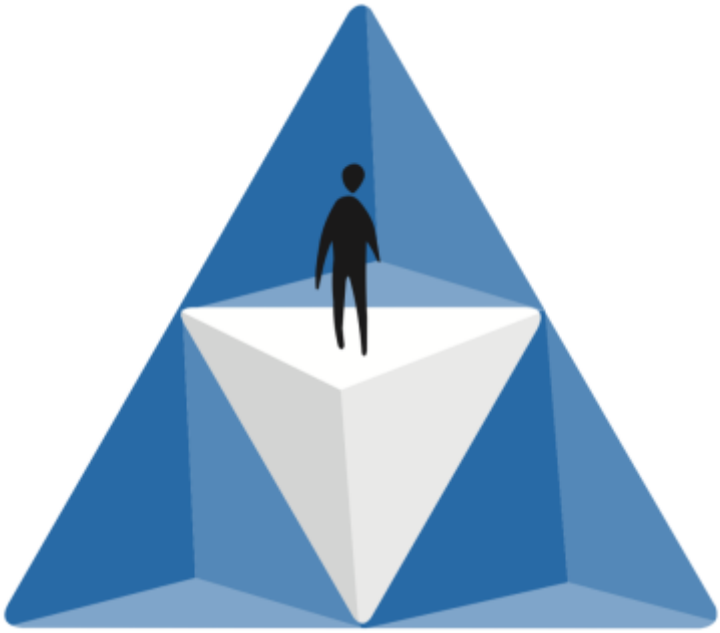

behaviour centered design

A PRACTITIONER'S MANUAL

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Preface

This manual is intended to guide behaviour change programmers through the process of program development. It reflects twenty-five years of practice in the development of various kinds of programmes by the authors, primarily in developing countries (although we believe the approach is more generally useful).

This manual grew out of a series of modules and webinars developed for the international NGO, WaterAid. We thank Om Prasad Gautham of WaterAid for the original impetus and funding to produce these materials, and for allowing us to adapt them for more general use. The series of webinars to accompany this manual (one webinar per chapter) is available -- please guide your web browser to [URL].

Chapter 1: Behaviour Change Theory

Structure of the Chapter

This chapter provides a simple introduction to theories of behaviour change. It begins by thinking about why people behave the way they do and then goes on to introduce several key concepts in behaviour change. There are many theories about how to do behaviour change and in this chapter we describe some of the similarities and differences between some of the dominant models. Lastly we describe how to apply what you have learned from this chapter to your programming.

Key learning points

- Although we like to think that we are in control of our behaviour, most of our decisions about behaviour happen at a sub-conscious level. This is why many people know what the 'right' behaviour is but don't actually do it.
- People often don't do the 'right' behaviours because the 'right' behaviours are more time consuming, costlier, more difficult or more inconvenient and are therefore less rewarding than the 'wrong' behaviours.
- Many behaviour promotion campaigns try to educate people about the 'right' behaviour but if people already know the right behaviour a then this is likely to be an ineffective approach.
- Some of our behaviour is goal oriented and relates to the fact that we might want to appear clean, be seen as a good parent or be seen as a good member of society, for example. There are 15 motives that drive human behaviour. Many of these motives can be used to form the basis of effective behaviour change campaigns.
- Much of our behaviour is influenced by the setting in which it takes place. To change behaviour, we might think about how we can change the physical or social environment, the objects within in it and the rules or norms that are associated with the setting, as all of these things predict how people will behave.
- Theory can be used to map the factors that are currently driving behaviour. It can also be used to plan an intervention.

Supporting Resources

- Motive definitions (available in Resources section below)

What is behaviour change and is it really as difficult as everyone thinks?

Behaviour change occurs when someone is faced with a familiar situation but suddenly does something new or different. For example, if a particular family had always practiced open defecation but then one day build a toilet and begin using it, this would be an example of behaviour change. Behaviour change is often considered to be a hard, mysterious and time-consuming process. But it can be easy. Just think about how mobile phones have revolutionised the way we communicate and interact socially. Rapid technology adoption, as in that example, is often effective in changing our behaviour because the benefits are clear, immediate and there are relatively few barriers to learning the necessary skills. Our challenge then is to make it just as easy to adopt good behaviour as it is to use a mobile phone! In this chapter we will introduce some key concepts that underpin behaviour change; we will also explain a range of behaviour change theories and then outline a new approach to behaviour change called Behaviour Centred Design.

Figure 1: A train would continue to move along the straight left hand railway, unless a lever is pulled to shift the train's path to the right hand railway. Our behaviour operates in a very similar way.

How does behaviour operate?

Although we like to think of ourselves as fully in charge of all our decision making, most of our behavioural decisions happen at a sub-conscious level. In many ways our behaviour is a bit like a train running along railway tracks. The train will continue moving along the tracks as it always has done until someone pulls a lever to shift it onto a different track. Likewise, most of the behaviours we perform on a day-to-day basis are based on what we have always done before. These behaviours served us well in the past so unless anything changes (like someone pulling a lever) we stick to them.

This process of learning through experience is called **reinforcement learning**. Reinforcement learning typically results in an optimal policy for selecting behaviour. The process can be summarized in a relatively simple model. Imagine a rat in a cage. When a piece of cheese is placed in the cage, it generates cheesy smells which are picked up by the rat and interpreted by its brain as a source of food. The rat responds by nibbling the cheese. The rat is rewarded for his behavioural choice by its stomach filling up, reducing its hunger. This is the reward that the rat expected to get from an item of food. But in this case the rat is surprised to find that the cheese also tastes great, which is an additional reward. Next time when cheese is placed in his cage it is likely that he will rush to eat the

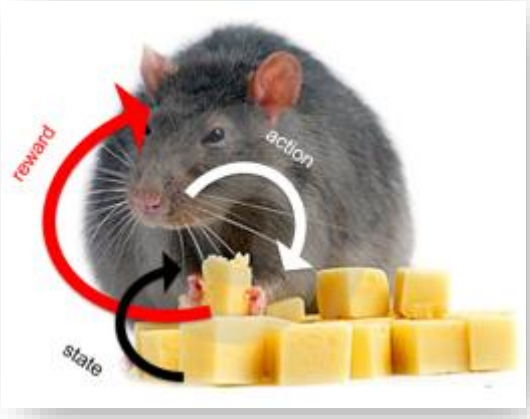

Figure 2: Once a rat has tried eating cheese and learned how tasty it is he is more likely to keep eating cheese. This is an example of reinforcement learning which occurs when we try out a new behaviour and find that it has positive rewards. This leads us to repeating the behaviour in the future.

cheese again because now he knows the rewards it will bring – it's yummy and filling! The same response will occur the time after that and the time after that, etc. Reinforcement learning is therefore the natural foundation for behaviour change as it tells us what is needed to get an old behaviour to become a new and different one. When there is a block preventing new learning from happening, public health problems can arise.

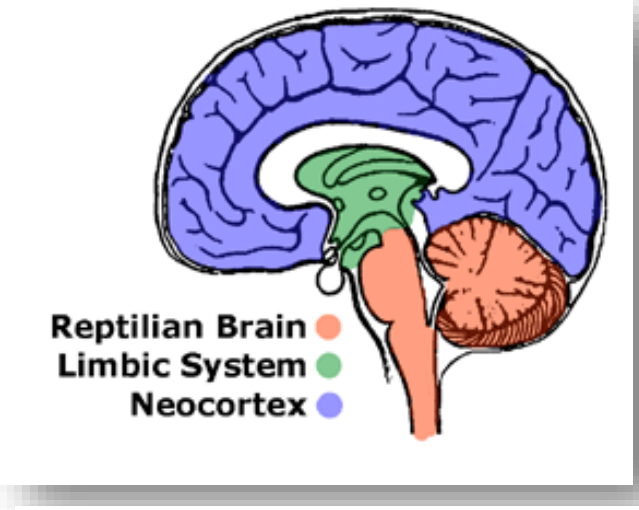

Figure 3: Although the brain is very complex, roughly speaking we can say that it has 3 regions with 3 different thinking capacities: The Automatic Brain, The Motivated Brain and the Executive Brain

How can behaviour be produced?

Our brains, and the brains of all species, have evolved over a long time in response to our environment, our social structures and what is necessary to survive. To understand how we make behavioural choices today, it helps to look back in time.

The Automatic Brain

Our brains were once much simpler than they are now and as a consequence the kinds of behavioural responses were simpler too. In fact, the responses tended to be automatic – what we call **reflexes**. Reflex behaviours include ducking when a stone is thrown in your direction or removing your hand from a flame as soon as you feel the heat.

It's worth noting that we share these same basic responses with all animals. Even now, with our more complex brains, we can still learn to perform automatic responses through repeating regular, routine behaviour – what we call **habits**.

The Motivated Brain

After some time, our ancestors learned it was more useful to live in social groups. To survive, gain access to resources and develop beneficial relationships, their behaviour became more complex too. Behaviour became guided by our desire to achieve goals – this is what we call **motivated behaviour**. There are 15 human motives that drive almost all of human behaviour. They are things that we all share. For example, when we feel hungry it

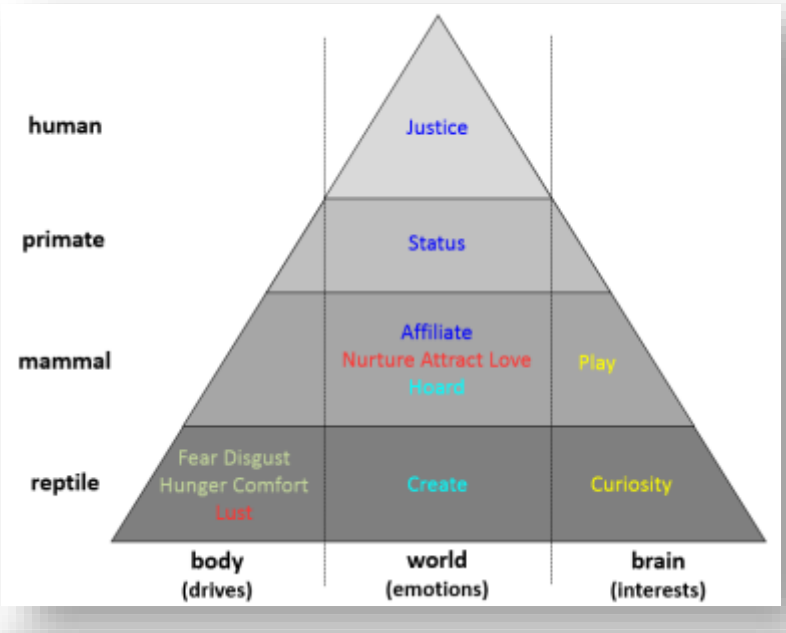

Figure 4: Diagram of the human motives of behaviours. The left- hand side of the triangle shows the stage at which these motives first evolved. The bottom shows which aspect of the world is primarily modified by achieving a goal related to that motive.

motivates us to find and prepare food to eat. we all share. Similarly, we all have the desire to be liked by those around us, this motive of affiliation, drives us to act in ways that will generate social approval and allow us to form relationships. Simple descriptions of all the motives are given in Appendix 1.

Executive control

The more we became accustomed to acting with long term goals in mind, the more humans found that it was useful to be able forecast the consequences of behavioural choices, before actually doing them. This is what we call **executive control**. The planning we do in our executive brain allows us to simulate people, including their characteristics, their motivations and their situations, just as if we are watching a film where the ending can be changed. Watching these 'mini films' in our mind, in advance of making a behaviour decision, helps us to evaluate the worth of different courses of action.

If people know what behaviours are good for their health, why don't they do them?

Historically, the WASH sector has spent a lot of time and money educating people about how they should behave to prevent infection. So why do so many people seem unwilling to learn the appropriate behavioural responses to a given situation?

Figure 5: Posters like this which educate people on why they should wash their hands and how to do it are common. But there is little evidence that this teaching approach works to change behaviour.

These moments where an 'unhealthy' behaviour is selected over the behaviour which people know to be the 'correct' or 'healthy' option can be described as '**psychological mismatch**' situations. Psychological mismatch occurs when the psychological reward we get from doing the 'unhealthy' or 'incorrect' behaviour is somehow stronger than doing what we know to be the 'right' behaviour. Psychological mismatch can be seen as one of the main problems for behaviour change to solve as it creates a block to reinforcement learning. Here are some examples of different types of psychological mismatch:

Modern technology has produced many kinds of things that are very stimulating to use or consume. For example, soft drinks trick our digestive systems because they pack in artificial flavours and sugars, which are tastier than anything we could find in the natural world. We get so much pleasure from the soft drink that we end up drinking more than we should, winding up in an unhealthy state.

Many of us would like to excel at a sport which and this in turn be good for our health and wellbeing. However often we put off taking up a new sport because we are unlikely to be great at it the first time we try. In this case distant rewards are being offset against current punishments.

Everybody knows that handwashing can prevent diarrhoea and other illnesses. However, most people don't wash their hands at all critical times. This is because we know that most of the time we don't get sick and discount the significance of these rare serious 'punishments' like getting diarrhoea.

What kinds of behaviour change theories are out there?

There are many different behaviour change theories: over 100 can be identified in the literature! Here we provide a summary of some of the ones which are most commonly used within public health. These theories derive from three different academic disciplines – health psychology, social psychology and behavioural economics – but all of the approaches, regardless of disciplinary origin, can be divided into two classes: whether they make use of a single 'trick' to change behaviour, or include a more complex approach to behaviour change that allows for multiple avenues of change. Table 1 describes some of the dominant behaviour change theories currently being used in public health, broken down into these categories.

Table 1: Descriptions of common behaviour change theories used in public health

Name of BC theory	Key elements that define the approach	Key assumptions
Single Factor Approaches		
Social Norms Approach [1]	Perceived social norms can be used to influence behaviour.	• Individuals often incorrectly perceive that the attitudes or behaviours of others are different from their own, when in reality they are similar.
Cognitive dissonance approach [2]	Inconsistency between attitudes or behaviours forces us to either change our attitudes or change our behaviour so to avoid internal conflicts (or dissonance) around these ideas.	• Our brains prefer when our beliefs, attitudes and behaviour are aligned and consistent.
Default option [3]	Present the desired option as a default (what you get if you don't actively make a choice) and this will increase the chance it will be chosen.	• Defaults work partly by creating a perception of ownership because the pleasure we derive from gains is less intense than the pain from an equivalent loss.
Choice architecture manipulation [3]	Manipulate the number of options that are available and the kinds of options that are available, to influence which option most people will actually adopt.	• Reducing the total number of choices ('choice overload') increases the likelihood of any option being chosen • Broadening the range of choices can influence which choice is made
Sense of control [4]	Make people more responsible for their everyday choices.	Increasing people's perception about their ability to influence events will increase their active involvement in their own life.
Multi-Factor Approaches		
Health Belief Model [5]	Health-related behaviour is determined by the following factors:	• People engage in health behaviours for reasons linked to healthy outcomes, overlooking other potential motivations.

	1.Perceived susceptibility – a person's perception of how much they are at risk of a problem. 2.Perceived severity – a person's perception of how severe the problem is. 3.Perceived action efficacy – whether people believe that practicing the behaviour will reduce the problem. 4.Perceived social acceptability – whether a person feels the behaviour aligns with their social norms. 5.Perceived self-efficacy – a person's belief that they can do the behaviour given their knowledge and skills. 6.Cues for action – things that remind a person to do a behaviour.	• With the aid of a Barrier Analysis Tool these determinants can be quantified to understand which factors are most important in the design of an intervention.
Theory of Planned Behaviour [6]	Self-efficacy (an individual's belief in their own ability to perform a behaviour) is important in determining the likelihood of the individual's intention to perform a behaviour. A person's sense of self-efficacy is understood to be informed by their attitudes and beliefs toward the behaviour, subjective norms (perceived social pressure to perform a behaviour), and their perceived behavioural control.	• A person is not in control of all factors affecting the actual performance of a behaviour. • Behaviour is predominantly influenced by conscious thought. • Self-efficacy is an important part of the process.
Health Action Process Approach [7]	Behaviour change can be achieved through a structured process. Intervention design should follow two distinct phases; motivation and volition. The first stage involves identifying the behavioural motivation and establishing goals, the second involves planning and acting to achieve these goals.	• Plans which are motivated by strong intentions are more likely to succeed. • People need to have plans to cope when unexpected barriers to change arise.
Stages of Change (Transtheoretical model) [8]	Behaviour change occurs through a 5 step process: 1. Pre-contemplation (the individual has not even thought about changing their behaviour) 2. Contemplation (begins to think about changing behaviour) 3. Preparation for action (begins planning to change behaviour) 4. Action (begins practicing the behaviour)	• Behaviour is influenced only though consciously contemplating change. • Behaviour change is a linear and progressive process. • People can be 'ready' for behaviour change to differing degrees, and so are more or less susceptible to particular change strategies.

	5. Maintenance (the behaviour is performed regularly)	
Multi-Factor Approaches targeting WASH-related behaviour change		
SaniFOAM [9]	Suggests behaviour change can be understood by asking three key questions: 1. Opportunity: Does the individual have the chance to perform the behaviour? 2. Ability: Is the individual capable of performing it? 3. Motivation: Does the individual want to perform it? The F in SaniFOAM stands for 'focus' – the need to be highly specific about the target population and the behaviour practitioners want to change.	• Infrastructure is insufficient to achieve WASH-related behaviour change
IBM-WASH [10]	Behaviour is influenced by 3 interacting 'dimensions': 1. The Contextual Dimension – includes determinants related to the individual, setting, and/or environment that can influence behaviour change and adoption of new technologies. 2. The Psychosocial Dimension – comprises the behavioural, social, or psychological determinants that influence behavioural outcomes and technology adoption. 3. The Technical dimension – specific attributes of a technology, product, or device that influence behavioural adoption. These operate at 5 levels: the society/structural level, the community level, the interpersonal/ community level, the individual level and the habitual level.	• Behaviour can only be understood within larger societal and communal contexts. • An enabling technology is essential (but not sufficient) for achieving WASH-related behaviour change.
Multi-Factor Approaches with Intervention Process Model		
COM-B [11]	Behaviour comes about from an interaction of 'capability' to perform the behaviour and 'opportunity' and 'motivation' to carry out the behaviour. Interventions need to alter one or more of these three things to achieve	• Self-efficacy is important. • Larger social structures (such as policies) contribute to individual behaviour change. • Some level of knowledge is essential (but not sufficient) for behaviour change.

	behaviour change. The model uses a behaviour change wheel to describe the potential functions of a behaviour change intervention policy categories that could support behaviour change.	

Most of these approaches tend to assume that behaviour change is most effectively achieved by trying to alter how people plan their behaviour – that is to say that they target the brain's executive control. However, as we learned this is just one of three levels of control over behaviour. To date, many theories have overlooked other aspects which influence behaviour, in particular those associated with motivational drivers and habit formation.

Behaviour Centred Design

Behaviour Centred Design is a relatively new approach developed at the London School of Hygiene and Tropical Medicine founded on an appreciation of the mismatch problem (mentioned above) and the reinforcement learning solution. BCD draws on evolutionary psychology, the latest techniques in marketing and existing behaviour change approaches. BCD can be represented by a single diagram (see Figure 5 below). This diagram encompasses two different things: a theory of behaviour change through the middle of the diagram and a process model for designing behaviour change interventions around the outside (the blue arrows). The process model will primarily be discussed throughout the subsequent chapters in this manual.

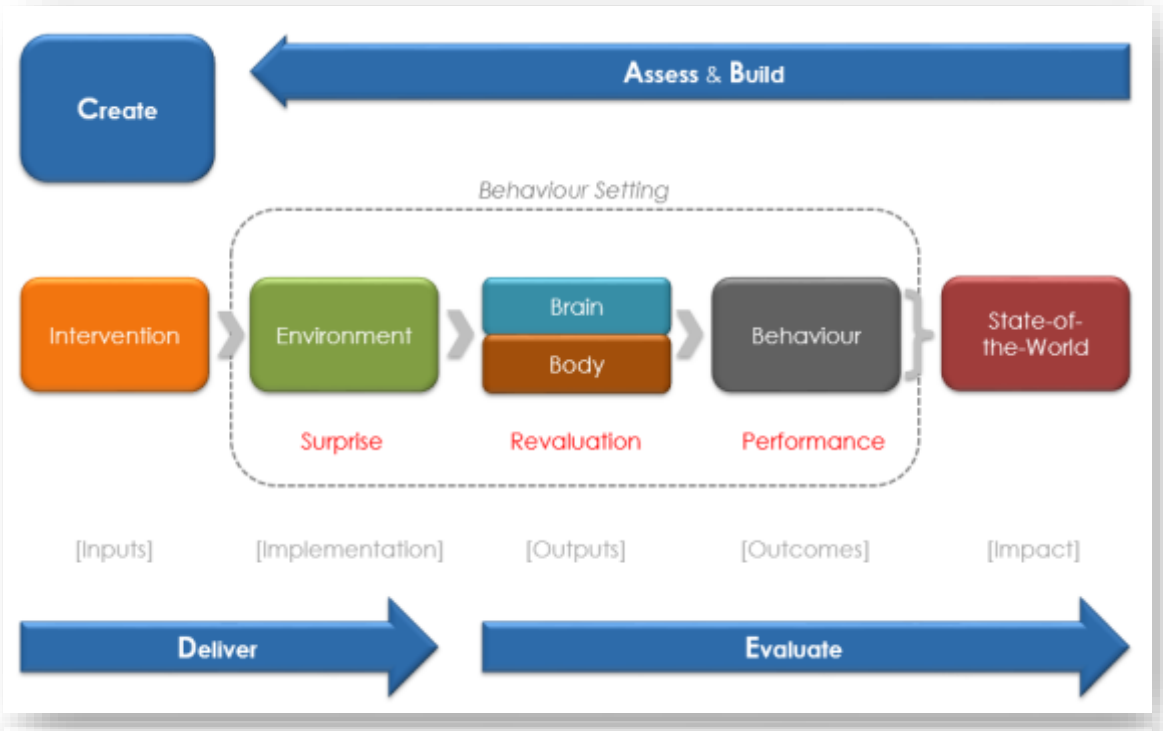

Figure 6: A pictorial representation of the Behaviour Centred Design (BCD) theory showing the theory of change across the centre of the diagram and a process for designing behaviour change interventions around the outside (using the blue arrows).

Theory of change

A 'theory of change' can be considered to be a causal chain working through various links necessary for a particular objective to be achieved. Often theories of change are phrased as the process of moving from *inputs*, to *implementation activities*, to *outputs* and finally to *outcomes*.

The BCD theory of change reflects the reinforcement learning model. It assumes that to change the 'state of the world' a behaviour change intervention must change something within its behavioural setting. This should lead to changes in the way the behaviour is perceived by the brain and/or body, resulting in the selection and repeated adoption of the desired behaviour. The BCD theory of change makes more specific claims than usual: it says that, for a behaviour change campaign, an output should be considered a psychological change and an outcome should be a change in behaviour (although the impact can still reflect whatever the project's overall objective or aim is).

Behaviour setting

A behavioural setting is more than just the physical location where a behaviour takes place. A behaviour setting, as we describe it here, refers to all of the circumstances and things that are involved in a behaviour taking place. The place itself can be considered the *stage* on which the components of the setting are enacted, where these components include objects (or *props*), the *physical infrastructure*, the *roles* we play and the control mechanisms that govern our behaviour such as *rules* or *norms* used to make sure the setting is executed successfully.

Let's think about a typical handwashing setting and the components that comprise it. The physical setting may be near a toilet or a kitchen as this is where we most frequently wash our hands. In these locations we find familiar *infrastructure* such as taps and basins. We also find *props* that are key to helping us perform the behaviour – such as soap. The people who come to wash their hands at this place are *actors* and each one plays a *role* within the setting. In figure 7 there are two roles being played 1) the older sister and 2) the younger brother. Both of the people playing these roles follow a *script*. The script for the younger brother is that when he gets his hands grubby he knows to go running and crying to his older sister for help. The older sister knows just what to do when this happens - she takes him to the basin, holds his hand, shows him how to use the soap and water until the desired behaviour is performed optimally. In this behaviour setting we have an explicit example of a control mechanism – the older sibling guiding her younger sibling's arm. Some control mechanisms are less obvious. For example, imagine that a neighbour saw the boy and his grubby hands and shook her head with disgust. This would be embarrassing for the boy and his family and would act as a behavioural lever to encourage handwashing in the future.

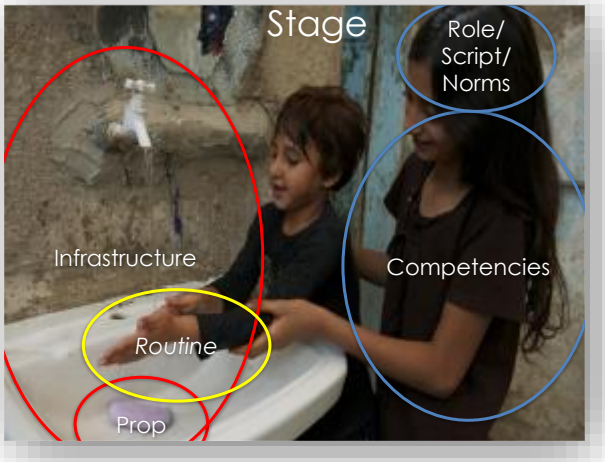

Figure 7: It is not surprising that most people behave the same way in a setting. Once we know the stage of the behavioural setting, the objects present, the roles people play and its rules or norms, it is easy to predict behaviour.

Once we understand a behaviour setting and the roles people play within it, it becomes easy to predict the way people will behave with a high degree of accuracy.

The BCD 'Challenge' Approach

Finding the right behavioural lever – the thing that causes a switch to the new behaviour – is the primary challenge for behaviour change. The BCD approach breaks down this challenge by identifying three key tasks, each associated with changing one link in the theory of change. We summarize these three tasks below.

Make it surprising

The first task of a behaviour change intervention is for it to be surprising. To achieve this, we must think firstly about how we intend for our target population to be exposed to the intervention. Secondly we must think about how our intervention can stand out and genuinely hold the attention of the target group.

Get exposure: We cannot expect behaviour change to happen unless individuals in the target population come into contact with the intervention. This requires us to consider how the intervention will reach our target group and also how many times the target group need to interact with the intervention for it to have the desired effect.

Grab attention: Behaviour change can only occur when the intervention grabs the attention of the target audience and causes some psychological change (e.g. a memory). This is particularly important when the intervention does not take place in the same location (e.g. a public event) as the target behaviour (which might happen in a private place such as the household).

Cause revaluation of the behaviour

The second task is to cause the target behaviour to be revalued, so that it is more or less likely to win out as the best behavioural choice when the next opportunity arises. This requires us to think about what motives are currently driving behaviour (by using the motive triangle), and how we could modify these motives or increase the reward associated with the target behaviour.

Modify value: The first step in doing this is to identify the '**proper domain motive**' of the target behaviour. The proper domain motive is the motive which predominantly drives the target behaviour. For example, the proper domain motive for all hygiene behaviour is disgust (avoiding disease by staying clean) while eating behaviours are associated with the motive of hunger and sexual behaviours are associated with lust. One way a behaviour change intervention can choose to modify the value of the behaviour is by increasing the strength of the proper domain motive. For example, if you were targeting hygiene behaviour you could amp up the disgust associated with poor hygiene by making people more aware of disgusting germs (e.g. by artificially making them visible).

Alter reward: Alternatively, you can add a new motive to the target behaviour, thus increasing its value. For example, nurture could be associated to a hygiene behaviour by associating good hygiene with being a good mother.

Ensure the behaviour is performed

The third task is making sure that the target behaviour gets selected (from among all other possible choices) and actually gets performed. This requires us to think about how we can alter the behavioural setting so that the target behaviour is the easiest and least costly to perform.

Disrupt setting: The intervention needs to modify one or more of the components of the setting (e.g., objects, infrastructure, script, roles or norms) so that the target behaviour becomes a vital part of it. For example, if you were trying to improve food hygiene you could try to physically change the kitchen setting. You could influence the script that people follow by hanging stickers or other cues in the kitchen environment to remind them of the target behaviour.

Get selected: Here the task is to reduce the costs of engaging in the behaviour itself. The cost of performing a behaviour includes 1) the financial cost of doing the behaviour, 2) the 'opportunity cost' (e.g. other missed opportunities) associated with doing the behaviour, or 3) the effort or physical cost associated with doing the behaviour. For example if we wanted to make handwashing easier, more convenient and use less water one idea might be to install a handwashing station near the toilet and kitchen.

How should behaviour change theories be applied in practice?

In addition to laying out a theory of behaviour change, Behaviour Centred Design provides a framework for designing a behaviour change intervention. In the Behaviour Centred Design diagram (Figure 6) this process is reflected in the blue arrows. The intervention design process is described through a simple acronym - ABCDE. Each letter explains one of the key steps in the process: A: Assess, B: Build, C: Create, D: Deliver and E: Evaluate. Later chapters will explain each of these steps in turn.

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Chapter 2: The Assess Step

Structure of the Chapter

The last chapter provided an introduction to behaviour change theory including the Behaviour Centred Design Model. This chapter provides an overview of how we can use this same model to inform the process of Assessing what information is known about the target behaviour; Building on this through formative research; using this knowledge to inform the Creative design of an intervention; considering how the intervention will be Delivered; and then Evaluating the intervention – a process called ABCDE. This chapter will then go into more depth on the first step in this process which involves doing a review of the literature and identifying your behaviour change task.

Key learning points

- Behaviour change deserves to be at the heart of all WASH programming because of its potential to improve, health wellbeing and dignity.
- The Assess stage is the first stage in the ABCDE process and requires implementers to review what is known about the target behaviour by looking at literature from global, national and local sources.
- This review should allow you to map what is known and not known about the behaviour using the BCD checklist.
- The Assess stage also involves deciding the aim and objective of your intervention; the exact behaviour you will be targeting; the target population; and documenting any constraints you have in designing it (such as resources). This is best done by holding a 'framing workshop' with stakeholders and partners.

Supporting Resources

- BCD Checklist template (available in Resources section below)

How do you design a behaviour change program?

Programs that aspire to change behaviour need to do more than just understand the the **determinants of behaviour**. They also need a methodology for designing, delivering and evaluating behaviour change. The methodology presented here is inspired by theory, public health programming and marketing experience. The process is centred on developing a **Theory of Change** of behaviour that, when implemented, has the desired impact. Having a Theory of Change also helps with delivery and evaluation, so that lessons can be learned and extrapolated to other contexts.

The Behaviour Centred Design approach divides the program development and execution process into five steps – ABCDE:

> **Assess**: Determine what is known and unknown about current and desired behaviours and their determinants
>
> **Build**: Fill in the knowledge gaps by collecting data (e.g. through **formative research** that explores what is unknown about the target behaviour and informs the creative process.)
>
> **Create**: Design a behaviour promotion package, including the concepts, materials, activities which will have an impact on the program objective.
>
> **Deliver**: Execute the intervention so that the target population are sufficiently exposed to the program's activities.
>
> **Evaluate:** Determine whether the predicted environmental, psychological and behavioural changes occurred

This process can take considerable resources, many experts and a time-frame of a year or more. If your program is small or you don't have this time, it is still possible to follow each step in some form, as it is the logic of this process that produces results. In this chapter, we begin the process of describing what activities should ideally be undertaken to develop an effective program or campaign.

What is done during the Assess Step?

The Assess step, as the first step in program development, should set out the scope of the program and identify what is known about the target behaviour(s). First, all existing information is collated concerning the determinants of behaviour, and second this information is developed and organized into a Theory of Change through a framing process. This provides the basis for the next step: Build, which addresses any remaining gaps in knowledge required by the Theory of Change.

1. Background review

The Assess team first determines what is known already by conducting a background review of the academic and 'grey' literatures (i.e. papers published in academic journals as well as NGO reports etc) as far as is possible. The types and levels of data that should be explored are outlined in the table below. At this stage it may be useful to look for data collected by other programmes. It may be possible to locate previous research in the country, or from elsewhere, to provide good insights into the determinants of behaviour.

Level of information	Relevance to your program
Global - level	• Understand the association between your target behaviour and the outcome • Understand what determines behaviour in other countries

(academic journals or NGO reports)	• Understand what has been implemented in other countries
National – level (National NGO reports, large surveys, government data and policy)	• Understand the availability of services/facilities (e.g. water, sanitation) • Understand the local health priorities • Understand what is being done nationally • Understand national goals/indicators associated with your target behaviour
Local – level (Small-scale research, NGO reports, local government data and policy)	• Understand the availability of services/facilities (e.g. water, sanitation) • Understand the local health priorities • Understand what is being done locally and where the gaps are • Understand national goals/indicators associated with your target behaviour • Understand what determines behaviour in the specific context where you are working.

Things to keep in mind when reviewing the literature

There are a few things to bear in mind when reviewing literature:

1) The evidence for any of these behaviours is always changing so if you are planning an intervention make sure to do a new review of the data.
2) Data can broadly be divided into two types: qualitative and quantitative. **Quantitative data** tries to quantify relationships between a behaviour of interest and an outcome (e.g. diarrhoeal disease). When we talk about 'evidence' we are normally referring to quantitative studies. However, relationships can be complex so quantitative studies can have a lot of methodological issues and often cannot specify why a particular effect has been observed. **Qualitative data** is useful for understanding the perspectives of your target population and exploring the 'why' behind quantitative data. A challenge with qualitative data is that it may be quite context-specific.
3) The absence of evidence is not mean that there is no association between the behaviour of interest and the outcome. It just means that either insufficient studies have been conducted or that the studies which have been done have been done are of poor quality or are inconclusive.

2. Framing Process

In the second half of the Assess step, stakeholders work together to frame the overall task and to agree as to what is known and what is still to be found out. This is typically done through a framing workshop attended by various kinds of experts, stakeholders and interested parties. During this workshop it is useful to ask the following questions:

- What is the **Aim** of the program? (i.e. the state-of-the-world the program wants to change)?
- **Who** is in the target population?
- **What** precisely are the current and the target behaviours?
- **Why** is the behaviour performed (i.e. what psychological mechanisms cause it to be enacted)?

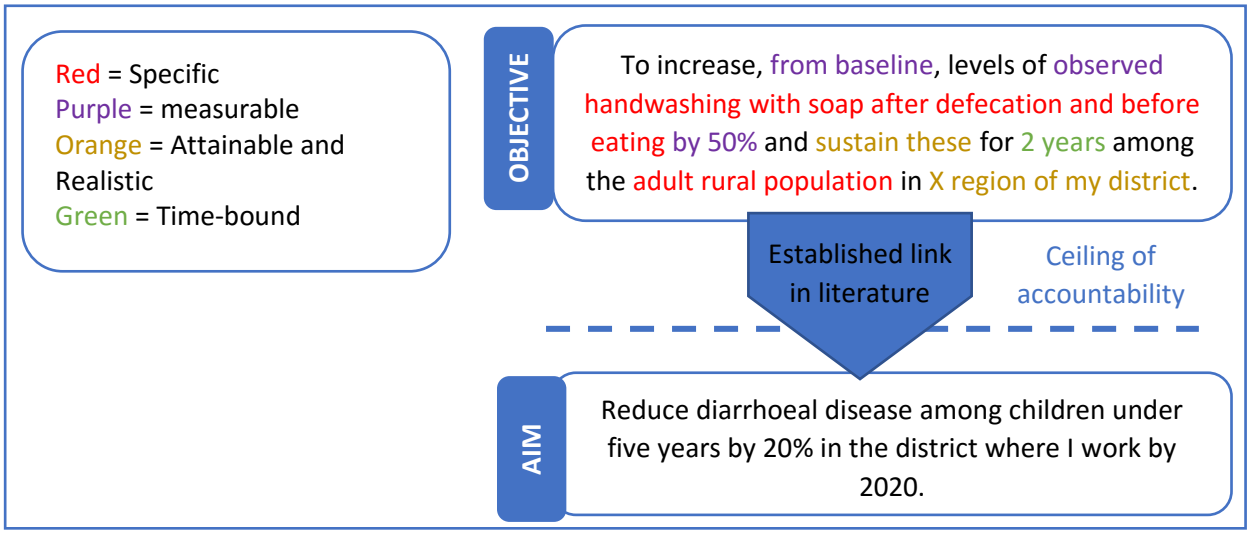
- **How** can the target individual's situation be influenced so that they might be induced to change their behaviour?

Now we describe some of the things to think about when discussing the answers to these questions.

Aim

The programme aim can be expressed as the desire to modify some substantial aspect of the world-at-large. Often the aim may be pre-determined by your funder. The aim is often associated with an impact that can only be achieved in the long term, and which may be beyond the program's 'ceiling of accountability'[1]. This means that the program cannot be held entirely responsible for delivering it because the program is not the sole cause of the changes to this phenomenon. Programs should also have an objective which should be considered as the 'reachable' indicator of program success. An objective should be '**SMART**': that is to say that it should be **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and **T**ime-bound. For many behaviour change interventions, the objective is to change behaviour. This is because health-related objectives are often harder and more expensive to measure. In many cases the link between performance of the behaviour and the larger health impact is already well-established in the literature, such that behaviour change should be a good indicator that the program goal will be achieved.

Figure 4: An example of an objective and an aim for a handwashing intervention



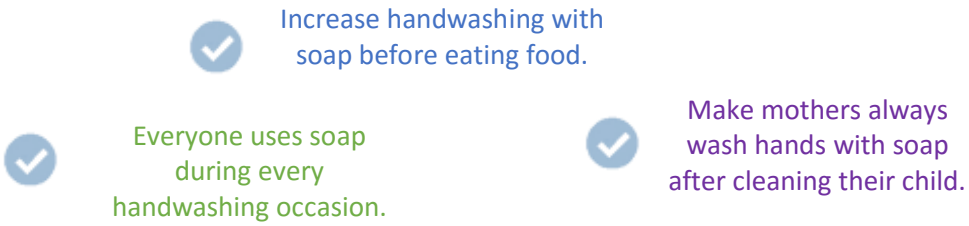
What? Identifying Target Behaviours

The next step is to define the behaviour to be changed. This is rarely a simple task. However, it is vital to define the precise behaviour that the program wishes to change. Behaviour refers to what people *do*, not what they *say* or *think* or *feel* or *know.* So the following statements would not be considered to be *behaviours* to be changed.

People can explain the key times at which hands should be washed with soap.

People feel that handwashing is the most important use of soap in the household.

Below are some examples of different handwashing behaviours that could address the aim stated above.



Who? Identifying the Target Population

Behaviour change programs can propose to change behaviours at the household level, the community, through institutions (e.g. schools, health care settings, public places), and at a policy level. So when designing programs it is tempting to say that our intervention should target everyone. However, the more clearly you can define the target group the easier it is to develop the program and achieve change. Behaviour change campaigns often target mothers. One rationale for this is that they are the primary carers for children under 5, who are most at risk of diarrhoeal disease. However, many other target groups are possible. For example, mothers-in-law or husbands often play important decision making roles within the household. School-children are often targeted by interventions too as they can be easily reached (within the school environment) and behaviours established at school can be a catalyst for behaviour change in the home environment. Some interventions identify secondary target audiences. These are people who are critical for influencing behaviour of the primary target population. Secondary target audiences may include teachers, health workers, social opinion leaders or other key influencers – on the primary targets.

Why? Hypothesizing what determines behaviour

At the Assess stage we want to map what is known about why our target audience act in the way they currently do and what psychological processes determine their behaviour. At this point in time it is likely that you will know very little about this (unless prior relevant **formative research** has been conducted). The BCD approach uses a table to help map what we know and do not know about current behaviour and the behaviour we would like people to adopt. Table 1 provides an example of what this table looks like by applying it to handwashing in an Indian setting. By mapping this systematically the Assess team should be able to develop a list of knowledge gaps, which can be translated into research questions to explore during the Build stage.

Table 2: Mapping what is known and unknown for a handwashing intervention in India. The green boxes indicate what is known, the yellow boxes indicate where some information is known by more information is needed and the red boxes indicate what is not known

		Current behaviour	**Desired behaviour**
State-of-the-World	**Aim**	High diarrhoea among children under 5 in India	Reduced diarrhoea rates
	Objective	Baseline levels of observed handwashing with soap after defecation and before eating are 2-4%.	To increase levels of observed handwashing with soap after defecation and before eating by 50% and sustain this for 2 years among the adult rural population in X region of my district.
Behavio	**Target behaviour**	No soap used when handwashing	Soap always used when handwashing
	Who does it?	Almost no one	Adults and children

	When do they do it?	Almost never	At all 5 critical times but particularly after defecation and before eating.
	Where do they do it?	No designated place	Where cooking and defecation take place.
Environment	**Physical**	Low sanitation coverage so many people go to the fields to defecate – no set place where hands should be washed. A limited amount of water is stored in the house.	Handwashing is seen as a priority use of water and water and soap are stored near the kitchen and along the path where people go to defecate.
	Biological	Faeces is present in the environment. Kitchens are often not clean places.	Make it aspirational to be clean?
	Social	Mothers-in-law and husbands are important influencers of the behaviour of women and children. Role models don't use soap.	Mothers and husbands encourage mothers and children to wash hands. Role models use soap.
Brains	**Executive**	Everyone knows soap use can prevent diarrhoea but this is only practiced when hands are visibly dirty.	Even visibly clean hands can be dirty.
	Motivated	Not yet known	Not yet known
	Reactive	No HWWS habit	HWWS practiced without thinking
Body	**Traits**	Not yet known	Not yet known
	Physiology	Not yet known	Not yet known
	Senses	Smelly/sticky/visibly dirty hands	Make people more aware of hands being dirty even if they appear clean
Behaviour Setting	**Stage**	Not yet known	At a convenient place near the place where food is prepared/eaten and where people defecate.
	Roles	Women do most of the cooking and are responsible for cleaning children after defecation.	Not yet known
	Routine and script	Not yet known	Not yet known
	Norms	People around here don't always wash their hands with soap.	Everyone around here washes their hands with soap.
	Props and infrastructure	Soap available in households but not used for handwashing Water source hard to access and water available in the household is limited.	Soap prioritised for handwashing and kept at a handwashing place
Intervention	**Touchpoints**	Religious ceremonies, rickshaws, local shop vendors, community meetings, schools, health worker visits, water committee.	Not yet known
Context	**Programmatic**	Existing poverty reduction programs and Vaccination programs.	Not yet known
	Political	Program competes with many other kinds of programs. Less donor funding for this	Not yet known
	Economic	Soap is perceived as expensive	Not yet known
	Social	Caste system influence on perceptions of 'dirty' behaviour	Not yet known

How? What does the intervention have to look like?

The Assess step must document any constraints or pre-determined qualities of the intervention. This may include how much money is available; how many people will receive the intervention (or whether it needs to be scalable in the future); how much time you can afford to spend with an individual or community during the intervention; who the intervention will be delivered by; and what kinds of materials or delivery channels might be used.

Develop a tentative theory of change

By the end of the Assess stage you should at least have sketched out the intervention aim, a specific behaviour and the target population. You should have some information on what drives current behaviour, a list of constraints and a list of questions to explore further. Together this information should allow you to develop a tentative theory of change for your intervention.

Chapter 3: The Build Step

Structure of the Chapter

In the Assess step we described how a literature review and a consultation with experts could allow us to map what was known and unknown about the target behaviour. However, this process normally identifies many knowledge gaps. Formative research is required to help fill those gaps. In this chapter we describe the aim of formative research, suggest how to select formative research methods to answer your key research questions and provide guidelines for how to conduct these ethically and in a cost-effective manner.

Key learning points

- The Build step is all about adding to the information generated in the Assess step.
- The primary way of doing this is by conducting formative research. Formative research involves trying to understand more about the lives of people in our target site and does this by using a mixture of qualitative and quantitative research methods.
- By the end the formative research the aim is to have generated rich insights into what determines your target behaviour. This means that you should have gained knowledge on all of the things mentioned on the BCD checklist.
- The first step in formative research is to identify what you don't know and form some preliminary research questions. The BCD formative research toolkit can then be used to identify research methods that are likely to help you find the answers.
- Formative research is generally short and cannot hope to learn everything about behaviour. However, it is still research and therefore it is still important to think about ethics, consent, and confidentiality.

Supporting Resources

- Formative research toolkit (available from the BCD website)

Introduction

The Build step is designed to fill in the information gaps identified during the Assess stage. This involves a form of data collection called **formative research,** often abbreviated to FR. The objective of FR is to fill in key details about the target behaviour in its real world context, beyond what was generated from the literature and experts in the Assess step. It generally utilises qualitative methods, although some quantitative data may also be gathered. It allows the program design team to gather new insights about the drivers of behaviour, to understand the context and how it can be used to design the intervention. The findings of the FR provide the material for the detailed creative brief, which is explained in the next step - Create.

Why Formative research?

Effective programmes cannot be designed in an office, rather they must be built on understandings of the everyday reality of the target individuals in their homes and workplaces. For behaviours about which a lot is known it may be sufficient to spend only a short time checking up on what has been gathered during the Assess step. However, many behaviours are still poorly understood and likely to need careful investigation.

How should formative research be conducted?

Formative research in BCD is different from that which is usually conducted in a number of ways. First of all, it is designed to carefully answer questions that will help us to construct a Theory of Change for behaviour. Hence it focuses on *behaviour* and not so much on what people say about their behaviour. This is because many of the drivers of behaviour are non-conscious and so cannot easily be explained by the people involved. This is why self-reported data from FGDs or in-depth interviews are not necessarily the best methods for understanding behaviour. This is particularly the case for everyday behaviours, many of which occur at a sub-conscious level. Formative research 'the BCD way' uses in-depth interviews and FGDs not as methods in and of themselves, but as settings in which to conduct much more participatory activities with individuals on either a one-to-one basis or within a group.

Another difference in this approach is that BCD FR uses a flexible approach. Each team member contributes anecdotes, patterns they noticed or associations – anything which appeared to be significant or surprising. These items are then sorted into BCD checklist categories, and discussed. When there is agreement, the item becomes a finding. When people in the room continue to contest the item, they become questions for further exploration, or are set aside as irrelevant to the on-going investigation. When topic areas in the BCD checklist are under-represented, they are also marked as topics for further investigation.

What methods should I use for FR?

Methods should always be selected based on the research question you want to answer. We encourage you to branch out and think creatively in your FR. Focus hard on the questions you are trying to answer and then think, 'how best can I get some insight'? In BCD we have appropriated methods used by consumer researchers and designers, but also invented many of our own, depending on the behaviour in question and the answers we are seeking. Table 1 sets out a series of these methods and shows the sort of questions that they can be used to answer. In the supporting resources you will find each of these methods described in more detail.

It is also important to remember that no research methods are perfect, all have biases or weaknesses. By drawing together the findings from several methods we can often develop a better picture of the behaviour. This is what we call **triangulation**.

Table 3: BCD checklist with example research questions and potential methods to address them.

		Example Questions	FR Method
Behaviour	**Target behaviour**	What is the prevalence of the key risk behaviours? Who carries out the behaviours? When?	Observation (Unstructured, Structured, Participant, Video) behaviour trials, demonstrations, behaviour functions
Environment	**Physical**	How is water supplied? Are soap, potties and MHM materials available in local shops/kiosks? What is the state of toilet provision?	Transect walk, map drawing, site observation
	Biological	Are animals kept in kitchens? Is human and animal faecal material on the ground?	Rapid assessment surveys, measuring contamination
	Social	Do the target communities have active institutions (e.g. leadership, committees, WASH volunteers, trade associations?)	Social network mapping
Brains	**Executive**	Does the audience understand the need for handwashing? What do girls know about menstruation?	Prioritisation game, Worry Box, Free Listing, Clustering/Categorisation.
	Motivated	What could motivate handwashing, safe feaces disposal? (eg nurture, disgust, status, affiliation)	Superpowers game, Motive Mapping, Three Wishes, Drawing.
	Reactive	What cues target behaviour?	Word associations, demonstrations
Body	**Traits, Physiology, Senses**	Do elderly, infirm, young, pregnant, less able, etc have different needs?	Photovoice, I feel_____
Behaviour Setting	**Stage**	Where does the behaviour take place?	Observation
	Roles	What is the role played by the target audience and how does this relate to roles played by others?	Identity mapping, observation
	Routine and script	What are daily routines? What is the sequence of behaviours involved in handwashing/MHM according to the target audience?	Observation, Routine Scripting and diaries, change stories
	Norms	What handwashing/MHM behaviour is expected and approved of?	100 people, Norms vignettes, Norms testing (Bicchieri)
	Props and infrastructure	Is soap available in the house? What types? What implements are used for handwashing? What materials are available for MHM? Are potties in the house? Are there toilets? What state are they in? are they appropriate for MHM? Is there a handwashing place? Where is water stored?	Belongings inventory, Behaviour trials, Demonstrations, Attribute Ranking, Infrastructure monitoring.
Intervention	**Touchpoints**	What are the ways in which a programme can contact a target audience?	Touchpoint mapping

Context	**Programmatic, political, economic, social**	What programmes are active in region? (should be covered in Assess step)	Local Histories

When you are designing your formative research it is normally good practice to start with methods which will generate broad information first and then begin to narrow down on things of interest. Commonly this may mean starting with methods like observation as these are best for rapidly getting a snapshot of the behaviour, the setting and the roles people play within it. Often the next stage is see whether there are differences in the experiences of different types of people in the community. This is best done through methods which are conducted within one-to-one interviews. Lastly it is useful to confirm some of what you learned through methods conducted during group discussions as this will give you a better insight into norms. The table below provides a more detailed rationale for this.

Figure 2: Explanation of the order in which to do formative research methods

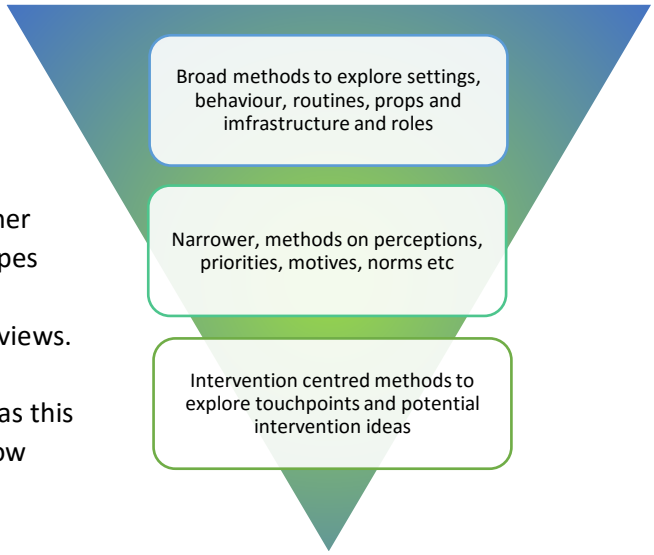


Table 4: A rationale for when to conduct different types of methods during formative research

Method	Explanation	What can be understood from this method	Limitations	When it works best in formative research
Observation and other Ethnographic approaches	The researcher observes the behaviour a participant. For the purposes of formative research this is normally done at the household and involves limited interaction with the participant/setting. We call this non-participant observation.	This is the best way of understanding behaviour in the natural setting in which it occurs. It can also help understand many of the elements of behavioural settings including routines, roles and objects.	Time consuming. Generates rich data that can take a long time to analyse. The behaviour of the participant can be affected by the observer.	Start
Methods that take place during one-to-one interviews	A range of methods – See Appendix 2. All involve the researcher interacting with one participant at a time in a private environment (often their household)	Good to explore the diversity of individual experience and attitudes. Good to explore topics that are personal or not easy to discuss in a group.	Poor at exploring actual behaviour as responses are self-reported and many participants may report what they think the researcher wants to hear.	Middle

Methods that take pace within Focus Group Discussions	A range of methods – See Appendix 2. The researcher interacts with a small group of people (3-10) at one time, in a central setting that is still private.	This method can help understand norms or confirm the generalizability of findings from other methods. You can learn from the interactions between researcher and the participants as well as the interactions between the research participants.	Poor for exploring sensitive/personal subjects. Can easily be dominated by strong personalities. Poor at exploring actual behaviour as responses are self-reported and many participants may report what they think the researcher wants to hear.	End

How rigorous should FR be?

Formative research is different from most academic qualitative research in that it is seeking insight, not a high level of certainty about findings. FR rather aims to provide an outline of all of the key factors influencing a behaviour in a particular context. However, any sort of research that is not rigorous is at best unhelpful, and at worst, misleading.

Formative research investigation can be as long or as short as time and resources allow. Just one day of immersion in the lives of your target audience is far better than no investigation, but a week to two weeks of intensive field work can provide real in-depth understanding. As a rough guide, it is normally worth spending 5-10% of the total budget for a behaviour change campaign on the Build step. Experience shows that most of what you will need to know to design an effective behaviour change campaign can be gathered in about two weeks of intensive field work carried out by a team of 2-4 people. The team should ideally comprise people with social science background, with good field work skills, and who can speak local languages.

Guiding principles for ethical FR

Formative research is still research and it is important that we think at all times about the effect our research could have on participants. Below we outline a few guiding principles of good research:

Ethics: Wherever appropriate it is good to submit your formative research proposal to a regional or national ethics committee. This may not always be possible but at the very least it should be shared with the local government, experts in the sector and other interested parties at the local level. Having lots of input into your research design will help you to think about things you may have overlooked.

Consent: As you are putting together your research proposal it is important that you develop an information document that you can share with participants. This should clearly explain what the 1) research aims to achieve, 2) what the participant will be asked to do if they agree to participate, 3) how much of their time it will take, 3) any harm or benefits that may come as a consequence of participation, 4) how the findings will be used and by whom and 5) that they will not be identifiable (their name and personal details will not be reported). In the information letter it is important to give as much information as possible. However sometimes telling the participant the exact behaviour you are exploring can bias their responses. This information should be translated in written form or read out to any participants who are illiterate. Written consent should be obtained for anyone over 18. Parents of children under 18 should give permission for them to be part of the research and these children should also be given the chance to give their approval. An example of an information and consent form is included in Appendix 1.

Confidentiality and data protection: It is important to anonymise data soon after collection. This can be done with an ID number or just by using socio-demographic characteristics (e.g. woman, aged 36). Data is precious so it should be stored safely in a locked/password protected location.

Documentation: We encourage the sensitive and appropriate use of photography and video footage during formative research. This must always be done with permission from the participant and it must be clear to them how this footage will be used. We recommend that wherever possible interactions with participants should be audio recorded, transcribed and translated. Taking notes while doing interviews, for example, is very hard. You will omit a lot of important detail and be unable to establish a good rapport with your participant.

Dissemination: Wherever possible it is good practice to attempt to feed results back to local government and communities so that they too can benefit from what is learned.

Chapter 4: The Create Step

Structure of the Chapter

Now that we know about our target behaviour from the work done in the Assess and Build steps, we need to develop an innovative campaign informed by these findings. In this chapter we explain how to translate all this new knowledge into campaign ideas and insights. We outline a clear process for how to be creative while also being systematic so that the campaign you design is the one which is most likely to change behaviour. People often cut-corners on the creative process but towards the end of this chapter, and in the supporting information, we explain how you can still follow this process, even if you have a tight budget and time frame.

Key learning points

- The creative design of campaigns is something that we can all contribute to and is not something that is only the work of a specialist.
- Creativity can also be systematic, and when designing interventions this is how we are likely to get the best results – results which change behaviour.
- To translate formative research findings into a campaign we first brainstorm all of the things that stood out most for us, then we begin to cluster similar ideas, labelling the clusters as we go. The next step is to try and come up with a way of linking these clusters of findings to the target behaviour. This is what we call an insight.
- Insights are used as the starting point of generating campaign ideas. It's important to initially generate as many ideas for your campaign as possible as it is then possible to work through a process to identify which are likely to be most viable and work best in combination.
- Campaign design is not a straightforward, linear process. Rather it requires a lot of iteration and pretesting at various stages.

Supporting Resources

- Creative brief template (available in Resources section below)
- Tips for finding and hiring a creative agency (available in Resources section below)
- Component development tool (available in Resources section below)

Introduction

The job of the Create step is to produce an innovative campaign concept (and the associated materials) that will actually change behaviour. Although the Create step is essential it often done quickly and unsystematically. Program designers and implementers often move straight from the learning they gained during the Assess and Build stages to developing a single campaign idea based on whatever springs to mind first. The BCD approach suggests that you can add a systematic process to creativity. In this chapter we will outline this process by describing three 'creative conversions' that you need to go through in the process of designing a campaign.

You may not always have the time or the money to work through a full creative process. Towards the end of the chapter we provide some suggestions for how to design behaviour change campaigns in such cases -- by simply adapting what has worked in other settings to make it appropriate for your local context.

First Creative Conversion: How to move from Findings to Insights

The Assess step produces considerable knowledge about the causes of the target behaviour; the Build step produces even more. The first problem is therefore to identify the key bits of knowledge that can be used to most powerfully leverage a change in behaviour. To do this, it is useful to bring together a diverse group of stakeholders in a Creative Workshop. Before this workshop it is important that all those attending are familiar with the formative research findings and the information generated at the Assess stage.

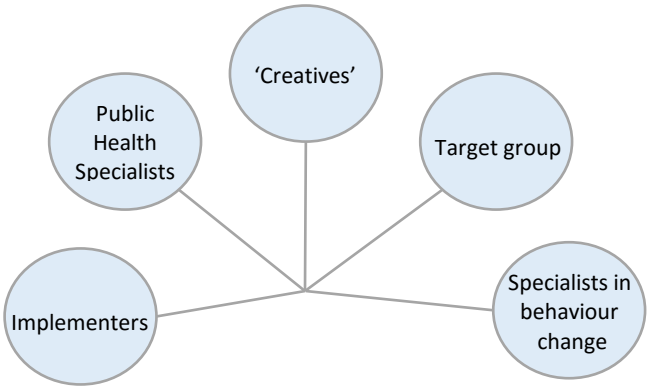


Figure 3: Examples of the types of people to invite to the Creative Workshop

Each step in the first creative conversion generates a new form of knowledge. These are defined in the box below.

Table 5: Key terms used during the Creative Workshop

Key terms	Definition
Finding	Findings are drawn from the information generated during the Assess and Build steps. Findings are snippets of knowledge and can relate to anything from the BCD Checklist: the traits of the target population, their motivations, habits, socio-economic level, kinds of major investments they make, characteristics of their social networks, religious beliefs, etc. Findings of interest may include things which you found surprising, something many people said or did, or a barrier to behaviour change.

Theme	Groups of findings which are clustered together around some common element and given a name.
Proposition	A sentence which draws a hypothesized link between the theme and the target behaviour
Insight	Groups together several themes (and their associated propositions) to encompass the greatest number of our important dimensions of behaviour.

Below is an outline of what the facilitator should do to guide the stakeholders through the first creative conversion.

Finding generation

Explain: *'You've read and heard about many Findings related to our project. You also have your own life experience, as well as some expertise in this area. I now want you to write down on these pieces of paper (give out post-it notes or small card) anything that sticks in your mind related to what you have learned or what you think about our problem. This can be from an anecdote, an observation, a finding, your own life experience; anything that might be important in our target population's lives. There are no right or wrong answers; anything might be important. There is no need to make a direct link to target behaviour at this point. I would ask that you each write at least three findings. Write each one on a separate piece of paper.'*

Assemble the Findings randomly on the ground/table/wall.

Figure 4: Examples of findings that were generate from formative research into handwashing in Nigeria. In practice you may have

Theme generation

Explain: *'Please group together pieces of paper that are related.'*

As this process is being done ask: *'What title would describe each cluster?'* Add these titles to the clusters that people have formed. These are Themes.

At this point you may also want to exclude some Themes from further consideration – e.g., if they are about touchpoints, or macro-environmental constraints which can't be addressed by the program.

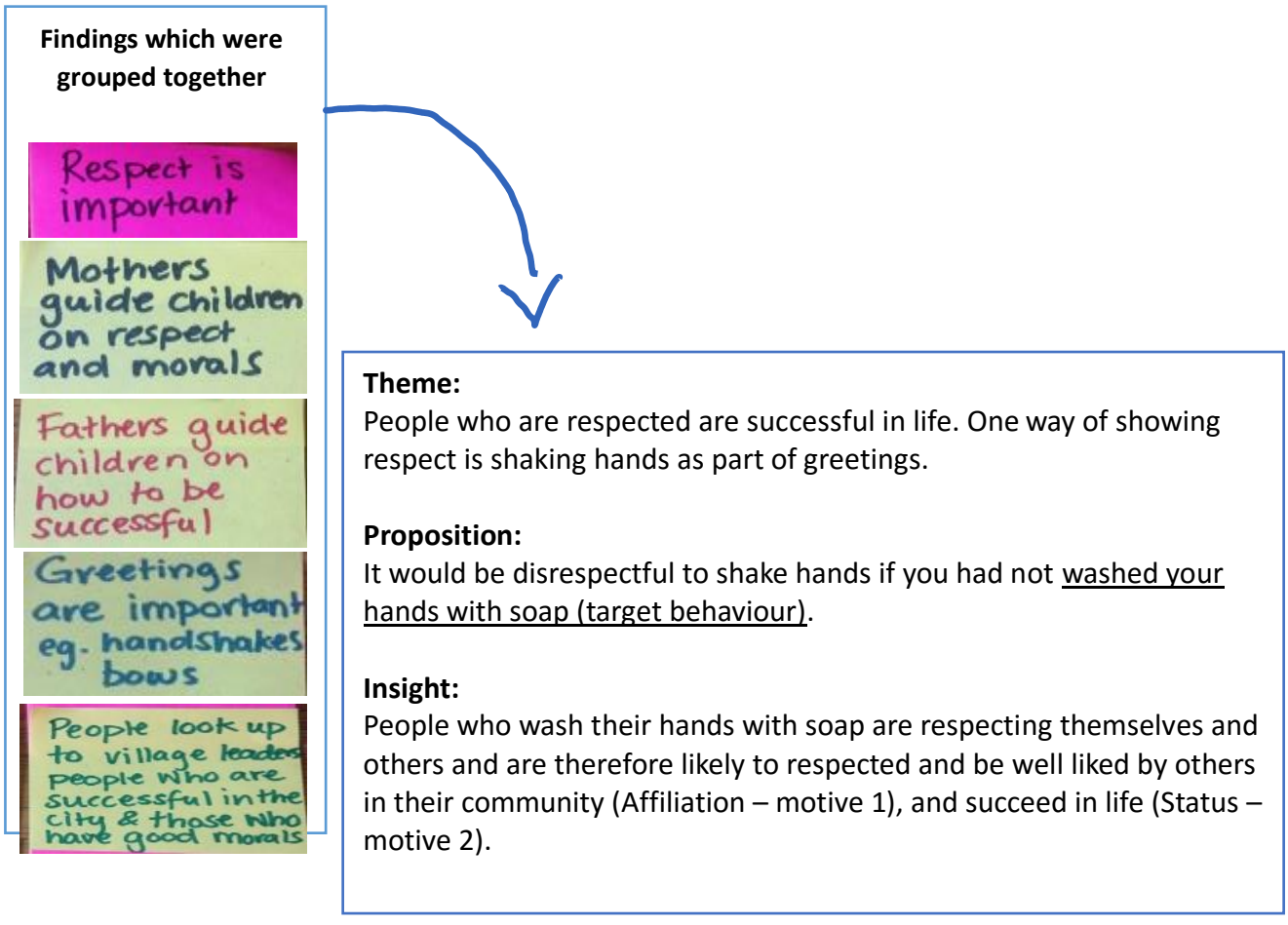
Proposition generation

Explain: '*Search your minds for a link between this Theme and the target behaviour. Please express this connection as a complete sentence.'*

Insight generation

Explain: *'Please combine these clusters (of Themes and Propositions) into larger clusters if they seem related to one another in some way. We are interested in linking as many of our original Propositions together as possible, because that cluster will then encompass the greatest number of our important dimensions of behaviour, with the greatest power, or the greatest potential for changing our target behaviour. The Insight you generate should be framed in a positive fashion, as a solution to our problem, with explicit mention of a motive and our target behaviour. The final Insight should be able to be summarized in a few sentences but should tell a story about how the ideas are linked.'*

Figure 5: Example of how to translate findings into insights - case study handwashing in Nigeria



Choosing insights

At this point it is necessary to identify a single Insight with which to move forward into the next creative conversion. To determine which Insight is most likely to work it can be useful to evaluate them against the following criteria:

High relevance: How important is this insight to the target audience?

Richness: How many Findings are able to be linked to the insight?

Power: How strong is the logic that links the insight to the target behaviour?

Plasticity: How likely is it that the idea on which the Insight is based could be changed by the intervention?

Novelty: Is it surprising?

Acceptability: Is it likely to be acceptable to the target population?

The chosen Insight should then form the basis of a Creative Brief. This is a short document that captures what you have learned so far and outlines for the Creative Agency/Team what types of things you want them to develop as part of intervention. We provide a template for the Creative Brief in the supporting material.

Second Creative Conversion: From Insight to Campaign Concept

Who should be involved in creating the intervention?

The answer to this question depends on what resources – time and money – you can devote to this process. It is always worthwhile investing as much as you can in the creative process. If you cannot afford a professional creative agency, don't worry, because creativity isn't only something that can be done by people who have it in their job title! If you do hire professionals, there is some information in the supporting materials for how work with professional creative agencies. If you are not going down the professional agency route, still try to involve a diverse group of people in the intervention design. For example, the creative process can work really well if you invite university students (perhaps who are specializing in art, marketing or design) to help you get more creative.

What is a campaign concept?

Most campaigns are comprised of several components that when combined in a certain way are theorized to lead to behaviour change. A campaign concept is what unites all of these components together so that they are able to be delivered as a single package. Of course it is possible to have behaviour change campaigns that consist of just one component or which are based strictly on a single new product or 'nudge' (see Chapter 1 on behaviour change theory for a reminder of what these were). In these cases, the development of a campaign concept is more straight-forward, but can still require unification under a particular conceptual umbrella.

One way of generating a unifying concept is to think of a narrative arc, or storyline, on which the campaign is based. Humans have evolved to understand information when it comes in story form, as it helps one to imagine causes and consequences, so this is a natural way to convey new ideas. A narrative arc can serve several functions in a campaign:

- It allows the target audience to identify with the campaign and recall its message.
- It can be a way of making a motive 'come to life' for your target audience in a way in which they understand and can relate to – e.g., in the form of a TV ad, radio drama or event script.
- From a practical perspective, it can help unite the different elements of an intervention so that they appear as a single package (e.g. through branding, aesthetic choices and slogans).
- Sometimes narrative arcs are also used to link several unrelated behaviours that an implementer wants to target in the same campaign.

At the heart of any narrative arc is a motive (or sometimes more than one). The story is built around the motive so that it is appropriate for both the context, the target population and the target behaviour. The supporting material provide some examples of narrative arcs that work well for everyday behaviours.

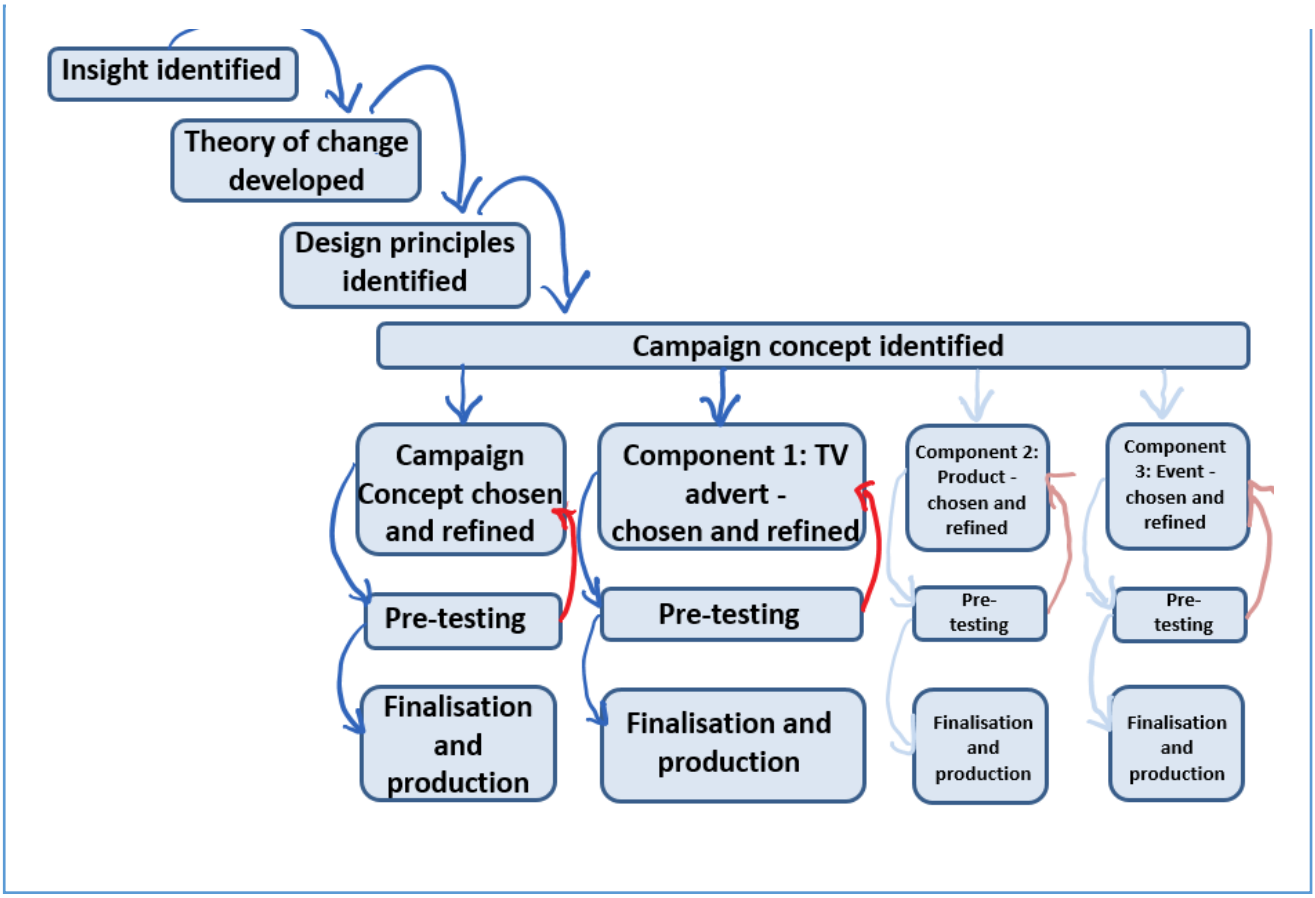
It is important to remember is that you do not necessarily have to choose the story which people like the most. Sometimes if a story is shocking or unrealistic it might be disliked but it also might be more effective in changing behaviour. Of course you still have to make sure that the story is acceptable within the chosen context. Campaign concepts may also be very simple. For example, it is sometimes possible to translate the campaign Insight into a single striking image accompanied by a slogan or a single product for distribution.

Third Creative Conversion: From campaign concept to campaign components

The essential job here is to think about what activities, events, channels and materials you will develop as parts of the campaign to achieve the desired behaviour change. Figure 4 shows the process we have described so far. On the bottom right of this image you see the process for choosing, refining, and pre-testing various components of the intervention (some examples of which are given). The key thing to note in Figure 4 is the arrows themselves. These show that the different campaign components are normally developed simultaneously through a highly iterative process. This process involves moving from 1) describing the idea; to 2) developing a mock-up of the idea; to 3) pre-testing the mock-up of the idea; to 4) generating feedback about the idea; to 5) using the feedback to redesign the idea; before 6) re-testing the idea again. Sometimes this needs to be done over and over to get it right.

Before you are able to do this for your own campaign you first need to think about how your campaign will be delivered and what types of components your campaign is likely to include.

Figure 6: The process of designing a behaviour change intervention.



Above and below the line delivery channels

One way of starting to think about this is by thinking about delivery methods or touchpoints. A simple way of thinking about this is whether your campaign should be 'above the line' or 'below the line'. Table 2 provides an explanation of the two approaches and outlines the strengths and limitations associated with them. In practice many campaigns combine a mixture of both types of approaches to get a mix of qualities.

Table 6: An explanation of above and below the line approaches as well as some of the limitations and strengths associated with each.

	Definition	Examples	Strengths	Limitations
Above the line	Involves the same message being broadcast to many people.	• Radio • Television • Print media (newspapers & magazines) • Billboards • Internet and social media	• Message is always the same. • Easy to scale up.	• Necessary does and exposure can be hard to achieve • Harder to target specific populations. • Not cheap, but may be cheaper than alternative methods.
Below the line	Involves interpersonal communication and the tailoring of messages for smaller local audiences.	• Community events • Counselling • Demonstrations • Training • Community groups • Some types of social media	• Easier to determine necessary dose and exposure. • Easier to target specific populations	• Message is likely to vary based on context and human capacity. • Can be hard to scale up.

Touchpoint mapping

This task identifies likely contexts or behaviour settings within which people can be exposed to the program. You can begin by creating a list of places where people in the target population might go, any media they are exposed to and any ways they interact with the environment around them (see Figure 5 for an example). Once you have done this, the task is to select which touchpoint is most appropriate for your intervention. The simplest way of doing this is by thinking about a) the proportion of people who interact with each touchpoint and b) how often they interact with it.

Figure 7: Example of a touchpoint map with the most relevant touch points (red circles) identified

Touchpoints can also be used to achieve different aims. For example you may ask yourself which touchpoint:

- Is best for making people aware of the campaign?
- Could be used to influence the types of products people buy?
- Is most useful for influencing behaviour in the location where it happens?
- Is best for sustaining behaviour?
- Is best for providing support to those taking up a new behaviour?

How to choose components?

When generating ideas for your campaign its best to start as broad as possible. Within your creative team write down as many potential ideas as possible (for example on sticky notes) - its ok for some of these ideas to be silly or far-fetched because sometimes in the next stage you may think of a way of making them more feasible. The next stage is to use the Component development tool which is included in the supporting material. This helps to expand on your idea and identify some of its strengths and weaknesses.

When you are choosing components it can be useful to think about what aspect of BCD checklist you most need to address to change behaviour in your local context. Table 3 provides some examples of types of behaviour change components that can be used to address particular aspects of behaviour.

Table 7: Potential behaviour change components mapped against the BCD checklist

		Behaviour change components
Environment	**Physical**	• Setting changes • New product • Nudges • Cues • Switch the setting where the behaviour is performed (to make it more public)
	Biological	• Setting change • Redefinition of space • Rosters • Emo-demos
	Social	• Establish support group • Establish relationships which allow behavioural monitoring or reporting
Brains	**Executive**	• Diaries • Pledging • Emo-demos • Narrative arc choice
	Motivated	• Narrative arc choice • Emo-demos • Performance recognition • Engage community leaders or key individuals to role model the behaviour
	Reactive	• Reporting behaviour • Diaries • Cues • Setting change
Body	**Traits, Physiology, Senses**	• Emo-demo • New product
Behaviour Setting	**Stage**	• Setting changes • New product • Nudges • Cues • Switch the setting where the behaviour is performed (to make it more public)
	Roles	• Narrative arc choice • Emo-demos
	Routine	• Enforced routine change
	Script	• Narrative arc choice • Cues • Behavioural setting change
	Norms	• Norm reporting vs actual behaviour • Setting change • Narrative arc choice
	Props	• Change in supply chain • New product • Add value/functions to product • Engaging vendors
	Infrastructure	• Change in supply chain • New product • Add value/functions to product • Engaging vendors or builders

The behaviour change components listed in this table are explained in more depth in supporting material. If you don't have time to develop new ideas you may be able to work from this list and adapt them to your local context.

How to choose which components will work together in a campaign?

You should be able to clearly identify the primary role of each campaign component in the overall theory of change. Some components will be designed to get the ***attention*** of the target population (e.g. teaser posters announcing an event), others to make the intervention **memorable** (e.g. a skit portraying the central narrative arc). Some components will cause people to ***add value*** to the target behaviour (e.g. by getting influential community members to role model the target behaviour), while others may ***increase opportunities*** for performance of the target behaviour (e.g. adjusting infrastructure so that the behaviour is easier to perform) or for the target behaviour to actually be ***selected*** when those opportunities arise (e.g. engaging vendors to influence purchasing). Some components may be able to do more than one of these things.

You will need to think about how well your ideas combine together. To do this you can use a table like the example given in Table 4. Tables like this are useful as they help to highlight the strengths and limitations of each approach and where you may have left gaps in your campaign development. For example, you can see that if you chose to deliver your program through a radio drama and a school skit you would fail to reach men. Neither of these elements would strongly encourage performance of the behaviour either. Therefore, another component could be added that would more effectively address these points.

Table 8: Component Evaluation Grid Tool

	Components					
Characteristics	Teaser poster	Radio drama	Television advert	School skit	Bathroom Reminder stickers	Primary Health Care delivery package
Primary segment 1 (Women)	X	X	X		X	X
Primary segment 2 (Men)	X		X		X	
Secondary segment (Children)				X	X	
Exposure range	Low	High	Low	Moderate	Moderate	Low
Exposure dosage	Moderate	Moderate	Low	Low	Moderate	Low
Surprise	X	X	X	X		
Revaluation		X	X	X		X
Performance					X	X
Delivery fidelity	High	High	High	low	Moderate	High
Delivery complexity	Moderate	Low	Low	High	Low	Moderate
Cost	High	High	High	High	Moderate	Moderate

Pretesting

Pretesting can be done in different ways depending on how developed the idea is at that point.

Getting feedback on early concepts: This can be done through bringing together a group of people from your target population to discuss the ideas you have and get them to provide constructive feedback. This may include asking about the concept's feasibility, acceptability and how likely they think it would be to change their behaviour.

Testing mock ups: Mock-ups are an initial version of the idea, such as a drawing or story-board, or a prototype product or service. For example if you were developing a poster you would show the poster as it is intended to be displayed (for example in a market place in the local setting). If your idea is a product, develop a few rough prototypes for what it might look like (for example these could be made for cardboard). Testing mock-ups allows you to get more detailed feedback as people can also comment on the design elements (e.g. colours, feel, materials used). Ideally with mock-ups it is preferable to provide the informants with choices so that they will not just tell you that all your ideas are good!

Figure 8: Mock-ups depicting potential versions of the Super Mum character which we developed for a campaign in India.

Full intervention run through: When you are nearing the end of your campaign development it is useful to pilot the intervention as it would be delivered in the local context. Through this process you can seek feedback on actual delivery and identify challenges that might be experienced when the campaign is actually rolled out.

Chapter 5: The Deliver Step

Structure of the Chapter

In the previous chapters we covered how to plan and design an innovating intervention. In this chapter we explain the things that we should consider for our intervention to be delivered in the way we intended.

Key learning points

- Delivery is all about trying to minimise the difference between the 'ideal intervention' that we developed in our heads and the 'actual intervention' as implemented in real life.
- Since your intervention will be developed based on a theory of change, the main way we can plan for and monitor delivery is by ensuring all the critical activities along the theory of change actually take place.
- Key things to consider when planning the delivery of an intervention include:
    - how many people will your campaign need to reach?
    - how many times should they interact with the intervention?
    - how long do you have to deliver it?
    - what human resources, equipment and finances will you need?
    - what training and support will those delivering the intervention need? and
    - how might other programs or events effect yours?
- Some parts of your intervention are particularly important to get right as they have flow on implications to many other aspects of your delivery. These include the quality of the training for the staff who will be delivering the intervention, the quality of the intervention manual, the process of informing and engaging communities and the production of materials or purchasing of equipment.
- In the early stages of delivering an intervention it is often necessary to make small tweaks to the intervention design once you understand more about operating in the local context. However, it is important to establish a cut-off point – after which no further changes will be made. This will help your implementers to deliver the same intervention in each village.

Supporting Resources

- Tool for identifying make or break points (available in the Resources section below)

Why do we need to spend time thinking about delivery?

In previous chapters we discussed how to go about designing an effective, surprising, innovative behaviour change approach. Now we come to issue of how to deliver this type of intervention. This is where the theory and the 'ideal intervention' meet the real world of limitations and compromises. There are never enough resources available; funds are short, human capacity is limited, time is short and energy and motivation in the face of multiple activities limit what can be achieved.

Part of the solution to these problems is careful and realistic planning. It's important to be realistic as to what can be achieved with the resources available and to make sure that you convey this to the programme funder and your country program team. Setting up unrealistic expectations from the start is how to guarantee failure. Educate your donor, by taking them through the reality of what it will cost and how long it will take to deliver multiple contacts to most of your target population.

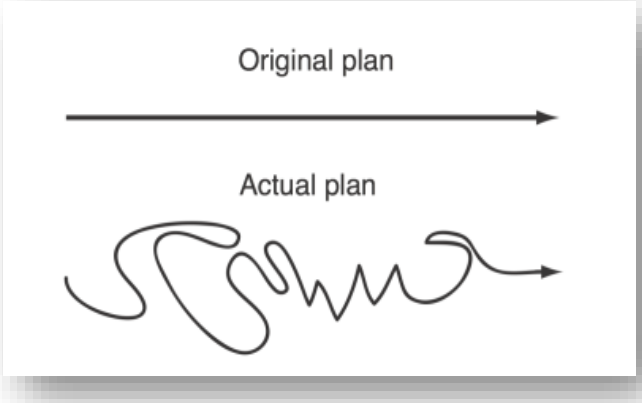


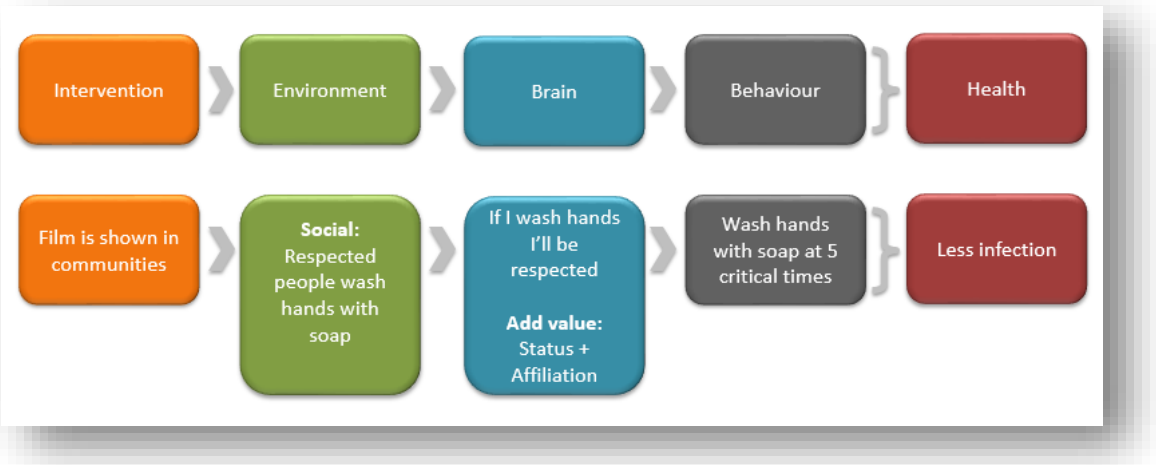
Figure 9: The Deliver stage is all about trying to predict how your original campaign plan might differ from what you intended when it is implemented in the real world.

Much of what you will find in this chapter about delivering programmes is common to any development programme. They all require careful planning, professional management and constant supervision and monitoring to support staff and tweak the programme to make it more effective.

What does it meant to deliver an intervention well?

In the chapters so far we explained that a good campaign should be based on a theory of change – a diagram which directly links your program activities, to changes in the physical and social environment which in turn influence the way people think and behave. Delivering an intervention well is therefore all about ensuring that the critical activities in the theory of change actually take place. If one aspect of your intervention is not delivered the way you had planned for it to be then this can have flow on effects. It will result in your theory of change not being achieved and therefore the target behaviour is not likely to change in the way you predicted.

Figure 2: Theory of change for a handwashing intervention



Let's take the example in Figure 2 which depicts a simplified theory of change for a handwashing intervention. The main activity in the intervention is the screening of a film in the target communities. The theory of change predicts that once people see the film then this will change their social environment and lead to changes in their behaviour. If, for example, when we went to one village there was a technology problem that meant that we couldn't show the film to the community, it would be reasonable to think that our intervention would not change the environment, the brain and ultimately behaviour in any of the ways predicted.

What to think about when planning the delivery of an intervention?

How long will your intervention run?

Think about:

- **The requirements of your donor.**
- **The amount of money you have.** Obviously longer interventions tend to cost more
- **The behaviour you are trying to change.** Is it something that is practiced every day (e.g. using a toilet or washing hands with soap), something that happens less frequently (e.g. menstrual hygiene management) or something that happens during a unique period of time (e.g. exclusive breastfeeding for 6 months)? Behaviours that happen less frequently or during a unique period of time are likely to require longer campaigns.
- **The capacity of your implementing partner**. Think about how the duration of the campaign might affect the quality of the delivery.

What level of exposure to campaign activities do you need?

Think about:

- **The number of people you need to reach.** Has your donor or your program committed itself to reaching a certain number of people with this intervention?
- **The proportion of the total population which is your target population.** Sometimes it is possible to deliver the campaign just to your target population (e.g. if they are known to congregate at a specific meeting point) but often your intervention may have to reach all of the population to also reach your target population (e.g. through a community event). If your target population is only a small percentage of the total population (e.g. new mothers) you may have to consider carefully how you will ensure enough of your target group are exposed to the intervention.

- **Where the exposure happens.** Ideally you want your population to be exposed to the intervention in the location where the behaviour also takes place, or at least reminded of the intervention in this location so that they are more likely to actually perform the behaviour.

How intense should your intervention be (the number of times your target population interact with the campaign)?

Think about:

- **The behavioural shift you are trying to make.** Compare the current behaviour in the community to your desired behaviour. How big is the change you are trying to affect? If the change is large it is reasonable to assume that you may need several opportunities to interact with your target population to reinforce the message.
- **The nature of the behaviour you are trying to change.** If the behaviour you are trying to change requires multiple actions, sustained support or the purchasing of products it is reasonable to assume that more interactions will be needed with your target population.
- **Whether the interactions are sufficiently surprising and memorable.** If you can design a campaign component that is genuinely unique and unforgettable then this will decrease the number of interactions you need to have with your target audience. For example in a rural community an innovative event which utilises technology or activities that the population haven't seen before may create a lasting memory and lead to increased performance of the behaviour. In an urban population, where these kinds of events are likely to be more common, an event like this might not be surprising enough to be remembered.
- **Whether increasing the intensity will increase the intervention's complexity.** Adding more campaign components and interactions with your target audience can easily add complexity to your intervention which may mean that the quality of the campaign is compromised.

Who will implement your intervention and how many people will you need?

Think about:

- **The number of people you need to reach and the time period you have to reach them.** This should be the principle factor in deciding how many people should be part of your implementation team.
- **Particular skills that the implementation team need.** It is expected that you will have to train the implementation team on how to deliver the campaign. However there may be some skills which you wish them to have in advance. For example, these may include fluency in a local language, familiarity with the local context or past experience in delivering a campaign similar to yours.
- **The personal characteristics of the implementation team.** It is worth thinking about the characteristics of your implementing team and how this could affect how the community may respond to them. For example, it may be inappropriate to engage male campaign implementers if you were doing a campaign about menstrual hygiene. Religion, education-level, culture and age are also important to consider.
- **The management structure of the implementation team.** As the designers of the campaign should provide input into how the implementation team is managed and supported during the campaign delivery. This can be important for ensuring the campaign is delivered with quality.

What resources will the implementing team need to implement the campaign?

Think about:

- **Financial resources.** What expenses will there be at each stage of the campaign delivery? Are there consequences if the finances are delayed and if so how can this be mitigated?
- **Equipment and materials**. What equipment needs to be purchased/materials produced for the campaign? When do these items need to be procured? How will they be managed during the campaign? What are the consequences if there are problems with the equipment or materials and how can these be mitigated?
- **Transport and logistics.** How will the team move about in the communities? How will they keep in contact with each other? How will materials be distributed? Is there someone who will take responsibility for each of these things?

How will you ensure your intervention is well accepted at a community level?

Think about:

- **Working with local government and community structures**. Before you go ahead and implement the campaign, take time to go through the appropriate local processes to inform local government about what you intend to do. Ideally this process should be started early on with the government contributing to the ABC steps of the design process too. It can be beneficial to have local government actively involved in endorsing the campaign. This may involve inviting them to attend key campaign events or giving them a specific role in the intervention. Will other community structures also be involved in the intervention directly or indirectly? This is normally preferable to creating entirely new structures. However it can have its downside too. For example, campaigns related to hygiene behaviour could drive up a demand for health care. In this case it is important to forward plan the potential flow on effects of your campaign and consider whether this will create undue pressure on local systems.
- **Legitimacy**. Branding can also be important for a campaigns legitimacy. The colours and imagery used will effect a community's perception of the campaign. Getting your implementing team to where campaign branded outfits or ID badges will enable them to be easily identified as being part of the campaign and will improve their legitimacy.

How will you ensure fidelity (reducing how much your intervention varies between each village)?

- **Campaign manual.** Develop a campaign manual. This should lay out the proposed theory of change and describe each of the campaign components. The manual should be as concise as possible and broken up into clearly labelled sections so that it is easy for implementers to refer back to in the field. There should be clear instructions on how to do each activity and the materials required for it.
- **Training.** For most campaigns it is necessary to provide a training that lasts at least one week. In the training it is important to cover the following things:
    - Explain the intention behind the campaign so that everyone has an understanding of the theory of change.
    - Explain the rationale behind each campaign component and how they are to be delivered.
    - Explain how to use any campaign materials or equipment.

    - Make the training as practical as possible by allowing time for classroom-based rehearsals of all campaign components.
    - Allow implementers with experience of the local context to provide some inputs on campaign management and logistics to ensure that the intervention is delivered as intended.
    - Do several mock campaign deliveries in actual communities.
    - Allow the implementing team to provide feedback to each other to improve the quality of the delivery.
- **Feedback and support.** What mechanisms will be put in place to monitor the quality of the intervention and ensure that it is being implemented as intended? This is likely to involve the development of monitoring forms to be completed after each key campaign event. There should also be a clear system for the implementing team to report challenges (or unexpected consequences) and for the team managing the intervention to provide constructive feedback. One of the best ways to do this is to arrange weekly meetings where implementers share their experiences and lessons learned. This should be done with the aim of ensuring the campaign is delivered as intended.

How might other events or campaigns effect your campaign?

Think about:

- **The season.** Will you be able to deliver your intervention as intended if it is the rainy season or if it is very hot/cold? How does the season effect the target behaviour?
- **Political, cultural or religious events.** What other major events coincide with your program and how might these effect the delivery of your intervention? For example if there is a political election you may be competing against political rallies or people going door to door to get political support. It's important to differentiate your campaign from these. Some religious or cultural festivals can also effect behaviour. For example doing a food hygiene intervention during Ramadan or Christmas may be very different to delivering the intervention at a more normal time of the year.
- **Other government or non-government programs.** It is useful to understand what other programs are currently being implemented in this area, particularly if they target the same behaviours as your or are related to WASH. If there are other similar programs it is useful to find out what their key messages are, how their campaign was delivered and how it has been received by the community. Ideally your campaign should build on these campaigns but include components that clearly differentiate it so that you can better measure the effect your intervention alone. It is also worth understanding the nature of past campaigns and programs in the area. In particular find out how they have been delivered, the tone of the campaign and any penalties or consequences that were put in place for those who didn't adopt the targeted behaviour. This can be important for predicting how people may respond to your intervention and avoiding unintended consequences.

How can you achieve sustained behaviour change through your campaign?

Think about:

- **Campaign materials.** Does your campaign require that certain products or materials continue to be available in communities beyond the duration of your intervention for the behaviour to be maintained? Is so consider whether you can create a local market

for the products of share the designs for the materials with local government or community structures so that they can maintain these after the campaign finishes.

- **Skills transfer.** Is there someone in the local community who could be trained on the campaign components and who would be willing to continue these after the campaign has finished? For example you may want to identify some of the most effective components, adapt them slightly and train health workers to incorporate them into their normal work in clinics.
- **Support networks.** Will your campaign establish any ongoing mechanism that can provide support to individuals trying to change to and sustain a new behaviour?
- **Financial support**. One of the main obstacles to sustainability is how to actually achieve the things the campaign funds have been used up. Think about whether there are ways of budgeting in advance for some sustainability funding or whether you could work with government or other partners to get them to allocate funds to the continuation of the campaign.

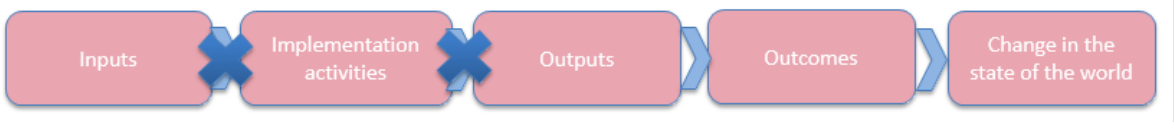
Identifying 'Make or Break' points for your intervention's success

Some points during the campaign are more important than others to get right. **'Make or Break' points** are the campaign delivery moments which have the greatest ability to either enable your theory of change to be implemented as intended or on the other hand, if things don't go to plan, they could result no behaviour change. As shown in Figure 3 'Make or break' points tend to fall at the beginning of the campaign and include the following:

- Production of materials
- Staff recruitment
- Quality and delivery of training
- Quality and production of campaign manual
- Community engagement and sensitisation
- Key campaign events delivered
- Key materials delivered
- Formation of local clubs/committees

You can imagine that the impact of one or more of these things not taking place as intended would have a major effect on the campaign – much more so than a follow up visit or the distribution of complementary materials.

Figure 3: Make or Break points tend to fall at the beginning of the campaign and relate to key inputs or key campaign activities.



Make or Break points will be slightly different for every intervention. Good planning and good campaign management requires you to identify these 'Make or Break' points in advance. The tool in the Appendix can be used to help you do so.

Monitoring Delivery

In the next chapter we will talk in detail about how to monitor and evaluate your behaviour change campaign. However there are elements of monitoring which are for programming purposes and are therefore worth raising in this chapter. In particular one of the purposes of monitoring (specifically the informal monitoring generates from the feedback and support mechanisms you put in place for implementers) is to learn what is not working well so that ideally this can be improved. This is what is called '**adaptive programing**' – the idea that programs work better if they are continually improved to match the real world context. However doing this constantly can be confusing for the implementation team and often leads to people doing different things in each community. We recommend that you adjust your programs only at key stages of implementation.

Figure 4: Depiction of a typical campaign which shows the most important time points to make campaign changes.

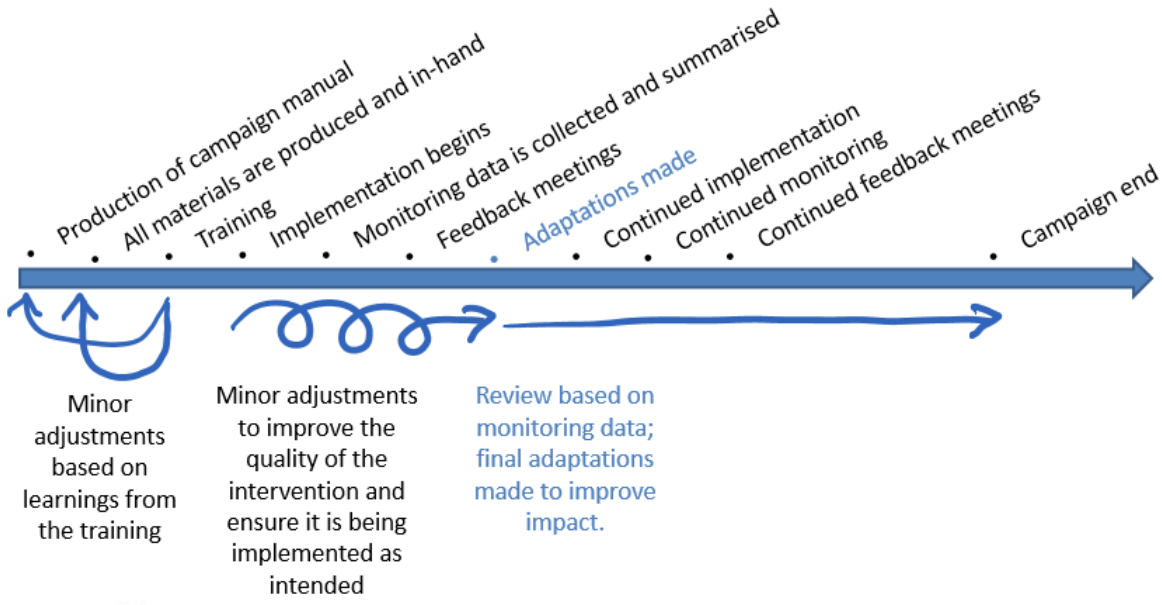


Figure 4 shows the course of a typical campaign. The diagram highlights when it is appropriate to make campaign changes. You will note that it is useful to make some changes during the training in response to ideas from your implementers who may have more practical experience in implementing in the specific context where you are working. Remember though, to reflect any changes that you have decided upon in the campaign manual. Sometimes the first few days or weeks of rolling out a campaign can be a steep learning curve. In advance of the implementation it is good to decide on a time point at which you and your implementation team will re-group, share what has been working well or not so well and decide on any changes. Again these changes should be reflected in an updated campaign manual. At this point your campaign design and implementation should go into '**lock down'**. This means that that everyone should endeavor to implement the campaign in the same way as agreed upon.

Chapter 6: The Evaluate Step

Structure of the Chapter

Up until this point we have described how to plan, design and implement a behaviour change intervention. This last chapter describes how to evaluate a behaviour change program. Even though this chapter comes at the end, evaluation is actually something that needs to be considered at every stage of the ABCDE process. In this chapter we outline the various different things that can be learned from an evaluation and how they can best be measured.

Key learning points

- To design an evaluation, it is important to understand the purpose of the evaluation. To do this we identify the stakeholders of a program might and consider the kinds of questions they might want to answer.
- We often assume that the only thing that needs to be assessed is whether our program has worked (either to change behavioural or to improve health). We call this kind of an evaluation an Impact Evaluation.
- Impact evaluations cannot, however, tell you why an intervention works. For this we need a Process Evaluation which explores aspects of the intervention's theory of change to understand whether the intervention was delivered as intended.
- There are three main ways to collect data on behaviour – through observation, spot-checks and self-report. Self-reported data on behaviour is limited since people often do not tell you what they actually do. Observation is the gold standard as it truly captures behaviour, but is hard to implement at scale. Using spot-checks as the primary method of data collection provides a cheaper, easier alternative, but where possible this should be supported with observation.

Supporting Resources

- Example of a structured observation form (available in the Resources section below)

Why do we need to evaluate our behaviour promotion programmes?

The purpose of evaluations is to influence future decision making. Generally, we want to evaluate programs to do one of three things:

- To decide whether to continue the existing programme or not.
- To decide whether to change or redesign the programme
- To decide whether to roll out a similar programme elsewhere.

Figure 1: Evaluation needs to be thought of early on in the program design to be useful.

Many different people and organisations may be invested in a behaviour change programme. These individuals may have different expectations about what they will learn from an evaluation, so it is important that you understand who the evaluation is for and how the findings will be used before you plan the evaluation. To decide on the purpose of an evaluation we need to think about who the target audience is for our evaluation and consider what they want to know, and what action they will take as a result. Table 1 lists some of the key questions that an evaluation may seek to answer and some of the different audiences who may be interested in the answers to these different questions.

Table 9: Factors to consider when deciding on the purpose of an evaluation

Audience	**Questions of interest**	**Potential action to be taken**
Programme managers, administrators, funders	Is the programme performing as expected?	Improvement of programme
Administrators, funders	Is the programme worth continuing?	Decision on continuation of funding
Administrators, funders and policy makers	Should it be extended?	Decision on replication of programme elsewhere
Researchers, policy makers	Is it causally linked to improved health outcomes (e.g. reduced diarrhoea)?	Link improvements in behaviour or health to the programme

Additionally, behaviour change programs are often delivered through ongoing cycles which allow us to learn from our experience. Figure 2 shows how planning, monitoring and evaluation all contribute to the way programs are implemented.

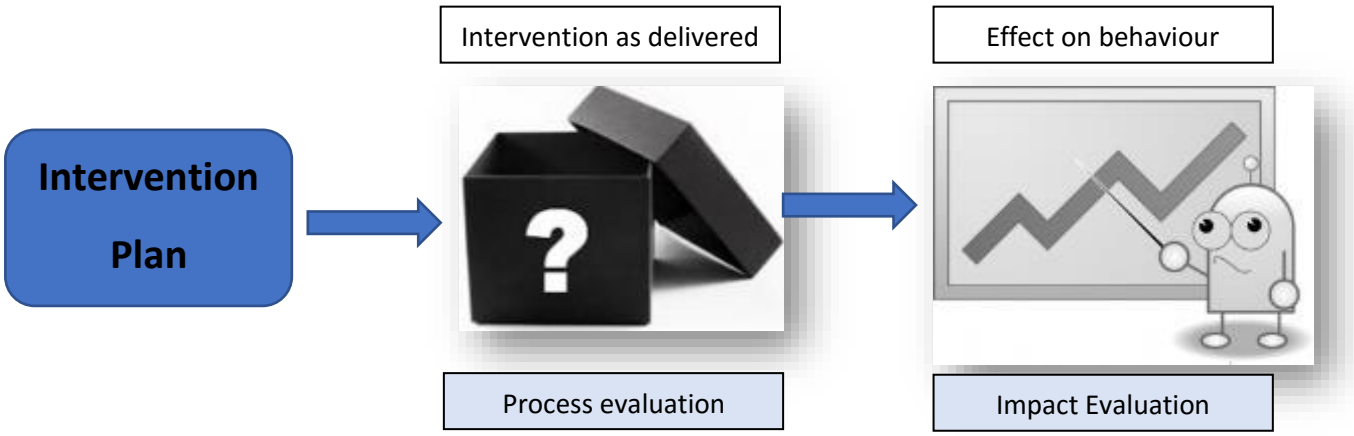
Figure 2: BCD designs its programs using a cycle approach so that planning, monitoring and evaluation processes are interconnected.

What do we want to find out in our evaluation?

Once we know the purpose of our evaluation we can think about what it is that we want to assess. In Figure 2 you can see four evaluation areas and the links between the programme and the impact it hopes to achieve.

1. A programme needs to be delivered as intended **(provision)**
2. The target population needs to participate in the programme **(coverage)**
3. Participation in the programme needs to result in practice of the desired behaviour **(compliance, or behavioural impact)**
4. Practice of a desired behaviour should lead to a health impact **(health impact)**

Figure 3: An impact evaluation measures the effect of an intervention on behaviour. However if we don't do a process evaluation to fully understand what actually happened when the intervention was implemented we not understand why the behaviour change occurred.



Assessing provision and coverage can help us to understand how a programme has performed. This is often called **process evaluation.** Investigating whether or not a programme has worked (it's impact on behaviour or health) is known as **impact evaluation**. While an impact evaluation can tell us whether or not a programme has succeeded in its goal of improving behaviour, it doesn't help us to understand why the programme has succeeded or failed. This is where process evaluation comes in, as monitoring provision, utilisation and coverage can help you to answer questions about how to improve programme design and intervention delivery which may determine a programme's future. We will consider each of these evaluation areas in turn.

Measuring provision

Investigating provision involves understanding whether the intervention implemented as planned? This refers to both the quality and the quantity of the programme delivered and is often called **fidelity**. Figure 4 provides an example of some of the different things that could be measured when assessing provision, although it is important to remember that this checklist would need to be tailored to your programme. Using a checklist or standardised template to assess provision of your programme is particularly useful for assessing quality. If you don't have a standardised approach you run the risk of one assessor deciding the programme was delivered with "high" quality, while another evaluator may think there is considerable room for improvement.

Figure 4: Key questions to ask for measuring

- ✓ Did session take place? How many times?
- ✓ Was the session carried out by the correct number of trained implementers?
- ✓ Were all necessary materials available for use in the session?
- ✓ Were materials distributed to participants (if relevant)?
- ✓ Did all elements of the session take place?
- ✓ Did implementers answer questions competently?
- ✓ Were there any logistical challenges that affected the session (weather, time delays technology, etc.)?

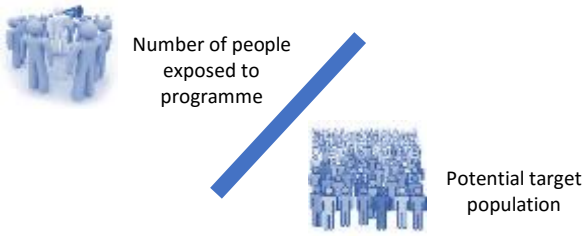
Measuring coverage

Even if a programme has been delivered as intended you still need the target population to participate in the programme if you wish to change their behaviour. Assessing coverage assesses the extent to which the target population reached by the programme. To answer this, you need to assess **exposure** to the programme and you need to know or estimate how many people there are in the target population.

Exposure: You can ask people questions about the programme to find out whether they have attended it. You want these questions to be specific enough to your programme so they do not mistakenly tell you about another programme in the community. You might do this by asking questions about attendance at specific events run by specific individuals. If the programme had a brand or character associated with it, you can even show a picture or campaign logo when you ask about attendance at the event.

Target population: It can often be difficult to estimate the total population in our programme area. This often means that we are left the choice of using the data from an outdated government census or doing our own estimate which will take time and money.

Once you have an estimate of the number exposed and the total target population you can estimate coverage using a simple formula: the number exposed is divided by the target population.



EXAMPLE: Calculation of Coverage
1200 individuals were served by programme in a community with 3000 individuals.
The coverage of the programme in the community is 1200 / 3000 = 0.4 (40%)

A related area that you may also wish to measure is the **intensity of contact** with the target population. If a programme is designed to be delivered over 10 weeks, with one event per week, and individuals in your target population have only attended one or two of these sessions, then you would want to know this as it could affect whether or not your programme succeeds in improving behaviours. To understand this you would want to calculate how many of the people exposed to the programme had the intended number of contacts with the programme.

Measuring an Impact on behaviour

If a programme is delivered well, and high coverage of the target population is achieved, you now want to measure whether or not people are practicing the desired behaviour promoted by your programme.

There are many different ways of measuring behaviour, each of which has its advantages and disadvantages. If we understand the differences between the measures we are in a better position to select an appropriate way of measuring behaviour in our programmes. The three main ways of measuring behaviour are observation, spot checks and self-report.

Observation

- Example indicator: % of caregivers observed washing hands with soap at critical times (e.g. before food preparation)

Figure 5: example of a person collecting data through structured observation in a household in India.

Structured observation is often referred to as the "gold standard" for measuring behavioural outcomes. *Observation* involves watching what people are doing, and the *structured* part means that you don't watch everything, but that you are interested in recording only select activities. It is usually carried out in the early morning as that is usually when behaviours that we are interested in observing are carried out. Observation is considered the gold standard because it allows you to document actual behaviour as it occurs in a natural setting. Additionally, it can tell you about the behaviour of each individual family member, which is useful if you want to know, for example, if all individuals wash hands or only some. Importantly observation is an objective measure of behaviour.

It is a fact and not a decision - either you see someone cleaning the toilet or you don't so what is recorded by enumerators should always be the same.

One downside of observation is that it is susceptible to **reactivity**, meaning that people can change their behaviour because someone is watching them. Reactivity can be reduced by:

- Not telling participants exactly what behaviour you are observing (instead you can say you want to learn about their daily routines).
- Choosing enumerators who are young local women so that people feel comfortable in their presence.

Figure 6: Example of what you might see during a spot check if you were assessing whether there was soap and water at the latrine.

Observation is time-consuming and can be costly because people need to spend several hours in each household and they require training. It is unlikely that you will usually use observation to evaluate behavioural impact across an entire programme as it is not feasible to carry it out on a large-scale, but it is certainly possible to do observation among a sub-sample of your target population.

Spot checks

- Example indicator: % households with soap and water present at the designated place for handwashing

A spot check also involves observation, but it is literally just a check, rather than observation over a period of time. Spot checks are also objective outcome measures, but you need to think about what the data you collect through spot checks tells you. For example, if a household does not have soap and water at the handwashing place then there is a good chance that household members are not washing their hands with soap, but if soap and water are there then you cannot conclude that they are actually using it to wash hands at the critical times. This is why spot checks are said to be a proxy measure of behaviour – they indicate that behaviour may take place but they are not measuring actual behaviour or documenting who is doing it.

Self-report

- Example indicator: % target population able to recall 5 critical times for handwashing with soap

Self-reported questions in surveys or interviews are the easiest way of capturing large amounts of data quickly and relatively cheaply, which makes them popular. However, one of the main issues with collecting reported data is that it is a subjective measure, unlike observation and spot check. What someone says they do is not a measurable fact as people say what they think you want to hear or what they wished they did which can result in an over-estimation of the practice of "good" behaviours. This is known as ***social desirability bias.*** Self-reported questions can be useful for measuring knowledge (like the example indicator) and attitudes or norms. Behaviour change programs should try to avoid using self-report as a primary measure of behaviour.

Figure 7: Example of an enumerator asking about someone's behaviour as part of a survey.

Table 2: Summary of the main approaches used to measure behaviour

	 Observation	 Spot check	 Self-report
Pros	Objective measure Captures actual behaviour of individuals	Objective measure Quick and easy to add to surveys	Easy way of capturing large amounts of data quickly and at low cost
Cons	People can change behaviour Takes time Need trained staff (costly)	Is a proxy (doesn't measure actual behaviour or who is doing it)	Prone to bias (reported behaviours often very different to actual practices)
When to use	On a small-scale (sub-sample?)	In surveys of all sizes	To learn about knowledge or attitudes, or to document exposure to a programme
When to avoid	Large-scale evaluation	To measure actual behaviour	To measure actual behaviour

Measuring Acceptability

If a programme isn't acceptable to the programme staff then it is likely that they will not deliver it well. If the programme is not acceptable to the target population then it is likely that they will not attend the programme, or if they do attend the programme, they will not adopt the behaviour promoted by your programme. It is often helpful to assess acceptability qualitatively through interviews or focus group discussions.

Measuring an impact on health

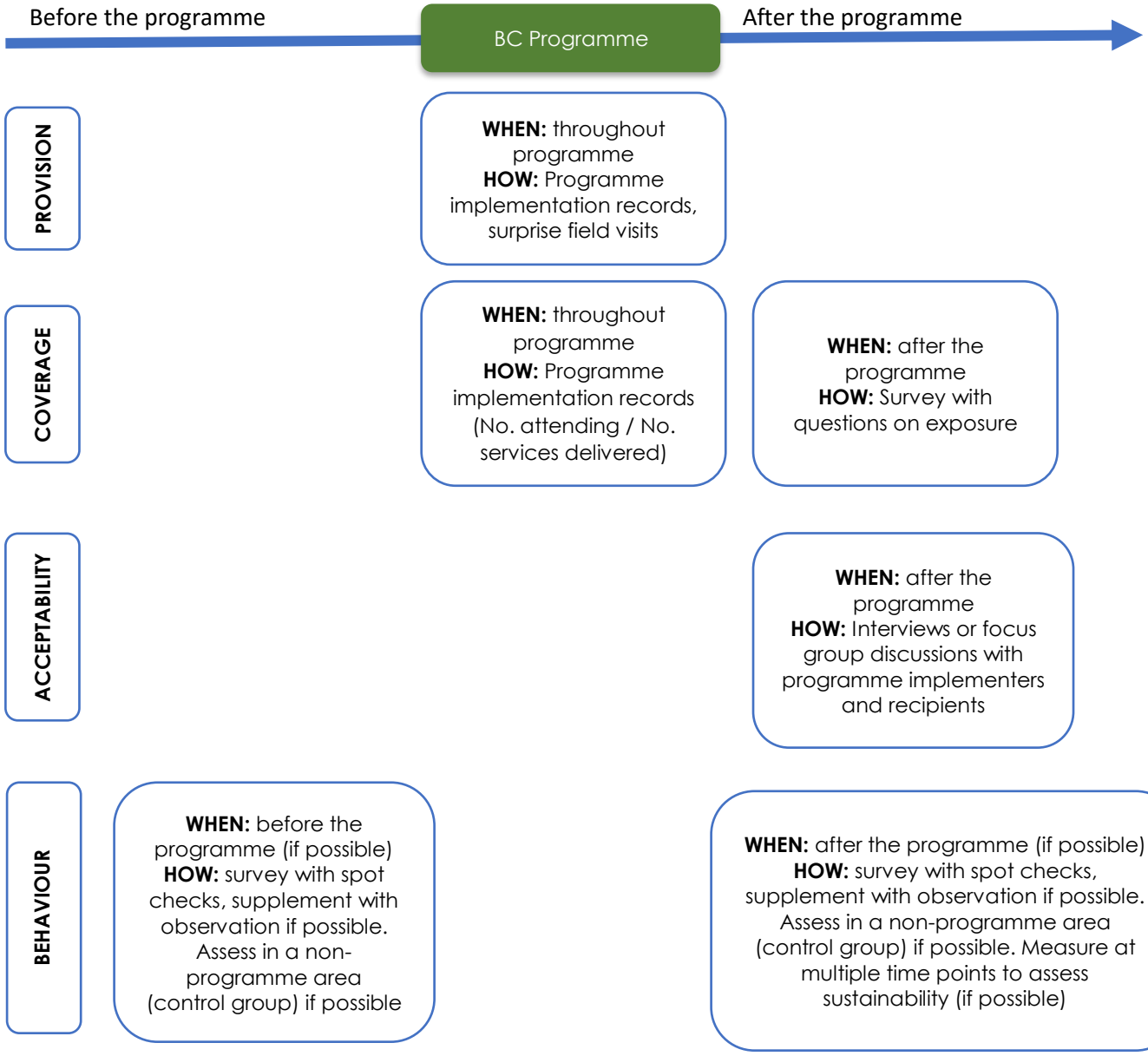
Even though our programme may be designed to improve health in some way, it is not usually possible to measure the impact of our programme on health. This is because it requires a complicated study design and a lot of resources.

When do we collect data for our evaluation?

- Data on **provision** of your programme should ideally be collected throughout programme implementation. You may not need to collect too much information specifically for the evaluation, as you should be able to make use of programme implementation records, but it can be helpful to conduct surprise field visits to observe the programme in action.
- Data on **coverage** can also be collected throughout programme implementation if your programme documents the number of people attending an event or receiving your programme. You can also conduct a survey at the end of your programme to measure exposure and calculate coverage from this survey.
- **Acceptability** can be assessed at the end of programme implementation in interviews or focus group discussions. A programme should always be piloted on a small scale so you can avoid implementing it if it is unacceptable.
- The simplest, cheapest way to collect data on **behavioural outcomes** is to conduct a survey at the end of programme implementation. If a survey is also conducted before the programmes starts (i.e. the evaluation is planned at the same time as the programme is designed) then you can measure behaviour before and after your programme which is a useful way of assessing whether behaviour has changed. To be more certain that change in behaviour following a programme is due to your programme you can also measure your behavioural indicators in a similar area that did not receive the programme.
- If you want to see whether or not improvements in behaviour are **sustained** over time you can go back and measure your behavioural outcomes months or years after the programme ends.

Figure 8 gives a summary of the different types of data that you might want to collect and the timing of data collection.

Figure 8: Summary of evaluation areas and timing and nature of data collection



Recommended minimum standards for evaluation

A good monitoring and evaluation approach should:

- Design M&E programs with a clear purpose and target audience in mind
- Use program evaluations to influence policy and the sector to the greatest extent by sharing what we have learned
- Capture data on sustainability
- Be able to draw cross-country comparisons between programs.

To achieve this, programs should use a standard minimum set of indicators. These have been chosen as a minimum as they can be measured relatively rapidly and do not require extensive training of staff since they can all be assessed through a household spot check.

Table 3: Example: Minimum standard indicators for measuring hygiene behaviour.

Behaviour of interest	Indicator
Sanitation/excreta disposal	% of HH with human faeces visible present in the compound % of HH with a toilet that is visibly in use
Water Treatment/storage	% household storing drinking water in safe and clean container with lid % of HH able to demonstrate correct use of household water treatment equipment
Handwashing	% of HH with soap and water present at the handwashing facility
Menstrual Hygiene Management	% HH with menstrual hygiene materials available
Food Hygiene	% of HH with clean serving utensils at time of visit

Additionally, we recommend the following as a standard guide for all behaviour change programs.

Provision	Always measure so that you can tell why your intervention worked / did not work.
Coverage	Always measure so that you can tell why your intervention worked / did not work.
Data sources	Make use of available data wherever possible and if possible collect different types of data.
Data collection	Ideally, incorporate baseline and post-intervention data points to explicitly show improvements in target indicators (which means the evaluation needs to be planned before implementation starts
Health impact	Unless specifically requested do not measure health impact as a complex design is needed to draw any firm conclusions.
Observation	In addition to spot checks try to use observation among a sub-group of people in your program site.
Evaluation staff	Your evaluation team should not be involved in the intervention as this will bias the results.
Sustainability	Where budget allows, measure six months to one year after the termination of a programme to assess sustainability

Chapter 7: Conclusion

A few take-home points:

- BCD is a generic framework for program development, capable of accommodating a wide variety of theoretical inputs.
- It is comprised of both a scientifically-founded theory of behaviour determination and a best practice process model.
- It is grounded in a theory of change founded in reinforcement learning.
- Indeed, it's all about learning – by those running programs, as well as those targeted by such programs – because behaviour doesn't change without learning.
- Hence BCD will itself continue to change as we learn through program experience and further theoretical development.

Resources

Motive Descriptions (non-technical)

Motive	Function
Lust	Desire to mate with opposite sex
Hunger	Desire to eat and drink
Comfort	Desire to keep comfortable, avoid pain and exertion
Fear	Desire to avoid dangerous animals and accidents
Disgust	Desire to avoid sources of infection
Attract	Desire to make yourself attractive to others
Love	Desire to keep your other half around and happy
Nurture	Desire to care for your child
Hoard	Desire to get and keep stuff
Create	Desire to make the place better to live in
Affiliate	Desire to fit in and belong socially
Status	Desire to improve your social standing
Justice	Desire for fairness
Curiosity	Desire to learn, find things out
Play	Desire to try things out so as to gain skills

Motive Descriptions (technical)

Drives

Comfort. Because terrestrial niches vary in terms of physical conditions such as temperature, elevation and moisture levels, maintenance of the body's physiology requires behaviour such as relocating to shade when the sun is hot, covering the body with warm, dry clothes and finding shelter when it is not, removing thorns, tending injuries, saving energy by sleeping.

Hunger. Like all organisms, humans have basic metabolic needs to sustain bodily tissues. These are met through the acquisition of resources such as nutrients, water, oxygen and sunlight.

Fear. Humans, like most animals, face threats from the environment. Fear drives behaviour that avoids 'hurt-from-without' threats, including predators, but also aggressive conspecifics and the chance of accidents like falling from a cliff.

Disgust. Animals also need to avoid 'hurt-from-within' threats – that is, parasites – which are able to sneak undetected into the body. This motive causes the avoidance of bodily fluids, sick others, 'off' foods, disease vectors and contamination. It has been linked to our reasons for avoiding people who violate social norms as well in the form of 'moral disgust'.

Lust. The need to maximize the production of gene copies in the next generation causes people to engage in copulatory behaviour, because humans reproduce through sexual intercourse. This requires a search for and pursuit of appropriate candidates and the consummation of sexual union.

Emotions

Nurture. Mammalian offspring are born dependent, requiring provisioning, protection and education. Nurture is the motive to rear offspring and aid kin. The Nurture motive drives feeding, cleaning and protective behaviour, providing opportunities for play learning, and attempts at influencing the social world in favour of kin (nepotism).

Attract. Humans have to compete for mating opportunities. Making sure one is attractive can help secure one-time copulations or long-term pair-bonds. It causes individuals to produce displays of sexual attractiveness through body adornment, painting or modification, provocative clothing or through activities that display mate quality such as sport and dancing.

Love. Human mothers need to keep men around long enough so that they can share the burden of rearing highly dependent offspring. Love causes both males and females to invest in a pair-bond that ensures this investment with tactics that include making costly gifts, offering tokens of commitment and the jealous driving away of rivals.

Affiliate. To gain the benefits of group life, humans invest in membership in groups. We are motivated to participate in social activities, to form alliances, to conform to group norms, to display our intentions to cooperate, to seek to engender trust, and to share resources, including knowledge about others.

Status. In hierarchically organized groups, individuals seek to enhance their relative social position so as to have priority access to resources. This is achieved by tactics such as flattering superiors, submitting to authority, drawing attention to one's one contributions, displaying wealth, ability and 'taste' and seeking recognition and title.

Create. One's habitat can be improved such that it is more conducive to survival and reproduction. Tactics include building dwellings that are safe and dry, removing dangers such as predator or parasite habitat,

planting, weeding and irrigating, cleaning, tidying and repairing habitat and making artefacts such as bows and ploughs that aid the diversion of energy towards survival and reproduction.

Hoard. Actions can be taken now to ensure that resources are available later, when they may be required, but less readily available. Hoard motivates behaviour that involves the accumulation of resources, either directly by growing, collecting and storing, or more indirectly, by negotiating the rights to territory, or the fruits of group production. It may also require the guarding of resources from pilfering by others.

Justice. Only humans live in very large groups of unrelated individuals. Cohesion in such groups appears to be regulated by people's willingness to punish not only those who mistreat them, but those who mistreat others in the social group. The Justice motive causes humans to enjoy punishing those who behave anti-socially.

Interests

Curiosity. Because the environment is constantly changing, it is necessary to update one's information about current conditions. The function of the Curiosity motive is to collect and codify information, thus reducing a gap in knowledge about some facet of the world. Curiosity motivates exploratory behaviour and results in brain structures being created or updated, such as world-maps and situational expectancies.

Play. Time can sometimes be spent acquiring skills to be used later in contexts important to biological fitness. Play drives the acquisition of embodied skills and knowledge of one's own physical competencies through the repeated practice of particular behaviour sequences. Play-driven behaviours involve simulating activities such as nurturing babies, fighting, hunting, or courting, without its related dangers.

BCD Checklist template

		Questions to consider	
	Behaviour	Define your target behaviour (what specific action, who will do it, where will they do it, when they will do it, how they will do it).	
Environment	**Physical**	What things in the physical environment trigger the target behaviour? What is the physical setting like?	
	Biological	What risk is there from pathogens / faeces? What diseases do people know about or worry about?	
	Social	Who are the role models for the target behaviours? How does the social environment (relationships, networks and organisations) affect the target behaviour?	
Brains	**Executive**	Do the audience understand the need for the target behaviour and when and how it should be done? Do they make plans related to the target behaviour?	
	Motivated	Is the target behaviour rewarding? What emotional drivers of behaviour are there?	
	Reactive	What cues the target behaviour? Is the target behaviour habitual? If the behaviour is skill-based, do the audience have necessary skills?	
Body	**Traits, Physiology, Senses**	How do different individuals (elderly, young, disabled etc.) engage with the behaviour? Do they have different needs? Are there smells, noises or sensations associated with doing or not doing the behaviour?	
Behaviour Setting	**Stage**	Where does the behaviour take place?	
	Roles	What is the role played by the target audience and how does this relate to roles played by others?	
	Routine and script	How does the daily routine of activities undertaken influence practice of the target behaviour?	
	Norms	What behaviour is the audience expected to carry out? What behaviour would be approved of?	
	Props and Infrastructure	What objects are needed to perform the target behaviour?	
Intervention	**Touchpoints**	What are the ways in which a programme can contact a target audience?	
Context	**Programmatic, political, economic, social**	What programmes are active in region? What political or historical events need to be considered if delivering programs in this area?	

Example Creative Brief

1. **Stakeholders**:

Who is involved in the project? This should include research partners, implementing partners, creative partners, material production partners, funders and government as appropriate.

- WaterAid
- Country Ministries responsible for WASH and Health
- Funder X
- Research Partner Y
- Creative Agency Z

2. **Background information:**
   a. **What are the facts linking the program aim to the target behaviour?**

What evidence is there that changes to the target behaviour will result in positive public health outcomes? This should be drawn predominantly from the Assess step.

With the potential to save one million lives a year and costing $USD 3 per DALY averted, handwashing with soap (HWWS) has been viewed as one of the most cost-effective ways of reducing the global infectious disease burden. HWWS after risk of contact with excreta has been linked to a 40% reduction in risk of diarrhoea. As hands are one of the main routes by which contaminated food enters our mouths, HWWS before eating is another critical time for handwashing.

   b. **What do we know about the target behaviour in the target setting?**

What are common practices in relation to the target behaviour in the target setting? Think about barriers and enabling factors related to the performance of the behaviour. This should be drawn from information gathered during the Assess and Build steps.

- Hands are almost never washed with soap at the specific target moments we are interested in (after defecation, after wiping a child's bottom, before food preparation, before eating and before feeding a child).
- Hands are most likely to be washed with soap when heavily soiled, e.g. after household chores. Hands are also often washed with soap in the morning, while also washing faces and legs.
- Most families have bar soap available in their houses but this is prioritized for other tasks such as laundry and bathing and is kept inside when not in use.
- Some households have basic latrines but many people still practice open defecation.
- Before eating it is customary and a sign of respect for family members to help each other to rinse their hands. The same happens after eating.
- People know that handwashing can prevent disease and are aware of when handwashing should be done.
- People aspire to be a person who would wash their hands with soap but think that it is unrealistic as they are poor and have to work hard in their fields where they are always getting dirty.
- Homes tend to be separated by fences so household behaviour is not normally observed by neighbours.

3. **Behaviour change task:**

State the project objective (as identified in the Assess step). This should identify the target behaviour, the setting and the target population.

Increase handwashing with soap after defecation and before eating a meal among primary caregivers of children under-five and their families in urban slums in Country A.

4. Desired outcome

State the desired project outcome (as identified in the Assess step). This should identify the target behaviour, how much you want to change it and how you intend to measure the change and what duration you intend to measure it over.

Handwashing with soap and water (or soapy water) after toilet and after cleaning up a child's faeces increases.
Handwashing with soap and water (or soapy water) before eating a main meal increases

5. Insight

State the insight identified in the creative workshop.

5. Key aspects of change:

a. Environment:	**b. Brain/Body:**	**c. Behaviour:**
Will the intervention need to change anything in the environment? E.g. objects, infrastructure, setting, social networks.	*Will the intervention need to change anything in the brain? E.g. norms, roles, habits, routines, executive decision making, priorities, perceptions, senses*	*How will the intervention enable performance?*

6. Intervention design principles

List any factors which may constrain the design process or things that are necessary to have in. Examples might be: that it has to include a TV commercial; that it should complement existing programs; that it should not mention health or germs; that it should be scalable or that it has to work in low literacy communities.

- The intervention should be delivered over the course of a year
- Your intervention should work with existing government and non-government systems, but not create an additional burden on them.
- 50% of the population are illiterate
- The population are rural
- The intervention should not mention germs or disease
- It should set up local mechanism to maintain behaviour after the intervention finishes.
- The intervention should be inclusive and consider vulnerable groups.

7. Creative Team deliverables

Explanation of what types of things you expect the creative team to deliver. This is likely to be based on the intervention design principles. Examples may be a 3 campaign concepts and/or specific campaign materials such as 5 minute film, a certificate, a report card, etc.

- You should aim to have 4-6 points of interaction with your target group during the intervention. At least 2 of these should be at the community/compound level and at least one of these should occur at the behaviour setting.
- The campaign should include a radio component.

8. Budget and timeline

Provide a budget for the entire campaign. Where possible explain provide an estimate of the cost per village and/or the cost per component. Provide a timeframe for concept development, pre-testing and delivery.

- It should cover the population of the district – 300,000 people in approximately 60 villages
- You should spend no more than $2000 per village

Campaign Component Development Tool

What is your idea?

Describe your idea in a sentence.

Draw your idea:

Depict what your idea would actually look like.

How will it change behaviour?

Explain your theory of change for this idea.

What do you imagine will be the strengths of your idea?

Think about your campaign delivery. What aspects of this idea are likely to be feasible and work well?

What do you imagine will be the challenges with your idea?

Think about your campaign delivery. What aspects of this idea are likely to be challenging to deliver. Does it work within your design principles?

Tips for Finding/Hiring/Managing a Creative Agency

Selecting an agency:

- Look at previous work, is it surprising, different?
- Meet the team, are they good listeners?
- Ask for a presentation, ask to see commercial and non-commercial work
- How strong are the team (sometimes you'll meet their star creative at this stage, but they'll never work on your campaign)
- If you ask for the team that works on commercial projects not charity projects you may get a tougher, more professional job
- Decide if they seem ready to be flexible and adapt to what you want
- Figure out procurement: it can be hard to use public money to hire a creative agency; there may be a long tendering process which you have to build into your timeline.
- Recognize that creativity costs money; few agencies will be prepared to work *pro-bono* (though some may have access to sources of subsidy for charity projects)

Briefing:

- Try to involve the creative agency as early as possible in the project so that they are on the same page as you.
- If you want something 'new' and 'edgy' then your creative brief should mirror this
- Try taking the creative agency to the target context if they are not familiar with it.
- Explain why what you are doing matters and the sort of exposure you might be able to get for them
- Show them examples of the sort of campaign you like.
- If you make the process fun, exciting and encouraging of wild ideas you will motivate them.
- It's tempting to give a loose brief in the hope that the agency will come up with something magic that you haven't thought of. This rarely happens -- creativity is stimulated by tight constraints, so stick to the brief throughout

Reverts (the process of reviewing ideas, providing feedback and then using this feedback to influence the next version of the design):

- Once they've been briefed, the agency will expect to go away and come up with some ideas. You may want to stipulate that they present you with a minimum of three completely different campaign concepts.
- When they come back you may hate what they've done, but try to stay positive, tell them what you like and why; when you really do like what they've done, convey your excitement.
- Prepare for multiple reverts in your timeline, you may be talking to your agency for months before they get it right.
- At the end of each revert, document what you've agreed. Try very hard not to go back on those agreements, otherwise the agency can't progress.

Tool for Identifying Make or Break Points

Campaign component	What materials or things are required to implement it as intended?	What resources are needed to implement it as intended?	What needs to happen before and after this component gets done?	What effect will this have on other campaign components if it is not done as intended?	Is this a make or break point?
Training for Implementers	• *Campaign Manual* • *Training Schedule* • *Sample campaign materials* • *Monitoring tools developed* • *Ability to do a practice run in a community like where you will be implementing* • *Training materials (stationery, etc)* • *Venue Hire*	**Money:** *Venue Hire and Food: $2000* *Materials and stationery: $500* **Human capacity:** *Trainers and 25 facilitators* **Timeframe:** *1.5 weeks*	**Before:** *Campaign manual to be developed* *Suitable staff to be recruited* **After:** *All campaign materials to be ready* *Final edits to the campaign manual* *Communities are informed and sensitised* *Campaign delivery commences*	**Campaign Activities:** *Will affect the quality of the delivery of all aspects of the campaign* *Will affect the quality of the monitoring data collected* **Behaviour change:** *May reduce the likelihood of achieving behaviour change*	*Yes*
		Money: **Human capacity:** **Timeframe:**	**Before:** **After:**	**Campaign Activities:** **Behaviour change:**	

		Money: **Human capacity:** **Timeframe:**	**Before:** **After:**	**Campaign Activities:** **Behaviour change:**	
		Money: **Human capacity:** **Timeframe:**	**Before:** **After:**	**Campaign Activities:** **Behaviour change:**	
		Money: **Human capacity:** **Timeframe:**	**Before:** **After:**	**Campaign Activities:** **Behaviour change:**	

Example Structured Observation Form

NAME OF OBSERVER:	**DATE:**	**ARRIVALTIME AT HOUSE:**	**HOUSEHOLD NAME & I.D.**		
Time	**Event**	**Person**	**Action**	**Water / soap use**	**Description of Event**
	Before eating / food prep / feeding child 1 After latrine / defecation 2 After cleaning child's bottom / child's faeces 3 Hand wash at other time 4 Unknown use of bathroom 5	Man 1 Woman 2 School age 3 Pre-school 4	No wash 1 Hand(s) 2 Hand(s) plus face/ arms / legs / feet 3 Full bath 4 Don't know 5	Not applicable 1 No soap 2 Soap use seen 3 Soap use inferred 4 Don't know 5	
Translation:					
Time	**Event**	**Person**	**Action**	**Water / soap use**	**Description of Event**

	Before eating / food prep / feeding child 1	Man 1	No wash 1	Not applicable 1	
	After latrine / defecation 2	Woman 2	Hand(s) 2	No soap 2	
	After cleaning child's bottom / child's faeces 3	School age 3	Hand(s) plus face/ arms / legs / feet 3	Soap use seen 3	
	Hand wash at other time 4	Pre-school 4	Full bath 4	Soap use inferred 4	
	Unknown use of bathroom 5		Don't know 5	Don't know 5	
Translation:					