seek out in particular.

❑ Maintain contact (cell phone) with other data collection teams to track the total numbers of Doers and Non-Doers.

❑ Keep track of total numbers of respondents interviewed.

❑ Keep track of time.

❑ Answer any questions the data collectors may have.

❑ Help solve problems.

❑ Ensure that respondents who have been interviewed do not talk with respondents who are waiting.

Before Returning from the Field

❑ Count the questionnaires, tally the numbers of Doers and Non-Doers, and secure the questionnaires in a water-proof place (folder).

❑ Ensure that you have the required number of Doers and Non-Doers.

❑ Thank the local authorities for their cooperation.

❑ Liaise with home office regarding estimated time of arrival (so lunch can be made ready).

Lesson 11 Handout 3: Sampling for a Barrier Analysis Study: Things to Consider

1. **Size of the village/community:** Choose villages or communities that have a medium to large population.

2. **Location:** Choose to visit communities that are reasonably accessible but not necessarily along the road.

3. **Behavior variables:** Consider the Behavior and if it requires access to something like a health center. Be sure to select communities that are both close and far from the health center.

4. **Ethnic/religious groups:** Consider the different ethnic/religious groups and the percent of your population in each. Try to sample according to that proportion size. If 50% are one ethnic group and 50% another ethnic group. Sample accordingly.

5. Take into consideration the rhythm of the village and when it would be most convenient to meet with your priority group.

6. Divide your group of interviewers into sub-groups. If you have 12 interviewers, you can make 4 groups of 3 interviewers and each sub-group will go to a different village for a total of 4 different communities. Each sub-group should have a supervisor.

7. It's possible to find your respondents on purpose and ask them to meet you in a central place. For example, mothers with children under age 5, or you can get the list of women who gave birth in the health center. However, remember that in doing this it's more difficult to ask for proof of something (like having soap, or a latrine, or a health card). Those interviews have to be done at home.

Step 5: Conducting the Study

Achievement-Based Objectives

By the end of the fieldwork the participants will have interviewed respondents using the Barrier Analysis questionnaire.

Time

Country-specific training: Field work all morning
Regional training: Mock survey 1 hour

Materials

− 2–4 blank Doer/Non-Doer Study or Barrier Analysis questionnaires per participant (or 90+ if you are doing a real survey)
− Pencils, erasers, and sharpeners for each participant
− Folders for supervisors to carry the questionnaires
− Cell phones and a list of numbers to contact interviewers and the necessary field contacts

Steps

Training Scenario

If this is a mock study, provide each participant with two BA questionnaires on a general topic such as handwashing, tooth brushing, or flossing (best for Western locales). Ask participants to identify and interview two respondents in and around the training venue and to complete the questionnaire just as they would in real life. They should return to the training room as soon as they have completed two interviews, but within the hour, regardless.

Actual Study

If the training is being done as part of an actual study, provide the participants with all the supplies they will need along with the requisite number of questionnaires for each person. Plan for the interviewing to require a half day (4–5 hours).

Lesson 12: Step 6:
Coding, Tabulating, and Analyzing the Data

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed and organized the results from their field work
- Developed a coding guide based on responses given during the field work
- Compiled their responses onto a summary tally sheet
- Entered summarized data on the Barrier Analysis Tabulation Worksheet (in MS Excel)
- Analyzed the biggest differences between Doers and Non-Doers using the Barrier Analysis Tabulation Worksheet

Time

3 hours (if full survey is being coded, tabulated, and analyzed)

Materials

- Lesson 12 Flip Chart 1: Definition of Coding
- Lesson 12 Handout 1: Coding Game Part 1
- Lesson 12 Handout 2: Coding Game Part 2
- Lesson 12 Flip Chart 2: Example Coding Guide/Tally Sheets of Results for Doer/Non-Doer Study
- Lesson 12 Handout 3: Example Tabulation Sheet for Analysis
- Lesson 12 Handout 4: Guidance for Interpreting Barrier Analysis Results
- Annex 13: Computerized Tabulation Instructions for Barrier Analysis
- Completed questionnaires from the field work
- Flip chart paper
- 1 hand calculator
- Computer (optional for using the Barrier Analysis Tabulation Worksheet)
- Barrier Analysis Tabulation Worksheet (MS Excel) on flash drive, downloaded from http://caregroups.info/wp-content/uploads/2015/08/1Final-Computerized-Tabulation-Sheets-June-2016.xlsx
- Lesson 12 Handout 5: Outline for a Barrier Analysis Report

Facilitator's Note

For Steps 3 and after, explain to participants that they are going to code and tabulate their completed questionnaires. Ask the participants to help you rearrange the tables and chairs so they are placed in a "U" shape. Everyone should sit on the outside of the "U" so that everyone can see everyone else and the facilitator can be easily seen by everyone. Place a small table at the open end of the "U" where the facilitator will sit. Ask the participants to clear everything off

their table tops (including any drinks that might spill) and to put only the completed questionnaires in front of them.

Steps

1. Practice Coding: Part 1

   1a. Remind the participants of where we are among the seven steps of Barrier Analysis (Step 6: Organize and analyze the results of the Barrier Analysis).

   1b. Tell the participants: Before we code and tabulate our survey questionnaires, we will take some time to learn about coding responses in general.

   1c. Ask the participants to carefully put away the questionnaires they completed (alternatively you could collect them and redistribute later). Divide the large group into small groups of about five or six participants each.

   1d. Show the **Lesson 12 Flip Chart 1: Definition of Coding** and take questions.

   1e. Distribute **Lesson 12 Handout 1: Coding Game Part 1** to each participant and explain that they are going to play a game to begin to understand how to code questionnaire responses. Remind participants that when examining the responses they should not just look at the wording, but also similar meaning. Keep in mind that people use different words sometimes to express the same idea. Ask participants to read the instructions on Lesson 12 Handout 1 and match the responses to the given categories.

   1f. In their small groups, ask participants to compare responses and come to a consensus.

2. Practice Coding: Part 2

   2a. Pass out **Lesson 12 Handout 2: Coding Game Part 2** and explain that this game is similar to the prior game, except that now they have to create their own categories from the responses given. They also have to do this in a group, so it will require listening to teammate opinions and coming to consensus.

   2b. When all the teams have categorized and coded the responses, have them post copies of their answers to the wall. Then ask all the participants to do a gallery walk to see how other groups may have chosen similar or different codes for the responses.

   2c. Tell the group that the **wording of the codes is very important since the Bridges to Activities will be written based on these codes and the behavior change activities will be based on the Bridges to Activities.** If the codes are too vague or too many different ideas are included in the same code then the Bridges to Activities and the behavior change activities will not be effective in changing the Behavior. For example, if some groups said 'access to dental hygiene products", this is not specific enough. It

should say tooth brush or tooth paste, or water. Likewise, it should be clear *where* the problem is felt. In this case the problem comes up <u>at the work place</u>. The code should include that aspect: Difficult access to private space in the workplace; or difficult access to drinking water in the workplace.

2d.   Explain: Developing codes that represent the responses given by the Priority Group is a critical skill that develops over time and with practice, which will start with the next learning activity.

3.   Organizing the Questionnaires for Coding, Tabulation and Analysis[24]

3a.   Rearrange the room so participants are seated in a "U", as described in the Facilitator's Notes.

3b.   If the 'supervisors' haven't already done so, ask participants to separate the Doer questionnaires from the Non-Doer questionnaires by looking at the classification at the top of the first page of each questionnaire, and put them in separate piles. Ask participants to place the Doer questionnaires facing up and outward toward the middle of the "U".

3c.   With the help of the participants, the facilitator counts all of the Doer questionnaires (making sure they are all Doers) and marks this number on a flip chart where everyone can see it (e.g., Doers = 47).

3d.   Repeat this process for the Non-Doer questionnaires. These numbers will become the denominators used to calculate percentages.

3e.   Collect the Non-Doer questionnaires. Code the Doer questionnaires first; though it does not matter which questionnaires are coded first.

3f.   Each participant will code and tabulate his/her own questionnaires (the ones they filled out during the field work). This is to make sure the coder can read the handwriting and potentially remember and interpret the conversation. There will be several Doer questionnaires per participant. Participants should place the questionnaires in front of them so they are not overlapping so it is easy to read the responses to the first question from each questionnaire at the same time.

Note: A word of caution, since it may be difficult for one participant to work on more than three or four questionnaires at a time, facilitators may want to code in two

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[24] This can be done even if you did a mock study with just 30 questionnaires. Demonstrate Coding and tabulation with just one set of questionnaires (Doer or Non-Doers) and then to show the steps in Analysis refer to the data set included in the lesson as Handout 3.

rounds (two for the Doers and two for the Non-Doers, depending on the total number of people coding and tabulating).

3g.   At this point the group is almost ready to begin coding.

4.   Building the Coding Guide and Tabulating the Study Results

4a.   Display the first page of **Lesson 12 Flip Chart 2: Example Coding Guide/Tally Sheets of Results for Doer/Non-Doer Study** and explain it to the participants, saying: There is a space on the tally sheet for each question that will be analyzed on the questionnaire. On the tally sheet, you will see space for the determinant and for the question. On the left of the table there is a column to write the codes for the responses given, a column to write the numbers of respondents who responded in a similar manner, and a column to write the percentage. There are similar columns for Non-Doers.

4b.   Explain that we will now jointly code and tabulate the questionnaires by hand, first for one group of respondents (Doers), then for the other group of respondents (Non-Doers).

4c.   Start with the first question in Section B of the questionnaire. Ask participants to look at the questionnaires in front of them and read (silently) the responses, looking for responses with similar meaning among the different respondents. Ask all the participants to listen careful to the other participants as they share the responses on their questionnaires. This will avoid repetition and make the process go faster.

– Identify the interviewer with the most (or a large number) questionnaires in front of him and ask him/her to look at the responses to the first research question. Ask: Are there any responses that are the same or very similar that appear on 2 or more of your questionnaires?   If so what are they? After the interviewer mentions a common response found on 2 or more questionnaires, ask the other interviewers if they have any responses that are similar. If several of the other interviewers have that same/similar response, explain that you will make a code to represent that response.   Try to incorporate a word or two from the original response into the code, which should only be a few words long.   This helps you to remain "true" to the original idea. Write the code on the tally sheet.   If not many of the other interviewers have a similar response, then you won't make a code for that response.

– Staying with the same question, again ask the people with many questionnaires if they see the same or similar responses to this question on 2 or more of their questionnaires. Ask the other interviewers how many of them have this second response. If so, make a code and write this on the tally sheet.

‒ As interviewers mention responses and codes are created for each question, the facilitator (or an assistant) should record the codes on the Tally Sheet (flip chart) and identify each code with a letter (a, b, c, d, etc.).

‒ As codes are recorded on the Tally Sheet ask the interviewers/coders to classify their responses on their questionnaires by putting the letter of the code next to the response to which it corresponds. The objective is to classify as many responses on the questionnaires as possible.

‒ For responses that are very similar in meaning, include them in the same code as other similar responses. (For example: For the question "What are the advantages of exercise?" answers could be "being fit" and "staying in shape". These are two different responses but they have the same meaning, so they both fit in one code.) Only do this for responses where you are reasonably certain the respondents meant the same thing. At the end of this process, you will have a flip chart with the questions, codes for the responses in the first column, a column for putting in the number of Doers who gave the response, a column for the percentage, and two more columns for the Non-Doers.

‒ For example, for the Behavior "pregnant women make at least four prenatal visits during their pregnancies", potential responses for the question "What makes it difficult…?" might be:
  ▪ Health center too far/distance to clinic
  ▪ Husband doesn't agree/no permission given
  ▪ No money /cost/expensive

‒ Refer participants to **Lesson 12 Handout 3: Example Tabulation Sheet for Analysis** to see a completed tally sheet.

4d. Now that we have the codes recorded, we are ready to tabulate (count) the responses to the first question. Refer to the first code on the flip chart (for the first question) and ask each participant to read the responses on the questionnaires in front of him/her and to show you, by holding up fingers, how many Doers responded with the same or very similar response (there can be only one finger for each questionnaire).

‒ If a participant has four questionnaires, for example, s/he can only hold up a maximum of four fingers for each potential code/response. In other words, you only count each response/code once per respondent. Each respondent may have given several different responses (codes) to the same (open-ended) question, resulting in a total number of responses for all codes that is greater than the number of interviewees.

  – It is also possible that one respondent will give two answers that mean the same thing (ex: means and money). In this case the response is only counted once.

  – To represent "0" responses for a code, the participants should hold up a closed fist (to confirm zero responses). Ask all participants to look at you while you are counting so they know that they were counted. Once everyone is looking up and is holding up a hand, count the fingers and note the total on the flip chart under the Doers column. (It is helpful to have two people counting to avoid mistakes.)

4e. Read the second code for the same question, and have participants indicate how many of their respondents gave responses that fit into that code by holding up fingers (or a closed fist for zero). Repeat this process for each response on the tally sheet until all responses (codes) are tabulated for question 1.

4f. Using the denominator for Doers (the total number of Doers) identified at the beginning of the session, calculate the percentages for each of the responses given on the flip chart. Record this on the flip chart. (Alternatively, you can calculate the percentages when all of the responses for both Doers and Non-Doers have been tabulated.)

4g. Repeat steps 4c, 4d, 4e, and 4f with the second and subsequent questions. Use a new flip chart sheet for each question. (If you are doing a full Barrier Analysis, there will be some closed-ended questions. For those, you can just copy the response categories on the questionnaire onto the coding guide/tally sheet, then count fingers.)

4h. Once all questions have been coded and tabulated for Doers, ask the participants to write a large check mark in the top right corner of the Doer questionnaires that have been tabulated, and collect them. If you have not finished coding and tabulating all of the Doer questionnaires, repeat steps 4c–4g for the remaining questionnaires. This time, however, start with the codes that have already been written and only add codes for responses that are truly different from those already written.

4i. Once all of the Doer questionnaires have been coded and tabulated, distribute the Non-Doer questionnaires and place them in front of each coder as before.

4j. For the Non-Doers, the process is easier. Use the same coding guide/tally sheets that you already created. Ask the first participant (in the "U") to add any responses to the coding guide that are not already listed. Do this for all participants until all responses are listed.

4k. Tabulate the responses for the first question for Non-Doers, having people indicate the number of responses by holding up fingers (or a fist) and putting tallies into the Non-Doers column. Repeat this process until all questions have been tallied for Non-Doers.

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

5.   Quick Manual Analysis of Results

5a.   Once the coding guide/tally sheet is completed and percentages have been calculated, explain that the responses that show a 15-percentage point or more gap between the percentage of Doers and the percentage of Non-Doers, reveal barriers or motivators that the project needs to address. These are considered the most significant determinants. Explain that most important responses can also be identified by using the Barrier Analysis Tabulation Table (an MS Excel spreadsheet).

5b.   Ask participants to identify the gaps between Doer and Non-Doer responses that are 15 percentage points or more. If results show many responses with a 15-percentage point difference or more, participants should write Bridges to Activities that focus on those responses <u>with the largest gaps</u>.

5c.   Explain that while it might seem counter-intuitive, the responses that were given by high numbers of both Doers and Non-Doers are not necessarily significant. Remember, it is ONLY the gap between Doers and Non-Doers that reveals something significant.

For example, for the Behavior "Pregnant women take iron tablets" and the question "What are the disadvantages?", high numbers of both Doers and Non-Doers could say constipation. This is not something that needs to be addressed, however, because for some reason this is not a barrier to the Doer group. Only responses that have large gaps (15 percentage points or more) between Doers and Non-Doers should be acted upon.

5d.   Distribute **Lesson 12 Handout 3: Example Tabulation Sheet for Analysis** and ask participants to analyze the data by calculating the percentage point differences between Doers and Non-Doers. Ask participants to identify which responses/codes are significant. Ask participants to identify which responses are actionable and which are not (the ones where Doers identify barriers, but Non-Doers do not).

5e.   Explaining that not all 15-percentage point differences between Doers and Non-Doers are true differences (some are due to chance) and that there are some differences of less than 15 points that are true differences, as well. There is a more valid way of identifying which responses are most significant. This is done by using an MS Excel spreadsheet that allows you to look for statistically-significant differences between the Doers and Non-Doers and tells you how much more likely a Doer or Non-Doer is to give a particular response. Knowing that, it will be easier to decide which determinants deserve more attention. We will talk about that process in the next step.

Note: If it is impossible to find 45 Doers and 45 Non-Doers, you may still find some significant results. If you cannot find 45 of one group (e.g., Doers) it may be helpful to do more interviews of the other group (e.g., Non-Doers) to find statistically significant differences between the two groups (e.g., interviewing 30 Doers and 60 Non-Doers). If you use this approach, the data should be entered into the MS Excel Barrier Analysis Tabulation Worksheet for analysis.

6. Analyzing Data Using the MS Excel Barrier Analysis Tabulation Worksheet

    6a. Ask participants: Can the Barrier Analysis data only be analyzed manually? Responses should include: No, there is a more precise way of analyzing the data by using a special MS Excel spreadsheet developed by Tom Davis of Food for the Hungry.

    6b. Ask participants: How many of you or your organizations will likely use the MS Excel spreadsheet? (This could also be asked on the Learning Needs and Resources Assessment.)

    6b. If not many will be using the MS Excel spreadsheet because they feel the manual method is accurate enough or someone else in the organization will be responsible for entering the data electronically, then explain that in **Annex 13,** there are **Computerized Tabulation Instructions for Barrier Analysis** where you can find instructions on how to download the electronic spreadsheet and how to use it. It is simple enough for even non-technically oriented people to follow.

    6c. If many participants plan to use or want to learn to use the spreadsheet, ask all the participants to take out their laptops and download the spreadsheet from http://caregroups.info/wp-content/uploads/2015/08/1Final-Computerized-Tabulation-Sheets-June-2016.xlsx or install it from a flash drive.

    – Ask participants to read the instructions in **Annex 4**, and, using the datasets provided in the annexes or the data from their field work, enter the information required as directed on the instructions (first the denominators, then the codes for each of the types of responses to each question, then the number of Doer and Non-Doers who responded).

    – Circulate around the room, helping each participant and responding to questions as they come up. Be prepared to explain how to add and delete rows, add more questions, and copy formulas into different cells.

    – When everyone has finished entering the data, ask: What similarities with the manual data analysis results do you see? What differences do you see?

    – Explain that when there are differences between the manual and the electronic data results, more confidence should be attributed to the electronic results as they are more sensitive.

7. Interpreting the BA Results

   7a. Ask the participants: What needs to happen after the data has been analyzed, either manually or electronically, after you have identified the responses that have a 15 percentage points (or more) point difference? There will be various correct responses.

   7b. Tell the participants that once you have coded, tabulated, and analyzed the data, you then need to interpret the meaning of the data. The data alone is not actionable until you have interpreted it. Once you have interpreted the data, then you can write the Bridges to Activities and complete the DBC framework, which we'll learn about in the next lesson. Not all significant findings merit a Bridge to Activity, however.

   7c. When interpreting results of the Barrier Analysis there are a few things to remember. Refer participants to **Lesson 12 Handout 4: Guidance for Interpreting Barrier Analysis Results**. Review the examples and answer questions.

8. Practicing Interpretation

   8a. Refer participants to **Lesson 12 Handout 3: Example Data Set**. Ask each team to identify the significant results and decide which of them deserves to have a Bridge to Activity written for it (which are actionable immediately and which are not, which are repetitive).

   8b. After 15 minutes, ask participants to share their decisions. See **Annex 11 f**or the answer key.

9. Presenting the Results of a Barrier Analysis Study

   a.   Explain that many people plan to present the results of their Barrier Analysis study(ies) in a report. Refer participants to **Lesson 12 Handout 5: Outline for a Barrier Analysis Report**. Do not forget, however, that the results alone are not very important. The BA results only derive their effectiveness when they are used to design or inform behavior change activities. To better understand how to do this refer to the curriculum: *Designing Data-Driven Behavior Change Activities* [http://www.fsnnetwork.org/advanced-workshop-designing-behavior-change-focus-activities], and complete the Designing for Behavior Change (DBC) Framework by completing the last two columns: Bridges to Activities and Activities.

10. Lesson Wrap Up

   Wrap up the lesson by reiterating that only when the data has been interpreted can you move on to the next and final step in the process: using the results.

Lesson 12 Flip Chart 1: Definition of Coding

Coding is the process of examining the responses to a given question, looking for ways to categorize them according to their similar meaning, then assigning a few words that represent that categorization.

Lesson 12 Handout 1: Coding Game Part 1

Instructions: Read the responses listed in Column 1 to the question below. Read the names of the categories in Column 2. Draw a line between the response and the category to which you feel it best belongs.

Question: What are the advantages of brushing your teeth with tooth paste three times each day?

Column 1: Responses	Column 2: Categories
a. My teeth won't yellow as quickly as I age.	
b. Brushing will prevent gingivitis.	1. Better appearance
c. I'll have fresh breath.	
d. I'll avoid high dentist bills.	
e. My girlfriend will want to kiss me.	
f. I won't disgust my colleagues after I have lunch.	
g. I won't have many cavities.	
h. My teeth won't fall out.	2. Healthier teeth
i. I won't have to have root canal.	
j. I would have shiny teeth.	
k. I will avoid cavities, root canals, and other expensive and painful dental procedures.	
l. I will have whiter teeth and be more attractive.	
m. My breath will be better.	
n. I won't have to get as many cavities filled at the dentist.	3. Healthier gums
o. I will have fresh breath and smell nice.	
p. I won't get bleeding gums or gum disease.	
q. I would have better dental hygiene.	
r. It would help to prevent cavities.	4. Good breath
s. It would reduce costs and displeasure associated with dental visits	

Lesson 12 Handout 2: Coding Game Part 2

Instructions: Read the responses to the question below. With your teammates, decide which responses are similar and group these together. Then to identify the category and distinguish it from the other categories, assign a code to the similar responses. On a flip chart, name the categories you chose and write the responses underneath each category's code.

Question: What makes it difficult to brush your teeth with toothpaste three times a day every day?

Sometimes when I travel, I don't have regular access to clean water, so I can't brush my teeth.

1. I am too busy when I'm at work.

2. It's gross to brush your teeth in a public place where people will see you.

3. I don't have time to brush when I'm at work.

4. I don't have a tooth brush at work.

5. The quality of the water at work is questionable.

6. I go to bed late and am too tired to brush my teeth before bed.

7. It is difficult to brush my teeth in the middle of the day because I am at work.

8. I'm often rushed in the mornings and don't have a lot of extra time to brush my teeth.

9. Sometimes I just forget to brush my teeth.

10. It's difficult to brush three times a day because if you carry around a toothbrush in your bag it gets covered in fluff and the toothpaste can burst in your bag.

11. I would have to carry my toothbrush and toothpaste around with me during the day.

12. I don't think I would be able to remember to do it given how busy I am during the day.

13. I do not have time during work to brush my teeth.

14. I likely will not remember to do it each day during the middle of the day.

15. It would require brushing while at work and all of the inconveniences associated (bringing brush and paste to work, brushing in front of colleagues in men's room, etc.).

17. Not having a personal sink at work makes it difficult to brush my teeth with toothpaste three times a day.

Lesson 12 Flip Chart 2: Example Coding Guide/Tally Sheets of Results for Doer/Non-Doer Study

Responses	#Doers	% Doers	# Non-Doers	% Non-Doers
Perceived positive consequences: What are the advantages of doing the Behavior?				
Perceived negative consequences: What are the disadvantages of doing the Behavior?				
Perceived self-efficacy: What makes it easier to do the Behavior?				

Responses	#Doers	% Doers	# Non-Doers	% Non-Doers
Perceived self-efficacy: What makes it more difficult to do the Behavior?				
Perceived social norms: Who would approve of/supports you doing the Behavior?				
Perceived social norms: Who would disapprove of/does not support you doing the Behavior?				

Lesson 12 Handout 3: Example Tabulation Sheet for Analysis

Instructions:

1. Analyze the data below by calculating the difference between the responses given by Doers and Non-Doers. Significant responses are those with a 15-percentage point difference or greater.
2. Working with a partner, decide which significant findings are actionable and merit writing a Bridge to Activity.

Behavior: Mothers of children 0–23 months wash their hands with soap or ash at the 5 critical times each day.

Responses	Doers (%)	Non-Doers (%)
1. Perceived positive consequences: What are the advantages of doing the Behavior?		
a. Avoid diseases	90	84
b. Be clean/hygiene	76	67
c. Feel comfortable with others	20	12
d. Be attractive	2	2
e. Remove bad smell	8	8
2. Perceived negative consequences: What are the disadvantages of doing the Behavior?		
a. None	71	84
b. Requires money	16	8
c. Takes time	8	6
d. People think I'm lazy (don't work)	2	4
e. Makes food taste strange/bad	10	30
3. Perceived self-efficacy: What makes it easier to do the Behavior?		
a. Access to water	82	69
b. Access to soap/money for soap	73	78
c. Access to ash	33	16
d. Container for water	2	0
e. Having a reminder	12	12
f. Habit/willingness/motivation	18	6
g. Being aware/knowing how	22	14
4. Perceived self-efficacy: What makes it more difficult to do the Behavior?		
a. No money to buy water	51	35
b. No money to buy soap	73	78
c. No ash	6	4

Responses	Doers (%)	Non-Doers (%)
d. No time/too busy	39	16
5. Perceived social norms: Who would approve of/supports you doing the Behavior?		
a. Health workers	63	51
b. My husband	35	33
c. Neighbors	25	28
6. Perceived social norms: Who would disapprove of/does not support you doing the Behavior?		
a. No one	63	63
b. Elders/local leaders	25	34
c. My husband	33	55
7. Perceived severity: How bad is diarrheal disease?		
a. Very bad	88	88
b. Somewhat bad	10	8
c. Not bad at all	2	4
8. Perceived susceptibility/risk: Can I get diarrheal disease?		
a. Very likely	78	30
b. Somewhat likely	14	37
c. Not likely	8	33
9. Perceived action efficacy: Will washing hands with soap or ash prevent diarrhea?		
a. Yes	63	49
b. Maybe	10	24
c. No	27	27
10. Access: How difficult is it to get the water you need to…?		
a. Very difficult	33	71
b. Somewhat difficult	49	24
c. Not difficult	18	6
11. Cues for action/reminders: How difficult is it for you to remember to…?		
a. Very difficult	14	14
c. A bit difficult	39	47
d. Not difficult at all	47	39

Lesson 12 Handout 4: Guidance for Interpreting Barrier Analysis Results

1. Remember that the percentages of Doers and Non-Doers alone are not meaningful. They do NOT mean that X% of the population thinks a particular way. This is because the BA is NOT a population-based study. Only the gap between the Doers and Non-Doer is noteworthy.

2. Only responses that have a 15-percentage point difference or higher are worth examining further. The larger the gap between Doers and Non-Doers, the more significant is the response.

3. Not all significant responses require writing a Bridge to Activity.

4. When responses to two different questions give you the same or a very similar information only write one Bridge to Activity.

Question/Responses	Doers%	Non-Doers%
1. Self-efficacy: What makes it difficult for you to wash your hands with soap at the five critical times each day?		
Not having soap	23	55
2. Access: How difficult is it for you to get soap for handwashing each time you need it?		
Very difficult	23	55
Somewhat difficult	40	30
Not difficult at all	37	15

5. Likewise, in the closed-ended questions (see above) usually if one of the answers is significant, at least one of the others (and sometimes all three) will be significant. In this case interpret all of the responses and write only one Bridge to Activity.

6. When Doers express a concern (something that makes doing the Behavior difficult) but Non-Doers do not mention the same obstacle, this will become an actionable response but only at a later date. This is because Doers have found a way to overcome the obstacle. In the example below, programmers should be ready to overcome this barrier once the Non-Doers become motivated to try ORS and they are looking for an appropriate container to mix the ORS in. Write a Bridge for this response.

Question/Responses	Doers%	Non-Doers%
1. Self-efficacy: What makes it difficult to give your child ORS when s/he has diarrhea?		
Not having the appropriate container	20	0

7. When Non-Doers mention that an influencing group approves of a Behavior, but Doers don't mention that person, this response is non-actionable. This is because the approval of the influencing group has not been powerful enough to motivate the person to adopt the Behavior. Some other barrier must be preventing the person from adopting the Behavior and you should focus on that.

Question/Responses	Doers %	Non-Doers %
1. **Social Norms:** Who approves of you putting compost on your garden?		
My husband	32	50

8. When Non-Doers identify a barrier (difficulty) and the response is significant this is usually noteworthy and will merit a Bridge to Activity.

Question/Responses	Doers %	Non-Doers %
1. **Self-Efficacy:** What makes it difficult to feed your child animal source protein foods?		
Too expensive	50	80

9. If Non-Doers give a response to a question about advantages (positive consequences) that is not correct, usually this response should be ignored. This is because even though they associate a positive result with the behavior, they still don't do it.

Question/Responses	Doers%	Non-Doers%
1. **Positive Consequences:** What are the advantages of giving ORS to your child?		
It prevents malaria	0	20

10. The response 'nothing' given by a Non-doer to the question negative consequences/ disadvantage that is significant is non-actionable and does not merit a Bridge to Activity.

Question/Responses	Doers %	Non-Doers %
1. **Negative Consequences:** What are the disadvantages of washing your hands with soap at the five critical times each day?		
None	50	80

11. The response 'no one' given by Non-doers to "who disapproves?" that is significant is non-actionable and does not merit a Bridge to Activity.

Question/Responses	Doers%	Non-Doers%
1. **Social Norms:** Who disapproves of you attending 4 antenatal consultations?		

No one	50	80

Lesson 12 Handout 5: Outline for a Barrier Analysis Report

A. Introduction (1 page)

1. Background (basic information about the project – country, intervention area, dates, donor(s), objectives, target groups, Behaviors being promoted, current behavior change activities/ strategy- and the situation that required the behavior change design modification
2. Justification for using the Barrier Analysis rather than another type of formative research (could insert 2-page intros to DBC and BA in the annexes)

B. Development of the Social and Behavior Change Strategy

1. Objective of the Work (1 – 2 paragraphs) also explain how the Behaviors that were studied were chosen (the justification)

2. Description of the Designing for Behavior Change framework and Barrier Analysis study (1 paragraph) (if not inserted above, point the reader to the 2-page explanations in annexes)

3. Designing the Questionnaire(s) (1 -2 paragraphs) – who developed then, translation process, any challenges, testing process (include questionnaires in the annex)

4. Barrier Analysis Training (1 – 2 paragraphs) (schedule, numbers and profile of attendees (names of attendees in annexes)

5. Field Work/Data Collection – (1 – 2 paragraphs) sampling criteria, communities visited, data collection teams – list names in the annexes, data collection schedule, any challenges)

6. Coding, Tabulation and Analysis of study results (1 - 2 paragraphs)– when this was done, who facilitated, who participated, where it was done, any challenges, numbers of Doers/Non-Doers for each Behavior studied (all completed tabulation sheets in an annex)

7. Results of the Barrier Analysis Study (Table format is best: Behavior Statement including Priority Group, Determinant and Significant Response/Code, Bridge to Activity and gap/p value; counter-intuitive and non-actionable findings)

Significant Findings from the Barrier Analysis Study (Example)

Behavior Statement w/ Priority Group	Determinant/ Significant Response/Code	Ranking by gap	Bridge to Activities
Mothers of Children U5 wash their hands with soap at the 5 critical times	Neg. Consequences Makes food taste bad	20	Decrease the perception that handwashing with soap makes food (that you eat with your hands) taste bad
	Self-efficacy/Access Having access to ash makes it easier	17	Increase the availability of ash for handwashing
	Action-efficacy Washing hands with ask is just as effective as washing with soap	25	Increase the perception that washing hands with ash is just as effective as washing hands with soap.

C. Behavior Change Activity Description: What is/are the activity/ies and how will <u>the content</u> of that activity/ies address the Bridges to Activities? (2- 3 pages depending on the number of significant findings)

Annexes

Annex - Two-page descriptions for DBC framework and Barrier Analysis study
Annex - BA training schedule
Annex - Data Collectors, Data Collection Teams and Team supervisors
Annex - Data Collection Schedule, Communities Visited each day by teams
Annex - Completed DBC Frameworks
Annex - Activity Description outline (optional)

Lesson 13: Step 7:
Using the Results to Make Decisions

Achievement-Based Objectives

By the end of this lesson, participants will have:
- Written Bridges to Activities based on the interpretations they made from the data
- Proposed activities that would address the Bridges to Activities
- Suggested other decisions that could be taken based on the data (assuming the project was already underway)

Time

2 hours

Materials

- Lesson 2 Handout 1: Blank Designing for Behavior Change Framework
- Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
- Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks
- Lesson 13 Handout 1: Writing Bridges to Activities
- Lesson 13 Handout 2: Match the Determinants to the Activities (Nutrition and NRM)

Steps

1. Introduction

   1a. Ask participants to identify where we are among the Seven Steps to conducting Barrier Analysis (Step 7: using the results to make decisions). Explain that once they have conducted the research and interpreted the data, they need to use it to make some decisions.

   1b. Explain that there are a couple of different choices at this point.

   If they are developing a new behavior change strategy and using the Designing for Behavior Change (DBC) Framework, they will use the data to write Bridges to Activities that inform the content or choice of activities. (Show where these two columns are on **Lesson 2 Handout 1: Blank Designing for Behavior Change Framework**.) In that case, it is important to look at how to write a Bridge to Activity and how to use it to select/design a behavior change activity.

   Note: If the majority of participants have already attended the DBC 5-day course, just do a quick review of how to write Bridges to Activities.

2. What is a Bridge to Activity?

2a. Remind Participants of the definition of Bridge to Activities and how it's written.

Definition- Bridges to Activities: Bridges to Activities are based on the responses given by the Priority Group during the formative research that were found to be 'significant'[25]. They are more-specific descriptions of a change one should make to address the issue revealed by the research. The Bridges to Activities are always about the Priority Group, so it is not necessary to mention the Priority Group in the wording. There is usually one Bridge to Activity written for each determinant found to be significant for the chosen Behavior (e.g., "increase the perception that diarrhea could cause a child to become malnourished").

A Bridge to Activity usually begins with a directional verb (e.g., increase, decrease, improve, reinforce) and often proposes to change the *perception* of the Priority Group. It is not expressed in percentages.

Bridge to Activities Formulation

- Directional verb + the perception that… or the ability to… or the availability of…

- Example: Increase the perception that sleeping under an insecticide-treated bed net (ITN) is a good way to avoid getting malaria (action efficacy)

- Example: Increase the perception that mother's in law approve of only giving infants breastmilk (Social Norms)

2b. Explain that a Bridge to Activity is a more specific description of the direction in which a determinant will go. The details needed to write a Bridge to Activity come from the formative research results. Bridges to Activities cannot be written without formative research because the Bridge to Activity is both a link between the determinant and an activity and a planned change in a determinant.

2c. Ask participants: Why isn't it possible to just write activities based only on knowledge of the determinants and skip writing Bridges to Activities? Responses should include: Because you don't know yet what to do about the determinants or which aspect of the determinants you need to develop activities around. For example, if your formative research said that access was an important determinant, without looking further at the results you might develop an activity for the wrong type of access. Once the survey is completed the focus switches from the determinants to the responses the Priority Group gave.

2d. Refer participants back to **Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks** and have them read the determinants and matching Bridges to Activities. Emphasize that the Bridge to Activity often tells us if we will

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[25] A response is "significant" if there is a gap of 15 percentage points between "Doers" and "Non-Doers."

"increase, improve, reduce, decrease, or reinforce" something. It tells us in what direction we want to affect the determinant.

2e.   Explain that Bridges to Activities are often written using the word "perception", since most all of the determinants are the priority audience's perception of something. An exception would be perceived self-efficacy, where the Bridge to Activity would be written as "increase the ability to…" Explain that some people confuse activities with Bridges to Activities, but they are not the same thing. Activities usually begin with an action verb. Bridges to Activities are more general and allow the designer to select among many possible activities. Bridges to Activities should not be written with an activity already in mind. Doing that limits the number of options you have to address the issue.

2f.   Divide the participants into small groups and ask them to look at **Lesson 13 Handout 1: Writing Bridges to Activities**. Explain that the codes in the left column are results of formative research for which Bridges to Activities need to be written, and center column gives the determinant associated with the statement. Assign specific statements/codes to each small group and ask them to write a Bridge to Activity for each assigned code. Review with entire group and correct answers. Take questions. (The key to the exercise can be found in **Annex 13**.)

2g.   Explain to participants: After you have written the Bridges to Activities, the next step is to select or design activities that will address them. This is the time when you need to muster all of your creative skills as sometimes new and different activities are required. In the DBC training there is a separate lesson just on activities, but we don't have the time here to go into that much detail. To give you some exposure to the concept of selecting activities to match Bridges to Activities (and determinants), let's play a matching game.

–   With participants working individually, distribute **Lesson 13 Handout 2: Match the Determinant to the Activities** to each person (there are 2 handouts, one for people in the Health/Nutrition sector and one for people in the Agriculture sector). Ask Participants to match the activities to the determinants (bridges are "understood") that best correspond.

–   Once everyone has completed the exercise, instruct them to share with their neighbor. Check answers using **Annex 14** and take any questions.

2h.   Discuss with participants: In addition to using the formative research data to complete the DBC Framework, there are other decisions that you might make that would be informed by the data. What might those be? Answers could include tailoring a training curriculum to the specific needs/barriers of the Priority Group, creating visual aids based on the data/Bridges to Activities, creating specific determinant-based messages, and other ideas.

3. Lesson Wrap Up

    3a. Wrap up the session by reiterating that applying the findings from the data collected to inform the behavior change strategy is an absolutely critical step. There are lots of ways to use the data from the formative research, but it has to be used in some way.

Lesson 13 Handout 1: Writing Bridges to Activities

Instructions: For each response code write at least one Bridge to Activity related to the selected Behavior.

Responses/Codes from Formative Research	Determinant	Bridge to Activity
1. Doesn't know how to plant on the contour	Perceived self-efficacy	
2. Farmer thinks father-in-law doesn't appreciate use of fertilizer (not worth the money and effort)	Perceived social norms	
3. More insects if fields aren't burned	Perceived negative consequences	
4. Clinic staff are mean (care seeking)	Access Perceived negative consequences	
5. Can't breastfeed while working outside the home	Perceived self-efficacy	
6. Can't recognize the weeds	Perceived self-efficacy	
7. Forgot the date of the distribution (improved seed use)	Cue to action/ reminders	
8. Birth weight predicts nutritional outcomes (good birth weight = no risk of malnutrition)	Perceived susceptibility	
9. Bible approved of covering feces/latrine use	Perceived divine will	
10. Took child to be vaccinated last week, but they said they cannot open up a vial of vaccine for just one child (10 kids needed to open a vaccine vial policy)	Policy	

Responses/Codes from Formative Research	Determinant	Bridge to Activity
11. Men and women don't discuss family planning here	Culture	
12. Fidelity is too hard	Self-efficacy/ skills	
13. Husband wants to plant more cash crops (not veggies for home consumption)	Perceived social norms	
14. Stock-outs of preferred contraceptives	Access	
15. Silos prevent rat infestation	Perceived positive consequences	
16. Vet nearby (animal traction)	Access	
17. Can't remember how to check breathing (acute respiratory infection [ARI]/care seeking)	Cues to action/ reminders	
18. Complementary feeding takes too much time	Perceived negative consequences	
19. Being underweight is not serious (I was underweight and I turned out OK)	Perceived severity	
20. God is in control of the harvest	Perceived divine will	
21. Stopped breastfeeding to qualify for food rations (only malnourished infants get rations)	Policy or negative consequences	

Lesson 13 Handout 2: Match the Determinant to the Activities

Instructions: Match the determinants[26] to the corresponding activities in both tables.

Nutrition Activities

Activity	Determinant
A. Demonstrate what happens when you leave food uncovered near a pile of shit.	1. Perceived self-efficacy
B. Showing mothers pictures of their babies before and after the PD/Hearth.	2. Perceived social norms
C. Work with Ministries of Industries to pass regulations requiring the fortification of cooking oil with vitamin A.	3. Perceived positive consequences
D. Tying soap from string next to tippy-tap	4. Perceived negative consequences
E. Survey the number of children who had to be taken to the clinic to receive treatment for diarrhea.	5. Access
F. Community growth monitoring showing the high percent of children who are malnourished	6. Cues for action/reminders
G. Gardening tools distribution Outreach growth monitoring and promotion activities	7. Perceived susceptibility/risk
H. Baby weighing at the end of the two-week PD/Hearth	8. Perceived severity
I. Invite fathers to the final session of the PD/Hearth to show them the results of proper feeding & gain support for continued feeding	9. Perceived action efficacy
J. Breastfeeding support groups where mothers help each other overcome BF difficulties	10. Perceived divine will
K. Convene discussions with older women about how mothers used to carry their babies with them everywhere to remind current mothers of the "old ways"	11. Policy
L. Work with religious leaders to gain support for equal feeding practices regardless of gender; produce sermon outlines.	12. Culture

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[26] In reality Behavior Change Activities address the Bridges to Activities created after the Barrier Analysis Study; not a Determinant.

Agriculture and NRM Activities

Activity
M. Walk around the village to view what happened to the soil when all the trees were cut.
N. Advocate for controls and regulations on pesticides that limit the import of illegal products;
O. Persuade local shops to sell seeds and implements. Ag volunteers buy quality seed in bulk to re-package and sell to farmers in affordable quantities.
P. Orient village elders and farmers' wives to the benefits of adopting the new practices
Q. Work with religious leaders to help farmers realize that the crop rotation and "resting the land" is in line with recommendations in their holy scriptures.
R. Survey of farmers regarding the % of farmers who suffer land erosion problems.
S. Crops comparisons: one with new seeds and one without
T. Demonstration and hands-on practice to apply new skills such as tree planting, installing drip irrigation, etc.
U. Survey of farmers regarding the extent of erosion (what % of farmers suffer land erosion problems)
V. Convene a discussion with the old farmers of the community to identify all the changes they have experienced over the years and how they have adapted to the changes.
W. Memory aid showing the distance between planted rows
X. Case study of families who planted a home garden who not only had plenty of veggies to eat but also earned income from the sale.

Determinant
1. Perceived self-efficacy
2. Perceived social norms
3. Perceived positive Consequences
4. Perceived negative consequences
5. Access
6. Cues for action/reminders
7. Perceived susceptibility/risk
8. Perceived severity
9. Perceived action efficacy
10. Perceived divine will
11. Policy
12. Culture

Lesson 14: Closing Session

Achievement-Based Objectives

By the end of this lesson, participants will have:

– Evaluated their learning
– Evaluated the training
– Received recognition for participation in the course

Time

1.5 hours

Materials

– Lesson 14 Flip Chart 1: Expectations Assessment
– Post-Training Process Survey
– Training Pre-/Post-Tests (completed pre-tests from the beginning of the training and blank post-tests to be completed in this lesson)
– Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre-and Post-Tests
– Certificates of Completion (optional)

Steps

1. Display the flip chart, "Our Expectations" from **Lesson 1** and **Lesson 14 Flip Chart 1: Expectations Assessment.** Explain that after taking the Post-Test; each participant should come up to the flip chart, find their own expectation (on the post-it); decide if their expectation was fully met, partially met, or not met at all; and place the Post-it in the appropriate column on the Lesson 14 Flip Chart 1 (turn the flip chart stand away from the participants so this can be done anonymously).

2. Pass out the Post-Test. Ask participants to circle the word "Post" on the test to distinguish it from the Pre-Test. Ask participants to complete the Post-Test first and identify it using the same symbol as the pretest so the facilitator can return the Pre- and Post-Tests to each person.

   Write the correct responses to the test on a flip chart and turn it AWAY from the participants. As participants complete their Post-Test ask them to come up and look at the correct responses on the flip chart and correct their own test. They should write the number of correct responses at the top of the page.

   Their scores can be shared with someone inputting them into a spread sheet if this is desired.   On a flip chart, note the scores of the participants without showing names as shown on **Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre-and Post-Tests,** so the group can see their group progress. Return the Pre- and Post-Tests to each participant.

3. When participants have completed their **Post-Test** distribute the **Post-Training Process Survey** for completion and collect them for analysis.

5. Show participants the results of the **Expectation Assessment** and the **Post-Tests.**

6. When everyone has completed the **Post Test, Post-Training Process Survey** and Expectations, ask participants to share their plans for conducting a Barrier Analysis. Ask participants: In thinking about your own project and the limits of staff, time, and resources, when do you see yourself and colleagues conducting a study? Encourage participants to be specific, not just say during, e.g., proposal development, baseline, detailed implementation plan development, mid-term evaluation, final evaluation.

6. Ask participants to list three action items that are relevant to this training that they plan to do within the next 2 months.

7. Ask participants: Who would be willing to be a mentor to someone else in the group? Who would like to have a mentor? As participants raise their hands, ask them to pair up and make a note of each other's names and contact information.

8. Hand out certificates (optional) and congratulate the participants. Distribute contact lists and any final materials.

Lesson 14 Flip Chart 1: Expectations Assessment

Fully Met	Partially Met	Not Met at All

Post-Training Process Survey

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

Training Process and Facilitation	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The training was presented in an organized and interesting manner.				
b. The facilitator helped me learn to the best of my ability.				
c. I had opportunities to work with /learn from other participants.				
d. I acquired new skills at this training that I can apply directly to my job.				
e. I was satisfied with the quality of the materials distributed at this training.				

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

   ❑ Very satisfied

   ❑ Satisfied

   ❑ Dissatisfied

3.   To what extent do you expect this training to make a difference in the way you design, organize, and conduct a Doer/Non-Doer Study or Barrier Analysis?

   ❑ Substantial difference

   ❑ Some difference

   ❑ No difference

4.   How confident are you that you will be able to apply the ideas and strategies from this training in your work?

   ❑ Very confident

   ❑ Somewhat confident

   ❑ Not very confident

5.   What I liked most about the training was:

6.   What needs to be improved? Additional comments:

Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre- and Post-Tests

Number of Correct Responses	Pre-Test Results	Post-Test Results
10		
9		
8		
7		
6		
5		
4		
3		
2		
1		

Annex 1: Learning Needs and
Resources Assessment

Designing, Organizing, and Conducting a
Barrier Analysis

Name:

Organization:

Position:

Sector Specialization: Health, Nutrition, Agriculture, NRM, Education

Native language:

1. How would you rate your English fluency?

2. Please list 1–2 Behaviors that your organization/project is promoting.

3. Please list 1–2 indicators from your IPTT, design framework, M&E plan that reflect a Behavior/practice/technique.

4. How will you use what you learn during the training in your project?

5. Please name one specific thing you'd like to learn during the training about Behavior change.

Annex 2: Answer for the Pre-/Post-Test[27]

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

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[27] Consider changing the order of the questions for the post-test to prevent the participants from simply memorizing the correct answers.

Annex 3: Answers for Lesson 4 Handout 2: Learning about the Determinants of Behavior Change

Question	Response
1. Which determinants should always be studied?	Social Norms, Self-Efficacy, Positive Consequences, Negative Consequences
2. Which determinant asks about the bad things that could/did happen when you do the Behavior?	Negative consequences
3. Which determinant asks the priority group if they can get the things they need to do the Behavior?	Access
4. Which determinants **don't ask** about the Behavior, but more about the problem?	Susceptibility, severity, action efficacy
5. What is the difference between action efficacy and self-efficacy?	AE is the belief that doing the behavior will solve the problem; SE is the belief that you can do the behavior
6. Which determinant is about being able to remember to do the Behavior?	Cue for Action
7. Which determinant might be more important for NGOs working with faith communities?	Divine will
8. Which determinant is about belief if the Behavior is effective in solving the problem?	Action efficacy
9. Which determinant is about the good things that may happen/did happen after doing the Behavior?	Positive consequences
10. Which determinant is about the belief/confidence that you can do the Behavior?	Self-efficacy
11. Which is the determinant that talks about whether the group I belong to agrees that I do the Behavior?	Culture
12. Which determinant is about the belief that someone I care about either approves or disapproves of me doing the Behavior?	Social norms
13. Which determinant is about the belief that the problem is serious?	Severity
14. Which determinant is about the belief that there is a law or regulation that favors or hinders the practice of the Behavior?	Policy
15. Which determinant is about the belief that one is vulnerable to the problem?	Susceptibility
16. Which determinant is about the belief that one can remember how	Cue for Action

Question	Response
to do the Behavior?	
17. Which determinant has many different facets – such as cost, geography, distance, language, gender and culture?	Access

Annex 4: Answers for Lesson 4 Handout 4: Match the Determinant to the Question

A. Are there any laws or policies that make it more likely that you use ORS?

Policy

B. How easy is it to remember how to use the water filter?

Cue for Action

C. If you only gave breast milk to your baby, would that prevent her from getting diarrhea?

Action Efficacy

D. How difficult is it for you to get the soap you need to wash your hands every day?

Access

E. How likely is it that your child will become malnourished in the next year?

Susceptibility

F. What are the disadvantages of getting tested for HIV?

Negative Consequences

G. Are there any local customs or traditions against discussing how to use the household income with your wife?

Culture

H. Who would disapprove of you delivering at the health facility?

Social Norms

I. What are the advantages of keeping your animals penned up at all times?

Positive Consequence

J. What makes it difficult for you to use a condom every time you have sex with a non-regular partner?

Self-Efficacy

K. Do you think it's God's will that people get cholera?

Divine Will

L. How serious of a problem would it be if you contracted HIV?

Severity

Annex 5: Answers for Lesson 5 Handout 4: Barrier Analysis Game

Questions	Responses
How is a Doer/Non-Doer Study different from a Barrier Analysis survey?	Doer/Non-Doer studies examine only four of 12 determinants
How many determinants are explored in a Barrier Analysis?	Up to 12
Which determinants are explored by both Doer/Non-Doer Studies and Barrier Analysis surveys?	Perceived self-efficacy, perceived social norms, perceived positive consequences, and perceived negative consequences
What data collection method is recommended?	Individual interviews
Who is usually interviewed in a Barrier Analysis?	The Priority Group members
Who interviews Doers and Non-Doers (in both Doer/Non-Doer Studies and Barrier Analyses)?	Someone who has been trained in this interview technique
Can the same person be interviewed concerning more than one Behavior?	Not recommended
What is the minimum number of total interviewers recommended?	90
How many Doers should be interviewed?	45
Is it acceptable to take your sample all from the same community?	Not recommended
When in the project life cycle can the Barrier Analysis be used?	Proposal development, first or second quarter, after mid-term, any time when a Behavior is not changing
How reliable are the findings?	95%
To be considered significant what should the minimum point difference be between Doers and Non-Doers?	15%
Can the results only be **coded** manually?	Yes
Are other qualitative methods sometimes used after a Barrier Analysis?	Yes
Is the Barrier Analysis a quantitative or qualitative research method?	Both

Annex 6: Answers for Lesson 6 Handout 2: Examine the Questionnaire

Question	Response
1. Is this a Doer/Non-Doer questionnaire or a Barrier Analysis questionnaire? How do you know?	Barrier Analysis – it studies more than 4 determinants.
2. How many places on the questionnaire are there for classifying the respondent as a Doer or a Non-Doer <u>using tick boxes?</u>	2 – top of Page 1 and just after the Classification Table.
3. What seems to be the purpose of the questions posed in Section A?	To distinguish Doers from Non-Doers
4. What do you think is the most important piece of information included in the demographics section?	The Name of the Interviewer – so you can return the questionnaires that she did back to her for coding
5. What is the purpose of the Behavior Explanation?	To make sure the respondent understands what Behavior you will be talking about.
6. How many open-ended questions are there in Section B?	7 if you include the last one on Universal Motivators
7. How many questions on the questionnaire (Section B) are NOT related to the Behavior?	2 – susceptibility and severity – 3 if you include the universal motivator question
8. What is the difference between how the Doer questions are asked and the Non-Doer questions?	Doer questions are in present tense Non-Doer questions are in conditional tense (would)
9. How many questions are posed to BOTH Doers and Non-Doers **in the same way**?	6
10. What is the purpose of the Classification Table?	To help remember how specific screening questions should be answered to be classified as either a Doer or a Non-Doer or someone not to interview
11. For the open-ended questions, what important instructions are included on the questionnaire?	PROBE!
12. Which <u>determinants</u> have more than one question?	Self-Efficacy, Social Norms, and Cue for Action
13. For which closed questions do you read the responses?	#7, #8, #9, #10, #11, #12 --- The ones that include the responses in the question.
14. Which two questions will help us to identify the influencing group?	#5 and #6 -- Who approves and who disapproves
15. Which of the questions <u>in Section B</u> should be	NONE OF THEM!

Question	Response
skipped?	
16. In Section B for the closed - ended questions, do the tick boxes only pertain to the Non-Doers or to both Doers and Non-Doers?	Both! The tick boxes pertain to either the Doer or the Non-Doer (both)

Annex 7: Alternative Format for BA Questionnaire

Barrier Analysis Questionnaire:
Condom Use among Unmarried Youth

Behavior Statement

Unmarried male/female youth ages 15 – 21 who are sexually active

use a condom every time they have sex.

Name of the interviewer: _____

Questionnaire number: _____

Site: _____

Gender of the respondent: ❏ Male ❏ Female

Scripted Introduction: Hi. My name is _____. I am part of a study team looking into what youth think about protecting themselves against STIs. We would like to hear your views on this topic. You are not obligated to participate, but if you do, the interview will only take about 15 minutes and all your responses will be kept entirely confidential and will not be shared with anyone. Furthermore, you should know that you will not receive any gifts or services for your participation, nor will anything be withheld should you decide not to participate. Would you like to participate in the study? *[If no, thank her/him for her/his time.]*

Section A: Doer/Non-Doer Classification Questions

1. How old are you ? _____ age in years	❏ A. between 15 - 21 ❏ B. < 15 or > 21 → *[End the interview]* C. Declines to say → *[End the interview and look for another respondent]*
2. Are you sexually active ?	❏ A. Yes ❏ B. No → *[End the interview]* ❏ C. Declines to say → *[End the interview and look for another respondent]*
3. Are you married or in a long term committed relationship with one person?	❏ A. No ❏ B. Yes → *[End the interview]* ❏ C. Declines to say → *[End the interview and look for another respondent]*
4. Now I'd like you to remember the last three (3) times you had sex. During those	❏ A. two or more times ❏ B. 0 – 1 time

sexual encounters, how many times did you use a condom?	❑ C. Declines to say → *[End the interview and look for another respondent]*

Doer	Non-Doer	Do Not Interview
Question 1 = A		Question 1 = B or C
Question 2 = A		Question 2 = B or C
Question 3 = A	Question 3 = B	Question 3 = C
Question 4 = A	Question 4 = B	Question 4 = C

Group: ❑ Doer ❑ Non-Doer

Section B: Research Questions

Perceived Self-Efficacy

Doer: What makes it **easy** for you to use a condom every time you have sex? *[probe at least three times]*	**Non-Doer:** What would make it **easy** for you to use a condom every time you have sex? *[probe at least three times]*
Doer: What makes it **difficult** for you to use a condom every time you have sex? *[probe three times]*	**Non-Doer:** What would make it **difficult** for you to use a condom every time you have sex? *[probe three times]*

Perceived Social Norms

Doer: Who are all the people who **approve** of you using a condom every time you have sex? *[probe three times]*	**Non-Doer:** Who are all the people who would **approve** if you used a condom every time you have sex? *[probe three times]*
Doer: Who are all the people who **disapprove** of you using a condom every time you have sex? *[probe three times]*	**Non-Doer** who are all the people who would **disapprove** if you used a condom every time you had sex? *[probe three times]*

Perceived Positive Consequences	
Doer: What are all the **advantages** of using a condom every time you have sex? *[probe three times]*	**Non-Doer:** What would be all the **advantages** of using a condom every time you have sex? *[probe three times]*
Perceived Negative Consequences	
Doer: What are all the **disadvantages** of using a condom every time you have sex? *[probe three times]*	**Non-Doer:** What would be all the **disadvantages** of using a condom every time you have sex? *[probe three times]*
Access	
Doer: How difficult is it for you to get a condom every time you have sex? *[read all responses]* ❑ A. Very difficult ❑ B. Somewhat difficult ❑ C. Not difficult at all	**Non-Doer:** How difficult would it be for you to get a condoms every time you have sex? *[read all responses]* ❑ A. Very difficult ❑ B. Somewhat difficult ❑ C. Not difficult at all
Cues for Action/Reminders	
Doer: How difficult is it to remember to use a condom every time you have sex? *[read all responses]* ❑ A. Very difficult ❑ B. Somewhat difficult ❑ C. Not difficult at all	**Non-Doer:** If you wanted to use a condom every time you had sex, how difficult would it be for you to remember to use it? *[read all responses]* ❑ A. Very difficult ❑ B. Somewhat difficult ❑ C. Not difficult at all
Perceived Risk	
Doer: How likely are you to contract HIV/AIDS in the next 10 years? *[read the responses]* ❑ A. Very likely ❑ B. Somewhat likely	**Non-Doer:** How likely are you to contract HIV/AIDS in the next 10 years? *[read the responses]* ❑ A. Very likely

❑ C. Not likely at all	❑ B. Somewhat likely
	❑ C. Not likely at all
Perceived Severity	
Doer: How serious would it be if you contracted HIV/AIDS? *[read the responses]*	**Non-Doer:** How serious would it be if you contracted HIV/AIDS? *[read the responses]*
❑ A. Very serious	❑ A. Very Serious
❑ B. somewhat serious	❑ B. Somewhat serious
❑ C. Not serious at all	❑ C. Not serious at all
Perceived Action Efficacy	
Doer: Do you think that if you use a condom every time you have sex you can avoid getting HIV/AIDS?	**Non-Doer:** Do you think that if you use a condom every time you have sex you can avoid getting HIV/AIDS?
❑ A. Yes	❑ A. Yes
❑ B. Maybe	❑ B. Maybe
❑ C. No	❑ C. No
Perceived divine will	
Doer: Do you think God causes people to get HIV/AIDS?	**Non-Doer:** Do you think God causes people to get HIV/AIDS?
❑ A. Yes	❑ A. Yes
❑ B. Maybe	❑ B. Maybe
❑ C. No	❑ C. No
Closing Statement: Thank you for participating in the survey. Please don't discuss these questions with your friends until after we have finished interviewing people today.	

Annex 8: Answers for Lesson 7 HO 3: Behavior Statement Exercise

Answer for Health and Nutrition

Behavior Statement	OK	Not OK	Rewrite
1. Family members wash their hands with soap at the five critical times each day.		X	Mothers of children < 5 years wash their hands with soap at the five critical times each day. "Family Members" is not specific enough.
2. Mothers give ORS to their children to prevent dehydration.		X	Mothers of children 6 – 59 month who have diarrhea give ORS to the child each time s/he passes a stool. Need specify the age of the child, the condition of the child, and how often to give the ORS
3. Mothers of newborns put the infant to the breast within one hour of delivery.	X		
4. Mothers of children < 5 years ensure that they are fully vaccinated.		X	Mothers of children < 18 months ensure that they are fully vaccinated. Most MOH policies require that children be fully vaccinated by 12 months of age.
5. Mothers of sick children seek prompt and appropriate care when they see symptoms of acute respiratory infection.		X	Mothers of children < 5 years whose child has difficulty breathing seeks care at a health clinic, health center or hospital within 24 hours of noticing the symptoms. Need to clarify priority group, the condition of the child, where to seek care and when.
6. Pregnant women attend antenatal consultations.		X	Pregnant women attend at least four antenatal consultants, the first of which is during the first trimester. Details need to be clearer

Answers for Agriculture

Behavior Statement	OK	Not OK	Rewrite
1. Women use compost to improve their soil.		X	Targeted farmers incorporate home-made compost made from brown and green material, animal manure, soil amendments and water, into the fields before planting
2. Seed conservation		X	Targeted farmers store their harvested grain in bags[28] off the ground and not touching any walls.
3. Female gardeners who have children < 5 years of age dig 20 cm into the soil when they prepare their garden beds.	X		
4. Targeted farmers don't burn their fields after the harvest.		X	Targeted farmers leave the crop residue in the field after harvest and until they plant again in that same field.
5. Farmers practice inter-cropping.		X	Targeted farmers plant a leguminous crop (e.g., groundnuts, pigeon peas, cowpeas, green beans, soy beans or lentils) in the same field as their staple crop during the same season.
6. Targeted farmers build semi-circular berms on the part of their fields at risk of erosion.	X		

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[28] The type of protective container will vary from place to place.

Annex 9: Answers for Lesson 8 Handout 1: Behavior Relaxing Worksheet

Ideal Behavior	Relaxed Behavior for the Barrier Analysis
1. Mothers of children under 5 wash their hands with soap at the five critical times each day (after defecation, before eating, before feeding a child, before preparing food, after changing a diaper).	Mothers of children under 5 wash their hands with soap at three or more of the five critical times each day (after defecation, before eating, before feeding a child, before preparing food, after changing a diaper).
2. Mothers of children under 6 months give only breast milk to their infants from birth to 6 months.	Mothers of children under 6 months give only breast milk to their infants from birth to 5 months.
3. Targeted farmers use only organic compost.	Targeted farmers use organic compost on at least half of their field.
4. Targeted farmers use only bio-pesticides on their crops.	Targeted farmers use bio-pesticides on at least half of their crops.
5. Married women ages 15–49 always decide by themselves on how to spend money that she herself has earned.	Married women ages 15–49 sometimes decide by herself on how to spend money that she herself has earned.
6. Targeted adults use latrines at all times.	Targeted adults always use the latrine when they are at home.
7. Targeted animal raisers keep their animals penned up at all times when they are in the village.	Targeted animal raisers keep their animals penned every night when they are in the village.
8. Pregnant women eat iron-rich foods 5 times a week.	Pregnant women eat iron-rich foods at least 3 times a week.
9. Mothers whose child has a fever, won't eat, or vomits everything, take the child to a private or government health facility within 24 hours of seeing these symptoms.	Mother's whose child has a fever, won't eat, or vomits everything, take the child to a private or government health facility within 48 hours of seeing these symptoms.
10. Couples wanting to delay a birth use a form of modern contraceptive.	Couples wanting to delay a birth, use any form of contraceptive.
11. Mothers of children 0–5 years old assure that the child sleeps under an insecticide-treated bed net (ITN) every night.	Mothers of children 0 – 5 years old assure that the child sleeps under an insecticide-treated bed net every night during the rainy season.

Ideal Behavior	Relaxed Behavior for the Barrier Analysis
12. Pregnant women attend four or more antenatal consultations at a private or government health facility with the first consultation in the first trimester and subsequent visits during each trimester.	Pregnant women attend four or more antenatal consultations at a private or government health facility.
13. Primary school children drink potable water at all times.	Primary school children drink potable water when they are at school.
14. Farmers remove impurities from their crops before sale.	Farmers remove impurities from at least half of their crop before sale.

Annex 10: Answers for Lesson 8 Handout 3: Practice Writing Screening Questions

Behavior Statement (relaxed)

Mothers of children under 23 months of age wash their hands at three or more of the five critical times (after using the latrine, before preparing food, before eating, before feeding a child, and after tending to a child who has defecated) with soap each day.

Behavior Screening Questions	Corresponding part of the Behavior Statement
1. How old is your youngest child?	Mothers of children under 23 months of age
2. Yesterday did you wash your hands?	wash their hands
3. Yesterday how many times did you wash your hands? *[This is a question to get the mother to more accurately remember the responses to Question 4.*	at three or more
4. Yesterday, at what times/moments during the day did you wash your hands?	of the five critical times - after using the latrine, before preparing food, before eating, before feeding a child, and after tending to a child who has defecated
5. Yesterday in addition to water, did you use anything to wash your hands?	with soap
6. If yes, what did you use?	with soap
7. May I please see the soap you have in the house now?	with soap

Screening Questions Example 2: Care Seeking

Instructions: Read the behavior statement, then read the screening questions. In the space provided write the part of the Behavior Statement that corresponds to the Screening Question.

Behavior Statement (relaxed)

Mothers of children under 5 years of age who have a fever seek medical treatment from a professionally trained provider within 48 hours of noticing the fever.

Behavior Screening Questions	Corresponding part of the Behavior Statement
1. How old is your youngest child?	Mothers of children under 5 years of age
2. In the last 3 months did your youngest child have a fever?	who have a fever
3. When your youngest child last had a fever did you seek medical care?	seek medical treatment
4. Where exactly did you seek medical care when your child had a fever last?	from a professionally trained provider
5. After noticing the fever, after how much time did you take the sick child to a clinic?	within 48 hours of noticing the fever

Annex 11: Answers for Classification Exercise

1. Non-Doer

2. Non-Doer

3. Do not interview

4. Doer

5. Non-Doer

6. Do not interview

7. Non-Doer

8. Doer

Annex 12: Answers for Lesson 12 Handout 3: Tabulation Sheet

Responses	Doers (%)	Non-Doers (%)	Significant?	What to do?
1. Perceived positive consequences: What are the advantages of doing the Behavior?				
a. Avoid diseases	90	84		
b. Be clean/hygiene	76	67		
c. Feel comfortable with others	20	12		
d. Be attractive	2	2		
e. Remove bad smell	8	8		
2. Perceived negative consequences: What are the disadvantages of doing the Behavior?				
a. None	71	84		
b. Requires money	16	8		
c. Takes time	8	6		
d. People think I'm lazy (don't work)	2	4		
e. Makes food taste strange/bad	10	30	yes	Write a Bridge to Activity
3. Perceived self-efficacy: What makes it easier to do the Behavior?				
a. Access to water	82	69		
b. Access to soap/money for soap	73	78		
c. Access to ash	33	16	yes	Write a Bridge to Activity
d. Container for water	2	0		
e. Having a reminder	12	12		
f. Habit/willingness/motivation	18	6		
g. Being aware/knowing how to wash correctly	22	14		
4. Perceived self-efficacy: What makes it more difficult to do the Behavior?				
a. No money to buy water	51	35	yes	Write a Bridge to Activity
b. No money to buy soap	73	78		
c. No ash	6	4		
d. No time/too busy	39	16	yes	Write a Bridge to Activity
5. Perceived social norms: Who would approve of/supports you doing the Behavior?				
a. Health workers	63	51		

Responses	Doers (%)	Non-Doers (%)	Significant?	What to do?
b. My husband	35	33		
c. Neighbors	25	28		
6. Perceived social norms: Who would disapprove of/does not support you doing the Behavior?				
a. No one	63	63		
b. Elders/local leaders	25	34		
c. My husband	33	55	yes	Write a Bridge
7. Perceived severity: How bad is diarrheal disease?				
a. Very bad	88	88		
b. Somewhat bad	10	14		
c. Not bad at all	0	2		
8. Perceived susceptibility/risk: Can I get diarrheal disease?				
a. Very likely	78	30		Write one Bridge for Risk
b. Somewhat likely	14	37	Yes	
c. Not likely	8	33		
9. Perceived action efficacy: Will washing hands with soap or ash prevent diarrhea?				
a. Yes	63	49		
b. Maybe	10	24		
c. No	27	27		
10. Access: How difficult is it to get the water you need to…?				
a. Very difficult	33	71	Yes	Don't write a Bridge for this because the Bridge you write for 4a will cover this result too.
b. Somewhat difficult	49	24		
c. Not difficult	18	6		
11. Cues for action/reminders: How difficult is it for you to remember to…?				
a. Very difficult	14	14		
c. A bit difficult	39	47		
d. Not difficult at all	47	39		

Annex 13: Computerized Tabulation Instructions for Barrier Analysis[29]

Location of Barrier Analysis Tabulation Sheet (MS Excel)

The spreadsheet can be downloaded from http://caregroups.info/wp-content/uploads/2016/06/Final-Computerized-Tabulation-Sheets-June-2016.xlsx.

The MS Excel spread sheet is protected to help avoid inadvertent changes to the many complex formulas. However, if changes in the form are needed, use the password "corecore" to unprotect each sheet.

Contact Information

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Data Entry

1. **Study Description tab:** (Optional) Enter the Study Description information.

   a. Enter the <u>Country</u>: enter the country where the study took place

   b. <u>Area</u> (1, 2, etc.): enter the province or other identifier for the region in which the study took place. There is one worksheet for each area, so enter the name of those if more than one area was part of the study.

   c. <u>Date BA study was completed</u>: Month and/or year study was completed.

   d. <u>NGO/PVO name</u>: the organization responsible for conducting the study.

   e. <u>Details of study/executive summary</u>: Additional information, if available, can include more details about the Behavior, the participants, etc.

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[29] **Note:** This tabulation table was changed in June 2013 to generate more accurate statements of association. Older Barrier Analysis tabulation sheets used the Odds Ratio to generate statements, which is more appropriate when Behaviors are rare (e.g., less than 10%). In the updated sheet, an Estimated Relative Risk is used, which takes into account the prevalence of the Behavior in the population to generate statements of association (e.g., "Doers are 3.4 times more likely to give this response than Non-Doers"). This will give more conservative and accurate estimates of association.

f. <u>Link for downloading this study (if available):</u> Paste the link for the study if it is posted online.

g. The complete behavior statement for this study.

2. **Area 1 tab:** Enter the total number of people interviewed for Total Doers and Total Non-Doers on the BA Results. (If conducting an BA for more than one Area, fill in the same information for Area 2, 3, etc. Note that their combined total should be at least 45 Doers and 45 Non-Doers.)

3. Enter in the **estimated prevalence** of the Behavior in the area where you are doing the study. Use knowledge, practice, and coverage (KPC) survey data for this if you have it. If you do not have a general idea of the prevalence, leave this cell at 10%. You can also consult local DHS surveys reports or other secondary source of information.

4. If you conducted a Barrier Analysis in two separate areas, you can enter the data on the two different sheets, Area 1 and Area 2. This will allow you to see changes in each area and in the combined area in the third spreadsheet. If you conducted fewer than 45 interviews for Doers and fewer than 45 for Non-Doers in an Area, there is not enough information you may not see statistically significant results for that Area.

5. Enter the responses for each question in Column A for the open-ended questions. You do not need to include response categories that were hardly ever mentioned by either Doers or Non-Doers. Enter the responses for closed-ended questions in **Column A/Determinants**, as well, further down.

6. Enter the number of Doers and Non-Doers who gave each of those responses in **Columns B** and **C.**

7. **Columns D through Q** calculate automatically.

8. If you enter data for Area 2, response categories used for Area 1 will show up automatically for Area 2. Enter any data you have for these categories using your Area 2 data. Add any additional responses that were mentioned below those response categories that show up automatically. This will allow the third sheet (which combines the data from both areas) to work properly.

Analysis and Interpretation

9. Look at **Column M: Estimated Relative Risk**. This column tells you how many times more likely it is that Doers mention a response as compared to a Non-Doer (or the converse, how many times more likely it is that Non-Doers mention a response as compared to Doers). The further away from "1" this number is, the more important the determinant.

9a.   First look at the p-value to decide if the response is important (statistically significant). The p-value is found in **Column N**. If the p-value is less than 0.05, it should display in a blue font. A p-value of less than 0.05 means that the difference between Doers and Non-Doers is probably statistically significant (not due to chance). If the p-value is not in blue font (and hence not less than 0.05), ignore the determinant regardless of what the Estimated Relative Risk Ratio is. In that case, there is probably no real difference between Doers and Non-Doers. However, if the p-value is in a blue font (and less than 0.05), there is a real difference between Doers and Non-Doers, and you should proceed to the next step to see how big a difference there is.

  – **Example:** Let's say that under "Things that make it Easier" the p-values for "Knowing where to buy soap" and "Owning a basin" are 0.138 and 0.20. Neither of those numbers are less than 0.05, so you can ignore those two responses. Let's say that for "Having lots of water" the p-value is 0.00016. This is less than 0.05, so it's an important determinant.

  – **Note**: When using sample sizes less than the recommended minimum of 45 Doers and 45 Non-Doers, you may find that no responses show a p-value of less than 0.05. In that case, you could include any responses with a p-value of less than 0.10 or even 0.20, but by doing that it will be more likely that you will be focusing on responses that are not really important, but are just due to chance. How likely is it that responses with a 0.20 p-value is purely due to chance? About 1 in 5. And it would be a shame to concentrate a lot of effort on a response that is not really important. For that reason, we do not recommend using samples smaller than 45 Doers and 45 Non-Doers.

9b.   Now you need to decide how important the response is by looking at the Estimated Relative Risk.

  – If the Estimated Relative Risk is greater than 1, Doers are more likely to have mentioned a particular response than the Non-Doers. To see how much more likely Doers were to mention the response as compared with Non-Doers when the Estimated Relative Risk is greater than 1, simply look at the Estimated Relative Risk.

  – **Example:** Let's say that for "Husband encourages me to buy soap" the p-value is less than 0.05 (so it's an important response, not due to chance). The Relative Risk is 5.0. That means that Doers are 5 times more likely to mention "Husband encourages me to buy soap" than the Non-Doers. How would you use this data? One thing you could do is to try to increase the proportion of men who encourage their wives to buy soap by explaining to men the benefits of their wives using soap, focusing on things that you believe (or have found through conversations) are

important to them (e.g., fewer medical bills because of less diarrhea, having their wives and children smell really good, cleaner food preparation).

If the Estimated Relative Risk is less than 1, Non-Doers are more likely to have given a particular response in comparison to Doers.

- **Example:** Let's say that mothers say "Having little water" as something that makes hand washing with soap more difficult, and the p-value is less than 0.05 so it's an important response. The Odds Ratio is 0.33, less than 1.0, so Non-Doers are more likely to say it. You need to take the inverse of this number first: Divide 1 / 0.33, which gives 3.0. This means that Non-Doers are 3 times more likely to mention "Having little water" as something that makes hand washing with soap more difficult for Non-Doers. You can also look at Column Q, which will generate a statement (when the finding is statistically significant), such as "Non-Doers are 3 times more likely to give this response than Doers." How would you use this data? One thing you might do is to promote Tippy Taps, use of ash, or something else that makes it easier to wash hands in less water.

9c. If either Doers or Non-Doers has a percentage of 0% (in Columns G and F respectively) and the p-value is less than 0.05, you cannot use the Estimated Relative Risk Ratio to decide how big of a difference there is between Doers and Non-Doers.

- Let's say that for who approves, mothers say "Mother-in-law," and the Estimated Relative Risk Ratio column shows "0.00" because the Non-Doer percentage is 0%. (The Estimated Relative Risk Ratio may show as "#DIV/!" when the Doer percentage is 0%, meaning that it cannot calculate the Estimated Relative Risk Ratio because it would mean dividing a number by zero.) To decide if this response is important, we will look at the percentage point difference between Doers and Non-Doers. If there is more than a 15-percentage point difference between Doers and Non-Doers, we will consider that the result is important.

- **Example:** Let's say that 51% of Doers say that "My Mother-in-law" approves of them washing their hands with soap, where 0% of Non-Doers mention this. This difference is greater than 15 percentage points, so we will consider that one to be important. How would you use this data? Since it appears that having a mother-in-law's approval is very, very important, we would focus on convincing mothers-in-law of the importance of washing hands with soap so that they can encourage their daughters-in-law to do so.

- Please note that in Columns N and P the spreadsheet now gives a textual interpretation of the Estimated Relative Risk Ratio when the p-value is less than 0.05.

Annex 14: Answers for Lesson 13 Handout 1: Writing Bridges to Activities

Responses/Codes from Formative Research	Determinant	Bridge to Activity
1. Doesn't know how to plant on the contour	Perceived self-efficacy	Increase the ability to plant on the contour
2. Farmer thinks father-in-law doesn't appreciate use of fertilizer (not worth the money and effort)	Perceived social norms	Increase the perception that the father-in-law approves of using fertilizer (that it's worth the effort and money)
3. More insects if fields aren't burned	Perceived negative consequences	Decrease the perception that there won't be more insects if you don't burn the fields
4. Clinic staff are mean (care seeking)	Access Perceived negative consequences	Decrease the perception that clinic staff are mean
5. Can't breastfeed while working outside the home	Perceived self-efficacy	Increase the ability to continue breastfeeding even while working outside the home
6. Can't recognize the weeds	Perceived self-efficacy	Increase the ability to recognize weeds (distinguish weeds from other plants)
7. Forgot the date of the distribution (improved seed use)	Cue to action/reminders	Increase the ability to remember the date of the seed distribution
8. Birth weight predicts nutritional outcomes (good birth weight = no risk of malnutrition)	Perceived susceptibility	Increase the perception that even infants with a normal birth weight can become malnourished
9. Bible approved of covering feces/latrine use	Perceived divine will	Reinforce the perception that the Bible approves of latrine use
10. Took child to be vaccinated last week, but they said they cannot open up a vial of vaccine for just one child (10 kids needed to open a vaccine vial policy)	Policy	Increase the perception that there are things mothers can do to get their children vaccinated while adhering to the policy regarding vaccine management
11. Men and women don't discuss family planning here	Culture	Increase the perception that even in this culture, men and women can discuss intimate topics
12. Fidelity is too hard	Self-efficacy/skills	Increase the ability to only have sex with your spouse/wife

Responses/Codes from Formative Research	Determinant	Bridge to Activity
13. Husband doesn't approve of planting vegetables for home consumption instead of cash crops	Perceived social norms	Increase the perception that husbands approve of growing food for home consumption
14. There are often stock-outs of preferred contraceptives	Access	Increase the perception that there are other acceptable contraceptive choices
15. Silos prevent rat infestation	Perceived positive consequences	Reinforce the perception that storing grain in a silo will reduce rat infestation
16. There are no veterinary services nearby (animal traction)	Access	Increase access to veterinary services
17. Can't remember how to check breathing (acute respiratory infection [ARI]/care seeking)	Cues to action/ reminders	Increase the ability of mothers to remember how to check breathing of sick children
18. Complementary feeding takes too much time	Perceived negative consequences	Increase the perception that preparing complementary foods for babies doesn't take that much extra time or that the extra time is worth it
19. Being underweight is not serious (I was underweight and I turned out OK)	Perceived severity	Increase the perception that malnutrition in children is a life-threatening condition in any child
20. God is in control of the harvest	Perceived divine will	Increase the perception that God entrusted the land to us and expects us to use it effectively to feed our families
21. Only malnourished infants are allowed to get rations	Policy or negative consequences	Increase the perception of POLICY MAKERS that the current policy is having a negative impact on the intended beneficiaries and the policy needs to be changed

Annex 15: Answers for Lesson 13 Handout 2: Match the Determinant to the Activities fix this

Determinant	Nutrition Activities	Agriculture/ NRM Activities
Perceived self-efficacy/skills	J	T
Perceived social norms	I	P
Perceived positive consequences	B	X
Perceived negative consequences	A	M
Access	G	O
Cues for action/reminders	D	W
Perceived susceptibility/risk	F	U
Perceived severity	E	R
Perceived action efficacy	H	S
Perceived	L	Q
Policy	C	N
Culture	K	V

Annex 16: Possible Review Activities

Sing it!

Divide the participants into teams. Ask each team to reflect on things they have learned thus far in the training, to compose some lyrics to a song on one topic, and to prepare to perform their song for the rest of the participants. Give participants 10 minutes for preparation and 2 minutes each for performance.

Rock, Paper, Scissors

Ask each participant to reflect on things they have learned recently and to write a review question and put it in their pocket. Have participants form two lines facing each other. Show them the rock, paper, and scissor hand signals. Going down the line each pair of participants plays rock, paper, scissors. The one who wins gets to ask the other one his/her review question. All participants listen in case a help-line is needed. Continue down the line until each pair has asked/answered a question.

Unravel the Ball

Make a ball from used flip chart paper and tape. Form a circle of the participants and instruct them to toss the ball from participant to participant in such a way that it is not easy to catch the ball. When someone drops the ball, the thrower gets to ask that person a review question. Questions can be written by participants before the game starts or the facilitator can develop review questions.

Musical Chairs

Connect speakers to the computer or sound system and select a fun dance song to play. Place the chairs back-to-back in two rows. Remove two chairs so there are two chairs fewer than the number of participants. Tell participants that they need to march/dance to the music around the rows of chairs. When the music stops, each person needs to sit in a chair. There will be two people with no chairs; these people will answer review questions and sit out the remainder of the game. After this happens, remove two or more chairs and repeat the process until no one is left to march/dance around the chairs. The people who are sitting out ask the next review questions.

Annex 17: Barrier Analysis Review Questions

1. What is the definition of a Priority Group?

2. What is the definition of an influencing group?

3. What is a Behavior?

4. What is a determinant?

5. Which four determinants are found to be significant most often?

6. Which determinants pertain more to the problem than to the Behavior?

7. When in the life of a project is it most useful to carry out a Barrier Analysis?

8. Name three characteristics of screening questions.

9. Name four determinants that are studied in Barrier Analysis surveys and not in Doer/Non-Doer Studies.

10. What is the first step in planning a Barrier Analysis survey?

11. What is the last step in implementing a Barrier Analysis Survey?

12. What do you understand by the expression "relaxing a behavior statement"?

13. Why is it sometimes necessary to relax a behavior statement?

14. When you write screening questions, which statement do you start from?

15. Name two of the principles of Barrier Analysis.

16. True or false: Barrier Analysis surveys usually have two or three questions for each determinant.

17. What interview technique is used in a Doer/Non-Doer study?

18. Of the 12 determinants, which one is the motivator?

19. If you think it will be very difficult to find 45 Doers to interview, what can you do?

20. What is the difference between a target group and a Priority Group?

21. Explain the determinant "perceived social norms".

22. Which questions on the questionnaire tell us who the influencing group is?

23. Why isn't it enough to increase knowledge when seeking to change a Behavior?

24. What do we mean by "action is what counts"?

25. Why is the DBC Framework more powerful than other Behavior change tools?

26. Under what circumstances do you sometimes need to return to the Priority Group and Influencing Groups column of the DBC Framework to add information?

27. Formative research takes place under which column in the DBC Framework?

28. What is the purpose of conducting the Barrier Analysis?

29. What is the most critical element in the demographics part of the questionnaire?

30. How would you define the group to interview when studying exclusive breastfeeding?

31. Which parts of the DBC Framework include indicators?

32. When is it not necessary to relax your behavior statement?

33. Which determinant is being studied by the following question: How difficult is it to remember to wash your hands five times a day?

34. How can you use the response to the universal motivator question?

35. Give an example of a target group and a Priority Group in the same project.

36. What are you allowed to do while asking a respondent a question that most survey methodologies don't allow?

37. What is the one "motivator" determinant?

38. What are some guidelines to follow when relaxing a behavior statement?

39. True or false: Once you relax the behavior statement, that is the Behavior you ask about throughout the questionnaire?

40. What is the purpose of the screening questions?

41. Name three guidelines for writing screening questions.

42. What is the principle behind collecting the demographic data on the questionnaire?

43. Name one step in the process of planning and implementing a Barrier Analysis.

44. Who should translate the questionnaire?

45. What is the third step in conducting a Barrier Analysis?

46. Data Analysis has two steps. What are they?

47. What do we mean by coding?

48. What do we mean by tabulating?

49. What four actions (verbs) are associated with Step 6?

50. List three important responsibilities of a BA survey Supervisor?

51. How many codes should be written for each of the open-ended questions?

52. What is the difference between difficult and disadvantages?

53. Give an example for difficult and disadvantages for a Behavior you know.

54. What should the interviewer do before proceeding to Section B?

55. List a few guidelines for writing screening questions.

56. Prior to field work, what should be organized/prepared?

57. Under what circumstances would you decide NOT to ask a question about one of the determinants?

58. Give an example of a determinant that you would not inquire about (give the Behavior).

59. Why do the interviewers need to be seated in a "U" when doing the coding?

60. Who needs to be involved in the coding and why?

61. What things should each interviewer have to carry out the survey?

62. If you are interviewing someone and you don't understand the meaning/the logic of the answer; what should you do?

63. Why is it important to get several different responses for all of the open-ended questions?

64. Is "my family" an acceptable response for the question, "Who approves"? Why? Why not?

65. What are some of the logistics that need to be considered when organizing a BA survey?

66. Which determinant links the Behavior to the problem? Give an example of an action efficacy question.

67. Why should the interviewers be the ones who also do the coding?

68. Why shouldn't you ask "why?" after each question on the BA questionnaire?

Annex 18: Daily Evaluation Form (Flip Chart)

Evaluation Day _____

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

A. Lesson number: _____ Lesson name: _____

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

B. Lesson number: _____ Lesson name: _____

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

C. Lesson number: _____ Lesson name: _____

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

D. The most useful thing about today:

E. The thing I'm still confused about: