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BEHAVIOUR CENTERED PROGRAMMING: An Approach to Effective Behaviour Change

empower **act**

inform dreams
enable inspiration
teamwork own educate goals
behaviour courage opportunity strength
learn create honor believe motivation support trust achieve
people success
challenges change desire
share

QUICK GUIDE



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QUICK GUIDE TO BEHAVIOUR CENTERED PROGRAMMING



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Acknowledgements

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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.



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How to use this guide

This guide is meant to serve as a reference to program planners in using Behaviour Centered Programming—a strategic planning and program design process that translates a health problem into feasible behaviour-based solutions and identifies ways to motivate and support people in carrying those solutions out. Behaviour Centered Programming can be applied to programs including national communications campaigns, community-based interpersonal activities, advocacy efforts, social marketing of products, goods or services or large, integrated programs that include many levels and kinds of work.

The following pages contain 6 worksheets—one for each step in the Behaviour Centered Programming process. The worksheets are used to organize data that is gathered during a situational assessment, behavioral analysis, and program definition, which inform identification of strategic behavior change activities, a detailed communication plan, and a monitoring and evaluation plan. This guide is intended to provide a BRIEF description each of the columns/rows in the matrices.

A new user of the matrices will need additional guidance on how to use them since the intention of this quick-guide is for it to be used by individuals with some exposure/previous knowledge of behaviour change programming.

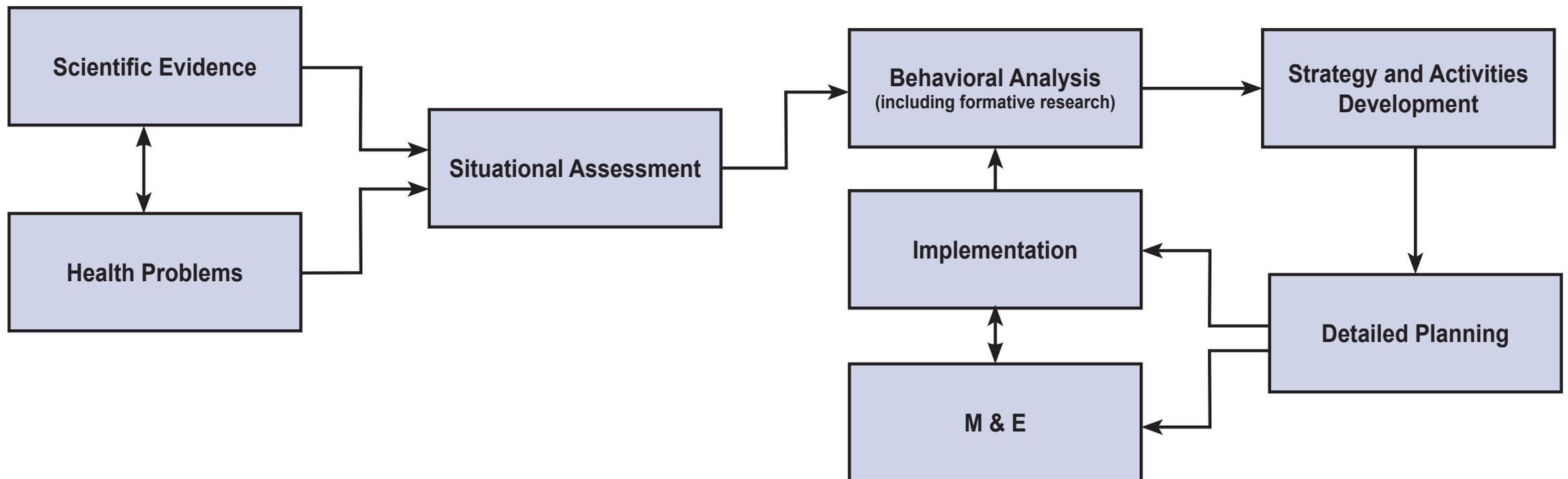
Use one or more sheets for each particular participant (or action) group, starting with the primary groups. Influential groups, may or may not merit their own separate behaviour-change strategies.

The content in this guide reflects an approach to designing behaviour change strategies, called “Behaviour-Centered Programming,” that was developed and tested by The Manoff Group (www.manoffgroup.com).



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Snapshot: Behaviour-Centered Programming*



*The Behaviour-Centered Programming framework developed by The Manoff Group (www.manoffgroup.com)



Step I: Situational Assessment

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

HEALTH PROBLEM:

A health problem definition should specify the health area (e.g., malaria, HIV/AIDS, etc.), a description of the problem (e.g., incidence of malaria each year, rate of HIV incidence, etc.), and the audience group (mothers, sex workers, etc.)

1. Situational Assessment

Once the health problem is clearly articulated, the first step is the situational assessment, when the program manager defines what behaviors, practiced by what audience group, will have an impact on that problem and then, on which of those behaviors the program will focus.

Ideal Behaviors	Key Behaviors	Target Audiences
<ul style="list-style-type: none"> • Ideal behaviors are concrete, measurable actions that have been determined by scientific study to have a direct impact on a health problem. These are the “gold standard” or “best” behaviors that address a health problem. -Frequently, there is more than one “ideal behavior” that impacts on a health problem. - Possible sources for information about “ideal behaviors” include “Facts for Life” (www.factsforlifeglobal.org) and IMCI key family practices. 	<ul style="list-style-type: none"> • Key behaviors are a sub-set of the ideal behaviors. This sub-set is made up of the highest priority “ideal behaviors,” which can be selected using criteria similar to the following: <ul style="list-style-type: none"> - Provides biggest health impact - Magnitude of the problem with the behavior (how many people are not currently practicing it) - Support from partners/political support - Availability of necessary resources - What other groups are already addressing - Ease of changing the behavior 	<ul style="list-style-type: none"> • The target audiences are the individuals who are (1) most affected by the health problem, (2) who have the greatest potential for being responsive to the intervention, and (3) who are the most reachable. • The target audience is usually divided into the following groups: <ul style="list-style-type: none"> - Priority group: The group of people that will perform the positive, “improved” behavior. - Influencing group: The group of people who influence the priority group, who can either support or prevent the priority group from adopting the positive, improved behaviors. • Five ways that are sometimes used to describe the target audience include demographic features, something most group members DO, something most group members WANT, something that keeps the group from “doing the right thing,” and readiness to adopt a behavior.



Step 2: Behavioral Analysis

Why is there a problem?

2. Behavioral Analysis

The next step is behavioral analysis. This step requires analysis of results of existing research/information and new formative research through the lens of the behavior that is being targeted. In behavioral analysis, the program manager will determine what people are currently doing, what kinds of factors (barriers) are preventing them from practicing the key behaviors, what factors or opportunities currently exist that might facilitate the behavior being practiced and what are the steps along the way to the ideal behavior.

Current Behaviors	Existing Barriers	Existing Facilitating Factors	Improved Sub-Behaviors/ Small Do-Able Actions
<ul style="list-style-type: none"> • “Current behaviors” are the behaviors (actions) that people are actually doing. – Information about current behaviors is identified from existing data and new data that is gathered during formative research. 	<ul style="list-style-type: none"> • Existing barriers are the things that prevent people from doing the key behavior(s). <ul style="list-style-type: none"> – Barriers to carrying out a behavior may include 1) expected negative outcome, 2) lack of commitment to doing action, 3) incompatibility with self image, 4) lack of skills, 5) lack of perceived ability to carry out action, 6) lack of perceived supportive social norms, 7) anticipated negative emotions after performing action, 8) lack of supplies (goods) needed, etc. – Information about barriers is identified from existing data and new data that is gathered during formative research. 	<ul style="list-style-type: none"> • Existing facilitating factors are the things that encourage or help a person do the key behavior. <ul style="list-style-type: none"> – Facilitating factors can include 1) an expected positive outcome, 2) intention to do the action, 3) compatibility with self image, 4) having skills to do action, 5) confidence that can do the behavior, 6) supportive social norms, 7) anticipated positive emotions after performing action, 8) availability of supplies (goods) needed, etc. – Information about facilitating factors is identified from existing data and new data that is gathered during formative research. 	<p>Improved sub-behaviors:</p> <ul style="list-style-type: none"> • Are the actions or tasks that lead to the desired or “ideal” behavior. They are a “building block,” a stepping stone to the ideal practice. • When practiced consistently and correctly, they will lead to a health improvement. • People <u>feel</u> that they can <u>do them</u> in the local context. • They are likely to be adopted by many people. • They are effective because they make a difference.



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Step 3: Program Definition

What will we do about the problem?

3. Program Definition

Once the behavioral analysis is completed, the final scope of the program can be defined. In this step the behavioral objectives and final target audiences are established.

Program Goal	Behavioral Objectives	Final Target Audiences
<p>The program goal establishes the connection to the big picture health problem you are trying to solve. The behaviors that you will focus on (as defined by your behavioral objectives) may just be one aspect of meeting the goal, but for a health promotion/behavior change project, it is the most critical part and the part that will be emphasized.</p> <p>The program goal will set out what impact the program will have on the health problem—to reduce incidence, mortality, prevalence, etc... by an amount reasonable and attributable to the activities of your project</p>	<p>The behavioral objectives are SMART objectives that clearly define which behavior or behaviors the program will focus on changing, by how much and by when.</p> <p>Depending on the program focus, the behavioral objective(s) will emphasize increased adoption of the ideal or key behavior(s) identified during the situational assessment step. However, if improved sub-behaviors are identified as part of the behavioral analysis, they can/should also be reflected here as objectives in and of themselves.</p> <p>Since the behavioral objectives establish what it is your program will focus on, it is important to not have too many. The decision about what and how many objectives to include in this step is subjective, but no more than 3-4 behavioral objectives should normally be included.</p>	<p>The final target audiences is a list of ALL the audiences, both priority groups and influencing groups that your program will target its efforts.</p> <p>In some cases, the behavioral analysis will confirm that the target audiences list generated in the situational assessment is complete and correct. In other cases, the behavioral analysis will reveal that a additional audience groups need to be added to the list or ones that you thought might be important or influencers are not actually important to emphasize in the program.</p> <p>This column should also include a description of the target audience groups in terms of basic characteristics that will be relevant to working with them (psychographics, demographics, access and use of media, literacy and comfort with certain kinds of images/issues, presence/familiarity with other messages/projects, etc...)</p>



Step 4: Activities Plan

What will we do to meet our behavioral objective?

4. Strategic Behaviour Change Activities

Now you've established your problem, your ideal solutions, the context for those solutions to occur and your objectives. It is time to plan your activities. These should be carefully selected to address/eliminate the various barriers identified and capitalize on the facilitating factors. Although the same program or person might not be able to actually carry out all of these activities (communications projects, for example, will be responsible for communication; social marketing projects might specifically emphasize the distribution/promotion of a commodity or technology; community development programs the community mobilization aspects), it is critical that the overall strategy and planning is well coordinated. Activities should be described briefly but specifically.

Communication	Training	Community Mobilization/ Collective Action	Commodity or Technology	Advocacy	Other
<p>Communication activities should be determined based on what information is needed by the participants groups and what channels they regularly access. Options include:</p> <ul style="list-style-type: none"> • mass media activities such as radio spots or campaigns, television programs, or billboards. • Interpersonal communication activities such as household visits or facilitated group meetings • Mobile communication such as text messaging 	<p>Training activities are all those required to build the capacity of individuals integral to your program.</p> <p>They can include workshops or trainings for program managers and supervisors, logistics managers, health facility staff, community leaders, group facilitators, radio announcers or community health workers, depending on your program</p>	<p>This set of activities should describe all those that will be executed by the community collectively or require action at community level. They can include forming or restructuring community groups, involving the community in self-monitoring of progress, or carrying out such community programs as CLTS, Champion Communities or Community-based Growth Promotion</p>	<p>This column should identify any commodities or technologies necessary to achieving the behavioural objectives. These can include both products like bednets, soap, medications, or condoms and services such as the existence of a health clinic.</p>	<p>These activities identify any policy or enforcement necessary to ensuring the behavioural objective and advocacy required to put the policy or enforcement measures in place. This can include both the macro level such as working to change national policy as well as the micro level such as working with health centers to make hours more accessible.</p>	<p>This column can be omitted or can describe any additional activities that are identified as necessary to achieving the behavioural objective but don't fit into any of the other categories.</p>



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Step 5: Detailed Communication Planning

5. Communications Plan

The communications plan should detail the communication aspects of the strategy. It is critical that all aspects of this plan are specific and strategic as the materials that are ultimately developed will be created using this. Further, clearly identifying the expected result and who will be using the material is an opportunity to build in monitoring.

Activity	Material	Audience	Result of Using Material / Communication Objective	Primary Message	Secondary Message	Who/How will material be used?
<p>Take EACH communication activity from Step 4 and put it in its own row on this plan.</p> <p>Consider the activities proposed in the other columns. Will carrying out those activities require communication tools of some kind? If so, each activity should be represented here and detailed.</p>	<p>Identify what specific material (radio spot, radio drama, poster, flipchart, counseling card, talking point notes, curricula, reminder material etc...) that is needed to conduct the activity.</p>	<p>Identify the specific audience group or segment of an audience group to or with whom the material will communicate</p>	<p>Specify what will change with that audience group as a result of encountering the material. This result should include resolving a barrier or playing up the facilitating factors.</p> <p>The result can also include an action or behavior, and in fact resolving the barrier/playing on the facilitating factor SHOULD lead to a behavior, but the immediate result of the communication is usually aimed at the determinants of behavior, not the behavior itself.</p>	<p>In this section, identify the primary message of the communications piece. This should come directly from the behavioral analysis and should directly address a barrier or promote a facilitating factor. It is by communicating this message that your result will occur.</p> <p>Note that identifying the message is NOT the same as actually writing the message. A creative agency or department will take your message and craft the actual words/pictures/slogan used in the material.</p>	<p>In this column, note any secondary messages that will support the primary one.</p> <p>This is a subjective decision, but in general, the fewer messages in a material the better, so only establish secondary messages if they truly support the primary one. If there is a need for additional primary messages using the same kind of material, it should be considered a separate material (i.e. two posters with different messages should each have their own row)</p>	<p>This column should provide a bit more detail than the activity column on who will use the material and how they will use it (e.g., when the spot will be broadcast; where the poster will be placed; who, when, how often, and how the counseling cards will be used; who, when and where the drama will be presented, etc.)</p>



Considerations for Media and Materials Selection and Development

Local resources for communication: Consider including the traditional means of communication used in the daily lives of the program's population groups such as traditional storytellers, singers or musicians.

Mass media access and use patterns: If the project is planning to use mass media to disseminate messages, consider the population groups that will have access to these media channels. For broadcast media (radio and TV), consider the time of day people tune in and the programs they listen to or watch as well as whether or not they have access to a radio or television at all.

Types of information: Various media channels are better suited for different types of information. While interpersonal communication is effective for working with complicated information because it can be tailored to individual needs, mass media may be appropriate for raising awareness at the institutional, community and individual levels. Print materials such as posters and brochures also may be effective for raising awareness and reminding people of behaviors that entail several steps or stages. Newspapers and other print materials may be useful in getting key information to policymakers.

Reading skills and pictorial literacy: Obviously, people must be literate (in the relevant language) to understand newspaper articles and most print materials. But even drawings or photos may not be well understood by people insufficiently exposed to regular communication materials. In particular, sequencing of events, background detail and three-dimensional representations can be confusing. Adequate and effective pretesting of materials is necessary to help to overcome this potential problem.

Size of audience: Audience size is determined by project specific conditions. It may prove difficult to provide individual counseling if the audience is large and budgets are limited. In such cases, a program might find it necessary to rely more on mass media. On the other hand, if the audience is small, use of mass media may not be cost-effective.

Cost: In addition to the relative cost of using different media and the economies of scale that can be achieved with larger audiences, it is important to consider the effectiveness of the media used. For example, the cost of communication per person by using mass media for a large project may be less expensive than other approaches, but if counseling and negotiation are needed to bring about behavior change, their costs, even for larger groups, must be included.



Step 6: Monitoring and Evaluation

Are we solving the problem?

6. Monitoring and Evaluation Plan

Monitoring is a continuous, systematic process of collecting, analyzing and using information to track the efficiency of achieving program goals and objectives. **Monitoring data** is used to make adjustments to program activities to improve impact. **Evaluation** is a systematic, time-limited process of collecting, analyzing and using information to assess the effectiveness, relevance and impact of achieving your program’s goals. **An M&E Plan** states how a program will measure its achievements and guides the implementation of M&E activities in a standardized and coordinated way. **Process/output, outcome and impact results** should be clearly-specified, well defined, and measurable.

	Key Results (What you expect to happen)	Indicators (How you measure what has happened. Should be “SMART”)	When to measure?	Who will measure? What is data source?	How will the data be used?
Process & Output (Used in monitoring)	Use the activities defined in “Step 4, Activities Strategy” to name the key process and output results expected from the project	Process/output indicators measure (“count”) what the program is actually doing.	Continuously collected throughout life of project	Indicate person or entity who will collect the data & where the information will come from	To inform managers that activities are being carried out as planned & make necessary adjustments
Outcome (Used in evaluation)	Use the behavioral objectives defined in “Step 3 – Program Definition” to name behavioral changes your project will effect	Outcome indicators measure changes in knowledge, attitudes and behaviors	Collected at least at beginning, middle & end of project	Indicate person or entity who will collect the data & where the information will come from	Determine if program goals are being achieved and to adjust program strategy to better achieve goals
Impact (optional) (Used in evaluation)	These are long –term, population effects of a program (e.g., changes in mortality & morbidity, health status, quality of life, etc.)	Impact indicators measure the impact on health (e.g., HIV prevalence, mortality etc.)	Collect data before and after intervention on target audience and control group	Indicate person or entity who will collect the data & where the information will come from	Determine population effects of the program



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Blank Matrices

The following pages contain blank templates of the 6 matrices for you to fill in when developing the behavior centered programming strategy for your program.



Step I: Situational Assessment

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

Health Problem: I. Situational Assessment		
Ideal Behaviours	Key Behaviours	Target Audiences



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Step 2: Behavioral Analysis

Why is there a problem?

2. Behavioural Analysis			
Current Barriers	Existing Barriers	Existing Facilitating Factors	Improved Sub-Behaviours/ Small Do-Able Actions



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Step 3: Program Definition

What will we do about the problem?

3. Program Definition	
Behavioural Objectives	Final Target Audiences



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Step 4: Activities Strategy

What will we do to meet our objective?

4. Strategic Behaviour Change Activities					
Communication	Training	Community Mobilization/ Collective Action	Commodity or Technology	Advocacy	Other



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Step 6: Detailed Planning

5. Communications Plan						
Activity	Material	Audience	Result of Using Material	Primary Message	Secondary Message	Who/How will material be used?



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Step 6: Monitoring and Evaluation

Are we solving the problem

6. Monitoring and Evaluation Plan

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