Behaviour Change Toolkit

FOR INTERNATIONAL DEVELOPMENT PRACTITIONERS

PEOPLE IN NEED
CZECH REPUBLIC

ENABLING PEOPLE TO PRACTICE POSITIVE BEHAVIOURS

- The vast majority of development interventions have **one thing in common**: their goals can be achieved only if the target groups start practicing new behaviours, such as washing hands with soap, using new agronomic practices or sending girls to school.

- Many development interventions fail because they are **based on incorrect assumptions** about why people do not practice the promoted behaviours.

- Understanding exactly which factors prevent people from practicing the promoted behaviours and subsequently addressing the identified barriers is the **single most effective way** to achieve the desired change.

- Addressing the barriers that really matter helps us **save lots of time and money**, as we avoid wasting our resources on ineffective activities.

- This toolkit gives you the **know-how you need** to understand people's behaviours and to help them to make positive changes in their lives. Use it when preparing programme strategies, developing project proposals, and reviewing the quality of your interventions.

KEY MESSAGES

CONTENTS

ABBREVIATIONS

BA	Barrier Analysis
CSO	Civil Society Organization
DBC	Designing for Behaviour Change
DRR	Disaster Risk Reduction
ELO	PIN's data management system
EW	Extension Worker
FGD	Focus Group Discussion
FNS	Food and Nutrition Security
IEC	Information, Education and Communication
IYCF	Infant and Young Child Feeding
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
PD	Positive Deviance
PIN	People in Need
SBC	Social and Behaviour Change
SWOT	Strengths, Weaknesses Opportunities and Threats
UN	United Nations
WASH	Water, Sanitation and Hygiene

INTRODUCTION

Do you remember a time when you decided to practice a new behaviour? Maybe it was to get more exercise, change your diet or call your parents regularly? How successful were you? Moreover, if you succeeded in adopting the new behaviour, did you also manage to maintain it?

A study of 3,000 people who made a New Year's resolution to change one of their behaviours revealed that 88% did not succeed. This was despite the fact that the majority of respondents were confident that they would make it.[1] Another survey showed that only half of the people who started exercising regularly managed to sustain this behaviour after six months.[2] Even if we take the example of an easier behaviour, such as turning out lights in vacated rooms, **existing experience shows that changing and especially maintaining the way we behave is not easy**. But what does this have to do with the relief and development work we are doing?

In the middle of the summer of 2015, I reviewed 10 randomly selected development projects, ranging from WASH to agriculture, nutrition, social protection, and DRR interventions. I went through them and counted the number of specific behaviours they aimed to influence. Can you guess how many I counted? The results were quite astonishing. While most projects attempted to help their target groups adopt about fourteen different behaviours, the most ambitious intervention promoted over fifty different behaviours. What this number shows is the **large extent to which behaviour change is present in the development sector**.

Now, let's put this into perspective: How can our projects be successful in enabling people to adopt dozens of new behaviours when we all know just how difficult it can be to adopt even a single new behaviour? Fortunately for us, decades of research and the practical experience of development workers and social scientists have produced many useful insights into what determines how people behave. To make using these lessons easier for you, this toolkit summarizes the most relevant experiences into **29 pages of highly practical and easy-to-read guidance**.

I hope you will enjoy reading the toolkit and find lots of inspiration for your further work!

Petr Schmied

PIN's Advisor for Behaviour Change

1. BEHAVIOUR CHANGE INSIGHTS

This chapter provides you with interesting and useful insights into human behaviour and shows you how to apply them in your everyday work and life. The final section explains the key lessons of successful behaviour change projects. Enjoy!

1.1 BEHAVIOUR CHANGE: THE CORE OF DEVELOPMENT WORK

Did you know that nearly all of **the most pressing development issues could be prevented or improved if people changed their behaviour**? Research and practical experience has given us plenty of evidence: handwashing with soap reduces the risk of diarrhoea – the second leading cause of child death – by 47%.[3] Simple changes in the way rice is cultivated can double yields and reduce production costs by a quarter.[4] The decision to participate in a self-help group helps extremely poor women access peer support, become more confident, gain access to credit, and start profitable businesses.[5] Putting public procurement information online reduces corruption and the wasting of public money. Seemingly simple **changes in everyday behaviours have enormous potential for addressing poverty and inequality.**
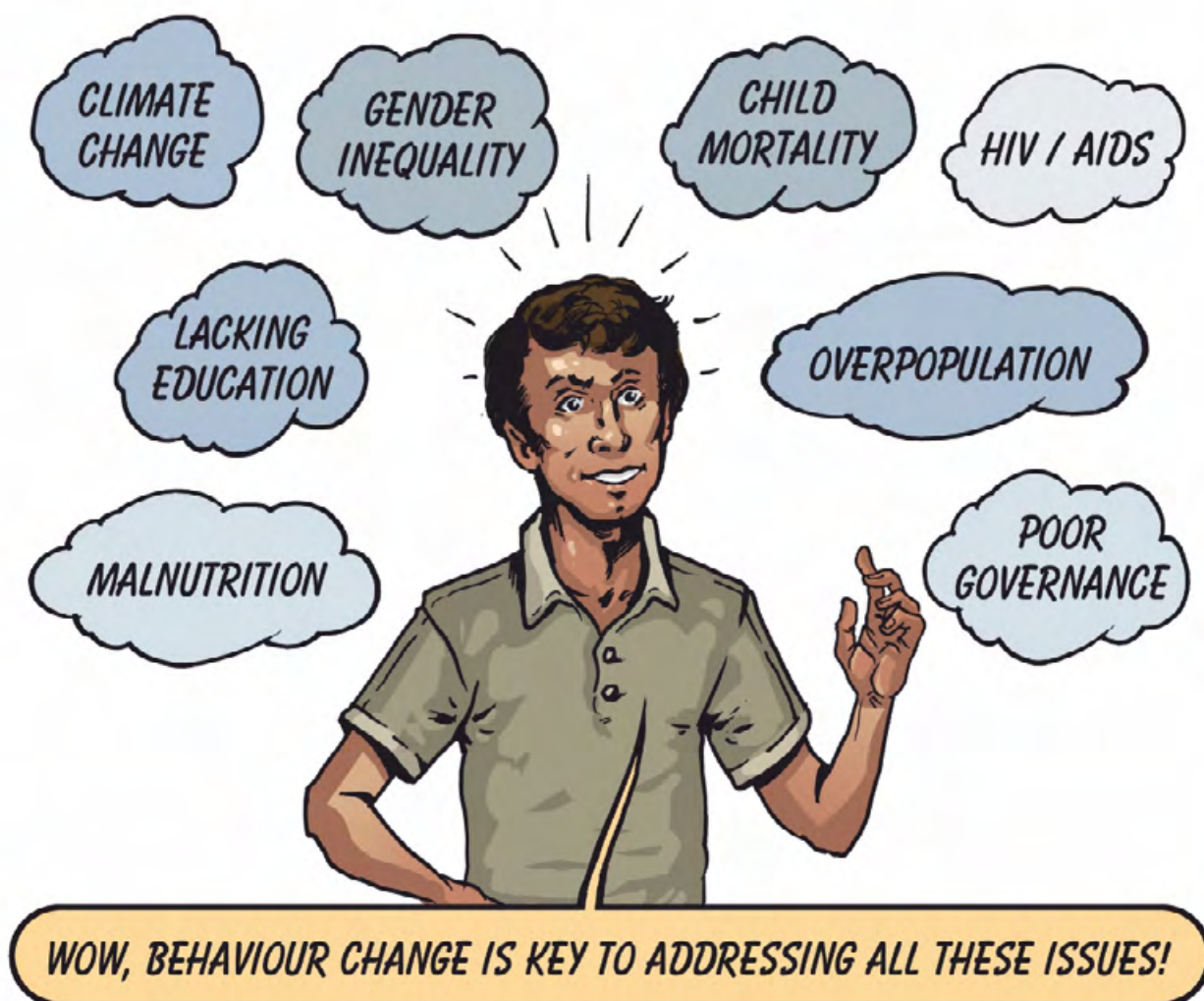
Development practitioners have frequently assumed that the best way to change people's behaviour is to provide them with lots of arguments for why it is good to practice the promoted behaviour. Although providing information may be important, such overemphasis on improving people's knowledge and insufficient attention to other influential factors were behind the failures of many well-intended interventions. This toolkit recognizes the **importance of understanding (instead of assuming) the real reasons why people behave as they do** and using these insights to help people adopt behaviours that will make positive differences in their lives.

1.2 WHOSE BEHAVIOUR NEEDS TO CHANGE?

When we talk about behaviour change in the context of development projects, we often focus on people who defecate in the open, mothers who do not exclusively breastfeed their children, or farmers who follow ineffective agricultural practices. In short, our objective as practitioners is to change how *other people* behave.

However, how often have you seen a development project that asked its target groups to adopt different behaviours without really understanding how they perceive them and why they do not practice them? And how often have you experienced people making important programming decisions based on their assumptions rather than on data? Or asking others to change far more than they would be willing (and able) to change themselves? When we talk about changing people's behaviours, we have to recognize that **the first type of behaviour change needed is our own**: in the way we design and implement our projects, based on what data we make our decisions on and what expertise we have (and use).

At the same time, the way we design, implement, and monitor behaviour change interventions depends largely on the environment we operate in. If we work in a team whose **work culture appreciates investing in understanding people's perceptions and the barriers they face** (instead of just 'implementing activities'), we are more likely to succeed in positively influencing other people's behaviours. How can we create and nourish such a work environment? Here are a few examples we could start with:

- **Learning Culture**: Let's create an environment where our team members are motivated to keep learning about how behaviour change happens and how to apply such insights in their work. We can:
  - encourage our colleagues (and ourselves) to follow **three basic principles**:
  - listen to people about their perspectives (they might be different from ours)
  - look at the behaviours from the point of view of our target group members
  - do not assume that we know things better than our target group members do (often we do not)
  - ensure that our project budgets, time plans, and activities contain opportunities to conduct formative research that assess our target groups' perspectives, the barriers they face and the positive examples they can follow
  - before conducting a baseline survey, write down all the behaviours our project intends to influence and include them in our survey to ensure that our decisions are informed by data, not assumptions
  - motivate our colleagues to keep coming up with ideas on minimizing the barriers that prevent people from adopting the behaviour while taking advantage of what motivates them
  - provide our staff with practical trainings, videos, and written resources on behaviour change and collectively discuss how to use the know-how in our work

- **Long-Term Strategies**: By ensuring that our country programmes have well-prepared, long-term sectoral or multi-sectoral strategies focusing on a limited number of priorities, we can research and understand each priority well and then (if funding allows) address them on a larger scale.

- **Project Design**: One of the best things we can do is to design our projects based on data and not on assumptions of how things are. As much as possible, let's avoid guessing! If short of time, we can invest a few days in discussing the most influential behaviours we aim to change with the target groups, have a Skype chat with a technical advisor (or other expert) and ask a Support Desk Officer (or an intern) to conduct an online review of available resources (e.g. statistics, NGOs' surveys, open sourced journal articles). Even if we do not manage to comprehensively understand the target behaviours before we submit our proposal, we can at least: a) include a formative survey in the project's time plan and budget; and b) keep the proposal flexible enough to be able to respond to the formative survey's findings.

1.3 CAN OUR COMMON SENSE MISLEAD US?

Our common sense tells us many things about why people behave in the ways they do and what needs to be done to change these behaviours. Nevertheless, our beliefs are sometimes biased and mislead us into drawing incorrect conclusions. Let's have a look at what the evidence says:[6]

MYTH 1: WE PRIMARILY NEED TO EDUCATE PEOPLE.

Do you think that if people are told the benefits of a behaviour, they will adopt it? Well, in most cases, this does not happen. **Emotions, not facts, are the most effective agents of change.** In almost all successful change efforts, the sequence of change was not ANALYZE-THINK-CHANGE, but rather **SEE-FEEL-CHANGE**.[7] We need to give people a chance to experience the benefits the promoted behaviour brings so that they can **feel something** about it. Knowledge matters, however, the feelings associated with our own ability to practice a different behaviour and of gaining tangible benefits are much more powerful motivators.

MYTH 2: IF PEOPLE WANT TO CHANGE, THEY JUST NEED TO DECIDE TO DO SO.

Stanford psychologist Lee Ross surveyed dozens of studies in psychology and noted that people have a systematic tendency to ignore the external factors that shape other people's behaviour. Too often, we attribute people's behaviour to *the way they are* rather than to *the situation they are in.*[8] However, existing research shows that people do things that their social, economic and physical environment allows them to do. For example, if neither health centres nor pharmacies offer contraception, women will find using contraceptive methods very difficult. The same will happen if the prevailing opinion among people is that "only prostitutes and unfaithful wives use contraception" – as a result, not many women would dare use it. Therefore, our behaviour change strategies need to be based on shaping the environment to make practicing the desired behaviour easier and on highlighting the positive practices that people are already doing.[9]

MYTH 3: CHANGE OF ATTITUDES WILL CHANGE BEHAVIOUR.

Decades of research indicates that while changing attitudes is important, a change in attitude alone has limited effect on our behaviours. Moreover, if we conduct a survey assessing people's attitudes, it will not help us to reliably predict their behaviour.[10] Often, it is actually the other way around - our attitudes are determined by our experiences.[11] Therefore, the focus of our work needs to be on changing behaviours, not just attitudes.

MYTH 4: GOOD COMMUNICATION WILL CHANGE BEHAVIOUR.

Good communication is important, but more often than not, simply improving the way we communicate our main messages is not enough. The most successful behaviour change initiatives **focus relentlessly on removing barriers** to adopting and practicing the desired behaviours. This takes more than well-designed posters or trainings.[12]

> *What Is The Difference Between Attitude and Behaviour?*
>
> According to the Oxford English Dictionary, **attitude** is a settled way of thinking or feeling about something or someone (such as nurses' attitudes towards treating poor patients) whereas **behaviour** is the way someone acts (such as nurses refusing to treat poor patients).

CHECK OUT TWO GREAT TED TALKS!

Jeni Cross: Three Myths of Behavior Change: What You Think You Know That You Don't

Dan Ariely: Are We in Control of Our Own Decisions?

TED | Ideas worth spreading

1.4   (UN)ETHICAL BEHAVIOUR CHANGE

Development projects aiming to change human behaviours may interfere with people's lives, so ethical concerns abound. Changing behaviours actually is not anything new: commercial advertisements, campaigns by non-profit organizations, government regulations, and the expectations of people around us influence our behaviours every day. And this is where the interesting part arises: we rarely perceive this external "interference" as anything wrong and often even find it useful. However, this does not mean that motivating people to change the way in which they behave is without ethical concerns. The table below outlines several **practices you should avoid**:

make sure you avoid:	examples:
× *using excessive social pressure or victimizing*	▪ coercing instead of motivating people; labelling individuals as a bad mother/ farmer/ … when they do not follow certain practices while not reflecting on their ability to do so
× *promising more than the behaviour can deliver*	▪ exaggerating the real benefits that a behaviour can deliver or downplaying its costs (required time, effort, disapproval of others …)
× *promoting a behaviour with unproved effectiveness*	▪ asking people to spend their time, effort or resources on practicing a behaviour (e.g. certain agricultural 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 …) 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
× *culturally insensitive interventions*	▪ raising a topic in an insensitive manner, putting people at risk, undermining important traditions that do not cause any harm

Development projects should change existing behaviours only if such change:

1. is proven to effectively address the problem faced by the target group

2. is supported by the key stakeholders (such as local civil society representatives, ministries)

3. its ultimate benefits - as perceived by the target group - outweigh the potential losses caused by changing existing behaviours, customs and traditions

4. is pursued in a manner which considers the risks early adopters may face (e.g. facing disapproval of their community members) and respects individuals' right to choose (not) to adopt a particular behaviour unless it harms or endangers others

A small note: If we agree that wasting development funds on poorly implemented projects is unethical, then applying this toolkit's know-how for improving our projects' impact is one of the most ethical things we can do!

1.5   CULTURE AND BEHAVIOUR CHANGE

Culture is the way of life for a group of people defined by their behaviours, beliefs, values, social norms, dietary habits, religion, and shared knowledge. Cultures are often dynamic and should not be perceived as static and unchangeable. Every culture contains dozens of factors that can either inhibit or encourage people to change their behaviour. For example, while it is customary in many parts of the world for mothers to breastfeed their babies, in other areas, babies are not given the nutrient rich first milk since people believe it is spoiled.

In many places, specific individuals in a society may wield a lot of influence: for example, mothers-in-law frequently have high (and sometimes harmful) influence over mothers and their childcare practices. However, if our activities are designed to change the opinions of these "influencers", then we can use their credibility among new mothers to promote the healthy behaviours.

Culture does not need to be the enemy of the good. Look for ways to **view culture for its strength and not always as a barrier.** Seek the positives in power relations, cultural practices, and norms and see if you can build upon them in your programming. Since these may not always be evident to the (mostly urban, well-educated) members of our teams, learning from our target groups is the best thing we can do. Furthermore, we can also take advantage of the existing approaches that **build on people's existing, positive behaviours**, such as Positive Deviance (see page 15) and the Stories Without an Ending.

How does behaviour change happen? Why and when will someone decide to change a given behaviour? And why do people practice certain behaviours even though they are aware of their negative consequences? Human behaviour is complex and none of these questions has a simple answer. However, several behaviour change theories help to explain human behaviour. We have an excellent opportunity to use this understanding to design our interventions in a way that delivers much better results. Below are **three mutually complementary theories that we can use when designing our behaviour change programs**.

Socio-Ecological Model

According to the socio-ecological model, our behaviour is determined by a range of personal and external factors. Among the personal factors are our knowledge, skills, habits, self-confidence, and desires. While the immediate external factors include the influence of family, friends, and the local community, the wider factors concern social norms and political, economic, and environmental conditions.[13] The socio-ecological model gives a simple but important message: **changing behaviours is not just a matter of personal decisions.** For example, in order for more people to start using latrines, it is important to consider social norms, economic resources, physical environment, and availability of resources for building the latrine, among other things. If these factors are favourable, then the behaviour of using a latrine is more likely to happen at the community and individual level. At the same time, the model highlights that people's behaviours are not only shaped by different factors but **people themselves also shape the environment in which they live** and which influences how easy or difficult it is to adopt and maintain behaviour.

SOCIETAL
policies, laws, economy, religion

COMMUNITY
organization, norms, services

INTERPERSONAL
partner, family, friends

INDIVIDUAL
knowledge, attitudes, beliefs
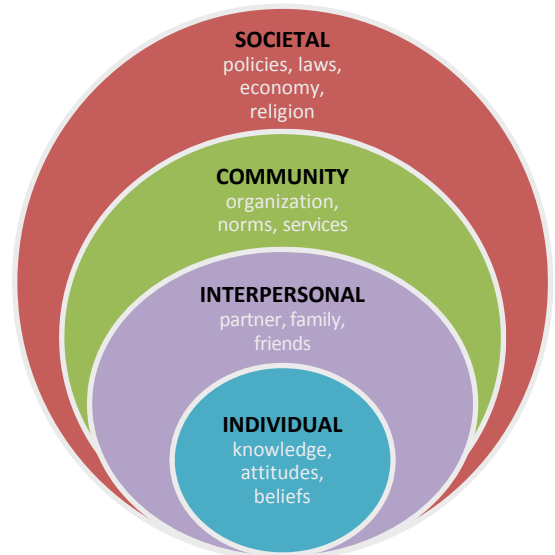
Let's have a look at examples from PIN's experience where multiple factors had to be considered:

- **Social Norms**: In the rural areas of Northern Bahr El Ghazal State in South Sudan, very few people own a latrine. When inquiring about the reasons, one of the most common answers was: *"My neighbours would laugh at me for building a house for my poo".* Social norms were not the only barrier: in many places, the soil is so loose that a durable pit latrine cannot be built unless people do expensive reinforcing.

- **Market Conditions:** 83% of Cambodian families never vaccinate their chickens, often due to limited trust in their effectiveness. Even if they decide to vaccinate them, vaccines are expensive to buy as the smallest bottle contains 1,000 doses whereas most families only own about 20 chickens. In this case, simply raising awareness on the importance of animal vaccination would result in a very limited impact.

- **Peer Influence**: Women living in the urban slums of Addis Ababa in Ethiopia often lack the resources, confidence, and skills for starting or further developing their micro-enterprises. In this case, instead of their environment being a barrier, it served as a great strength for the replication of the behaviour: by joining local self-help groups and their saving schemes, women gained access to required financial capital and know-how and developed profitable businesses. Their example gave hundreds of other women trust in their own capacities and motivation to establish their own micro-enterprises.

By understanding and addressing the internal as well as external "barriers and motivators", we can **make adopting certain behaviours easier**, and this is exactly when most behaviour changes happen.

Exchange Theory

In the context of behaviour change, "exchange" means the price a person pays for practicing a certain behaviour. The price does not need to be monetary – effort, time, discomfort or a risk of decreased social standing may be equally important. **A person is only willing to change her or his behaviour when she or he believes that its benefits outweigh the costs.**[14] In light of this theory, answers to two questions are essential for the success of our programming:

1. How can we **increase the perceived benefits** of practicing the promoted behaviour? (for example, by emphasizing tangible gains; providing incentives; increasing the behaviour's social status)

2. How can we **reduce the perceived costs** of practicing the promoted behaviour? (for example, by making it easier, cheaper, less time consuming or more socially acceptable)

Stages of Change Model

According to this model, people go through six stages to change their behaviour.[15] In order for our work to be effective, **we need to ensure that our activities target the prevailing "stage of change"**. For example, if people think that the water in the local ponds look clean and is therefore safe to drink (i.e. they see no problem), focusing on water treatment methods (solution to a problem) first would not be the best thing to start with.

Let's have a look at what these six stages are and what implications they have for our programming:

If your target population is largely in this stage of change …	… focus on the following:
1) Pre-contemplation: people do not think that their behaviour poses a problem and have no intention of, or interest in, changing it *(for example, a person defecates in the open and thinks that it is no problem)*	▪ raising awareness about the problem
2) Contemplation: people are aware of the problem related to their behaviour and consider taking action, weighing the pros and cons *(for example, a person defecates in the open despite being concerned about the health risks it poses)*	▪ highlighting a behaviour's benefits, increasing social pressure, helping people to make plans
3) Preparation: people are motivated to change their behaviour to solve the problem, see the benefits and plan to take action *(for example, a person is convinced of the latrine's benefits but lacks the materials for its construction)*	▪ reducing barriers that make the behaviour more difficult such as lacking know-how or high costs
4) Action: people started practicing the behaviour, experiencing its benefits as well as costs, such as time, effort, money, opinions of others *(for example, a person started using a low-cost latrine that requires regular maintenance)*	▪ assisting with solving problems, providing feedback on results, facilitating social support
5) Maintenance: people practice the behaviour, requiring some effort to continue in the long-term *(for example, despite the maintenance efforts, a person kept using the latrine for at least 6 months)*	▪ ensuring pre-conditions for sustainability (see page 22 + Annex 12), reminders and reinforcement
6) Termination: people are not tempted to stop practicing the behaviour and are able to maintain it in the long-term *(for example, a person is comfortable with using the latrine and disagrees with defecating in the open)*	▪ taking advantage of positive cases to encourage others to follow their example

Your target population's "stage of change" can be **identified through your baseline survey** by assessing people's *awareness* (are they aware of the problem?), *attitudes* (have they considered or even planned to adopt the promoted behaviour?), *practices* (are they already practicing the behaviour?) and the factors that make *sustaining* the behaviour either difficult or easier (see page 22). Once you understand which stage most of your target group is at, it is easier to see where they need to move next. **Avoid the common mistake of automatically focusing on raising awareness** and overlooking the fact that people are often aware of the behaviour's importance but find it difficult to overcome the barriers to practicing it. At the same time, keep in mind that the **stages of change is not a one-way process**: people might move back and forth between preparation and action, stop at a particular stage, or revert to the previous one.[16]

1.7 WHAT MAKES BEHAVIOUR CHANGE PROGRAMMES SUCCEED OR FAIL?

Behaviour change projects are most likely to be successful when they:

- **Rely on Data, Not Assumptions:** Incorrect assumptions alongside unrealistic expectations are among the main reasons why many projects fail. For example, many projects assume that training will give people all the motivation, confidence, and skills required to practice the promoted behaviours. However, such assumptions are often wrong and result in an unnecessary waste of our time and project resources. If we care about the results of our work, we cannot guess![18] Even if we do not fully understand the key behaviours before we submit our proposal, we can increase our appreciation during the first year of the project by conducting formative research and collecting relevant baseline data (both included in the project's time plan and budget).

- **Are Credible**: If we want to change someone's behaviour, *our efforts need to be credible*. People will not bother making the change we promote if they see that we did not make much effort to understand their perspectives; if they perceive us as not being respectful; or being too unknowledgeable to help solve the problems they are facing.

> *"Before you say how the things should be, first try to understand why they are as they are."*[17]

- **Understand the "Competition"**: The behaviours we promote often 'compete' with the benefits of the existing behaviours we aim to change, which may take less effort or be cheaper. Effective behaviour change projects manage two crucial things: First, they understand what people (do not) appreciate about the existing behaviours. Second, they use such insights to ensure that the promoted behaviours are perceived by the target group as more beneficial and therefore worth practicing.

- **Make Adopting Key Behaviours Easier**: The main reason why people do not practice certain behaviours is often not their ignorance or lack of interest but the barriers they are facing. As a PIN colleague pointed out: *"How can we recommend mothers to give their children nutritionally rich meals at least three times per day when they hardly have any food at home?"*[19] The most successful interventions are often those that address the reasons preventing or discouraging people from achieving the desired change – both 'internal' (low confidence, distrust) as well as 'external' factors (unavailability of a certain product at the local markets, peer perception).

- **Seek Allies**: Each community has people whose opinions are respected and often followed, such as religious leaders, government authorities, grandmothers or successful farmers. If we manage to motivate them to support our work, we are likely to achieve much better results.

- **Have a Narrow Focus**: If our project aims to change many different behaviours, our capacity to understand and change each of the desired behaviours becomes extremely fragmented, resulting in a situation where none of the behaviours gets the attention it requires. The same also applies to our target group – do we really believe that asking someone to change fifteen behaviours will be more successful than *focusing on changing just a few of the most impactful behaviours?* (see 2.1) Focus on those behaviours that are most essential for achieving your project's goals and those that are already being practiced by some community members. Furthermore, go for the easy wins first to encourage people to try the more difficult behaviours.

- **Are Tailored to a Specific Audience**: Do you think that one approach can change how different people behave? Let's take the example of contraception: Some women want to use it but do not know where to get it. Others are considering it but are concerned about its side effects or their husband's disapproval. Some believe that it is against their faith and reject its use. As you can see, even though we talk about the same behaviour – using contraception – *we will be successful only if we tailor our strategies to the needs and attitudes of specific audiences.* One approach simply does not fit all.[20]

- **Go for Behaviour, Not Just Awareness Change**: A problem will not go away simply because someone knows about a behaviour. That awareness has to be translated into an action, a behaviour, to have an impact on the problem.

- **Propose Realistic Targets, Budgets and Time Frames**: Effective behaviour change programmes share one more characteristic: their designers were realistic in terms of the proposed targets, time frames, budgets and human resources. In most cases there is very little preventing us from allocating a few months exclusively for learning; targeting fewer behaviours; including a budget for external support; and keeping parts of the project strategy open to accommodating our research findings. If we clearly explain the rationale of such measures, they can even make our proposal more competitive.

2. DESIGNING FOR BEHAVIOUR CHANGE IN 7 STEPS[i]

This chapter provides you with **the knowledge and skills you need for answering the key questions** for your behaviour change programming:

1) *Which and whose behaviours should I promote?*
2) *How do I learn what influences the adoption of these behaviours?*
3) *How do I motivate and enable people to adopt the behaviours?*
4) *How do I measure and use the results?*

The Designing for Behaviour Change (DBC) Framework is a useful tool to help us focus on the most important factors that we need to consider when designing or reviewing a behaviour change strategy. It allows us to **identify and address the barriers and motivators** that influence our target group's ability and willingness to adopt a new behaviour. We can identify them by conducting formative research, such as a Barrier Analysis study, key informant interviews, focus group discussions, and observations (remember, no guessing!). Once we know the barriers and motivators to a specific behaviour, we can define what our behaviour change activities need to achieve to address the barriers. As the last step, we design individual activities.
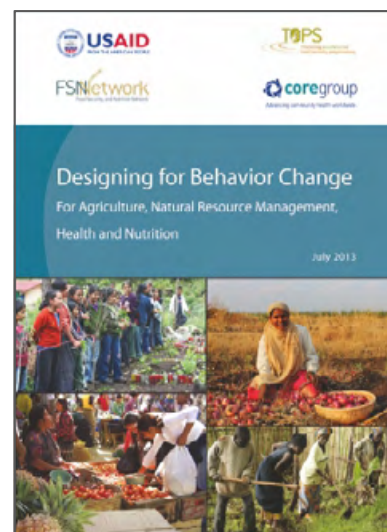
STEP 1 **Behaviour**	STEP 2 **Priority & Influencing Groups**	STEP 3 **Determinants**	STEP 4 **Bridges to Activities**	STEP 5 **Activities**
What is the behaviour we want to promote?	*Who needs to practice the behaviour and who is influencing the behaviour?*	*What are the main barriers and motivators to adoption of the promoted behaviour?*	*What do our behaviour change activities need to achieve to address the identified barriers?*	*Which activities will your team implement to motivate people and reduce the barriers?*
Outcome Indicator: ….			**Process Indicators: …**	
(**STEP 6** is **Measure Changes in Behaviours**, **STEP 7** is **Document and Share the Results**)				

You might think: *"Oh, again another table to fill in …"* and in some ways you would be right: filling in tables is not the most enjoyable part of our work. However, similar to how maps show us how to get to our destination, **this simple tool saves us a lot of time** by clearly specifying what the focus of our work should be and why. It prevents us from spending our time and resources on activities that do not really address the real reasons of why people (do not) adopt the behaviours we promote.

> **Check What Completed Frameworks Look Like**

STEP 1: SELECT THE TARGET BEHAVIOURS

When you design a project, among the first steps you take is to **identify the problem** the project aims to address (based on its severity, the number of affected people, etc.). You then proceed with reviewing the existing resources regarding the main causes of the problem, previous implementers' experience, the main Government policies, ongoing initiatives and lessons learnt from scientific studies. Based on such processes, **select the behaviours that are most effective in addressing the problem**. Since we often cannot design a DBC Framework for every single behaviour our projects address, focus on:

✓ behaviours that have *direct, significant impact* on achieving the project's goals (i.e. solving the problem)
✓ behaviours for which you do not know *why people do not practice them* (i.e. what the barriers are)
✓ behaviours that you can influence within your project's *remaining budget and time*
✓ behaviours that you aim to influence at a larger scale (and are therefore *worth the investment*)

A critical step is to make sure that everyone has the same understanding of what exact behaviour you plan to promote. Therefore, **formulate every behaviour as:**

> **the priority group** + **action verb in the present tense** + **details** (frequency, time, quantity, duration, place)
>
> For example: *Mothers of children 10-59 months who have diarrhoea treat them with Oral Rehydration Solution (ORS).* See more guidance and examples.

The more precisely we define our target groups, the better we ensure that our behaviour change strategy responds to their actual situation and needs. Our focus should always be on two main types of target groups:

- **PRIORITY GROUP** represents people who are expected to adopt the promoted behaviour (for example, "mothers of children aged 0-5 months" or "small-scale poultry raisers"). While these are usually the project's "direct beneficiaries", they can also be service providers, such as agricultural extension workers. When describing the priority group in the DBC Framework, focus primarily on the **information that you will need** for designing an effective behaviour change strategy. Such a description should in particular include:

Useful Information	Sources of Information
Demographic features: gender, age, literacy, income, residence, language, religion	demographic surveys, reliable statistics
Daily routines: where and when most people spend their time during the day	observations, key informant interviews
Common desires: something most group members want in their lives (e.g. happiness, good income, health)	Barrier Analysis
Existing behaviour: What is the behaviour that people practice now (and we want to change) and what do they (dis)like about this behaviour?	baseline survey, in-depth interviews observations
Promoted behaviour: What do people know and practice regarding the behaviour we promote? In which stage of change are they now?	baseline survey, in-depth interviews
Gender: What gender roles influence the practice of the promoted behaviour?	in-depth interviews

- **INFLUENCING GROUP** represents people who – according to the priority group's opinion - either prevent or encourage the priority group to practice the desired behaviours, such as husbands, mothers-in-law or peers. For example, mothers of newborns are often influenced by their mother-in-law's beliefs about "correct" – but sometimes harmful – child care practices. Similarly, many farmers will not follow new agronomic practices until some of their peers try them out and confirm their effectiveness. The influencing groups must be identified during formative research (step 3) – **do not make the mistake of just guessing** who these "influencers" are.

Behaviour	Priority and Influencing Groups	Determinants	Bridges	Activities
Mothers of children 10-59 months who have diarrhoea treat them with Oral Rehydration Solution (ORS).	**Priority Group:** ▪ *women 15-45, largely illiterate, speak Dinka language* ▪ *live in rural areas, income depends on seasonal farming* ▪ *are busy with daily housework and child care* ▪ *in the evening listen to the radio, on Sunday go to church* ▪ *want their children to feel happy and grow well* ▪ *72% of them either restrict food or fluids as their main way of "treating" a child's diarrhoea* ▪ *are concerned that diarrhoea sometime lasts too long* ▪ *69% do not believe that ORS alone is sufficient treatment* ▪ *some think that children do not like ORS's taste* ▪ *21% use ORS for treatment* ▪ *65% do not know how to prepare ORS* **Influencing Group:** ▪ to be identified during the Barrier Analysis			
Outcome Indicator: …		**Process Indicators: …**		

This chapter and its annexes offer several useful tools enabling you to better understand what prevents your priority group from practicing the behaviour. The primary focus should be to:

Identify the Barriers and Motivators for the Promoted Behaviour

One of the best ways to understand what is preventing people from practicing a behaviour (the "barriers") and what could encourage them to adopt it (the "motivators") is to conduct formative research. One type of research tool that is quick and not too costly is the **Barrier Analysis (BA)**. BA is a crucial step within the DBC Framework, and must be implemented very carefully and accurately. This quantitative/qualitative survey asks people a series of questions aimed at identifying which barriers and motivators have the biggest influence on whether they (do not) practice the given behaviour. The BA study uses the Doer/Non-Doer methodology that consists of interviewing 45 people who already do the behaviour (Doers) and 45 people who have not yet adopted the behaviour (Non-Doers). The difference between the Doers' and Non-Doers' responses reveals which barriers/motivators are the most important. For example, if a large proportion of Doers believe that drinking filtered water protects their children from diarrhoea but only a few Non-Doers think so, we know that belief in the effectiveness of filtering drinking water is a factor we need to focus on. **The focus of BA is always on the way people perceive things**, irrespective of whether *we think* that it is right or wrong. Annex 4 summarizes the main guidance for conducting BA including links to the required forms, data analysis tool, and further resources. For more detailed guidance, take advantage of the Practical Guide to Conducting a Barrier Analysis.

Clarify the Barriers and Motivators

A Barrier Analysis is a great thing to start with when researching behaviour in a given context but there are things that you might not be able to gain from it (unless you have very skilled interviewers). For example:

- If the respondents say: *"poultry vaccines are expensive"*, what exactly does it mean for your programming? Are the costs of vaccinating farmers' poultry beyond what they can afford? Or are the available vaccine bottles unnecessarily big (for far more chickens than people have) and therefore expensive? Or do farmers just think that they are expensive without really knowing the real price?

- If *"lack of food and money"* is the main reason why Non-Doers do not provide their children with a diverse diet, does it apply throughout the year or is it mainly a seasonal problem? Are all recommended types of food lacking or are some types available? Are certain types and sources of food underutilized (e.g. wild foods)? What are the meals of Doers composed of?

- If husbands do not support women in taking contraception, do we know why?

To gain this additional information, once you know which barriers and motivators are influencing the behaviour, **write a list of what additional data you need** in order to effectively address these determinants. Then collect the data by using some of the following methods:

- *structured interviews* (e.g. conducted as a part of baseline surveys providing data for indicators and determining the existing stage of change)
- *key informant interviews* (with people who have more extensive know-how, such as extension workers, market vendors, authorities, NGO staff)
- *focus group discussions* (with 6-10 people; assessing opinions, meanings and perceptions)
- *observations* (e.g. of how people grow their crops, where they wash their hands, etc.)
- *timelines* show perceived changes or events taking place over time
- *seasonal calendars* identify important seasonal changes or the best timing for specific project activities
- *ten seeds technique* is used for ranking the importance of things (as well as comparisons)

Please refer to for a list of useful resources on the use of various methods.

Once you understand what barriers and motivators are associated with the desired behaviour, record the most important findings in the third column of the DBC Framework (called "Determinants"). See below example:

Behaviour	Priority Group	Determinants	Bridges to Activities	Activities
Mothers of children 10-59 months who have diarrhoea treat them with Oral Rehydration Solution (ORS).		1. **Action Efficacy**: Mothers do not believe that ORS is effective. 2. **Access**: Mothers say that not having enough money to buy sugar and salt makes it difficult to prepare ORS. 3. **Self-Efficacy**: Mothers say they do not know how to correctly prepare ORS.		
Outcome Indicator: …			**Process Indicators: …**	

STEP 4: DEFINE WHAT YOUR ACTIVITIES NEED TO ACHIEVE

Once you identify the main reasons why people (do not) practice the promoted behaviour, define in your DBC Framework what your project's activities need to achieve in order to address them. Such links between the barriers and project activities are called "Bridges to Activities". They **specify exactly what your activities should be aiming for**. They are stated in one of the following ways:

		the perception that …
Increase/ decrease/ improve/ reduce …	**+**	(or) **the availability of/ access to…** (access)
		(or) **the ability to…** (self-efficacy, cues for action)

For example:

- Decrease women's *perception* that eating less during pregnancy will result in easier child delivery.
- Improve the *ability* of mothers of children under five to correctly prepare ORS.
- Reinforce girls' *perception* that it is okay to ask their boyfriends to use a condom.
- Increase target families' *access* to quality vegetable seeds.
- Improve the *availability* of low-cost water filters to mothers.

Bridges to Activities are most commonly phrased by using the word "perception". This is because **how the priority group members perceive their situation is often the main thing that matters**. Therefore, the most common task of behaviour change activities is to change the priority group's perception about something (in the case of barriers) or to reinforce something (in the case of motivators). Bridges to Activities should not be written with specific activities already in mind as this will restrict (your openness to) the options you can use for addressing the barriers/motivators. If you have not designed your project's Logical Framework, the phrasing of Bridges to Activities can help you to formulate the project's outputs.

So the question now is: What activities will best achieve the required change? The answer is quite simple: there are no magical activities that can easily change people's behaviour. **The most powerful activities are those that are based on a very good understanding** of why people do not adopt the promoted behaviours and then effectively address the identified barriers. The better the understanding you have, the more effective the activities you can design. This chapter therefore helps you to select and pilot such activities and approaches, design effective communication, and ensure that the changes you achieve last.

2.5.1 DESIGNING THE ACTIVITY MIX

Once you have defined your Bridges to Activities (i.e. the changes your activities need to achieve), the next step is to see how your existing project activities can be modified or expanded to address the Bridges.[ii] If your project has not been designed yet, use the Bridges to prepare the activities. The best way to start is to look at your DBC Framework and **develop a mix of activities that address all (or as many as possible) of the Bridges to Activities**. The same activity can address more than one of the Bridges. See below example:

Behaviour	Priority Group	Determinants	Bridges to Activities	Activities
Mothers of children 10-59 months who have diarrhoea treat them with Oral Rehydration Solution (ORS).			1. Increase mothers' perception that using ORS is effective in preventing dehydration. 2. Decrease mothers' perception that using ORS is expensive. 3. Improve mothers' ability to correctly prepare ORS.	Project staff organize meetings with mothers where: ▪ Community Health Workers (CHW) share stories of children who were treated with traditional medicines versus those who were treated with ORS. ▪ Local mothers using ORS explain how it helps their children when they get diarrhoea. ▪ CHWs show how to prepare ORS, letting each woman try it on her own and offering measuring spoons for homemade preparations of ORS. ▪ CHWs help mothers calculate the costs of salt and sugar required for preparing ORS and compare it to the costs of bringing a child to a health clinic (transport, time, drugs). ▪ CHWs facilitate a discussion about the (dis)advantages of using ORS and provide required advice.
Outcome Indicator: …			Process Indicators: …	

Designing your activities by using the DBC Framework is a worthwhile investment. By devoting a few weeks of your time to this, you will significantly reduce the risk of you and your team wasting energy, time, and resources on activities that do not deliver the results you hoped for. At the same time, we often simply do not have the resources to adopt such an approach for all the behaviours we promote. In such cases, use advice based on research conducted by the London-based The Behavioural Insights Team: *Your behaviour change activities are most likely to succeed if you* **make the behaviour EAST: Easy, Attractive, Social and Timely:**

✓ Easy: Learn what makes practicing the behaviour difficult and help your priority groups to make it easier – involving less hassle, time or money. If you promote a complex goal, break it down into smaller actions.

✓ Attractive: People are motivated to do something when it brings them what they want most, such as income, peace of mind, happiness, or good health. Ensure that your activities **help people experience the benefits of practicing the behaviour** by, for example, letting them test it (e.g. experience using a solar lantern in the dark); sharing successful examples (e.g. of a farmer who increased his yields by adopting the promoted techniques); and using appealing messages that engage people's emotions.

✓ Social: People are heavily influenced by what people around them do. So let's take advantage of it! Showing that some people already practice the promoted behaviour, using the power of social networks (e.g. peer-to-peer), or encouraging people to commit to someone to practice a behaviour often works well!

✓ Timely: The same campaign conducted at different times can have drastically different levels of success. Schedule your campaign for when people are most receptive (e.g. promoting the purchase of latrine after harvest when people have money; or posting hand washing messages in kitchens).[21]

Whenever you design a behaviour change activity, always **check whether it makes doing the behaviour EAST**.

[ii] For this to happen, it is important that you ensure that the project's activity description and budget are sufficiently flexible (i.e. not be too detailed), enabling you to address (at least some of the) barriers you did not think of earlier.

The following pages introduce you to those **approaches and activities that are commonly used by behaviour change interventions.** If you are interested in how to describe your own behaviour change activities so that they are likely to achieve the desired change, use the brief guidance provided in <u>Annex 10</u>.

COMMUNITY ENGAGEMENT

Community Engagement is an approach that actively engages the community members as a whole in identifying or implementing solutions to the problems the community is facing. It aims to increase local ownership and sustainability of the project strategy. For example, PIN Ethiopia's natural resource management programme engaged the community members in identifying the sources of flash floods caused by soil erosion and reducing them by adopting a range of anti-erosion measures, such as preventing livestock from grazing in affected areas. In Angola, PIN successfully used the Community-Led Total Sanitation (CLTS) approach for mobilising communities to identify the risks associated with practicing open defecation and triggering a collective action so that individual families construct and use latrines. A range of participatory tools is available to help you with engaging communities – check, for example, <u>CRS</u> and <u>IHAA's toolkit</u>, <u>CLTS handbook</u>, <u>Make Me a Change Agent guide</u> or <u>Stories Without an Ending</u>.

TAILORED TRAININGS

Trainings are the most overestimated as well as underestimated activities. It is commonly expected that (often a one-time) training will lead to people learning and subsequently using all the provided knowledge and skills. At the same time, the methodologies used frequently rely on a top-down transfer of pre-set curriculums. The results of this approach are often underwhelming.

PIN's experience shows that trainings are most useful when they:

- focus on addressing specific "knowledge and skills gaps" identified during an assessment or formative research (instead of having a very broad scope)
- start with and take advantage of what people already know and what solutions they propose
- limit the amount of 'lecturing' by authority figures and involve as much practice as possible, using the "experiencing is believing" approach, including exposure visits, demonstrations and experience sharing
- are conducted in smaller groups enabling participation by all
- are concluded with the participants making public commitments of what specific action they will take as a result of the training
- are followed-up by a refresher training or personal visits to see if people are able to practice the new skills

ON-THE-JOB TRAINING

On-the-job training takes place at a work site, such as health facility, agricultural field, carpentry workshop or school classroom, where someone who knows how to perform a task shows another person how to do it. The approach is effective primarily thanks to its ability to focus on specific gaps in the trainee's skills and its use of a "learning by doing" approach. It requires a larger amount of human and financial resources. PIN Cambodia addressed this issue by using checklists that narrowed the focus down to 12 pre-defined, most essential competencies. PIN Ethiopia took it as an opportunity to engage and strengthen the local education system by helping the government's School Supervisors monitor and support teachers in using active learning methods in their classrooms.

COUNSELLING

Counselling enables people to receive advice tailored to their needs, often in greater detail and in a more discrete environment than trainings can offer. It is effective for overcoming self-efficacy related barriers, enabling people to gain a *"Yes, I can do it"* attitude. Its two key drawbacks are that:

- it is time-consuming and requires more resources (though this can be addressed by training community volunteers and extension workers to provide counselling, or using mobile-phone based messaging)

- staff need to have good counselling skills (which is not easy) and be able to effectively respond to the issues raised by clients (this can be addressed by training with extensive role plays, focusing on the most common issues as identified by a previous assessment)

Use the following resources to learn more: ToT Manual on Counselling, IYCF Counselling Courses and Counselling Cards.

PEER EDUCATORS

Peer education is an approach in which groups of community members that have something in common (such as adolescent girls or mothers of young children) educate, motivate, and support each other in the adoption of a new behaviour. Peer educators are often perceived as more empathetic, credible and better able to draw on local knowledge while acting as role models for behaviour change. The main drawback of the approach is that peer educators eventually "age out" and need to be replaced. One of the most common peer-to-peer approaches is the Care Groups model that has been used to promote a range of health, nutrition, agriculture, and hygiene-related behaviours. See also a useful training curriculum on using the peer education approach or the practical guidelines on youth peer education.

EXTENSION SERVICES

Extension workers (EW) are most common in the health and agriculture sector, operating on a voluntary basis (for example, as Community Health Volunteers); as state employees (Agricultural Extension Workers); as commercial actors (Farm Business Advisors) or on a combined basis (Animal Health Workers paid by the state while running their private practice). Most EWs are part of the Government extension system, have a long-term presence in an area, and have the ability to tailor their assistance to the local context – all excellent pre-conditions for influencing people's behaviours. If you decide to support local extension services, consider focusing on the following, commonly problematic areas:

- *Coverage:* Extension services frequently reach less than 10% of those who need them,[22] resulting in a very high number of people (especially women) lacking access to essential knowledge, skills, and products.

- *Effectiveness of skills and knowledge transfer:* While EWs usually have a solid technical background, their ability to effectively share it with people and motivate them to use it is often limited.

- *Sustainability:* Many EWs depend on limited government or NGO funds. Upstream advocacy (see below), fee-based services or decentralized support (e.g. training village based farmer-advisors) can help.

POSITIVE DEVIANCE

Positive Deviance (PD) is an approach based on the observation that in every community there are certain individuals or groups who are already practicing the promoted behaviours even though they are no better educated or well off than others.[23] The pioneers of PD provide an example from Egypt where contrary to custom, parents of poor but well-nourished children were found to feed their children a diet that included locally available eggs, beans, and green vegetables. Child nutrition programmes that provided opportunities to parents of malnourished children to practice this and other new behaviours, such as hand washing and hygienic food preparation, resulted in improved child growth. [24]

The PD approach helps us to understand what behaviours the "positive deviants" have adopted that allow them to avoid a common problem. Community workers can then promote these behaviours knowing that they are already adapted to the local context. This approach has been widely used to address child malnutrition, school dropout, girl trafficking and other issues. Bear in mind that the staff and time requirements are quite high. Have a look at these great manuals, project examples and book.

SOCIAL NETWORKS

Social networks – often informal groups of people with similar interests – have an enormous potential for overcoming identified barriers. Let's take two examples: PIN's CLIMAD project, promoting more effective animal raising practices, helped informal groups of poor farmers collaborate in accessing veterinary products and services in bulk, reducing their costs and boosting profit. PIN Ethiopia enabled thousands of poor women living in urban slums to come together, save small amounts of money as a group, and use the money to provide loans to establish profitable micro-enterprises. More importantly, these new "businesswomen" gained much needed confidence, inspired other women, and their representatives started advocating to the relevant authorities for improved social protection support. In PIN's experience, there are two pre-conditions for the social networks' success: focusing on practical issues and providing their members with clear benefits.

ADVOCACY

Our behaviours are influenced by external factors that are often beyond an individual's control. "Upstream behaviour change", the process of influencing service providers or policy makers, can:

- *make (not) practicing certain behaviours easier:* for example, extending the opening hours of health facilities enables more people to use their services, while enacting a policy that all pregnant women be tested for HIV automatically increases the test rate

- *be more efficient:* for example, mandatory salt iodization by the salt producers

- *achieve change at scale:* for example, by enforcing a ban on the advertising of infant formula

- *improve the benefits of existing services:* for example, by requiring regular in-service training for agricultural extension agents so they can learn the latest information and techniques

- *be the only option:* e.g. by passing an effective anti-corruption law

Thanks to its enormous potential to deliver results at scale, **supporting systemic changes should be the core focus of civil society organizations' work**. Check out great examples of effective advocacy and learn how to design and implement effective advocacy strategies. Always **consult your Advocacy Advisor** (or a person with significant experience) before you start developing your own advocacy strategy.

MARKET SYSTEMS DEVELOPMENT

One of the main reasons why people do not practice certain behaviours is simply because they lack access to the required products and services, such as seeds (for growing vegetables), oral rehydration solutions (for treating diarrhoea), construction materials (for building latrines), or veterinary services (for vaccinating animals). In most parts of the world, the private sector supplies these resources. However, in poorer and fragile contexts in which aid projects operate, markets are often too underdeveloped and fail to meet the demand. Among the most common situations are:

- shops and service providers are too far or people do not know about their existence and the services/ products they offer
- shops and service providers lack the required goods/ services or only provide them in poor quality (i.e. not meeting people's needs)
- service providers focus primarily on the needs of wealthier people
- the packaging of goods (e.g. seeds) is not adjusted to people's financial capacity (i.e. need of smaller and cheaper packages)

Supporting local sellers and service providers to effectively stimulate demand and ensure adequate supply of the products and services poor people need is, therefore, among the best ways to address a range of different barriers. Compared to often heavily subsidized support driven by NGOs, this approach can be more sustainable, cost-efficient and reach more people. Learn more at Beam Exchange, EMMA and DCED's websites.

MASS COMMUNICATION

Radio, TV and Internet have the great advantage of being able to reach a large number of people while transferring not only facts but also emotions. TV production especially requires lots of external expertise, money, and time and is therefore most suitable for targeting a specific issue at a large scale (see example of a soap opera addressing indebtedness). Radio and TV series need to be based on solid research (to be relevant to the target group's situation), offer realistic solutions to specific problems, and be attractive enough to sustain people's interest (partnership with TV/ radio broadcasting professionals is essential). While TV production is very demanding, radio-based programmes can be included just as one of several project activities (contact PIN Angola to learn about their radio programme for teachers and parents). However, developing TV or radio spots is not the only challenge – ensuring that they reach the right audience (your priority group) can be equally demanding. If your priority group uses social media, consider targeted advertising of your messages. See great examples of mass communication and learn more at Alive & Thrive website.

MOBILE MESSAGING

With over half of the people in the world owning a mobile phone (and many more having access to it), mobile phones present an excellent opportunity to communicate with individuals. Voice or text messages initiated by development projects help pregnant women and mothers, small-scale farmers or disaster-prone families to remember to practice certain behaviours. Two points to keep in mind:

1) advice alone may not necessarily change people's behaviours
2) the technological requirements for setting-up a messaging platform can be very high – do not start without an experienced partner

Learn more at mHealthKnowledge, e-Agriculture and in FAO's overview.

Irrespective of whether your strategy aims to change behaviours through influencing policy makers, increasing the accessibility of services, providing people with required skills, or changing social norms, your success always depends on how effectively your activities communicate the **messages that you have designed based on the Bridges to Activities.** Unfortunately for many development projects, their communication strategies are often not as effective as we would hope, especially due to them being:

- × **Superficial**: The behaviour change activities sometimes purely state the behaviours and say why they are important, without addressing the actual barriers to practicing the behaviours.

- × **Poorly targeted**: Instead of focusing on those people who most need the messages, they target everyone.

- × **Authoritarian rather than empathetic**: Communication activities often tell people what to do and how to run their lives, rather than creating ways for people to 'discover' the benefits of a behaviour by themselves.

- × **Long-term rather than short-term focused**: Whereas people care about tangible and preferably immediate benefits, we frequently highlight benefits that might (not) come (e.g. *"your chickens are less likely to die"*); or come only after several years of efforts (e.g. *"using fuel-efficient stoves reduces erosion"*).

- × **Negative rather than positive:** Frequently we emphasize the dangers instead of the positive benefits of (not) following a certain behaviour[25] (e.g. emphasizing diseases instead of the benefits of washing hands).

- × **Focusing on facts, not emotions**: Despite our behaviour being driven by both rational and emotional factors, messages often emphasize the rational arguments and do not effectively work with people's emotions, such as their desires, social status, confidence or simply "feeling good".

- × **Too complicated**: Instead of promoting specifics like *"adding kale and eggs to children's porridge"*, we ask mothers to *"make children's diet more diverse by using more food groups"*. Communication materials also often communicate too much information, decreasing the clarity of what people are actually supposed to do.

As we can see, the most common problems are in **WHAT and HOW we communicate**. Let's now have a look at how we can make our communication better:

1) WHAT WE COMMUNICATE

What do you do when you hear a recommendation that you feel is not relevant or useful to your current situation? If you are like most other people, you do a simple thing: ignore it. The people whom our projects aim to help behave in exactly the same way: **if they feel that the provided advice is not helpful or too difficult to act upon, they do not use it.** The problem usually is not in their unwillingness to improve their lives but in our inability to understand people's most pressing problems and offer solutions that they can use.

> *"The single biggest problem in communication is the illusion that it has taken place."*
>
> George Bernard Shaw

For example, nutrition projects commonly raise women's awareness on the importance of breastfeeding. However, many mothers know that exclusive breastfeeding is good for their babies. What they need most is someone who 1) **understands what prevents them** from exclusive breastfeeding (e.g. lacking time, need to resume employment, having sore nipples, perception of not producing enough milk) and 2) **supports them in addressing these barriers** (e.g. by providing counselling, asking husbands to help with household chores).

> *Ensure that each message directly addresses a specific Bridge to Activities.*

Therefore, when designing your messages, the single most important thing is that **each message directly addresses a specific Bridge to Activities** (which you defined based on the formative research you conducted). For example, if your Bridge to Activities is: *"Increase the perception that feeding children a variety of meals is affordable"*; your message can be: *"It is not expensive. Even you can feed your child a healthy diet!"*

By omitting this step, you risk wasting your energy and resources on communicating messages that do not really help your priority group to adopt the behaviour you promote. As much as possible, make sure that your messages are pretested among your priority group (see chapter on pretesting). While this step does take some time, nothing is preventing you from including these activities into your project description, time plan and budget.

2) HOW WE COMMUNICATE

By now, we know what we want to communicate but the question is how to do it in a way that motivates people to act upon it? Brothers Chip and Dan Heath analysed the most effective messages from the commercial and non-profit sector and in their excellent book *Made to Stick* published **six elements that make your message "sticky" - interesting enough for people to notice it, understand it, care about it, remember it, and act upon it**.[26]
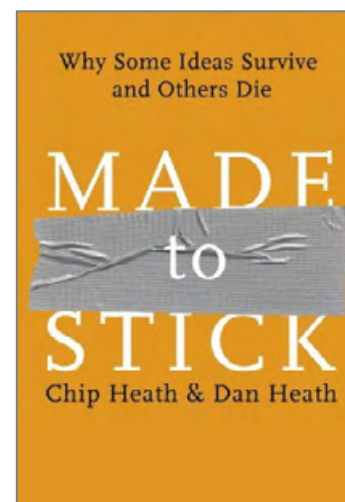
THE MOST EFFECTIVE MESSAGES ARE:

- **SIMPLE**: *"Simplify your message as much as you can; think about how you can trim it down to its core, with nothing extra. If your audience remembers nothing else from your communications, **what is the one key message you want them to retain?**"*[27] Especially if your message is likely to receive only fleeting attention (e.g. due to being a poster or on radio), reduce it to eight words or less which communicate the key fact, benefit, or action you want the audience to take away. Your message has value if it motivates and **helps people take concrete action**.

- **UNEXPECTED**: If you want to get someone's attention, show something about your issue that is counterintuitive and surprising. Surprise is triggered when the way we think things are fails, and it motivates us to try to understand why the failure happened (*"Why is something not the way I thought?!"*). People want this *"Huh?"* effect to be followed by an *"Aha!"* experience. While this helps to **generate people's initial interest**, we also need to maintain it. According to the "gap theory", the best way for doing so is to raise people's curiosity – a situation when we feel there is a gap in our knowledge. To convince people that they need our message (to fill their "gap") ask an interesting question to which they are unlikely to know the answer.

- **CONCRETE**: As much as possible, do not give general messages, such as *"Protect the environment!"*. The only response you will get is *"Umm, okay, so what EXACTLY am I supposed to do?!"*. **Concrete messages are much easier to remember and act upon.** Therefore, make sure that when hearing or reading a message, people understand what exact action they are asked to take.

- **CREDIBLE**: People must **believe in your message in order to act upon it**. So the question is: What makes people believe ideas? According to the Heath brothers, we believe because:
  - *our family members or friends believe* (that is why peer-to-peer approaches can be so effective)
  - *we have had experience* that led us to believe (e.g. when a farmer sees that the promoted practice works)
  - *we trust authorities* (such as a doctor) or *"anti-authorities"* (such as drug addict who decided to quit)
  - *the message has "internal credibility"* – adding vivid details (e.g. about a place/ person/ context) or engaging statistics (e.g. comparing one thing with another) makes your message more trustworthy

- **EMOTIONS**: The goal of making messages "emotional" is to make people care – because that is when they are most likely to take action. The best way to do that is to **appeal to the things that really matter to them**, to find a convincing answer to their question: *"Okay, so what is in it for me?"* The fact that *you* know why people should care does not mean that *they* feel the same. Use your formative research to understand what people really value (the last question of the BA asks about Universal Motivators).

UNIVERSAL MOTIVATORS		
The things which motivate people to act are unique to each culture and person, however, some are commonly present across different contexts:		
Love	Success	Positive Self-Image
Recognition	Status	Social Acceptance
Pleasure	Security	Peace of Mind
Freedom	Comfort	Power[28]

- **STORY**: *"Stories tend to include many of the "sticky" elements already listed: providing a simplified version of the message, showing an unexpected twist, making an intangible issue concrete, offering credibility through course and details, and evoking emotions."*[29] They have the remarkable capacity to allow us to "perfink" – perceive, feel, and think, all at once.[30] There is no need for us to start inventing new stories – in the countries where we work, there are plenty of interesting stories of people who manage to overcome difficulties or who successfully tried new behaviours. The key is to find them.[31]

When you design your key message – for a poster, community event, radio show or a meeting with decision makers – check it against the Heath brothers' scorecard.[32] **Effective messages do not always need to tick all the boxes**; however, it may help you to realize what your message may be missing in order to be strong.

SCORECARD			
Is your message … ?			
Simple	☐	**Credible**	☐
Unexpected	☐	**Emotional**	☐
Concrete	☐	**Story**	☐

LANGUAGE MATTERS

The language we use has a massive influence on whether people pay attention to our messages and act upon them. To avoid the most common mistakes, use some of the following tips:

- **Personalize your message** by addressing the person directly through the use of the word YOU and the imperative verb tense. For example, say: *"Go to your health centre if your child has blood in her/ his stool"* rather than *"Women should visit a health centre when their child has blood in her/ his stool"*.

- **Start with a question** to pull people into the topic if you are sure that they will answer "yes". For example: *"Want smart and healthy kids? Feed them eggs at least once a week!*

- **Use positive appeals** rather than negative messages. Show what is great about the product or behaviour. Instead of saying *"Do not deliver your baby at home"*, highlight the benefits of delivering in a health facility.

- **Focus on one or a small number of points**, especially if you have a limited space (e.g. on billboards) or time (e.g. in a video). Using one strong message is often more effective than squeezing in 3 points. If you are developing a series of communications (e.g. radio shows), focus each one on a single message.

- **Refer to cumulative benefits** - for example, showing how much people can save after a year of using fuel-efficient stoves gives quite a powerful argument for doing so.

- **Adjust to the reading level of your priority group** by using sentences which are short, contain simple words which you are sure the audience knows and are written in a large font. Since many people cannot read, the core message in your materials needs to clearly come out of the pictures they contain.[33]

As a part of its support to developing a local market for veterinary services, PIN Cambodia used a banner promoting poultry vaccinations, saying: *"Vaccinating chickens helped me earn more than a million riels per year"*. It offered farmers tangible benefits and appealed to their desire to make their animal production more profitable.

CAN YOU LEARN FROM COMMERCIAL ADVERTISING?

Commercial companies have decades of experience in marketing the use of health services, agricultural inputs, soaps, contraception or insurance – i.e. exactly the same "behaviours" as our projects promote. Their advertisements managed to motivate millions of people to use condoms, try new types of seeds or use health insurance. Many of these successful ads were developed based on the results of lots of formative research, and NGOs can do the same. If you want to get practical inspiration for how to "advertise" the behaviours you promote, check Annex 11: The 12 Types of Ads.

2.5.3 IMPORTANCE OF PILOTING AND PRETESTING

You spent weeks if not months of hard work on trying to understand the behaviours being promoted by your project from the priority group's perspective; finding effective activities to overcoming the identified barriers; and designing your messages in a way that motivates people to act upon them. By now, you feel like you know quite a lot and you are keen to start implementing your behaviour change activities.

However, this is exactly **the point when the biggest failure can happen**: because you did a lot of research, thinking, and creative work, you might assume that if you and your team find the activities and communication materials clear, attractive and useful, other people will feel the same. In practice, this sometimes does not happen: people do not respond to our messages as expected and our activities do not deliver the desired effect. **One of the best ways for preventing such failures is to pilot our activities and pre-test our communication materials**. The most basic methods for doing so are not very complicated, so let's have a look at how to do it:

Even if you have limited resources, DO NOT SKIP this step – it is always better to have effective activities and communication materials later than using mediocre ones now.

PILOTING OUR ACTIVITIES

Development projects typically consist of a limited set of activities that are implemented in the same way across many different locations. For example, trainings promoting nutritious food for young children might be implemented in 150 villages. In practice, this means that if the way we designed or manage the trainings encounters a challenge (e.g. children do not like the meals we promote), **we risk making the same mistake up to 150 times** – which means wasting a lot of effort and resources. The same applies to any other type of activity that we implement at a larger scale.

The best way to prevent such failure is to pilot the activity: implement it initially in a few locations only and scale it up once you addressed the identified weaknesses. The following tips will help you to ensure effective piloting:

- Prepare a simple **checklist of all the main steps and principles** of the activity (e.g. 1: facilitator first asks women about their existing recipes; 2: women are encouraged to say which foods are locally available; 3: …) and then use it when supervising its implementation.

- After having piloted the activity in a few different locations, **organize a focus group discussion** with the activity's participants focusing on its benefits *(What was the activity good for?)*; relevance (*How relevant was it for addressing the difficulties people are facing?)*; credibility (*Did they trust in what the activity was promoting?)*; motivation to change (*As a result of the activity, are they motivated to take any specific action?)*; remaining barriers (*Is there any reason why they cannot follow what the activity promoted?)* and weaknesses (*What could have been done better/ should be changed?)*.

- After the discussion, **introduce a performance-based task** assessing to what extent participants are able to use the newly acquired knowledge or skills (for example, to describe three nutritious meals for young children or to prepare an oral rehydration solution for treating diarrhoea).

- Discuss with the staff implementing the activity what did and did not go well and what exact action(s) specific staff will take to address the identified weaknesses.

- If you want to keep monitoring the quality of the activity's implementation, revise and keep using the checklist that you developed during the piloting stage (see the first bullet point).

By piloting and subsequently improving the design and implementation of your activities, you will:
- increase the likelihood that the full-scale implementation is done in good quality (is likely to **be effective**)
- **know how the target population responds** to your activity
- be able to improve the allocation of your time and resources (be **more efficient**)
- know what potential **weaknesses you need to supervise** (e.g. through using a standardized checklist)

PRETESTING OUR MESSAGES AND MATERIALS

How do we learn whether people are likely to pay attention to our information, education, and communication (IEC) materials and the messages they include, understand them correctly and find them motivating? The best way is to **ask the people for whom they were designed** for their opinion concerning some of the following "quality factors" (you do not always need to assess all of them).

- *Comprehension:* Do people understand the main point(s)? Do they understand every word used?
- *Relevance:* Do people feel that the materials were made for people like them? Can they use the information in their own lives?
- *Noticeability:* Do the materials attract people's attention? Do they notice them?
- *Memorability:* Do people remember the materials' messages after having seen them once?
- *Credibility:* Do people trust the content of the message and its perceived source?
- *Acceptability:* Do people feel that the materials fit the culture? Are they sensitive enough?
- *Knowledge, attitude or belief change:* After being exposed to the materials, do people think that they learned anything new or that it motivated them to do something?
- *Strong and weak points:* According to the respondents, what are the best things about your materials? If they had to change something, what would it be?

Out of the range of methods available, **group interviews offer a relatively quick and easy way to pre-test our messages and communication materials**.[iii] These are made up of between 6 and 10 people from our priority groups with whom we discuss opinions on the "quality factors". The participants need to share similar characteristics (e.g. all are male farmers from the same community). If you target more priority groups (e.g. mothers and fathers), discuss their opinions in separate groups. When conducting focus groups:

- make sure that *everyone can see or hear* the material or media you are assessing
- *rotate the order* in which you present different versions of the materials in each focus group
- ask for a *general reaction first* before you start asking about specific details
- if you need to decide between several graphics, *show people the pictures by themselves without the text* and ask what message they think the graphics convey
- after showing all versions, you can ask people to *rank them in order of preference*
- *encourage critical feedback* if only positive feedback is being given

Be aware that **you do not need to address all the feedback you receive**: some may be irrelevant to the strategy's goal and other feedback might just be bad advice. Pretesting the materials with more people can help you to identify which issues are coming up repeatedly and are worth your attention.[34]

If your time is short, use a Straight to the Point Checklist for Evaluating IEC Materials. This enables you to review the quality of the materials based on seven most essential criteria. While you can evaluate certain aspects of the materials on your own, keep in mind that you are probably better educated, more literate, more economically secure, and perhaps more urban than many of the people for whom the materials were designed. Always **involve at least several people for whom the materials were designed in the testing process**.[35]

[iii] Other useful pretesting methods include: intercept interviews, self-administered questionnaires, crowdsourcing, readability testing, usability testing or expert and gatekeeper reviews are all useful pretesting methods. By spending a few minutes on Google you can find useful advice on their use; if you need further advice, consult PIN's Knowledge & Learning Unit.

Many development projects have helped people change their everyday behaviours, resulting in improved health, livelihoods and other aspects of life. Despite these successes, such projects also frequently face **two key weaknesses**:

- **Limited Sustainability**: Do you remember a situation when you started practicing a new behaviour – for example, exercising twice a week – but after some time you quit? Such situations are not uncommon – they frequently happen to billions of people all round the world. **The fact that someone starts practicing a new behaviour frequently does not mean that s/he will do it long-term.** In the context of development work, this poses a significant challenge: *If their benefits do not last, are development projects worth the funding and effort?* If you are a typical "beneficiary", a project might help you to change your behaviour(s) for a period of several months or years; however, after its funding runs out, its support will no longer be available. Who will then help you to sustain (or re-start) the behaviour?

- **Insufficient Scale:** Even in the locations where many NGOs, UN and Government agencies operate, their health, WASH, agricultural and other assistance frequently reaches no more than 20-30% of the local population. Most behaviours cannot be changed by large-scale activities such as radio shows, banners or one-time events only – they require a more intensive and longer-term approach. However, this does not mean that we should not **do our best to design interventions in a way that effectively reaches a large number of people.**

This toolkit offers **three interrelated tips for improving the sustainability and scale of your projects**:

1) **Identify and address the pre-conditions for sustainability:** When you design a new project or when conducting its **mid-term evaluation**, follow these simple and practical steps:

   i. write down what pre-conditions must be in place in order for people to practice the desired behaviour after the project ends (e.g. in order to keep growing vegetables, women must have essential know-how, motivation, enough time, access to quality seeds, possibility to receive advice …)

   > **See More Pre-Conditions for Practicing & Sustaining the Promoted Behaviours**

   ii. assess which of these pre-conditions are currently not addressed (e.g. seeds are not readily available and only limited amount of water close by for home gardening)

   iii. your project's activities should then focus on ensuring that all the "pre-conditions for sustainability" are addressed (i.e. seeds are available, water-efficient irrigation is used)

   These three steps can be extremely effective in **ensuring that your team's work is helping people even years after the project's completion**.

2) **Strengthen the service delivery capacity of local stakeholders:** The biggest opportunity for changing people's behaviours at large scale and for the long-term is not with short-term NGO projects but with the **work done by local government institutions, businesses and grassroots groups**. Agriculture extension workers, local health facility staff, vendors of agricultural inputs, private veterinarians, community-based disaster risk reduction groups, local administration, farmers' unions, and many others who have excellent potential to keep enabling people to adopt and practice their new behaviours.

   Therefore, make sure that your project strategies **focus primarily on strengthening the sustainability, scale, quality, and inclusiveness of services provided by these stakeholders**. Always keep assessing whether the assistance you intend to deliver could be delivered by a local actor instead (reaching more people, for a longer period of time, to an acceptable quality) and act accordingly.

3) **Focus on "upstream" behaviour change:** The way we behave is only partially under our control. If women cannot breastfeed their babies because the factories they work in do not allow breaks for nursing mothers, there is little they can do. If the Department of Agriculture provides its veterinary services primarily to better-off cattle farmers and ignores the needs of poor poultry farmers, high chicken mortality caused by a lack of vaccination services is not entirely the farmers' fault. **The fact of whether or not people (can) practice a particular behaviour is often heavily influenced by the decisions of policy makers, authorities, and various service providers.** Focusing on their behaviours (so-called "upstream behaviour change") can therefore be among the most effective strategies for achieving the desired change, in a sustainable manner and at scale. While such advocacy work is often perceived as working with the top-level government officials, **influencing the way the national policies are implemented at the local level** or improving the scope and quality of products and services offered by local businesses can be equally important.

After a lot of effort invested into understanding people's perspectives, designing a behaviour change strategy and implementing it in the best possible way, one could assume that most people will start practicing the promoted behaviours. However, human behaviour is hard to predict (especially in a different culture) and the only way to know whether people are practicing the new behaviours is to measure them. Such monitoring and evaluation (M&E) activities should not mean an extra workload, as they are a **standard part of your project's M&E system**.[iv] Three key questions when monitoring and evaluating behaviour change are:

1) What Should I Measure?

Your main focus needs to be on **collecting data for the indicators included in your logframe** and DBC Framework (take advantage of the guidance available at www.indikit.net). Where relevant, the data should be gender disaggregated. Focus primarily on measuring:

- **the quality of activity implementation**, preferably by using observation-based checklists – see examples

- **the extent to which your priority groups practice the desired behaviours**, such as *"XX% mothers of children 10-59 months who have diarrhoea treat them with Oral Rehydration Solution"*

- **the most important pre-conditions for practicing and sustaining the promoted behaviours**, such as access to the required resources or advice (e.g. *"XX% of farmers who know where to purchase seeds"*)

> **See More Pre-Conditions for Practicing & Sustaining the Promoted Behaviours**

- for both types of indicators, also assess:
  - **why people practice the promoted behaviours** (such findings provide extremely useful lessons for further promotion of these behaviours in the existing or planned projects)
  - **why people do not practice the promoted behaviours** (such findings are crucial for re-designing your strategy to address the factors which prevent people from practicing the behaviours)

2) When Should I Measure?

- **at the project's start** use your baseline survey to determine the percentage of people who (do not) practice the promoted behaviours (take advantage of www.indikit.net); the prevalent "stage of change" (see chapter 1.6); and the existing pre-conditions for practicing the desired behaviour (e.g. people's knowledge)

- **throughout the project** do not rely on the mid-term evaluation only: keep monitoring 1) the quality of your activities (by using checklists, observations, interviews); 2) the extent to which people start adopting the promoted behaviours (based on observations, regular monitoring data); 3) the reasons why people (do not) adopt the promoted behaviours; 3) the progress on addressing the pre-conditions for sustainability

- **at the end of the project** use your endline survey to measure the percentage of priority group members who practice the promoted behaviours and compare this to the results of your baseline survey (ensure that your final evaluation also assesses the main reasons why people (did not) adopt the promoted behaviours)

- **2-3 years after the project** an impact evaluation can be conducted, showing to what extent the behaviours were sustained after your support ended; conduct impact evaluations when you 1) know how to use the generated lessons (e.g. for replicating your approach in similar areas) and 2) have reliable endline data and are able to correctly "replicate" the endline survey

3) How Can I Measure?

Always use a mix of qualitative and quantitative methods:

- **Quantitative methods** typically answer the questions *"How many?"* and *"What percentage?"* By comparing the figures before and after the intervention, we can assess the achieved change (consider using a comparison group to determine which changes can be attributed to your intervention). Therefore, **when preparing a baseline survey, always include questions about the behaviours you plan to promote**. Take advantage of the guidance available at www.indikit.net.

- **Qualitative methods**, such in-depth interviews, focus group discussions, observations, most significant change, and outcome mapping, allow us to obtain a deeper understanding of how people perceive and practice things. They often seek to answer the questions *"Why?"* and *"Why not?"*.

> *Always budget enough resources for M&E – do not compromise the chance to learn what you really did (not) achieve and why.*

[iv] When preparing an M&E system, there is lots of useful support available: PIN's Results Based Monitoring (RBM) Guidelines and Evaluation Policy (available from ELO or PIN's M&E Advisor) provides you with guidance on how to prepare a project's M&E Plan. The Results Framework helps you to plan data collection for each behaviour included in your logframe and DBC Framework. RBM tools, such as the Indicators Tracking Sheet, help you to document and report on your progress to achieving the project's targets.

Whichever method you chose, **several issues can affect the quality of your data:**

Self-Report Bias

- **Challenge:** People might provide incorrect answers because they expect some benefits; say what they think you want to hear; are afraid of the implications; feel uncomfortable; or simply forget. A special type of self-report bias is "**social desirability bias**" when people tend to overestimate the positive behaviours (e.g. how often they wash their hands) and underestimate the negative ones (e.g. sending children to beg).

- **What Helps:** Train your data collectors to use the following principles of effective interviewing:
  - *being friendly* – if people feel at ease, they may be more comfortable with being open and honest in their answers
  - *assuring confidentiality* – assure the respondent that her/ his answers will not be shared with anyone else
  - *explaining the importance of honest answers* – explain to the respondent why it is so important that the information s/he provides reflects her/his true feelings, knowledge and opinions
  - *setting the social norm* – if relevant, tell the respondent that other people reported both positive and negative behaviours and that it would be great if the respondent is **as honest as other people were**
  - *clarifying expectations* – explain that the answer which the respondent provides will not result in (a lack of) any kind of material or other support
  - *using indirect questions* (*"If I asked the health facility how many times you came for a prenatal visit, what would they tell me?"*)
  - *cross-checking answers* with other family members and through observations
  - *verifying the answers* by using more types of (largely indirect) questions
  - *unless absolutely necessary, trying to avoid sensitive questions*
  - *shortening the recall period* (e.g. instead of asking people about what their children ate in the past week, only ask about the past day)

Seasonality

- **Challenge:** Some behaviours are more difficult (or easier) to practice during a certain period of time (e.g. before the harvest many families struggle to feed their children with a diverse diet; however, this changes just a few weeks later). Their "prevalence" therefore varies depending not only on the results of your project but also on a number of (seasonal) re-occurring factors, such as availability of foods or workload levels.

- **What Helps:** If you know that seasonality affects people's behaviour, you need to ensure that the baseline and endline studies are conducted at the same time of year (otherwise your data will not be comparable).

Attribution

- **Challenge:** Your endline survey shows that your target indicators were reached. That is great! However, how do you know that the change was caused by your project and not by other factors?

- **What Helps:** Where possible, also conduct your baseline and endline surveys in a comparison group (i.e. people with similar characteristics who are not influenced by the project). By comparing the changes in your target and comparison groups, you will see whether the desired change happened only in your target areas or also in the comparison group (which might indicate that other, external factors contributed to the change). Keep in mind that the selection of the comparison group needs to be based on a very sound methodology. Furthermore, you might need to collect data on other factors (than your intervention) that could influence the situation you aim to change. Contact your M&E advisor to consult on methodological and ethical aspects.

  If you cannot use a comparison group, **request the project's evaluator to assess the following questions** – the answers are likely to provide good insights into whether the recorded changes can be attributed to your intervention:
  - *How effectively did the project activities address the barriers that prevented people from adopting the promoted behaviours?*
  - *Did the activities reach a significant proportion of the priority group members?*
  - *To what extent were the priority group members exposed to the activities? Was it sufficient?*
  - *What and how effective were the measures that the project took to ensure maximum quality of activities?*

By this point, your team has generated a substantial amount of useful information and learned many lessons. If you want to make sure that all your efforts result in even better impact and that your work is well recognized, the best thing you can do is to effectively document and share your experience. In doing so, you **help other implementers, donors, and decision-makers design their interventions in a more effective way**. Furthermore, it can also help you establish important partnerships and access further funding. Try some of the following options:

ACTIVITIES		REQUIRED RESOURCES[v]
Save key data and share it with your colleagues	In order to help your colleagues and prevent your organization from losing the generated expertise, save key reports, methodology description, M&E tools, and publications to your organization's data storage system. Let your (and other) Desk Officers and Advisors know of the files' availability. Furthermore, share it through social media, such as LinkedIn or Yammer.	free & fast
Publication	Prepare an attractive, short (4-12 pages) publication summarizing your approach, results, the most useful lessons and recommendations that can easily be used by other actors. Disseminate widely. See examples of PIN's publications on veterinary services and agricultural extension. To reach an even larger audience, consider publishing your findings in existing on-line platforms or research journals.	€ 200 – 1,000 (design + print) + 4-7 days of your time
Workshop	Organize a workshop for relevant NGOs and authorities where you (possibly also with other actors) present your approach, key results, and recommendations. If your presentation is too short or if you risk low attendance, consider presenting as a part of a NGO coordination meeting.	few hundred EUR; takes 2-4 days
Individual meetings	Offer key decision-makers (donors, higher-level authorities) a "one to one" meeting where you present your experience and the key strategic recommendations for addressing the given topic.	worth two working days
Conferences	Take advantage of existing sector conferences and apply in order to present the findings and practical implications of your research.	worth 2-4 working days
YouTube video	Commission a professional agency to create one short (below 1:40min) and one longer (5-7min) video on your approach, results, key lessons, and recommendations. Always be clear on for whom and why you are producing it, what messages it needs to convey, and how you will disseminate it.	approx. € 4,000 if done by commercial agency + 2-3 days of your time
Post on websites	Upload your most useful resources to your organization's resources website, Behaviour Bank, and other knowledge-sharing platforms.	free & fast
Social Media	Agree with the Media Department of your organization, donor or other relevant actor on posting your video, photos (incl. brief explanation of your lessons), or publication on its LinkedIn, Twitter or Facebook pages.	free & fast

While some of these activities can just be a part of the project's Communication and Visibility Strategy, others (such as workshops or publications) can be described in your proposal as separate activities. Since some can be quite demanding, make sure that you **budget enough funds, time, and human resources**.

---

[v] Prices are based on Czech/ PIN's standards and vary depending on the scope of the assigned work. Time requirements are the expected minimum time a senior staff is likely to spend on preparing the material or event (excluding research, if required).

3. ANY QUESTIONS?

The previous two chapters of this toolkit summarized hundreds of the best resources into 25 pages of practical explanations and recommendations. If having read it, you still have some questions, the following frequently asked questions (FAQ) might help.

3.1 FAQ ON CHANGING BEHAVIOURS

FAQ 1: I really want our programmes to get better at changing people's behaviour. Where should I start?
There are two types of actions you can take:

- *Actions you can take within the next few weeks:* Send this toolkit to your colleagues, ask them to read it, and discuss whether they have the interest and capacity to develop their behaviour change expertise. If so, meet together and identify what is preventing (and helping) your programmes in being more effective in changing people's behaviour. Define what exactly needs to change in your teams' style of work, knowledge and skills in order to be more effective and propose concrete steps for how you will achieve the change. If you need support from your headquarters or consultants, specify exactly what you need and make relevant requests.

- *Actions requiring longer-term effort:* First of all, ensure that each of your programmes has a long-term strategy focusing on a limited number of behaviours that you can research and understand well (and then continue addressing at a larger scale). Second, do your best to design your new proposals based on data, not assumptions - as much as you can, invest your time into reviewing available statistics, in-depth discussions with the key informants or FGDs with the priority groups. Third, even if you do not manage to understand the target behaviours before you submit your proposal, at least make sure that you: a) include a formative survey in the project's time plan and budget; and b) keep the proposal flexible enough to be able to respond to the survey's findings.

FAQ 2: Do we have the right to be changing people's behaviours?
The only one who can actually change a person's behaviour is the person himself/ herself, not an NGO. Our job is to *enable people* to practice those behaviours, which are:

1) proven to effectively address the problems faced by the target population (such as high morbidity, malnutrition or low agricultural productivity)
2) supported by the key stakeholders (such as civil society representatives, ministries)
3) its ultimate benefits – as perceived by the priority group - outweigh the potential losses caused by changing existing behaviours, customs and traditions
4) is pursued in a manner that respects individuals' right to choose (not) to adopt a particular behaviour (unless it harms or endangers others) and considers the risks early adopters may face (e.g. facing disapproval of their community members, incurring initial financial or time-related costs)

We do so through helping people to understand (and where possible also experience) the benefits of the promoted behaviours and through addressing those factors that make practicing these behaviours difficult. With the exception of serious risk or harm-inducing behaviours (e.g. violence against women), the choice of whether a person will (not) practice the promoted behaviour is ultimately his/ her own free will.

FAQ 3: Is behaviour change something new in the development sector?
No, not really. Changing behaviours has always been the path to improve the quality of someone's life. For decades, extension workers have motivated farmers to adopt better agronomic practices; health professionals have been discouraging us from doing things that harm our health; and various government policies made doing some things easier while others more difficult. The main difference is that we now understand how to make our behaviour change efforts much more effective. Now it is just up to you to use this knowledge.

FAQ 4: I feel like I already have lots of other priorities on my plate. Why should I add another one?
You are right - the workload of many development professionals is often high and new approaches that we are told to learn and follow are always mushrooming. However, since your work takes up so much of your life, you likely want this time to be well spent – on things that actually help people and are not just a wasted effort. And this is exactly what developing your behaviour change expertise is about – designing your projects in a way that delivers much better results. Yes, it requires an initial effort; however, it pays off generously in the positive quality, impact and satisfaction achieved by your work. So let's give it a try!

3.2 FAQ ON DESIGNING FOR BEHAVIOUR CHANGE (DBC)

FAQ 1: I am preparing a new project proposal, and I want to use the DBC Framework. How do I start?

The main challenge with using the DBC Framework is that the design of your activities can be fully finalized only after you conduct a formative survey and define how you will address the identified barriers to practicing the desired behaviour(s). In many cases, you will not able to conduct such full-scale preparations before you submit a proposal and receive the funding. Therefore, it is important that the proposal you submit to a donor:

- is based on a solid assessment minimizing the risk that you are proposing a strategy which is not relevant to the realities on the ground
- has its *activity description, budget and time frame designed in a sufficiently flexible way*, allowing accommodation of the recommendations coming out of your formative survey (e.g. new sub-activities)

Expect that a good formative survey can take anything between 2 to 5 weeks and cost anything between € 6,000 and € 15,000 (less if you do not require external assistance – e.g. from a consultant).

FAQ 2: How can I describe the DBC Framework in my project proposal?

The description of the DBC Framework should be included in your proposal's methodology section, highlighting its key characteristics and benefits. Here is an example: *"The project's methodology uses the Designing for Behaviour Change (DBC) Framework, a field-tested, systematic approach for designing effective behaviour change strategies. The DBC Framework allows the user to identify the reasons why the project's target groups are not practicing the desired behaviours and to design a behaviour change strategy that removes/reduces those barriers. To identify the barriers, the project team will conduct a formative survey involving Barrier Analysis, key informant interviews, observations, and other participatory methods engaging both women and men. The results will be used to refine and further develop the project's behaviour change strategy, including specific sub-activities. Compared to the traditional approaches, which propose changing people's practices by raising awareness (which in many cases is already good), the DBC Framework's key strength lies in its ability to identify and address the real determinants of people's behaviour as defined by those people."*

FAQ 3: I want to train my team on using the DBC Framework. How long does this take?

If you follow the official, field-tested curriculum (FSN, 2013), training your team on how to use the DBC approach takes five days. If you also want your staff to be at ease with using Barrier Analysis, a combined DBC/BA training takes seven days (including field-based practice). However, there is no need for all your staff members to go through a seven day long training – while a limited number of your senior staff (managers, M&E staff) should participate in a full-scale training, others can just be trained on how to collect Barrier Analysis data (two days required, including field-based piloting). The best time to conduct the training is before you start designing a new project as it enables you to apply what you have learned.

FAQ 4: Where can I find additional resources on using the DBC Framework?

The best available publication is the training curriculum called *Designing for Behaviour Change for Agriculture, NRM, Health and Nutrition* published by the FSN Network in 2013 or the shorter *Designing for Behaviour Change: A Practical Field Guide* published in early 2017. If you need any further resources, contact PIN's Advisors.

3.3 FAQ ON BARRIER ANALYSIS (BA)

FAQ 1: What is the difference between Barrier Analysis and the DBC Framework?

The DBC Framework is a useful *tool for designing* behaviour change strategies. The Barrier Analysis is the main *type of formative research* that the DBC Framework recommends be used to understand which barriers are preventing your priority groups from practicing the desired behaviours. The BA is therefore the field research step within the DBC framework. The DBC and the BA go hand in hand.

FAQ 2: What can I (not) expect from using Barrier Analysis?

You can expect to use BA to study any individual behaviour that you can state (see Annex 3) and where you can find at least 45 people who practice the behaviour (or a relaxed version of the behaviour) in the project area. The BA is used to study key behaviours that contribute directly to achieving the goal of the project (e.g. exclusive breastfeeding is a behaviour that contributes directly to reducing malnutrition). It is not used to understand why a priority group does not participate in a given activity implemented by the NGO (e.g. attending meetings).

FAQ 3: How long does it take and how much does it cost to collect data for a Barrier Analysis?

If you have a team of six interviewers and each is able to find and interview seven to eight Doers or Non-Doers per day, data for each behaviour can be collected in two days (this does not include the time required to train interviewers, arrange logistics, travel to the target communities, etc.). However, if you are dealing with a less common behaviour or if the travel times are long, more time will be necessary. Since you are likely to want to study two to three key behaviours within a particular project, allocating one week for data collection is a realistic estimate. If your team is too small, ask colleagues from other programmes for help or hire additional interviewers. The main costs you can expect are transport, accommodation, per diems, and external staffs' remuneration (if required). If your project team is large enough and is not too busy, *it is perfectly feasible to conduct BA even before you develop a new project proposal.*

FAQ 4: Who should collect Barrier Analysis data – my team or external data collectors?

Your project staff – not external data collectors – need to understand the behaviours that they are promoting. The process of conducting Barrier Analysis is often just as important as the results, since your staff members will also become convinced of the results by participating in the research. Therefore, plan to have your staff collect the data themselves - *do not sub-contract such an important learning opportunity.*

FAQ 5: I want to train my team on doing Barrier Analysis. How long does it take and what does it involve?

If you follow the official curriculum (Kittle, 2013), the training takes four and half days, involving lots of practical exercises (incl. development of questionnaires, finding Doers and Non-Doers, interviewing techniques, data analysis, etc.). While your senior staff (e.g. M&E Officers or Project Managers) should participate in the entire training, data collectors can be trained on data collection only (it takes two days including field-based piloting). The training can be conducted by a hired consultant or by PIN's HQ Advisor. *The best time to conduct training is just before you need to conduct a Barrier Analysis* (i.e. when you need to better understand why people (do not) practice the promoted behaviours).

FAQ 6: Can I use focus group discussions instead of individual interviews?

No. Collecting data through FGDs is no longer recommended because it is less precise than individual interviews. In FGDs, respondents' answers can be influenced by what other people say or by discomfort a respondent may feel when others hear her/ his answers.

FAQ 7: Can I use tablets for collecting data?

Yes, it is possible. Annex 8 shares PIN's experience with conducting Barrier Analysis by using tablets and provides useful tips that you can use.

FAQ 8: How can I describe Barrier Analysis in my project proposal?

Barrier Analysis is usually described in the activity section of a proposal, often as a part of a larger formative survey. For example: *"After the project's baseline survey is completed, PIN will conduct formative research focusing on the behaviours the project intends to promote. Its aim is to identify what is preventing the target groups from practicing the targeted behaviours (i.e. the "barriers") and what could encourage them to adopt them (i.e. the "motivators"). The research's primary method will be a Barrier Analysis study that asks people a series of questions aiming to identify which barriers and motivators have the biggest influence on whether they practice the targeted behaviour. The Barrier Analysis study uses the Doer/Non-Doer methodology that consists of interviewing 45 people who already do the behaviour (Doers) and 45 people who have not adopted the behaviour yet (Non-Doers). The research team will also use a combination of other qualitative methods, including key informant interviews, observations, and focus group discussions. At the same time, it will use PIN's experience of conducting Barrier Analysis studies in Cambodia, Ethiopia, DRC and Angola. The result of the research will be used to further develop the content and strategies of the project's behaviour change activities (by using the Designing for Behaviour Change Framework described in the Methodology section)."*

FAQ 9: Where can I find additional resources on using Barrier Analysis?

All the best resources on Barrier Analysis are available on-line, free of charge:

- Kittle, B. (2013) *A Practical Guide to Conducting a Barrier Analysis* (training curriculum, in EN, FR and AR)
- FSN (2013) *Designing for Behaviour Change for Agriculture, NRM, Health and Nutrition* (training curriculum for DBC also including guidance on BA; available in English, French, Spanish and Bangla)
- FSN, database of completed Barrier Analysis questionnaires (click on Resources, then Barrier Analysis)
- FSN, Behaviour Bank (examples of BA reports from different organizations)

FAQ 1: I want to use the DBC approach/ conduct Barrier Analysis. What support can I get from PIN's HQ?

PIN's Advisors are available to help their PIN colleagues with:

- *Staff Training:* PIN Advisors can either help you to prepare a training or directly train your team on using DBC/ BA in your programming and using various tools for understanding the target behaviours
- *Project Design:* helping you to design new projects according to the DBC approach
- *Formative Surveys:* supporting you in designing and implementing formative surveys (either remotely or by country visits to lead the survey)
- *From Research to Implementation:* assisting you with using the findings for (re)designing your activities
- *Effective Communication*: working with you on developing effective communication activities
- *Monitoring and Evaluation*: helping you to set-up M&E systems and prepare/ conduct evaluations

FAQ 2: I do not work for PIN but I want to learn from you/ share my experience. Whom can I contact?

PIN is open to sharing its experience with like-minded organizations and at the same time we are keen to learn from others. Feel free to contact us at resource@peopleinneed.cz

FAQ 3: In addition to PIN staff, who else can help me to access the expertise I need?

In addition to the resources recommended throughout the toolkit, also try the following:

- Core Group's Social and Behaviour Change Working Group can recommend useful contacts and resources
- *social marketing agencies* (see links below) specialize in researching, designing and supporting the implementation of effective behaviour change strategies and materials
- *commercial marketing and advertising agencies* can help you to design good communication materials
- *NGOs and UN agencies* working in your country on the same topic may already have lots of useful research, expertise, materials and contacts available – send them an e-mail to avoid re-inventing the wheel

FAQ 4: Are there any inspiring websites or books that could help me in my behaviour change work?

For sure! This toolkit covers just a fraction of the most exciting, insightful and useful knowledge about behaviour change, so there is a lot you can explore. Since many resources are no less captivating than watching a great movie or reading a catchy novel, they are well worth the limited time you have. To make your first steps easier, here are some of our favourites:

WEBSITES

- Core Group's Social and Behaviour Change Working Group (check their resources + consider joining)
- The HC3 Program – wealth of on-line courses, brief guides, examples and other resources for designing, implementing and measuring social and behaviour change communication interventions
- Behaviour Change – database of resources on DBC, BA and more
- social marketing agencies and associations, such as 17 Triggers, ESMA or The NSMC

BOOKS
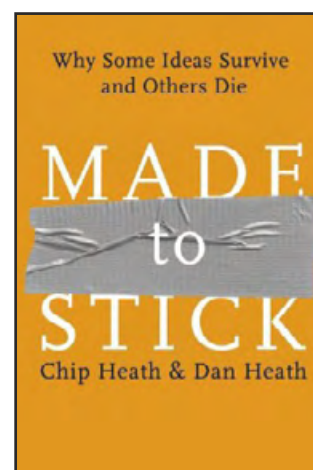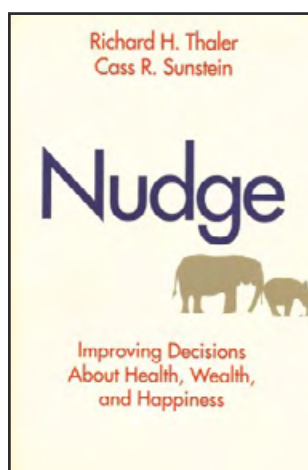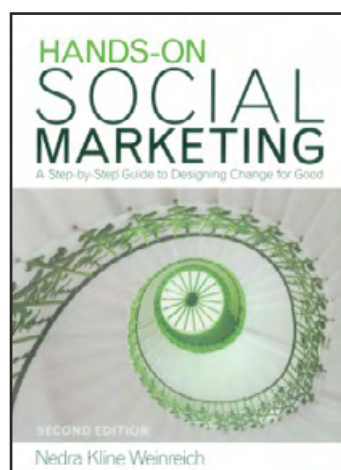
ANNEX 1: LOCATIONS OF PROVIDED LINKS

Throughout the toolkit dozens of links to additional resources are included. To enable you to access them even if you use the printed version of the toolkit, the overview below provides their exact location.

page	link's name	link's address
3	Three Myths of …	www.youtube.com/watch?v=l5d8GW6GdR0&feature=youtu.be
	Are We in Control …	www.ted.com/talks/dan_ariely_asks_are_we_in_control_of_our_own_decisions
4	Stories Without an Ending	www.fsnnetwork.org/stories-without-ending-adult-education-tool-dialogue-and-social-change
8	Check What Completed …	Annex 2
	more guidance and …	Annex 3
9	Stage of Change Model	page 6
	Socio-Ecological Model	page 6
10	A Practical Guide to Conducting BA	www.coregroup.org/resources/404-a-practical-guide-to-conducting-a-barrier-analysis
12	The Behavioural Insights …	www.behaviouralinsights.co.uk
13	CRS	www.crs.org/our-work-overseas/research-publications/rapid-rural-appraisal-and-participatory-rural-appraisal
	IHAA's toolkit	www.aidsalliance.org/assets/000/000/370/229-Tools-together-now_original.pdf?1405520036
	CLTS handbook	www.plan-international.org/handbook-community-led-total-sanitation
	Make Me a Change Agent	www.fsnnetwork.org/sites/default/files/mmca_english_final_1.pdf
	Stories Without an Ending	www.fsnnetwork.org/stories-without-ending-adult-education-tool-dialogue-and-social-change
14	ToT Manual on Counselling	http://iycn.wpengine.netdna-cdn.com/files/IYCN_MIYCN_Ethiopia_Counseling_TOT_Manual_1211.pdf
	IYCF Counselling Courses	www.ennonline.net/hivandiycfcounsellingtrraining
	Counselling Cards	www.unicef.org/nutrition/index_58362.html
	Care Groups model	www.caregroupinfo.org
	training curriculum on using peer education	http://lft.ee/admin/upload/files/Peer%20education%20training%20materials%202003%20eng.pdf
	guidelines on youth …	www.iywg.org/sites/iywg/files/peer_ed_guidelines.pdf
15	manuals	www.positivedeviance.org/resources/manuals.html
	project examples	www.positivedeviance.org/projects/index.html
	book	www.powerofpositivedeviance.com/
	PIN's CLIMAD project	www.youtube.com/watch?v=xnsNPa2d2mE
	establish profitable …	www.youtube.com/watch?v=7Bp_cbuotag
	great examples of …	www.aliveandthrive.org/program-components/page-advocacy/
	implement effective …	www.careclimatechange.org/files/toolkit/CARE_Advocacy_Guidelines.pdf
16	Beam Exchange	www.beamexchange.org
	EMMA	www.emma-toolkit.org
	DCED	www.enterprise-development.org/implementing-psd/market-systems
	soap opera addressing …	www.youtube.com/watch?v=ys5eSxTetF4
	Alive & Thrive	www.aliveandthrive.org/program-components/mass-communication/
	pregnant women and mothers	www.ilabsoutheastasia.org/wp-content/uploads/verboice-case-study-people-in-need.pdf
	small-scale farmers	www.youtube.com/watch?v=LXFUIRU22FI
	mHealthKnowledge	www.coregroup.org/our-technical-work/program-learning/mhealth

	e-Agriculture	www.e-agriculture.org/mobile-telephony-rural-areas
	FAO's overview	www.fao.org/docrep/017/i3074e/i3074e.pdf
17	see chapter on pre-testing	page 21
21	Straight to the Point Checklist for Evaluating IEC Materials	www.pathfinder.org/publications-tools/pdfs/Straight-to-the-Point-Evaluation-of-IEC-Materials.pdf
	PIN's Knowledge and …	resource@peopleinneed.cz
22, 23	See More Pre-Conditions …	Annex 12
23	Examples	www.fsnnetwork.org/quality-improvement-verification-checklists-online-training-module-training-files-slides-qivcs-etc
	using comparison group	www.indikit.net/userfiles/files/Rapid%20Guide%20to%20Survey%20Sampling_FINAL.pdf
25	veterinary services	www.peopleinneed.cz/resources
	agricultural extension	
	video on your approach	www.youtube.com/watch?v=xnsNPa2d2mE
	Behaviour Bank	www.fsnnetwork.org/behaviour-bank
27	field-tested curriculum	www.fsnnetwork.org/designing-behaviour-change-agriculture-natural-resource-management-health-and-nutrition
	Designing for BC for ...	
	Designing for BC: A Practical Field Guide	www.fsnnetwork.org/designing-behaviour-change-practical-field-guide
	PIN's Advisors	resource@peopleinneed.cz
28	official curriculum	www.coregroup.org/resources/404-a-practical-guide-to-conducting-a-barrier-analysis
	A Practical Guide to Conducting BA	
	Designing for BC for Agriculture, ….	www.fsnnetwork.org/designing-behaviour-change-agriculture-natural-resource-management-health-and-nutrition
	database of completed …	www.fsnnetwork.org/barrier-analysis-questionnaires-0
	Behaviour Bank	www.fsnnetwork.org/behaviour-bank
29	PIN's Advisors	resource@peopleinneed.cz
	Social and Behaviour Change Working Group	www.coregroup.org/our-technical-work/working-groups/social-and-behavior-change
	The HC3 Program	www.healthcommcapacity.org/collecting-and-curating-sbcc-resources-and-tools
	Behaviour Change	www.behaviourchange.net
	17 Triggers	www.17triggers.com
	ESMA, The NSMC	www.europeansocialmarketing.org, www.thensmc.com
Annex 2	see guidance	all links lead to the relevant indicators available at www.indikit.net
Annex 4	generic questionnaire	Annex 5
	finalized questionnaires	www.fsnnetwork.org/barrier-analysis-questionnaires-0
	presentation on TIPs	www.coregroup.org/storage/documents/1._TIPs_for_Core_Group_1.pdf
	summary guidance	www.manoffgroup.com/resources/summarytips.pdf
	nutrition-oriented guidance	www.fao.org/docrep/014/am868e/am868e00.pdf
	BA Tabulation Sheet	www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx
	guidance	www.fsnnetwork.org/sites/default/files/ba_analysis_excel_sheet_tab_sheet_explanation_latest_0.doc
	guidance sheet	www.fsnnetwork.org/document/barrier-analysis-tabulation-sheet
	BA Reporting Template	Annex 9
Annex 6	database of completed …	www.fsnnetwork.org/barrier-analysis-questionnaires-0
Annex 8	KoBo Toolbox	www.kobotoolbox.org
	XLSForm	http://xlsform.org

This annex provides you with examples of three completed DBC Frameworks, helping you to see how the DBC process can effectively inform your programming decisions. Focus especially on the links between the behaviour's determinants, the bridges to activities and activities.

Behaviour	Priority and Influencing Groups	Behaviour's Determinants	Bridges to Activities	Activities
Mothers of children aged 10-59 months who have diarrhoea treat them with Oral Rehydration Solution (ORS). *(addresses life-threatening dehydration)*	**Priority Group:** ▪ women 15-45, largely illiterate, speak Dinka language ▪ live in rural areas, their income depends on seasonal farming ▪ are busy with daily housework and child care ▪ in the evening listen to the radio, during the day socialize with neighbours ▪ want their children to feel happy and grow well ▪ 72% either restrict food or fluids as their main way of "treating" a child's diarrhoea ▪ are concerned that diarrhoea often lasts too long ▪ 69% do not believe that ORS alone is sufficient treatment ▪ some think that children do not like ORS's taste ▪ 21% of them use ORS for treatment ▪ 65% do not know how to prepare ORS **Influencing Group:** ▪ Barrier Analysis did not identify any influencing groups	1. <u>Self-Efficacy</u>: Mothers say they do not know how to correctly prepare ORS. 2. <u>Access</u>: Mothers say that not having enough money to buy sugar and salt makes it difficult to prepare ORS. 3. <u>Action Efficacy</u>: Mothers do not believe that ORS is effective in preventing dehydration.	1. Improve mothers' ability to correctly prepare ORS. 2. Decrease mothers' perceptions that using ORS is expensive. 3. Increase mothers' perceptions that using ORS is effective in preventing dehydration.	The project Field Officers will organize meetings with mothers where: ▪ Community Health Workers (CHW) share stories of children who were treated with traditional medicines versus those treated with ORS. ▪ Local mothers using ORS explain how it helps their children when they get diarrhoea. ▪ CHWs show how to prepare ORS and let each woman try it on her own. ▪ Field Officers provide mothers with measuring spoons for homemade preparation of ORS. ▪ CHWs help mothers calculate the costs of salt and sugar required for preparing ORS and compare it to the costs of bringing a child to a health clinic (transport, time, drugs). ▪ CHWs facilitate a discussion about the (dis)advantages of using ORS and provide required advice.

Outcome Indicators:		**Process Indicators**:
▪ % of children aged 10-59 months with diarrhoea in the last 2 weeks who were treated with correctly prepared ORS (see IndiKit's guidance)		▪ number of mothers who attended the meetings ▪ % of participating mothers who managed to correctly prepare ORS ▪ % of participating mothers who confirmed that their families can afford to use ORS

Behaviour	Priority and Influencing Groups	Determinants	Bridges to Activities	Activities

Targeted farmers cultivate orange-fleshed sweet potatoes (OFSP) on at least 100m^2 of land.
 	
(addresses malnutrition, especially vitamin A deficiency)
	Priority Group:
	▪ male and female smallholder farmers aged 18-65 years
	▪ 64% of men and 59% of women are literate, speak Bengali
	▪ are Bengali Muslims
	▪ most live in multigenerational families (on average 5 members) with at least one child under 5
	▪ parents want better income and good health for their families
	▪ 38% children under 5 are stunted and 14% are wasted
	▪ farming and non-farm labour is the primary source of their (generally very low) income
	▪ both women & men are engaged in farming
	▪ most farm on small plots of land (0.2-0.4 ha)
	▪ their main staple food is rice
	▪ 54% of them have heard of OFSP
	▪ 9% grow OFSP for homestead consumption and sale
	
	Influencing Group:
	▪ BA did not identify any influencing groups
		1. <u>Self-Efficacy</u>:
		  ▪ Farmers do not know how to cultivate OFSP.
		  ▪ Farmers are not sure how to cook OFSP.
		
		2. <u>Positive Conseq.</u>:
		  ▪ Children like OFSP's taste.
		  ▪ OFSP leaves can also be used for tasty meal preparations.
		
		3. <u>Negative Conseq.</u>:
		  ▪ Farmers will have to grow less of other crops to have enough space for OFSP (due to small land holdings).
		
		4. <u>Access</u>:
		  ▪ Farmers do not know where to purchase vines of OFSP.
			1. Increase male and female farmers' ability to cultivate OFSP.
			
			2. Increase women's ability to cook OFSP for feeding their children and other family members.
			
			3. Reinforce farmers' perceptions that:
			  - children like OFSP
			  - OFSP leaves are a tasty ingredient for family meals
			
			4. Increase the perception that replacing a part of the currently grown crops is worth it.
			
			5. Improve farmers' access to vines of OFSP.
				<u>Production</u>
				▪ Project staff train Agriculture Extension Agents in the cultivation of OFSP and its nutritional benefits.
				▪ Agri Extension Agents train targeted farmers in:
				  - effective OFSP cultivation techniques, highlighting the high yields OFSP can have even on a small plot of land
				  - nutritional value of OFSP (incl. some recipes)
				  - the profit that can be generated from OFSP
				  - where to access OFSP vines
				▪ Project staff support existing and newly established OFSP vine nurseries to:
				  - produce OFSP vines
				  - effectively market OFSP vines among the target male and female farmers
				
				<u>Consumption</u>
				▪ Project staff train the Community Health Workers (CHW) on how to promote and how to prepare OFSP in traditional recipes.
				▪ CHW organize cooking classes for mothers of children under 5 where:
				  - CHWs share a story of two families – one which grew and a second which didn't grow OFSP
				  - mothers with CHWs' support prepare at least 3 different (traditional) meals using OFSP roots and leaves; children taste the food; mothers discuss how else OFSP can be used

Outcome Indicators: ▪ % of targeted farming households who in the past 2 years cultivated OFSP ▪ % of children under 5 (from the targeted households) who in the past 3 days ate an OFSP-based meal (it assesses to what extent improved production leads to improved diets)	**Process Indicators:** ▪ total number of male/female farmers trained in OFSP cultivation ▪ total number of vines of OFSP sold by the supported nurseries ▪ total number of female farmers participating in cooking classes

Behaviour	Priority & Influencing Groups	Determinants	Bridges to Activities	Activities
Mothers of girls aged 6-14 years send them to school every school day.	**Priority Group:** ▪ mothers of girls aged 6-14 years who do not attend school (regularly or at all) ▪ 39% of them are literate ▪ live in rural areas ▪ their livelihoods depend on farming (i.e. have seasonal income), labour, petty trade ▪ are engaged in many time-consuming tasks (fetching water, child care …) ▪ 84% of their primary school age daughters and 91% of sons are enrolled in school ▪ however, only 41% of local girls complete primary education (as opposed to 85% of boys) ▪ want better income for their family and good future for their children ▪ feel proud when young girls get married **Influencing Groups:** ▪ husbands	1. <u>Negative Consequences</u>: ▪ Mothers are concerned about losing free labour to manage all the household chores. 2. <u>Social Norms</u>: ▪ Some husbands do not agree with sending girls to school every day. 3. <u>Culture</u>: ▪ The common belief is that girls are destined to marry young and become housewives and thus do not need much education. ▪ Another belief is that menstruating girls should stay home.	1. Increase mothers' perceptions that all chores can be managed even if all girls attend primary school. 2. Increase mothers' perceptions that their husbands agree with sending girls to school every day. 3. Increase mothers' perceptions that people in her community agree that: - it is worth investing in girls' education - menstruating girls should go to school	Several months before school enrolment, the project's Field Officers organize participatory events for mothers and fathers of girls aged 6-14 years where: ▪ representatives of Parent Teacher Associations highlight why it is worth investing in girls' education ▪ local fathers and mothers explain 1) why they supported their girls to complete primary education; and 2) how they managed daily chores while their daughters were regularly at school ▪ young, successful, and married women say how they (socially, financially …) benefited from their education and encourage parents *"Your daughters can be like me"* ▪ priests encourage parents (especially fathers) to delay girls' marriage ▪ project staff facilitates discussion on the barriers to girls' education and on how can they be addressed The project team in cooperation with the Department of Education: ▪ trains teachers in supporting girls on menstrual hygiene and providing advice ▪ supports the target schools in integrating menstrual hygiene into their curriculums (including girls clubs) ▪ (re)constructs and maintains adequate menstrual hygiene facilities

Outcome Indicators:	**Process Indicators**:
▪ # of girls newly enrolled in primary education in a given school year (see guidance) ▪ girls to boys ratio among newly enrolled students ▪ % of enrolled girls attending school in the given time period (see guidance) ▪ % of girls who enrolled but did not complete grade X in the given year ** for all indicators it is recommended or necessary to also collect data on boys' enrolment, attendance and drop out*	▪ number of mothers/ fathers attending project events ▪ number of teachers trained ▪ number of schools that integrated menstrual hygiene into their curriculums ▪ number of schools with (re)constructed menstrual hygiene facilities

Having our target behaviour defined in a general way will most likely result in different people having different understandings of who is supposed to do what and how. For example, if we say, *"children are given nutritious meals"*, are we talking about infants or teenagers? Who exactly is supposed to feed them the nutritious meals? And what do we mean by "nutritious" meals? Furthermore, are all, or only some, of the meals that children consume expected to be nutritious? As a result of the vague wording, our survey will provide us with confusing results of very limited value to our programming.

Therefore, always make sure that the **behaviour statement:**

- Specifically identifies the priority group (**who** exactly should practice the behaviour) – for example, which farmers?

- Identifies (only one) desired behaviour (**what** people should be doing). Use an action verb in present tense. Do not say what they should not be doing. Include one behaviour only – for example, *"farmers use adequate farming practices"* is too general as it can include dozens of different "adequate practices".

- Includes all the details about the **how, when, where** the behaviour should be practiced (as needed). This part of the behaviour statement ensures that it will have an impact on the problem. For example, instead of saying *"parents get medical assistance quickly"*, say: *"mothers of children under five who have a fever, diarrhoea or difficulty breathing seek medical attention from a health post, clinic, or hospital within 24 hours of noticing the symptoms"*.

- Is clearly **linked to the desired outcome** – practicing the behaviour needs to directly address the problem your intervention aims to eliminate.

If you want to test whether your behaviour statement is well phrased, ask your colleagues to read it and then to close their eyes and imagine a person practicing the behaviour. Ask them to then describe what they saw. If your behaviour is well defined, everyone should 'see' the same action.[36]

See the following examples of (not so) well-defined behaviours:

(not so) well-defined behaviours	right or wrong?
Household members living in the project's target villages do not defecate in the open.	**wrong**: the definition says what people *should not be* doing instead of specifying what behaviour they *should be* practicing; also wrong because the priority group is not specific enough; <u>correct statement</u>: Adult household members always defecate in the latrine when they are at home.
Mothers of girls aged 6-14 years send them to school every school day.	**right**: the definition clearly states who is responsible to take which action, including the details (girls' age, timing)
Targeted male truck drivers use a condom every time they have sex with a non-regular partner.	**right**: the definition specifies the priority group, action verb in a present tense, as well as the specifics (frequency, details …)
Farmers practice intercropping.	**wrong**: the priority group is not specific enough; the term *"intercropping"* is not clear enough; <u>correct statement</u>: Targeted maize, millet and sorghum farmers plant a leguminous crop (such as groundnuts, cowpeas, green beans, soy beans or lentils) in the same field as their staple crop during the same season.
Targeted farmers cultivate orange-fleshed sweet potatoes on at least 100m² of land.	**right**: the definition includes the target audience, a clear action it is supposed to practice and additional details (frequency, minimum cropping area, land ownership)

This Annex summarizes the main steps in conducting a **Barrier Analysis** (BA) study.[vi] For detailed guidance on how to conduct BA, please use the resources listed at the bottom of this page.

A BA study asks people a series of questions aiming at identifying which barriers and motivators have the biggest influence on whether they (do not) practice the given behaviour. The BA study uses the Doer/Non-Doer methodology that consists of interviewing 45 people who already do the behaviour (Doers) and 45 people who have not adopted the behaviour yet (Non-Doers). **The differences between their answers is what matters the most** as they show us which determinants are likely to be most influential.[vii] For example, if there is a large difference between the percentage of Doers who believe that drinking filtered water protects their children from diarrhoea, and the percentage of Non-Doers who do not believe in it, we know that belief in the effectiveness of filtering drinking water is a factor we need to focus on. **The focus of BA is always on the way people perceive things**, irrespective of whether *we think* that it is right or wrong.

I. Define the Target Behaviour and Priority Group

If you conduct BA as a part of DBC process, you can just copy the definition of the behaviour and the priority group from your DBC Framework. If you have not developed the DBC Framework, **define the behaviour and the priority group according to the toolkit's guidance** in chapter 2, steps 1 and 2. Make sure that you are very specific – saying, for example, that *"BA will be conducted to analyse the barriers which prevent people from improving their livelihoods"* is not realistic, as it is too general and does not focus on a single behaviour and a specific priority group. An example of well-defined behaviour can be: *"Mothers of children 10-59 months who have diarrhoea treat them with ORS."*

KEEP IN MIND: women and men often face different barriers. If your target group involves both genders (e.g. male and female youth), **consider conducting two separate BAs – one targeting males and the second females**.

II. Develop the Screening Questions

The second step is to include in a generic questionnaire a set of **screening questions** determining whether a respondent is a Doer or Non-Doer. In the above-mentioned example, the questions would be:

1)	How old are your children?	□ **has a child aged 10-59 months** → ask the next question □ **does not have a child aged 10-59m** → end interview
2)	Ask for the names of the child/children aged 10-59 months.	…………………………
3)	In the past two weeks, did [say the name(s) of the child/children aged 10-59 months] have diarrhoea?	□ **yes** → ask the next question □ **no / does not remember** → end interview
4)	What did you do to treat the diarrhoea?	□ **provided ORS** → mark as "Doer" □ **any other treatment** → mark as "Non-Doer" □ **does not remember / will not say** → end interview

---

[vi] The following text was adapted from **three excellent publications that provide you with more detailed guidance**: Kittle, B. (2013) *A Practical Guide to Conducting a Barrier Analysis*; CARE (2014) *Formative Research*; and CORE Group (2013) *Designing for Behaviour Change: For Agriculture, Natural Resource Management, Health and Nutrition.*

[vii] Since a Barrier Analysis uses a convenience sample of 45 Doers and 45 Non-Doers (see below), **you cannot generalize its results to the overall population** – for example, saying that *"85% of local inhabitants who treat drinking water believe it protects their children"*.

III. Prepare the Research Questions

The next step is to include in your questionnaire questions assessing how our priority group members perceive each of the twelve determinants, which either discourage or encourage people's behaviours. Notice the differences between how the Doer and Non-Doer questions are phrased.

| See Generic Questionnaire Which You Can Amend | See Finalized Questionnaires from Different Sectors |

Determinant	What Does It Mean?	Example of Questions	
Perceived Self-Efficacy	▪ A person's belief that s/he has the confidence, knowledge, and ability required for practicing the behaviour.	***Doers/ Non-Doers:*** *With your current knowledge, resources and skills, do you think that you could give your children ORS when they have diarrhoea?* ***Doers:*** *What makes it difficult for you to give your children ORS when they have diarrhoea?* ***Non-Doers:*** *What would make it difficult for you to give your children ORS when they have diarrhoea?* ***Doers:*** *What makes it easy for you to give your children ORS when they have diarrhoea?* ***Non-Doers:*** *What would make it easy for you to give your children ORS when they have diarrhoea?*	
Perceived Positive Consequences	▪ What positive things does a person think will happen if s/he practices the behaviour? What will be the benefits & advantages?	***Doers:*** *What are the advantages of giving your children ORS when they have diarrhoea?* ***Non-Doers:*** *What would be the advantages of giving your children ORS when they have diarrhoea?*	
Perceived Negative Consequences	▪ What negative things does a person think will happen if s/he practices the behaviour? What will be the costs & disadvantages?	***Doers:*** *What are the disadvantages of giving your children ORS when they have diarrhoea?* ***Non-Doers:*** *What would be the disadvantages of giving your children ORS when they have diarrhoea?*	
Perceived Social Norms	▪ A person's perception of whether the family, neighbours, or other important people will approve or disapprove of her/ him practicing the behaviour.	***Doers:*** *Who approves of you giving your children ORS when they have diarrhoea?* ***Non-Doers:*** *Who would approve of you giving your children ORS when they have diarrhoea?* ***Doers:*** *Who disapproves of you giving your children ORS when they have diarrhoea?* ***Non-Doers:*** *Who would disapprove of you giving your children ORS when they have diarrhoea?*	
Access	▪ The extent to which a person can access the products (e.g. seeds) or services (e.g. health services) required to practice the behaviour.	***Doers:*** *How difficult is it for you to get the sugar and salt required for preparing ORS?* ***Non-Doers:*** *How difficult would it be to get the sugar and salt required for preparing ORS?*	
Cues for Action	▪ The presence of reminders that help a person to remember to practice the behaviour or the steps involved in doing the behaviour.	***Doers:*** *How difficult is it to remember to give ORS to your child each time s/he passes a watery stool?* ***Non-Doers:*** *How difficult would it be to remember to give ORS to your child each time s/he passes a watery stool?* ***Doers:*** *How difficult is it to remember how to prepare ORS for treating your child's diarrhoea?* ***Non-Doers:*** *How difficult would it be to remember how to prepare ORS for treating your child's diarrhoea?*	
Perceived Susceptibility	▪ A person's perception of how likely it is that s/he will be affected by the problem the behaviour is addressing.	***Doers/ Non-Doers:*** *How likely is it that your child could die from diarrhoea?*	*Perceived susceptibility and severity **relate to the problem, NOT to the behaviour.***
Perceived Severity	▪ A person's perception of how seriously affected s/he can be by the problem the behaviour is addressing.	***Doers/ Non-Doers:*** *How serious a problem would it be if your child's health got extremely bad from diarrhoea?*	

Perceived Action Efficacy	▪ A person's belief that doing the behaviour will address the problem.	**Doers/ Non-Doers:** *How likely is it that your child could die from diarrhoea if you gave him/her ORS?*
Perceived Divine Will	▪ A person's belief that it is God's will for her/ him to have the problem and that s/he has limited control over it.	**Doers:** *Do you think that God (or the gods or spirits) approve(s) of you treating child diarrhoea with ORS?* **Non-Doers:** *Do you think that God (or the gods or spirits) would approve of you treating your child's diarrhoea with ORS?* **Alternative formulation:** *Do you think that God (or the gods or evil spirits) causes children to get diarrhoea?*
Policy	▪ Local laws and regulations that affect behaviours and access to products and services.	**Doers/ Non-Doers:** *Are there any community rules that make it more likely that you treat your child's diarrhoea with ORS?*
Culture	▪ The extent to which local customs, values or lifestyles influence (not) doing the behaviour.	**Doers/ Non-Doers:** *Are there any cultural rules or taboos against giving ORS to your child with diarrhoea?*

▪ The first six questions are open-ended (no particular responses are pre-defined), others are closed (have a pre-defined choice of answers) – see the generic questionnaire and a database of finalized questionnaires.

▪ Always ensure a written translation of the questionnaire into the language in which the questions will be asked. Be aware that translating the modal **verb "would" is often problematic** as it is not present in many languages. In such cases, translating it as "will" or "can" are often the most feasible alternatives.

▪ Once the questionnaire is translated in writing, ask one of the national staff not familiar with the questionnaire to translate it verbally back into the original language. If there are irregularities, correct them. Further review of the questionnaire's wording needs to be done after it is tested in the field. **Ensure that everyone understands the content in the same and correct way** - some of the questions may seem quite similar, so you may need to emphasise the difference during the translation and training – for example, people often find it difficult to distinguish between "what is the disadvantage" and "what makes it difficult":

  ▪ "Disadvantages" are the (negative) things that happen as a result of doing the behaviour (for example, *"If I exclusively breastfeed my child for six months I won't be able to continue my job in the garment factory and will struggle with money."*)

  ▪ "What makes it difficult" is when something interferes with doing the behaviour or the intention of doing the behaviour[37] (for example, *"During breastfeeding my nipples and breasts hurt"* or *"I would like to only give breast milk to my baby, but my mother-in-law says I should give him water, too."*).

▪ There is not much point in collecting **additional demographics data** (e.g. respondent's age, education, family size) as the sample size is too small to objectively assess the influence of these factors.

IV. Prepare for Data Collection

Once you have the questionnaires ready, ensure the following preparatory activities:

Train Data Collectors:

Barrier Analysis training takes four and half days, following the curriculum "*A Practical Guide to Conducting a Barrier Analysis".* If the only thing you need is to train people on how to collect the data, training can be provided in two days and should cover:

  ✓ why we do a Barrier Analysis, what is its importance, how will we use its findings
  ✓ selection of respondents
  ✓ exact meaning of the behaviour and of all questions (including the screening questions)
  ✓ extensive practice of interviewing and precise recording, including piloting in the communities (take advantage of Lesson 10 in the *Practical Guide to Conducting a Barrier Analysis*)

However, be aware that such a reduced version only teaches people how to collect data and does not build their capacity in being able to define the behaviours, design questionnaires, analyse and follow-up on the BA's findings.

When selecting the data collectors, keep in mind that the people who need to understand the perspectives of your priority groups are not external consultants or temporary data collectors but **you and your team**: as much as possible, ensure that the interviews are conducted by the people who will implement the project.

Ensure Correct Sampling:
- *Number of Respondents:* The Barrier Analysis methodology requires 90 members of the priority group (intended beneficiaries) - **45 Doers and 45 Non-Doers** – to be interviewed for each behaviour. This is the minimum sample size required for identifying which factors have a major influence on people's behaviour. If you interview fewer than 45 individuals from each group, you run the risk of not identifying truly important differences between Doers and Non-Doers.[38] Interviewing more people will not lead to your findings becoming significantly more precise. As much as possible, **avoid interviewing the same person about several behaviours** on the same day as it is likely to decrease the data quality (due to people being tired or caring less about providing correct answers).

- *Sampling Strategy:* Barrier Analysis uses a convenience sampling method that makes it much easier to find respondents. Most Barrier Analyses divide the total number of 90 respondents between 5 to 9 villages (depending on how easy or difficult is it to find Doers). If there are important differences in your target areas (e.g. having very good vs. poor access to water), use stratified random sampling (e.g. dividing the villages into 2 sub-groups and then selecting respondents randomly).

- *Not Enough Doers?* Especially when you promote a less widespread behaviour, it is common that you cannot find enough Doers. In this case, you can relax your definition of Doers. For example, women would be defined as Doers when they go for at least three antenatal consultations (instead of the four which are recommended by WHO). For more guidance on relaxing the behaviour, read the Practical Guide on Conducting Barrier Analysis (Lesson 8, Step 2).

  If you promote completely new behaviours or behaviours which people do not know, consider using the **Trials of Improved Practices (TIPs)**, a formative research method developed by the Manoff Group (see a presentation on TIPs, summary guide and more detailed nutrition-oriented guidance).

Remaining Tasks:
- assign and train **supervisors** in monitoring and supporting data collectors (by using the checklist for Doer/Non-Doer interviews included in the Practical Guide on Conducting BA); the supervisors are also responsible for organizing fieldwork (take advantage of the BA Supervisor Checklist included in the Guide)
- pilot the questionnaires, revise them as required and provide each data collector with feedback on her/his performance - **never skip this step**
- verify that the area you selected has a **sufficient number of Doers and Non-Doers** – otherwise you risk wasting lots of time on finding them (consider asking local "key informants" for help)
- arrange logistics (consider using the Practical Guide's list of "Field Work Logistical Issues to Address")
- if you use electronic data collection, ensure that all devices are charged and have uploaded questionnaires

V. Conduct the Interviews

At the beginning of each interview, the data collector determines whether the respondent is a Doer, Non-Doer or someone who should not be interviewed at all. The supervisors should keep monitoring how many Doers and Non-Doers were interviewed (the aim is 45 + 45 per one behaviour). Each interview takes 20-30 minutes. With a team of six data collectors, all 90 interviews **can be conducted in 2 days** (more if you are dealing with a less common behaviour or if the travel times are long).

Often we need to understand more than just one behaviour and therefore our data collectors collect data for several different behaviours. In such cases, **do not collect all the data in one go**. Once you collect the data for one behaviour, always ensure their coding first (see next page) and only then proceed with collecting data for the next behaviour. This will make it much easier for the data collectors to recall and clarify exactly what the recorded responses meant (an essential pre-condition for good coding) as they will not have numerous different responses mixed up together.

In case you decide to do **data collection using tablets**, take advantage of the tips provided in Annex 8.

VI. Code, Analyse and Report the Data

The coding, analysis and reporting of Barrier Analysis data involve the following steps:

1) If you used **paper questionnaires**: Collect all of the completed questionnaires from the supervisors. Divide them into piles of Doers and Non-Doers and count the number of questionnaires for each. Redistribute the Doer questionnaires to the data collectors, so that they can code their own questionnaires. Code and count the responses by following the guidance in Lesson 12 of the Practical Guide to BA. Then repeat the same for the Non-Doer questionnaires (use the codes created for Doers).

2) If you used **electronic data collection**: Follow the guidance provided in Annex 8. If you face any difficulties, contact resource@peopleinneed.cz.

3) Once you coded all the answers and counted how many Doers and Non-Doers provided the given responses, project on a LCD screen the Excel-based Barrier Analysis Tabulation Sheet for everyone to see. Explain to the data collectors how the Tabulation Sheet works (read the brief guidance explaining its use). Alternatively, use the paper-based Tabulation Sheet described in Lesson 12 of the Practical Guide to BA.

4) Fill in the Tabulation Sheet with the number of Doers, Non-Doers (in blue cells); name of the behaviour studied; and an estimated prevalence of the behaviour (if you know it - otherwise leave as 10%).

5) Ensure that the yellow cells include all the questions asked in your Barrier Analysis. If any question is missing, add it (for example, if you ask not only about "remembering to practice the behaviour" but also about "remembering how to practice the behaviour").

6) For each open-ended question (that does not have pre-defined answers), enter, in the green cells, all the codes created for the answers. Then, in columns B and C, record how many answers with the designated codes were provided (first by Doers, then Non-Doers). Excel then automatically calculates:

   ▪ Column F and G: Percentage of respondents who mentioned the recorded determinant (e.g. 87% of Non-Doers mentioned no availability of animal vaccines).

   ▪ Column H: Difference in the percentage of Doers and Non-Doers who mentioned the same determinant. **If the difference is more than 15 percentage points and the p-value[viii] is less than 0.05, the response is likely to be significant and your project should address it** (if it has the capacity to do so).[39]

   The guidance sheet also explains the remaining columns – make sure you understand them well.

7) Record the most significant differences (i.e. > 15 percentage points and p-value <0.0.5) in the third column of the DBC Framework (the "Determinants"). Furthermore, take advantage of the brief Barrier Analysis Reporting Template to document the study and **share its main findings and recommendations**.

[viii] The p-value is a result value of a statistical test called a "t-test". It expresses how likely it is that the identified differences between two groups (such as Doers and Non-Doers) were not caused just by chance and are real differences. In most surveys, the p-value is < 0.05.

Group: ❑ Doer ❑ Non-Doer

Barrier Analysis Questionnaire
on [put behaviour here]
for use with *[put priority group here]*

Behaviour Statement

[insert behaviour statement here]

Demographic Data

Interviewer's Name: _____   Questionnaire No.: _____

Date: ____/____/____   Community: _____

Scripted Introduction

Hi, my name is _____ and I am part of a study team looking into *[purpose of study – for example "things people do to avoid diarrhoea"; <u>never mention the behaviour here</u>].* The study includes a discussion of this issue and will take about 20 minutes. I would like to hear your views on this topic. You do not have to participate in the study and nothing will happen if you decide not to. Likewise, if you decide to be interviewed, you will not gain any benefits. Everything we discuss will be held in strict confidence.

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

Section A: Doer/Non-Doer Screening Questions

[There are usually multiple screening questions, depending on the detail of the behaviour statement. The questions below are just examples – amend them as required. There is no fixed limit to the number of screening questions.]

1.   What is the age of your youngest child?

❑ A. 5 years or younger

❑ B. over 5 years of age → *[End the interview and look for another respondent.]*

❑ C. don't know / won't say → *[End the interview and look for another respondent.]*

2.   Yesterday, how many times did you *[add the behaviour here]*?

_____

3.   *[Add any other questions that help you determine whether the respondent is a Doer or Non-Doer, such as "Did you use anything in addition to water to wash your hands?"]*

❑ A. Yes

❑ B. No

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

---

ix The generic questionnaire is based on Kittle, B. (2013) *A Practical Guide to Conducting a Barrier Analysis.*

[In the table below identify the screening questions and how they need to be answered for the respondent to be considered a Doer, Non-Doer, or person not to be interviewed. However, if the data collectors have difficulties with using the classification table, you can replace it with an alternative option. Next to each of the answers to the screening questions, provide guidance on what the data collector should do if the respondent provides the given answer. For example: "ask the next question", "end the interview", "this person is a Non-Doer – ask him/her the questions for Non-Doers" or "this person is a Doer – ask him/her the questions for Doers"].

Doer/Non-Doer Classification Table

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1 =	Question 1 =	Question 1 =
Question 2 =	Question 2 =	Question 2 =
Question 3 =	Question 3 =	Question 3 =

The respondent is: ❑ Doer ❑ Non-Doer

Behaviour Explanation *[if required]*

In the following questions, I am going to be talking about *[put the term here, e.g. "feeding your child with meals containing at least four food groups"]*. By this I mean *[put the explanation here]*.

Section B: Research Questions

If the respondent is a **DOER =** ↓ only ask questions in this **LEFT column** ↓	If the respondent is a **NON-DOER =** ↓ only ask questions in this **RIGHT column** ↓
Perceived Self-Efficacy/Skills	
Doers: With your present knowledge, resources, and skills do you think that you could *[put behaviour here]*? ❑ A. Yes ❑ B. Possibly ❑ C. No ❑ D. Don't know	**Non-Doers:** With your present knowledge, resources, and skills do you think that you could *[put behaviour here]*? ❑ A. Yes ❑ B. Possibly ❑ C. No ❑ D. Don't know
Doers: What makes it easy for you to *[put behaviour here]*? *[Write all responses below. Probe with "What else?"]*	**Non-Doers:** What would make it easy for you to *[put behaviour here]*? *[Write all responses below. Probe with "What else?"]*

Doers: What makes it difficult for you to *[put behaviour here]*?	**Non-Doers:** What would make it difficult for you to *[put behaviour here]*?
[Write all responses below. Probe with "What else?"]	*[Write all responses below. Probe with "What else?"]*

Perceived Positive Consequences

Doers: What are the advantages of *[put behaviour here]*?	**Non-Doers:** What would be the advantage**s** of *[put behaviour here]*?
[Write all responses below. Probe with "What else?"]	*[Write all responses below. Probe with "What else?"]*

Perceived Negative Consequences

Doers: What are the disadvantages of *[put behaviour here]*?	**Non-Doers:** What would be the disadvantages of *[put behaviour here]*?
[Write all responses below. Probe with "What else?"]	*[Write all responses below. Probe with "What else?"]*

Perceived Social Norms

Doers: Do most of the people that you know approve of you *[put behaviour here]*?	**Non-Doers:** Would most of the people that you know approve of you *[put behaviour here]*?
❑ A. Yes	❑ A. Yes
❑ B. Possibly	❑ B. Possibly
❑ C. No	❑ C. No
❑ D. Don't know / won't say	❑ D. Don't know / won't say
Doers: Who are all the people that approve that you *[put behaviour here]*?	**Non-Doers:** Who are all the people that would approve that you *[put behaviour here]*?
[Write all responses below. Probe with "Who else? Anyone in particular?"]	*[Write all responses below. Probe with "Who else? Anyone in particular?"]*

Doers: Who are all the people that disapprove that you [put behaviour here]?	**Non-Doers:** Who are all the people that would disapprove that you [put behaviour here]?
[Write all responses below. Probe with "Who else? Anyone in particular?"]	[Write all responses below. Probe with "Who else? Anyone in particular?"]

Perceived Access

Doers: How difficult is it to get [put the materials or services needed for practicing the behaviour] to [put behaviour here]? Is it very difficult, somewhat difficult or not difficult at all?	**Non-Doers:** How difficult would it be to get [put the materials or services needed for practicing the behaviour] to [put behaviour here]? Would it be very difficult, somewhat difficult or not difficult at all?
❑ A. Very difficult	❑ A. Very difficult
❑ B. Somewhat difficult	❑ B. Somewhat difficult
❑ C. Not difficult at all	❑ C. Not difficult at all

Perceived Cues for Action/Reminders

Doers: How difficult is it to remember to [put behaviour here] every time you need to do it? Very difficult, somewhat difficult, not difficult at all?* Is it very difficult, somewhat difficult or not difficult at all?	**Non-Doers:** How difficult do you think it would be to remember to [put behaviour here] every time you need to do it?* Would it be very difficult, somewhat difficult or not difficult at all?
❑ A. Very difficult	❑ A. Very difficult
❑ B. Somewhat difficult	❑ B. Somewhat difficult
❑ C. Not difficult at all	❑ C. Not difficult at all
[* the question can also focus on remembering how to do the behaviour: *"How difficult is it to remember how to …"*]	[* the question can also focus on remembering how to do the behaviour: *"How difficult would it be to remember how to …"*]

Perceived Susceptibility/Vulnerability

Doers: How likely is it that you [or "your child" or whoever the behaviour is directed to help] would [put problem here - e.g. "get malaria"] in the next [put a timeframe here]? Is it very likely, somewhat likely or not likely at all?	**Non-Doers:** How likely is it that you [or "your child" or whoever the behaviour is directed to help] could [put problem here - e.g., "get malaria"] in the next [put a timeframe here]? Is it very likely, somewhat likely or not likely at all?
❑ A. Very likely	❑ A. Very likely
❑ B. Somewhat likely	❑ B. Somewhat likely
❑ C. Not likely at all	❑ C. Not likely at all

Perceived Severity

Doers: How serious would it be if you [or "your child" or whoever the behaviour is directed to help] would [put problem here]? Very serious, somewhat serious or not serious at all?	*Doers:* How serious would it be if you [or "your child" or whoever the behaviour is directed to help] would [put problem here]? Very serious, somewhat serious or not serious at all?
❑ A. Very serious	❑ A. Very serious
❑ B. Somewhat serious	❑ B. Somewhat serious
❑ C. Not serious at all	❑ C. Not serious at all

Perceived Action Efficacy	
Doers: How likely is it that you or your child would get *[put problem here]* if you *[put behaviour here]*? Is it very likely, somewhat likely or not likely at all? ❑ A. Very likely ❑ B. Somewhat likely ❑ C. Not likely at all	***Non-Doers:*** How likely is it that you or your child would get *[put problem here]* if you *[put behaviour here]*? Is it very likely, somewhat likely or not likely at all? ❑ A. Very likely ❑ B. Somewhat likely ❑ C. Not likely at all

Perceived Divine Will	
Doers: Do you think that God (or the gods or spirits) approves of you *[put behaviour here]*? ❑ A. Yes ❑ B. Maybe ❑ C. No	***Non-Doers:*** Do you think that God (or the gods or spirits) would approve of you *[put behaviour here]*? ❑ A. Yes ❑ B. Maybe ❑ C. No

This question can also focus on the perceived cause of the problem: Do you think that God / evil spirit / a curse / bad luck causes *[put the problem here]*?

Policy	
Doers: Are there any community laws or rules in place that made it more likely that you *[put behaviour here]*? ❑ A. Yes ❑ B. Maybe ❑ C. No	***Non-Doers:*** Are there any community laws or rules in place that make it more likely that you will *[put behaviour here]*? ❑ A. Yes ❑ B. Maybe ❑ C. No

Culture	
Doers: Are there any cultural rules or taboos against *[put behaviour here]*? ❑ A. Yes ❑ B. Maybe ❑ C. No	***Non-Doers:*** Are there any cultural rules or taboos against *[put behaviour here]*? ❑ A. Yes ❑ B. Maybe ❑ C. No

Universal Motivators	
Doers: Now I would like to ask you a question about a completely different topic. Can you please tell me what are the things that you desire most in life? *[Write all responses below.]*	***Non-Doers:*** Now I would like to ask you a question about a completely different topic. Can you please tell me what are the things that you desire most in life? *[Write all responses below.]*

Thank the respondent for his or her time!

To see examples of finalized Barrier Analysis questionnaires on a range of nutrition, health, education, WASH, agriculture and other topics, explore FSN Network's <u>database of completed questionnaires</u>.

In the third step of Chapter 2 you learnt about one of the most useful formative survey methods, Barrier Analysis, and the best resources describing its use. This annex provides you with resources on using a range of other formative survey methods. They all have the same goal: to help you better understand why exactly people do (not) practice the promoted behaviours and what you need to achieve to tackle the most influential barriers. All of them are available on-line (just type their name in Google) and free of charge. Most of them are highly relevant to a range of different sectors and contexts.

- CARE (2013) *Formative Research: A guide to support the collection and analysis of qualitative data for integrated maternal and child nutrition program planning*
- The Health Compass, *How to Conduct Qualitative Formative Research*
- FHI (2005) *Qualitative Research Methods: A Data Collector's Field Guide*
- Fauna and Flora's *Tools for Participatory Approaches*
- IYCN (2011) *The Basics: Planning for Formative Research for Infant and Young Child Feeding Practices*
- IndiKit's guides and survey checklists, available at www.indikit.net/text/5-methodology
- Pathfinder International (2006) *Conducting In-Depth Interviews: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input*
- WSP (2012) *Introductory Guide to Sanitation Marketing - Conducting Formative Research*
- The Manoff Group (2005) *Trials of Improved Practices: Giving Participants a Voice in Program Design*

This annex shares PIN's experience with conducting Barrier Analysis using tablets. It is based on three BA studies conducted in 2016 and 2017 in Cambodia. The questionnaires were **designed in Excel** and administered by using **KoBo Toolbox**, one of the most widespread softwares used in relief and development sectors for electronic data collection and analysis. KoBo is based on and is fully compatible with OpenDataKit (ODK). Prior to the surveys, PIN Cambodia was already using KoBo for its baseline, endline and other surveys and its M&E officers and data collectors were therefore familiar with designing electronic questionnaires, using tablets and Android-enabled smartphones, as well as entering and analysing the collected data.

Among the **main pros and cons** of collecting Barrier Analysis data using tablets or smartphones are:

advantages	*disadvantages*
▪ no need to print questionnaires or re-print them when we need to change their content	▪ most people type slower than they write
▪ based on the provided responses, the software can automatically say whether the person is a Doer or Non-Doer and then display the Doer / Non-Doer questions only → fewer mistakes and no need to use the "classification table"	▪ some data collectors might not be familiar, and therefore also comfortable, with using tablets (extra time for training might be required)
▪ the software automatically selects and displays the next question depending on the answer to the previous question	▪ respondents might be intimidated by the tablet (e.g. concerned that it is recording their voices)
▪ we can show photos to the respondents (e.g. of the product or behaviour we are talking about)	▪ at least one staff needs to be familiar with designing questionnaires in Excel and using KoBo Toolbox (or other software)
▪ supervisors can remotely control the content of already conducted interviews	▪ programming the questionnaire takes time (0.5 - 1 day)
▪ supervisors have easy overview of how many Doers and Non-Doers were already interviewed	▪ initial costs (up to $ 150 per tablet)
▪ possibility to switch from one language to another	▪ limited battery life (1-2 days)
▪ fast analysis of questions with pre-set answers	▪ theft or robbery (part of the data might get lost)
▪ tablets can record when and where was each interview conducted and how long it took – important for supervision	
▪ many data collectors enjoy using tablets/smartphones	

In PIN's experience, conducting BA using electronic data collection is **fully feasible**. At the same time, **consider this option only if**:
- your team is already experienced with electronic data collection and analysis
- the data collectors are comfortable with using tablets and can quickly enter even long answers to the open ended questions (if they type too slowly, they are more likely to record only a part of what the respondent said)

The following tips are based on PIN's existing experience. If you decide to conduct a Barrier Analysis using tablets or smartphones, **please share with us your experiences**, so that we can further improve the guidance we provide. You can contact us at resource@peopleinneed.cz.

Tips for Conducting BA Using Tablets

Questionnaire Preparation:
- Training on how to program BA questionnaire in Excel takes 2-3 hours only. The actual questionnaire development takes 4-8 hours (use XLSForm's guidance), depending on your previous experience.
- Develop the questionnaire only once you are sure that your Screening Questions and Research Questions are correct (e.g. after you checked them with an experienced colleague or Advisor).
- If you are recording the place where the interview took place, in the pre-defined list of villages, districts, etc. only include those areas where the survey might take place (too many options slow the software down).
- When you enter the shortened names of BA Screening and Research Questions in Excel, make sure that it is possible to recognize from the name what the question is about – for example, instead of naming the question *"What makes it easy to …"* as "quest_2", name it as "Q2_Whateasy". During the coding, it will then be easier for you to see in the Excel file which answers belong to which question.

- Do the same for answers to the last question which decide whether the respondent is a Doer or Non-Doer (for example, instead of naming a certain answer as response "A", name it as "Doer"). This simple step will make the data analysis much easier.

- Once you develop the questionnaire, sit with a colleague and ask her/him to use it – it will help you to identify potential errors.

Training:
- Train the data collectors on addressing the main issues encountered when using tablets or smartphones.

- Ensure that all data collectors have sufficient time to **practice administering the questionnaire by using tablets** (half a day is usually enough). You can organize role-plays where three people take turns in acting as a respondent, data collector and supervisor.

- Consider conducting a "**speed typing test**" checking how many words data collectors can type within a given time (e.g. 60 seconds). If some data collectors type too slowly (e.g. due to being unused to typing on a tablet or smartphone), give them "typing exercises" that help them to type faster.

Data Collection:
- Ensure that the survey supervisors monitor whether the data collectors are doing their jobs correctly and provide them with the required support. **Take advantage of the checklist** included in the Practical Guide on Conducting a Barrier Analysis).

- If the tablets/ smartphones have a SIM card, ask the data collectors to switch them to "**flight mode**", preventing anyone from calling, messaging or otherwise disrupting the interview.

- Batteries of new tablets last up to two days (if they are used for data collection only). If the survey team has nowhere to re-charge the batteries (e.g. in the evening), provide them with **power banks**.

- Require all data collectors to **send the collected data to a supervisor** as frequently as the Internet connection allows, to minimize the risk of it getting lost.

Data Analysis:
The majority of the data analysis process is the same as when you use the paper questionnaires. If the questionnaire was designed in Excel and the data was collected using KoBo Toolbox, the only differences are the following steps:

- **Open the Excel file** that contains all the collected data. It should have one row with data for each respondent (i.e. if you have 90 Doers and Non-Doers, the Excel sheet should have 90 rows with data).

- **Hide all columns** (right click → Hide) except: 1) the one which shows which data collector conducted the interview; 2) the one whose answer determines whether the person is Doer or Non-Doer; and 3) those that show the respondents' answers to *open-ended* questions (widen the columns to see the entire content).

- **Set two filters** (Data → Filter) which allow you: 1) to separate Doers and Non-Doers' answers; and to 2) filter the data according to which interviewer collected them.

- Insert next to each column with *open-ended* answers an **additional column** where the data collectors will write the codes that were assigned to each of the recorded answers.

- Once this quick preparation is ready, **e-mail this Excel file to the data collectors** and ask them to open it on their laptops (or tablets). By using the pre-set filters, help each data collector to display: 1) only that data that s/he collected and 2) only the answers of Doers.

- At this point, each data collector will only see the Doers' answers to the *open-ended* questions that s/he collected on the screen. Then **follow the coding and tabulation guidance** described in Lesson 12 of the Practical Guide to Conducting a Barrier Analysis.

- Once you code and count all Doers' responses to *open-ended* questions, **do the same for Non-Doers**.

- To assess Doers and Non-Doers' answers to *close-ended* questions, upload the original (unchanged) Excel file containing all the collected data to the KoBo Toolbox and select the **"Analyze Data" function**. As the next step, at the top of the page click on "Group by" and select the final question that decided whether the person is Doer or Non-Doer. This will disaggregate all responses according to whether they are Doers' or Non-Doers' responses. As a result, you will automatically see how many Doers/Non-Doers provided a given response to each of the *close-ended* questions.

- At this point, you can proceed with analysing the data by using the **Barrier Analysis Tabulation Sheet** as described at the end of .

This annex proposes a structure for the Barrier Analysis report. It is a compromise between two conflicting needs: having your experience well documented and not spending too much time on reporting.

Cover Page
- report's name, photo (if available), author, date, organization and donors' logo

1. Project Introduction – one paragraph
- name of the project/ programme, country and intervention area, project duration (including start/end), donor(s), project's objectives and target groups

2. Barrier Analysis – 4-5 pages excluding the DBC Framework(s)
- <u>introduction</u> - why did you conduct a BA, which behaviour(s) did you study, among which priority group(s), why and how did you select the behaviour(s)
- <u>training</u> – specify who was trained in conducting BA, by whom, where, when and for how long
- <u>methodology</u>
  - introduction to BA[x]
  - questionnaire development (including translation) and piloting
  - sampling, communities visited, dates, teams
  - coding and data analysis
  - limitations, lessons learnt
- <u>results</u> - per each studied behaviour, state which barriers were most significant (i.e. > 15 percentage points difference) and then insert the completed DBC Framework(s) showing what Bridges to Activities the project will address and how (by which activities)
- (not mandatory) <u>discussion</u> - describe important information that was not sufficiently stated in the DBC Framework(s)
- <u>follow-up actions</u> – the person responsible for using the BA's findings (e.g. Project Manager) should prepare an overview specifying:
  - *what* exactly will be done and *how*, such as:
    - changing existing project activities
    - adding new (sub)activities
    - having discussions, making specific agreements
    - gaining lacking expertise or hiring extra staff
    - revising project documentation (proposal, budget, M&E plan)
  - *who* will ensure that these changes happen
  - *by when* will these changes happen
  - how will such changes be *financed* (e.g. under which budget lines)

  Present these 'follow-up actions' in an easy-to-use table and regularly monitor their implementation.

> *"FOLLOW-UP ACTIONS"* *is the single most important part of the report. It enables you to understand and to monitor* **the extent to which the BA findings were actually used** *to improve the project's quality.*

3. Annexes[xi] - almost no extra effort required
- BA questionnaire(s)
- completed Barrier Analysis Tabulation Sheet(s)
- BA training schedule + list of staff trained in BA

---

[x] The introduction is suggested, so that people not familiar with BA understand how it works. You can just copy paste the following text: *The Barrier Analysis (BA) study asks people a series of questions aiming to identify which barriers and motivators have the biggest influence on whether they (do not) practice the desired behaviour. The BA study uses the Doer/Non-Doer methodology that consists of interviewing 45 people who already do the behaviour (Doers) and 45 people who have not adopted the behaviour yet (Non-Doers). The differences between their answers are what matters most as they reveal the barriers and motivators to practicing the studied behaviour.*

[xi] In order to ensure that all annexes can be easily accessed, insert them (as individual files) in the BA Report by using the "Insert Object" function in Word (click on Insert → Object → Create from File → Browse → select the file → select Display as Icon → OK). This will ensure that all the annexes can be accessed directly from the BA Report (i.e. no need to have several separate files). <u>Do not convert the report to pdf</u> (if you do, it will not be possible to open the annexes).

ANNEX 10: HOW TO DESCRIBE YOUR BEHAVIOUR CHANGE ACTIVITIES

This annex provides brief guidance on how to describe your behaviour change activities in the project proposal, so that they are more likely to achieve the desired change. Keep in mind that **such a description is not static text** – if you realize that your existing project design does not address some of the (newly) identified, influential determinants, revise it accordingly. Most donors will prefer (and sometime even welcome it) if you change your strategy as opposed to sticking with an original, less effective plan.

When preparing a project proposal (or any other "guidance"), check whether the **description of behaviour change activities includes information about**:

- ✓ *the aim* of the activity – what Bridges to Activities is it addressing? *(for example, "In order to improve farmers' access to the promoted vegetable seeds, the project will …")*

- ✓ *what* will be done

- ✓ *who* will participate in the activity (which and how many people)

- ✓ *by whom* will it be done

- ✓ *how frequently* will it happen

- ✓ *where* will it happen

- ✓ *which approach* or well-known *methodology* will be used

- ✓ *what materials* will be used (for communicating messages, practicing promoted behaviours …)

- ✓ if space allows, start the description of your activity with 2-3 sentences laying out the issue the activity aims to address – it often helps people to understand *why you propose the given activity*

In 1978, Donald Gunn, a creative director for a major advertising agency, decided to take a yearlong sabbatical to study the best of the thousands of different TV ads. Gradually he realized that **the vast majority of ads are based on one or a combination of several of the 12 "master formats" of ads.**

One might think that conclusions based on 40 year old TV commercials have little to offer to the modern-day communication strategies development practitioners use. However, the opposite is true – as you can see in the examples below, the following 12 formats are even today a very relevant source of inspiration for our behaviour change communication:

1. **The Demo**: This format *visually demonstrates a special aspect of the product's features and capabilities*, which provide a specific benefit (for example, families enjoying a bright light by using a solar panel).

2. **Show the Need or Problem:** The next format first *demonstrates a problem* the target audience faces, highlights the need to address it and then offers an effective solution. For example, it raises the discomfort related to cooking on firewood (related to its collection, smoke, etc.), emphasizes the urge to solve it now and then introduces the promoted alternative (for example, biogas cookers).

3. **Problem as Symbol, Analogy or Exaggerated Graphic**: Ads using this format show the problem (which the promoted behaviour solves) in a way that *makes the point symbolically* – for example, scary germs on our hands bringing different diseases but running away once we wash our hands with soap.

4. **Comparison**: This format focuses on demonstrating that an *alternative behaviour brings you more benefits* than the current behaviour. It discounts the benefits of the existing behaviour (of using a certain product, service, approach, etc.) and highlights the advantages of practicing the promoted behaviour. This approach is used, for example, in sanitation marketing campaigns.

5. **The Exemplary Story**: The fifth format is *a strong story* where your target audience would practice the promoted behaviour and be very glad for it. For example, a young couple in love drives on a motorbike, enjoying great landscapes when suddenly they are hit by an oncoming car. The helmet that the passenger used (i.e. the promoted behaviour) has saved her life and their loving relationship happily continues.

6. **The Benefit Causes Story**: This format uses a story where we *see the benefits first* (such as happy children) and only later learn that the promoted behaviour (such as using ORS for treating child diarrhoea) was the source of the benefits. The ad does not show the behaviour (of using a certain product, service, approach, etc.) until the very end, setting it up as the answer to why something is the (very attractive, positive, etc.) way as we saw it in the opening scene.[40] This format is less feasible in print ads.

7. **Tell It**: The seventh format is based on an *"ordinary" person recommending* the promoted behaviour and highlighting its benefits. The person should be either someone the audience can relate to (e.g. an ordinary looking mum) or someone who is respected (e.g. a doctor). The person can talk either directly to the audience or to a fictional friend or neighbour.

8. **Ongoing Characters and Celebrities**: Ads using this format engage *well-known people* in promoting the behaviour's benefits. The fact that, for example, a famous singer practices the promoted behaviour can motivate our target audience to do the same. At the same time, whenever they see the person (e.g. on TV), they are more likely to recall the promoted behaviour.

9. **Benefit as Symbol, Analogy or Exaggerated Graphic**: Similar to the third format that focuses on highlighting the problem, this format *demonstrates the benefit* of the product in a metaphorical way. For example, young children are effortlessly lifting heavy weights as a sign of their strength resulting from eating the promoted nutritious meals.

10. **Associated User Imagery**: Ads using this format show the types of *people the target audience aspires to be like* (or a lifestyle they wish to have), such as good mothers, cool-looking teens or anti-authorities ('rebels'). These people demonstrate the behaviour your intervention promotes and your hope is that the target audience will replicate it (i.e. behave as its 'models').

11. **Unique Personality Property**: This format highlights something unique about the product or service you encourage your priority group to use, such as its place of origin, name or characteristics that the target audience is likely to find attractive.

12. **Parody or Borrowed Format**: Ads using this format are based on making fun of a well-known movie, TV show, or even another advertisement with a new twist.[41]

ANNEX 12: EXAMPLES OF "PRE-CONDITIONS FOR SUSTAINABILITY"

This annex provides you with examples of the most common pre-conditions that must be in place in order for a person to *keep practicing a newly adopted behaviour* even after our support is over.[xii] Listing the main pre-conditions for sustaining the promoted behaviours helps us realize which are not met (i.e. threaten the behaviour's sustainability) and **focus on addressing them** in the remaining duration of our intervention.

promoted behaviour	examples of "pre-conditions for sustainability"
farmers regularly **sterilize their chicken coops** for diseases by using promoted disinfectants	▪ farmers have access to the promoted disinfectants
	▪ farmers do not forget to sterilize their chicken coops
	▪ farmers remain positive about the benefits of sterilizing coops with disinfectants
	▪ other farmers do not discourage the practicing farmers from sterilizing coops
caregivers of children 10-59 months who have diarrhoea **treat** them with oral rehydration solution	▪ caregivers remember how to correctly prepare oral rehydration solution (ORS)
	▪ caregivers always keep a bit of sugar and salt required for ORS preparation
	▪ influential family members do not discourage caregivers from using ORS
	▪ caregivers see clear benefits of treating children's diarrhoea with ORS
women with children under 5 **grow promoted nutritious vegetables** for homestead consumption	▪ women have continuous access to affordable seeds and other inputs
	▪ women know how to address the most common production problems (e.g. pests)
	▪ women can access production-related advice (e.g. from extension workers)
	▪ women have the time required for growing vegetables
	▪ husbands (and other influencers) agree with the vegetables being used for feeding their children (instead of purely for sale)
	▪ children keep enjoying eating meals from locally produced vegetables
schoolchildren **wash their hands** before eating and after defecation	▪ children have access to hand washing stations with soap or ash
	▪ children do not forget to wash their hands
	▪ children's teachers and families support them in washing their hands
	▪ washing hands is an accepted social norm among the children's peers

---

[xii] The examples are not exhaustive and are likely to differ depending on the context in which you operate. In all cases we talk about already adopted behaviours, which people practice and whose benefits they are convinced of (i.e. are in the "action" stage of change).

REFERENCES

[1] Jha, A. (2007) *New Year Resolution? Don't Wait Until New Year's Eve*, retrieved from http://www.theguardian.com/science/2007/dec/28/sciencenews.research

[2] Linke, S., et al. (2012) *Attrition and Adherence Rates of Sustained vs. Intermittent Exercise Interventions*, Ann Behav Med. 2011 Oct; 42(2): 197–209

[3] Curtis, V. and Cairncross, S. (2013) *Effect of Washing Hands with Soap on Diarrhoea Risk in the Community: A Systematic Review*, Lancet, Volume 3, No. 5, pp. 275–281

[4] Uphoff, N. (2006) *The System of Rice Intensification and Its Implications for Agriculture*, retrieved from www.agriculturesnetwork.org/magazines/global/ecological-processes-at-work/the-system-of-rice-intensification-and-its

[5] Findings of final evaluation of PIN's 2010 – 2014 social protection program in Addis Ababa, Ethiopia

[6] TEDx Talks (2013, 20th March) *Three Myths of Behaviour Change - What You Think You Know That You Don't: Jeni Cross at TEDxCSU*, retrieved from www.youtube.com/watch?v=l5d8GW6GdR0&feature=youtu.be

[7] Heath, C. and Heath, D. (2011) *Switch: How to Change Things When Change is Hard*, Random House, p. 106

[8] Ibid., p. 180

[9] McKenzie-Mohr, D. and Schultz, P. (2014) *Choosing Effective Behaviour Change Tools*, Social Marketing Quarterly 20(1), pp. 35-46

[10] Ajzen, I., and Fishbein, M. (2005) The Influence of Attitudes on Behaviour. In D. Albarracín, B. T. Johnson, and M. P. Zanna (eds.), *The Handbook of Attitudes*, pp. 173-221, Mahwah, NJ: Erlbaum.

[11] Myers, D. (2001) *Social Psychology*, Mcgraw-Hill, pp. 116-127

[12] Walker, M. (2014) *3 Surprising Myths about Behaviour Change*, retrieved from http://alteractionconsulting.com/3-surprising-myths-about-behaviour-change

[13] McLeroy, K., et al. (1988) *An Ecological Perspective on Health Promotion Programs*, Health Education Quarterly, Vol. 15(4), pp. 351-377

[14] Houston, F.S. and Gassenheimer, J.B. (1987) *Marketing and Exchange*, Journal of Marketing, Vol. 51, No. 4., pp. 3-18

[15] Prochaska, J. and Velicer, W. (1997) *The Transtheoretical Model of Health Behaviour Change*, American Journal of Health Promotion: September/October 1997, Volume 12, No. 1, pp. 38-48

[16] Weinreich, K. (2013) *Hands-On Social Marketing: A Step-by-Step Guide to Designing Change for Good*, 2nd ed., California: SAGE Publications, p. 108

[17] Tomalik, B. (July 2015) e-mail communication

[18] NSMC (2010) *Effectively Engaging People: Interviews with Social Marketing Experts*, London: NSMC, p. 20

[19] Smutný, J. (August 2015) Skype interview

[20] NSMC (2010) *E-learning*, retrieved from www.thensmc.com/content/e-learning

[21] The Behavioural Insights Team (2014) *EAST: Four Simple Ways to Apply Behavioural Insights*, retrieved from http://www.behaviouralinsights.co.uk/wp-content/uploads/2015/07/BIT-Publication-EAST_FA_WEB.pdf

[22] see GFRAS (2012) *Fact Sheet on Extension Services*; PIN (2014) *RAIN baseline in NBeG, South Sudan*;

[23] PDI (2014) *What is Positive Deviance?*, retrieved from http://www.positivedeviance.org/

[24] Marsh D.R. et al (2004) *The Power of Positive Deviance*, BMJ 329:1177-9, retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC527707/

[25] Hastings, G. (2013), p. 101

[26] Leith, W. (2007, February 24) *Sticking Points*, Guardian, retrieved from www.theguardian.com/books/2007/feb/24/society1

[27] Weinreich, K. (2013), p. 112

[28] Food Security and Nutrition Network Social and Behavioural Change Task Force (2013), p. 105

[29] Weinreich, K. (2013), p. 115

[30] Bruner, J. (1990) *Making Sense: The Child's Construction of the World*, London: Routledge, p. 93

[31] Health, C. and Health, D. (2008) *Made to Stick: Why Some Ideas Survive and Others Die*, Arrow Books

[32] Ibid., p. 41

[33] Weinreich, K. (2013), pp. 141-142

[34] Ibid., pp. 161 - 166

[35] Pathfinder International (2011) *Straight to the Point: Evaluation of IEC Materials*, retrieved from http://www.pathfinder.org/publications-tools/pdfs/Straight-to-the-Point-Evaluation-of-IEC-Materials.pdf

[36] Kittle, B. (2013) *A Practical Guide to Conducting a Barrier Analysis*, Helen Keller International, p. 65

[37] Ibid., p. 100

[38] Ibid., p. 126

[39] CORE (2013) *Explanation for Using the Barrier Analysis Excel Calculation Sheet*, retrieved from http://www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx

[40] Varga, T. (2014) *Unit 1: Advertising*, retrieved from http://phs.princetonk12.org/teachers/jvarga/MediaStudies_Files/Gunn's%20Ad%20Types.pdf?Templates=RWD&display_mode=1&printversion=4&noclosebutton&displaydate=0&n_pbgc=FFFFFF&n_pfcolor=121111&n_pfsize=13&n_pfface=Arial,Geneva,Sans-Serif

[41] Ibid.; and Weinreich, K. (2013), p. 141; and Davy, L. (2014) *The 12 Types of Advertising*, retrieved from http://www.slideshare.net/search/slideshow?searchfrom=header&q=The+12+types+of+advertising