BEHAVIOUR CHANGE
A STEP BY STEP GUIDE FOR INTERVENTIONS

ACTION AGAINST HUNGER

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This guide aims to guide organizations wishing to design a behaviour change strategy, step by step. Here you will find tools that will allow you to choose the methodology that best suits your context and objective.
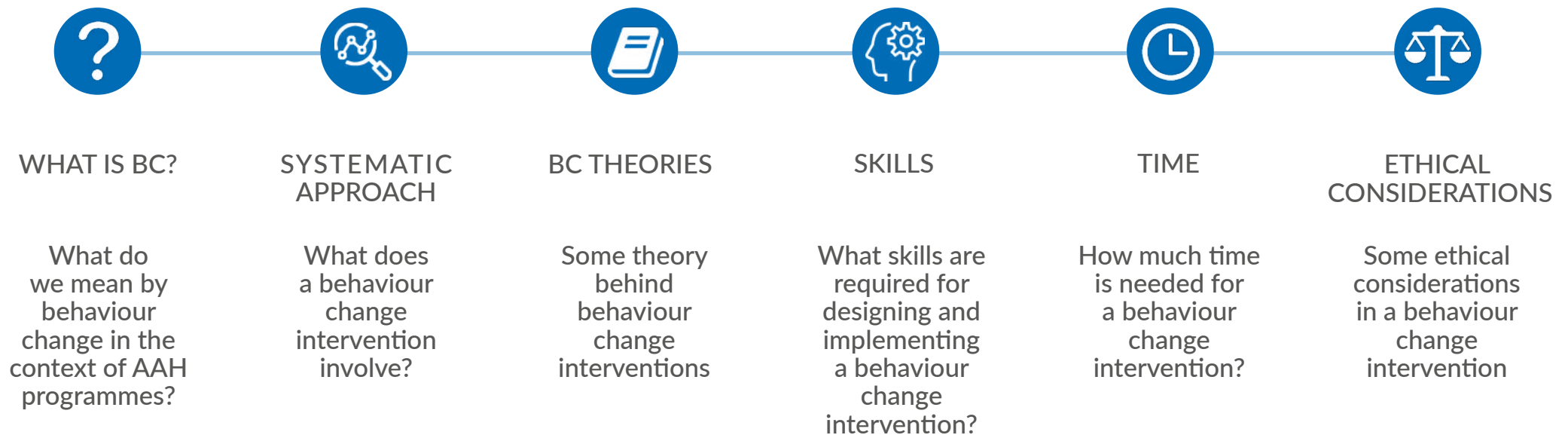
INTRODUCTION

In this section we will see the meaning of behaviour change in the context of Action Against Hunger programmes (**Nutrition and Health**, **Food Security and Livelihoods** and **Water, Sanitation and Hygiene**), some theory behind behaviour-change interventions and different approaches.

Also, we will learn what a behaviour change intervention involves, and the skills and time needed for designing and implementing a behaviour change intervention.

WHAT IS BC?	SYSTEMATIC APPROACH	BC THEORIES	SKILLS	TIME	ETHICAL CONSIDERATIONS
What do we mean by behaviour change in the context of AAH programmes?	What does a behaviour change intervention involve?	Some theory behind behaviour change interventions	What skills are required for designing and implementing a behaviour change intervention?	How much time is needed for a behaviour change intervention?	Some ethical considerations in a behaviour change intervention

I. What is BC?

What do we mean by behaviour? Human behaviour can be defined as a person's observable patterns of actions in relation to their environment that produce measurable results.

In the context of Action Against Hunger interventions, a wide range of behaviours have an impact on the causes and effects of undernutrition in several sectors of intervention, as shown in the examples of the following table.

Sectors of Intervention	Examples of important behaviours
Water, Sanitation and Hygiene	• Handwashing with soap at key times • Storing and handling water safely in the home • Use of hygienic toilets
Nutrition and Health	• Exclusive breastfeeding for the first six months • Correct use of ready-to-use therapeutic foods • Treatment seeking for childhood diseases
Mental Health and Care Practices	• Keeping children's play areas clean • Stimulation and encouragement of children during meals • Use of prenatal and delivery care services
Food Security and Livelihoods	• Use of compost in crop production • Vaccinating livestock against diseases • Contributing to a savings fund or insurance policy

These and many other behaviours are commonly reflected in the objectives, indicators and anticipated results. Here are some examples taken from recent project documents:

- "To prevent poor nutritional outcome through rigorous promotion of **optimal infant feeding practices and proper hygiene/sanitation practices.**"

- "To increase **the diversity and frequency of foods consumed by the household.**"

- "10,800 households have received hygiene kits and improved their knowledge and **practices related to cholera prevention and reduction**."

- "To encourage the **adoption of sustainable farming practices, including crop rotation, crop-association and use of organic inputs by targeted smallholder** families within the district."

The success of these projects depends on selected people adopting new behaviours or modifying existing ones and sustaining them over time. This is the essence of behaviour change in the context of an intervention.

Promoting behaviour change is not easy!

Even seemingly simple behaviours are actually quite complex when you look closely at the pattern of actions they involve.

What is BC?

For example, handwashing with soap at key times involves going to the handwashing place, wetting the hands, applying the soap, rubbing the hands for 20 seconds...well, you know the rest.

And carrying out this operation time after time, day after day, also requires actually wanting to do it, remembering to do it, feeling comfortable about doing it and having the means to do it.

All sorts of things can prevent a person from practising handwashing to a high standard each time.

When it comes to promoting behaviour change among a large number of people in a way that's reliable and sustainable, the challenges are considerable.

Many readers of this guide may have personal experience of some of the difficulties involved.

Here you can see typical problems that project staff may encounter in an intervention to promote handwashing with soap at key times:

> We realised later that people already had a very strong practice of handwashing but nobody told us that at the time

> People's knowledge of handwashing increased but they didn't feel motivated to do it

> The people at the radio station didn't really understand what we wanted to communicate

> We spent a lot of money on radio spots but the target group never got to hear them

> People wanted to increase handwashing but didn't have access to cheap soap so their behaviour didn't change

> We understood later that the men discouraged the women from using soap

> People complained thet they needed jobs and a decent water supply, not advice about handwashing

> Handwashing practice improved at first, but was very low again at the time of the endline survey

Avoiding these common difficulties requires using a systematic and scientific approach to behaviour change, in other words, treating behaviour change as a technical subject using reliable tools and methods as part of a programmatic approach, like any other interventions.

Systematic approach

II. Systematic approach

To avoid the sort of problems mentioned, a systematic approach should be used for behaviour change, based on the following stages:

- **Initiation:** identitify the problem or challenge to be addressed through behaviour change;

- **Analysis**: understand the behaviours in question, who practices them, what and who influence their behaviour and change in their behaviour and different options for how to achieve the behaviour change required – this is called formative research;

- **Design:** set objectives for behaviour change and build a strategy and a plan for the behaviour change intervention based on the analysis and the objectives set;

- **Implementation, monitoring and evaluation**: carry out the intervention as planned, adjust it if necessary, and measure its achievements.

Each stage has a number of specific steps to follow.

The following figure shows a typical sequence of stages and steps for designing and implementing a behaviour-change strategy.

You can click on any of the STAGES boxes for more information.

STAGES	STEPS
1. INITIATION	1.1. Launch of the process
	1.2. Behaviour-change focus
2. ANALYSIS	2.1. Formative-research process
	2.2. Formative-research implementation
	2.3. Formative-research analysis
3. DESIGN	3.1. Strategy development
	3.2. Implementation planning
4. IMPLEMENTATION, MONITORING, EVALUATION	4.1. Implementation and montoring
	4.2. Evaluation

III. BC theories

As for other types of intervention carried out by Action Against Hunger, effective behaviour-change interventions should be built on a solid theoretical basis, backed up by evidence of effectiveness.

There are many theories that seek to explain human behaviour and what may drive or prevent behaviour change. The different approaches presented in this guide all use one or more of these theories to suggest how behaviours may be understood and influenced in practice.

For a detailed explanation of these theories, follow these links to *Assisting Behaviour Change Part 1*, pages 23-49 (AAH, 2013) and *ABC website.*

In essence, theories suggest that behaviour and behaviour change are driven by a wide range of factors, some related to the individuals practising the behaviours and others relating to the environment (social, physical, economic, etc.) in which the individual practices those behaviours.

In order to achieve effective, reliable and sustainable behaviour change, these factors need to be identified and understood so that they can be influenced by the intervention.

The various theories that underpin the different behaviour-change approaches, supported by learning from behaviour-change programmes in practice, suggest that effective behaviour-change interventions are built on understanding and influencing the following factors:

● **The social and institutional context** within which people practice behaviours, not just the individuals in isolation;

● **Self-efficacy,** which is the individual's or group's perception of their own skills and capabilities to accomplish a given task;

● **The material constraints and opportunities** that may hinder or enable behaviour change and therefore other components that may be required;

● **Social norms** and the way they influence the behaviour of individuals, both in terms of what people consider to be normal behaviour in a given context, and the influence of other people's opinions on the behaviours of individuals;

● **A wide range of factors that motivate people to adopt a behaviour**, and not just knowledge about the behaviour and its supposed benefits;

● **The challenges of maintaining new behaviours** over time through self-regulation of individuals and communities.

Some behaviour-change approaches use this theoretical and empirical basis to propose a standard set of behaviour factors that can be researched and influenced in a fairly standardised way.

In the following table you will find a comparison of the factors at the core of DBC (Designing for Behaviour Change), RANAS (Risk, Attitude, Norms, Ability, Self-regulation), and SaniFOAM (socialmarketing) approaches.

Note how some factors appear in all three. Other approaches such as ABC and BCD use behavioural factors as part of a broader and more complex way to understand and influence behaviour. This is one reason why they may require a higher level of expertise to implement.

DBC "determinants"	RANAS "factors"	SaniFOAM "determinants"

DBC "determinants"

The Four Most Powerful Determinants

1. Perceived Self-Efficacy/Skills
2. Perceived Social Norms
3. Perceived Positive Consequences
4. Perceived Negative Consequences

Either Other Determinants

1. Perceived Access
2. Perceived Action Efficacy
3. Perceived Susceptibility/Risk
4. Perceived Severity
5. Cues for Action/ Reminders
6. Perception of Divine Will
7. Policy
8. Culture

Plus "universal motivators"

1. Love
2. Recognition
3. Pleasure
4. Freedom
5. Success
6. Security
7. Positive self-image
8. Social acceptance
9. Comfort
10. Peace of mind
11. Status
12. Power

RANAS "factors"

Risk factors – *a person's understanding and awareness of the health risk*

- Health knowledge
- Vulnerability
- Severity

Attitude factors – *a person's positive or negative stance towards a behaviour*

- Beliefs about costs and benefits
- Feelings

Norm factors – *perceived social pressure towards a behaviour*

- Others' behaviour
- Others' (dis)approval
- Personal importance

Ability factors – *a person's confidence in her or his ability to practice a behaviour*

- How-to-do knowledge
- Confidence in performance
- Confidence in continuation
- Confidence in recovering

Self-regulation factors – *a person's attempts to plan and self-monitor a behaviour and to manage conflicting goals and distracting cues*

- Action planning
- Action control
- Barrier planning
- Remembering
- Commitment

SaniFOAM "determinants"

Oportunity determinants

- Access and availability
- Product attributes
- Social norms
- Sanctions and enforcement

Ability determinants

- Knowledge
- Skills and self-efficacy
- Social support
- Roles and decisions
- Affordability

Motivational determinants

- Attitudes and beliefs
- Values
- Emotional / physical / social drive
- Competing priorities
- Intention
- Willingness to pay

IV. Skills

The skills required for designing and implementing a behaviour-change intervention depend to a great extent on the behaviour-change approach chosen and which stage of the behaviour-change process is involved.

For example…

The DBC approach can be managed by a non-specialist who has attended a dedicated training (about 1-week long), with access to technical support if required to help deal with questions that may arise during the process.

The various approaches used for social and behaviour-change communication can also be managed by generalist team leaders, with specialist services in creative design and communications supplied by external professionals.

Action Against Hunger's ABC approach requires people with experience in social research, as it involves a more open process for formative research, requiring someone who is able to design the research process, rather than use a standardised process such as Barrier Analysis used in DBC.

Implementation of behaviour-change activities may require a varied set of skills, depending on what specific activities are chosen. But whatever the specific approach used, the following qualities are always required:

- Active listening skills;
- Curiosity and respect for local practices and people;
- Creativity and problem-solving skills;

- Ability to facilitate and participate in group processes during analysis, design and implementation;

- Technical knowledge on the area of intervention (infant and young-child feeding, hygiene, agriculture etc.).

® G.Höhr, Niger, 2010

V. Time

The time required for a behaviour-change intervention is extremely variable, depending on the behaviour(s) involved, the scale of the intervention, the type of intervention and the resources available.

In situations where it is important to move fast on vital public health problems, the process may be speeded up by focusing on the most frequent common priority behaviours and target groups, using a simplified approach to analysis and design.

® L. Arango, Senegal, 2016

For example, WASH´Em and Mum's Magic Hands approaches is used to promote hand washing with soap in emergencies, with shorter processes adapted to emergency timeframes.

Most of the other approaches presented in this guide require four to six weeks for the analysis and planning stages, then a variable time of months or sometimes years for implementation, depending on the intervention type and other associated components of the programme or project they are part of.

A sanitation-marketing programme reaching a large population may take 6 months to reach the implementation stage, and then one or two years before achieving substantial change at population level.

VI. Ethical considerations

Action Against Hunger's interventions that are designed to change behaviour are carried out to improve the nutrition and wellbeing of populations at risk, that is to say people who may be experiencing distress and disempowerment.

It is important to apply the "do-no-harm" principle so as not to sacrifice any of Action Against Hunger's ethical principles to achieve its goals.

There is a strong gender dimension to behaviour and behaviour change in the areas of interest to Action Against Hunger.

In societies with a marked gender-based distribution of roles and responsibilities, women and girls tend to be the ones performing the bulk of essential behaviours that affect child nutrition security and development.

For example, women in many societies are strongly judged according to the way they care for their children and the wellbeing of their children, and this is felt personally by mothers.

This is an important ethical consideration for behaviour-change programmes.

The following table provides some recommendations of unethical behaviour-change practices to avoid, with examples. It's been adapted from *Behaviour Change Toolkit* (People in Need, 2017).

® R. Barrera, Kenya, 2014

Ethical considerations

Practices to avoid	Examples
Using fear and shame as a way to provoke behaviour change	• Disseminating messages such as "Pay attention! If you don't always wash your hands with soap and water after contact with stools and before handling food, your child could die of diarrhoea!"
Using excessive social pressure, stigmatizing and victimizing or reinforcing oppressive social arrangements	• Judging people or labelling individuals as a bad mother/ farmer etc. when they do not follow certain practices • Publicly discrediting the behaviours of minority groups within the population • Accentuating the responsibility of women and girls for care practices without ensuring sufficient support and promoting the involvement of men and boys
Promising more than the behaviour can deliver	• Exaggerating the real benefits that a behaviour can deliver • Downplaying the costs of changing behaviour (required time, effort, disapproval of others etc.)
Promoting a behaviour with unproved effectiveness, weak impact or low priority	• Asking people to spend their time, effort or resources on a new behaviour or practice for which there is no strong evidence of effectiveness
Creating demand without adequate supply	• Encouraging people to use products or services which are hard to access (due to costs, poor availability, distance etc.) without helping to improve access
Ignoring the already present positive behaviours	• Introducing new practices without assessing and taking advantage of the existing positive behaviours, beliefs and know-how
Changing a behaviour without trying to understand it first	• Arriving at a community with a plan to change a given behaviour(s) without making an effort to first understand why people practice it, why they cannot/ do not change it
Implementing culturally-insensitive interventions	• Raising a topic in an insensitive manner, putting people at risk, undermining important traditions that do not cause any harm
Putting informants at risk during formative research	• Going ahead with discussions and interviews without participants' informed consent • Sharing sensitive research information, including participant identity, with third parties

STEP BY STEP PROCESS

INITIATION 1	**1.1 Launch of the process**	Determine whether or not a dedicated behaviour-change intervention is required in a Project
	1.2 Behaviour change focus	Identify the behaviours to influence and who should practice them
ANALYSIS 2	**2.1. Formative-research process**	Choose or design an appropiate formative-research methodology
	2.2. Formative-research implementation	Carry out the formative research in the office and in the field
	2.1. Formative-research analysis	Analyse and formalise the formative-research results
DESIGN 3	**3.1. Strategy development**	Develop the BC objectives and activities on the basis of the formative researche results
	3.2. Implementation planning	Build the implementation and monitoring plans
IMPLEMENTATION MONITORING EVALUATION 4	**4.1. Implementation and monitoring**	Implement, monitor and steer the behaviour-change intervention
	4.2. Evaluation	Evaluate the activities, coverage and results of the behaviour-change intervention

INITIATION

Although all Action Against Hunger projects influence people's behaviours in one way or another, not all require a specific behaviour-change component.

For those that do, it's essential to recognise this right at the start, as it may be difficult to build a behaviour-change component in later on. It's not impossible though, so the initiation stage can also occur part-way through a project if it's seen that the behaviour or practices of the project population are not changing as expected, and a focused behaviour-change intervention is considered.

I. Launch of the process

Determine whether or not behaviour change is required and justified in the project

Behaviour-change interventions cost money and time, and add complexity to programmes and projects, so they need to be carefully considered. They should be used when necessary to address behaviours that are high priority for achieving the project objectives and that may be difficult to change without a specific focus.

The following table, adapted from *Designing for Behavior Change: For Agriculture, Natural Resource Management, Health and Nutrition* (TOPS, 2013), lists some of the things that make behaviours difficult for people to change, and which might therefore justify a behaviour-change intervention.

Things that make a behaviour difficult to do	Examples
Is ongoing or frequent	Handwashing with soap
Requires complex skills	Recognising and managing diarrhoea in the home
Does not produce immediate results	Tree planting
Takes time and effort	Collecting drinking-water from a safe water point rather than an unsafe surface source
Costs money	Sleeping under an insecticide-treated bednet
Is socially unacceptable	Men helping their wives with HH tasks and childcare practices
Requires many people	Keeping communal toilets clean
Involves multiple steps	Doing three or more ante-natal clinics during pregnancy
Involves complex or new technology	Doing household water treatment with unfamiliar equipment or products

II. Behaviour change focus

Define the behaviours to influence and who should practice them

It is important right at the start of the behaviour-change process to define clearly the behaviours to promote, so that:

• They can be understood by project staff, the people who are intended to practice them and the people around them;

• They can be measured and reported on objectively;

• The barriers, enablers and motivators to adopting them can be analysed and influenced.

In Action Against Hunger projects there are a number of standardised and internationally agreed behaviours to be promoted, based on evidence of their importance for health and nutrition. They are included in the organisation's project management guidelines and should be systematically promoted by the different sectors of intervention. Here are some example behaviour indicators from the Action Against Hunger *Multisectoral Monitoring and Evaluation Guidelines*.

- **WASH:** Percent of households disposing children's stools in protected latrines/toilets or otherwise using hygienic means of disposal.

- **MHCP:** Percentage of caregivers using appropriate weaning methods with their children.

- **Nutrition and Health:** Proportion of children <5 years who sleep under an insecticide treated bed net (ITN).

- **FSL:** Percentage of households meeting minimum Household Dietary Diversity Score (HDDS).

These behaviours are well described and can be measured and reported using standard procedures. There are many other potential behaviours though that are important for achieving project objectives and that need to be defined in each context.

® C. Da Silva, Haiti, 2018

For example, an intervention for community management of acute malnutrition may be affected by problems such as children who fail to respond to treatment and children who relapse after having been discharged as cured. In both cases, there may be a number of caregivers' behaviours that explain this, such as inadequate care practices in the home or inappropriate use of therapeutic foods.

These behaviours need to be identified and then alternative behaviours clearly defined in each context so that they can be acted on through behaviour-change activities.

Defining the behaviours to promote may require some research, to ensure they are acceptable and feasible for the people who are intended to practice them. They may need to be adapted to take account of local conditions and preferences.

The TIPs approach (Trials of Improved Practices) is one way to do this. Selected house-holds or individuals are asked to trial a new behaviour and then give feedback on the experience, so the behaviour can be adjusted if needed, and so as to learn about barriers and enablers to its practice.

This then becomes part of the Analysis stage.

It is also important to identify and describe the people who will be involved in practising the intended behaviours (the 'priority group'), so as to target them appropriately and effectively in the behaviour- change intervention.

Key aspects to describe include the following:

• Their socio-demographic characteristics;

• Their way of life and daily routine;

• Their current practices, knowledge and attitude regarding the behaviour;

• Their traditions or cultural beliefs linked to the behaviour(s) in question;

• Their stage of change related to the behaviour(s);

• Gender roles and dynamics.

Pages 17 to 23 of the ABC Formative research Guide provide tips for doing a literature review and a community assessment to find out about the priority group and community perceptions of the behaviour. See pages 72 and 73 of the Designing for Behavior Change Training Manual for a framework for summarizing and presenting this information.

ANALYSIS

Analysis is a critical stage in the behaviour-change process as it determines the quality of information that is used for design, implementation and monitoring of the behaviour-change intervention. The methodology used is called formative research. This is research carried out before or during a behaviour-change intervention to inform and refine its design and provide accurate, up-to-date and evidence-based information for developing a strategy and activities. In the Initiation stage, two key questions should have been answered:

a. Which are the behaviours to focus on in a behaviour-change intervention?

b. Who is practising those behaviours?

In the Analysis stage, these questions are researched further, and two more questions are explored:

c. What are the current barriers to change and what enablers and drivers for change are feasible?

d. What are the most likely effective ways to assist behaviour change?

I. Formative research process

Choose/design a formative-research approach

Action Against Hunger recommends the following steps for carrying out formative research to answer these questions.

- **LITERATURE REVIEW:** to summarize what is already known about the local context, the priority group and its practices related to the behaviours promoted in the project. It helps to identify what information is still missing and should be investigated in the field. It informs the selection of the behaviour for the barrier analysis by highlighting existing gaps in current practice.

- **COMMUNITY ASSESSMENT:** to gain a better understanding of the context where the behaviours take place and of the people involved: what they do, how, and why they do so. It gives valuable information on how to communicate effectively, and with which media and communication channels to use. Finally, the community assessment is an opportunity to dialogue with community members and find out what would be the best solution to facilitate behaviour adoption in their opinions.

- **ASSESSMENT OF BEHAVIOURAL FACTORS:** to explore the factors influencing behaviours and identify which are the most important barriers, drivers and enablers of behaviour change. This step also identifies the main groups who influence the people practising the behaviours in question. This is helpful for prioritizing activities and better managing resources by highlighting what is more likely to have a strong behaviour- change effect.

- **COMPLEMENTARY RESEARCH:** is often necessary to refine and help understand the formative-research findings. For example, findings from previous steps may indicate who are the influencing groups and how the people practising the behaviours in question perceive the attitudes of these groups.

Conducting additional research is useful to investigate these attitudes in order to decide how best to mobilise influencing groups to assist behaviour change. If findings suggest that lack of a suitable technical option creates a significant barrier to behaviour change (acceptable and affordable latrines for example, or appropriate and sustainable agricultural inputs) then additional research focused on technical design may be required.

® S. Cherkaoui, Mauritania, 2015

If initial findings suggest that behaviour-change communication is likely to be a major component of the intervention then more detailed research may be required to define different audiences and their profiles so as to design an effective communications strategy.

There are many different formative-research methods available for assessing community context, behavioural factors and complementary elements, and there is no correct method for all situations. A number of different approaches have been developed, using different combinations of research methods.

The list on the following page offers **guidance on choosing a formative-research approach**, depending on how much time is available, the level of expertise required and the behaviour or intervention focus of the research.

Analysis

Time available	Options	Expertise required	Focus of the research	Additional information
1-2 weeks	Rapid secondary-data review and a small number of structured observations, interviews and focus-group discussions.	Experience of qualitative and participatory research methods.	All behaviours and intervention types.	*ABC - Assisting Behaviour Change Part 2, Action Against Hunger, 2013, pages 36-41*
	A software-based decision-making tool that helps humanitarian actors design rapid, evidence-based and context-specific hygiene programs.	No specialized expertise is required but should be managed by someone who has completed the 1-day training on the use of the tools.	Handwashing in emergencies.	*Wash'Em*
	Mum's Magic Hands 'Assessment and Analysis' step.	Experience of qualitative and participatory research methods.	Handwashing in emergencies based on predetermined motivators and behaviour-change interventions.	*Mum's magic hands: A field guide for rapid implementation of handwashing promotion in emergencies, Oxfam, 2018*
2-6 weeks	Full range of ABC – Assisting Behaviour Change research methods.	Experience of qualitative and participatory research methods and research design.	All behaviours and intervention types.	*ABC - Assisting Behaviour Change Part 2, Action Against Hunger, 2013, pages 36-50*
	Barrier analysis.	No specialized expertise is required but should be managed by someone who has completed the 5-days training on barrier analysis (as proposed by the CAD or RANAS approaches), with the data collection by trained enumerators.	WASH, Food Security, Agriculture, Nutrition, Natural Resource Management, Gender – recommended to focus on one behaviour at a time.	*A Practical Guide to Conducting a Barrier Analysis* *Formative research for Assisting Behavior Change, Action Against Hunger, 2018* *Behavior Change Manual, HELVETAS Swiss Intercooperation, 2017*

Analysis

Time available	Options	Expertise required	Focus of the research	Additional information
2-6 weeks	Behaviour Centred Design – 'Assess' and 'Build' stages.	Expertise in social science research.	Built for WASH, but applied to other health-related sectors, including food hygiene particularly for infants and young children. Potential application to food security & livelihoods and disaster-risk reduction.	*Behaviour centred design: a practitioner's manual V1, LSHTM, 2017*
	TIPs (Trials of Improved Practices).	Qualitative research skills.	Very broad range of health-related behaviours. Not suitable for behaviours that: stretch over a long time (e.g. breastfeeding) those that are rare or unpredictable behaviours, those that face strong external barriers or those that require collaboration or approval of many different actors.	*Trials of Improved Practices (TIPs): Giving Participants a Voice in Program Design, Manoff Group*
	SBCC I-Kit Step 1: 'Analyze the Situation' and Step 2: 'Identify and describe the Audience'.	Generalist, to manage the process, experience in social research if formative research is required.	Maternal and infant health, including hygiene and other care practices.	*Designing a Social and Behavior Change Communication Strategy*
6-12 weeks	Sanitation Marketing formative research process.	Expertise in market and consumer research.	Sanitation promotion, can be used to promote other behaviours, such as handwashing, with a social-marketing approach.	*Introductory Guide to Sanitation Marketing, World Bank WSP, 2011*

II. Formative research implementation

Carry out formative research

Once the formative-research approach has been chosen or designed, the researcher or research team can carry out the research. The project manager's role in this step will vary, according to the scale and complexity of the research, but may commonly involve the following:

- Participate in writing the Terms of Reference for the formative research;
- Participate in selecting the researcher or research team;
- Agree with the researcher or research team on the methodology to be used;
- Provide a budget for the research;
- Obtain any necessary authorisations to carry out the research;
- Facilitate the research process:
    - Provide logistics and security support;
    - Provide access to documents;
    - Facilitate access to key informants and entry into the community;
    - Make team members available to participate in the research;
- Facilitate sharing of the research findings with the project team and other important stakeholders;
- Facilitate or participate in workshops to take the research findings forward into the Design stage.

III. Formative research analysis

Analyse and formalise formative-research results

During and at the end of the formative research, the results should be analysed to produce findings that can be used for the next stage, which is designing a behaviour-change strategy.

The findings should produce or confirm answers to the four questions already mentioned:

a. Which are the behaviours to focus on in a behaviour-change intervention?

b. Who is practising those behaviours?

c. What are the current barriers to change and what enablers and drivers for change are feasible?

d. What are the most likely effective ways to assist behaviour change?

Formative-research findings should be formalised and presented to the project team in a summarised format that helps them understand the whole picture and makes it easier for them to participate in the Design stage. The *DBC Framework* shown in the following figure is a useful format for doing this.
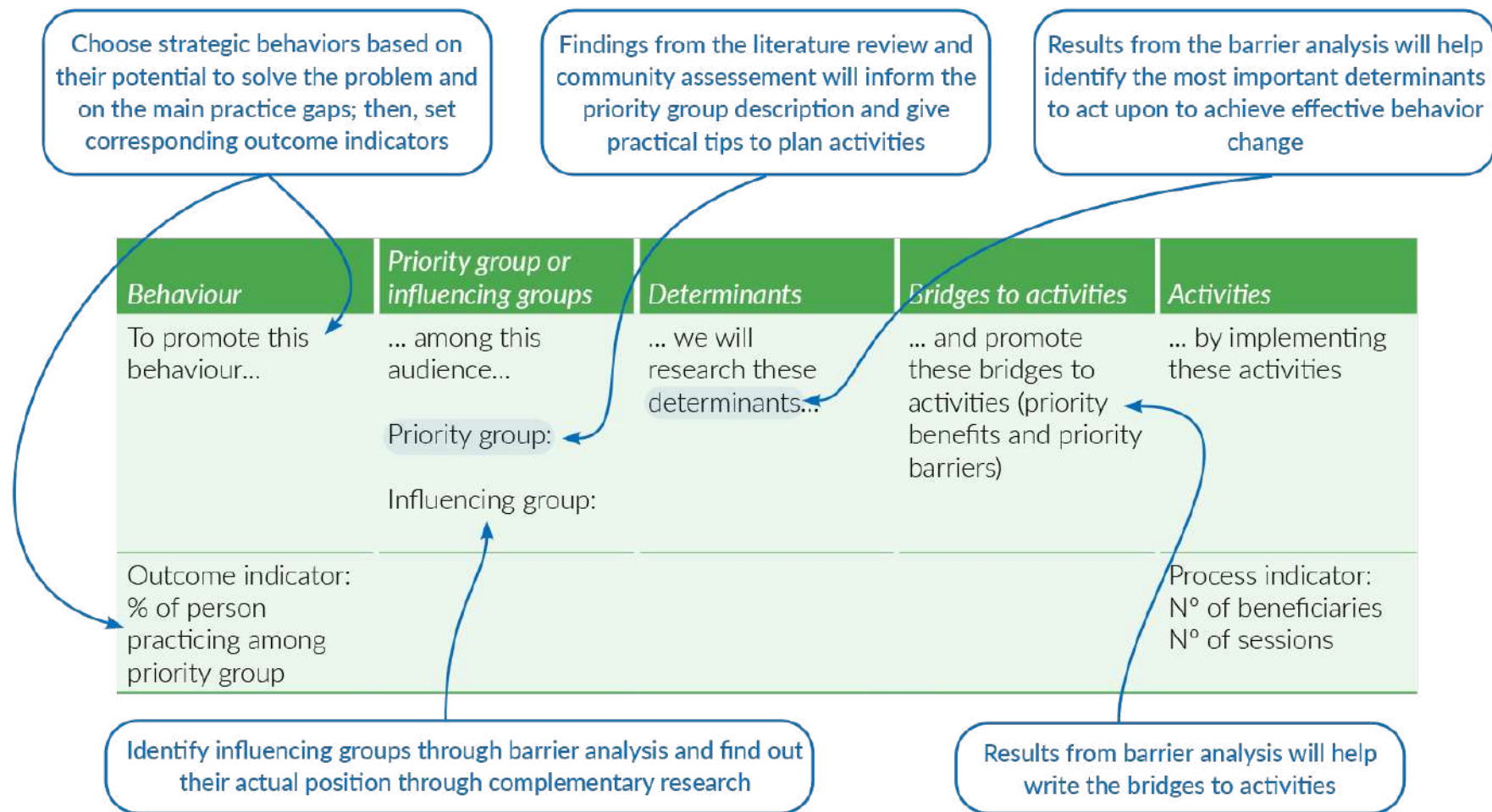
Choose strategic behaviors based on their potential to solve the problem and on the main practice gaps; then, set corresponding outcome indicators

Findings from the literature review and community assessement will inform the priority group description and give practical tips to plan activities

Results from the barrier analysis will help identify the most important determinants to act upon to achieve effective behavior change

Behaviour	Priority group or influencing groups	Determinants	Bridges to activities	Activities
To promote this behaviour...	... among this audience... Priority group: Influencing group:	... we will research these determinants...	... and promote these bridges to activities (priority benefits and priority barriers)	... by implementing these activities
Outcome indicator: % of person practicing among priority group				Process indicator: N° of beneficiaries N° of sessions

Identify influencing groups through barrier analysis and find out their actual position through complementary research

Results from barrier analysis will help write the bridges to activities

DESIGN

During the design stage, the results from formative research are transformed into a detailed implementation plan by first developing a behaviour-change strategy, based on the results of formative research in the Analysis phase and then building an implementation and monitoring plan for delivering and managing the strategy in practice.

The Design phase is commonly the weak link in the chain of developing a behaviour-change intervention. Formative research may produce clear insights about behaviours, the people who practice them and the drivers and barriers to change, but these insights are often not used to produce original and effective ideas for implementing behaviour-change.

To help overcome this, the contents of this section are supported by a proposed set of participatory activities that managers can facilitate to help their team improve the design process.

I. Strategy development

Develop the behaviour-change strategy

The behaviour-change strategy should identify the following:

- What behaviour(s) are aimed to be changed by the intervention;

- Who are the people who will be targeted by the intervention (the people practising the behaviours, the people who influence them);

- Other key stakeholders who will be involved in the intervention, including programme staff, implementing partners, public and commercial actors etc.;

- The **SMART** objectives for behaviour change:
  - Specifying the behaviours, who practices them and what amount of change is expected;
  - Identifying how change will be Measured;
  - Making sure the change objectives are Appropriate to people's need, preferences and capacities:
  - That they are Realistic in terms of time and resources available, and the constraints of the context;
  - And that they are defined in terms of Time;

- The behavioural factors/determinants that will be the focus of the strategy i.e. the barriers, enablers and motivators that will be addressed;

- Strategies for influencing the behavioural determinants: for example, if people's perceptions about the high cost of soap were identified as a barrier to using soap for handwashing, this could be addressed by making soap cheaper, or by creating the perception that using soap can actually help save money by reducing health- care costs; achieving each of these objectives would require quite different activities. In the DBC approach, these objectives are called Bridges to Activities.

- Behaviour-change activities that will be carried out in order to achieve the change objectives.

Design

How to develop the strategy?

We have developed a process that can be used for developing a behaviour-change strategy with a project team and with the participation of people from the population concerned by the intervention. It involves 7 steps with a series of participatory workshop sessions that can be facilitated by a project manager.

Activity Design Process Guide

What other resources are available?

Here are some suggestions of resources where you can find more detail on behaviour-change activities, and advice for choosing and developing them. They are presented according to the design challenge you may have.

To set a goal for behaviour change (a bridge to activities)

- Task 12 in the *DBC training manual* provides guidance and exercises on how to define the bridges to activities based the analysis of behaviour determinants. There are many examples of bridges to activities on pages 246 to 248 of the manual.

To find behaviour-change techniques and activities to match determinants

- Examples of behaviour-change activities related to different determinants for AAH's different intervention sectors. They can be used for inspiring ideas. Avoid just copying them into your strategy. **CLICK** on them.

FSL   **Health & Nutrition**   **WASH**

- The *RANAS catalogue of behaviour- change techniques (BCTs)* presents 36 different generic behaviour-change techniques that have been shown to influence the 17 different behavioural factors/determinants on which the RANAS approach is based. For example, *BCT 10 Prompt public commitment* is a way to demonstrate that there are people performing the desired behaviour and thereby encourage others to do the same and *BCT 21 Organize social support* is one of eight BCTs designed to increase people's confidence in their ability to perform a behaviour.
  BCTs in RANAS are similar to Bridges to Activities in the DBC approach, in that they are strategies for influencing a behavioural determinant. Each BCT is illustrated with activity examples from the WASH sector, but the same principles could be applied to any behaviour.

- Table 7 on page 40 of the *Behaviour Centred Design Manual* provides a list of many different behaviour-change components according to different influences on behaviour that can be used in an intervention.

To generate other ideas for novel behaviour-change activities

- The *Design Kit* (a product of HCD), provides a range of human-centred design methods such as brainstorming, creating concepts out of ideas, and co-creating, that can be very useful at the design stage. Single methods can be chosen according to the particular design challenges faced, or they can be combined to make a design process. Another useful resource for human-centred design is the *Stanford School Design Thinking Bootleg*, a set of activity card to help facilitate a creative and participatory design process.

- The *Behaviour Centred Design Manual* (Chapter 4) also provides step-by-step guidance on the creative process for selecting and designing behaviour change campaigns, as well as an example of a creative brief (pages 66-68) and tips for finding and hiring a creative agency for developing communications materials (page 70).

® C.Darriulat, El Salvador, 2011

For information on interpersonal activities for assisting behaviour change

- Action Against Hunger's *ABC Manual Part 2* (pages 54-71) presents a wide range of activities that can be used at community, group, family and individual levels to promote and accompany behaviour and social change.

Among them, you will find behaviour simulation and rehearsal, counselling, motivational interviews, home visits and family support.

- In the document *Care Groups: A Reference Guide for Practitioners* you can find guidance on how to develop peer-support sessions and a curriculum of topics for behaviour change following the adult learning cycle, and how to conduct supportive supervision of care-group volunteers and promoters.
- See *Make Me a Change Agent: A Multisectoral SBC Resource for Community Workers and Field Staff* for guidance on how to develop specific type of behaviour-change activity (home visit, testimonies, storytelling etc.) and training resources to build the skills of your team.

To develop communications campaigns for behaviour change

- If messages and communications are to be used for behaviour change, then a specific process is required with the involvement of specialists to produce messages and communications that are relevant to the behaviours and the people involved, and that produce measurable behaviour change. The *SBCC I-Kit* can help managers and teams go through the essential steps and tasks in the process, and identify what input is required from communications specialists, and how to manage their contribution. A key task is to write a creative brief for a specialist service provider such as a communications company or a local radio station. See the *Compass How-to Guide: How to Write a Creative Brief* for detailed guidance on this. If you want to develop communications materials yourself, you can find ideas at the *Compass How to Guide: How to Develop SBCC Creative Materials*.

II. Implementation planning

Implementation plan

The implementation plan for behaviour- change activities should include the following elements:

1. Standing Operating Procedures (SOPs) for the behaviour-change activities:

    - The behaviour-change objective, identifying the priority group(s) and a measurable description of the behaviour(s) to be promoted;

    - The different behaviour-change activities that will be carried out to achieve the behaviour-change objective;

    - A detailed plan for each activity, describing who should be reached by it, how it will be carried out, what materials are needed, what competencies are required for delivering it, how long it will take and how many times it will be repeated;

    - A list of staff required to carry out the activities, and any training required;

2. Activity and resources plan

    - A timeline/Gantt chart for implementation showing when each behaviour-change activity will take place, resources allocated and who will be responsible for it.

The plan should include enough time for designing, testing and refining behaviour-change activities and conducting additional formative research if needed. It should also identify responsibility for essential support activities such as formative supervision of field staff, and monitoring.

If a standard behaviour-change methodology such as *PHAST* or *CLTS* is used then there's no need to write the SOPs, as they already exist in the implementation manuals. In this case, it just requires a timeline for delivering each step of the process.

The implementation plan for the behaviour-change activities should be drawn up with reference to overall plan for the project it is part of. This is important for integrating behaviour change into the project as a whole, and identifying potential conflicts, dependencies and synergies with other components of the project.

For example, in a nutrition intervention, the behaviour-change activities may mobilise community health workers at specific times, and it's important to make sure that they will not be engaged in other project activities such as a nutrition survey at key moment in the behaviour-change plan. A set of behaviour-change activities designed to encourage handwashing with soap in a WASH intervention may depend on access to soap and water provided by other project components. Community information meetings organised as part of a communications plan for promoting agroecology could be an opportunity for getting community members' feedback on plans for strengthening local services.

Monitoring plan

The Design phase also includes development of the monitoring plan. This should be done according to the same procedures used in any other Action Against Hunger project intervention. Behaviour-change indicators should be built into the monitoring and evaluation plan for the project as a whole.

The behaviour-change indicators written in the monitoring plan will be specific to the behaviour(s) that the change intervention focuses on. They should be described carefully in the plan so that they can be measured objectively and reliably, and the plan should define who will measure the behaviour change and how.

To illustrate careful formulation of behaviour- change indicators, here are five examples from a list of eighteen behaviours important for maternal and child health interventions described on the *Accelerator Behaviors* website.

Behaviours	Indicators
Mothers initiate breastfeeding within one hour after delivery.	Among last-born children born in the two years preceding the survey the percentage who started breastfeeding within 1 hour of birth.
Caregivers feed adequate amounts of nutritious, age-appropriate foods to children from 6 to 24 months of age, while continuing to breastfeed.	Percentage of breastfed children age 6-23 months fed four or more food groups and the minimum meal frequency.
Pregnant women complete a full course of quality antenatal care (ANC).	Percentage of women who had a live birth in the 3 years preceding the survey who had 4+ antenatal care visits.
Family members wash hands with soap under running water at 4 critical times (after defecation, after changing diapers, before food preparation, before eating).	Among households where place for handwashing was observed, percentage of households with soap and water. Soap includes soap or detergent in bar, liquid, powder or paste form.
Pregnant women and children sleep under an insecticide-treated net (ITN).	Percentage of pregnant women who slept under an ITN the night before the survey. Percentage of children under 5 who slept under an ITN the night before the survey.

A number of AAH core indicators relate to behaviour change and are required for all interventions. Here's a summary, per sector of intervention:

Sector	Core indicators
Water, Sanitation and Hygiene	• Change in presence of hand-washing enablers • Change in individual knowledge of key times for hand-washing • Change of access to improved water • Change in use of latrine/toilet • Change in hygienic disposal of child faeces
Nutrition and Health	• Proportion of discharges who defaulted • Proportion of the target population receiving and taking supplements with the correct dosage and frequency
Mental Health and Care Practices	• Changes in optimal breastfeeding practices by lactating mothers • Changes in quality interactions between caregivers and their children
Food Security and Livelihoods	• Minimum Dietary Diversity – Women • Household Dietary Diversity Score

See the *AAH Multi-sectoral Monitoring and Evaluation Guidelines* and the *Toolkits* for each sector for detailed guidance, including the selection and measurement of these indicators.

The behaviour-change **results** indicators may not be measured very frequently, as this can be costly and time-consuming. As a minimum, in AAH projects, they should be measured a the beginning and the end of the intervention by doing KAP surveys.

Regular monitoring should focus on the following **process** indicators:

• The **coverage** of the behaviour-change activities (the percentage of the target audience reached by the activities as planned);

• The **quality** of activities delivered (as compared with the Standard Operating Procedures for the activities – using a quality checklist).

® AAH. Perú, 2011

BEHAVIOUR CHANGE
A step-by step guide for interventions

INTRODUCTION   STEP BY STEP PROCESS   APPROACHES   RESOURCES

Implementation, monitoring
and evaluation

INITIATION   ANALYSIS   DESIGN   **IMPLEMENTATION, MONITORING, EVALUATION**

IMPLEMENTATION, MONITORING, EVALUATION

During the Implementation, Monitoring and Evaluation stage, the behaviour-change strategy is delivered so as to influence the behavioural determinants and achieve measurable change.

Delivery of the strategy is monitored and adjusted as required, and its effect on behaviour is evaluated.

I. Implementation and monitoring

Implement, monitor and steer the behaviour-change intervention

Implementing, monitoring and steering the behaviour-change intervention is no different in principle to any other type of intervention: it requires having a well-thought out implementation plan, sufficient resources (people, materials and money) to carry it out, and a monitoring plan that helps the project manager identify and address challenges and opportunities for improvement that arise.

Here is a list of essential ingredients for an effective behaviour-change intervention in practice.

- Recruitment of staff and volunteers, and ensuring their availability for the behaviour-change activities;

- Training, supervision and support of staff and volunteers, with a focus on providing useful feedback, which is a particular challenge when there are many of them engaged in activities such as household visits;

- Production of materials such as communications products, physical items and services required to carry out the behaviour-change activities – either directly, or through an implementing partner or service provider;

- Formation and support of any clubs, committees and groups required for the behaviour-change intervention;

- Evaluating and improving any pilot activities before scaling up;

- Engaging the community of the target population and important local stakeholders so as to have maximum support for the behaviour- change intervention;

- Coordination with other components within the AAH project or programme, and with other initiatives that may influence the behaviour-change intervention (e.g. other organisations working on the same issues or with the same population);

- Keeping up with the delivery schedule as planned, or changing it in a controlled way if needed;

- Ensuring activities are carried out well, with the use of a quality checklist for each one;

- Having regular feedback sessions with field staff and meetings with community members to discuss experiences and seek improvements.

All these aspects of implementation require active monitoring and management with the help of the monitoring plan developed during the Design phase.

II. Evaluation

Evaluate the behaviour change intervention

The behaviour-change intervention may be evaluated as part of the evaluation of the project within which it sits, or as a specific intervention.

The following table presents evaluation criteria, questions and possible measurement techniques for evaluating the behaviour-change intervention.

Provision and coverage should be monitored during implementation of the behaviour-change intervention as well as in the evaluation.

Behavioural impact should ideally be evaluated by comparing behaviours before and after the intervention.

Evaluating the **impact of behaviour change** on health, livelihoods etc. is a complex process requiring careful study design and substantial resources. In most cases, it is sufficient to assume that adopting the intended behaviour leads to impact at a higher level, as established by previous studies.

Evaluation criteria	Evaluation questions	Measurement techniques
Provision (Activities)	• Was the intervention delivered as planned? • Were the planned activities carried out at the scale and with the quality intended? • What adjustments were made and why were they made?	• Refer to monitoring records • Examine promotional materials and protocols produced for the intervention
Coverage	• What percentage of the target population was reached by the behaviour-change intervention (exposure)? • What was the intensity of exposure (for example, did people just hear a thirty-second radio spot, or did they also receive a household visit and participate in a community meeting)?	• Refer to monitoring records • Include questions on coverage in a survey • Use interviews to assess intensity of exposure
Behavioural impact (Results)	• Did provision and coverage result in practice of the intended behaviour and, if so, to what extent? • Were there any groups within the target population who were reached by the intervention but who did not adopt the new behaviour? • If so, why?	• Do structured observation of behaviours (e.g. observe people washing their hands) • Carry out spot checks to look for behaviour proxies (e.g. check for the presence of soap and water) • Include self-reporting questions in a survey (e.g. ask people about their handwashing practice)

APPROACHES

A number of formalised approaches have been developed for behaviour-change interventions, including Action Against Hunger's ABC (Assisting Behaviour Change) approach.

Each of these approaches involves its own particular stages. Some cover all four stages of the process, and others focus on just one or two, and each has its own particular steps and names for them, but the general principles are the same.

Click on any of the "APPROACHES" buttons for more information on each of the approaches.

ABC

BCD

DBC

HCD

RANAS

SBCC

Social Marketing

TIPs

FULL NAME
Assisting Behaviour Change

ORIGINS/AFFILIATION
The ABC approach was developed by Action Against Hunger to address weaknesses in programmes that focused heavily on awareness raising, education, addressing barriers and optimising enablers as a way of encouraging behaviour change.

SECTOR/BEHAVIOUR FOCUS
WASH, Nutrition & Health, Care Practices, Food Security & Livelihoods, Disaster Risk Reduction

FOCUS WITHIN THE PROCESS
ABC is organised in 10 steps that cover all stages of the process, with a strong focus on formative research. It presents a range of behaviour-change activities, but does not provide detailed guidance on designing an intervention based on these activities or on developing other activities.

WHAT'S SPECIAL
ABC takes an open and flexible approach to behaviour change, based on a strong foundation of theory. It's not a recipe for designing a behaviour change intervention, but an overall process with tools and resources that can be adapted to different contexts and behavioural challenges. The approach is based on a philosophy of assisting and accompanying change through participatory analysis, design and implementation.
Behaviour-change activities are presented as an integrated aspect of AAH´s interventions, and not as a separate component or a stand-alone project.

SUPPORTING BC THEORIES
Health Belief Model // Protection Motivation Theory // Theory of Reasoned Action // Stages of Change Model // Social Psychology Models

TIME
The time required for completing the ABC process is variable. The formative-research (analysis) component may take from 4 to 6 weeks. The design process may take another week.

EXPERTISE
The approach can be managed overall by a project manager, but requires someone with social-science research skills to design and carry out the formative research in the analysis phase and to support development of behaviour-change activities in the design phase. These activities can then be managed by dedicated staff within the project or programme. Some activities, such as mass-media productions, may need to be contracted out to specialists.

TRAINING MATERIALS
There are no specific training materials provided in the ABC appoach.
Barrier analysis is frequently a key tool for formative research.
Barrier-analysis training is available.

LANGUAGES
English and French.

CASE STUDIES
Specific case studies or examples have not been included.

STEPS

ANALYSIS

Analysis of way of life and current practices: Develop an understanding of the context and the reference points of the population, Identify current practices, the meaning of these practices, and their consequences on the community and on individuals' lives.

Analysis of community perception of the problem: Determine how people perceive what we consider to be the problem, whether it is perceived as a problem or just as a new event, and whethe it is perceived as a temporary or a lasting event.

Analysis of causal attribution: Identify and analyse the causes attributed to the problem. Determine whether the causes are considered by people to be internal or external. Identify what explanations and meanings are given to these causes by different people in the population.

Analysis of change phase: Identify if the population is already in a process of change and, if so, at which stage they are and who / what resources may be involved in facilitating the change process.

Analysis of behaviour and its determinants: Use an appropriate behaviour-change model, or models, to identify and analyse the various factors that influence the behaviour.

Analysis of barriers, benefits and resources for BC process: Describe the barriers (practical, social, cultural, psychological etc.) identified by people that are an obstacle to the process of change. Identify the benefits of change already perceived. Determine the groups and the change factors that can facilitate the process. Establish what is known about the benefits and barriers.

DESIGN

Design the programme, taking into consideration the data collected in the analysis phase: (approach and activities)

IMPLEMENTATION, MONITORING AND EVALUATION

Support the process of change: Adapt the intervention according to the population's progression through the stages of change (pre-contemplation, contemplation, preparation, action, maintenance).

Sustaining behaviour change – ritualization: Support the maintenance of new behaviours by ensuring they become established within existing cultural and traditional values. Ensure a phase of transition and ritualization to maintain BC. Plan and establish a (self) monitoring system.

Evaluation of the BC process: Evaluate the behaviour-change process and the changed behaviour, with suitable indicators and measurement processes.

KEY DOCUMENTS

- *ABC - Assisting Behaviour Change Part 1: Theories and models*, Action Contre la Faim, 2013.

- *ABC - Assisting Behaviour Change Part 2: Practical ideas and techniques*, Action Contre la Faim, 2013.

- *Formative research for Assisting Behavior Change: A practical guide for field workers*, Action Against Hunger, 2018.

WEB ADDRESS

http://pagodalabs.com.np/abctoolkit/index.php/en/why-behavior-change

ABC **BCD** DBC HCD RANAS SBCC Social Marketing TIPs

FULL NAME
Behaviour-Centred Design

ORIGINS/AFFILIATION
The BCD approach was developed by the London School of Hygiene and Tropical Medicine. The BCD manual grew out of a series of modules and webinars developed for WaterAid.

SECTOR/BEHAVIOUR FOCUS
BCD was built for WASH and has been applied to other nutrition and health-related sectors, including food hygiene, particularly for infants and young children.

FOCUS WITHIN THE PROCESS
The BCD approach addresses all stages of the process.

WHAT'S SPECIAL
BCD is built on a general theory of change that suggests that a successful behaviour-change intervention works by changing something in the environment, which then changes something in the brain and/or body of the target individual, which then has an impact on behaviour. The BCD approach helps to define a specific theory of change for the behaviour(s) of concern and the intervention context, and then to design and implement interventions that produce suprise in the environments in which behaviours are practiced, stimulate reevaluation of behaviours in people's minds and bodies, and assist performance of the intended behaviour(s).

SUPPORTING BC THEORIES
Reinforcement Learning Theory // Evolutionary Psychology (focus on Reactive Behaviour, Motivated Behaviour, Executive Control) // Behaviour Determination model (previously called the 'Evo-Eco' model) // Focus on Behaviour Settings

TIME
4-6 weeks (1-2 weeks of formative-research field work, 1-2 weeks of design, plus preparation of each stage)

EXPERTISE
The BCD approach requires expertise in social science research for the formative research, as it involves a variety of innovative methods such as motivational mapping, product attribute ranking, scripting and video ethnography, It requires involvement of people with a creative background in the Create (design) step, particularly if communications form a significant component of the intervention.

TRAINING MATERIALS
Six Webinars run by LSHTM and WaterAid, The first covers BC Theory and the next five over each of the BCD stages / steps.

LANGUAGES
English.

CASE STUDIES
See *here* for a number of project examples, including *SuperAmma*: Promotion of handwashing with soap after defecation by mothers of children under 5 in rural India, explanation in this *video*.

BEHAVIOUR CHANGE
A step-by step guide for interventions

ABC   **BCD**   DBC   HCD   RANAS   SBCC   Social Marketing   TIPs

BCD

STEPS

ANALYSIS

A: Assess – Here program designers start by gathering what is known about the target behaviours, the target audience, the context and the parameters of the intervention. A framing statement sets out what is known already about how change can be achieved and sets out hypotheses about change mechanisms for further exploration.

B: Build – Involves carrying out carefully targeted formative research with a sample of the target audience to find out the things that are unknown and explore hypotheses about the likely drivers of change. Unlike typical formative research, which typically involves key informant interviews and focus groups, BCD employs a variety of innovative methods such as motivational mapping, product attribute ranking, scripting an video ethnography in a rapid 'deep dive' with target audiences. The insights from this formative research are then ordered into a Theory of Change and distilled into a brief for the next phase.

DESIGN

C: Create – Involves a creative team iteratively designing the intervention package and testing it on a small scale. Creativity is hard to package into a simple process but it is vital if interventions are to be engaging and motivating enough to stand out in the crowded lives of those targeted by programs. The result of the creative process is a package of surprising and disrupting intervention materials designed to have maximum effect on the target behaviour.

IMPLEMENTATION, MONITORING AND EVALUATION

D: Deliver – The intervention package is then implemented via a set of planned activities which may involve direct and indirect contact via various channels such as community workers, events, mass and/or digital media that are appropriate to the audience and intended impact. This process is monitored to ensure that learning from this experience can take place.

E: Evaluate – Ideally in a field trial at a scale that allows some definitive assessment of whether the processes expected by the program's Theory of Change have taken place. The learnings from evaluation should then provide the starting point for a new cycle of learning by engaging in the BCD process again to develop a new program.

KEY DOCUMENTS

- *A Guide to Behaviour Centred Design Draft*, Aunger R, Curtis V, London School of Hygiene and Tropical Medicine, 2015 - a full description of the approach and its theoretical and evidence bases.

- *Behaviour Centred Design: a paractitioner's manual v1*, Aunger R, White S, Greenland K, Curtis V, London School of Hygiene and Tropical Medicine, 2017 - for practical application.

- *Behaviour Centred Design formative research protocols v1*, Aunger R, White S, de Witt Huberts J, Greenland K, Curtis V, London School of Hygiene and Tropical Medicine, 2017 - description of more than 30 different research tools to use in meetings and visits during formative research.

WEB ADDRESS

www.lshtm.ac.uk/research/centres-projects-groups/bcd#resources

ABC   BCD   **DBC**   HCD   RANAS   SBCC   Social Marketing   TIPs

DBC

FULL NAME
Designing for Behavior Change

ORIGINS/AFFILIATION
DBC grew out of AED's BEHAVE Framework, the CORE Group's Social and Behaviour Change Working Group, Food Security and Nutrition Network Social and Behaviour Change Task Force, Food for the Hungry, TOP, etc origins in 2000.

SECTOR/BEHAVIOUR FOCUS
WASH, Food Security, Agriculture, Nutrition, Natural Resource Management, Gender.

FOCUS WITHIN THE PROCESS
Analysis and design, including identifying monitoring indicators but does not include implementation of BC activities, or detail on choosing activities or developing communications.

WHAT'S SPECIAL
The DBC approach provides a behaviour-change framework that helps the user build up a strategy for behaviour change step-by-step:

a) Define the behaviour to influence;

b) Describe the group practising the behaviour (the priority group) and others who may influence those people (influencing groups);

c) Identify the determi-nants of behaviour;

d) Define what changes need to occur in people's perceptions of benefits and barriers to the intended behaviour;

e) Choose activities to implement in order to influence people's perceptions and thereby create behaviour change. The approach also uses a standardised form of barrier analysis to identify the most important behavioural determinants, that can be used by non-specialists after a five-day training.

SUPPORTING BC THEORIES
Process of Planned Change (Stages of Change) // Social cognition models (Health Belief Model // Protection Motivation Theory // Self-efficacy Theory // Theory of Reasoned Action // Theory of Planned Behavior).

TIME
12-15 days

EXPERTISE
No specialist expertise is required, but the process should be managed by someone who has completed the 6-day DBC training and/or the 5-day Barrier Analysis training.

LANGUAGES
Most documents are available in English and French, some also in Arabic, Spanish, Bangla.

TRAINING MATERIALS
- *Designing for Behavior Change: For Agriculture, Natural Resource Management, Health and Nutrition*, Food Security and Nutrition Network, 2013.

- *A Practical Guide to Conducting a Barrier Analysis*, Kittle B, 2013, Helen Keller International.

CASE STUDIES

- *Behavior Bank* - results from Barrier Analysis and Doer/NonDoer Studies conducted by food security and other practitioners globally.
- *Barrier Analysis Questionnaires* - a collection of 46 questionnaires, for research on 46 different behaviours.
- *Practitioners' DBC Frameworks* - shares the DBC frameworks developed by various organisations.

STEPS

ANALYSIS

1. Define the ideal Behaviour: choose the behaviour(s) to promote, focusing on those that have potential to contribute most to programme objectives (nutrition, WASH, health, food security etc.) and those that are hard to change and therefore require careful analysis and design. Formulate a well written Behaviour Statement. From this point on, focus on one behaviour at a time.

2. Identify and describe the priority audience (those people who practice the behaviour or who are responsible for its practice): 1. Demographic features 2. Daily Routine: How most people spend their time during the day 3. Something most group members want 4. Something that keeps the group from practicing the Behaviour (barriers) 5. What the Priority Group knows, feels and practices regarding the Behaviour 6. Readiness of most group members to adopt the new Behaviour (stage of change) 7. Gender of the priority group.

3. Carry out the research to identify the most important Determinants of the behaviour: A Barrier Analysis survey is carried out to identify what is preventing the Priority Group from adopting the behaviour and what might enable behaviour change. It uses survey questionnaires to compare the perceptions of those in the Priority Group that do the Behaviour (Doers) and those in the Priority Group that do not (Non-doers).

4. Analyze the findings: The barrier-analysis survey results are tabulated, coded and then analysed to identify those determinants for which there is a statistically significant and important difference in the number of responses given by doers and non-doers, i.e. which are the most powerful determinants that facilitate or impede the change intended.

5. Add more detail to the definition of the Priority Group: The findings from the barrier analysis and any complementary research are used to refine the definition of the priority group so as better to address them through behaviour-change activities.

6. Identify and describe the Influencing Groups: The findings from the barrier analysis and any complementary research are used to identify and describe the people who have influence on the Priority Group's perceptions and behaviours.

DESIGN

7. Write the Bridges to Activities: The results of the barrier analysis are used to identify the changes in perception of barriers and enablers or changes in ability to perform the intended behaviour that are required in order for change to occur. There is usually one bridge to activity for each determinant.

8. Choose Activities that address the Bridges to Activities: Behaviour change activities are chosen or designed to create the changes in perceptions and abilities identified in the Bridges to Activities. Activities must be: a) relevant

to the bridges to activities, b) feasible, and c) acceptable to the priority group.

9. Establish indicators to monitor effectiveness: Indicators are chosen that can be measured as part of the monitoring system for the project into which the behaviour-change component fits, if possible. SMART behaviour-change objectives help set targets for progress and identify potential gaps between targets and achievements during implementation.

10. Complete the Behavior change strategy with details for implementation: A full implementation plan is developed, including time lines, resources, budget, training plans etc. The implementation plan identifies a coherent set of activities that work togetyher to achieve the behaviour-chage objective, and which may also be used to influence other behaviours as part of a more complex multi-behaviour/multi-sector programme.

11. If necessary, develop a communication plan: Communications and messages channels are defined based on the determinants identified through barrier analysis and the bridges to activities.

IMPLEMENTATION, MONITORING AND EVALUATION
The approach does not provide specific contents for this step.

KEY DOCUMENTS
- Designing for Behavior Change: A Practical Field Guide, TOPS, 2017
- *Designing for Behavior Change: For Agriculture, Natural Resource Management, and Gender*, TOPS, 2016.

- *Decision Guide for Program Managers: What You Need to Know About the Designing for Behavior Change (DBC) Approach*, TOPS, 2016.

WEB ADDRESS
https://www.behaviourchange.net/designing-for-behaviour-change-dbc

FULL NAME
Human Centered Design

ORIGINS/AFFILIATION
The approach was developed by IDEO.org, launched by IDEO, a global design and innovation company in 2011. The approach has strong philosophical ties with social marketing, in the sense of developing products, services and behaviour options that are attractive, feasible and affordable. The approach is also promoted by the Stanford d.school at Stanford University.

SECTOR/BEHAVIOUR FOCUS
Any sector of intervention, not limited to products, also includes designing programme approaches, services and behaviour options. For example, HCD has been used to design messages to motivate and enable parents to take more opportunities to encourage their young children's development, or to develop a mobile app that helps young people track, share and manage their financial behaviour.

FOCUS WITHIN THE PROCESS
Analysis, design and implementation, though the mplementation phase of the process mostly concerns piloting and improving solutions before going full scale.

WHAT'S SPECIAL
The HCD approach is put into practice through a series of facilitated discussions, workshops and other creative activities, using a set of tools for encouraging creative collaborative thinking, involving programme teams and the intended users of solutions / practitioners of behaviours. It is called human centered design because its starting point is the people who will finally use or practice the solutions developed.

The design approach is iterative, based on multiple rounds of producing; testing, prioritising and refining ideas until optimum solutions are found to practical problems. The approach is very accessible to project / programme teams, with well-presented and easy-to understand resources on the IDEO. org / Design Kit website.

SUPPORTING BC THEORIES
Not applicable, but focus on developing the right product, service or activity to appeal to users and satisfy a need.

TIME
It can take weeks or months, depending on the design challenge and the intensity of the process.

EXPERTISE
Strong facilitating skills and ability to create and facilitate multidisciplinary teams.

TRAINING MATERIALS
- *Design Kit: The Course for Human-Centered Design* run by IDEO.org and

Acumen Fund. This free 9-week online course (4 hours per week).
- *Design Kit: The Facilitator's Guide* for experienced HCD people to run a one-day workshop for newcomers to the approach.

LANGUAGES
English.

CASE STUDIES
- See *www.ideo.org* for programme examples and *www.designkit.org/case-studies* for case studies that show how the approach is used in practice.

STEPS
ANALYSIS
INSPIRATION: The Inspiration phase is about learning on the fly, opening yourself up to creative possibilities, and trusting that as long as you remain grounded in desires of the communities you're engaging, your ideas will evolve into the right solutions. You'll build your team, get smart on your challenge, and talk to a staggering variety of people.

DESIGN
IDEATION: In the Ideation phase you'll share what you've learned with your team, make sense of a vast amount of data, and identify opportunities for design. You'll generate lots of ideas, some of which you'll keep, and others which you'll discard. You'll get tangible by building rough prototypes of your ideas, then you'll share them with the people from whom you've learned and

get their feedback. You'll keep iterating, refining, and building until you're ready to get your solution out into the world.

IMPLEMENTATION, MONITORING AND EVALUATION
IMPLEMENTATION: In the Implementation phase you'll bring your solution to life, and to market. You'll build partnerships, refine your business model, pilot your idea, and eventually get it out there. And you'll know that your solution will be a success because you've kept the very people you're looking to serve at the heart of the process.

KEY DOCUMENTS
- The 2015 Field Guide to Human-Centered Design - presents appropriate Mindsets for innovation and then 3 phases of a process (Inspiration, Ideation and Implementation) with 57 associated methods. The *Selected methods* can be filtered by phase or by type of challenge (e.g. "how do I get started?" or "how do I know my idea is working?").
- *Stanford School Design Thinking Bootleg*, a set of activity cards to help facilitate a creative and participatory design process.

WEB ADDRESS
www.designkit.org

FULL NAME
Risk, Attitude, Norms, Ability, Self-regulation

ORIGINS/AFFILIATION
The Environmental and Health Psychology group at Eawag (the Swiss Federal Institute of Aquatic Science and Technology), supported by the Swiss Agency for Development and Cooperation and Helvetas (Swiss Intercooperation). It has similarities with other approaches based on a framework of determinants, such as DBC and FOAM.

SECTOR/BEHAVIOUR FOCUS
RANAS was originally developed for behaviour change in the WASH sector, but could be applied to other sectors and behaviour types using the same logic and methodology.

FOCUS WITHIN THE PROCESS
All phases:

1. Identify potential behavioural factors.
2. Measure the behavioural factors identified and determine those steering the behaviour.
3. Select corresponding behaviour change techniques (BCTs) and develop appropriate behaviour change strategies.
4. Implement and evaluate the behaviour change strategies.

WHAT'S SPECIAL
RANAS takes a highly systematic approach to the process of analysis, design and implementation of behaviour-change interventions. It uses qualitative and quantitative research methods for identifying and measuring behavioural determinants in five blocks:

Risk factors - a person's understanding and awareness of the health risk;
Attitude factors - a person's positive or negative stance towards a behaviour;
Norm factors - the perceived social pressure to perform a behaviour;
Ability factors - represent a person's confidence in her or his ability to practice a behaviour;
Self-regulation factors - that influence a person's attempts to plan and selfmonitor a behaviour over time and to manage conflicting goals and distracting cues.

RANAS also offers a catalogue of behaviour-change techniques designed to address each of the behavioural determinants measured. These activities include providing infrastructure, facilitating access to resources and providing prompts in the environment, as well as a range of interpersonal and mass-media communication techniques. RANAS gives strong attention to the question of evaluating interventions, so that they may be replicated or scaled up effectively on strong evidence.

SUPPORTING BC THEORIES
Environmental and health psychology, including Health belief model // Health action process approach // Theory of planned behaviour

TIME
4 to 6 weeks.

EXPERTISE

No specialist expertise required, but the process should be managed by a person with good knowledge of the RANAS approach, and the research implemented by staff with skills in qualitative and quantitative research. Programme staff with general expertise in their sector should be able to choose and implement the set of behaviour-change techniques that make up the behaviour-change strategy.

TRAINING MATERIALS

- *Behavior Change Manual Version 1*, The HELVETAS Swiss Intercooperation, 2017, includes training materials to introduce behaviour change and the RANAS appoach (Annex 2), a step-by-step presentation, with guided activities, to take a team through the RANAS process (Annex 3) and guidance for a training workshop for survey interviewers (Annex 7).

LANGUAGES

English, with some documents in French.

CASE STUDIES

- The *RANAS page* presents examples of application of RANAS to a range of WaSH-related behaviours. It contains case studies on promoting handwashing in Zimbabwe and safe drinking-water in Bangladesh. The 'News' tab presents more illustrations of RANAS in practice, including videos.

STEPS

ANALYSIS

Phase 1: Identify potential behavioral factors: First, the exact behavior to be changed and the specific population group to be targeted are defined; we specify who exactly should change which behavior. Then, we collect information on behavioral factors, namely psychosocial and contextual factors that might influence the target behavior.

Psychosocial factors are elements in the mindset of a person (such as knowledge, beliefs, and emotions), whereas context factors are elements outside of a person (e.g. distance to a safe well). These factors can be learned by conducting short qualitative interviews with various stakeholders at different levels, including the target population.

Following this, the potential psychosocial and contextual factors that we have identified are allocated to the RANAS psychosocial factors summarized in the RANAS model of behavior change. This may involve adapting and extending the model.

Phase 2: Measure the behavioural factors and determine those steering the behaviour: First, we develop a questionnaire to measure the behaviour and the potential behavioural factors and a protocol to conduct observations of the target behaviour. Template tools have been designed for questionnaires and observation protocols, and these have to be adapted to the local conditions. A doer/non doer analysis is conducted to identify the behavioural factors steering the target behaviour.

This means that the responses of people who do the behaviour (doers) are compared to the responses of those who do not (nondoers); a large difference in the responses between doers and non-doers shows that the behavioural factor in question critically steers the behaviour and thus can be addres-sed through behaviour change techniques (BCTs) to change the behaviour.

DESIGN

Phase 3: Select BCTs and develop appropriate behaviour change strategies: The BCTs that are thought to change the critical behavioural factors specified in Phase 2 are selected for application in behaviour change strategies. A catalogue of BCTs has been compiled to achieve this. The catalogue lists which BCTs are thought to change which psychosocial factor, based on evidence from environmental and health psychology. The BCTs have to be adapted to the local context and combined with suitable communication channels, which constitute the mode of delivery of the BCTs. Together, the BCTs and the communication channels form a behaviour change strategy.

IMPLEMENTATION, MONITORING AND EVALUATION

Phase 4: Implement and evaluate the behaviour change strategies: To verify the efficacy of these behaviour change strategies and to optimize them, the strategies are evaluated with a before-after control (BAC) trial. This means that the behaviour and the potential behavioural factors are measured with a questionnaire and with observations both before (Phase 2) and after (Phase 4) implementing the strategies. Further, a control group has to be formed and measured. This is to control for changes in behaviour which occurred independently of the intervention. The differences in behaviour scores and in behavioural factor scores before and after the strategies' implementation are calculated and compared to those of the control group. The behaviour change strategies have been effective when the before-after differences in behaviour and behavioural factors are larger for the population that received the strategies than for the control group. The strategies can be refined if needed. Otherwise, they can be applied directly at larger scales or in other, similar areas, backed up by the evidence that they are effective in changing behaviour.

KEY DOCUMENTS

The following are available on the *RANAS website*:

- *Systematic Behavior Change in Water Sanitation and Hygiene: A practical guide using the RANAS approach Version 1.0* , Mosler H-J, Contzen N, Eawag, 2016.

- *Catalog of behavior change techniques (BCTs): ESI 3.1 to A practical guide using the RANAS approach Version 1.0*, Eawag, 2016.

- *Doer/non-doer analysis to specify the critical behavioral factors*, Methodological Fact Sheet N° 5, Mosler H-J, Contzen N, Eawag, 2015.

- *Behavior Change Manual Version 1*, The HELVETAS manual based on pilot WASH projects in Mali, Benin and Mozambique: HELVETAS Swiss Intercooperation, 2017.

WEB ADDRESS

www.ranasmosler.com/ranas

ABC   BCD   DBC   HCD   RANAS   **SBCC**   Social Marketing   TIPs

FULL NAME
Social and Behavior Change Communication Implementation Kit

ORIGINS/AFFILIATION
Funded by USAID Health Communication Capacity Collaborative (HC3), support from Breakthrough ACTION at Johns Hopkins University. The SBCC I-Kit has many similarities with other SBCC methodologies, including the *Compass SBC How-to Guides* and FOCUS A Social & Behavior Change Communication Planner.

SECTOR/BEHAVIOUR FOCUS
A wide range of health and nutrition-related behaviours.

FOCUS WITHIN THE PROCESS
Communications strategy, social as well as individual change. Essentially it's about doing a series of facilitated discussions with the team, based on having formative research data already available, to design the strategy. It goes as far as developing an implementation plan and M&E plans, but stops short of actuall delivery and M&E.

WHAT'S SPECIAL
SBCC uses communications science and the techniques of the communications indus-try to change behaviours by positively influencing knowledge, attitudes and social norms through strategic, systematic and targeted interventions. It promotes change at the individual, community and policy levels so that individual behaviours are supported by a positive social and political context.

See *this link* for an animated infographic on SBCC.
The SBCC approach is a very useful complement to other approaches such as DBC or ABC which help identify communication as a component of the behaviour change intervention, but that don't provide detailed guidance on how to develop and implement the communications activities.
The SBCC I-Kit is a web-based manual with links to tools from Health Compass, including forms to fill with data for strategy design, and examples from the field. It can be used to go through the whole process of designing a SBCC strategy with the project team.

SUPPORTING BC THEORIES
SBCC is strongly associated with the following models: Reasoned Action Model (Planned Behavior) // Extended Parallel Process Model (Fear Management) // Observational learning (Social learning) // Diffusion of innovations // Socio-Ecological model.

TIME
Not specified.

EXPERTISE
Generalist, to manage the process, with input from creative specialists.

TRAINING MATERIALS
- For self-learning materials, see the "Health Communication for Managers"

and "Social and Behavior Change for Nutrition" courses offered by the *Global Health Institute*.

LANGUAGES

English plus web content in French, Portuguese and Spanish, though tools, resources and examples only available in English.

CASE STUDIES

Case studies and examples are used at different stages of the SBCC I-kit to illustrate the tools and activities presented.

STEPS

ANALYSIS

Step 1: Analyze the Situation - Task 1: Clarify Shared Vision // Task 2: Identify Challenge/s and Root causes // Task 3: Understand Context of Core Challenge // Task 4: Summarize Core Challenge // Task 5: Determine Program Theory // Task 6: Identify Potential Priority Groups // Task 7: Assess Communication Needs and Resources // Task 8: Assess Capabilities of Services and Products to Meet Demand // Task 9: Conduct a Participation Analysis.

Step 2: Identify and describe the Audience - Task 1: Determine Audience Segments // Task 2: Prioritize Audience Segments // Task 3: Develop Audience Profiles.

DESIGN

Step 3: Objectives - Task 1: Describe Desired Change // Task 2: State How Much Change // Task 3: Determine Timeframe for Expected Change

Step 4: Strategic Approaches - Task 1: Identify Strategic Approaches // Task 2: Create Strategic Framework

Step 5: Positioning and Strategy Outline - Task 1: Summarize Challenge, Situation and Audience Profile // Task 2: Develop a Positioning Statement // Task 3: Identify the Key Promise // Task 4: Define the Support // Task 5: Develop an Overall Impression Statement // Task 6: Identify Key Message Points // Task 7: Finalize Strategic Approaches // Task 8: List Proposed Activities // Task 9: List Additional Creative Considerations

Step 6: Implementation Plan - Task 1: Determine Partner Roles and Responsibilities // Task 2: Outline Activities // Task 3: Establish a Timeline // Task 4: Determine a Budget // Task 5: Finalize Implementation Plan

Step 7: Monitoring and Evaluation - Task 1: Identify Indicators to Track Progress // Task 2: Develop Monitoring Plan // Task 3: Establish an Evaluation Plan

IMPLEMENTATION, MONITORING AND EVALUATION

The approach does not provide specific contents for this step.

KEY DOCUMENTS

Not specified.

WEB ADDRESS

https://sbccimplementationkits.org/courses/designing-a-social-and-behavior-change-communication-strategy/

FULL NAME
Social Marketing / Sanitation Marketing

ORIGINS/AFFILIATION
Social marketing grew out of commercial marketing in the 1970s, sanitation marketing is a specific application of social marketing. Strongly promoted by USAID and the World Bank Water and Sanitation Program. FOAM and SaniFOAM were developed by the World Bank WSP (Water and Sanitation Program) and Population Services International, UNICEF, LSHTM and the Hygiene Improvement Program (HIP) of USAID,

SECTOR/BEHAVIOUR FOCUS
Strong focus on hygiene and sanitation.

FOCUS WITHIN THE PROCESS
Social marketing involves the whole analysis, design and implementation process.

WHAT'S SPECIAL
Social marketing aims to achieve the long-term sustainable uptake of goods, services and practices at large scale, by stimulating demand 'consumer side) and promoting appropriate supply (market side) Focus on Product, Price, Place and Promotion, It is an approach that is best suited to stable contexts with functional markets and strong partnerships possible in the private, public and NGO sectors. It requires a lead time of several months before results start to be achieved in terms of chaged behaviours, but, if successful, creates the conditions for sustained change which is driven by the population's motivation and ability to secure goods and/or services in support of their new practices. FOAM and SaniFOAM are frameworks for understanding the determinants of handwashing with soap (FOAM) and sanitation (SaniFOAM). SaniFOAM is used as the basis for the World Bank WSP Sanitation Marketing approach. These frameworks can be used to structure formative research, design and implementation for social marketing for sanitation and handwashing with soap. They present determinants in three different categories:

1. Opportunity to practice the behaviour,
2. Ability to practice the behaviour and
3. Motivation to practice the behaviour.

By researching the determinants in these different categories, it is possible to identify the barriers and enablers to address in order to effect BC.

SUPPORTING BC THEORIES
Marketing and communications theories, Social cognition models (Health Belief Model // Protection Motivation Theory // Self-efficacy Theory // Theory of Reasoned Action // Theory of Planned Behavior) and stress on enabling factors ("opportunity" in the FOAM model)

TIME
6 months plus for the full social-marketing research process. If the FOAM and SaniFOAM frameworks are used simply as a research guide, then 4 to 6 weeks should be sufficient for formative research.

ABC   BCD   DBC   HCD   RANAS   SBCC   **Social Marketing**   TIPs

EXPERTISE
Knowledge of social marketing and ability to conduct or contract out market and consumer research / formative research, engage different stakeholders and facilitate development of a marketing strategy, including the communications strategy.

TRAINING MATERIALS
- Training modules for Lao PDR and Indonesia are available at *Promotion Mix: Lao PDR*.
- An introductory e-learning course on Social Marketing for Health is available from the *Global Health Institute*.
- Formative research training materials are available in the World Bank WSP *Sanitation Marketing Toolkit*.

LANGUAGES
WSP Toolkit web-based and pdf in English and French. FOAM and SaniFOAM materials are available in English.

CASE STUDIES
None seen.

STEPS

ANALYSIS
Phases I to IV are taken from the HIP Sanitation Marketing manual and Phase V is taken from the WSP Introductory Guide to Sanitation Marketing.

PHASE I: GETTING STARTED
ACTIVITY 1. Assembling the team
ACTIVITY 2. Kickoff workshop
ACTIVITY 3. Site/population desk study and analysis

PHASE II: RESEARCHING THE SANITATION MARKET: UNDERSTANDING SUPPLY AND DEMAND
ACTIVITY 4. Rapid household sanitation assessment
ACTIVITY 5. Rapid sanitation industry assessment
ACTIVITY 6. In-depth consumer research
ACTIVITY 7. In-depth latrine provider research
ACTIVITY 8. Communication channels assessment study

DESIGN

PHASE III. BRINGING IT ALL TOGETHER: FROM RESEARCH TO STRATEGY DESIGN
ACTIVITY 9. Synthesizing research results
ACTIVITY 10. Strategy development workshop

PHASE IV. PREPARING FOR ACTION: DEVELOPING SANITATION MARKETING MATERIALS
ACTIVITY 11. Partnership development
ACTIVITY 12. Product and prototype design and development
ACTIVITY 13. Communication plan and materials development

IMPLEMENTATION, MONITORING AND EVALUATION

PHASE V, IMPLEMENTATION

Engaging multiple sectors: non-profit, public and private (see also PHASE IV Activity 11).
- Staffing the programme
- Capacity Building
- Monitoring
- Budgeting
- Sequencing activities

KEY DOCUMENTS

- *Introductory Guide to Sanitation Marketing*, Devine J, Kullmann C, World Bank WSP, 2011 - presents the same content as the WSP web-based Sanitation Marketing Toolkit.

- *Sanitation Marketing for Managers: Guidance and Tools for Program Development*, Hygiene Improvement Project, 2010.

- *Introducing SaniFOAM: A Framework to Analyze Sanitation Behaviors to Design Effective Sanitation Programs*, Devine J, 2009, World Bank WSP.

- *Introducing FOAM: A Framework to Analyze Handwashing Behaviors to Design Effective Handwashing Programs*, Coombes Y, Devine J, 2010, World Bank WSP.

WEB ADDRESS

https://www.wsp.org/toolkit

www.wsp.org/global-initiatives/global-scaling-handwashing-project

www.wsp.org/global-initiatives/global-scaling-sanitation-project

ABC   BCD   DBC   HCD   RANAS   SBCC   Social Marketing   **TIPs**

TIPs

FULL NAME
Trials of Improved Practices.

ORIGINS/AFFILIATION
TIPs was developed by the Manoff Group, and was first used in the late 1970's and early 1980's in nutrition programming.

SECTOR/BEHAVIOUR FOCUS
Very broad range of health-related behaviours. Not so suitable for behaviours that:
- Stretch over a long time (e.g. breastfeeding)
- Are rare or unpredictable behaviours (e.g. health-seeking for uncommon diseases)
- Face strong external barriers (e.g, poor policies)
- Require collaboration or approval of many different actors

FOCUS WITHIN THE PROCESS
TIPs can be used to define new behaviours/practices/products/services and test whether they are acceptable and feasible, as well as to adapt them on the basis of research/piloting at household level, before promoting them. The TIPs approach has some similarities to Product research in social marketing.

WHAT'S SPECIAL
TIPs enables the people who are the focus of behaviour-change interventions to participate actively in the analysis of barriers and enablers to change, as well as identifying feasible and acceptable options for change. TIPs enables the people who are the focus of behaviour-change interventions to participate actively in the analysis of barriers and enablers to change, as well as identifying feasible and acceptable options for change.

SUPPORTING BC THEORIES
No particular theories are mentioned. TIPs is based on understanding people's preferences, capabilities, obstacles and motivations. This is close to the FOAM determinants (Opportunities (obstacles) Abilities (capabilities), Motivation (preferences and motivation)).

TIME
About 1 week for trials, plus preparatory work (step 1) and analysis/design workshop (steps 5 and 6).

EXPERTISE
Qualitative research skills, intervention and product / behaviour design skills, no specialist skills required in communications.

TRAINING MATERIALS
Not seen.

LANGUAGES
English.

CASE STUDIES

- *Shifting Nutrition and Hygiene Behaviors in Sierra Leone Utilizing Trials of Improved Practices*, SPRING and HKI, 2017.
- *Conducting trials of improved practices in Madagascar*, Research Brief (improvement of hygiene behaviours), USAID Hygiene Improvement Project, 2007.
- *The Power of Counseling: Changing Maternal, Infant, and Young Child Nutrition and Family Planning Practices in Dhamar, Yemen*, Assabri AM, Cooper C, Al-Gendari KA, Pfitzer A, Galloway R, Maternal & Child Health Integrated Program (MCHIP), Maternal & Child Survival Program (MCSP), USAID, 2015.

STEPS

The following steps were used in implementing TIPs in Sierra Leone - *Shifting Nutrition and Hygiene Behaviors in Sierra Leone Utilizing Trials of Improved Practices*, SPRING and HKI, 2017.

ANALYSIS

STEP 1: Create and prioritize a menu of evidence-based behavioral options using existing data and knowledge of the local context based on literature survey, key-informant interviews and a small number of household interviews // prepare communications materials to explain the selected behaviours at household level.

STEP 2: Visit selected (volunteer) households to do interviews and observations so as to understand the household's context and current behaviors.

STEP 3: Return to the same households to advise and and negotiate one to two new specific behaviors that the household is willing to try

STEP 4: Return again to the same households a week to 10 days later to: Understand which behaviors households were able and not able to do // learn about the most important barriers and enablers to the suggested behaviors // solicit suggestions from the participants about how to modify and promote the behaviors.

STEP 5: Analyze the findings to understand which behaviours are acceptable and feasible, what modifications to make to proposed behaviours, what are the key motivators for adopting the behaviours and what barriers and enablers to address.

DESIGN

STEP 6: Build a behaviour-change framework based on Step 5 (in the Sierra Leone example, the DBC Framework was used - so involved identifying bridges to activities and BC activities).

IMPLEMENTATION, MONITORING AND EVALUATION

The approach does not provide specific contents for this step.

KEY DOCUMENTS

- *Trials of Improved Practices (TIPs): Giving Participants a Voice in Program Design*, Manoff Group.

WEB ADDRESS

www.manoffgroup.com

RESOURCES

Here you'll find resources for a whole set of behaviour change approaches, including: **ABC** (Assisting Behaviour Change), **BCD** (Behaviour Centred Design), **DBC** (Designing for Behavior Change), **HCD** (Human Centered Design), **RANAS** (Risk, Attitude, Norms, Ability, Self-regulation), **SBCC** (Social and Behavior-Change Communication), **Social/Sanitation Marketing**, and **TIPs** (Trials of Improved Practices).
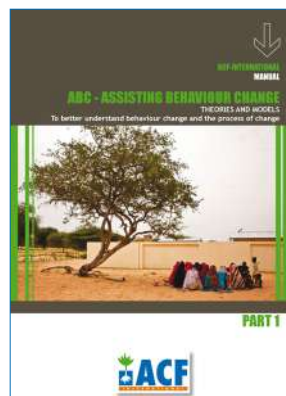
GUIDES & MANUALS　　SPECIFIC GUIDANCE　　TRAINING RESOURCES　　EXAMPLES　　GLOSSARY

Guides and Manuals

ABC

ABC - Assisting Behaviour Change Part 1: Theories and models

Action Contre la Faim, 2013

The first part of the manual, containing an overview of some of the main concepts relevant to behaviour change such as the determinants of behaviour and how change comes about, as well as an explanation of the key BC models developed by psychological and social sciences research. Also available in French.

Formative research for Assisting Behaviour Change: A practical guide for field workers

Action Against Hunger, 2018

This guide is designed for field practitioners designing and implementing projects that assist behaviour change in a wide range of sectors. It presents five steps: literature review, community assessment, barrier analysis, complementary research and using findings to design a strategy.

ABC - Assisting Behaviour Change Part 2: Practical ideas and techniques

Action Contre la Faim, 2013

The second part of the manual, showing how complex behaviour change initiatives can be developed at both the mass communication level, as well as at other levels such as the family and group, using interactive methods as well as individual counselling. Also available in French.

Guides and Manuals

BCD
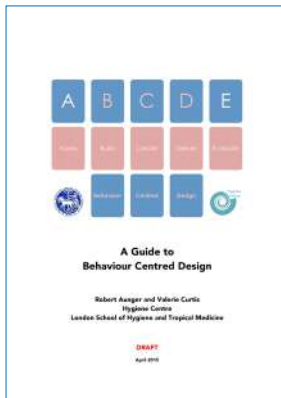
A Guide to Behaviour Centred Design Draft

London School of Hygiene & Tropical Medicine

Aunger R, Curtis V, 2015

A full description of the BCD approach and its theoretical and evidence bases. Part 1 covers some basic theory which explains the processes that govern human behaviour. Part 2 discusses BCD's theoretical proposition about how to change behaviour, which is unlike traditional approaches. Part 3 describes the process of developing, creating and testing a behaviour change intervention.

Behaviour Centred Design formative research protocols v1

London School of Hygiene & Tropical Medicine

Aunger R, White S, de Witt Huberts J, Greenland K, Curtis V, 2017

A description of more than 30 different research tools to use in meetings and visits during formative research.
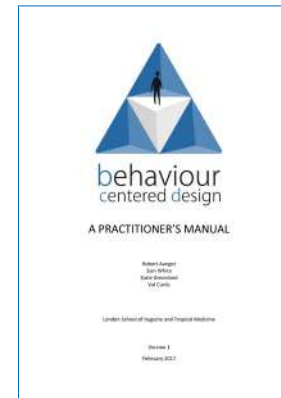
Behaviour Centred Design: a practitioner's manual v1

London School of Hygiene & Tropical Medicine

Aunger R, White S, Greenland K, Curtis V, 2017

A guide to practical application of the approach, with an introduction to behaviour change theory followed by a process to develop a behaviour-change strategy: how to use theory to help Assess what information is known about the target behaviour; Building on this through formative research; using this knowledge to inform the Creative design of an intervention; considering how the intervention will be Delivered; and then Evaluating the intervention – a process called ABCDE.

Guides and Manuals

DBC
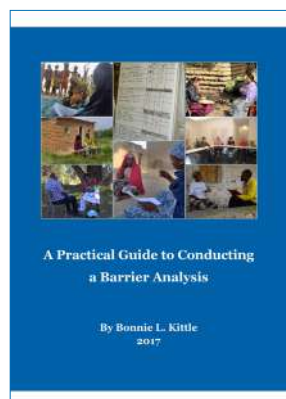
A Practical Guide to Conducting a Barrier Analysis

Kittle B, 2013

A training curriculum that builds skills to plan and carry out a Barrier Analysis survey. Practical exercises help learners to answer the most common questions that arise during implementation.

Available in English, French, Spanish, Arabic.

DBC: For Agriculture, Natural Resource Management, and Gender

TOPS, 2016

A six-day training curriculum that combines handouts and facilitator materials with easy-to-use training guidelines.
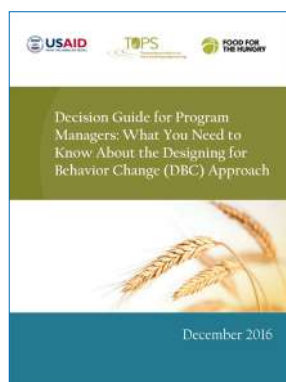
Decision Guide for Program Managers: What You Need to Know About the Designing for Behaviour Change (DBC) Approach

TOPS, 2016

An explanation of the DBC approach and its purpose, how the DBC Framework can be used in a programme, and the logistics of implementing the DBC approach. Helps to decide whether or not to send staff to a workshop and whether or not to adopt the approach.
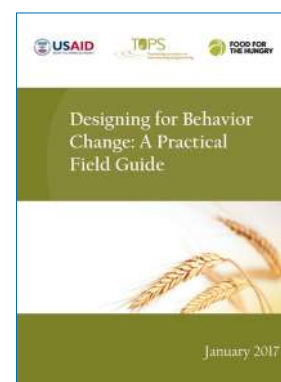
Designing for Behavior Change: A Practical Field Guide

TOPS, 2017

A condensed reference guide. Primarily for use by those who have been or are being trained in the DBC approach.

Guides and Manuals

GUIDES AND MANUALS   SPECIFIC GUIDANCE   TRAINING RESOURCES   EXAMPLES   GLOSSARY

DBC

Designing for Behavior Change: For Agriculture, Natural Resource Management, Health and Nutrition
TOPS, 2013

A six-day training curriculum that combines handouts and facilitator materials with easy-to-use training guidelines. Available in English, French and Spanish.
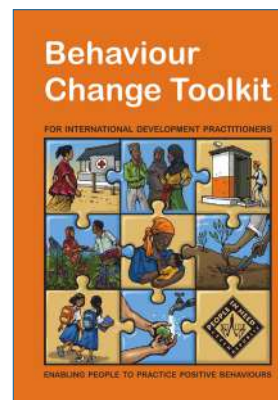
Behaviour Change Toolkit for International Development Practitioners: Enabling People to Practice Positive Behaviours, People in Need
Schmied P, 2017

Twenty-nine pages of highly practical and easy-to-read guidance on behaviour change, presenting key behaviour-change theories and a 7-step process for a behaviour-change intervention, drawing on the DBC approach. Also available in French.
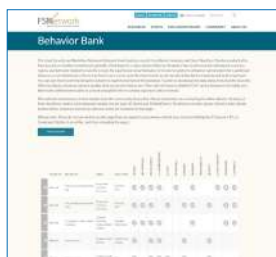
Behavior Bank

Results from Barrier Analysis and Doer/Non-Doer Studies conducted by food security and other practitioners globally.
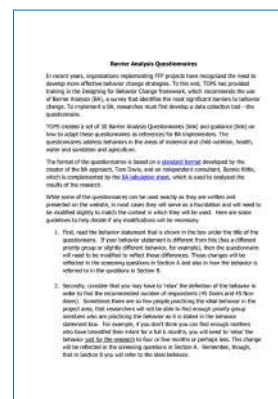
Barrier Analysis Questionnaires

A collection of 46 questionnaires, for research on 46 different behaviours. Also available in French and Spanish.

Guides and Manuals

GUIDES AND MANUALS   SPECIFIC GUIDANCE   TRAINING RESOURCES   EXAMPLES   GLOSSARY

HCD
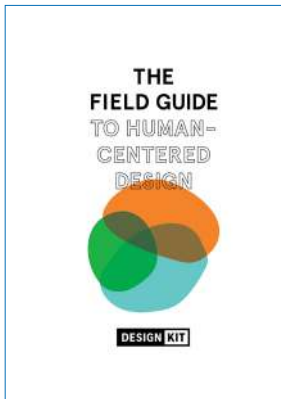
The Field Guide to Human-Centered Design
IDEO.org, 2015

Presents appropriate Mindsets for innovation and then 3 phases of a process (Inspiration, Ideation and Implementation) with 57 associated methods.

Stanford School Design Thinking Bootleg

A set of activity card to help facilitate a creative and participatory design process.

Design Kit Methods

Selected methods that can be filtered by phase or by type of challenge (e.g. "how do I get started?" or "how do I know my idea is working?").

Guides and Manuals

RANAS

Systematic Behaviour Change in Water Sanitation and Hygiene: A practical guide using the RANAS approach Version 1.0

Eawag

Mosler H-J, Contzen N, 2016

The aim of the manual is to give practitioners a tool to help them when designing an effective behaviour-change campaign. The methodology is explained step by step, all necessary skills and other requirements are described, and possible pitfalls are noted.

Behaviour Change Manual Version 1

HELVETAS Swiss Intercooperation, 2017

The HELVETAS manual for implementing the RANAS approach, based on pilot WASH projects in Mali, Benin and Mozambique. It presents four developing and implementing behaviour-change interventions, with corresponding training sessions.
Also in French.

Catalog of behavior change techniques (BCTs): ESI 3.1 to A practical guide using the RANAS approach, Version 1.0

Eawag, 2016

For each of the behavioural factor areas (Risk, Attitude, Norms, Ability and Self-regulation) a series of behaviour-change techniques and implementation strategies are presented for promoting handwashing and collecting water from a safe well.

Guides and Manuals

GUIDES AND MANUALS   SPECIFIC GUIDANCE   TRAINING RESOURCES   EXAMPLES   GLOSSARY

SBCC i-kit

Designing a Social and Behaviour Change Communication Strategy

Johns Hopkins University

Health Communication Capacity Collaborative, 2018

A web-based implementation kit providing guidance on how to develop a communication strategy for SBCC.

FOCUS: A Social & Behavior Change Communication Planner

Save the Children

An interactive web-based tool for creating a SBCC plan that supports the health of mothers and newborns.

Compass SBC How-to Guides

Health Communication Capacity Collaborative

Web-based step-by-step instructions on how to perform fundamental social and behaviour-change tasks.

Guides and Manuals

Social/Sanitation Marketing

Sanitation Marketing Toolkit

World Bank Water and Sanitation Program

This toolkit and its print companion, Introductory Guide to Sanitation Marketing, offer practitioners and program managers suggestions based on WSP's experience implementing sanitation marketing in a range of diverse geographic, cultural, and political settings.

Introducing SaniFOAM: A Framework to Analyze Sanitation Behaviours to Design Effective Sanitation Programs

World Bank WSP

Devine J, 2009

Presents the FOAM (Focus, Opportunity, Ability, Motivation) framework of behaviours and their determinants related to sanitation as a basis of formative research for sanitation marketing.
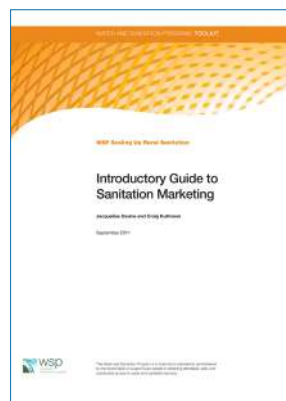
Introductory Guide to Sanitation Marketing

World Bank WSP

Devine J, Kullmann C, 2011

Presents the same content as the WSP web-based Sanitation Marketing Toolkit.

Sanitation Marketing Learning Series

UNICEF, 2013

UNICEF offers 10 guidance notes on Sanitation Marketing. Also in French.

Guides and Manuals

Social/Sanitation Marketing
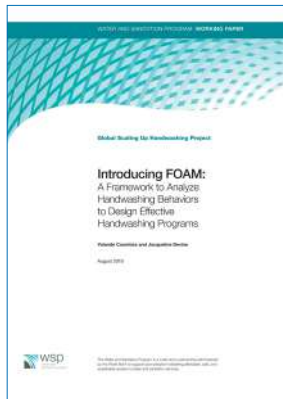
Introducing FOAM: A Framework to Analyze Handwashing Behaviours to Design Effective Handwashing Programs

World Bank WSP

Coombes Y, Devine J, 2010

Presents the FOAM (Focus, Opportunity, Ability, Motivation) framework of behaviours and their determinants related to handwashing as a basis of formative research for handwashing marketing.

Sanitation Marketing for Managers: Guidance and Tools for Program Development

Hygiene Improvement Project, 2010

Guidance and tools for designing a sanitation marketing program. It guides professionals in the fields of sanitation and marketing to: (1) comprehensively assess the current market for sanitation products and services and (2) use the results of this assessment to design a multi-pronged marketing strategy.
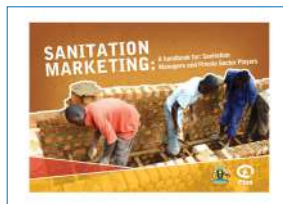
Sanitation Marketing: A handbook for Sanitation Managers and Private Sector Players

Plan / Uganda Ministry of Health

A handbook presenting key facts about sanitation marketing, a step-by-step approach to development and implementation of a sanitation marketing project and suggested key references for further reading.

TIPs
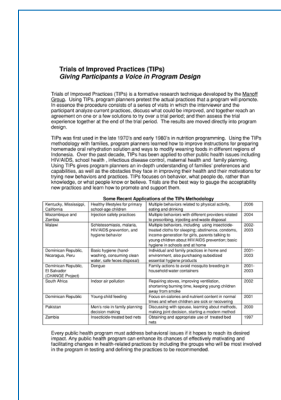
Trials of Improved Practices (TIPs): Giving Participants a Voice in Program Design

Manoff Group

A brief presentation of the TIPs methodology, with examples and further references.

Designing by Dialogue

Manoff Group, 1997

A Program Planners' Guide to Consultative Research for Improving Young Child Feeding.

Specific guidance

Formative research for Assisting Behaviour Change: A practical guide for field workers

Action Against Hunger, 2018

This guide is designed for field practitioners designing and implementing projects that assist behaviour change in a wide range of sectors. It presents five steps: literature review, community assessment, barrier analysis, complementary research and using findings to design a strategy.

Focus on Families and Culture: A guide for conducting a participatory assessment on maternal and child nutrition, Grandmother Project (GMP) – Change through Culture

Aubel J, Rychtarik A, 2015

Guidance on how to plan and carry out a rapid community assessment on family roles and influence related to the first 1,000 days of life so as to design more effective maternal and child nutrition programmes. Also available in French.

Behaviour Centred Design formative research protocols v1, London School of Hygiene and Tropical Medicine

Aunger R, White S, de Witt Huberts J, Greenland K, Curtis V, 2017

A description of more than 30 different research tools to use in meetings and visits during formative research.
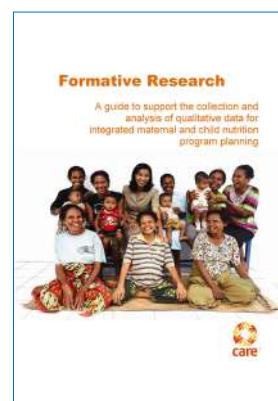
Formative Research: A guide to support the collection and analysis of qualitative data for integrated maternal and child nutrition program planning

CARE, 2014

Describes the three steps in the methodology for doer/non-doer analysis used in the RANAS approach: first, survey respondents are divided into doers and non-doers; second, mean scores are calculated separately for doers and non-doers; third, the mean scores are compared between doers and non-doers.

Doer/non-doer analysis to specify the critical behavioural factors, Methodological Fact Sheet N° 5

Mosler H-J, Contzen N, Eawag, 2015

Describes the three steps in the methodology for doer/non-doer analysis used in the RANAS approach: first, survey respondents are divided into doers and non-doers; second, mean scores are calculated separately for doers and non-doers; third, the mean scores are compared between doers and non-doers.
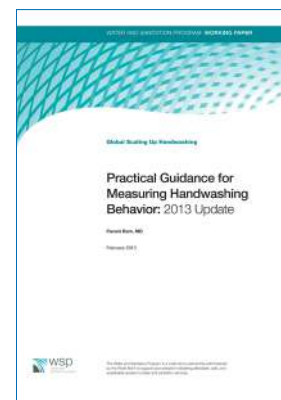
Practical Guidance for Measuring Handwashing Behaviour: 2013 Update

World Bank WSP

Ram P, 2013

Describes the pros and cons of self-reported, proxy, and directly observed measures of handwashing. Presents evidence for the validity and efficiency of each measure, the potential for bias or data collection errors, the use of the measure in the evaluation of handwashing programs, and the utility of the measure. Includes recommendations for the measurement of handwashing in a variety of contexts.
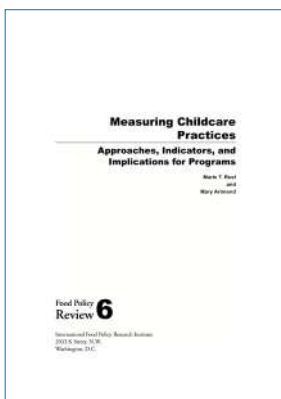
Measuring Childcare Practices: Approaches, Indicators, and Implications for Programs

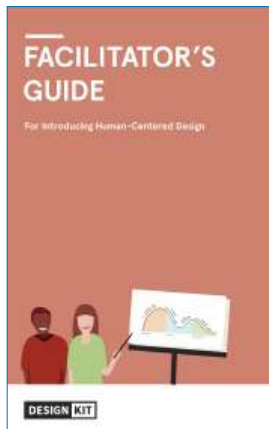International Food Policy Research Institute

Ruel MT, Arimond M, 2003

Presents and reviews the simple and valid measurement methods and indicators: continuous observation, spot-checks and recall methods. Offers practical suggestions to enhance monitoring and evaluation of child nutrition programmes.
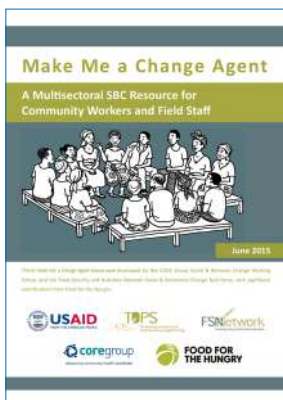
Training resources

Design Kit: The Facilitator's Guide

A guide for experienced facilitators to run a one-day workshop for newcomers to the approach.

### Design Kit: The Course for Human-Centered Design

A free 9-week online course (4 hours per week) run by IDEO.org and Acumen Fund. Starts on January 22, 2019.

Make Me a Change Agent: A Multisectoral SBC Resource for Community Workers and Field Staff

Washington, DC: The TOPS Program, FSN Network and CORE Group, 2015

Provides session plans and materials for training sessions to build the skills of community-level workers, so that they can be more effective behaviour change promoters in their communities. The lessons cover generic skills, such as communication and storytelling, that can help a development worker in any sector become more effective as an agent of behaviour change. Also available in French and Spanish.
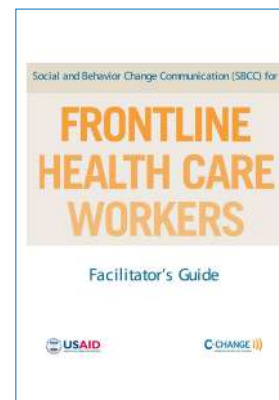
Social and Behavior Change Communication (SBCC) for Frontline Health Care Workers

C-Change, USAID, 2012

A facilitator's guide and participant handout packet with worksheets to run a training programme for field workers on the C-Change methodology – generally appropriate for health communication.

Training resources

Pathways to Change game and Pathways to Change Moderator's Handbook

Pathfinders International, 2010

A low-literacy game that uses simple symbols to represent the factors at the personal, social, and environmental levels that make it harder or easier for someone to make a change in behaviour.

Health Communication for Managers

Global Health Institute

A 3-hour online course that aims to increase the learner's understanding of the basic principles of health communication. It also includes tips for managing health communication projects, guidance on how to determine quality of interventions and materials, and links to evidence of the effectiveness of interventions.

Social and Behavior Change for Nutrition

Global Health Institute

A 2-hour online course that aims to demystify SBC design as well as share useful SBC-related resources. For people who have already taken the Health Communication for Managers course who want to focus on nutrition behaviours.

Mobilizing Communities for Improved Nutrition: A Manual for Training Community Leaders

USAID IYCN Project, 2011

A training manual and a training guide with instructions for facilitating a one-day workshop with community leaders (e.g., community, religious, and business leaders and government officials) to support and improve children's health and well-being through improved infant and young child feeding and maternal dietary practices. The manual and guide should be used together.

Training resources
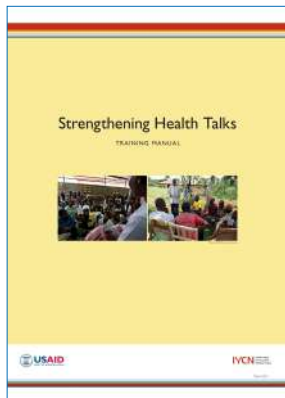
Strengthening Health Talks Training Manual
USAID IYCN Project, 2011

Provides step-by-step instructions for facilitating a half-day workshop with health workers or community workers to improve the quality of group counselling sessions and health talks. Also available in Portuguese.

Examples

BCD

Effect of a behaviour-change intervention on handwashing with soap in India (SuperAmma): a cluster-randomised trial

Biran A, Schmidt W, Varadharajan K, Rajaraman D, Kumar R, Greenland K, Gopalan B, Aunger R, Curtis V

The Lancet Global Health 2(3): e145-e154

This study in rural southern India shows that substantial increases in handwashing with soap can be achieved using a scalable intervention based on emotional drivers.

Implementing effective hygiene promotion: lessons from the process evaluation of an intervention to promote handwashing with soap in rural India

BMC Public Health 2014 14:1179

Demonstrates that the SuperAmma intervention is capable of achieving good reach across men and women of varied social and economic status, is affordable, and has the potential to be effective at scale, provided that sufficient attention is given to ensuring the quality of intervention delivery.

Can gossip change nutrition behaviour? Results of a mass media and community-based intervention

White S, Schmidt W, Sahanggamu D, Fatmaningrum D, van Liere M, Curtis V

Trop Med Int Health. 2016 Mar; 21(3):348-64

Suggests that novel theory-driven approaches which employ emotional motivators can have an effect on improving dietary diversity and the regularity of vegetable and fruit intake among children aged 6-24 months. Mass media can have a measurable effect on nutrition-related behaviour, but these effects are likely to be enhanced through complementary community activations. Changing several behaviours at once remains a challenge.

Examples

DBC

Determined Behaviour Change: A Comparative Study of the Application of Barrier Analysis Methodology

Mercy Corps, 2015

Examines 29 Barrier Analysis studies conducted to support Mercy Corps program activities across 7 countries concerning a wide range of behaviours. Correlates findings, identifies subsequent programme impacts, and analyses the effectiveness of Barrier Analysis as a research tool to advise social behaviour change components of development programming.

Barrier Analysis of Exclusive Breastfeeding, Minimum Dietary Diversity and Early Antenatal Care Seeking Behaviours of Syrian Refugees

International Medical Corps, 2016

Three Barrier Analysis (BA) studies were conducted in five regions of Lebanon to examine determinants of 1) attending antenatal care during the first trimester of pregnancy, (2) exclusive breastfeeding, and (3) ensuring minimum dietary diversity during complementary feeding. This report details these determinants and provides recommendations to inform activity planning and advocacy toward policy changes to support behaviour change.

HCD

Design Kit case studies

IDEO.org

Inspiring stories of innovation and impact that show how humancentered design gets real results. Each phase of the process is broken down to show what the design teams did, what they learned, and how it all adds up to surprising solutions.

Examples

GUIDES AND MANUALS   SPECIFIC GUIDANCE   TRAINING RESOURCES   **EXAMPLES**   GLOSSARY

RANAS

Design, implementation and evaluation of a handwashing campaign in Harare, Zimbabwe: A case study applying the practical guide 'Systematic Behaviour Change in Water Sanitation and Hygiene'

Eawag, Friedrich MND, 2016

Illustrates how the RANAS approach was applied in a real project - how each phase, step and key action described in Systematic behaviour Change in Water Sanitation and Hygiene were into practice during a handwashing campaign in Zimbabwe and what the results were.

Promotion of arsenic-safe drinking water sources in Bangladesh: A case study applying the practical guide 'Systematic Behaviour Change in WaSH'

Eawag, Inauen J, Mosler HJ, 2016

Illustrates how the RANAS approach was applied in a real project - how each phase, step and key action described in Systematic behaviour Change in Water Sanitation and Hygiene were into practice during a campaign to promote arsenic-safe drinking water in Bangladesh and what the results were.

TIPs

Conducting Trials of Improved Practices in Madagascar, Research Brief

USAID Hygiene Improvement Project, 2007

Describes a series of Trials of Improved Practices (TIPs) in Madagascar. The TIPs tested the feasibility for households to use a set of improved practices or actions to benefit family health in the three hygiene areas: the treatment and storage of drinking water; safe disposal of children's faeces using latrines and potties; and hand washing with soap at key times.

Shifting Nutrition and Hygiene Behaviours in Sierra Leone Utilizing TIPs

SPRING and HKI, 2017

Describes the TIPs research carried out in Sierra Leone. The analysis from TIPs assisted in the development of a grounded SBCC strategy and materials, and also provided guidance and understanding on the issues and practices raised for future development efforts, and an awareness of the TIPS methodology that can be replicated to other assessment topics.

Examples

TIPs

The Power of Counselling: Changing Maternal, Infant, and Young Child Nutrition and Family Planning Practices in Dhamar, Yemen

USAID, 2015

Presents a study in Yemen, to inform the development of evidence-based programming to address high rates of malnutrition, short inter-pregnancy intervals, and low contraceptive prevalence in the country. The study assessed mothers' and couples' ability to adopt recommended nutrition and family planning practices, identifying barriers and facilitating factors for optimal practices.

Concerning a range of approaches

Replicating the sanitation marketing model of the low cost "easy latrine" in Sindh province, Pakistan
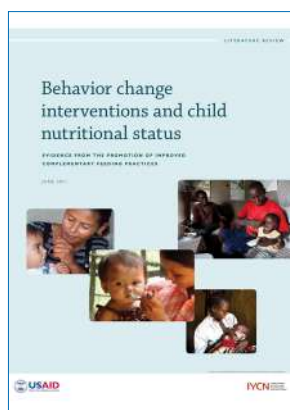
Action Against Hunger, 2016

Nigeria: effectiveness and sustainability of community-led total sanitation

Action Against Hunger, 2017

Examples

Concerning a range of approaches

Behavior Change Interventions and Child Nutritional Status: Evidence from the Promotion of Improved Complementary Feeding Practices

USAID IYCN, 2012

This review analyses behaviour change interventions aiming to improve complementary feeding practices and child nutritional status. Recommendations are made for their effective design and implementation. Critical to the success and sustainability of interventions is involving the needs and interests of the community.

Case study: community-led total sanitation in Northern Bahr El Ghazal, South Sudan

Action Against Hunger, 2017

Nigeria: transforming awareness and training into effective CMAM performance

Action Against Hunger, 2015

Fusam research project, Nepal

Action Against Hunger, 2017

A

ASSISTING BEHAVIOUR CHANGE - ABC

Action Against Hunger's approach to developing, implementing, monitoring, and assessing behavior change activities. It employs a collection of methods and practical tools grounded in psychological principles, social science theories, and scientific evidence.

ACTIVE LISTENING

Communication technique where the listener pays close attention to the speaker, to better understand what he/she means, and remember what has been said.

ATTITUDE

Personal position, feeling, or disposition toward a behavior, thing, or topic. A question about attitude can explore if the respondent thinks or feels something is good/bad, harmful/ beneficial, worthless/useful, pleasant /unpleasant or investigate his/her intention to do something.

B

BARRIER ANALYSIS

A study to identify the most important determinants influencing behaviors of doers and non-doers through quantitative and qualitative methods.
Barrier analysis (BA) and doer/non-doer are similar methodologies, but BA questionnaires assess up to 12 determinant (vs 4 for Doer/ Non-doer study).

BEHAVIOUR

Behaviours (or practices) are observable actions carried out by individuals or groups under given circumstances, that produce measurable results.

BEHAVIOUR CENTRED DESIGN - BCD

An approach that combines evolutionary and environmental psychology and best marketing practice to design and test imaginative and provocative behaviour-change interventions.

BEHAVIOR CHANGE COMMUNICATION - BCC

A strategic use of communication to promote adoption of recommended behaviors, based on theories and models of behavior change.

D

Designing for a behavior change - dbc

A step-by-step approach to designing behaviour- change interventions using barrier analysis to analyse behavioural determinants and develop activities to influence them.

Determinants

Categories of reasons why someone does or does not do a behavior. Determinants represent a person's feelings, beliefs, or other elements within his or her environment that support or prevent the behavior.

Doer/non doer study

Doer/non-doer study is a simplified version of barrier analysis; focusing on 4 determinants influencing behaviors (vs up to 12 in Barrier analysis).

F

Focus group discussion - fgd

Focused discussion with a small group (usually 6 to 12 people) of participants to record attitudes, perceptions, and beliefs pertinent to the issues being examined. A moderator introduces the topic and uses a prepared interview guide to lead the discussion and elicit discussion.

Formative research

Research carried out before or during the project to determine and refine the design of the project, provides accurate, up-to-date and evidence-based information in order to develop strategy and activities.

Fsl

Food security and livelihoods.

Glossary

H

HUMAN CENTRED DESIGN - HCD

An approach for designing products and services based on a set of participatory activities that help a design team involve the intended users in the creative process.

I

INFLUENCING GROUP

The group of people that most directly influence or control the action of the Priority Group with regard to a specific behaviour. The influencing group can either can support or prevent the priority group from doing a behaviour.

IYCF - INFANT AND YOUNG CHILD FEEDING

WHO/UNICEF recommends that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional needs, infants should receive safe and nutritionally adequate complementary foods while breastfeeding continues for up to two years of age or beyond.

K

KAP SURVEY

Knowledge, Attitudes and Practices surveys aim to assess the level of knowledge to identify areas where information and education efforts remain to be exerted.

KNOWLEDGE

Understanding of a topic. Knowledge encompasses commonly shared knowledge, scientific knowledge and know-how (how to perform preventive actions).

L

LITERATURE REVIEW

A review of documents that aims to summarize what is already known about a topic and identify areas that need further investigation.

Glossary

M

Mhcp

Mental health and care practices - psychosocial interventions and support to families to optimally care for vulnerable women and children.

Monitoring

A continuous process of data collection and analysis, which takes place as the project is being implemented. The actual progress is compared to the planned outcomes and activities, in order to identify necessary remedial actions.

P

Practice

See 'Behaviour'.

Priority group

Group of people expected to practice the behavior of interest. When the behaviour concerns a young child – such as being vaccinated or sleeping under a mosquito net - the mother or caregiver becomes the Priority Group.

R

Ranas

A behavior-change approach developed for the WASH sector based on analyzing and influencing behavioural determinants related to Risk, Attitude, Norms, Ability and Self-regulation.

Glossary

S

SEMI-STRUCTURED INTERVIEW

A semi-structured interview is a qualitative technique for questioning that allows the interviewer to probe and pursue topics of interest in depth (rather than just "yes/no" or multiple choices questions).

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION- SBCC

Use of communication strategies that are based on behaviour science to positively influence knowledge, attitudes and social norms among individuals, institutions and communities.

SOCIAL MARKETING

The use of marketing techniques to promote behaviours or use of products and services for social benefits (health and nutrition for example).

STAGES OF CHANGE MODEL

The Stages-of-change Model explains the process of change by breaking it into 5 main steps: Precontemplation, Contemplation, Preparation, Action and Maintenance.

T

TIPS

Trials of Improved Practices – a methodology to do participatory trials of new behaviours or techniques at household level and use the results for designing interventions.

W

WASH

Water, sanitation and hygiene.

ACTION AGAINST HUNGER

FRANCE
Action Contre la Faim
14-16 boulevard de Douaumont
75017 Paris
www.actioncontrelafaim.org

SPAIN
Acción Contra el Hambre
C/ Duque de Sevilla, 3
28002 Madrid
www.accioncontraelhambre.org

UNITED STATES
Action Action Against Hunger
One Whitehall Street 2F
New York, NY 10004
www.actionagainsthunger.org