Behavior Change is an essential component of all community-based family planning activities. Well thought out behavior change (BC) strategies may dramatically influence the use of family planning and related reproductive health practices. A BC strategy considers a full range of factors influencing individual, family, community, institutional, and policy behaviors. The Child Survival and Health Grants Program (CSHGP) technical reference materials for behavior change interventions suggests the following steps to develop more effective behavior change strategies:

**I. STEPS FOR INCORPORATING A BEHAVIOR CHANGE APPROACH INTO PROGRAM DESIGN AND IMPLEMENTATION**

1) **Develop broad behavior change goals and objectives that correspond with overall health objectives. Identify key behaviors to change.**

Whose behavior needs to change to bring about the desired health outcomes? Who is your audience? What do you want to help them do? Is it feasible? Is it effective?

*A Field Guide to Designing a Health Communication Strategy* (2003) by Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (JHUCCP), outlines five steps to identifying your behavior change goals and objectives:

1) stating the behavior change that will meet the audience’s needs; 2) stating how much the behavior will change; 3) deciding the timeframe within which the expected change will occur; 4) linking behavior change objectives to program objectives; and 5) identifying indicators to track progress.

2) **Review existing literature and identify information gaps relating to the behaviors that effect project outcomes.**

What information is available which describes the current situation in your program area? What background information is available which identifies barriers to achieving behavior change on an individual, family, community, institutional, and policy level?

A few of the websites to include when reviewing existing literature include *Demographic Health Surveys*, *Population Reference Bureau*, *UNFPA*, and *WHO*. Other sources of secondary data include local ministry of health reports and assessments conducted by international organizations and NGOs working at the local level.

3) **Conduct pre-implementation research.**

Often more research is needed to give a more complete picture of the target behavior. Research that helps to plan or form an intervention is commonly referred to as formative research or interventional research.

Formative research helps program planners understand the feasibility
of behaviors from the point of view of the target audience. Formative research will help to: 1) understand the behaviors, benefits, barriers, and social context from the point of view of the target audience, rather than from that of the program planners and implementers; 2) give a clear sense of priority audiences and meaningful audience segments; 3) identify feasible and effective behaviors to promote; 4) clearly specify which factors influence those behaviors; 5) explore the issue of what levels to focus program activities-individual, community, health system or other institution and/or policy; and 6) identify preferred channels of communication.

Formative research can be either qualitative or quantitative studies. Examples of qualitative research tools include focus group discussions, key informant interviews, and observation checklists. Examples of quantitative data include population-based surveys, health facility assessments, and service statistics.

Barrier Analysis is a rapid assessment tool used in community health and other community development projects to find out which behavioral determinants are most influential in relation to a particular behavior. These determinants are used to design more effective behavior change messages, strategies and supporting activities.

Participatory Learning and Action is a growing family of approaches, methods, attitudes, and behaviors to enable and empower people to share, analyze and enhance their knowledge of life and conditions, to plan, act, monitor, evaluate and reflect. This is a process not a one-off event. (Robert Chambers, www.ids.ac.uk/ids/particip/). This manual, developed by CARE, describes PLA and includes a variety of tools for participatory learning and action.

Positive Deviance is a development approach that is based on the premise that solutions to community problems already exist within the community. In every community there are certain individuals whose special practices/strategies/behaviors enable them to find better solutions to prevalent community problems than their neighbor who has access to the exact same resources. This approach identifies key positive deviant behaviors and includes them in the behavior strategy.

Diagnostic Role Play is a qualitative research method to help programs learn more about behaviors and develop effective strategies that promote and support behaviors to improve health.

4) Analyze research results, reevaluate the key behaviors you wish to change and types of interventions required at each level.

Using the knowledge gained in analyzing the situation, think about the client’s needs and redefine objectives to match those needs.

5) Formulate a comprehensive multileveled behavior change strategy, including the selection of relevant behavior change interventions needed to carry-out the strategy.

The behavior change approach integrates findings from secondary data and formative research to define priority behaviors for change, identify factors influencing these behaviors, define primary and secondary target audiences, and suggest a core set of behavior change interventions. Use of the Behave Framework will aid you in charting and analyzing assessment results into a BC intervention matrix. This matrix helps to identify a broad range of interventions that might be required to change behaviors directly as well as to create a community and policy environment supportive of change.

6) Produce, pretest, and finalize intervention support materials: print and electronic communication materials, training designs, and improved services/products as indicated through research.

This step is important in assessing the feasibility and effectiveness of material. Test concept with stakeholders and representatives of the audiences to be reached. Follow concept testing with in-depth pre-testing of materials, messages, and processes with primary, secondary, and tertiary audiences. Feed back results to partners and allies to ensure maximum ownership and use. Conducting a pre and post test of material will allow you to adjust which resources you will use to be most effective in creating a behavior change.

7) Work with communities: Identify, negotiate, and implement activities to change behaviors/address barriers.

One fundamental behavior change principle is promoting social change. Community engagement,
efficacy, and empowerment are keys to sustaining new behaviors. A behavior change approach aimed at the community focuses on activities that create and sustain an enabling environment for social change, build partnerships with communities, and develop interventions that respond to the community’s own assessment of its needs and priorities.

How to Mobilize Communities for Health and Social Change, produced by the Health Communications Partnership, is a field guide created to help program directors and managers to implement community mobilization for improving health outcomes. The guide will help you examine and come to understand the philosophy, definition, and key elements of community mobilization as a strategy to improve health and increase community capacity to address health and other community needs, learn and develop a variety of community mobilization methods and approaches, implement, monitor and evaluate, and expand successful community mobilization programs.

TIPS (Trial of Improved Practices), a formative research technique developed by the Manoff Group, is used in behavior centered programming. The TIPS approach pretests the actual practices that a program will promote and uses feedback on these practices to design their program.

Care Groups are groups of 10 to 15 volunteer community-based health educators who regularly meet together with project staff for training, supervision, and support. This approach, developed by World Relief, is considered an evidence-based community approach to behavior change.

Breastfeeding Support Groups - Community-based Strategies for Breastfeeding Promotion and Support in Developing Countries highlights the success of support groups for improving breastfeeding practices in a variety of settings. The information gathered in this document can also be applied to community-based family planning programs.

8) Mobilize all levels to design/implement an advocacy strategy to support policy changes as indicated by research.

Social Mobilization for Reproductive Health is a five-day 12-session participatory curriculum developed by CEDPA and designed to promote social mobilization and advocacy to make sustainable behavioral change. This workshop presents practical means and models for maximizing community participation and involves all stakeholders in advocating for policy change.

Networking for Policy Change: An Advocacy Training Manual by the POLICY Project is a training manual to help representatives of NGOs and other formal groups of civil society form and maintain advocacy skills. The manual’s tools and approaches can be used to affect family planning and reproductive health policy decisions at the international, national, regional, and local levels.

9) Launch/implement communication interventions, conduct training, introduce and promote improved services/product(s) and policy changes.

10) Monitor and refine interventions throughout implementation phase, evaluate, and report.

Evaluation measures how well a program achieves its objectives. It can explain why a program is effective (or not), including the effects of different activities on different audiences. Sound program evaluation stimulates program improvements and redesign, guides cost-effective future funding allocations, and supports advocacy and fundraising. Good monitoring and evaluation systems provide sufficient data to document effective approaches.

II. Documentation

The previously mentioned Trial of Improved Practices (TIPS), Care groups and breastfeeding support groups are documented as evidence-based practices.

There are many promising practices in the area of behavior change that merit documentation. Program managers are encouraged to document promising and innovative approaches through case studies and operations research studies.

If you wish to receive the monthly Community Based FP Technical Updates, please join the Community Based FP listserv by contacting Mia Foreman at Mia.Foreman@orcmacro.com