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BEHAVIOUR CENTERED PROGRAMMING: An Approach to Effective Behaviour Change



empower

inform dreams

act

change desire

challenges

enable inspiration

learn create

teamwork own

behaviour courage

educate goals

honor

believe motivation

opportunity

strength support

trust

people

share achieve

success

POWERPOINT PRESENTATIONS



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SEPTEMBER 2011

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BEHAVIOR CENTERED PROGRAMMING: An Approach to Effective Behavior Change

POWERPOINTS PRESENTATIONS

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The content of this manual was primarily adapted from The Manoff Group's Behaviour Centered Programming approach to developing behaviour change communication strategies and tools.



BEHAVIOUR CENTERED PROGRAMMING:
An Approach to Effective Behaviour Change



UNIT I: POWERPOINT SLIDES



UNIT I: INTRODUCTION

Session I: What is Behaviour Change?

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Learning Objectives

- Establish common understanding of key terms:
 - behaviour change,
 - behaviour change communication
 - IEC/health education
- Recognize the difference between BCC and IEC
- Identify scenarios where BCC vs. IEC is appropriate

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Establishing a Common Vocabulary

- Behaviour Change means...
- The difference between Behaviour Change Communication (BCC) and Information Education Communication (IEC) is...

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Definition of Behaviour Change

"Behaviour Change is a participatory process of working with individuals or communities to encourage and sustain practices or behaviours that lead to positive health outcomes. Communication, including mass media, mobile platforms and interpersonal, should be used to support the process of health promotion through:

- establishing new social norms around use of products, services or practicing of behaviours
- reinforcing or reminding people of messages delivered through other channels
- disseminating information
- raising awareness
- creating demand for a specific product, service or behaviour
- advocating necessary changes to decision maker.

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Health Education and IEC:

- Usually consists of activities that convey information
- Tells listeners/participants what they should ideally do and the reasons why (from a public health perspective)
- Do not always address current and feasible behaviours; obstacles/strategies to change; and motivations (reasons to do things)
- Rarely presents information from the participant groups' or audience perspectives
- Are often one-way communications

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Behaviour Change Communications:

- Focuses on the behaviour and all audience groups involved in decisions about that behaviour
- Frequently promotes feasible or intermediary improved behaviours as opposed to only ideal ones
- Tailors the communication specifically to address the barriers and motivations to changing the behaviour
- Incorporates the perspective of the audience group

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UNIT I: INTRODUCTION

Session 2: Best Practices:
Case Studies of Successful Programs

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Learning Objectives

- Identify best practices/principles of "good" behaviour change interventions
- Apply analysis of best practices to previous Zambia BCC work

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Case Study I: Indonesian Nutrition Improvement Program

- Health Problem:
 - High levels of chronic protein-calorie malnutrition in children 0-24 month old

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Case Study I: Indonesian Nutrition Improvement Program

- Key behaviour for program focus
 - Immediate and exclusive breastfeeding from 0-6 months
 - Continued breastfeeding from 6-24 months
 - Appropriate introduction of solid foods at 6 months of age
 - Consumption of adequate quantity of food by kids from 9-24 months

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Case Study I: Indonesian Nutrition Improvement Program

- Key Research Findings:
 - Belief that colostrum should be discarded was present but often regarded as old-fashioned and mothers were willing* to rethink this belief
 - Frequent breastfeeding practiced through 2 years of life but most women reported they believed their children's cries were because they were unsatisfied with breastmilk

*Note: willingness measured through behavioural trials

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Case Study I: Indonesian Nutrition Improvement Program

Key Research Findings:

- Women report mostly using only one breast for breastfeeding —the right contains water and the left food
- Mothers were willing* to use a new recipe for weaning food using local ingredients and preparation methods, including inclusion of a fat source like oil
- Mothers did not know how often their children should eat

*Note: willingness measured through behavioural trials

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Case Study I: Indonesian Nutrition Improvement Program

Behavioural Objectives:

- Increase rates of immediate breastfeeding & use of colostrum
- Increase rates of use of both breasts for breastfeeding from the very beginning
- Increase rates of exclusive breastfeeding until 6 months
- Feed 6-9 month old special porridge 4 times a day, using the recipe
- Feed 9-24 month old family food 4 times a day plus snacks

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Case Study I: Indonesian Nutrition Improvement Program

Program Implementation:

- Used extensive network of volunteer nutrition workers to deliver one-on-one counselling in homes to talk directly to mothers about the messages and create radio-listener groups for radio programs
- Messages for caregivers of each age group child were delivered separately
- Mass media used as a complement to interpersonal work

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Case Study I: Indonesian Nutrition Improvement Program

Description of communication tools:

Reminder (action) posters:

- Image of a mother feeding her baby above 4 columns
- Mothers could mark off how many times a day their child had eaten
- Created for homes and distributed via the nutrition worker who explained how to use it

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Backside of card has illustrated recipe for weaning food

BABY 6-9 MONTHS OLD



+ PORRIDGE!?

↓	↓	↓	↓

30 boxes down to represent 1 month

Note: This poster is not the exact poster used in the Indonesia project. It is a recreation that demonstrates the overall purpose and intent of the Indonesian tool.

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Case Study I: Indonesian Nutrition Improvement Program

Description of communication tools --

Radio program example:

- Dialogue of two mothers talking as one is making porridge for her 6 month old baby
- The spot clearly features the ingredients and reminds listeners they are easy to find in the market and inexpensive
- The second mother asks the first questions that represent common concerns mothers have about weaning foods
- The second mother also asks the first if she is still breastfeeding and when she plans to stop
- The first mother emphasizes proper breastfeeding habits, feeding the baby from both breasts.

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Case Study 1: Indonesian Nutrition Improvement Program

- RESULTS:
 - Mothers reported increased knowledge on specific nutrition problems and what to do about them
 - Mothers more frequently fed their children under 2 recommended foods stressed in the communications for each age group (enriched porridge, etc...)
 - Children increased daily caloric intake
 - Children 6 months and older grew significantly better than those who did not participate in this program

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Case Study 1: Indonesian Nutrition Improvement Program

- What made program successful?
 - Collaboration with audience to try out strategies before widespread promotion
 - Careful tailoring of messages to actual barrier to behaviour change
 - Careful segmentation of audience groups
 - Appropriate and effective use and combination of mass media with interpersonal communication and reminder materials

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Case Study 2: Dominican Republic Delayed Sexual Debut

- Health Problem:
High rates of STIs and pregnancy in 13-15 year olds

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Case Study 2:
Dominican Republic Delayed Sexual Debut

- Key Behaviour for program focus:
To delay the age of sexual debut from an average age of 12.3 years to over 16

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Case Study 2:
Dominican Republic Delayed Sexual Debut

Key Research Findings:

- Parental involvement, attachment and oversight of a child's life is closely associated with improved adolescent health including decreased rates of STIs and delayed first pregnancy
- Parents reported wanting to talk to their children about sex and children reported wanting to get information about sex from their parents
- Neither group knew how to talk to each other

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Case Study 2:
Dominican Republic Delayed Sexual Debut

- Behavioural Objectives:
 - To increase number of parents who regularly discuss issues of sexuality with their children
 - To increase number of parents who initiate appropriate conversations about sexuality before age 10
 - To increase number of youth age 10-12 who seek information on issues of sexuality from their parents

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Case Study 2: Dominican Republic Delayed Sexual Debut

- Program Implementation:
 - All mass media and interactive media (website and Friendster program)
 - 2 entirely separate campaigns—one focused on parents, one on children

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Case Study 2: Dominican Republic Delayed Sexual Debut

- Program Implementation:
 - Parents campaign adopted key message that sex is everywhere—everyone else is talking about it and talking TO your kids about it. You need to be in the conversation.
 - Parents' campaign included television spot, posters, billboards, radio programming and "how to talk to your kid about sex" brochures distributed through churches, schools and community groups. Parents campaign included TV spots

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Case Study 2: Dominican Republic Delayed Sexual Debut

Description of communication tools:

TV spot:

- Used a mime making sexual gestures towards children in a shopping mall to suggest that sex is everywhere, even if it is seemingly silent
- No audio was present until the end when a voice said:
 - Talk to your sons and daughters about sex. Silence is worse.

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**Case Study 2:
Dominican Republic Delayed Sexual Debut**

Description of communication tools :

Posters/billboards:

- 3 versions of different sexualized parts of the body made to look like abstract "talking bubbles" reiterating the idea that sex is everywhere and parents need to get in the conversation.

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Talk with your sons and daughters about sex. Silence is worse.

If you need assistance in starting, call us at...

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**Case Study 2:
Dominican Republic Delayed Sexual Debut**

- RESULTS:
 - High rates of parents who reported having seen or heard the advertisement or print materials
 - LOW rates of parents who reported comprehension of the message
 - Low rates of parents who reported an increase in self-efficacy around talking to their children about sexuality
 - No increase in number of parents reporting talking to their children about sex

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**Case Study 2:
Dominican Republic Delayed Sexual Debut**

- Why did the program fail?
 - Strategy was sound and based on research
BUT
 - Creative interpretation of strategy was too complex and did not address the barrier to action which was that parents did not know HOW to start the conversation
 - Failure to adequately pretest was what caused this campaign to fail

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Best Practices in Behaviour Change Programs

- Uses research to determine program strategy
- Tailors media messages including radio to specifically address barriers learned from formative research
- Uses appropriate and diverse channels for communication
- Present clear messages in a way that resonated with the target audience (confirmed by pretesting)
- Allows for participation of community and community ownership
- Allows for flexibility to ensure the promoted action was feasible for the target audience

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**BEHAVIOUR CENTERED PROGRAMMING:
An Approach to Effective Behaviour Change**



empower act

honor people strength trust

UNIT 2



UNIT 2: APPLYING A STRATEGIC FRAMEWORK

Module I; Session I:
Behaviour Centered Programming Overview

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Learning Objectives

- Define behaviour & strategy
- List 6 steps in Behaviour-Centered Programming Strategy
- State one reason why we “put behaviour first”
- Name 5 types of activities that can change behaviour

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What is a **behaviour**?

1. Think
2. Wash
3. Attend
4. Feel
5. Participate
6. Explain
7. Know
8. Feed
9. Put

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What is a behaviour?

1. Think
2. Wash (behaviour)
3. Attend (behaviour)
4. Feel
5. Participate (behaviour)
6. Explain (behaviour)
7. Know
8. Feed (behaviour)
9. Put (behaviour)

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Which are "behavioural" statements?

1. Put infant to suckle on mother's breast within one hour after birth
2. Give only breastmilk to baby for six months
3. Know the benefits of breastmilk compared to infant formula
4. Wash both hands with soap and water after defecating
5. Know the proper way to wash hands

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Which are "behavioural" statements?

1. Put infant to suckle on mother's breast within one hour after birth
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5. Know the proper way to wash hands

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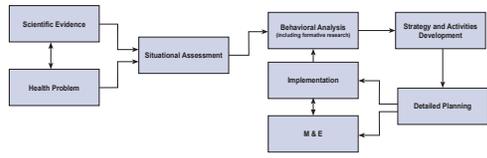
A STRATEGY is:

- Plan → particular goal or result
- Driven by evidence
- Multiple, tightly integrated channels
- Multiple stakeholder groups
- Focus on impact (evaluation)
- Target audience involved in creating communication
- Ensure activities/messages "on strategy" (not planners' personal ideas)

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Snapshot: Behaviour-Centered Programming*



The Behaviour Centered Programming framework developed by The Manoff Group (www.manoffgroup.com)
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Health Problem _____

1. Situational Assessment		
Ideal Behaviours	Key Behaviours	Target Audiences

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2. Behavioural Analysis

Current Behaviours	Existing Barriers	Existing Facilitating Factors	Improved Sub-Behaviours/ Small Do-Able Actions

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3. Program Definition

Program Goal	Behavioural Objectives	Final Target Audiences

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4. Strategic Behaviour Change Activities

Communication	Training	Community Mobilization/ Collective Action	Commodity or Technology	Advocacy	Other

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5. Communications Plan

Activity	Material	Audience	Result of Using Material/ Communication Objective	Primary Message	Secondary Message	Who/How will material be used?

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6. Monitoring and Evaluation Plan

	Key Results	Indicators	When to measure?	Who will measure? What is data source?	How will the data be used?
Process & Output					
Outcome					
Impact (optional)					

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**UNIT 2: APPLYING
A STRATEGIC FRAMEWORK**
Module 2; Session 1: Situational Assessment

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Situational Assessment

Learning Objectives

- Explain the definition of a situational assessment
- Explain the importance of doing a situational assessment

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What is a Situational Assessment?

- Describes a particular situation as it is now
- Carried out before the strategy is developed and program activities are underway
- It informs the strategy and program activities
- Involves reviewing what has been done in the past

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Why analyse past activity?

To:

- Understand information about behaviours related to a health problem
- Identify information gaps and issues that require more research/info
- Provide info about other projects and programs activities related to the same topic area

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A situational assessment includes:

- Health problem identification
- Identification of the ideal behaviours
- Identification of various audience groups
- Identification of key behaviours

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Health Problem Definition

- Description of a thematic health area. May include:
 - Incidence
 - Prevalence
 - Affected or stakeholder group
- Reflected a health issue and not a behaviour
 - High incidence of malaria = a health problem
 - Lack of bed net use = not a health problem

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“Ideal” Behaviour is:

- Determined by science
- Direct impact on a health problem
- Many ideal behaviours can impact 1 problem

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KEY (priority) BEHAVIOURS

- Biggest health impact
- Magnitude of problem (how many not practicing it)
- Support from partners/political support
- Availability of resources
- What other groups addressing (broader impact)
- Ease of changing behaviour (learning during behavioural analysis)

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Target Audience

- **Priority Group** = people who perform the positive behaviour
- **Influencing Group** = people who influence the priority group
 - Can support/prevent adoption of new behaviours (e.g. fathers, older women, traditional healers, community and religious leaders)

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Describe Priority Group

- 5 Ways to describe priority group:
 - Demographics
 - Something most DO
 - Something most WANT
 - Something that stops them “doing right thing”
 - Readiness to adopt new behaviour

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HO 3-7 Priority Group Graphic



1. Demographic Features: age, income, residence, skill set , language, education level, etc.	1. Rural Zambian women 18-38 years old; majority are non-literate; a third work outside the community; 20 are single
2. Things that members of the priority group do: Common behaviours, practices	2. Give foods from 6 months; breast-feed; give bottles; majority attend BC-Counseling sessions
3. Things that members of the priority group want: Common desires	3. Healthy babies; better homes; education for their children; better source of income
4. Things that prevent members of the priority group from "doing the right thing": Common barriers	4. Work outside the home; incorrect information about ideal practices; limited time; too many children closely spaced
5. Stages of Change: Common levels of readiness -- pre-awareness, awareness, decision-making, action, maintenance	5. Awareness/contemplation about giving their babies only breast milk for first 6 months

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Target Group Summary

- See all from priority group point of view
- Reach largest # people (thru same message, mats, activities)
- Describe priority group carefully (5 ways)
- Take groups characteristics into consideration to design BC Strategy

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Small Group Work:

"1. Situational Assessment"

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Small Group Subject Areas

Health Problems:

- 3% of Zambian children under 5 years of age die of diarrhoea
- 53% stunting in Zambian children between 6-23 months of age

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HEALTH PROBLEM: 3% of Zambian children under 5 years of age die of diarrhea		
1. Situational Assessment		
Ideal Behaviours	Key Behaviours	Target Audiences

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HEALTH PROBLEM: 53% stunting in Zambian children between 6-23 months of age		
1. Situational Assessment		
Ideal Behaviours	Key Behaviours	Target Audiences

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Instructions Small Group Work

I. Situational Assessment

- Identify "Ideal Behaviours" (use Facts for Life) & write them in appropriate column
- Inform trainer when done with identifying ideal behaviours
- Trainer will assign team a Key Behaviour & distribute an information packet
- Identify your Target Audience(s) (use info packet)

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UNIT 2: APPLYING A STRATEGIC FRAMEWORK

Module 3; Behaviour Analysis: Theory & Formative Research

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Learning Objectives

- Review primary concepts from previous day
- Describe the difference between key behaviours and feasible behaviours
- Explain the process of conducting behavioral analysis

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Behavioural Analysis				
Key Behaviours	Current Behaviours	Existing Barriers	Existing Facilitating Factors	Improved sub-behaviour (small doable)
Consume 3 servings vegetables/day	Only consumes vegetables at most 1 X day	<ul style="list-style-type: none"> • Prep is time-consuming • Need to be cooked • Spoil easy • Kids don't like 	<ul style="list-style-type: none"> • Cheap • Lose weight • Feel like a good mom 	<ul style="list-style-type: none"> • Buy carrots to leave in fridge • Use sweet potatoes • Use frozen vegetable

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Thinking about barriers

- Expected negative outcome
- Lack of commitment to doing action
- Incompatibility with self image
- Lack of skills
- Lack of perceived ability to carry out actions
- Lack of perceived supportive social norms
- Anticipating negative emotions after performing action
- Lack of supplies (goods) needed, etc.

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Thinking about facilitating factors

- An exposed positive outcome
- Intention to do the action
- Compatibility with self image
- Having skills to do action
- Confidence that can do the behaviour
- Supportive social norms
- Anticipated positive emotions after performing action
- Availability of supplies (goods) needed, etc.
- Existing supportive systems/programs

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THEORY: ONLY A TOOL!

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Definition of Theory

A theory presents a systematic way of understanding events or situations. It is a set of concepts, definitions, and propositions that explain or predict these events or situations by illustrating the relationship between variables. Theories must be applicable to a broad variety of situations. They are, by nature, abstract, and don't have a specified content or topic area. Like empty coffee cups, theories have shapes and boundaries, but nothing inside. They become useful when filled with practical topics, goals, and problems.

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Health Belief Model

Background

Sociodemographic Factors
(e.g., education, age, sex, race ethnicity)

Perceptions

Expectations

- Perceived benefits of action (mimoi)
- Perceived barriers to action
- Perceived self-efficacy to perform action

Threat

- Perceived susceptibility (or acceptance of the diagnosis)
- Perceived severity of ill-health condition

Action

Cues to Action

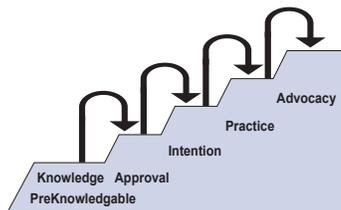
- Media
- Personal influence
- Reminders

Behaviour to reduce threat based on expectations

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Stages of Behaviour Change

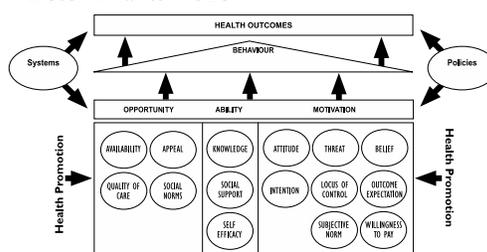


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Determinants Model



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Improved sub-behaviour

- “Building block”, “stepping stone”
- → Health improvement
- Feasible (available resources, social context)
- Feel can do it now (or really soon)
- Adopted by many (b/c feasible)
- Effective (makes a difference to household/ community)

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Behaviour Ladders

Least Desirable → Most Desirable

Child feeds self from family dish	Older child feeds young child from family dish	Young child feeds self from own bowl	Adult feeds young child from child's own bowl		
Open defecation	Bury human waste ("cat" method)	Unimproved pit latrine (no slab)	Improved pit latrine (with slab)	Ventilated Improved pit latrine	
Burn wood, dung or leaves	Burn mosquito coils	Use personal repellent	Use untreated net	Use treated curtains	Use treated net or bed clothes

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UNIT 2: APPLYING A STRATEGIC FRAMEWORK

Module 3; Session 3: Conducting Research

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Learning Objectives

Use existing data & advice of technical experts to :

- Clearly state the **health problem**
- Identify **"ideal" behaviours** that (when practiced) have a positive impact on the health problem
- Identify priority **"key" behaviours** on which to focus
- Identify the **audience**

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What is formative research?

Formative research is a type of research or information collection from participant groups to understand ideal behaviour from the perspective and context of target group. The group is to identify feasible, acceptable and effective strategies to improve certain behaviours. Formative research is done in the beginning of a program or activity and the findings are used to develop strategies, messages, interventions, etc. Formative research includes both existing research (data) and new research and the information is used to fill in the "Behavioural Analysis" portion of the Behaviour-Centred Programming Strategy Matrix.

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Formative Research Goals:

- Identify current behaviours
- Identify if key behaviours are doable by audience
- Identify feasible improvements/alternatives to key behaviours
- Identify motivators
- Identify barriers
- Identify audience groups
- Opportunity for the audience group to contribute to program design

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Source of Information

- Resource Centers (WHO, NAC, MOH, Afya Mzuri)
- Annual Reports (DHMT, PHO, National)
- National Study Reports (ZDHS, Census, Sexual and Behaviour Survey, Monitoring and Living conditions Survey).
- Out patient/in-patient registers
- K4 Health (USAID project www.k4health.org)
- Cochrane Library (www.thecochranelibrary.com)
- Other projects
- Journals (Journal of public Health, Lancet)
- Medlink (www.medlink-uk.org)
- Medline (www.nlm.nih.gov/databases/databases_medline.html)
- www.nmcc.org.zm
- www.ebsco.com

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Conducting original research

- Learn about the audience's point of view
- Segment your audience by:
 - Behavioural characteristics: what are they doing now
 - Geographic characteristic: urban/rural; main island/outer islands
 - Demographic characteristics: education; Social-economic status; age; gender; marital status
 - Cultural characteristics: culture; religion; social class

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Qualitative vs. Quantitative Techniques

Qualitative	Quantitative
Asks why? How? <ul style="list-style-type: none"> • Provides depth of understanding • Studies motivations • Difficult to have exact replication • Often used for exploratory research 	Asks how many? How often? <ul style="list-style-type: none"> • Measures level of occurrence • Studies actions • Easy to conduct exact replication • Is definitive

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Research Techniques

Research Technique	Appropriate for:
In-depth interviews	To obtain individual information regarding abilities, beliefs, experiences, understandings, meanings, contexts and perceived constraints and support to a practice. For example <i>To discover health care providers' motivation and ability to provide effective counseling</i>
Observations (in conjunction with interviews)	To reveal actual behaviours For example: <i>To discover whether people actually carry out a particular practice or whether they merely say that they do.</i>

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Research Techniques, continued

Research Technique	Appropriate for:
Focus group discussions	<ul style="list-style-type: none"> To identify directions for exploratory research or areas that need focus in a community (e.g. what services are available, when might hours of a clinic be more suitable to people's schedules, what community needs are the most pressing) Teasing out a communications or perception's gap between groups or categories of people (e.g. groups of teachers might think differently than groups of parents about providing breakfast at school) To explore a social norms or social implications of a topic. (a group will react differently than individuals, so both individual interviews and focus groups could be used on the same subject to compare how the group reacted vs how the individual reacted.)
Positive deviance inquiry	<p>To explore what practices are already working well, as well as the motivations and barriers for the feasible practices</p> <p>For example: <i>To learn what families with well-nourished children are doing differently than families with under-nourished children</i></p>

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Research Techniques, continued

Research Technique	Appropriate for:
Key informant interviews	<ul style="list-style-type: none"> To check acceptability of the actions and messages among program personnel, implementers, or key influential people or to understand constraints and motivations for providers, program managers and community members in influencing key people, to get an idea what to ask during community interview.
Trials of improved practices (TIPs)	<ul style="list-style-type: none"> To identify if a proposed behaviour is realistic for the target audience to implement and what changes in the behaviour or optional behaviour make it more realistic for it to be implemented.

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2. Behavioural Analysis

Current Behaviours	Existing Barriers	Existing Facilitating Factors	Improved Sub-Behaviours/ Small Do-Able Actions

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Small Group Work: Behavioural Analysis

- Fill in Behavioural Analysis matrix (using data in the information packets and from information that they may already know)
- Okay to leave items blank if do not have supporting data

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Behavioural Analysis Review

Health Problem: Maternal mortality ratio of 550/100000
Key Behaviour: Women deliver with trained attendant
Primary Target Audience: Pregnant Women

WRITE DOWN:

- What the major barriers are to safe delivery with skilled birth attendants
- What are the existing facilitating factors
- Any other relevant contextual information
- What might be a set of small-doable actions
- The important audience groups

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Step I: Situational Assessment

What's the problem? What's the solution?

HEALTH PROBLEM: Maternal mortality ratio of 550/100000		
1. Situational Assessment		
Ideal Behaviours	Key Behaviours	Target Audiences
-- Women deliver with skilled attendant (hospital, clinic, or with community nurse) -- Women participate in at least three antenatal care sessions with trained attendant during pregnancy -- Women receive a postpartum visit within 3 days of birth -- Women achieve optimal nutrition during pregnancy (quantity and quality) -- Women space their pregnancies at least 2 years apart -- Women delay childbearing (and marriage) until at least 18	Women deliver with skilled attendant (hospital, clinic, or with community nurse-midwives)	Pregnant Women Families of pregnant women Trained birth attendants Traditional birth attendants

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Behavioural objectives should be

S	Specific	Significant, Simple
M	Measurable	Meaningful, Motivational, Manageable
A	Attainable	Appropriate, Achievable, Agreed, Assignable, Actionable, Action-oriented, Aligned, Aspirational
R	Realistic	Results-focused, Resources (funded), Relevant
T	Time-bound	Timely, Track-able, Tangible

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Program Definition

3. Program Definition		
Program Goal	Behavioural Objectives	Final Target Audiences

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Program Definition

3. Program Definition		
Program Goal	Behavioural Objectives	Final Target Audiences
To decrease all-cause maternal mortality from 550/100,000 per year to 250/100,100 per year in 2 years	To increase rate of deliveries with skilled birth attendants among all pregnant women in Country X from 20% to 45% in 2 years	<ul style="list-style-type: none"> • Pregnant mothers • Husbands • Traditional birth attendants • Females relatives • Existing midwives • New midwives • Traditional leaders

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UNIT 2: APPLYING A STRATEGIC FRAMEWORK

Module 4; Strategy Formulation

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The Behaviour Change Strategy

Learning Objectives:

- Use research findings to define final behavioural objectives for the behaviour change program
- Use research findings to solidify choice of audience groups for program implementation

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Strategy...

A strategy is a plan to achieve a particular goal or result. It is driven by evidence, includes multiple but tightly integrated channels, a multiplicity of stakeholder groups, a focus on impact, including evaluation of impact and use of a process in which the target audience is not just a passive recipient, but also has a voice in creating the direction of the communication. It should help ensure that program activities and communication messages are "on strategy" and not merely planners' personal ideas.

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Small Group Work: Behavioural Objectives/Target Audiences & Strategic Behaviour Change Activities

- Establish program goal
- Define final list of behaviours as behavioural objectives
- Re-examine choices of primary and influencer audience groups and finalise their choices.
- Decide on a set of strategic activities to achieve your goal and objectives.

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Communication Plan

Learning Objectives

- Understand the difference between a communications plan and a behaviour change strategy
- Understand the inputs/selections of a communications plan

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5. Communications Plan

Activity	Material	Audience	Result of Using Material/ Communication Objective	Primary Message	Secondary Message	Who/How will material be used?

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Good Message Development

- Messages must address a barrier to behaviour change identified in the behavioural analysis step of the BCP process
- DO NOT just repeat the ideal/key behaviour as a message—respond to the barriers, play up the facilitating factors
- The immediate result of the message will be the resolution of the barrier or the connection of the facilitating factor to the behaviour. This result can also be called a communication objective—what you want to happen when you target audience encounters the message and communication piece

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Good Message Development

The 7 "C"s of a good message:
A good message:

- Is **CLEAR**
- **COMMANDS** attention
- **CATERS** to heart and head (have a rational and an emotional appeal)
- **COMMUNICATES** a benefit
- **CREATES** trust
- Is **CONSISTENT**
- Has a **CALL** to action

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Message Development Example

- The key behaviour is consistent and correct condom use among all partners
- The research shows that major barrier to consistent and correct condom use is that many people believe that their regular partner asking them to use a condom means he or she is being unfaithful
- A campaign was developed in which radio ads went out, billboards went up and posters were plastered all over the country telling men to "Save your Life. Use a Condom."
- Community Health Workers spent time working with community groups telling them how HIV is transmitted and that using a condom is a good way to prevent it.

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5. Communications Plan: Safe Motherhood (one activity/material)

Activity	Material	Audience	Result of Using Material/ Communication Objective	Primary Message	Secondary Message	Who/How will material be used?
MASS MEDIA Radio drama	Radio drama (script, production)	Mothers and extended family Traditional attendants	Mothers believe that modern delivery methods will also allow room for their traditional practices Mothers take tours of birthing wards to get comfortable with process Mothers seek skilled delivery at birth	Modern medicine does not mean your traditions are wrong or cannot be practiced Modern birthing practices simply give a mother an additional tool to ensure her health and that of her newborn baby	Extended family should support mothers in choosing a skilled attendant because it is the best of both worlds. Mothers need to develop a birth plan to be prepared for any circumstance—the baby's future is at stake.	Facilitated radio listener clubs General public on radio with additional discussion by DJ

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Tips for Leveraging Technology in Communications

Platform	Possible Use
Text messaging/SMS	<ul style="list-style-type: none"> Remind people to do something (e.g. it's time to take your child for his immunization) Provide periodic pieces of information (e.g. in your 4th month of pregnancy your baby is the size of a lemon and is starting to move around! You should eat an extra piece of fruit a day.
Interactive websites	<ul style="list-style-type: none"> To create a space for dialogue To allow for feedback on a program To provide continuously updated information To allow for a deeper experience with the communication (e.g. an online "virtual reality" video game that is designed to communicate certain key messages through allowing the user to role play a character).
Friend applications/social networking etc...)	<ul style="list-style-type: none"> To mobilize people, especially youth, around a particular message or practice To create social pressure for positive change To establish an avenue for instant communication (e.g. one "Trend" is actually a source of advice)
Mobile monitoring applications	<ul style="list-style-type: none"> To use a more interesting and entertaining format for delivering counseling or initiating a conversation
Mobile video counseling cards	<ul style="list-style-type: none"> To use a more interesting and entertaining format for delivering counseling or initiating a conversation
Fundraising-money pooling, insurance-mobile payments	<ul style="list-style-type: none"> To leverage the existing mobile technology to provide banking, savings and collective management tools to members of the target audience groups.
Cell phone hotlines	<ul style="list-style-type: none"> To establish a free and easy way for members of the target audience to reach support and find necessary resources

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Considerations for presenting the message

- Myths are a challenge for communicators. Frequently when a communications efforts tries to convince people a myth or misinformation is incorrect, they actually end up reinforcing the very myth/misinformation. By mentioning it, it is almost as though the myth is being legitimised.
- Fear can be a powerful tool in communication, but fear-based communication should be approached cautiously as messages, images or concepts that are too frightening or are not culturally appropriate can cause some in the target audience to avoid the message altogether.

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Instructions for small groups

- Determine which activities require communication to support them (all of the communication column plus others likely)
- Develop a communications plan to detail how those communications will be developed

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Review of concept

- Behavioural Objectives
- Behaviour Change Strategic Activities
- Communication Plan

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Checklist for BCP process

Steps:	Done?	Notes
Identify or construct a health problem statement		
Define the set of ideal behaviours		
Prioritize ideal behaviours: key behaviours		
Identify and describe the priority audience and influence groups		
Conduct Behavioural Analysis, including identifying and testing improved (small doable) behaviours		
Analyze the findings, specifically identifying the most important barriers/motivators/determinants of change		
Refine primary and influencer audience groups as necessary		
Choose activities for the project that work with the audience groups to address the most important barriers/motivators/determinants of change		
Establish indicators to monitor and evaluate the effectiveness and timelines/methods for M&E		
Plan for implementation of activities described including		
Communications Plan		
Training/capacity building plan		
Community mobilization plan		
Advocacy plan		

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BEHAVIOUR CENTERED PROGRAMMING:
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UNIT 3: POWERPOINT SLIDES



UNIT 3: IMPLEMENTATION

Session I:
Overview of Issues in Implementation

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Learning Objectives

- List the necessary steps to successfully implement a behaviour centered program strategy
- Identify points of potential challenge and plans for overcoming them

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To-dos for Implementation

- Partnership Planning:
 - What partners are required for implementing the strategy?
 - How can those partners be engaged or further engaged?
 - What support do they need now and in the future?

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To-dos for Implementation

- Communication materials/job aids
 - Writing a creative brief
 - Hiring a creative agency (If project staff is experienced and the materials are fairly simple and straightforward, then they can design them instead of hiring an agency)
 - Materials production and pre-testing

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To-dos for Implementation

- The creative brief:
 - A TOOL that summarizes all of the program design you have been doing, (all of the matrices) as well as outline considerations for materials such as the necessary tone, the literacy capability of the audience, and particularly resonant images or metaphors to be aware of for the audience, etc...

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To-dos for Implementation

Creative Brief content:

- **Background**
- **Kind of Material or Materials**
- **Target Audience**
- **Communication**
- **Barriers**
- **Facilitating Factors/Key Promise or Benefit** (What is in it for the audience? Be single minded here—why would they do what you want them to?)
- **Tone** (what feeling should the communication have?)

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Creative Brief content (con't)

- **Creative Considerations** (what other points need to be considered? Frequently things like low literacy, cultural sensitivities, etc...should be highlighted here)
- **Mandatory elements** (mandatory elements such as the client's logo, address, phone number and so forth)
- **Deliverables** (What is to be used to give the audience the message? What is the best way or place to reach this audience?)
- **Timeline** (How soon is this needed? When is it expected to be done? How many rounds of revisions will this project undergo?)
- **Budget** (How much can be spent to get this developed? Is there any budget needed to publish/flight the creative?) Approvals (Who needs to give the "okay"?)

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To-dos for Implementation

- **Media Planning and Purchasing:**
 - When and where are you going to distribute your materials/media? What sites? What time of day? For how long? In what pattern? (intense at first, then tapering off, followed by another period of intensity?)

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To-dos for Implementation

- Logistics organizing
 - Who will conduct activities
 - Where will they conduct them (community common areas? Schools? Churches? Clinics?)
 - How will the implementers receive and keep track of the resources and materials to conduct the activity
 - When/on what schedule will they conduct the activities

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To-dos for Implementation

- Capacity building
 - Concretize various audiences for capacity building
 - Spell out training objectives for each audience
 - Develop training materials/tool-kits
 - Identify master training cadre
 - Plan and conduct trainings for master trainers and participants

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To-dos for Implementation

- Monitoring (Both of media and of activities)
 - Identify internal capacity for various kinds of monitoring required
 - Identify/contact monitoring agency/agencies as required
 - Create/approve guides or data collection instruments
 - Formalize process for integrating monitoring data into programming

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UNIT 3: IMPLEMENTATION

Session 2:
Partnerships for Implementation

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Learning Objectives

- Identify key kinds of strategic partnerships for implementation
- Understand approaches/tips for working with various kinds of partners

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Types of Partners

- Stakeholders
- Implementers (national, provincial, district—both NGOs and MOH)
- Sponsors/donors
- Celebrities
- Media partners
- Community partners

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Stakeholders

- People/organizations that you need to coordinate and collaborate with. They need to be involved in making sure the big picture is well-orchestrated and tied together, even if they are not directly involved in your program.
- How do we engage?

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Implementers

- NGOs/MOH divisions/other ministries who will actually carry out the work you have planned.
- When should they become involved? Are they different than stakeholders? How to engage them?

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Sponsors/donors

- Corporate sponsors can help pay for your air time or subsidize print costs in conjunction with their own advertising
- Critical that a corporate sponsor make sense for what you are trying to accomplish. (e.g if you are promoting breastfeeding, using a large corporate manufacturer of formula/baby food might not make sense because objectives of the company & project are not compatible.)
- Need to align public sector donors, find overlaps & synergies in projects to maximize resources
- How to engage?

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Celebrities

- Can be tricky, because it is impossible to control what person actually ends up saying and doing on your behalf.
- Critical to choose a spokesperson who has enough respect & influence with target audience to carry weight, but who also is willing to work with you on how he/she can benefit the program
- Should have a life style/attitude/philosophy that represent the values and ideals you are trying to promote
- How to engage?

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Media Partners

- May be willing to discount or donate air time or subsidize print materials to support a behaviour change communication effort
- Journalist/DJs/Personalities might engage beyond donating air time & talk/reinforce your message
- Community radio particularly strong partner because easy to work with them to create something tailored

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Community Partners

- Community –based organizations, individuals or leaders who will have a part in implementing the program or, through their support of the program, making it successful and sustainable
- How can we best engage community partners?

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UNIT 3: IMPLEMENTATION

Session 3: Pretesting

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Learning Objectives

- Identify principles of good pretesting
- Source existing tools and resources for pretesting
- Understand programmatic concerns of pretesting
- Distinguish between approaches to pretesting various kinds of communication materials

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Best Practices in Behaviour Change Programs

- Used research to determine multi-pronged program strategy
- Tailored media messages including radio to specifically address barriers learned from formative research
- Used appropriate and diverse channels for communication
- Presented concise, clear & focused messages in a way that resonated with the target audience
- Allowed for participation of community & community ownership
- Allowed for flexibility to ensure promoted action was feasible for target audience

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Best Pretesting

- Pretesting, sometimes called field testing, helps project staff know whether the intended audience understands the key message(s) and likes the draft material(s) before they are produced in final form. In pretesting, an interviewer shows the draft materials to members of the intended audience and asks open-ended questions to learn if the message is well understood an acceptable—in sum, if it works.

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Pretesting: Objectives are to measure...

- **Comprehension** - clarity of content and presentation
- **Attractiveness** - elements that make people want to see/hear the material
- **Acceptance** - audience feels they can accept it—not offensive, is believable, does not trigger disagreement
- **Involvement** - audience can identify with the materials and recognizes that message is meant for them
- **Call to action** - most materials asks, motivates or introduces audience to carry out a particular action

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Pretesting: Participants/Targets

Audience
(People for whom materials were developed and who will use them)

AND

Gatekeepers/Authorities
(Individuals who control the distribution channels [program managers, religious leaders, local/national government officials, media outlets, etc.] to ensure buy-in and a seamless roll-out)

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Pretesting: Key Principles

- Provides measurements on effectiveness of communication
- Requires agreements about how the results will be used
- Provides controls to avoid bias in results (an independent agent should conduct testing)
- Demonstrates reliability and validity (sample needs to be carefully chosen and representative of target).

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Pretesting: Things to Keep in Mind

- Timing: rounds of pretesting affect programming
- Budget: must be allocated at beginning, included in contract with agency
- Buy-in: people must be willing to accept changes, even significant ones
- Develop materials as technically and strategically sound as possible before pretesting
- Make sure to use your creative brief—materials should be designed to achieve a purpose and their evaluation should focus on whether they are achieving that purpose

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Pretesting: Things to Keep in Mind

No magic number for rounds of pre-tests: Criteria set by:

- Budget
- Scope of the project
- Complexity of materials
- Number of audience segments
- Number of geographic regions
- Do first focus group &/or 10 in-depth interviews, make changes, then do more pretesting. If any changes made, pretest again before final production
- % of audience expected to capture main message/accept material
- Target audience characteristics/skill level (e.g., low-literate audiences = more pretesting rounds vs. highly literate audience)

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Pretesting Process

- Determine the sample for those audience segments with whom the material is to be pretested
- Select the techniques to be used in the pretest
- Design the pretest guidelines and instruments for each technique
- Select interviewers
- Train interviewers
- Test the pretest guidelines and instruments
- Make the necessary logistical arrangements
- Carry out pretest using selected methodology
- Summarize the results
- Discuss the results and decide what changes to recommend based on them

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Pretesting for Different Media

Media	Special considerations for pretesting
Print	<ul style="list-style-type: none"> • Purpose—will it be interpreted on its own or is it more of a job aide? Make sure its tested with user and audience if it is a job aide. • Test images/photos drawing separately from text at first
Radio	<ul style="list-style-type: none"> • Best if you can do a draft recording of material (such as with amateurs reading the parts) with accompanying sound effects rather than just reading it • Best to play it twice and then do a series of questions. If long, break it into listening segments and ask questions after each segment. • Good idea to pretest in groups since often radio is heard with others around or used in listening groups – or if short spot, can do individual pretesting.
Television	<ul style="list-style-type: none"> • Similar to radio, but must also evaluate visuals—test visuals separately from audio and then together. • Consider testing story boards to get feedback on concepts, sequencing, type of images that will be used before producing rough drafts to pretest. • Must also ask questions about pacing, ability to understand what is going on, whether or not the scene appeals to the audience, if it is realistic, attractive, captivating, etc...
Mobile	<ul style="list-style-type: none"> • Acceptability of getting information via mobile device—whose device does it come to? What format should it arrive in? Are there privacy concerns

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Pretesting should measure...

- **Comprehension** - clarity of content and presentation
- **Attractiveness** - elements that make people want to see/hear the material
- **Acceptance** - audience feels they can accept it—not offensive, is believable, does not trigger disagreement
- **Involvement** - audience can identify with the materials and recognizes that message is meant for them
- **Call to action** - most materials asks, motivates or introduces audience to carry out a particular action

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UNIT 4: POWERPOINT SLIDES



UNIT 4: MONITORING & EVALUATION

Session I:
What is Monitoring and Evaluation

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Learning Objectives

Provide a general overview of monitoring and evaluation

- Define M&E
- Describe Importance of M&E
- Identify components of programs to evaluate

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Quote from Macro Pierre White

“If you want to cook well, your money would be better spent on something other than the cookbook. However, if you want inspiration then the cookbook is a good buy”

Moral:

Like cooking, you cannot learn M&E straight out of a book. It takes time, dedication and practice to gain the necessary knowledge and experience.

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Program Monitoring

- Is a **continuous** systematic process of collecting, analyzing and using information to track the efficiency of achieving program goals and objectives.
- Provide regular feedback that measures change over time in any of the program components such as cost, personnel, and program implementation:
 - Inputs, processes, outputs, outcomes

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Program Evaluation

- Is a systematic process **limited in time** of collecting, analyzing and using information to assess the **effectiveness, relevance and impact** of achieving your program's goals.
- Provides regular feedback that helps programs analyze the consequences, outcomes and results of its actions.

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Monitoring and Evaluation

Monitoring: What are we doing?
Tracking inputs and outputs to assess whether programs are performing according to plans (e.g. people trained, materials distributed)

Evaluation: What have we achieved?
Assessment of impact of the programme on behaviour or health outcome (e.g. condom use at last risky sex, HIV prevalence)

Surveillance: Monitoring disease
Spread of HIV/STD (e.g. HIV prevalence among pregnant women)

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Monitoring & Evaluation Pipeline

MONITORING
"Process Evaluation"

Inputs

ALL

- Resources
- Staff
- Funds
- Materials
- Facilities
- Supplies
- Training

EVALUATION
"Effectiveness Evaluation"

Outputs

Most

- Condom availability
- Trained staff
- Quality of services
- Knowledge of HIV transmission

Outcomes

Some

- Attitude change
- Behaviour change
- Changes in STI trends
- Increase in social support

Impact

Few

- Short-term and intermediate effects
- Long-term effects
- HIV/AIDS trends
- AIDS-related mortality
- Social norms
- Coping capacity in community
- Economic impact

Levels of Evaluation Efforts

Number of Projects

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Monitoring and Evaluation

- Planning for M&E should be part of the design of any BCC program, right from the beginning
- M&E is not a separate component of BCC programs but is an integral part
- Experience shows that M&E is often ignored until the final stage of the project, but it is much more useful if it is incorporated from the beginning

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Importance of M&E?

- To criticize your colleagues and their work?
- To please international donors (and spend lots of their money)?
- To exert power—keep other people running around, compiling tables, writing up reports?

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Importance of M&E

- Helps make informal decisions regarding ongoing programs: determine whether a program is right on track and where changes need to be considered
- Facilitates effective and efficient use of resources
- Provides information for planning future activities
- Helps to understand if and to what extent a program worked
- Documents project accomplishments, thus contributing to institutional memory
- Enables you to meet organizational reporting and other requirements and to convince donors that their investments have been worthwhile or that alternative approaches should be considered

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We invest in M&E in order to...

- Strengthen program design, improve implementation
- Justify allocation of limited resources
 - Improve use of allocated resources (thereby increasing cost-effectiveness)
- Generate Knowledge:
 - Identify factors (individual, community, programmatic) that influence health outcomes
- Meet an organizational requirement

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What to monitor or evaluate

- In BCC, we can monitor any and all of the different communication activities of a program, including:
 - Mass media campaigns
 - Print materials
 - Counseling
 - Entertainment-education activities
 - Group presentations
 - Community mobilization

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Target Audience

- You can monitor and/or evaluate behaviour change among all the various audience groups involved in your campaign or activities
 - Men and women of reproductive age;
 - Providers and/or clients of health services;
 - Youth;
 - PLHA;
 - Most at-risk populations [MARPs.];
 - Pregnant women

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Segmentation on M&E

- Just as the audience was segmented in part according to geographical location, the M&E activities will also need to be segmented. Examples of possible geographic focus to M&E activities can include:
 - Select rural communities
 - Clinics and urban health centers
 - Schools
 - Entire country

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UNIT 4: MONITORING & EVALUATION

Session 2:
Developing an M&E Plan

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Learning Objectives

- Describe the elements of an M&E plan
- Explain how M&E differs for different kinds of projects
- Describe the construction of an M&E plan
- Determine key points when BCC specialists and the M&E team should collaborate

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M&E Plan Definition

- A document that describes a system (the M&E system) which linked strategic information obtained from various data collection systems to decisions that will improve health programs

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M&E Plan: Functions

- States how program will measure achievements
 - Accountability
- Document consensus
 - Transparency
 - Responsibility
- Guides M&E implementation
 - Standardization
 - Coordination
- Preserves institutional memory

An M&E plan is a living document that needs to be adjusted when a program is modified

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M&E Plan: Functions

- I. Introduction
- II. Description for the Program-including problem statement and framework(s)
- III. Indicators - including data sources and indicator reference sheets
- IV. Data Collection, Reporting Systems
- V. Monitoring Plan
- VI. Evaluation Plan
- VII. Plans for Dissemination and Use of Information
- VIII. Capacity and Need for M&E Plan Implementation
- IX. Mechanism for M&E Plan Update

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Role of BCC staff in M&E

- How do they usually work with the M&E team?
- When do they usually engage with the M&E process?
- How do they usually get data from the monitoring process? Do they get it?
- If so, how do they use the data to adjust their program?
- What ideas do they have as to how the process could be improved?

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Stages or points BCC can be involved with the M&E process

- Topics for research (such as baseline/endline) are being identified
- Research instruments (such as survey questionnaires or focus group discussion guidelines) are being developed
- Data are being used to analyze how to improve/modify project activities

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UNIT 4: MONITORING & EVALUATION

Session 3:
Indicators

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Learning Objectives

- Define "indicator"
- Distinguish between kinds of indicators and what they are used to measure

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What is an Indicator?

- a **variable**
- that **measures**
- **one aspect** of a program/project

An appropriate set of indicators will include at least one for each significant element of the program or project (i.e. at least one per box in an M&E framework)

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What is an indicator (con't)

- Indicators can either be quantitative or qualitative
- Quantitative indicators are presented as numbers or percentages
- Qualitative indicators are descriptive observations and can be used on their own to supplement the numbers and percentages provided by quantitative indicators
- Indicators should be consistent with international standards and other reporting requirements, as appropriate

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Things that can be measured

- Distribution of print materials
- Broadcast of communications (mass media or mobile)
- Reach of communications
- Training held
- Visits made to households
- Service utilization
- Product distribution
- Product utilization practices/behaviours
- Beliefs
- Attitudes
- Knowledge
- System improvements (technology, logistics, reporting, procurement, budgeting, human resource allocation, etc..)

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Types of Indicators

- output or process
- outcome
- impact indicators

In general, output/process indicators are most often used for monitoring & outcome and impact indicators are used for evaluation.

However, there are times when your monitoring should also be looking at outcome and impact

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Selecting Indicators

Indicators should:

- Be SMART
- Have utility for program decision making
- Are consistent with international standards or other reporting requirements
- Follow/mirror existing indicators and data sources if available
- Fill information gaps, determine feasible new indicators

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Pitfalls in Indicator Selection

- Poorly defined indicators
- Too many indicators
- Indicators that do not currently exist and cannot realistically be collected
- Process indicators to measure outcomes and impacts
- Outcome and Impact indicators only
- Indicators that are not very sensitive to change

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UNIT 4: MONITORING & EVALUATION

Session 4:
M&E Methods

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Learning Objectives

- List possible methodologies for conducting M&E
- Determine which methodologies are appropriate for which situations and projects
- Determine the most appropriate entity for conducting M&E (external or internal evaluator)
- Recognize the necessary budget allocation for M&E
- List ways to maximize/stretch M&E budgets

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Overview of M&E Techniques

- Can be qualitative or quantitative and can include:
 - Surveys
 - Focus groups
 - In-depth interviews
 - Client-provider observation
 - Key informants
 - Surveillance
 - Analysis of program data (administrative, financial, service statistics such as utilization rates, etc...)

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Methods to monitor program implementation

- Periodic review of programme documents (such as work plans, monthly/quarterly reports, etc.).
- Regular audits of materials
- Spot checks at public places where members of the target audiences are found
- Central-location intercept interviews (e.g. campaign slogans or tag lines)
- Regular field trips to demonstration sites
- Observations at service points, points of sale and in counseling or training sessions
- Use of/review of materials distribution and use logs

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Monitoring electronic media broadcasts and materials in print media

- Are planned media broadcasts and print materials schedules being met?
- What other related materials have been broadcast or published as a result of the program publicity?
- Monitoring mass media broadcasts and print material schedules is a challenging activity
- Staff are not always at home to listen to radio and TV, nor do they always buy all the many newspapers and magazines in which material could appear

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Options for monitoring mass media

- Relying on the joint effort of staff who may hear/view the materials (this is unscientific and unreliable, but a commonly used method in many programmes)
- Assigning a person (or persons) to listen to all important radio/TV stations and make press cuttings (a little more reliable, but unlikely to catch all materials)
- Recruiting volunteers to monitor key media channels
- Hiring a media monitoring company to monitor, collect and analyze materials

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Monitoring the quality of interpersonal communication

- Are interpersonal communication activities being carried out at different points (such as service delivery points) as planned?
- How is the quality of interpersonal communication between clients & workers (such as information disseminators, service providers)? Are clients satisfied & interacting well?
- Are clients receiving key information that they should receive during interpersonal interactions?
- How is quality of interpersonal communication between communication trainers & trainees?

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Monitoring local media

- How many local groups are involved in disseminating information?
- Are there other groups that could be involved in disseminating information?
- What types of groups are they?
- What areas do they serve?
- How are they managed?
- How are they viewed and received in the community?
- What is the interim impact of the messages they disseminate?

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Monitoring traditional media

- Discussion with other programme facilitators at the national and regional level
- Visits to observe performances/groups' meetings
- Small group discussions with sections of the audience after performances/meetings
- Intercept interviews with the people leaving performances/meetings

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Monitoring interim effects of programme interventions

- What do people think about the messages they are getting from the programme?
- Do they understand the messages?
- Do they accept or reject the messages?
- Do they find it possible or impossible to implement action being proposed in the messages? If impossible, what help/support can help them to act positively on messages?
- Are any changes taking place in knowledge, attitudes or behaviour among the target audiences? If yes, what kind of changes are taking place?

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Types of Methods: Evaluation

Outcome Evaluation	Impact Evaluation
<p>Studies short or medium term achievements & effects of a program. Answers questions like:</p> <ul style="list-style-type: none"> • Is there change (e.g. in KAP) • Is there change caused by the intervention? <p>Outcome evaluation is usually statistical and usually uses a pre & post research design (which compares situation before & after intervention or compares behaviour/results at given clinic before & after intervention)</p>	<ul style="list-style-type: none"> • Similar to outcome evaluation & uses the same statistical research methods • Long term, population effects of a program (e.g. change in mortality - morbidity, health status, quality of life [poverty]) • Uses comparative designs (which compare situation before and use controls as well)

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Challenges for BCC evaluation designs:

- Finding an adequate comparison group that hasn't been exposed to communication
- Difficult to attribute change to a specific program
- Can be difficult to measure exposure to a program & therefore determine who was & who was not exposed
- A program needs to be implemented consistently for a long period of time, at least 9—12 months

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External evaluators versus internal evaluators

External Evaluators	Internal Evaluators
<ul style="list-style-type: none">• More neutral regarding the results of the evaluation• Perceived as having greater credibility and objectivity• More likely to be frank about negative results• The indicated choice when internal evaluation capacity does not exist or is limited because staff lacks the skills or because not enough staff are available to carry out the tasks	<ul style="list-style-type: none">• More likely to work closely with the people in charge of the program and have a greater and better understanding of the program• More likely to immediately apply results to improve the program or intervention.• In better position to use the acquired data and to know why and how the intervention had or did not have an effect

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How much does M&E cost?

M&E typically makes up at least 10% of the overall program budget, but there are some ways to maximize the M&E budget, including:

- Using routine administrative data and continuous surveys to reduce evaluation costs. Questions related to communication interventions can be added to national surveys, for example, to assess a program's reach and impact.
- Collaborating with other organizations to evaluate programs can provide important benefit.

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UNIT 4: MONITORING & EVALUATION

Session 5: How to use the data

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Learning Objectives

- Identify challenges for use of M&E data in programming
- Determine key strategies for improving use of data
- Choose appropriate indicators for a program, how they will be measured, by who and when

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INVOLVEMENT BRINGS COMMITMENT

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Brainstorm

- Sharing personal experiences:
 - How do you use your M&E information?
 - Specifically, who do you share your M&E information with?
 - In your information sharing processes, what are your feedback mechanisms?
 - What have been some barriers to using the M&E information?
 - How can we overcome these barriers?

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Data vs. Information

- Can be used interchangeably, but:
 - ❑ Data often refers to raw data, unprocessed information
 - ❑ Information usually refers to processed data, or data presented in some sort of context

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Purpose of M&E/The Big Picture!



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M&E information is only useful if it is:

- Manageable and timely
- Presented according to the audience's
 - Interest
 - Capacity to understand and analyze
 - Time, competing demands on time
- Transparent
- Focused on activities, results of interest
- Focused on meaning and direction for action

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M&E information is only useful if it is:

- Disseminated
- Utilized
- Has a feedback mechanism

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Dissemination is...

The process of sharing information or systematically distributing information or knowledge to potential users and/or beneficiaries

- Should produce and effective use of information

THUS

- The goal of dissemination is utilization

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Utilization

The process of putting:

- Information to use, such as to make decisions, to make changes, or to take other specific actions designed to improve outcomes
- M&E information is put to practical applications in planning, policy making, program administration & management, & delivery of services

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Feedback

- The transmission of information to parties for whom it is relevant and useful so as to facilitate learning
- Collection and dissemination of information, conclusions, recommendations and lessons learned from the experience

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Remember

Information must be:

- Based on quality data in order to be useful
&
- Communicated effectively in order to be useful
&
- Used in order to strengthen overall M&E capacity

AND: THERE ARE NO ENEMIES IN M&E!

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