NUTRITION INTERNATIONAL

BEHAVIOUR CHANGE INTERVENTION **TOOLKIT**

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ISBN 978-1-894217-34-7

Nutrition International's Behaviour Change Intervention (BCI) Toolkit will guide you through managing the development, implementation, monitoring and evaluation processes of a BCI for Nutrition International's interventions. This section will introduce you to the purpose and scope of the Toolkit and will explain how its contents are organized. A user guide is included to help you develop an effective, evidence-based BCI strategy grounded in social marketing.

ACKNOWLEDGEMENTS & GRATITUDE
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FINANCIAL SUPPORT
Nutrition International thanks the Government of Canada — Global Affairs Canada for providing financial support for this work.

Introduction

Nutrition International's Behaviour Change Intervention (BCI) Toolkit will guide you through managing the development, implementation, monitoring and evaluation processes of a BCI for Nutrition International's interventions. This section will introduce you to the purpose and scope of the Toolkit and will explain how its contents are organized. A user guide is included to help you develop an effective, evidence-based BCI strategy grounded in social marketing.

Purpose and scope of the toolkit

The Toolkit is designed primarily for Nutrition International (NI) staff and partners working to design behaviour change interventions to support the effective implementation of health and nutrition projects. The NI BCI specifically takes a social marketing approach (explained in more depth below) and provides you with a step-by-step workbook to guide your work with colleagues and partners.

BCIs are the set of activities within a project that are strategically designed for — and then implemented to — change behaviours as a means of contributing to improved health outcomes.

To achieve the overall project impact, BCIs focus on directly changing the individual and provider behaviour, as well as on creating an enabling environment through social and policy changes, including improved access to appropriate health services, or improved demand for services.

An effective behaviour change intervention may target the primary beneficiary, such as by sending cell phone reminders to pregnant women to remind them of antenatal care visits and give them reassuring information about their baby's development. In the cases of weekly iron folic acid supplementation for adolescent girls at schools, BCI messages may target teachers with messages to motivate them to give out the supplements, while also giving girls information on their risks of anemia and the benefits of the supplements towards their school performance. Another intervention to reach working mothers in an urban setting, might work through enabling access to the health facility by shifting working hours to the evening, or reaching women at their place of work. In some contexts, an effective BCI strategy for zinc and oral rehydration salts (ORS) for diarrhoea treatment may target mother in laws or other key decision makers to encourage the young mothers in their family not to wait to seek treatment for diarrhoea.

BCI is not about telling people what they should do. It is about motivating, inspiring and enabling people to make behaviour changes that will benefit their personal health, as well as the overall well-being of their families or of the people they serve.

TOOLKIT

Grounded in social marketing approach

As mentioned above, this Toolkit takes an evidence-based social marketing approach to designing BCI. At its core, social marketing involves the use of marketing principles to influence human behaviour in order to improve health or benefit society.

For the purpose of this Toolkit:

"Social Marketing is a process that uses marketing principles and techniques to influence target audience behaviors that will benefit society as well as the individual. This strategically oriented discipline relies on creating, communicating, delivering, and exchanging offerings that have positive value for individuals, clients, partners, and society at large."

(Nancy R. Lee, Michael L. Rothschild, William Smith. 2011)

Social marketing draws from many other disciplines including psychology, sociology, anthropology and communications to understand how to influence people's behaviour. It is based on the premise that knowledge is necessary — but not sufficient — to bring about behaviour change. While information will cause people to make rational decisions and take action regarding some behaviours, this assumes that information or knowledge is the main gap or motivator, and this is not the case for many behaviours. As a result, social marketing uses market or formative research and draws out key insights through commercial marketing principles and techniques such as a focus on the target audience/ consumer, audience segmentation and strategic development of strategies for the Product, Price, Place and Promotion, also known as the 4 Ps.

When applied correctly, social marketing is an effective approach for changing individual and social behaviour. See Appendix 1 for additional information.

User guide and organization

The BCI Toolkit provides step-by-step guidance for the development, implementation, monitoring, and evaluation of your BCI strategy. The Toolkit is organized into two parts — a **Guideline** and a **Workbook**. Both parts are designed to be used together so that by the time you are finished reading through the **Guideline,** you will have completed the **Workbook**, and will thus have a BCI designed, developed, implemented and/or evaluated, depending on what is required for the intervention. Some steps may take hours or days, while others may take months.

The **Workbook** consists of individual tools that will walk you through the six steps of social marketing and help you develop your BCI strategy. Ideally, you will go through all of the following steps:

- Develop an analysis of the health problem you wish to address and the audience(s) you must target to do so effectively
- Conduct the formative research you need to inform the strategy design
- Design your strategy
- Develop your program
- Engage the partners that will help you implement your BCI and maximize its impact
- Evaluate and strengthen the initiative throughout the duration of the program.

However, you may also use certain sections or tools for specific pieces of your work if that is all that is required (i.e. if some portions are completed already or if you are looking to improve upon an existing strategy). It may take months to complete the strategy as certain steps, such as formative research, take time. You may also need to involve partners, consultants and experts along the way.

The **Guideline** consists of four sections and an appendix. The first two sections provide you with the information needed to build the BCI.

The **Introduction** will orientate you and summarize the purpose and organization of the Toolkit.

How to Build a BCI consists of four phases that break down the steps you will need to take to manage the BCI process to address the health problem. Each phase begins with an introduction with links to the tools and appendices needed to complete each of the objectives. These phases are outlined below.

In **Phase 1**, you will work with partners or consultants to conduct a situation analysis of a health problem that can be mitigated through the adoption of behaviours that will optimize the health of vulnerable and affected populations. This analysis consists of drafting a health problem statement, identifying potential target audiences, applying theories of behaviour change and best practices to your initiative plans, and conducting a strength, weaknesses, opportunities, and threats (SWOT) analysis to define your strategy.

Phase 2 will guide you through the process of overseeing the formative research. This will help you get the information you need to define the objectives of the initiative with guidance on gathering information needed to describe the health problem and associated current behaviours in detail. It will also facilitate the identification of your target audience(s) and the research needed for an in-depth understanding of the audience's beliefs, values, motivations and practices, as well as their access to different media channels and current source of health information. By the end of Phase 2 you will develop an appropriate BCI that is guided by evidence to address the needs of your target population(s).

Phase 3 will enable you to define the BCI strategy in better detail. You will learn how to engage stakeholders in partnerships that will maximize the reach of your initiative. To do this, you will need to specify your target audience segments (or sub-groups) and select the specific behaviours they are required to adopt, modify, or abandon to address the health problem. The selection of specific behaviours to encourage or discourage will be guided by an assessment of the benefits and barriers that influence your audience segments. This will help you define the product, price, place, and promotion (also known as the marketing mix, or 4 Ps) components of your BCI. You will then set the priorities of your initiative based on their potential impact and feasibility.

In **Phase 4**, you will develop a plan for integrating monitoring and evaluation (M&E) plan for your BCI, within your existing project M&E plans. Developing an M&E plan for BCI includes determining how you will measure whether the intervention is being implemented as planned, and whether or not it is having the intended impact. Both qualitative and quantitative data will be valuable. You will determine the methods and indicators that you will use to gather your M&E data and how this information will be used. You will also be able to identify opportunities for ensuring data quality and identify things that are working well and the needs for revising the BCI to maximize its success.

Coordinating the Development and Implementation of the BCI and Pilot Test summarizes what you will need to do when working with partners and consultants, especially when managing contracts for parts of the process. In this section, you will gain information about working on a creative approach and material development with a creative agency. Then, you will be guided through planning the pilot test that will help you evaluate and strengthen your approaches, messages, materials, and products. Finally, the section will review considerations for developing the training/capacity building plan for frontline workers to use the materials and communicate the messages. This section also contains checklists for the different steps of the BCI to ensure that nothing is missed. By the end of this section, you will have the overall tools you need to manage the partnering and sub-contracting process.

The **Workbook** provides concrete tools and background information that will allow you to manage the process and complete the work more efficiently.

HOW TO BUILD A BCI
The Overview

This section of the BCI Toolkit Includes four phases:

1. **The BCI Situation Analysis**
2. **Conducting Formative Research**
3. **Defining the BCI**
4. **Monitoring and Evaluation Plan**

Corresponding tools are required to complete each phase and can be found in the Workbook section of the BCI Toolkit.

Navigating the BCI Tool Kit

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15 **STEP 1.2** Identify potential target audiences

19 **STEP 1.3** Define the focus of BCI

21 **STEP 1.4** Identify theories of behaviour change and best practices that will guide your BCI

22 **STEP 1.5** Conduct a SWOT analysis to define the intervention context

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110 **TOOL 1.5** Summarizing the Information and Knowledge Gaps

112 **TOOL 1.6** SWOT Analysis

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33 **STEP 2.4** Summarize the results

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53 **STEP 3.2** Specify target audience segment(s) and profiling

54 **STEP 3.3** Select a specific behaviour for the audience to change

56 **STEP 3.4** Specify behaviour change goals and objectives

57 **STEP 3.5** Identify benefits and barriers that influence the audience's behaviour

59 **STEP 3.6** Define the intervention and marketing mix: The 4 Ps (product, price, place, and promotion)

70 **STEP 3.7** Set priorities based on impact and feasibility

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Gain a firm understanding of the existing project monitoring plan

74 **STEP 4.2**
Select key M&E questions on BCI to be added to the plan

77 **STEP 4.3**
Determine how the information will be gathered in the existing plan (methods and indicators) and ensure this is adaptable to BCI

80 **STEP 4.4**
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81 **STEP 4.5**
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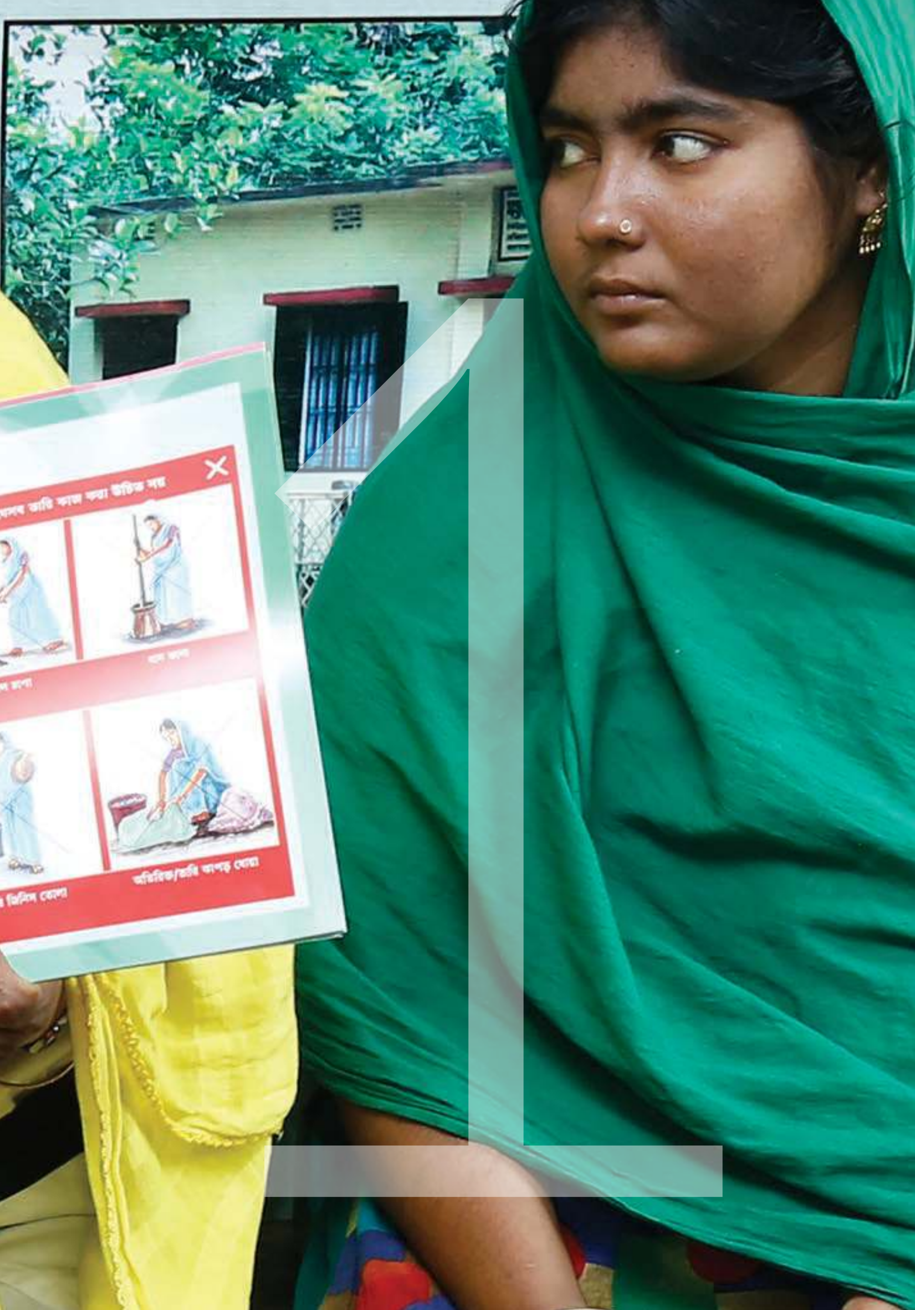
Acronyms

ANC	Antenatal care
BCC	Behaviour change communication
BCI	Behaviour change intervention
DHS	Demographic and health survey
FGD	Focus group discussion
HEW	Health extension worker
IDI	In-depth interview
IFA	Iron and folic acid
IPC	Interpersonal counseling
KAP	Knowledge, attitude and practice (e.g. surveys)
M&E	Monitoring and evaluation
MNP	Micronutrient powders
NI	Nutrition international
ORS	Oral rehydration salts
SWOT	Strengths, weaknesses, opportunities and threats
TIPS	Trials of improved practices
TOR	Terms of reference
WIFAS	Weekly iron and folic acid supplementation
WHO	World health organization



PHASE 1

THE BCI SITUATION ANALYSIS

Phase 1 of the Behaviour Change Intervention (BCI) involves conducting a situation analysis to define the health problem your project will address, potential solutions to the problem, and potential audiences who can be part of these solutions.

During this first phase, you will:

1. Draft the purpose and general focus of your BCI.

2. Identify and keep records of information gaps that will be addressed during the formative research (see **Phase 2**).

REQUIRED TOOLS FOR PHASE 1

To complete **Phase 1**, you will require the following tools:

- ☐ **TOOL 1.1**
  Problem Statement
- ☐ **TOOL 1.2**
  Identifying the Potential Target Audience
- ☐ **TOOL 1.3**
  Narrowing the Potential Focus
- ☐ **TOOL 1.4**
  Informing the Development of the BCI
- ☐ **TOOL 1.5**
  Summarizing the Information and Knowledge Gaps
- ☐ **TOOL 1.6**
  SWOT Analysis

Steps for Conducting the BCI Situation Analysis

You will be guided through a series of steps to help you conduct a situation analysis for your BCI. Following the steps listed below will assist you to analyze, organize, and summarize the information you gather in a way that will help you to develop an effective BCI with a clear direction and rationale for the subsequent phases.

STEP 1
Develop a health problem statement

STEP 1.2
Identify potential target audiences

STEP 1.3
Define the focus of BCI

STEP 1.4
Identify theories of behaviour change and best practices that will guide your BCI

STEP 1.5
Conduct a SWOT analysis to define the intervention context

STEP 1.1
Develop a health problem statement

As you read through **Step 1.1**, use **Tool 1.1** in your BCI Workbook to record your problem statement. You may not be able to answer all the questions at this point. Make note of critical information gaps as you will need them in the formative research phase. There will be opportunities to adapt or change this initial statement as the work progresses.

The **health problem** is the gap between a group's acceptable or desirable health status and their current health status (1). You can set out writing your problem statement by answering the following key questions with the information you already know (1,2):

- What is the health problem? What do you already know about the program from the literature and from the intervention context?
- What causes the problem? Think about and identify existing national laws, by-laws and/or other policies that hinder or facilitate action by men and/or women around a health issue.
- Who is most affected and to what degree?
- How are men, women, boys and girls (and sub-groups of each) affected differently by the problem?
- What could happen if the problem is not addressed? (Why should people care about this?)

TABLE 1-1
Key questions and example answers to help you define a health problem statement

Key questions to define the problem statement	Example answers from a salt iodization project in Andhra Pradesh
What is the health problem?	There is a high prevalence of iodine deficiency in Andhra Pradesh.
What causes the problem?	Low availability of iodine in the diet. Use of un-iodized pickling salt for cooking in Andhra Pradesh.
Who is affected and to what degree?	This affects lower income families and is estimated by project staff to be between 20-30% of the population.
What could happen if the problem is not addressed?	If the problem is not addressed, it could lead to cognitive impairments in children and poor maternal and newborn health outcomes.

It is important to draft your problem statement based on evidence rather than your opinion or experience. (If you think it is a problem, chances are, someone has researched it.) Instead:

1. Begin by using the existing qualitative and quantitative information available (see Step 2.2 for examples of potential data sources).

2. Then, look at impact level health indicators such as national and local morbidity and mortality rates and identify differences between them.

3. Also look at outcome level indicators that affect the impact indicators, as well as locally situated knowledge, attitude, practices related to these indicators from the country and specific intervention area/target groups specifically.

EXAMPLE PROBLEM STATEMENT

There is a concerning rate of iodine deficiency among low-income families in Andhra Pradesh as a result of low availability of iodine in the diet and low consumption of iodized salt. While several states in India have achieved nearly universal levels of iodized salt consumption, it was found the lowest in Andhra Pradesh with less than one-third of all households using adequately iodized salt. This affects lower income families and iodine deficiency is estimated by project staff to be prevalent among 20-30% of the population. If the problem is not addressed, it could lead to cognitive impairments in children and poor maternal and newborn health outcomes.

STEP 1.2
Identify the potential target audiences

As you read through **Step 1.2**, use **Tool 1.2** in your BCI Workbook to help you identify the potential primary and secondary target audiences for your BCI. Make note of the information gaps you identify.

a) Determine potential primary target audiences

1. Begin by identifying specific groups of people who are directly affected or impacted by the health problem, and/or are more willing to change their behaviour for a positive health outcome (see **Step 2.2** for examples of potential data sources).

- Consider the different roles and behaviours men and women, girls and boys, exhibit with respect to the health issue and how they may differ by age, socio-economic class, ethnic group or religion.
- Identify the existing social, cultural and gender norms related to the health problem and how these may impact willingness to change behaviour.
- Explore the extent to which women, men, boys and girls can make decisions regarding the health issue (including changing their behaviour) and their health in general.

2. Make a list to determine potential broad primary target audiences that are:

- Most affected by the problem (e.g. greatest need, incidence, severity).
- Most important to bring about change.
- More likely and willing to change their behaviours relating to the health problem.
- Easily accessible by you or your partners.
- A good strategic fit with your organization's goals and priorities, such as a specific hard-to-reach population.

b) Segment potential primary target audiences
Once you have compiled a list of potential primary target audiences, think about ways to divide the list into smaller groups according to particular criteria. This process, known as **segmentation**, enhances your ability to determine the specific needs of each group for behaviour change (1). The most common segmenting criteria are attributes from one or more of the following categories:

Demographic characteristics	Age, sex & gender, family size, income, occupation, education, religion, ethnicity
Geographic characteristics	Region, city/town/village, density (rural vs. urban), climatic zone, hard-to-reach areas
Lifestyle	Attitudes, aspirations, interest, opinions, motivations, personality, values or beliefs, social class

Literature reviews, brainstorming sessions with your partners and stakeholders, and analyses of local and national data can help you narrow down the list of potential primary target audience segments (2). In some instances, you may already know which audience to target. In those cases, consider establishing criteria to verify that the choice is a good selection. After you review the data and consider potential primary audiences, you will also need to consider potential secondary audiences.

EXAMPLE PROCESS OF AUDIENCE SEGMENTATION TO DETERMINE THE POTENTIAL PRIMARY TARGET AUDIENCE

Let's say you are planning an intervention to reduce anaemia in pregnant women. Your broad target audience is women of reproductive age who may become pregnant. The audience is further segmented by considering and answering the following questions in the table below.

Type of characteristics	Potential target audience
Are there demographic characteristics that are the most relevant to the problem and define separate segments within your population?	Yes. Therefore, we might want to target an age group with higher rates of anaemia, for example. Perhaps younger women in the context have higher rates of anaemia than older women.
Are there geographic characteristics that define separate segments within your population?	Yes In the context, women in rural and indigenous areas are disproportionally affected by anaemia.
Are there lifestyle characteristics that define separate segments within your population?	Yes. Anecdotal evidence suggests that low-income women have a good attitude towards health providers and are more receptive to complying with their recommendations. In this community, young women between the ages of 18-24 may be more likely to plan on first pregnancy and be more available for counselling or interventions, and may also be open to advice concerning their first pregnancy.

Based on the answers to these questions, the primary target audience for this example involves low income young women (ages 18-24 years of age) in rural and indigenous areas.

c) Select potential secondary target audiences
Secondary audiences are people who influence the primary target audience. As a result, secondary audiences can influence both behaviour and potential change in the primary target audience (3). To select potential secondary target audiences:

1. Begin by referring to the socio-ecological model (Figure 1). The socio-ecological model helps to understand the complex interplay among factors that affect health and health-related behaviours (for more information on the socio-ecological model, see Appendix 2).

Figure 1: Socio-ecological model (4)

2. With the socio-ecological model in mind, consider the following criteria when determining your potential secondary audiences:

- Individuals who have contact with, and directly influence, the potential primary audience (e.g. peers, family and partners).
- Individuals in the community who may indirectly influence the potential primary audience. For instance, they may allow for certain activities and control resources; as well as allow and control access to, demand for, and the quality of services and products (e.g. community leaders and facility workers).
- People who influence peers, family, partners and other individuals at the community and organization levels, such as religious leaders, journalists, policymakers, and officials at the Ministry of Health. This includes people who influence how gender norms are shaped in relation to the health problem.

While considering the above, it is a good idea to:

- Identify the differences and similarities in knowledge that women and men have, as well as in their attitudes and practices about health issues.
- Identify who supports and influences women and men in their decisions and actions about the specific health concern.

TABLE 1-2
Example process selection of secondary audience

POTENTIAL PRIMARY AUDIENCES	POTENTIAL SECONDARY AUDIENCES		
Complete this information with the data available to you and your partners. As you do this you may realize there are information gaps in describing your target audience and should record them.	**Direct influence**	**Indirect influence**	**Indirect influence**
	Who are the people who have contact with the individuals and directly influence them?	Who in the community may indirectly influence the potential primary audience?	Who are other people, institutions, or organizations that indirectly influence the potential primary audience?
1. Out-of-school adolescents (10–19 years)	• Mother • Father • Grandparents	• Health worker at the health centre • Elders and community leaders	• Local NGOs that provide health services
2. Young married women in rural areas (18–24 years)	• Mother-in-law • Spouse • Community health worker	• Health worker at the health centre • Religious leaders	• Local NGOs that provide health services

STEP 1.3
Identify the potential focus of your BCI

As you read through **Step 1.3**, use **Tool 1.3** in your BCI Workbook to identify potential behavioural changes that you could target as part of your BCI focus. Take note of any information gaps that you identify.

a) Identify behaviours to prevent or improve the health problem
Defining a focus for your BCI is important to address the health problem. To do so:

1. Begin by identifying the behaviours that could be adopted to prevent or improve the health problem.
2. Look at the available data and information about the potential target audiences, including their current knowledge, attitude and practice related to the health problem. You may get support from partners in preparation of a desk review of available data and previous project experiences.
3. With your partners, discuss the potential target audiences' behaviours that can be changed or new behaviours that they can adopt by considering the following questions in conjunction with available evidence (5):

- What is the current behaviour of the target audience?
- What can we ask the target audience to do that provides a basis for a nutrition intervention?
- Would the potential target audiences be receptive to adopting one or more of these behaviours?
- Does promoting these behaviours match the Nutrition International's mandate and your team's capabilities?
- Do these behaviours help to address a significant need or to fill a void?

b) Narrow down the behaviours
Once you have compiled a list of behaviours that could be adopted by your potential target audiences, narrow down the list for your BCI by selecting the behaviours that (5):

- Are more likely to significantly have an impact on the health problem
- Are more likely to be performed by the potential target audiences

c) Analyze the potential impacts of target behaviours
To complete this section, you will need to:

1. Look for available information about the barriers and facilitators that women and men, girls and boys face when performing each of the selected behaviours, including gender-specific factors.
2. Analyze the likelihood that your potential target audiences will adopt the potential target behaviour.
3. Consider the levels (low, medium, high) of potential impact the target behaviours may have, and the likelihood of their adoption.

It is likely that the available information may not include sufficient details about the barriers, in which case it should be identified as a gap that needs to be addressed through the field assessment under formative research.

EXAMPLE PROBLEM STATEMENT

Let's say your project seeks to decrease morbidity and mortality from childhood diarrhoea. A BCI to decrease the burden of diarrhoea may come across issues of hygiene, water sanitation, low latrine access, and low use of zinc + oral rehydration salts (ORS).

It would be tempting to try to address all of these issues but a BCI must be specific to be effective. The focus of a BCI may be defined by an organization's capacity and its mandate/mission, as well as the organization's agreement with partners, such as a Ministry of Health. At Nutrition International, we are most likely to focus our contribution on zinc + ORS for diarrhoea treatment.

From existing data about diarrhoea treatment in our example broad target audience, we know that:

- Caregivers often wait about four to five days before seeking treatment.
- Caregivers do not seek care for diarrhoea if they believe it is related to teething or seasonal changes in weather.
- Health providers often give only ORS for diarrhoea treatment. In some cases, they give both zinc + ORS and sometimes they prescribe antibiotics.
- Supply shortages are common at health posts. Only 15% of caregivers received zinc + ORS for diarrhoea treatment.
- 60% of caregivers seek treatment at health posts.
- We do not have quantitative data about adherence, but a qualitative project report suggested caregivers stop giving zinc when symptoms disappear.

Thus, our BCI can focus on certain behaviours, such as:

- Encouraging caregivers to seek treatment for diarrhoea promptly.
- Encouraging caregivers to seek treatment for all types of diarrhoea.
- Ensuring that caregivers are provided with both zinc + ORS.
- Enabling and encouraging caregivers to use the full course of the zinc + ORS as recommended.

Next, we will analyze the likelihood that our potential target audiences will adopt the potential target behaviour, and consider the levels (low, medium, high) of their potential impact and the likelihood of their adoption.

EXAMPLE OF THE ANALYSIS OF A POTENTIAL IMPACT AND THE LIKELIHOOD OF THE ADOPTION OF BEHAVIOURS

POTENTIAL TARGET AUDIENCES	POTENTIAL TARGET BEHAVIOUR	POTENTIAL IMPACT	LIKELIHOOD OF ADOPTION
1. Caregivers of children under 5 years of age	Encourage caregivers to seek treatment for diarrhoea promptly	Medium: It increases the chances of timely treatment, however, this behaviour on its own will not ensure compliance.	Medium: Will be adopted only if the belief that it is normal for a growing child to have diarrhoea is addressed.
2. Caregivers of children under 5 years of age	Encourage caregivers to seek treatment for all types of diarrhoea	Low: Unless treatment is sought on time and the full course is given, it will not have an impact on the desired outcomes.	Medium: Will be adopted only if the belief that it is normal for a growing child to have diarrhoea is addressed.
3. Health care providers	Ensure caregivers are provided with both zinc + ORS	High: Provision of zinc + ORS in the required dosage is the first step for the treatment.	High: This is dependent on supplies being available.
4. Caregivers of children under 5 years of age	Enable and encourage caregivers to use the full course of the zinc + ORS as recommended	High: Only when the full course is used will the outcomes be achieved.	Low: Can be adopted if there is increased knowledge about the fact that completing the dose reduces the risk of diarrhoea in future.

Based on this example, the most effective focus of a BCI is to promote that health providers give zinc + ORS to caregivers and that they enable and encourage caregivers to use the full course. As part of a BCI, we would work upstream to resolve supply chain problems and ensure the availability of zinc at health posts. We would also strengthen counselling skills of health providers and undertake communication activities with caregivers to address current perceptions about completing the recommended course.

STEP 1.4
Applying theories of behaviour change and best practices

Based on theories of behaviour change, **Tool 1.4** in your BCI Workbook will help you identify important information to plan and design your BCI. Then, use **Tool 1.5** in the Workbook to summarize your plan and design, and to record other key information and knowledge gaps.

Theories present a systematic way of analyzing and understanding events or situations (6). Thus, theories of behaviour change can help the planning and design of your BCI by informing the development of effective strategies and maximizing their potential effects.

Programs are more likely to achieve desired outcomes when they are based on a clear understanding of targeted health behaviours and the environmental context in which they occur. Behaviour change theories provide a systematic way of understanding behaviours and give your team the tools to design and evaluate the BCI. Application of a gender and equity lens when considering key concepts in your theory or framework can reveal underlying barriers and obstacles that will need to be addressed in the overall design. For example, when thinking about self-efficacy for negotiation, identify how gender norms/inequalities may reduce self-efficacy.

For descriptions of behaviour theories and examples of how they may be applied to your BCI, see Appendix 3.

STEP 1.5
Applying theories of behaviour change and best practices

As you read through **Step 1.5**, use **Tool 1.6** in your BCI Workbook to complete your SWOT analysis.

The Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis reveals internal and external issues that you may encounter while developing or implementing your BCI strategy. In a SWOT analysis, strengths and weaknesses are considered internal to the individuals and organizations involved in implementing the BCI. Meanwhile, opportunities and threats stem from factors that are *external* to your organization (7). Consultants and partners may help with reports and data that inform the SWOT, but it is essential that the project officer/manager responsible for the project lead this process as it determines how the organization will act. To conduct a SWOT analysis, consider the following questions:

Strengths	What does your organization — and what do your partners — do well?
Weaknesses	What are the limits and constraints of your organization and of your partners?
Opportunities	What external factors help your organization facilitate the implementation of projects?
Threat	What external factors could limit and constrain your project?

TABLE 1.3
Example of a SWOT Analysis for a salt iodization project in Andhra Pradesh

	Enablers	Challenges	Considerations
Internal	**Strengths** Years of experience working in salt iodization with producers Funding available Capacity and human resources available	**Weaknesses** Limited experience with demand generation Limited dedicated human resources for BCI and social marketing Limited time frame for implementation	**Human resources** Physical resources Financial activities and processes Past experiences
External	**Opportunities** Support from state government Previous campaign learnings by another organization Policies support salt iodization	**Threats** Weak monitoring and implementation of iodine quality policies Competition with producers of non-iodized salt Poverty of target community	**Future trends** The economy Funding sources Demographics The physical environment Legislation Local, national or international priorities and events

Answering these questions will help you to build upon your strengths, minimize your weaknesses, seize opportunities and counteract threats, thus bolstering the chances that your BCI will be successful BCI (4).

END PRODUCTS OF PHASE 1

By the end of this phase you will have completed:

- ☐ Problem statement (**TOOL 1.1**)
- ☐ List of potential target audiences, secondary audiences, and focus of your BCI (the proposed behaviour changes) (**TOOLS 1.2 & 1.3**)
- ☐ Summary of any existing data and information gaps about the problem, audience, and behaviours (**TOOLS 1.4 & 1.5**)
- ☐ SWOT analysis (**TOOL 1.6**)

PHASE 2
CONDUCTING FORMATIVE RESEARCH

This section will help you plan for the steps involved in conducting formative research. It assumes you will work with, and help to guide, a research team so that you are generating the data and information to design a responsive and effective intervention, rather than conducting the formative research on your own. At this point however, it is not necessary to have your team assembled or partners selected.

Building a successful BCI with a team is like climbing a Himalayan peak – both require maps, a compass, careful route planning, and it is essential that each team member has a clear understanding of the journey and its objectives (8). Formative research helps to map the route by allowing you to tap into the context of what actually influences a person's decisions and behaviours, which will guide your team in establishing achievable objectives that respond to evidence and address the needs of your target populations. Conducting formative research will help your team (9):

- Gather preliminary information that further describes the health problem and current behaviours.
- Narrow and gain an in-depth understanding of your target audience(s), including their beliefs, values and motivations.
- Select a specific behaviour for the audience(s) to change.
- Identify factors that influence the audience's behaviour.
- Develop an appropriate BCI that is guided by evidence and addresses the needs of target populations.

REQUIRED TOOLS FOR PHASE 2

To complete Phase 2, you will require the following tool:

☐ **TOOL 2.1**
Research Objectives

For **STEPS 2.2** to **2.4** additional resources are provided

- BACKGROUNDER 1: CONSIDERATIONS FOR QUALITATIVE FORMATIVE RESEARCH
- SAMPLE 1—OUTLINE FOR DEVELOPING TERMS OF REFERENCE FOR FORMATIVE RESEARCH
- SAMPLE 2—TEMPLATES FOR FORMATIVE RESEARCH QUESTIONS FOR IDIS
- SAMPLE 3—TEMPLATE FOR SUMMARIZING KEY FINDINGS FROM YOUR INTERVIEW
- SAMPLE 4—OUTLINE FOR FORMATIVE RESEARCH REPORT

Steps of the formative research process

The formative research process is designed to help you think through the groups of people you want to research, the questions you want to ask them and the appropriate methods to use to get the type of information you need to make decisions (3). This process involves the series of steps described below (2):

STEP 2.1
Define the formative research objectives

STEP 2.2
Develop a formative research plan

STEP 2.3
Conduct the formative research

STEP 2.4
Summarize the results

When possible, consider requesting your research team or partners to conduct formative research in multiple smaller rounds instead of trying to complete all the steps in a predefined linear progression. Subsequent rounds can build on information from earlier rounds and give you multiple points to shape the work. For instance, you can begin by conducting research to define your target audience and on a second round, probe more deeply into your audience's thoughts and feelings (3).

STEP 2.1
Define the formative research objectives

Complete section A of **Tool 2.1** of your BCI Workbook to draft your formative research objectives or research questions based on the information gaps that were identified in **Tool 1.5**.

Collecting the right information can be challenging. You will need to develop research objectives that are tied to the key decisions you must make to design an effective intervention. The project officer should be involved in developing the research objectives for the agency/partner or research team to conduct the formative research.

1. Begin by identifying information gaps that are relevant to address decisions about the health problem, audience, behaviour and other key factors including gender (5).

2. Use the information gaps from Tool 1.5 as a guide to draft your research objectives and/or questions to define the purpose of your formative research. The more specific your questions are, the clearer your objectives will be (3). The objectives and questions being asked then define the most appropriate methods to use to answer them.

STEP 2.2
Develop a formative research plan

Complete parts B and C of **Tool 2.1** in your BCI Workbook to help you define your formative research methods.

If necessary, seek expert technical assistance in drafting your initial formative research plan and in selecting partners for conducting the research. Ensure that the partner selected has a breadth of experience including gender and equity analysis. See **Sample 1** at the end of this section for an example of Terms of Reference for formative research.

Identify sources of information that can help address or inform some of your research objectives or questions. These can include:

- Epidemiological data, such as programmatic, demographic and health survey (DHS) data
- Research papers
- Health care systems
- Community-based organizations and local foundations
- Reports and other gray literature (from government agencies, not-for-profit organizations, universities)
- Policy or legislative databases

- Community needs assessments
- Audience or community experts (people who may have some knowledge about a potential audience, about the community or about a specific location)
- Data collected by your organization, or your partners and stakeholders
- Health experts, researchers, epidemiologists in the local health department or academic centre
- Reports of previous program evaluations

a) Gather information
1. Look for information on all levels of influence and use existing published information (both social science databases and science databases) to avoid spending time and resources recreating data that has already been made for you.

2. Make sure research teams allocate sufficient time and resources to analyze these data sets. This will help you save resources and simplify primary (in person/new) data collection.

3. Use qualitative or quantitative research methods to gather primary data. The method you choose depends on:

- The research gaps you have identified and that remained unanswered using another source.
- The resources available (including the time and expertise available).
- Your potential target audiences.

Projects that have a baseline survey planned can use the baseline as an opportunity to collect data on questions best answered with quantitative data, in which case the formative research could focus on questions best answered by qualitative methods. In other cases, you can effectively answer these questions using more than one research method; thus, you may require partners with different skills sets (e.g. quantitative, qualitative or mixed methods). Your partners will propose using different sampling techniques for quantitative and qualitative methods. In general, whenever possible it is best to plan on using a mixture of both methods.

b) Make plans
1. Plan for the timeline and resources needed to conduct formative research.

2. Allocate sufficient time for primary data collection and analysis, and consider resources such as incentives for research participants, refreshments for focus groups, translation, transcription, and travel costs. Keep in mind that qualitative data analysis usually demands more time than quantitative analysis (5); depending on the quantity of qualitative research produced, special software may be needed for efficient analysis.

3. Discuss with your research team/partners each individual's intended level of involvement in the research process. As a project officer/manager, you can move the process forward and get the results you need by:

- Helping the team get access to participants, institutions, information, and other resources needed.
- Monitoring the team's progress with timelines, deliverables and other aspects of the research process.
- Reviewing data collection instruments, as well as providing comments and suggestions to draft reports.
- Reviewing preliminary results and providing insight on data analysis.

QUALITATIVE METHODS

- Provide rich descriptive information and insights into ideas, experiences, motivations, values, attitudes and behaviours of the target audiences.
- Are narratives, quotes and descriptions that help you to understand your target audiences' experiences, motivators, values, as well as how they might respond to interventions.
- Help answer the questions "How?" and "Why?"

QUANTITATIVE METHODS

- Generate numeric data.
- Can be designed to provide representative data of the population.
- Provide demographic, household and coverage data and estimates of prevalence, knowledge, attitudes and reported practices.
- Help answer the questions "What?", "When?", and "Where?"

TABLE 2-1
Methods for data collection

	Qualitative methods	Quantitative methods
Data collection methods	• Group interviews • Focus groups • In-depth interviews • Household observations • Facility observations • Trials of Improved Practices (TIPs) • Guided photo narratives	• Knowledge, Attitude and Practice (KAP) surveys • Household surveys • Reviews of health centre logs • Supply audits
External	• What is women's perceptions of giving birth at the health post? • How does the mother prepare and use zinc and ORS for diarrhoea? • What is the interaction between pregnant women and providers at antenatal care (ANC) visits? • What were women's opinions and experiences around using adherence calendars? • What role do husbands play in IFA adherence?	• Where did you give birth to your last child? • Has your child had diarrhoea in the last two weeks? • How many women attended ANC in the last month at this health centre • How many stock-outs of IFA did the health post experience in the last six months?

STEP 2.3
Conduct the formative research

Conducting the formative research is a critical step to developing an effective BCI. Formative research is the process of getting the critical insights from the communities and institutions you want to work with, as well as developing an appreciation for context. Formative research can include both quantitative and qualitative data collection. Two of the most common methods for qualitative data collection with formative research for BCI involve the use of focus group discussions (FGDs) and in-depth interviews (IDIs). Observations are another approach that generates rich understanding on norms and relationships that may be accepted as norms and not discussed; they can be guided by a checklist or open description. Trials of Improved Practices (TIPs) are another qualitative approach wherein feeding/behaviour recommendations are tested in homes by discussing possible improved practices, negotiating specific practice changes and following up to record the mothers' and children's experiences with (and reactions to) the new practices. Several creative approaches such as use of photo-narration and storytelling can also be extremely insightful.

Qualitative methods provide insights and experiences to complement any quantitative data on levels of access, health situation, Knowledge, Attitude and Practice (KAP) and other data. This can be collected as part of formative research or from existing quantitative data, such as national or regional population survey results.

Qualitative research can offer rich verbal and descriptive information that explains how your target audiences view their community, social norms, experiences with health care services, the health problem, existing gender dynamics, as well as aspirations and what motivates them and individuals in their communities to behave the way they do or prevents them from being able to take certain actions (9).

TABLE 2-2
Advantages and disadvantages of conducting FGDs and IDIs (9)

Approach	Advantages	Disadvantages
Focus group discussions (FGDs): Group discussions intended to provide insight into the beliefs, opinions, gender dynamics affecting and reasons behind the behaviours of a target audience regarding a specific health topic (e.g. the health problem).	**Group interaction** • Allows people to build upon one another's answers. As a result, new ideas and insights may emerge. Time saving: • Requires less time than it would take to interview each participant individually.	**Logistical effort** • Requires finding an appropriate venue. • Scheduling a time that fits every participant can be time consuming. • Facilitator/moderator must have the required skillset to manage group interactions. Sensitive topics: • Some issues may be difficult to discuss in a group setting.
In-depth interviews (IDIs): One-on-one discussions intended to provide detailed insight about a participant's beliefs, opinions, and reasons behind their behaviours related to the health problem.	**Sensitive topics** • IDIs can be more appropriate when discussing sensitive topics. **Logistical effort** • Do not need to reserve an appropriate venue or schedule a convenient time for a group of participants. • The interviewer can meet participants at places that are convenient for them, or conduct interviews over the telephone. **Detailed responses** • Responses may be more detailed from individual respondents who are not preoccupied with concerns for privacy. • The interviewer will not be pressed for time to explore the responses of other participants but can focus on an individual's answers.	**Expense** • Conducting a series of individual interviews may incur more expenses than focus groups as they may require multiple interviewers, take more time overall, and require travel to interview locations that are convenient for each participant.

There are several samples at the end of this chapter that provide step-by-step guidance. The first of these is for planning and conducting FGDs and IDIs (**Backgrounder 1**). While still part of the formative research plan development process, it will nevertheless help you conduct the research. The second (**Sample 2**) contains sample questions for interviews in two hypothetical interventions. These questions are designed to uncover information that will help make social marketing decisions for a BCI.

EXAMPLE HIGHLIGHTING THE IMPORTANCE OF CONDUCTING FORMATIVE RESEARCH

Baseline quantitative data shows that women are not attending antenatal care (ANC) visits early in pregnancy. We might assume it is because they consider it unnecessary; however, through qualitative formative research involving FGDs and IDIs we learn that pregnant women like attending ANC and talking to health care providers. In fact, the analysis of the data indicates that it is mothers-in-law who deem ANC as unnecessary. As a result, we also find that mothers-in-law exert a great influence on pregnant women's decisions and that there is a need to include them in strategies for behaviour change

STEP 2.4
Summarize the formative research results

The purpose of the formative research report is to guide the development of a BCI plan that is informed by social marketing practices. Therefore, you may want to ask the research team/partners to structure the report in a way that will help you make key BCI design decisions, including:

- Who do you specifically want to reach with your intervention?
- What exactly does your intervention ask the target audiences to do?
- What factors (barriers and enablers, including gender dynamics) must you address and/or support to enable behaviour change?
- What strategies will most likely be effective in promoting the desired behaviour in each of your target audiences?

Make sure to discuss the general outline of the report with your research team, including the information that it should provide, as well as practical ways of presenting it (5). **Sample 3** provides a template for summarizing the key findings of your formative research, whether you conducted FGDs, IDIs or surveys. For a sample formative research report outline, see **Sample 4**.

END PRODUCTS OF PHASE 2

By the end of this phase you will have completed:

- **STEP 2.1** — Defining the formative research objectives (**TOOL 2.1**)
- **STEP 2.2** — Developing a formative research plan (**TOOL 2.1**)
- **STEP 2.3** — Conducting the formative research
- **STEP 2.4** — Summarizing the formative research

SAMPLE 1

Outline for developing terms of reference for formative research

1. Project Background Information
This section provides background and a description of the overall project, including:

a) Rationale for the overall project
- What health situation are you trying to improve? Who are the intended beneficiaries?

b) Objectives of the overall project

c) Theory of change for the overall project
- What are the assumptions made for the project and how the project intends to have an impact in the target population?

d) Activities in the overall project
- Description of any known delivery platforms for the intervention and the key stakeholders involved and intended roles in the project

e) Project location(s) and context

2. Purpose & Objectives of the Formative Research
Include a description of what is known about target audience and explanation of data gaps, as well as the objective for conducting the formative research. Explain:

- Type of data that is needed
- Types of decisions that need to be made
- Who will be using the information

3. Proposed Research Questions for Formative Research
Insert all the questions that the formative research needs to answer in order to support the design of an effective BCI strategy. This should include any gaps around context and audience insights. Provide any guidance on specific questions the team has, how the information will be used, and what types of decisions need to be made.

4. Methodology and Data
In this section, suggest any methods that you feel are needed to respond to the data gaps and research questions. This can include observations, facility (school or health) checklists, in-depth interviews, focus group discussions. This can also include quantitative survey type methods if there are gaps in information around access, health status, practices, etc., which cannot be accurately obtained from qualitative approaches.

You may also want to add some of your questions or link to assessments of ongoing or existing other interventions and partnerships in the locations for your project

Consider what type of channel analysis needs to be conducted, even if the content of messages comes from qualitative data, you may need quantitative data on access or use of certain channels (radio, interpersonal counseling, community theatre, school assemblies, market days etc.)

5. Sample Size
For qualitative aspects, a purposive sampling framework should be used, where diversity and intentional inclusion of perspectives is sought.

For quantitative sampling, a representative sampling is usually the intention, with random sampling being the ideal.

The proposal should describe recruitment approaches and how inclusion or exclusion will be determined (how to decide if an individual is eligible to participate).

6. Proposed Research Activities and Schedule
A potential formative research partner should provide a proposal detailing how they will conduct the research and manage all aspects of the study. Key activities may include:

- Review current international guidelines, research publications on BCI, reports of similar interventions, available materials from other BCC (Behaviour Change Communication) campaigns etc., and documentation related to country/context generally, similar interventions with same population group in same setting/country, same intervention in other settings/countries, etc.
- Determine the objectives of the formative research and share them with the team including (but not limited to) relevant technical working group, Ministry of Health, Ministry of Education, etc.
- Develop context appropriate formative research protocol(s) and methodologies to accomplish each research objective and get ethical approval.
- Data collection strategy that includes:
  - o Research question
  - o Target audience
  - o Behaviour change objective
  - o Information to obtain/data gap
  - o Method or tool for formative research

- Train interviewers on formative research tools, the intentions of the questions or tools and how to oversee fieldwork (e.g. focus groups and key informant interviews).
- Train staff on translation, transcription, and/or typing (if needed).
- Oversee field work.
- Develop and refine coding matrix and analysis plans.
- Conduct analysis of qualitative and quantitative data to inform the project.
- Conduct data interpretation meetings and get feedback from all stakeholders (including participants) – consider need to intentional reach out to women's groups.
- Develop report(s) with key research findings and lessons for the project: identify the key behaviour change objectives for reach audience and summarize the key insights and results of the formative research that will inform the creative team and message development process. This should include relevant potential channels.

7. Key Deliverables
Deliverables may include:

- Summary of the relevant literature on the BCI focus.
- Formative research protocol, including question guides and training materials for focus groups, interviews, and other methods to be used in selected communities.
- Cleaned and fully referenced electronic data sets in an agreed upon format with copies of the original data collection forms in English.
- Full transcripts of all interview and discussion data and final codebooks and other related documentation in an electronic format, including copies in English.
- Summary document with main results and research implications.
- Report(s) with detailed findings of formative research. The main report will include the following chapters/sections:
  - o Background
  - o Objectives
  - o Theoretical Approach
  - o Methodology
  - o Demographics data of respondents including channel analysis
  - o Results (qualitative & quantitative) & key insights by target group
  - o Conclusion and recommendations for 4Ps by target audience
  - o Reflection on how formative research responded to research questions and data gaps
  - o Draft notes to inform the communications brief:
  - o Key behaviour change objectives for reach audience
  - o Key insights from results of the formative research that will inform the creative team and message development process.

  This should include potential relevant channels for each target audience related to each behaviour change objective

  - o Annexes

8. Team Skills and Level of Effort
Skills that may be needed for the formative research include:

- Excellent technical knowledge on nutrition and the BCI focus.
- Experience conducting formative research and using qualitative and quantitative methods.
- Experience in adult education and training.
- Experience in managing research teams.
- Very good organizational and planning skills.
- Very good communication skills.
- Gender analysis skills and experience and understanding of how gender equality and dynamics could influence research
- Fluency in the local language(s) and English (or access to translation).
- Excellent skills in software programs (Microsoft Office, SPSS, Epi Info, ENA SMART, Stata, NVivo, ATLAS ti, etc.).
- Qualitative and quantitative analysis skills, if required.
- Ability to work in project implementation sites.

9. Administrative & logistical support
Management plan and timeline for completing work.

10. Budget

SAMPLE 2—TEMPLATES FOR FORMATIVE RESEARCH QUESTIONS FOR IDIS

Sample questions for an Iron and Folic Acid (IFA) Supplementation BCI with pregnant women in Kathmandu, Nepal.

Key BCI decisions	Sample FGD, IDI and interview questions
The benefits that should be offered	• How would you describe a healthy pregnancy? • If a close friend or relative came to you after they found out they were pregnant, what would you tell them about taking supplements during pregnancy? • What are the benefits to the mother and the baby of consuming prenatal or IFA supplements daily during pregnancy?
Positioning	• We have talked about a lot of benefits, which of these are most important to you for your pregnancy?
Augmented product	• What tangible products, activities, or programs would make it easier for you to take IFA supplements?
Financial cost (if applicable)	• N/A
Positioning	• We have talked about a lot of benefits, which of these are most important to you for your pregnancy?
Other costs and barriers that can be changed or lowered	• What are some reasons pregnant women don't take IFA supplements daily during pregnancy? • What are the reasons that some pregnant women stop taking IFA supplements after a few days/weeks? • How do you think pregnant women could be supported to overcome these barriers?
Other factors that may need to be addressed: • Perceived risk • Self-efficacy • Access • Belief that new behaviour will be effective • Social norms • Gender norms • Skills • Access • Policies • Other	• What could be done to motivate or make it easier for the pregnant women that you know to take IFA supplements daily during pregnancy? • What could be done to motivate or make it easier for you to take IFA supplements daily during pregnancy?

Key BCI decisions	Sample FGD, IDI and interview questions
Placement	• Where do you get your health care advice for pregnancy? • Where do you usually get your medicine or supplements? • How do you get there? • What times in your week are you most likely to go there? • Where do you feel would be the most convenient place(s) for you to access IFA supplements? • Where do you usually consume supplements or vitamins?
Promotional strategies: Spokespeople and other information resources Information channels Strategies or activities	• When you think about being a mother, is there someone you look up to? • How would you describe a good mother? • Who do you trust the most for health care advice, especially during pregnancy? • What would be the best way for you to obtain information regarding your health during pregnancy? • Do you have a cell phone? • Do you listen to the radio? Which channels, and at what times throughout the day? • What TV channels do you watch and when? • Which markets do you visit?
Demographics	• What type of work do you do, and where is it done? • Who do you live with, and how many people live in your household?

SAMPLE 3—TEMPLATES FOR FORMATIVE RESEARCH QUESTIONS FOR IDIS

Formative research interview guide for weekly iron and folic acid supplementation (WIFAS) in adolescent girls, currently in use by Nutrition International.

Key BCI decisions	Sample FGD, IDI and interview questions
What benefits should we offer?	• How would you describe a happy adolescent girl? What is she like and what does she do? • How would you describe a healthy or successful adolescent girl?
Positioning	Interviewer lists potential benefits: (Taking a weekly iron folic acid supplement can: prevent anaemia, give strength, help with school performance, help you feel healthy, help concentration, make women healthy for future pregnancy, list any other attributes of WIFAS) • We have talked about a lot of potential benefits of WIFAS supplements, which of these are most important to you? • Are there any of these that worry you or you are less interested in?
Augmented product/intervention	• What tangible products, activities or programs would make it easier for you to take WIFAS? • What makes it easier for you to take other pills, medicines or vitamins (water, with food, reminders, information)? • What would you like to learn about health, food and nutrition?
What costs and barriers should we lower/or overcome?	• What are reasons that adolescent girls don't attend school? • What are some reasons why adolescent girls might not take a weekly IFA supplement at school? • What are ideas you have on how adolescent girls could overcome the challenges you mentioned? o Attending school on set day o Taking weekly IFA supplement

Key BCI decisions	Sample FGD, IDI and interview questions
Other factors that may need to be addressed: • Perceived risk (Knowledge of anaemia) • Self-efficacy (ability to take supplement) • Access (School/Facility/Health Worker) • Belief that behaviour will be effective (benefit from consuming WIFA) • Social Norms (Peer support-what will friends do? Religious) • Gender norms • Others	• What could be done to motivate or make it easier for adolescent girls to take weekly IFA supplement once a week every week? • What about for you, specifically?
Placement (Where intervention is delivered)	**In School Girls:** • What are reasons you attend school? When you don't attend school, what are the main reasons? • What would make it easier for you to attend school? (Ask open-ended then consider the following probes: transport, distance, parents' decision, costs, other tasks/chores, work, lack of washrooms, menstruation, etc.) • If you do need to get medicines or supplements where do you get your medicines or supplements from usually? **Out of School Girls-Health Facility:** • How do you get to the health facility or HEW (Health Extension Worker) (if outreach)? • What times in the week are you most likely or available to go there? Is it open when you need to go? Do health workers visit the community when it is convenient for you? • Where do you feel would be the most convenient places for you to access weekly IFA supplements? • Where would you have access to water to be able to consume supplements or vitamins?

Key BCI decisions	Sample FGD, IDI and interview questions
Promotional strategies (channels for messages) Spokespersons and other information resources Information channel Strategies or Activities	• Can you describe someone that you look up to or would aspire to be like? • Who do you trust the most for advice about health, especially for things that impact females? • What type of things do you talk about with parents? With friends and peers? With teachers? With health workers? • What would be the best way for you to obtain information about your health? • Do you attend any youth groups or clubs that you visit? Any places you go to see friends? Churches/mosques/temples (etc. modify based on local religions) on what day? Which markets do you visit and when? • Do you have access to a cell phone? Do you listen to radio? Which channels and when? Which TV channels do you watch, and when? • Anything you do routinely on certain days of the week?
Demographics	• How many sisters and brothers do you have? • Any other adolescent girls in your house? • Are you together during the day? Who in your house goes to school?

BACKGROUNDER 1: CONSIDERATIONS FOR QUALITATIVE FORMATIVE RESEARCH

Steps for conducting qualitative formative research and factors to consider (10).

Step	Factors to keep in mind:
1. Identify needs	• Key issues being explored for your BCI. • Attitudes or determinants of behaviour regarding the health problem that are already known about your target audiences. • Additional information you need to develop your BCI. • How the information gathered from the qualitative research activity will be used (e.g. to set priorities, to produce BCI materials, to define strategies, etc.). • Information needed from the activity participants to inform decisions about the design or implementation of the BCI.
2. Define objectives	• Each objective must be: ∘ A specific, focused, and clearly described statement about what you want to learn from the research. ∘ Relevant to the goals of the BCI and to the target audiences. ∘ Feasible to collect data using qualitative methods. • Discard or rework any objectives that do not meet the above criteria. • Prioritize objectives according to those that are essential for program decision-making and those that are useful to know but are not essential.
3. Create the questions	• FGDs generally last between one and two hours, while IDIs take 30 to 60 minutes to complete. Within this time, you must delve deep into a few key areas. • Draft a list of approximately 20 questions. Review your study's objective(s) and narrow the list down to the top seven to 10 questions that are the most relevant and important for your research. • Ensure that the questions cannot be answered with "yes" or "no" responses, and that they are phrased in ways that welcome ideas and stimulate conversation. • Organize the questions so there is a smooth transition from general inquiries (e.g. introduction or warm up) to specific topics (e.g. the health problem or reasons for behaviours). • Have probing questions to delve deep into your key areas and use them depending on the direction that the FGDs or IDIs take. • As much as possible, your questions should be unbiased and free of language that may encourage specific answers from participants (i.e. leading language).

BACKGROUNDER 1: CONSIDERATIONS FOR QUALITATIVE FORMATIVE RESEARCH

Steps for conducting qualitative formative research and factors to consider (10).

Step	Factors to keep in mind:
4. Determine the number of FGDs or IDIs to conduct	• The demographic composition of your target audience(s) will help determine the number of FGDs or IDIs you will need to carry out: ∘ Heterogeneous samples of participants will require more activities to capture differing perspectives. ∘ Homogenous samples of participants often produce smaller ranges of views and opinions, so fewer activities will be necessary. • Saturation occurs when the last two FGDs or IDIs do not reveal any new information. • Consider the size of FGDs: ∘ Fewer than six people do not usually generate a critical mass of conversation an interaction. ∘ Groups larger than eight to 10 participants may be hard to manage and may not allow for all participants to voice their opinions or concerns.
5. Recruit the participants	• Your qualitative research participants will depend on the topics of your FGDs or IDIs. • Participants that meet a particular audience profile may not always relate equally to the same topic (e.g. they may be at different stages of behaviour change). • If sub-groups of participants are part of the same target audience, more FGDs or IDIs may be necessary to ascertain differences between them.
6. Select a facilitator or interviewer	• Facilitators or moderators lead FGDs because they have a special skillset to ensure that all participants contribute to the discussion, share their opinions, and interact with one another to generate a group perspective. • Interviewers have skillsets that encourage participants to share their opinions and feelings honestly by developing personal rapport and trust. • Both facilitators and interviewers should: ∘ Be completely familiar with the formative research topic and BCI objectives so that they can keep the conversation focused on the purpose and needs of the research. ∘ Have strong interpersonal communication skills, be open-minded, flexible, patient, observant, good listeners, and diplomatic in the way they keep the discussion on track while ensuring that all participants are heard.

Step	Factors to keep in mind:
7. Develop a script	• Scripts are essential for conducting FGDs and IDIs. • Scripts are not solely made up of questions; they should have the following structure: ∘ An opening: Participants are welcomed, and the facilitator or interviewer introduces themselves. The purpose of the study is presented, an explanation of how the FGD or IDI will work is provided, and participants are asked to briefly introduce themselves. This opening may also include the request for informed consent from the participants, as/if required by a research ethics board. ∘ Questions: This section consists of the questions created for the FGDs and IDIs. Remember to start with introductory questions and transition into the more specific questions for a more in-depth conversation. ∘ A closing: The facilitator or interviewer gives participants the opportunity for any final words, thoughts, or opinions. Participants are thanked for their contributions, informed of how the data will be used, and provided with an explanation of how the results will be disseminated.
8. Choose a location	Locations will depend on whether you are conducting a FGD or IDI. • Ideal locations for FGDs: ∘ Accessible: Geographically central for most participants, easily accessible by transportation, in a safe area, with available parking, if needed. If participants have disabilities, make sure that the location is accessible (e.g. avoid locations with stairs for wheelchair users, have interpreters available if your participants have hearing disabilities, etc.). ∘ Large enough: It should be possible to fit nine to 15 people comfortably in the location. There should also be enough space to arrange chairs so that all participants can see each other. ∘ Comfortable: The location should be in an accommodating environment, as the FGD will last at least one hour. Make sure chairs are available for everyone and that they are comfortable. ∘ Appropriate: The location should not bias the discussion and should be in a place where all participants will feel comfortable. • Ideal locations for IDIs: ∘ Accessible: Depending on what is most convenient for the participant, the interviews can take place over the phone or at a pre-arranged location, at a suitable time for them. ∘ Private: The privacy and confidentiality of the participant and their responses must be ensured. ∘ Comfortable: The location(s) must be comfortable for both the participant and interviewer for the duration of the interview.

BACKGROUNDER 1: CONSIDERATIONS FOR QUALITATIVE FORMATIVE RESEARCH

Steps for conducting qualitative formative research and factors to consider (10).

Step	Factors to keep in mind:
9. Conduct the activities	• When conducting FGDs: ◦ Arrive well before the participants to set up the room so that everyone can see one another, lay out refreshments, and review the script and questions. ◦ Plan to allocate sufficient time to obtain verbal or written consent from all participants before starting the interview. ◦ Obtain verbal or written consent from all participants before starting the interview. In the case of minors, it is mandatory that you obtain the consent of a guardian or parent. ◦ Be aware of the arrival of each participant and set a comfortable and enjoyable tone as they arrive so that they are more likely to contribute to the group discussion. ◦ Be sure to record the discussion for transcription and analysis later. If you hope to record the discussion in audio or video format, you must obtain the group's permission to do so; otherwise, hand-written notes are an acceptable alternative. Include a backup note taker in case technology fails or simply to have a second set of ears listening. ◦ Be flexible in the use of the script and use discretion when probing into certain questions that are suggested by the direction of the discussion and that are likely to produce valuable insights for the objectives of the study. Any questions that diverge from the script must be related to the purpose and objectives of the research. • When conducting IDIs: ◦ Before beginning the interview, inform the participant of the expected duration to ensure that they are available for that time. ◦ Before starting the interview, make sure that you obtain written or verbal consent. When interviewing a minor, the consent of their parent or guardian is mandatory. ◦ To ensure that the participant feels comfortable and more likely to elaborate during the interview, make sure to set a comfortable and enjoyable tone upon meeting or talking to the participant.

Step	Factors to keep in mind:
	◦ Be sure to record the interview for transcription and analysis later. If you hope to record the interview in audio or video format, you must obtain the permission of the participant before you begin the interview. ◦ Flexibility with the script will be required but you will need to exercise discretion when probing for questions that are off-script and likely to provide valuable information for the objectives of the research. Any questions that diverge from the script must be related to the purpose and objectives of the research. • Some off-script topics that may come up during FGDs or IDIs may be too sensitive or inappropriate for certain populations or groups to discuss, either in public or with the facilitator/interviewer (e.g. if the topic is contraception, the participant is female, and the interviewer is male; or if the focus group includes a mix of women and men). Consider having separate FGDs for women and men, as well as having different interviewers available. • As soon as the activities are over, the facilitator or interviewer should record any impressions or observations they made that might facilitate analysis.
10. Transcribe the interviews	• The quicker the FGD or IDI is transcribed, the less likely there are to be errors caused by lapses in the facilitator or interviewer's memory. • Audiotapes or video recordings should be carefully transcribed and translated, if needed. • The facilitator or interviewer should verify the accuracy of the transcriptions and translations before the analysis process.
11. Analyze the information	The analysis process includes coding for common themes that are related to the purpose of the formative research and its objectives. These common themes will allow the research team to organize the data to facilitate the extraction of results and key findings. The results and key findings will form part of the formative research report, which will include details about the research methods, results from the discussions and/or interviews, and implications for the BCI.

SAMPLE 4 — TEMPLATE FOR SUMMARIZING KEY FINDINGS FROM YOUR INTERVIEW

Sample key findings from interviews for an IFA Supplementation BCI with pregnant women in Kathmandu, Nepal.

Key BCI decisions	Sample key findings
Benefits that we could offer	Based on our interviews, pregnant women are motivated by a healthy pregnancy and, most importantly, a healthy baby. In describing a healthy baby, the women also said they did not want the baby to be too big. Upon exploration of what participants define as a healthy pregnancy, they indicated that it is important that the pregnancy be full term and that there is no bleeding. The participants have a concept of women needing more nourishment during pregnancy but say that, "People tell you to eat for two, but women have to provide for their family." The women had heard about anaemia and said that if they were anaemic, their baby might be anaemic as well. Details of anaemia were not known. The women also felt that IFA was a medicine and their preference was for medicine in a blister pack. They would also like to get at least one month's supply at a time, if not more.
Positioning	For pregnant women in Kathmandu, it is important that they receive enough nourishment (nutrition), as well as love and affection. One woman explained that, "A happy, healthy pregnancy means a happy, healthy baby." The women also said that any harm to the mother's health or emotional well-being is felt and understood by the child, which also impacts their character when they are born. The participants described religious Hindu origins for this belief and told the story of a baby listening to secret directions to escape a maze, but the mother fell asleep, so the child could not hear the complete way to escape the maze.
Augmented product	Women wanted more information on the benefits of taking IFA, advice on when to start taking it, and an explanation of why they should take it daily. The participants recommended that some way of receiving reminders would help them remember to take the IFA supplements every day. They also thought it would be helpful if there was someone they could ask for advice or talk about side effects, which were a worry. It would be important to them that this person be formally educated. They thought a professional would be more appropriate than a peer.

Key BCI decisions	Sample key findings
Financial cost (if applicable)	The women felt that the product would be easiest to access if it was free of charge. This would also mean that it could not be offered as part of an antenatal care visit at clinics that charge a fee. They said that if they knew IFA was available free of charge then they would go to obtain it.
Other factors that may need to be addressed: • Perceived risk • Self-efficacy • Access • Belief that behaviour will be effective • Gender norms • Social norms • Skills • Access • Policies • Other	The women did not know whether they had anaemia and felt that they did not need ANC until there were symptoms such as dizziness or weakness. For those that have been living in Kathmandu with their families for years, there was less support from in-laws in the early days of pregnancy, with some mothers-in-law saying, "You're pregnant. So what? So was I." Mothers-in-law were also not sure why the participants need IFA, since they had not needed it themselves. For women that have recently migrated from the rural area, they felt that they could not go to the health centres on their own. These women wanted their husbands to help with any paperwork and did not want to trouble anyone in the early phases of pregnancy. They also cared about their husband's opinion a lot and wanted him to help make decisions when money is involved. The participants stated that they currently did not know where to get IFA, and were not exactly sure how they or their babies would benefit from it. They said, "I feel fine; why should I take it?" The women felt a specific worry around side effects of constipation and not being able to go to the bathroom, which they already found challenging with pregnancy.
Placement	Women suggested that they get many of their medicines at small pharmacies or even from small vendors. They also mentioned that they trusted the information that pharmacists gave, but any product would need to be affordable. For pregnant women who worked in urban workday wage type jobs, they also were aware of some NGOs that set up health "camps" to offer the wage labourers health services on-site.

SAMPLE 3 — TEMPLATE FOR SUMMARIZING KEY FINDINGS FROM YOUR INTERVIEW

Sample key findings from interviews for an IFA Supplementation BCI with pregnant women in Kathmandu, Nepal.

Key BCI decisions	Sample key findings
Promotional strategies: • Spokespeople and other information resources • Information channels • Strategies or activities	Participants have seen some information about nutrition and health on TV, and have also heard some information on the radio. They said they would like to see a famous TV personality talk about pregnancy. For women working in domestic labour positions, it was noted that many of the female heads of households where they worked would offer them extra food during illness or pregnancy, and that some would give health and nutrition advice. Women said they would like reminders, such as calendars that talked about their baby's growth and provided ways to check on the consumption of the tablets. All the women had cell phones and suggested that their friends did as well. A potential strategy for reaching women for refills of IFA supplements and reminder messages could be through SMS or text messaging. Phone cards with incentives could be a good strategy as well. These phone cards could also include contact information for a pharmacist or health worker in case the pregnant women have questions around side effects or require other advice. The participants said that the resources could be in Nepali, as everyone their age speaks Nepali, and most are literate. The women described that some husbands wanted to protect their wives and would support anything to keep them healthy in pregnancy. However, they said other men would rather spend money on themselves and alcohol and would see any costs related to pregnancy as a burden. Men would be more supportive of services or products free of charge and closer to home.
Demographics	Participants described two distinct types of families. The first included couples that had migrated from the rural area to Kathmandu recently, consisting of only the husband and wife. They would plan on having one or two children. The second type included multi-generational families that have lived in Kathmandu for a longer period, with in-laws, the couple, and sometimes aunts or adult siblings in the same home. The most common occupations for the women were wage labour and domestic labour.

SAMPLE 4 — OUTLINE FOR FORMATIVE RESEARCH REPORT

Lists of:
- Tables
- Figures
- Acronyms
- Abbreviations

Executive Summary
- Background and methodology
- Lessons learned and best practices
- Key issues and their related factors

Introduction
- Background of the health problem
- Assessment of objectives
- Methodology, including discussions of:
  - Study setting and sites
  - Study design and sampling
  - Study procedures
  - Data management

Demographics & Profiles
- Of households
- Of study participants

Additional insights on knowledge, attitudes, and practices about the health problem

Barriers and facilitators to the behaviour change objective

Strategies, capacities, lessons from the health system on the behaviour change objective

Discussion of the formative research findings by behaviour change objectives

Recommendations for the behaviour change initiative including channel analysis

Draft ideas to inform the communications brief

PHASE 3
DEFINING THE BCI

3

This section is about translating the insights from your formative research into an effective BCI. During this phase, you will use the information that you have gathered and analyzed with the help of partners in previous phases to define your BCI.

Steps for completing Phase 3

STEP 3.1
Engage stakeholders and partners in formative research results

STEP 3.2
Specify target audience segment(s) and profiling

STEP 3.3
Select a specific behaviour for the audience to change

STEP 3.4
Specify behaviour change goals and objectives

STEP 3.5
Identify benefits and barriers that influence the audience's behaviour

STEP 3.6
Define the intervention and marketing mix: The 4 Ps (product, price, place, and promotion)

STEP 3.7
Set priorities based on impact and feasibility

REQUIRED TOOLS FOR PHASE 3

To complete **Phase 3**, you will require the following tools:

- ☐ **TOOL 3.1** Engage stakeholders and partners in formative research results
- ☐ **TOOL 3.2** Narrow and describe your primary and secondary target audiences
- ☐ **TOOL 3.3** Select the desired behaviour
- ☐ **TOOL 3.4** Set your goal and objectives
- ☐ **TOOL 3.5** Identify barriers and benefits of the desired behaviour and competition
- ☐ **TOOL 3.6** Define your product strategy
- ☐ **TOOL 3.7** Define your price strategy
- ☐ **TOOL 3.8** Define your placement strategy
- ☐ **TOOL 3.9** Define your promotion strategy
- ☐ **TOOL 3.10** Define your creative brief

STEP 3.1
Engage stakeholders & partners in formative research results

Follow the instructions in **Tool 3.1** to help you and your team to decide on the stakeholders to engage in sharing your formative research results and the strategy to do so.

During the situation analysis and formative research phases, you identified and interacted with various stakeholders. In this third phase, you will share your formative research results and interpretation with them.

Effective stakeholder involvement enables you to tap into local knowledge and test your BCI strategy with those who are key influencers for your intervention or project. Stakeholders should know that they are not developing the BCI. Their role will be to review and endorse the formative research results and interpretation, as well as to generate buy-in for the potential behaviour change focus of your BCI.

Make sure to engage the right set of stakeholders by reviewing your Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (**Tool 1.6**) to identify those who can help reduce threats and maximize opportunities. Use different strategies for engagement according to their level of influence and interest. For instance, if the stakeholders have limited interest in your BCI or influence on the potential behaviour and target audience, you might choose to consult or inform them about your formative research findings through newsletters, emails and other written communication. Conversely, if they have high levels of involvement and interest, you will want to ensure their endorsement of the results and the BCI by planning in-person meetings and discussions. See the end of this section (**Backgrounder 2**) for ways to engage stakeholders according to their level of interest and influence.

STEP 3.2
Specify target audience segment(s) and profiling

Use **Tool 3.2** to narrow down and describe your primary and secondary target audiences.

a) Select your primary audience

In **Step 1.2** you identified potential target audience segments. Your formative research findings will help you to identify new sub-groups with similar preferences and characteristics, or to refine those previously identified. Now you will narrow the list of segments down to prioritize the ones that can be reached with the resources available for your BCI strategy. The process of segmenting the target audience entails the following process:

1. Segment your audience

Using the information from your formative research, divide your overall audience into sub-groups whose members share certain attributes. For example, mothers-in-law, husbands or community leaders who influence antenatal behaviours. Use demographics and behavioural factors to make this division. These groups will likely require unique but similar strategies to be persuaded to change their behaviour (9).

2. Describe the behaviours and motivations of your segmented audience

Use existing data and your formative research findings to characterize each of the segments. You will need to develop distinct strategies for each segment. It is tempting to want to use only one strategy for all segments; however, this usually leads to a less effective BCI.

3. Select priority segments

Your BCI will be more successful if you select segments and develop approaches specifically tailored for each audience (2). In addition, it will be more successful if you limit the number of behaviours you are trying to change; don't take on too much. For example, understanding who supports and influences women and men in their decisions and actions about antenatal care will allow you to develop a strategy to address gender segregated behaviours. If you choose to work with various segments, you should develop separate behavioural objectives and prioritize between them. Balancing the need to limit the number of behaviours you are trying to change, consider prioritizing segments that:

- Will perceive the benefits of the target behaviour you are working towards as part of your intervention.
- Practice competing behaviours that you believe can be overcome in the project time frame.
- Have the largest number of people that are reachable at the smallest cost within the time frame of your project.
- Have the greatest readiness to change.
- Contains the audience that is a specific mandate of your project, organization or commitment to donors.

4. Draft an audience profile

- Write a detailed description of your final target audience segments. Use the information gathered in previous phases, including gender analysis, and tools to describe their demographic characteristics, current behaviours, attitudes, perceptions, motivators, and barriers to adopt the desired behaviour.
- Identify the characteristics of this particular segment that distinguish its members from the other segments. You can also write a short profile describing an individual who personifies your segment. This will help your team keep the target audience in mind when making decisions about the BCI strategy.

b) Select your secondary audience (s)
Use existing data, your formative research findings and previous gender analysis to assess the level of influence that each potential secondary audience has on your primary target audience. Use this information to decide whether you need to reach the potential secondary audiences as part of your intervention to change the behaviour of your target audience. The primary target audience does not have to be your beneficiary group – for example, you may want to change health worker prescription and counseling practices to have improved care provided for pregnant women.

STEP 3.3
Select specific behaviours for the audience to change

Use **Tool 3.3** to select the prioritized desired behaviours of your BCI.

As you choose audience segments, you will also make a final decision about what behaviours you want the audiences to take up. Selecting one segment over another will probably have implications for the behaviour(s) you choose.

EXAMPLE SPECIFYING BEHAVIOURS FOR DIFFERENT TARGET AUDIENCE SEGMENTS

Broad behaviour	Segments	Specific desired behaviour
Feed micronutrient powders (MNPs) to children 6-23 months of age	Segment 1: Mothers who have a negative opinion about MNPs and who have discontinued using them.	These mothers feed MNPs to children 6-23 months of age at least three times a week over a five-month period.
	Segment 2: Mothers who have a positive opinion about MNPs and who have been using them regularly.	These mothers continue feeding MNPs to children 6-23 months of age daily over a two-month period.

List all possible behaviours you can have an influence on and then prioritize those that will have the highest chance of success.
It is critical to prioritize and focus on a limited number of behaviours in order to be effective.

The specific desired behaviour(s) should:

- Be relevant to the health problem and feasible for the audience segment.
- Aim for "ideal behaviour" standards identified in guidelines and recommendations.

It is important to choose an actual behaviour, rather than simply aiming for a change in knowledge or attitudes. Changes in knowledge or attitude may precede behaviour change and be required for it but are not sufficient so they should not be the goal of your BCI (3). Knowledge alone may not encompass an entire barrier or be sufficient to promote behaviour change.

1. Prioritize the proposed desired behaviours.
In Phase 1, you identified one or more behaviours for change. Reassess each of these proposed desired behaviours by asking the following questions (2):

- Can this behaviour be changed in the time span of the project?
- Is the behaviour likely to change as a result of a behaviour change intervention?
- If audience members take the desired action, will it make a measurable difference in solving the health problem for the intended beneficiaries?
- Is the BCI something that could be done at scale? Or within limits of budget?

If you answer "yes" to all these questions, you can prioritize the behaviour.

2. Create behaviour change statements.
Create behaviour change statements with audience and behaviour pairs, as the example below demonstrates (2):

"Enable (insert audience segment) to (insert behaviour)."

Examples:

"Enable pregnant women in rural Bangladesh who attend health facilities to seek antenatal care earlier so they have access to consume iron folic acid supplements daily for at least 180 days of their pregnancy."

"Encourage health facility staff in rural Bangladesh to provide more supportive and encouraging counselling on consuming IFA to pregnant women so that pregnant women feel respected and supported."

3. After writing the statements, analyze each one to ensure it is consistent with your formative research findings.

4. Next, examine the audience's views on the behaviour and their desire or readiness to adopt it.

5. Finally, assess whether the desired behaviour is different from what they are already doing.

STEP 3.4
Specify behaviour change goals and objectives

Use **Tool 3.4** to identify your goal and objectives.

a) Specify the behaviour change goal
A behaviour change goal is a broad statement of purpose that describes the long-term expected effect of your BCI. Behaviour change goals set the overall direction and focus of your BCI. To specify your goal:

1. Draft the statement in positive terms, making it as short and concise as possible.

2. Define the scope of what it should achieve by:
a. Specifying an expected effect in reducing a health problem (e.g. improve access to IFA supplements, increase adequate use of MNPs, increase use of iodized salt, increase use of zinc+ORS for diarrhoea treatment).

b. Identifying the population to be targeted by the BCI (e.g. adolescents 10-19 years of age, secondary school teachers, and mothers of children 6-23 months of age, etc.).

EXAMPLE OF A BEHAVIOUR CHANGE GOAL
"Increase the demand for micronutrient powders among mothers of children 6–23 months of age in rural Bangladesh."

Once you have established the goals of your overall project, it is time to move on to the next step in the process.

b) Define the behaviour change objectives of your BCI
Objectives restate your goals in measurable terms and quantified targets (2). Behaviour change objectives should be SMART, as defined below (11).

There are three different types of behaviour change intervention objectives to consider (11):

Behaviour objectives specify the behaviour you want the target audience to perform as a result of the strategy.

Knowledge objectives detail the information that the target audience needs to be aware of to generate demand and access the intervention.

Belief/attitude/self-efficacy objectives indicate the beliefs, attitude or self-efficacy that you want to see in the target audience in order to enable a change in behaviour.

S	**Specific:** Indicates what is expected to happen, where, and to whom, as a result of the strategy.
M	**Measurable:** Indicates how much change is expected.
A	**Achievable/Attainable:** Can realistically be accomplished under existing conditions for implementation with the available resources.
R	**Relevant/Realistic:** Adds useful value within the context and is aligned with the BCI strategy and overall goals.
T	**Time-specific:** Clearly states the time period when the objective will be met.

TABLE 3-1
Examples of objectives for a BCI strategy

Behaviour What you want them to do	**Knowledge** What they may need to know before they act	**Belief/Attitude/Self-efficacy** What they may need to believe before they act
Increase the percentage pregnant women who take a daily iron folic acid supplements for at least 90 days from 25% in 2002 to 40% in 2004.	Increase the percentage of pregnant women who know iron folic acid supplements are free and available at local clinics from 6% in year 1 to 60% in year 3. Increase the percentage of pregnant women who believe iron folic acid reduces anaemia from 2% in year 1 to 30% in year 3.	Increase the percentage of pregnant women who believe that iron folic acid will help their pregnancy and could help ensure a safe and healthy pregnancy from 4% in 2002 to 40% in 2004. Increase the percentage of pregnant women who are confident about addressing potential side effects in consumption of iron folic acid from 2% in 2002 to 10% in 2004.

Setting behaviour objectives and goals has strong implications for determining your budget and will guide the development of the next steps for your BCI design and evaluation plan.

STEP 3.5
Identify benefits and barriers that influence the audience's behaviour

Use **Tool 3.5** to identify barriers and benefits of the desired behaviour and competition.

During your formative research, you gathered information about the audience's perspectives on the barriers and benefits of the desired behaviour and competing or alternative behaviours and what they offer. Understanding perceived barriers and benefits of the desired behaviour and its competition will help you to (12):

- Identify potential challenges and help develop effective strategies to deal with the competition/competing behaviours (or inaction).
- Understand the barriers and benefits of behaviours and the roles of rewards and barriers related to the specific desired behavioural change.
- Consider how barriers and/or rewards can be included as an element of your BCI.

TABLE 3-2
Examples of possible barriers and benefits for a micronutrient BCI

Behaviour: Daily intake of IFA supplements by pregnant women.

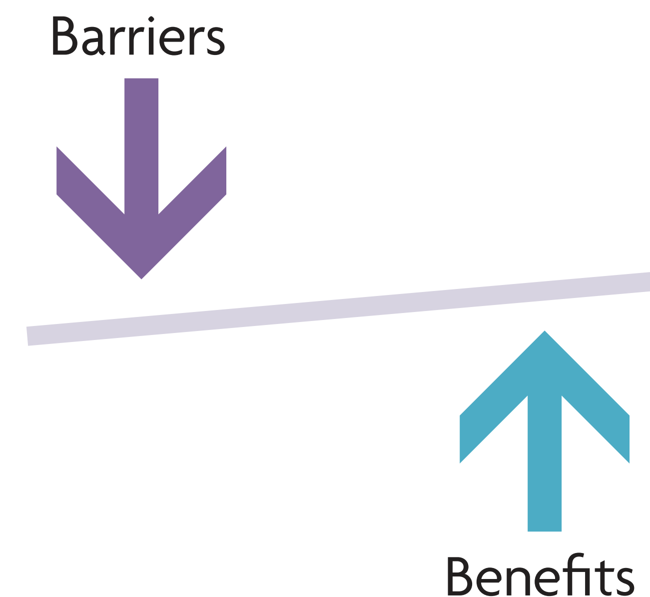
Barriers for audience	Benefits for audience
• Time • Bus fees • Worry of side effects • Facing gossip and stigma • Physical discomfort • Husband's or mother-in-law's perception of its usefulness	• Perceived value of free supplement (potentially) • Feeling greater energy • Advice and praise from health workers • Motivational reminder cards and information. • Sense of well-being and healthy pregnancy

a) Analyze barriers and benefits
During this phase, you will identify all the competing forces that may stop your target audience from adopting the behaviour. Analyze how those forces compete for the target audience's preference and attention, and how they influence their behaviour. Competition entails (5):

- Behaviours that the target audiences prefer over the desired behaviour, as well as the benefits that they get from them, including gender-based behaviours.
- Behaviours that the target audience have been doing for a long time and are difficult to change, including gender-based behaviours.
- Organizations and individuals who send messages that counter or oppose the desired behaviour, including messages that reinforce unhelpful gender-based behaviours.

b) Assess your audiences' perspectives
Using your formative research findings and gender analysis (See Sample 3 from Phase 2), assess your target audiences' perspectives on the barriers and benefits associated with the desired behaviour and its competition (13). In the next phases, you will use this information to offer your target audience the benefits they want in return for making the desired behaviour change.

c) Shift the balance
For a behavioural change to occur, you need to shift the balance by decreasing barriers and/or increasing benefits so that the target audience perceives the benefits of the behaviour to be equal to or greater than the perceived barriers. They must believe that they will get as much—or more—than they give, or that they will avoid costly consequences of not practicing the desired behaviour.



STEP 3.6
Define the intervention and social marketing mix: the 4Ps (product, price, place, and promotion)

The marketing mix is a set of tools that will help you develop a combination of activities to effectively enable behavioural change. Using the social marketing mix will ensure you have a strategic approach for creating an appealing intervention.

During this phase, you will draft four different strategies—each corresponding to one of the **4 Ps** of the social marketing mix: **product, price, place,** and **promotion** (9). You may decide to seek help from communication or social marketing experts to develop your marketing mix; in particular, your promotion strategy once you have clear audience profiles and behaviour change objectives (see Creative Brief).

a) Product
Use **Tool 3.6** to develop your product strategy.

Product refers to:

- The proposed behaviour/s you want your target audience to perform (e.g. initiating complementary feeding along with breastfeeding once the child is six months old; feeding the 6-8 month old child 2–3 times a day with home cooked mashed food).
- The associated benefits of adopting the desired behaviour/s (e.g. good health of the child with appropriate physical and mental development).
- Any tangible objects involved in the behaviours (e.g. MNPs, iodised salt). For some BCIs, you may not have a tangible product (e.g. promotion of complementary feeding practices).
- Any object or service that support or facilitate the adoption of the proposed behaviour (e.g. reminder cards to track adherence and provide information on quality, quantity, frequency and diversity of food for the child).

To develop your product strategy, follow the steps below.

STEP 1
Identify the product or the proposed behaviour that you want your target audience to perform.

STEP 2
Identify the attributes and benefits that the target audience wants the desired behaviour to provide. Use the information on perceived benefits described in the previous section. Define the package of benefits that you will offer your target audience for practicing the desired behaviour. Based on the actual benefits of the product, these should be motivating and appealing to your audience according to formative research results.

STEP 3
Identify the attributes of tangible objects involved in the behaviour. Think about ways in which you can improve these attributes to make it more attractive, easy to use, and ultimately more likely to facilitate behavioural change (e.g. new, more attractive package of MNPs, offering zinc+ORS in one package).

STEP 4
Identify other objects or services you can offer to support or facilitate adoption of the desired behaviour. Common examples of services that support behaviour change include: education-related and counselling services, and clinical and community services (e.g. household visits to counsel on timely initiat ion and appropriate complimentary feeding for a child after six months) (9)

FOR EXAMPLE

Product	**Initiating complementary feeding along with breastfeeding once the child is six months old; feeding the 6-8 month old child 2-3 times a day with home cooked mashed food**
Attributes of your product (behaviour)	Healthy growth of the child as she/he will get the nutrition required for good physical and mental development, good nutrition at this age forms a strong foundation for health and well-being of the child in future
Tangible object (s)	No tangible objects to be provided for this behaviour unless MNPs included in the program. However, locally available food will be identified and promoted
Attributes of your product (behaviour)	• Counselling from frontline workers. • Reminder cards with information on quality, quantity, frequency and diversity of food to be given to child. • Reminder voice calls. • Call centre with nurse to answer questions and provide encouragement. • Reminders, such as calendars, that talk about their baby's growth and provide growth chart as a way to check normal growth of the baby.

Developing a product strategy is a challenging endeavor, as most products are complex behaviours that are difficult to characterize. Thus, it is very important to keep focus on the behaviour to truly understand your target audience's needs and desires. Make sure to develop a strategy that fits with your available resources and budget.

b) Price
Use **Tool 3.7** to develop your price strategy.

Price involves the barriers and costs that you want your target audience to overcome to practice the desired behaviour. Table 3-3 lists the different types of barriers and costs that can be associated with practicing a behaviour.

TABLE 3-3
Types of costs associated with practicing a behaviour

Type of cost	Example
Monetary: Tangible objects	• IFA supplements • Zinc+ORS • Iodized salt (additional cost vs. non-iodized salt) • MNPs
Monetary: Services	• Fees for primary health care services • Bus fare to local health service • Child care
Non-monetary: Time and effort	• Time spent traveling to local clinic • Time spent waiting to be seen • Inconvenience of preparing food with MNPs • Time spent with child for responsive feeding
Non-monetary: Social and psychological	• Social isolation if mother-in-law does not support decision to use Zinc+ORS • Wondering about whether to believe in the importance of giving MNPs to child despite rumors of their side effects • Worry of job security from asking employer permission to go to the health clinic • Worry of asking husband permission to spend family resources on preventive services
Non-monetary: Physical discomfort	• Side effects of IFA supplement • Taste of zinc tablet

1. Use the perceived barriers or costs you identified in Tool 3.5 to develop your pricing strategy with Tool 3.7.

2. Consider how to change the ratio of perceived and actual barriers to perceived and actual benefits so that the desired behaviour becomes more attractive (5). You can do this by (14, 15):

- **Increasing the perceived benefit of the desired behaviour:**
  - Offer rebates, cash incentives, and price adjustments
  - Give recognition and appreciation
- **Decreasing the barriers (and/or costs) to the desired behaviour:**
  - Fit the behaviour more closely to the target population's lifestyle or work demands
  - Offer discount coupons, seasonal discounts, promotional pricing
  - Promote the behaviour as "normal" by obtaining endorsements from credible sources and recruiting community volunteers, "change agents" and/or "positive deviants" who can advocate for the behaviour
  - Provide reassuring information (to decrease perceived social risk)
  - Offer rewards by associating the behaviour with positive emotions (to decrease perceived psychological risk)
  - Redefine the behaviour so it can be performed in less time or with fewer resources
  - Promote the behaviour as "normal" by surveying the target audience and publicizing the results to reveal a norm that exists but may not be widely recognized
  - Leverage tradition by embedding the behaviour into a regular and popular community activity, customs or other activities specific to the target population
  - Directly address gender-based barriers as a key promotional activity
- **Decreasing the perceived benefits of the competing behaviours:**
  - Emphasize negative aspects of the competition, including its risks and consequences
- **Increasing the barriers (and/or costs) of the competing behaviours:**
  - Increase taxes, impose fines, and decrease funding
- **Acknowledge barriers and costs through messaging, and recognize those that cannot be changed**

c) Place

Use **Tool 3.8** to develop your placement strategy.

Place is where the target audience will perform the desired behaviour and/or where the product or service is made available (e.g. home, street, health facility, community, etc.). Place should not be confused with communication channel, which is where your messages will appear (e.g. brochures, counselling by peers, online ads, news stories, etc.).

1. Your placement strategy should plan to identify ways that will make practicing the desired behaviour more convenient and pleasant for your target audience.

2. Your placement strategy should also address the location where the audience does or should perform the desired behaviour.

3. Your placement strategy should consider the following (3):

- Is the location for the delivery of the intervention products/services convenient/accessible?
- Can you make it more convenient?
- Is it located close to where the audience lives or where they usually gather?
- Are the hours of operation convenient for your target audience?
- Is the location appealing? Are staff members friendly and accessible?
- Are there alternative distribution options?

Some examples of placement strategy activities include the following (9):

Activities	Example
Make the location closer or change the location	• Open distribution points of zinc + ORS packages closer to the target audience's communities. • Household visits by frontline workers to counsel on complementary feeding practices.
Extend hours of service	• Extend the hours of operation of local clinics in charge of distributing IFA supplements for pregnant women.
Be there at the point of decision-making	• Advertise iodized salt in locations where iodized and non-iodized salt are purchased.
Make the location more appealing or increase the perception of quality	• Improve the physical attributes of local clinics in charge of distributing MNPs
Overcome psychological barriers related to the place	• Offer privacy for pregnant women in their first trimester who do not want to disclose their pregnancy but would like to receive IFA supplements. • Offer respectful services for mothers of children 5 years of age or younger who seek treatment for diarrhoea at local clinics. • Make it conducive for the mother to ask questions about complementary feeding practices at the local clinic.
Be more accessible than the competition	• Make iodized salt readily available at local stores.
Make it more difficult to access the competition	• Promote enactment of stronger regulations to decrease access to antibiotics where they regularly replace zinc + ORS for the treatment of diarrhoea.
Be where your target audience frequents	• Shops, local markets, street, places of worship, community spots/events, etc.
Work with existing distribution channels	• Federal government of private suppliers.
Offer reminders and supports in the place where they practice the behaviour	• Include posters or wall murals at local pharmacies or clinics. • Have radio and TV commercials played at the times your target audience listens to the radio or watches television.

d) Promotion

Use **Tool 3.8** to develop your placement strategy.

Promotion is "the means by which the behavioural change is promoted to the target audiences (16). A promotional strategy persuasively communicates the following (10):

- What the behaviour/product is and the associated benefits that appeal to the target audience.
- What price/exchange is being offered to the target audience.
- Where and how the target audience can perform the desired behaviour, or where the product or service is made available

In your promotional strategy, you should define the messages, messengers, communication channels and the creative strategy that you will use to promote behaviour change.

Messages and Messengers

Messages are what you want to communicate based on what you want your target audience to do, know, feel and believe. Messengers are the people who will deliver your message, or who will be perceived to endorse or support the behaviour (9). The message development process involves:

1. Identifying your message concepts and content

Message concepts and their content should include the key minimum technical information that the messages need to convey. The content should be based on objectives of the BCI as well as addressing the key barriers, myths, misconceptions and gender-related factors revealed through the formative research. Ask yourself what you want your audience to believe, know and do. The answers to this question should be based on your behavioural objectives (**Tool 3.4**).

2. Working with a creative team

With your creative team, brainstorm messages that are informed by theory and what you know about the audience. Consider cultural norms in terms of the desired behaviour. Do not hesitate to propose a behavioural change that would challenge cultural norms but be sensitive in designing the messages, the benefit promised in exchange (e.g. in some cultures, community benefits are more important than individual ones) and the images portrayed in your message. Culture can be conveyed through symbols, visuals (clothing, jewelry, hairstyles, colours), language and music within your messages; however, caution should also be given to perpetuating stereotypes (17) (see Creative Brief).

3. Testing the message

Test your draft message with the target audience to decide the different message appeals (positive, humorous or threat appeals) and language (determined by listening to the language of your participants). Testing is an essential part of your BCI strategy. This step is also key to determining if the audience understands the messages and considers them appropriate. Some of these messages might conflict with other information that the target audience has received.

Communication channels

Communication channels are where and when your messages will appear, as well as who delivers the messages (e.g. the health worker in an interpersonal communication or the face of a mass media campaign).

With the help of communication experts, make decisions about your communication channels, while considering the following (9):

- The objectives and goals of your BCI.
- Your target audience profile, media habits, their current sources of health information and sources considered credible. You will need to consult communications experts to choose media and timing most likely to reach, appeal to, and influence the target audience.
- Target audience characteristics, such as age, culture, timing, access, weather, seasons, migration patterns, as well as the literacy levels and technological literacy skills of both women and men.
- The advantages and disadvantage of each communication channel.
- Channels that will reach the audience when they are about to budget, and available funding sources.
- Desired vs. competing behaviours. Reach refers to the percentage of the target audience exposed to the strategy in a given period of time, while frequency is a measure of how many times an individual from the target audience is exposed to the message (18).
- Selecting the right channel for the right message. The graph below shows the exchange between reach and depth of communication channels. Those with high reach are usually used to deliver simple messages with low depth.
- Using various channels to promote complex behaviours, such as daily use of IFA according to government guidelines (i.e. once daily from conception to delivery) and use of MNPs as per WHO guidelines as part of complementary feeding.

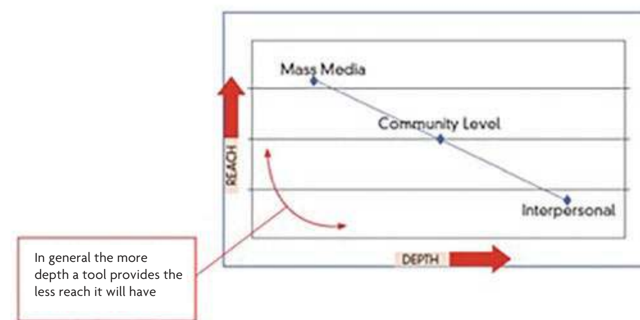


FIGURE 2:
Channel analysis for BCI: the right channel for the right message (7)

Some examples of communication channels include (10):

Communication channel	Examples
MASS MEDIA CHANNELS	
Broadcast (television or radio)	• Talk shows, dramas, comedies, variety shows • Call-in shows • Songs and jingles • Celebrity endorsements
Print media	• News and advertisements in newspapers and magazines • Direct mail • Comic book, photo-novellas • Pamphlets, fliers • Posters, billboards
Information and communication technology	• Websites • Social media • Mobile telephone messages
INTERPERSONAL CHANNELS	
Between provider and client, teacher and student, parent and child, or among peers	• Telephone hotline and call centres • Targeted mobile phone messages • Online platforms • Counselling • Discussion groups, workshops • Pharmacists • Vendor (point of sale) • Household visits • Peer-to-peer counselling
COMMUNITY-BASED CHANNELS	
Community mobilization, group interaction	• Discussion groups, peer support groups, workplace groups, grandmothers' groups • Community meetings • Houses of worship or religious groups • Rallies • Wall paintings
Live performances	• Street theatre • Puppet shows • Talent shows & concerts • Contests • Market demonstrations
Community media	• Community newspaper • Local radio • Local announcements using megaphones

Creative briefs
Use **Tool 3.10** to develop a creative brief.

As the manager for the project, you should be the one to develop the creative brief. This is the step in the process where you take all of the insights from the formative research and pass these on to the creative agency. If you have the same partner developing the formative research and creative materials, this is an important step to go through together to make sure that the creative strategy responds to the BCI objectives and builds upon insights and channel analysis emerging from the formative research. Drafting a creative brief helps guide your creative team's work because it provides clear directions for how you want to communicate your messages. A creative brief brings together all the work and information you have accumulated thus far about:

- The health problem
- Overall key behaviour change objectives
- Your target audience segments with sample audience profiles
- Their current behaviour and influences
- Insights on product, place, price and promotion for each segment
- Your defined BCI objectives for each target audience and per segment
- The benefits of and barriers to the adoption of the new behaviour
- Key promise of the new behaviour
- Key messaging needs that will inform message development for your communications and activities (10)
- Channel analysis
- Gender equality considerations that should be factored into messages and materials

In essence, creative briefs summarize your bjectives and gives the creative team all the strategic insights from the formative research, so they can develop messages to respond to the audiences. It will also make sure that the message and channel respond to the respective behaviour change objectives specific to each target audience. If you have multiple target audiences, such as health workers and beneficiaries, you will want to prepare a creative brief for each one.

Note: The creative brief should be reviewed by both a BCI expert and an intervention public health expert. The BCI expert checks that the Creative Brief responds to the formative research insights, and the public health expert ensures that the information provided is technically accurate.

Creative strategy
The creative strategy translates the content of your messages into specific creative executions that are meant to encourage your audience to adopt your product (i.e. the ideal behaviour change) (9). A creative strategy is usually developed with, and undertaken by, a team of social marketing, advertising or communication experts.

A creative strategy includes:

- Positioning and key messages
- Logos, fonts, tag lines, headlines, visuals and colours for your printed materials
- Scripts, actors, scenes, and sounds in your audio-visual media advertisement

The creative strategy also involves:

1. Developing a brand and positioning.
A brand is a name, term, sign, symbol, or design (or a combination of these) that identifies your BCI and makes it recognizable (13). Positioning is the appeal to the target audience. Both can help raise awareness about a new product or reposition an existing product.

2. Pre-testing your messages and creative materials with your target audience to assess their ability to deliver the objectives of your BCI strategy.
a. Test materials in draft form: use a draft version of a poster or pamphlet, a video version (or script) of a television ad, a photo story board, or a prototype of text materials like a booklet. This process can also help to:

- Select the most effective options or eliminate the least effective ones
- Refine materials prior to production
- Identify any red flags that might interfere with your message or that may send the wrong message (9)

STEP 3.7
Set priorities based on impact and feasibility

By this point, you have now drafted your product, pricing, place, and promotion strategies, which include a series of activities to promote behavioural change. Due to resource or time constraints, it is possible that you will need to prioritize these activities. To do so:

1. Assess each activity and choose the ones with the greatest potential for meaningful change

2. Prioritize the activities based on:

- Potential impact: What activities have the potential to have the greatest impact?
- Cost: What activities do you anticipate to have a higher cost?
- Feasibility: What are the most feasible with your budget, resources, time and capacities?

END PRODUCTS OF PHASE 3

By the end of this phase you will have:

- Engaged stakeholders & partners in formative research results (**TOOL 3.1**)
- Narrowed and described your primary and secondary target audiences (**TOOL 3.2**)
- Selected the desired behaviour (**TOOL 3.3**)
- Set your BCI goals and objectives (**TOOL 3.4**)
- Identified barriers and benefits of the desired behaviour and competition (**TOOL 3.5**)
- Defined your marketing mix strategy (**TOOLS 3.6** to **3.10**)

BACKGROUNDER 2: ENGAGE STAKEHOLDERS IN YOUR BCI

Methods of engagement according to the stakeholder's level of engagement.

What is the level of engagement required for the stakeholder?	What is the purpose of this engagement?	What are appropriate methods of engagement?
Low: The stakeholder has limited influence and interest in the problem, implementation and outcomes of the BCI strategy	**To inform:** Provide accurate and consistent information on the results of the formative research to help stakeholders understand the health problem and raise awareness about the importance of an intervention to solve the issue, alternatives, opportunities and potential solutions.	• Fact sheets • Newsletters • Bulletins • Websites • Open houses
Low to Medium: The stakeholder has low to medium influence and/or interest in the problem, the BCI strategy implementation and its outcomes	**To consult:** Provide accurate and consistent information on the results of the formative research and obtain feedback from stakeholders on analysis, alternatives and outcomes. Raise awareness on the importance of an intervention to solve the issue.	• Public comments • Meetings
Medium to High: The stakeholder has medium to high influence and/or interest in the problem, implementation and outcomes of the BCI strategy	**To involve:** Provide accurate and consistent information on the results of the formative research and work directly with stakeholders throughout the process to ensure that their concerns and needs are understood and considered in the development of the BCI strategy.	• Workshops • Deliberative polling • Forums • Web 2.0 tools (social media, wikis, blogs) • Advisory groups
High: The stakeholder has high influence and interest in the problem, implementation and outcome of the BCI strategy	**To collaborate and empower:** Provide accurate and consistent information on the results of the formative research. Partner with the stakeholders during the planning and implementation of the BCI strategy.	• Consensus-building forums for decision-making • Web 2.0 tools • Joint planning meeting

Source: Adapted from the International Association for Public Participation.

PHASE 4
MONITORING AND EVALUATION PLAN

The purpose of monitoring and evaluating (M&E) the BCI is to assess how the actual implementation of the BCI compares to the original plan. Monitoring and evaluation will help you make decisions to improve your BCI based on feedback, understand how and why an issue or challenge occurred, and assess the overall intervention efforts. This will also help with planning the budget or determining the potential additional expenses of including BCI evaluation components into your existing evaluation plans. Make sure that your BCI can be measured, and plan for additional costs of evaluating your BCI.

The steps to creating an M&E plan

STEP 4.1
Gain a firm understanding of the existing project monitoring plan

STEP 4.2
Select key M&E questions on BCI to be added to the plan

STEP 4.3
Determine how the information will be gathered in the existing plan (methods and indicators) and ensure this is adaptable to BCI

STEP 4.4
Develop a data analysis and reporting plan to decide how the information will be used

STEP 4.5
M&E Reflection

REQUIRED TOOLS FOR PHASE 4

To complete **Phase 4**, you will require the following tool:

- ☐ **TOOL 4.1**
  Checklist for improving data quality M&E tools that include BCI
- ☐ **TOOL 4.2**
  Develop your monitoring & evaluation plan

See additional resource:

SAMPLE 5—MONITORING AND EVALUATION PLAN FOR AN IFA SUPPLEMENTATION PROJECT

STEP 4.1
Gain a firm understanding of the existing project monitoring plan

Each project that Nutrition International implements has a monitoring and evaluation framework. While the intention of this phase is to integrate the BCI outcomes into the overall measurement strategy, it is important to first understand the structure of the existing strategy so that adaptation is as seamless as possible.

1. What is the project's theory of change?
Often identified in Nutrition International's work as the logic model, the theory of change describes the types of interventions (whether a single project or a large program) that bring about the desired results and puts the emphasis on what intervention wants to achieve rather than on what it's doing. The BCI should fit naturally into this theory of change.

STEP 4.2
Select key M&E questions on BCI to be added to the existing plan

Selecting your M&E questions will provide you implementation targets, which allow you to see how the reality of implementation compares and what changes need to be made. To do so:

1. Select your monitoring questions
Monitoring is a continual process with certain checkpoints for assessing progress and making decisions based on those findings. When monitoring, it is important to consider the guiding questions below. Examples of relevant BCI questions are provided to give you an idea of what you are looking for when monitoring.

- What was the process of implementation? What activities did the program implement? How well are activities being implemented compared to the plans?
  - How many frontline workers were trained? Gender of workers?
  - How many IPC (interpersonal counseling) sessions were held?
  - In how many instances were BCC materials used in IPC sessions?
  - How many pregnant women were reached? By what channel?

- What were barriers encountered in the implementation of activities?
  - Are the messages being used the right ones?
- What was the quality of implementation?
  - From the point of view of the target audience(s), what are frontline workers doing right/wrong? What could be done better?
  - Do clients understand the purpose of the services being provided?
- Are activities happening on time?
  - Are the numbers of radio spots being aired as expected for this phase of the campaign?

2. Select your evaluation questions
Evaluation is designed to determine if the program is making a difference, and to consider any and all intended and unintended benefits or consequences. Measurements for evaluation are taken at set time points, ideally with a comparison over time and, where possible, a similar comparison group not exposed to the interventions. When evaluating, consider the guiding questions below. An example of a relevant BCI question is provided to give you an idea of what you are looking for when evaluating.

- What changes took place as a result of the intervention? What stayed the same?
  - What knowledge, attitudes and practices have changed? Which ones have not?

3. Consider and create your process and outcome evaluation questions
The difference between process and outcome evaluations can be thought of in terms of looking at a travel map. Process evaluation lets you know whether you took the route you planned to take, if other routes needed to be taken along the way, or if other routes should be considered next time. Outcome evaluations let you know whether you arrived at your intended destination or not (9).

EXAMPLES OF M&E QUESTIONS ACCORDING TO THE TYPE OF EVALUATION TAKING PLACE

Type of evaluation	General questions	Examples
Process/monitoring	• How did the inputs compare to those expected? • Are the activities implemented as expected (i.e. timing, number of trainings, exposure, stocks etc.)? • What was the perception/acceptability of the activities? • Are the indicators being tracked measuring the experience of women and men, girls and boys separately?	• Did the mass media radio spots get aired as planned? • How many caregivers did the radio spots reach compared to expectations? • How many health workers were trained on IPC for IFA adherence? • Why did some mothers decide not to attend ANC? • Did caregivers hear the radio messages? What did they think of the radio messages?
Outcome	• Were barriers to behaviour change impacted by the interventions? • What measurable changes can be seen in outcomes?	Example of an immediate outcome: Increased proportion of women consuming at least 90 days of IFA supplements in pregnancy. • Did coverage of IFA supplements increase as a result of the BCI? • Did adherence to >90 IFA supplements increase in pregnant women exposed to the BCI activities? • Were providers giving pregnant women more counselling on consumption of IFA? • Did pregnant women describe greater self-efficacy for managing side effects and remembering to take IFA supplements daily?
Impact	• Did the intervention result in a measurable change in health status for the target population? • Can any potential changes in impact be measured or modeled based on changes in outcomes?	Impact measures: Reductions in anaemia among pregnant women in intervention area. • Was there a reduction in maternal anaemia as a result of pregnant women being exposed to the BCI?

STEP 4.3

Determine how the information will be gathered in the existing plan (methods and indicators) and ensure this is adaptable to BCI

1. Determine your methods for collecting data Consider the following:

a. Depending upon the M&E questions you are answering, evaluation can use both qualitative and quantitative methods.

- Qualitative information facilitates understanding of perceptions and experiences regarding interventions and any underlying values, issues, causes, and reasons that have affected the impact of the BCI, as well as how these may have changed since before the intervention took place.
- Quantitative information provides a numerical assessment of the distribution, coverage, and reported behaviours at a certain time point, as well as any additional socio-demographic information or population characteristics that may influence the results.

Evaluations can, and ideally should, include both quantitative and qualitative methodologies (see **Step 2.2** for examples of potential data sources).

Type of evaluation	General questions	Examples
	QUANTITATIVE	QUALITATIVE
Monitoring (or process evaluation)	• Attendance sheets • Log books • Radio broadcast statistics • Activity reports	• Notebooks • Site visit reports • Observation checklist • Reports by health workers • Focus group discussions • Key informant interviews • Case studies
Outcome and impact evaluation	• Population-based surveys • Randomized control trials • KAP surveys • Provider surveys • DHS data • Census and additional socio-demographic information or population characteristics that may influence the results	

2. Plan pre- and post-implementation measures

a. The BCI is all about change. To measure the changes or the potential effects of a project, assessments are usually needed before and after an intervention, or after a certain time period of implementation. Both pre and post measures are needed to evaluate the BCI or a particular process if there has been a change.

b. Your M&E indicators should reflect the specific knowledge, attitude, and behaviour changes that you hope to make within your project time.

c. The M&E should also be matched to the activities that you plan to implement. Remember that impact takes longer to measure, or may exceed the budget, time frame or scope of a program; often the focus should be on measuring immediate outcomes.

3. Evaluate your SMART objectives

You have already designed a SMART objective for each behaviour change objective of your project (**Tool 3.4**); therefore, you will want to evaluate the impact of the intervention on each of these separately (see **Step 3.4**). For example, a woman's change in attitude or self-efficacy for managing side effects of IFA should be measured separately from receiving counselling on IFA consumption from a health worker.

TABLE 4-1
Sample of monitoring & evaluation indicators from a zinc + ORS project

Project activity in work plan	Monitoring question	Process/Monitoring indicator (output)	Evaluation question	Evaluation indicator
Air radio spot on zinc + ORS twice daily on three local radio stations.	• Was the radio spot aired on each station? • How often was the spot aired on each station?	• Process indicator: radio spot aired twice daily on each station (total times aired). • Estimate of number of communities reached.	Did the mass media campaign influence awareness of zinc + ORS	% of community members aware of zinc + ORS as treatment for diarrhoea (baseline & end line).
Caregivers of children with diarrhoea receive home follow-up visits for zinc + ORS use.	• How many caregivers received follow-up visits?	• Number of caregivers of children with diarrhoea that received home visits for support on zinc + ORS use for diarrhoea treatment.	What was impact of home visits on adherence to zinc + ORS for diarrhoea treatment?	% of caregivers adhering to recommended treatment (baseline vs. end line in intervention & comparison communities).

STEP 4.4
Develop a data analysis and reporting plan to decide how the information will be used

Make sure you plan on measures to ensure data quality, analyze data in a timely manner, interpret results with partners and decide how to use them for improving your BCI and planning next steps.

Monitoring data can be used to:

- Understand how the implementation compares to the original plan.
- Identify ways to improve reach to the intended target audience.
- Inform decision-making on reallocation of resources as needed to improve program delivery.
- Identify unique solutions to be replicated.
- Make changes to the communications strategy (messages, channels, target audiences).

The evaluation of data can:

- Show how effective a program has been.
- Demonstrate how the project addressed specific behaviour change barriers.
- Explain why some changes occurred but not others.
- Identify which strategies were most effective and with which target groups.

STEP 4.5
M&E reflection

Use **Tool 4.1** to check that you have completed the required steps for improving data quality M&E tools that include the BCI. Then, use **Tool 4.2** to plan how your BCI will be monitored and evaluated. See Sample 5 at the end of this section for an example of a Monitoring & Evaluation Plan.

As you know, this Toolkit is written with two assumptions. First, that you will be working with specialists in this area, and second, that you will be integrating BCI considerations into an existing M&E plan. To ensure that you have a good understanding of the effectiveness of your BCI, some considerations to discuss with an M&E expert are:

- Pre- and post-M&E can show change over time (before and after the intervention).
- Comparison groups can show the benefit of intervention vs. no intervention.
- Measuring exposure to the intervention and analyzing how intensity and exposure influence outcomes.

Make sure to discuss and define:

- The monitoring questions that are linked to activities that you will implement for the BCI?
  - Is the program being implemented as planned?
  - What is the quality of the implementation?
- The SMART objectives for your BCI strategy with indicators and targets?
- Overall project research design and other monitoring and evaluation plans? Or will there be an independent BCI monitoring and evaluation?
- Will you need to consider adding questions to already planned monitoring tools, or evaluation surveys? Will you be adding qualitative questions to FGDs, IDIs, or surveys?
- How data quality will be ensured.
- How data will be analyzed.
- Who will be using the data and for what purpose(s)?

END PRODUCTS OF PHASE 4

By the end of this phase you will have:

- ☐ Planned how you will monitor the implementation of your BCI activities (**TOOL 4.2**)
- ☐ Identified how you will evaluate each of your behaviour change objectives
- ☐ Defined existing data sources that can be used for monitoring and evaluation
- ☐ Identified any additional questions or tools that are needed to answer your M&E questions
- ☐ Reviewed potential opportunities to ensure data quality (**TOOL 4.1**)

SAMPLE 5— MONITORING AND EVALUATION PLAN FOR AN IFA SUPPLEMENTATION PROJECT

	Monitoring/Process evaluation	Data source	Any new data collection needed (Y/N)	Timeline & frequency
Hiring and training of key staff	# of positions filled and maintained throughout project			
Development of social marketing promotional materials and branding	# of branded materials developed, pre-tested and revised	Project reporting data	N	Quarterly
Policy leaders and key stakeholders oriented to project	# of policy leaders and key stakeholders that participate in orientation activities	Project reporting data	Y	Quarterly
Physicians and health professionals oriented on project	# of physicians that participate in orientation activities	# training log and attendance sheets	N	Once (post orientation)
Train pharmacists on interpersonal counselling for IFA and phone card referral	# of pharmacists trained	# training log and attendance sheets	N	Once (post orientation)
Small-scale pharmacists distribute IFA	# of small-scale pharmacies distributing IFA for project	Compilation of training records	N	Once (post training)
Pregnant women receive IFA	# of pregnant women receiving IFA supplements from pharmacy	Registers collected by project manager	Y Develop register	Monthly
Pregnant women receive phone cards as incentives	# of pregnant women receiving branded phone cards from pharmacy	Monthly registers at participating pharmacies confirmed against supply data	Y Develop register	Monthly

SAMPLE 5— MONITORING AND EVALUATION PLAN FOR AN IFA SUPPLEMENTATION PROJECT

	Monitoring/Process evaluation	Data source	Any new data collection needed (Y/N)	Timeline & frequency
Supply management of IFA supplements	# of participating pharmacies that report no stock-outs of IFA in the previous month	Distribution registers at participating pharmacies confirmed against supply data	Y Develop register	Monthly
Call centre staff trained on counselling for IFA supplements	# of call centre staff trained on counselling for IFA supplements	Registers collected by project manager	Y Develop register	Monthly
Pregnant women access the call centre for advice	# of calls to call centre by pregnant women	# of training logs	N	Quarterly
Pregnant women receive cell phone reminders to consume IFA	# of messages sent to pregnant women who have received IFA # of messages sent to each woman	# of call centre activity logs	N	Monthly
Behaviour change objective	Evaluation	# SMS/text message logs	N	Monthly
Increased coverage of IFA supplements for pregnant women	% of women who consume any IFA supplements			
Increased adherence of IFA supplements	% of women who consume at least 90 supplements.	Household surveys at baseline, midline & endline	N	Before implementation, at 1 year, and 2 years (end of project).

SAMPLE 5— MONITORING AND EVALUATION PLAN FOR AN IFA SUPPLEMENTATION PROJECT

	Monitoring/Process evaluation	Data source	Any new data collection needed (Y/N)	Timeline & frequency
Pregnant women participate in intervention to get IFA supplements	% of pregnant women who participated in the pharmacy distribution of IFA supplements	Household surveys at baseline, midline & endline	N	Before implementation, at 1 year, and 2 years (end of project)
Pharmacists give support to pregnant women	% of pregnant women who report receiving advice from pharmacists	Household surveys at baseline, midline & endline	Y (add question to survey tool)	Before implementation, at 1 year, and 2 years (end of project)
Pregnant women use call centre for support	% of pregnant women who report calling the call centre for support # of calls by each pregnant woman	Household surveys at baseline, midline & endline	Y (add question to survey tool)	Before implementation, at 1 year, and 2 years (end of project)
Pregnant women who received advice from SMS or text message	% of pregnant women who report receiving messages # of messages received by each pregnant woman	Household surveys at baseline, midline & endline	Y (add question to survey tool)	Before implementation, at 1 year, and 2 years (end of project)
Increased awareness of benefits of daily IFA supplements for pregnant women	% of women who state the benefits of IFA supplements for pregnancy (un-prompted)	Household surveys at baseline, midline & endline	Y (add question to survey tool)	Before implementation, at 1 year, and 2 years (end of project)

SAMPLE 5— MONITORING AND EVALUATION PLAN FOR AN IFA SUPPLEMENTATION PROJECT

	Monitoring/Process evaluation	Data source	Any new data collection needed (Y/N)	Timeline & frequency
Increased belief of benefits of daily IFA supplements for pregnant women	% of women who believe the IFA supplements are beneficial to mom and baby % of influencers (husbands & mothers-in-law) who believe that IFA supplements are beneficial	Household surveys at baseline, midline & endline	N	Before implementation, at 1 year, and 2 years (end of project)
Reach of IFA campaign	% of pregnant women who recognize the branded IFA campaign % of influencers (husbands & mothers-in-law) who recognize the IFA campaign	Household surveys at baseline, midline & endline	N Y (need additional questionnaire for influencers)	Before implementation, at 1 year, and 2 years (end of project)
Acceptability and perceived impact of the intervention	Qualitative perceptions of pregnant women, pharmacists, health care professionals, and key stakeholders on the acceptability and impact of the intervention	Household surveys at baseline, midline & endline	Y (add question to survey tool) Y (need questionnaire for influencers)	Before implementation, at 1 year, and 2 years (end of project)

COORDINATING THE DEVELOPMENT AND IMPLEMENTATION OF THE BCI AND PILOT TEST

Now that you have developed your marketing mix, you are ready to coordinate the development of the BCI and its pilot test. The purpose of Phase 5 is to provide you with concrete tools to do just this. In this stage, you will develop materials and activities for your BCI strategy. We have included templates and checklists to cross check the work being contracted out.

For Nutrition International at this time, the key activities involve:

- Sub-contracting a creative agency to design messages and materials, develop or redesign products, and plan public relations activities
- Pilot testing the new messages, materials and products

STEP 5.1
Considerations about sub-contracting the creative agency

1. Before sub-contracting the creative agency: You will work with a creative agency to develop the materials and activities of your BCI. The activities frequently include developing the BCC materials, pilot testing them and developing a training module on effective use of the materials. The first stage will be to draft a tender brief to hire an advertising agency, designers, and/or communication experts (5). Your tender brief should provide (19):

a) General information:
- Background and rationale for the BCI
- Aims and objectives of the strategy
- A time frame, including length of application process, anticipated output delivery dates, and contract period start and end dates

b) Scope of the work:
- Expected activities and products
- Reports and updates
- Follow-up and dissemination activities
- Ethical considerations

c) Requirements:
- Eligibility criteria
- Potential conflict(s) of interest

d) Required applicant(s) information:
- Curricula Vitae (CVs)
- Relevant social marketing and gender experience
- Track records of previous work
- Contacts for references

e) Proposal:
- You may decide to ask for a proposal of the work to be developed, including the proposed approach, activities and materials. Or you may decide to develop this yourself or in collaboration with other colleagues to provide more directive terms of reference (TOR), and simply ask the creative agency to comment on the TOR.
- Provide detailed instructions for proposal preparation and submission

f) Instructions to submit applications

g) Budget (optional)

2. Once you have selected and contracted the creative agency, share your creative briefs with them. The creative briefs help to ensure that your team understands and agrees with your communication objectives and strategies from the very beginning. Be open to changes that the creative agency suggests about materials and strategies, as these can be modified (16).

3. Foster a good relationship with your creative agency and maintain constant communication over the contract period. Effective communication is essential for success. Share any information with the creative agency that will facilitate their work. Agree at the onset to the pre-testing protocol and approvals that will be required, when they will occur, and how long they will take. Also, involve them in the pre-testing process (17).

4. The creative agency should provide a work timeline and report on progress at agreed regular intervals (5).

5. Assess draft messages and materials against the creative briefs and what you know about your target audience's point of view (17).

6. On completion, review your work process with the creative agency to obtain feedback and lessons for future collaborations (19).

STEP 5.2
Considerations for the pilot test

1. Your target audience is the centre of your social marketing strategy. Ensure that your communications partners pre-test your messages, materials and products with your target audience, make revisions based on what you learn, and pre-test again (1, 5, 20).

a) If your partners have the time and budget to conduct multiple rounds of pre-tests, do so because multiple pre-tests can help you to (15, 17):

- Assess the ability of your messages and materials to deliver the objectives and strategies of your marketing mix.
- Reduce the risk of delivering wrong or unclear messages.
- Refine and develop materials and messages that are clear, believable, appealing, persuasive, and contain valuable information for the target audience.
- Select the most effective option among several potential executions.
- Develop culturally appropriate messages.
- Save time and money by tailoring your BCI to your target audiences.

b) If you do not have the time and budget for partners to pre-test the creative concept, you can ask them to develop materials based on target audience feedback, and then pre-test the completed materials. You can request partners make revisions to these materials and then launch the campaign.

2. While working on your BCI, make sure (5):

- Partners allocate sufficient time and resources for pre-testing. If possible, allocate sufficient time for each concept, message, product, channel, activity and material. If this is not possible, follow the second path which pre-tests everything simultaneously.
- Your creative agency understands the need for the different pre-test stages and participates in them.
- To verify that results are used to make improvements and adjustments.

STEP 5.3
Considerations for the training module

1. Once you complete the material development, ensure that the creative agency develops a training module for users of the materials (most often frontline workers or in the case of adolescent health, teachers and peer educators). Communication materials produced as part of the BCI can impact behaviour change only if they are used actively and effectively as program tools. Interpersonal communication skills and counselling skills in frontline workers are also essential for the BCI to influence results.

2. You could have implementing partners either incorporate the training module in the regular program training planned for the intervention/project or plan a separate training on communication skills. Either way, ensure that the training module developed includes at the minimum:

a) An overview of the BCI approach and the role of the frontline workers/staff in using it as a communication tool with the identified audiences.

b) Interpersonal communication and counselling skills.

c) Interactive and effective use of communication materials/products with practice sessions.

STEP 5.4
Checklists for the different phases

As you move through the different phases, it is useful to compare the work completed by partners and your own team with a summary checklist. The following checklists have been developed to help guide you in reviewing the individual steps and overall process for managing the design, implementation and M&E for BCI to support your nutrition intervention.

1. OVERALL BCI STRATEGY CHECKLIST

Component	Questions	Yes	No
Situation analysis	• Is there a clear problem statement? • Is the statement based on quantitative and qualitative information on nutrition indicators? • Does the analysis include data disaggregated by age, gender, ethnicity, and geographic region to identify potential high need groups? • Does the section identify possible nutrition-related behaviours that could be encouraged or discouraged? • Does it identify social, economic, and political factors blocking or facilitating desired behaviour changes?		
Target audiences	• Is there a clear basis for identification of the primary and secondary audiences? ◦ Most affected by the problem (e.g. greatest need, incidence, severity) ◦ Most important to bring about change ◦ More likely and willing to change their behaviours relating to the nutrition problem ◦ Easily accessible by you or your partners ◦ A good strategic fit with your organization's goals and priorities (such as a specific hard-to-reach population) • Is there a segmentation of audiences by demographic, geographic and lifestyle characteristics? • Does it include an audience analysis to understand the key barriers, enablers related to the nutrition problem? • Does it include analysis on media habits of the target audiences?		

1. OVERALL BCI STRATEGY CHECKLIST

Component	Questions	Yes	No
Defining BCI	• Have key stakeholders been engaged/consulted with, either through a workshop or individual meetings? • Have the behaviours been prioritized? • Are there clear behaviour change communication objectives that are either: ◦ Behaviour objectives ◦ Knowledge objectives ◦ Belief/attitude/self-efficacy objectives • Are the objectives SMART (Specific, Measurable, Attainable, Relevant/Realistic, Time-specific)? • Have the barriers and benefits for audiences been identified? • Has the intervention and marketing mix been defined? ◦ Product/behaviour ◦ Price/perceived barriers to overcome ◦ Place/location for behaviour ◦ Promotion/messages, messengers, channels, creative strategy • Is there an implementation plan with timelines and budget? • Is there an M&E plan or a plan to integrate BCI elements into the program M&E?		
Program integration	• Do the communication activities fit well with other program functions such as training, service delivery, logistics, staffing etc.?		
Small-scale pharmacists distribute IFA	• Do the communication activities fit well with other program functions such as training, service delivery, logistics, staffing etc.?		

2. CHECKLIST FOR SELECTING PARTNERS AND EVALUATING PROPOSALS FOR/CONSULTANTS FOR FORMATIVE RESEARCH

Questions	Yes	No
• Have the consultants included a plan to review existing data and information sources on the health issue and other data from the implementation region/target population (primary & secondary)?		
• Will the consultants collect data to fill gaps at all levels of influence (individual/target beneficiary, peers/influencers, providers, community and enabling environment)? • Do the proposed data collection methods respond well to each of the information gaps and target audiences?		
• Are there the appropriate skill sets for the methods proposed? Qualitative? Quantitative? Gender analysis? • Are there distinct separate sampling techniques for qualitative and quantitative data gaps? (Note: there should be.) • Are gender and social context explored at each level of influence?		
• Are the tools designed simple and do they collect all information that will be used? • Are partners planning to pre-test and revise tools, and involve interviewers in process? • Does the field work training include practical field training with questionnaires and showing intention and purpose of each question?		
• Do they have a sound data analysis plan that will allow for understanding the diversity for different segments of target beneficiaries?		
• Do they have the experience, capacity and human resources to complete the formative research within the specified timeline?		
• Is the budget and timeline proposed aligned with realistic project expectations?		

3. CHECKLIST FOR CREATIVES AND MATERIALS

Component	Questions	Yes	No
Accurate	• Have experts reviewed the message content to ensure it is scientifically accurate?		
Consistent	• Do all messages in all materials and activities reinforce each other and follow the creative strategy? • Do visual campaign elements/different materials have the same or similar graphic identity (Print materials use the same or compatible colors, types of illustrations/photographs, and typefaces. All materials include the program's logo or theme/tag line, if applicable)?		
Clear	• Are the messages simple and appropriate for audience? • On print materials are there prominent visual aids such as photographs or typography that positions message well and reinforce messages to help the audience understand and remember them?		
Relevant	• Do the messages state benefits of the recommended behaviour that the audience will value? For example, emotional benefit (e.g. your baby will be healthier). Does this match formative research insights and suggested positioning? • Is the presentation style of messages appropriate to the audience's preferences (based on formative research findings)? For example, rational versus emotional approach, serious versus light tone. • Do the messages keep in mind regional differences, ranging from the language and dress of people portrayed in materials to the health care delivery mechanisms? • Do the messages and materials address key barriers identified from the formative research? • Do the messages suit the readiness of the audience to make a change?		
Credible	• Is the selected messenger/channel a credible source of information for the audience? • If celebrity spokespeople are the messengers, have they been carefully selected? (Ideally, they should be directly associated with the message and practising the desired nutrition behaviour.)		
Appealing	• Does the creative treatment in materials stand out and draw the audience's attention? • Is the tag line appealing from the audience's perspective and easy to remember?		
Call to action	• Do the messages clearly state the action that audiences should take?		
Gender sensitive	• Messages do not reinforce inequitable gender roles or stereotypes. • Messages and materials include positive role models that will appeal to both men and women. • Messages, materials, and channels/activities are appropriate for the needs and circumstances of both women and men. In particular, they consider differences in workload, access to information and services, and mobility.		

4. CHECKLIST FOR BCI MONITORING PLAN

Questions	Yes	No
• Have BCI components for monitoring been identified based on who will use the information and how?		
• Has the methodology/mechanism including timeframe, been specified, and is it clear who will monitor at what level? ◦ Does it include the scope to gather views/inputs of external stakeholders?		
• Has a starting baseline been established?		
• Does the monitoring plan include: ◦ Input indicators for activities such as availability of materials? ◦ Output indicators for activities including use of communication tools/materials, staff trained etc.? ◦ Qualitative indicators that assess markers for behaviour change such as seeking information, talking to family members/frontline workers, increase in knowledge levels etc.? ◦ Key milestones to be monitored? ◦ Outcome indicators?		
• Have regular points for review been agreed upon?		
• Is there a mechanism to track wider trends or environmental factors which may have an impact on the activities?		

5. CHECKLIST FOR BCI EVALUATION FRAMEWORK

Questions	Yes	No
• Have the basic evaluation questions been selected? ◦ What will be evaluated? ◦ Fidelity to intervention plan? ◦ Adequate exposure levels? ◦ Aspects of the program that will be considered when judging performance? ◦ Standards that must be reached for the program to be considered successful? ◦ What evidence will be used to indicate program performance?		
• Has the research design been developed taking into account the evaluation questions?		
• Does the evaluation plan to assess BCI achievements? ◦ How well did the program meet its objectives? ◦ What did the program do well? ◦ What could have been done better?		
• Does it plan to measure the extent to which observed changes in outcomes can be linked to the BCI? ◦ How well did the program work when implemented? ◦ How is the program responsible for observed changes? ◦ How can you determine the extent to which observed changes are linked to BCI activities?		
• Is it designed to capture the following: ◦ Was the audience exposed to the messages and activities as intended? ◦ Did the desired outcomes take place? ◦ Did communities with the program have better results than communities without the program? ◦ Did audience members with greater exposure to program messages have better results than audience members with less exposure?		
• Is there a clear data analysis and reporting plan including quality checks?		
• Is there a dissemination plan?		

6. CHECKLIST FOR GENDER[2]

Component	Questions	Yes	No
Does your current situation analysis:	• Include Gender Analysis to explore how men, women, boys and girls (and sub-groups of each) are affected differently by the nutrition problem? • Examine the different roles and behaviours of men and women with respect to the nutrition issue and how they may differ by age, socioeconomic class, ethnic group or religion? • Identify the existing social, cultural and gender norms related to the nutrition problem or access to services? • Explore the extent to which women, men, boys and girls can make decisions regarding the nutrition issue and their health in general? • Question what may prevent men, women, boys, girls and couples from performing the desired behaviour(s) related to the nutrition issue? • Consider what may facilitate men, women, boys, girls and couples to perform their roles related to the nutrition issue? • Identify existing "positive" gender relations that can be strengthened to address the nutrition problem? (For example, spaces where men and women interact in more equitable ways, positions of leadership occupied by women, ways that men are supportive in achieving maternal, newborn and child health (MNCH) behaviour). Look at role of grandmothers as cultural influencers and potential enablers. • Consider how your project or BCI could have implications for equitable participation. Who has greater need? Who has opportunity for participation?		
	If you answered NO to any of the above questions, you may want to review the information and conduct the activities under Phase 1: The BCI Situation Analysis. Remember that what you discover under each step may impact each of the following steps in the strategy design process.		

2. *Adapted from the Gender and SBCC Implementation Kit.*
http://sbccimplementationkits.org/gender/wp-content/uploads/sites/7/2016/03/Activity-0.2_Using-a-Checklist-to-Review-your-Programs-Current-Status.pdf

6. CHECKLIST FOR GENDER[2]

Component	Questions	Yes	No
Does your audience segmentation, and do your audience:	• Identify the differences and similarities in women's and men's knowledge, attitudes and practices about the nutrition issue? • Identify the barriers and facilitators that women and men, girls and boys face when changing behaviour, including gender-specific factors? (For example, social norms around masculinity.) • Identify who supports and influences women and men in their decisions and actions about the specific nutrition concern? • Identify audiences who influence how gender norms are shaped in relation to the nutrition problem? (For example, mothers-in-law who perpetuate expectations of what pregnant women are culturally allowed eat.)		
	If you answered NO to any of the above questions, you may want to review the information and conduct the activities under Phase 3: Defining the BCI, Step 3.2. Remember that what you discover under each step may impact each of the following steps in the strategy design process.		
Does your communication objective:	• Apply the nutrition needs of both women and men as found in the gender-based analysis? • Address any social, cultural and contextual gender-related factors influencing the nutrition issue? • Reflect gender transformation, in addition to nutrition outcomes? • Consider the barriers and facilitators at each societal level of the socio-ecological model including the individual, family, community/service and social/structural?		
	If you answered NO to any of the above questions, you may want to review the information and conduct the activities under Phase 3: Defining the BCI, Step 3.4. Remember that what you discover under each step may impact each of the following steps in the strategy design process.		

6. CHECKLIST FOR GENDER

Component	Questions	Yes	No
Do your approaches and channels:	• Identify the communication channels that women and men use to access nutrition information? • Consider who controls access to communication sources? (For example, identifying who selects the stations or programs to listen to or watch.) • Reflect whether the channels selected are appropriate for, and accessible to, women and men, and consider characteristics like age, culture, timing, access, weather, seasons, migration patterns and the literacy levels and technological literacy skills of both women and men?		
	If you answered NO to any of the above questions, you may want to review the information and conduct the activities under Phase 3: Defining the BCI, Step 3.6. Remember that what you discover under each step may impact each of the following steps in the strategy design process.		
Does your program and message(s):	• Identify the benefits that the behaviour, service and/or commodities have for women and men, girls and boys? • Consider how women and men perceive these benefits as beneficial to them and their families? • Make sure that inequitable stereotypes are not reinforced in your positioning of these benefits? • Determine how and why you will target women or men to achieve behaviour change? (For example, will your program target women and men together or separately? What messages are most appropriate to reach men and women? How will you position your program to cater to the needs of women and/or men?) • Reflect upon whether — by targeting men or women — the program will reinforce inequitable gender norms and stereotypes? (For example, holding discussion groups with men only about health clinic hours can reinforce the power men may have in decision-making about accessing nutrition services.) • Ensure that the messages are sensitive to the needs, beliefs and values of both women and men? • Address the gender barriers and other relevant influencing factors for men and women at each societal level?		
	If you answered NO to any of the above questions, you may want to review the information and conduct the activities under Phase 3: Defining the BCI, Step 3.6. Remember that what you discover under each step may impact each of the following steps in the strategy design process.		

6. CHECKLIST FOR GENDER

Component	Questions	Yes	No
Does your monitoring & evaluation plan:	• Allow for critical examination of gender norms and dynamics? Address how to monitor activities and outputs separately for women and men, girls and boys, in addition to disaggregation by class (or income group), ethnicity or other relevant factors? • Incorporate indicators that monitor gender-based determinants and program outputs? (For example, number of program staff or stakeholders who have attended a gender training session; number of couples who attended a participatory activity designed to promote joint decision-making within couples.) • Tailor data collection to the realities of women and men, girls and boys? (For example, convenient times to hold interviews.) • Build in training for research staff on gender-sensitive monitoring and evaluation principles and techniques? • Incorporate questions in your instruments to help uncover unintended consequences from women and men, girls and boys? (For example, increased intimate partner violence.) • Use appropriate gender scales to examine program impact on gender-based determinants and nutrition outcomes? • Address how findings can be used to improve future program planning related to gender and repositioning, if necessary? • Consider different ways in which the project should disseminate results at the community level based on the needs of men and women?		
	If you answered NO to any of the above questions, you may want to review the information and conduct the activities under Phase 5: Monitoring and Evaluation Plan. Remember that what you discover under each step may impact each of the following steps in the strategy design process.		

BCI TOOLKIT WORKBOOK

TOOL 1.1
Problem statement

1. Answer the following questions using what you already know about the problem based on existing data:
What is the problem?

What causes the problem? It is also useful to consider, what are:

- Direct or immediate causes of the problem?
- Indirect causes of the problem?
- The factors that protect against or from developing the problem?
- The factors that increase the risk of developing the problem?

What groups are affected and to what degree?

- In what groups is the problem more severe?

What could happen if the problem is not addressed?

2. Use the information recorded above to draft your problem statement in the box provided below:

3. Make note of critical information gaps about the causes of the health problem in the box below:

TOOL 1.2
Identifying the potential target audiences

This tool will help you to identify your potential target audiences and guide you through a series of steps that will help differentiate between primary and secondary audiences. Answer the following questions:

1. Who is your broad target audience?
Use the following checklist to determine potential target audiences that are:

☐ Most affected by the problem (e.g. greatest need, incidence, severity).

☐ Most important to bring about change.

☐ More likely and willing to change their behaviours relating to the health problem.

☐ Easily accessible by your partners.

☐ A good strategic fit with your organization's goals and priorities, such as a specific hard-to-reach population.

2. How can you narrow down your broad target audience?
Think about how your health problem affects different segments of your target audience.

Use the table below to identify the sub-groups of your audience according to their various attributes:

Type	Potential target audience
Are there demographic characteristics (age, gender, family size, religion, education, race, marital status, income level) that are most relevant to the problem and define separate segments within your population? List them in the adjoining box.	
Are there geographic characteristics (rural, urban, indigenous, hard-to-reach areas) that define separate segments within your population? List them in the adjoining box.	
Are there lifestyle characteristics (social class, lifestyle, personality) that define separate segments within your population? List them in the adjoining box.	

3. Based on your answers to the questions in the table above, record your primary audience in the box provided below:

4. Who influences your primary audience?
Identify your potential secondary audience by considering one or more individuals or groups that influence each of the selected potential primary audiences. Use the table below to help you do this:

	Potential secondary audiences		
Potential primary audiences	**Direct influence** Who are the people who have contact with the individuals and directly influence them?	**Indirect influence** Who in the community may indirectly influence the potential primary audience?	**Indirect influence** Who are other people, institutions, or organizations that indirectly influence the potential primary audience?
1.			
2.			
3.			

Based on the answers to the questions in the table above, record your potential secondary audiences in the box below:

5. Make note of critical information gaps about the potential target audiences in the box below:

TOOL 1.3
Potential focus of your BCI

1. Write down the potential behaviours you want your audience to carry out and answer the questions below:

Potential behaviours	Is the desired behaviour likely to make a significant impact on the health problem?	How likely is it that the potential target audience will perform the desired behaviour?

Based on your responses above, what are the potential behaviours that are most likely to be adopted and have an impact on the health problem? Record your answers in the box below:

Based on your analysis, list your proposed target audience(s) in the box below:

2. For each of the potential target audiences you identified, answer "yes" or "no" to each of the following questions:

Potential target audience	Are they the most affected by the problem?	Are they more likely and more willing to change their behaviour?	Are they easily accessible by you or your partners?	Are they prioritized segments that fit strategically with the Nutrition International mandate?
1.				
2.				
3.				
4.				
5.				

Make note of critical information gaps about the current and potential behaviours in the box below:

TOOL 1.4
Informing the development of the BCI with theories of behaviour change

Theories of behaviour change can inform the planning and design of your BCI. The following questions refer to common theoretical constructs. They will help you identify important information and record knowledge gaps to explore during your formative research.

1. Think about your potential target audience to answer these first set of questions:
a. What do we know about motivations and incentives to perform the proposed behaviours (e.g. perceived benefits, perceived severity and susceptibility to the health problem, positive attitudes and beliefs toward the behaviour, social support)?

b. What do we know about costs in relation to the proposed behaviours (e.g. perceived barriers to action, negative beliefs and attitudes towards the behaviour)?

c. What do we know about their confidence in performing the proposed behaviours (self-efficacy)?

d. What do we know about the conditions that can facilitate the proposed behaviour (e.g. social and environmental contexts)?

e. What do we know about how potential secondary audiences influence them?

2. Record your answers to the questions above in the box below:

3. Make note of critical information gaps identified in the box below:

TOOL 1.5
Summarizing the information and knowledge gaps

Use the following table to summarize the information and knowledge gaps about your health problem, potential target audience, proposed behaviours, and theories of behaviour change identified in Tools 1.1 to 1.4.

Key decisions	What do we currently know? (Available data)	What do we need to know? (Information gap)
What is the problem?		
Who do we want to reach?		
What will we ask them to do? (Proposed behaviour)		
What are they currently doing? (Competing behaviour)		
What costs and/or barriers do they face to perform the proposed behaviour?		
How does gender impact this proposed behaviour?		

Key decisions	What do we currently know? (Available data)	What do we need to know? (Information gap)
What benefits, motivations, and incentives do they have (or need) to perform the proposed behaviour? **(Audience perspective)**		
What benefits best distinguish the proposed behaviour from the competition (according to the audience perspective)?		
What social and environmental conditions can facilitate the proposed behaviour?		
Where and how will we reach the audience?		
Where can we promote the proposed behaviour? What partners can we enlist to help?		
What are some promotional strategies and activities that may work with our potential target audiences? Who are the relevant spokespeople for them?		

TOOL 1.6
SWOT analysis

Use the matrix below to conduct your SWOT analysis

Factors/Variables	Internal (organizational resources, service delivery, issue priority, alliances and partners)	External (cultural, demographic, economic, political, technological, people outside your institution)
Positive	**Strengths** *What do we do well? What unique resources can we draw on? What do others see as our strengths?*	**Opportunities** *What opportunities are open to us? What trends can we take advantage of? How can we turn our strengths into opportunities?*
Negative	**Weaknesses** *What could we improve? What are others likely to see as weaknesses?*	**Threats** *What can harm us? What threats do our weaknesses expose us to?*

TOOL 2.1
Formative research objectives

Key decisions	A) What do we need to know? (refer to Tool 1.5)	B) Research questions	C) Research method
What is the problem?			
Who do we want to reach?			
What will we ask them to do? (Proposed behaviour)			
What are they currently doing? (Competing behaviour)			
What costs and/or barriers do they face to perform the proposed behaviour?			
How does gender impact this proposed behaviour?			

TOOL 2.1
Formative research objectives

Key decisions	A) What do we need to know? (refer to Tool 1.5)	B) Research questions	C) Research method
What benefits, motivations and incentives do they have (or need) to perform the proposed behaviour? (Audience perspective)			
What benefits best distinguish the proposed behaviour from the competition (according to the audience perspective)?			
What social and environmental conditions can facilitate the proposed behaviour?			
Where and how we will reach the audience?			
Where can we promote the proposed behaviour? What partners can we enlist to help?			
What are some promotional strategies and activities that may work with our potential target audiences? Who are relevant spokespeople for them?			

TOOL 3.1
Engaging stakeholders and partners in formative research results

1. Make a list of potential stakeholders and partners with whom to share your formative research results and interpretation.
Record your list in the box below:

2. Decide on the strategies you will use to engage with each stakeholder and partner.
For example, consider planning in-person events and meetings to engage stakeholders who have high influence on your potential behaviour and target audience. Record your answers in the box below:

TOOL 3.2

Narrow and describe your primary and secondary target audiences

Primary target audience
In the table below, summarize the information gathered about each potential primary target segment. Put in as much or as little detail as you need. You could be looking for information on a variety of topics, such as:

Audience segment	Perceived benefits of the target behaviour(s)	Competing behaviours	Channels to reach the audience	Readiness to change	Overall characteristics
1.					
2.					
3.					

Based on the information in the above chart, choose the primary target segment that has the following characteristics:

- Perceived benefits of the target behaviour that are easy to address as part of your BCI strategy.
- Practice current competing behaviours that you can overcome in the project time frame.
- The largest number of people reachable at the smallest cost.
- The greatest readiness to change.
- Characteristics of those prioritized in your project (e.g. hard-to-reach, etc.).

Secondary target audience
In the table below, summarize the information gathered about each potential secondary target audience that influences your primary target audience:

Audience segment	Perceived benefits of the target behaviour(s)	Competing behaviours	Channels to reach the audience	Readiness to change	Overall characteristics
1.					
2.					
3.					

Based on the information above, select the secondary target segment that has:

- A high influence on the primary target audience.
- The largest number of people reachable and at the smallest cost.
- The greatest readiness to change.

Record your segment in the box below:

TOOL 3.3
Select the desired behaviour

1. Identify potential behaviours
Use the table below to rate the potential behaviours for your BCI strategy:

Potential behaviours	Can this behaviour be changed in time span of the project?	Is the behaviour likely to change as a result of a BCI strategy?	If audience members take the desired action, will it make a measurable difference in solving the health problem for the intended beneficiaries?
1.			
2.			
3.			

Select the behaviours with affirmative answers to each of the three questions in the graph.

2. Create behaviour change statements with audience/behaviour pairs.
Using the selected behaviours, create behaviour change statements by completing the following:

"Enable ______________ (audience segment) to ________________(behaviour)."

3. Record your behaviour change statements in the box below:

4. Rate your behaviour change statements.
Using the questions in the table below, rate the levels (low, medium, high) of risk, impact, and feasibility (very feasible, feasible, not feasible) of each behavioural change statement. A second table is provided to help you rate the levels.

Factor	Questions
Risk	• Is the audience segment currently practicing risky competing behaviours? If so, how serious is the risk?
Impact	• What is the level of impact that addressing this audience and behaviour pair will have on the health problem?
Behavioural feasibility	• How complex is the behaviour? Does it involve few or several elements? Should it be performed frequently? • How costly is it (time, effort, resources) for the audience segment to perform the behaviour? • How compatible is the proposed behaviour with the audience's current practices?
Resource feasibility	• How effectively can you reach this audience segment given your available resources? • How effectively can you influence their behaviours given your available resources?
Political feasibility	• How supportive are your partners/stakeholders of developing a strategy that targets this audience and behaviour pair? • How supportive is your organization of developing a strategy that targets this audience and behaviour pair?

Behaviour change statements	Risk (Low, medium, high)	Impact	Behavioural feasibility	Resource feasibility	Political feasibility
1.					
2.					
3.					
4.					

Adapted from CDCynergy.

5. Select your final behavioural statement.
Select the behavioural statement with the highest risk and feasibility, and which is most likely to have an impact on the health problem. Record your statement in the box below:

TOOL 3.4
SET YOUR GOAL AND OBJECTIVES

STEP 1
Set the goal of your BCI strategy

Write down the expected effect or goal of your BCI strategy. Use the following checklist to ensure that your goal contains the characteristics required for success:

Your goal should:

☐ Specify an expected effect in reducing your health problem.

☐ Identify your target population.

☐ Be a declarative statement.

☐ Be short, concise and free of jargon.

☐ Be stated in positive terms.

STEP 2
Set the SMART objectives of your BCI strategy

Make sure that each objective:

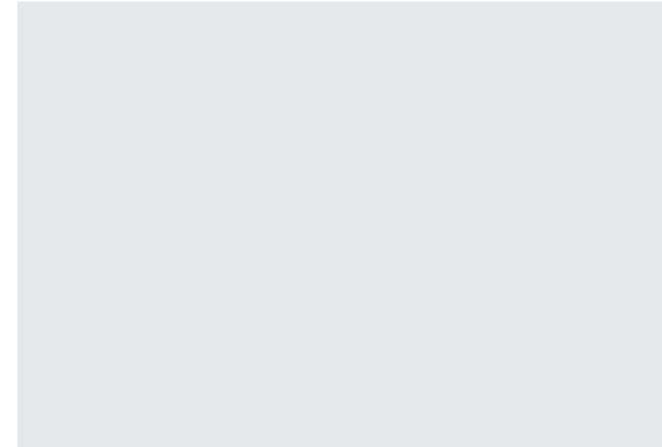
- Indicates what is expected to happen, where, and to whom as a result of the BCI.
- Indicates the extent of the expected change.
- Can be realistically accomplished under existing conditions for implementation with the available resources.
- Adds useful value within the context and is aligned with the BCI and overall goal.
- Clearly states the time period when it will be met.
- Is clearly written.

Write down your SMART objectives according to the behaviours, knowledge, beliefs and attitudes that you want to change.

a. Behaviour objective
Specifically, what do you want to influence your target audience to do as a result of your BCI strategy? Record your answers in the box below:

b. Knowledge objective
What do you need your target audience to know, in order to act? Record your answers in the box below:

c. Belief and attitudes objective: What do you need your target audience to believe, in order to act?

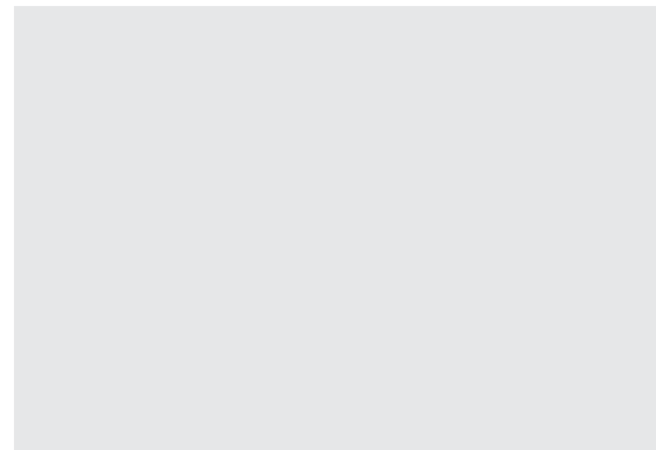


TOOL 3.5

Identify barriers and benefits of the desired behaviour and its competition

1. Identify the competition

What are the major competing alternative behaviours? List all the competing forces that may prevent your target audience from adopting the desired behaviour. They may be expressed as negative behaviours or the opposite of the proposed behaviour (e.g. not taking IFA supplements daily during the second and third trimester of pregnancy). Record your answers in the table below:



2. Identify barriers and benefits of the desired behaviour and its competition (12):

	Desired behaviour	Competing behaviour
BENEFITS		
Current situation: According to your target audience, what are the actual, perceived, or valued benefits of the behaviour?		
What encourages or supports the adoption or maintenance of the behaviour? • What **biological or physical** aspects? • What **psychological** aspects? (e.g. knowledge, attitude, awareness, skills) • What **social** aspects? • What **environmental or societal** aspects?		
Future situation: What additional incentives or rewards might assist the adoption or maintenance of the behaviour?		
BARRIERS		
Current situation: • What limits or restricts the behaviour? • What **biological or physical** aspects? • What **psychological** aspects? • What **social** aspects? • What **environmental or societal** aspects?		
For the proposed behaviour only: **Future situation:** What new blocks or barriers could arise in relation to the behaviour that it could be helpful to anticipate and address?		

TOOL 3.6
Define your product strategy

1. Define your product
Answer the question: What is the product or desired behaviour you are asking your target audience to adopt? Refer to your behaviour objective in Tool 3.4. Record your answer in the box below:

2. Define the package of benefits promoted by your strategy
a. What are the attributes and benefits that the target audience wants the desired behaviour to provide? How does it compare to the competition? Use the information on perceived benefits described in Tool 3.5. Record your answer in the box below:

b. What is the package of benefits that you will offer your target audience for practicing the desired behaviour? Consider promoting the major perceived benefits your target audience wants from performing the desired behaviour. Record your answer in the box below:

3. Identify attributes of tangible objects involved in the behaviour
What are the tangible objects included in your BCI?

How can you improve the attributes of the tangible object to make it more attractive, easier to use, and ultimately more effective in facilitating behavioural change?

Record your answers to the questions above in the box provided below:

4. Identify other objects or services you can offer to support or facilitate adoption of the proposed behaviour
What other objects or services can you offer to support or facilitate practicing the desired behaviour? Record your answer in the box below:

TOOL 3.7
Define your price strategy

Use the table below to identify the costs associated with your behaviour (column 2) and strategies to lower them (column 3). Consider:

- What are the costs and barriers the target audience associates with the product and that prevents them from adopting the behaviour? Include monetary and non-monetary costs, such as physical, emotional, time and/or psychological costs.
- How can your project reduce or eliminate the costs and barriers? Will your intervention offer any monetary or non-monetary incentives (e.g. coupons, rebates, recognitions)? Will your intervention offer any monetary or non-monetary deterrents?
- Do the benefits of the product outweigh the costs?

v

Costs	What are the costs of the desired behaviour?	How can we lower the costs and minimize or reduce barriers to make it more attractive to the target audience?
Monetary costs or barriers	**1.** **2.** **3.** **4.**	**1.** **2.** **3.** **4.**
Non-monetary costs or barriers	**1.** **2.** **3.** **4.**	**1.** **2.** **3.** **4.**

TOOL 3.8
Define your placement strategy

Answer the following questions to define your placement strategy. Record your answers in the boxes provided below.

a. Where will your intervention encourage and support your target audience to perform the desired behaviour, and when? Look for ways to make locations closer and more appealing, to extend hours, and to be there at the point of decision-making.

b. Where and when will the target audience acquire any related products?

c. Where and when will the target audience acquire any associated health and/or nutrition services?

d. What organizations or people can promote the product and/or provide support or follow-up services needed to sustain the behaviour change? How can these intermediaries be motivated to assist this effort (e.g. training of health clinic staff in counselling skills, incentives to encourage prompt and respectful services, etc.)?

TOOL 3.9
Define your promotion strategy

The following tips and table will help you develop your promotion plan (9). Completing the table will also help you to make sure that you have a clear target audience-driven proposition before deciding how to communicate the strategy.

Key guidelines for defining a promotional strategy:

- Grab the audience's attention with something or someone that is appealing
- Appeal to the rational and irrational (i.e. the head AND the heart)
- Keep it simple
- Tell them what they want to hear (i.e. sell the benefits)
- Make sure the audiences trust you; use people/testimonials/influencers they trust
- Put communications in their world
- Ensure consistency at all time
- Have a call to action

	Audience:	Audience:	Audience:
What is the message? • What key messages do you want your BCI to communicate to target audiences? • What do you want your target audience to do, know and believe?			
From whom is the message coming? • Who will deliver the messages and/or be the perceived sponsor?			
What is the tone and style of the message? • What will you actually say and show, and how do you want to say it (the message proposition, tone and style)?			
What are the channels? • Where and when will the messages appear?			

TOOL 3.10
Creative brief considerations & potential outline[3]

A Creative Brief should be developed for each of your target audiences. This will help ensure that the communication materials and approaches respond to the specific needs of each group, and this will likely mean they will be more effective. Each group will have different motivations and information needs. For example you will have different behavior change objectives for health workers providing counseling, than for the pregnant women receiving iron folic acid supplements.

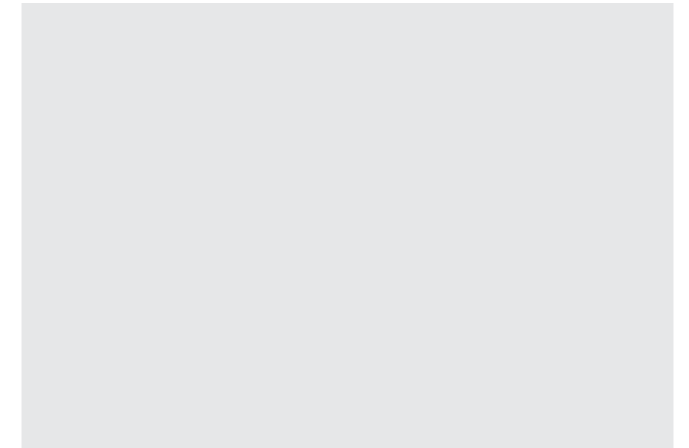
Note: The creative briefs should be reviewed by both a BCI expert and a team member with public health expertise and a good understanding of the intervention. The BCI expert checks that the Creative Brief responds to the formative research insights, and the public health expert ensures that the information provided is technically accurate.

3. Adapted from (i) CDC Synergy Lite: Social Marking Made Simple — a guide for creating effective social marketing plans. Centers for Disease Control and Prevention, Office of the Associate Director for Communication, Division of Communication Services, Strategic and Proactive Communications Branch; (ii) Johns Hopkins University Center for Communication Programs through the HealthCOMpass website (05/01/17): http://www.thehealthcompass.org/sites/default/files/strengthening_tools/Creative_Brief_Template.pdf

CREATIVE BRIEF OUTLINE:

1. Overview & Purpose of BCI

- Provide a description of the overall intervention and the health situation and what the project aims to achieve.

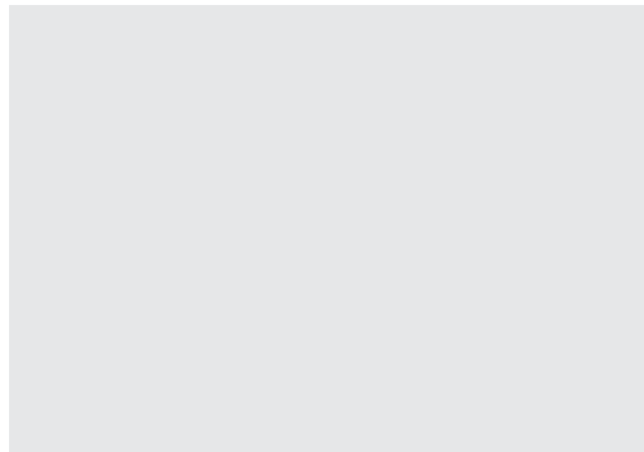


2. Target Audience & Sample Audience Profiles
This section can provide demographic data as well as rich insights from the formative research.

Describe the people that you want to reach with your communication. What do they value? How do they see themselves? What are their aspirations and motivations? You can also provide a "sample audience profile" to guide the creative team (See example 1, below).

EXAMPLE 1: SAMPLE TARGET AUDIENCE PROFILE (IFA PROJECT)
Maria is a mother of three and is expecting her fourth child. She is married and lives in a small house with her husband in a community of 5,000. She spends her mornings doing agricultural work and her afternoons doing domestic work at home.

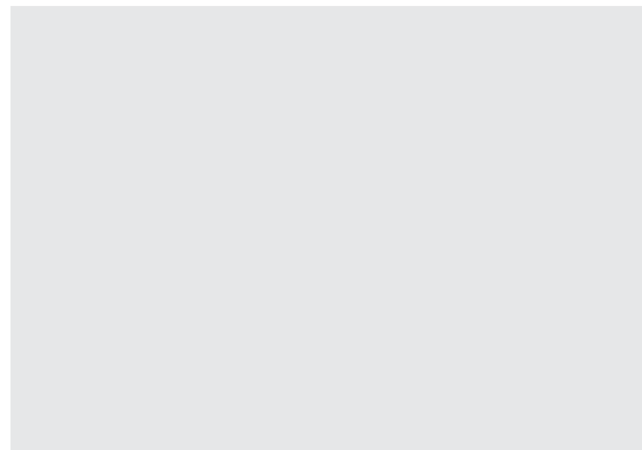
She is worried about the costs of antenatal care and her current pregnancy, but feels good overall.



You will describe each of your target audiences, likely in a separate brief. These can include primary and secondary audiences if appropriate. Often one of the target audience for BCI messages is a health provider, who will need different messages than the beneficiary. (See example 2, below).

EXAMPLE 2: SAMPLE TARGET AUDIENCE PROFILE (ZINC PROJECT)
Jatinder has been a pharmacist at the local hospital for three years. He takes pride in providing quality service and being knowledgeable. He had originally wanted to go to medical school, but studied pharmacy instead.

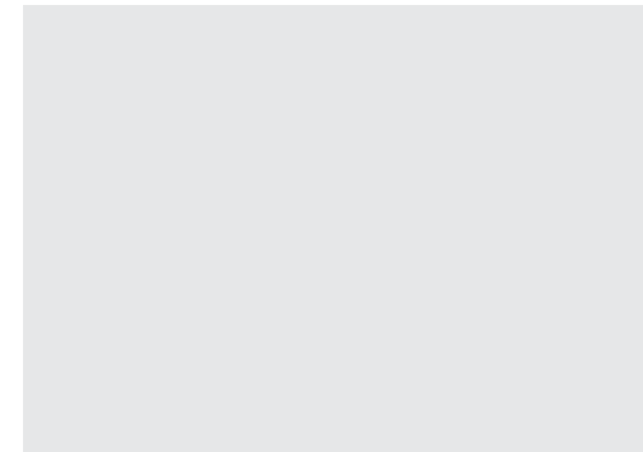
He has not heard about the use of zinc for treating diarrhoea but knows his patients would be interested in anything that can treat diarrhoea. Currently he feels torn when patients ask for antibiotics to treat diarrhoea because he knows it is not the recommended treatment.



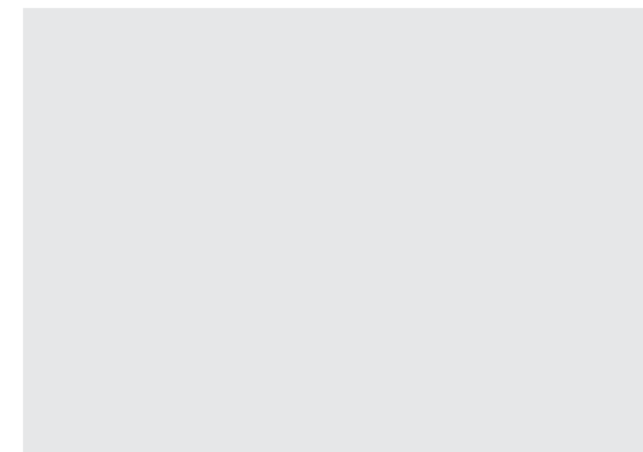
3. Behaviour Change Objectives & Communications Objectives:

- What are your specific behaviour change objectives for the target audience?

Try filling in the blanks: We want [who is the audience?] to [do what?] instead of [current behaviour] in order to [benefit how?].



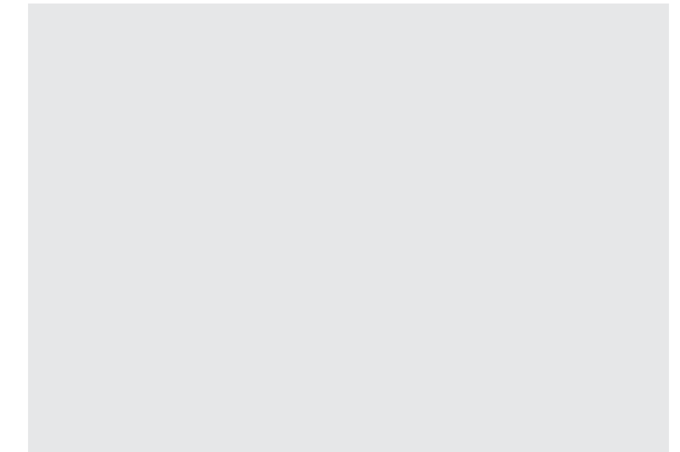
- How do you want the BCI strategy to influence the target audience to know, believe/think/feel, and do, and how will this differ from what they currently know, believe/think/feel and do?



Include relevant audience insights from your formative research: Product, Price, Place and Promotion

4. Barriers, Obstacles and Competing current behaviours

- What beliefs, cultural practices, pressure, misinformation, etc. stand between your audience and the desired behaviour? Note that current behaviour could include doing nothing.



Include relevant audience insights from your formative research: Product, Price, Place and Promotion

Note: a competing behaviour can be doing nothing, for example, not seeking treatment, or it can be seeking alternative treatments.

5. Key promise

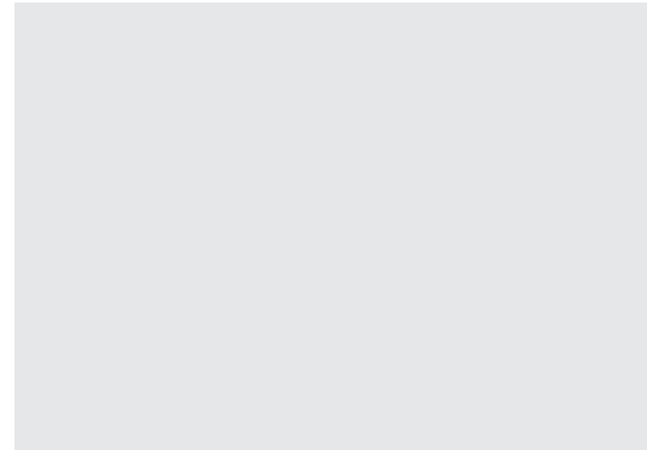
- Select one single benefit that will outweigh the obstacles and barriers (informed by your price strategy) in the mind of your target audience. The benefit must be true, accurate and of real benefit. It is not a product, or an action. It answers the question, “why should I do this?”
- Suggested format: If I [desired behaviour] then [immediate benefit].
- This action needs to be realistic and achievable within the project timeline.

EXAMPLE KEY PROMISE: ADOLESCENT WEEKLY IRON FOLIC ACID SUPPLEMENTATION PROJECT

“I will take my iron supplement once a week at school with water, knowing that this will help me to do well in my studies”

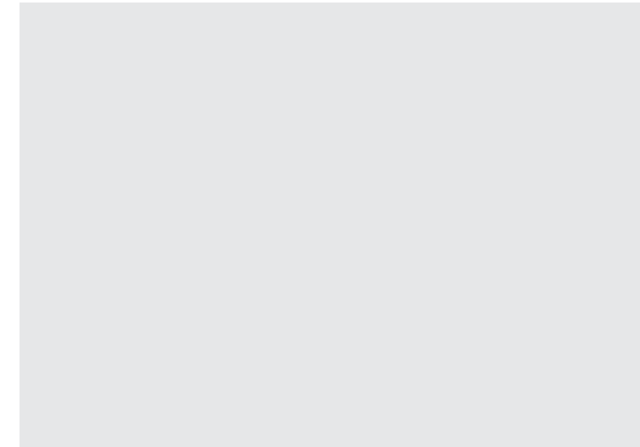
6. Tone & Style

This is your opportunity to guide the creative team with any insights on the particular style or feel you would like to see what a BCI strategy. This should be guided by your insights around positioning from your formative research. Consider your subject matter, target audience, and communication channels when you suggest the tone. Your communications materials should have a consistent and recognizable brand and feel that is consistent across materials



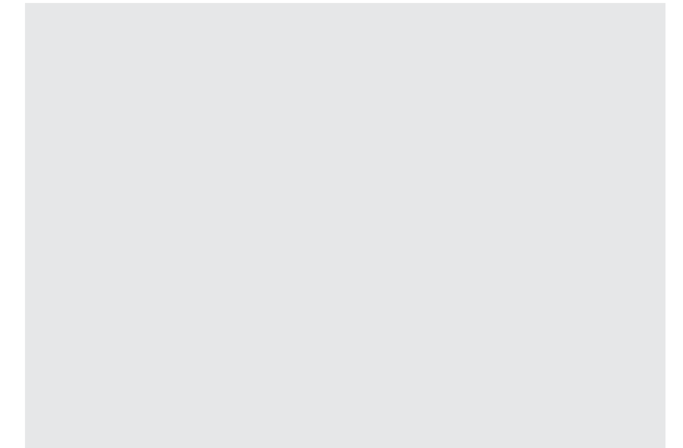
7. Support statements

- Your campaign needs to be credible and your target audiences need to believe you, if your BCI is to be effective.
- This is the evidence for the key promise (i.e. the reasons why the promise is true). Often this statement will begin with “because”.
- One can position an adolescent nutrition intervention as something that beautiful and successful girls would take (aspirational images), but it is important not to make false claims and suggest that the iron supplements will make girls beautiful.
- Support statements can take the form of facts, testimonials, opinion leader endorsements, comparisons or guarantees. What you use depends on what will appeal and be credible to the priority audience.



8. Communication Materials and Products & Communication Channels

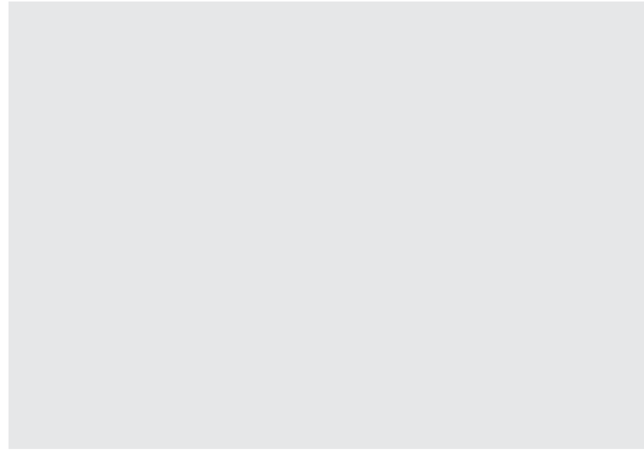
- What are the communication materials and products you want the creative team to develop?
- What channels will you employ for the communication? TV, radio, print ads, point of purchase materials, promotional giveaways, earned media (public relations), etc.?



This should be guided by the available budget and resources.

9. Timing and openings

- What opportunities (times and places) exist for reaching your audience? What are times to avoid?
- When is your audience most open to getting your message? For example, vaccination weeks, prenatal clinics, places of worship, market days, schools, shops, etc.



10. Creative Insights

- Any other critical information for the writers and designers?
  - Will the communication be in more than one language or dialect?
  - Should it be tailored to a low-literacy audience?
  - Should it coordinate or consider existing campaigns?

TOOL 4.1 Checklist for improving data quality in monitoring & evaluation tools that include the BCI (21)

- ☐ Research goals and BCI objectives are clearly developed
- ☐ Detailed plan for data collection and analysis
- ☐ Project staff, implementing partners who will use the tools were involved in the design
- ☐ Tools are simple and clear, and they collect only information that will be used
- ☐ Tools were pre-tested and subsequently revised
- ☐ Tools reflect the specific behaviour change objectives of the project and intervention strategies
- ☐ Team members who will use the tools understand the intention of the questions and will do participatory training on the tools
- ☐ Data quality checks have been made by supervisors throughout the process
- ☐ Changes made and documented as needed

TOOL 4.2 Develop your monitoring & evaluation plan

Use the following table to help you develop your monitoring and evaluation plan:

Indicator	Indicator	Data source	Are any new questions & data collection methods needed?	Timeline & frequency
MONITORING				
Plan activity				
EVALUATION				
Behaviour change objective				

APPENDICES & REFERENCES

APPENDIX 1
Social marketing

Social marketing is distinguished from other planning frameworks in the way that the following six key principles are systematically applied:

1. Consumer orientation/formative research
Interventions are designed based on formative research (market research) about what the target audience feels, believes and wants. Formative research allows the researcher to gain more personal knowledge of the audience and its context, and to listen to the audience in order to understand their point of view. It is necessary to be clear not only about what the audience does in relation to the behaviour we want to promote but also why they do it, and what motivates them. Social marketing is about ensuring your offering fits with the needs, emotions and lifestyles of the target audience by looking at the provision of products (behaviour and health services) from the viewpoint of the consumer.

2. Focus on behaviour change:
A social marketing intervention seeks to change behaviour and has specific measurable behavioural objectives that signal when this has been achieved. Changing awareness, attitudes and beliefs are all important steps on the path to behaviour change, but true success occurs when someone takes the action and changes their behaviour.

3. Segmentation and targeting:
Social marketing identifies key sub-groups in the population that act similarly, and tailors the strategy and message to those population sub-groups.

4. Exchange:
For someone to give up, modify or accept a behaviour, an alternative must be offered that is both appealing and of value to them. Using information gathered through formative research, exchange provides a way to understand the costs and benefits that a target audience associates with a desired behaviour change and provides a strategy to offer something beneficial in return. The offered benefit may be intangible (e.g. personal satisfaction) or tangible (e.g. rewards).

5. Addressing competition:
People can always choose to do something else (competition). Competing forces to the behaviour change should be analyzed during program development, and strategies must be developed to remove or minimize this competition by offering a more attractive behaviour.

6. Marketing mix (4 Ps):
There are four domains of influence to consider when planning intervention activities to reach a target audience. These are known as the "4 Ps of Marketing", and include product, price, place and promotion. Conventional marketing, also knowing as social advertising, focuses on material and messages (promotion). But social marketing is about offering behaviour and services (products) that meet real target audience needs, in attractive and accessible locations (place) and at minimal cost (price). Interventions that only use one of these (e.g. promotion) are considered social advertising, not social marketing.

APPENDIX 2
Socio-ecological model

The socio-ecological model (demonstrated in Figure 1, below) helps to understand the complex interplay among a range of factors that affect health and health-related behaviours.

Figure 1: Socio-ecological model (4)

The main principles of the model are the following:

1. Behaviour both affects and is affected by five levels of influence (2–4)
a. Intrapersonal or individual factors

b. Interpersonal factors

c. Institutional or organizational factors

d. Community factors

e. Policy/enabling environment factors (see Table 1, below)[1]

TABLE 1-1
Levels of the socio-ecological model (5, 7)

Level	Definition
Individual	Individual characteristics that influence behaviour such as knowledge, attitudes, beliefs, and personal traits.
Interpersonal	Interpersonal processes and primary groups, including family, friends, peers, coworkers, religious networks that provide social identity, support, and role definition.
Organizational	Organizations or social institutions with rules and regulations for operations, which may constrain or promote behaviour.
Community	Formal or informal social networks, structures, norms and standards that exist among individuals, groups, and organizations such as community associations, built environment and transportation.
Public policy	Local, state, and national policies and laws that regulate or support actions and practices that may promote or constrain the behaviour.

2. Individual behaviours both shape and are shaped by the social environment (reciprocal causation)
Reciprocal causation suggests that people both influence and are influenced by those around them (5). The social environment includes other individuals, groups of people, organizations, communities, and policies or practices that enable the environment.

Thus, the socio-ecological model proposes that the most effective behaviour change interventions are those that address multiple levels of influence to create an environment conducive to change. It also suggests that the support of individuals is needed for implementing these environmental changes (9).

APPENDIX 3
Theories and models of behaviour change

Table 1 provides a summary of behaviour change theories and the key ideas (constructs) that support them. Examples that apply the theories of behaviour change are provided after the table.

TABLE 1
Behaviour change theories, their summaries and key constructs at different socio-environmental levels

Theory/model	Summary	Key constructs
INDIVIDUAL LEVEL		
Health belief model	For behaviour change to occur, people must feel threatened by their current behavioural patterns (perceived susceptibility and severity) and believe that this change will result in a valued outcome at an acceptable cost (perceived benefit). They also must feel themselves competent (self-efficacy) to overcome perceived barriers to take action.	• Perceived susceptibility • Perceived severity • Perceived benefits of action • Perceived barriers to action • Cues to action • Self-efficacy
Transtheoretical model (Stages of change)	In practicing healthy behaviours or eliminating unhealthy ones, people progress through five levels related to their readiness to change: • Pre-contemplation: No recognition of need for, or interest in, change • Contemplation: Thinking about changing • Preparation: Planning for change • Action: Adopting new habits • Maintenance: Ongoing practice of new, healthier behaviour At each stage, people have specific needs that can be addressed through targeted interventions for helping them progress to the next stage.	• Pre-contemplation • Contemplation • Preparation • Action • Maintenance

TABLE 1
Behaviour change theories, their summaries and key constructs at different socio-environmental levels

Theory/model	Summary	Key constructs
INTERPERSONAL LEVEL		
Social learning/social cognitive theory	Behaviour change is the result of reciprocal relationships among the environment, personal factors and attributes of the behaviour. A basic premise of the theory is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions. Self-efficacy, or a person's confidence in their ability to take action and to persist in that action despite obstacles or challenges, is especially important for influencing health behaviour change efforts.	• Self-efficacy • Reciprocal determinism • Behavioural capability • Outcome expectations • Observational learning
Theory of reasoned action	The best predictor of behaviour is behavioural intention, which is determined by attitude toward the behaviour and beliefs regarding other people's support of the behaviour (subjective norms). Attitude is determined by the individual's beliefs about outcomes or attributes of performing the behaviour (outcome expectations), weighted by evaluations of those outcomes or attributes (value of outcome expectations). Similarly, subjective norm is determined by the person's normative beliefs, that is, whether important referent individuals approve or disapprove of performing the behaviour, weighted by his or her motivation to comply with those referents.	• Intention • Attitude toward the behaviour (outcome expectations and value of outcome expectations) • Subjective norms (normative beliefs and desire to comply with others)
Theory of planned behaviour	It is an extension of the Theory of Reasoned Action, which includes an additional predictor of intention: a person's perception of the ease or difficulty of performing the behaviour (perceived behavioural performance).	• Attitude toward the behaviour (outcome expectations and value of outcome expectations) • Subjective norms (normative beliefs and desire to comply with others) • Perceived behavioural control

TABLE 1
Behaviour change theories, their summaries and key constructs at different socio-environmental levels

Theory/model	Summary	Key constructs
Social support	Social support is always intended (by the provider of the support) to be helpful and can be used to promote behaviour. There are four types of support: • Instrumental support: Tangible aid and services that directly assist a person in need • Informational support: Provision of advice, suggestions and information that an individual can use to address problems • Emotional support: Provision of empathy, love, trust, and caring • Appraisal support: Provision of constructive feedback and affirmation	• Instrumental support • Informational support • Emotional support • Appraisal support
COMMUNITY LEVEL		
Community organization models	Models that provide an orientation to the ways in which people that identify as members of a shared group engage together in the process for community change. Empowerment is a critical component of these models through which individuals take control over their lives and environments.	• Empowerment • Critical consciousness • Community capacity • Issue selection • Participation and relevance
Organizational change theories	Organizational theories are used to provide insight into how to facilitate the adoption of a particular intervention within an organization or to help explain how an organization may actually discourage positive health behaviours. There are also theories that address change across organizations.	Vary according to theory. Examples of theories are: • Stage Theory • Organizational Development Theory • Inter-Organizational Relations Theory

TABLE 1
Behaviour change theories, their summaries and key constructs at different socio-environmental levels

Theory/model	Summary	Key constructs
Diffusion of innovations theory	Theory that can be used to understand why people adopt new ideas, products, or behaviours at different rates. This understanding can be used to make interventions more appealing, or target people that are more likely to adopt a behaviour. The rate of adoption is determined by three main factors: 1. Characteristics of the innovation 2. Characteristics of individuals 3. Features of the setting or context	Characteristic of the innovation: • Relative advantage • Compatibility • Complexity, • Trial-ability • Observability 5 types of individuals: • Innovators • Early adopters • Early majority adopters • Late majority adopters • Laggards Setting: • Geographical settings • Societal culture • Political conditions • Globalization and uniformity

Sources: Glanz & Bishop (2010), WHO Regional Office for the Eastern Mediterranean (2012), US Department of Health and Human Services (2002)

EXAMPLE 1: APPLYING THEORIES OF BEHAVIOUR CHANGE TO A ZINC + ORS INTERVENTION FOR THE TREATMENT OF DIARRHOEA

The *socio-ecological model of behaviour change* (Appendix 2) tells us that behaviour is affected by five interacting levels of influence. These levels of behaviour change include: intrapersonal (or individual), interpersonal, institutional (or organizational), community, and policy/enabling environment. Taking these levels of influence into consideration, the intervention must identify the specific barriers and enablers of behaviour change at each level. Then, it must use targeted strategies at multiple levels to overcome the barriers and facilitate the enablers.

In the case of an intervention to increase the use of zinc + ORS for the treatment of diarrhoea, using the socio-ecological model to identify key target audiences, the considerations of the different levels of influence could include:

Individual
A mother whose child has diarrhoea may not believe it is a great concern and may prefer to try home remedies first. If she does get zinc, she may stop giving it when the symptoms go away because she may not understand why continued use is important to prevent future episodes. Individual health workers may also need to change their behaviour related to the treatment and advice they provide to caregivers when their children have diarrhoea.

Interpersonal (between individual and family, friends and other community members)
When a mother wants to take her child to a health centre to try zinc + ORS, she may get conflicting advice from neighbours and family. In the case that financial resources are needed for transportation or to purchase zinc + ORS, her husband's opinion may be very important in many contexts.

Community
zinc + ORS may not be sold at private shops close to a mother's home, and she may have to travel to a health facility. Although zinc + ORS are provided at subsidized costs at the health facility, the mother has had to spend money and time away from her sick child to travel there.

Organizational (between the individual and the organization)
Some caregivers may resist going to the health facility due to the distance, while others may feel blame or a lack of respect from the health worker when their child has diarrhoea.

Policy level/health system
Challenges and bottlenecks may be related to how zinc is classified at a country level – either as a drug or supplement. This may have implications for whether it can be co-packaged with ORS. Policies can also influence whether community health workers or private shops can sell zinc.

With the above considerations in mind, how can we motivate mothers and their partners (and/or caregivers), as well as health facility workers to take action in order to change their behaviour? We can consider using another theory to help us do this. For example, *the transtheoretical (or stages of change) model* tells us that behaviour change is a process, not a single event.

Figure 1: The transtheoretical model (Adapted from Prochaska and DiClemente, 1983)

EXAMPLE 1: APPLYING THEORIES OF BEHAVIOUR CHANGE TO A ZINC+ORS INTERVENTION FOR THE TREATMENT OF DIARRHOEA

According to the transtheoretical model illustrated above, behaviour change occurs in stages that are not mutually exclusive, nor do they occur in a linear process. The stages of behaviour change include: pre-contemplation, contemplation, preparation, action, and maintenance, with relapse and progress events occurring at any stage. Thus, the intervention must plan for the different stages of behaviour change that the target audiences will be in and that they will experience throughout the duration of the BCI. Considerations for the stages of behaviour change that target audiences may be in could include:

Pre-contemplation:
A mother with a sick child who has never heard of zinc and is not fully aware that diarrhoea is life-threatening. This is the case in many communities where zinc is a new product available for diarrhoea treatment.

Contemplation:
A caregiver has heard of zinc+ORS for treating diarrhoea through a radio advertisement, has seen a poster at the health facility or has noticed it for sale at a local shop.

Preparation:
A mother or caregiver knows about zinc+ORS for diarrhoea treatment and plans to get it for her children the next time they become sick.

Action:
A mother or caregiver who has used zinc+ORS the last time her child had diarrhoea.

Maintenance:
A mother or caregiver who uses zinc+ORS and gives the full dose as recommended every time one of her children under the age of 5 years has diarrhoea.

According to the considerations outlined above, different behaviour change strategies will be effective for individuals depending upon where they are in the change process. When we consider the example of zinc+ORS and what type of interventions would be appropriate for targeting individuals at different stages of behaviour change, the stages of behaviour change will guide the intervention strategies:

Pre-contemplative stage:
We want to generate interest and create awareness of the health problem and the behaviour we are promoting. We could promote the risks of diarrhoea and child mortality, or the benefits of zinc+ORS for the well-being of the child. Another strategy could also include raising awareness in health facility workers about zinc+ORS.

Contemplative stage:
This stage involves an individual who has heard of zinc+ORS but has not taken the initiative to obtain it. Thus, it would be important to reach this individual earlier in a child's illness to maximize the benefit of zinc+ORS. Support and information from peers, mothers-in-law, and outreach by health workers would be an effective strategy.

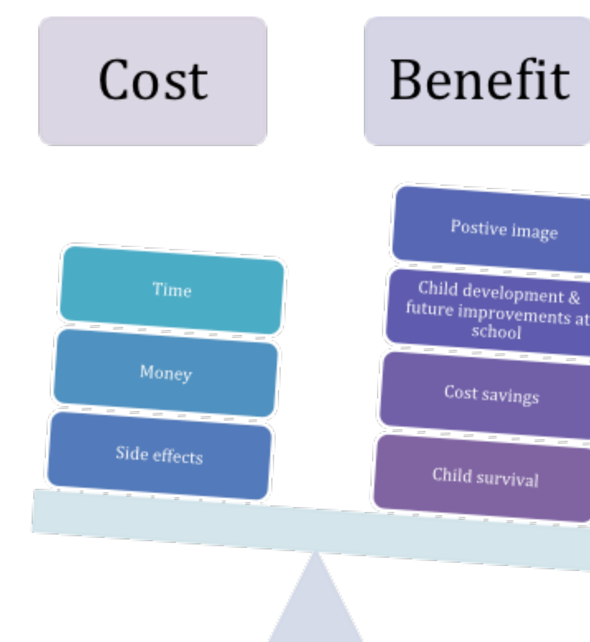
Preparation stage:
We could remind mothers and caregivers where to go to get zinc+ORS and advise that they have some available in their homes in case a child becomes sick with diarrhoea. It would also be important to improve counselling skills of health facility workers. In addition, interventions to reduce the barriers to access would be important, such as delivery of zinc+ORS by community and volunteer health workers.

EXAMPLE 1: APPLYING THEORIES OF BEHAVIOUR CHANGE TO A ZINC+ORS INTERVENTION FOR THE TREATMENT OF DIARRHOEA

Action stage:
One strategy could be to provide counselling and support for strategies to manage the side effects of taking zinc+ORS. We could also try to influence other family members to provide social support for providing sick children with zinc+ORS with radio or TV advertisements to remind them of the benefits. This could also involve home visits from community and volunteer health workers to provide support. In areas where zinc+ORS are not easy to access, a health worker could show individuals how to dissolve a dispersible zinc tablet and how to mix the ORS.

Maintenance stage:
Mothers and caregivers who have successfully given zinc+ORS to their sick children can share testimonials on the radio or in the community. Health workers can praise mothers and caregivers for providing zinc+ORS, show the health benefits of this behaviour versus home remedies, and encourage others to use it.

Once we know what we want individuals to do differently, it is also important to propose how we think the change process can be achieved. The exchange theory can help us do this by anticipating the willingness of individuals to perform the new behaviour based on how they might perceive the "cost" of the new behaviour in comparison with the potential "gain". This cost may be in terms of money, other resources, time, discomfort or side effects, or stigma, among many others. Meanwhile, the benefits may be related to the direct health and development of children, or to maintaining an image of being a good mother or caregiver.



From an intervention perspective, we can look at how to minimize the costs or perceived costs for individuals and maximize how they perceive the potential benefits.

References

1. Centers for Disease Control and Prevention. CDCynergy Lite: Social Marketing Made Simple. Available from: https://www.cdc.gov/healthcommunication/pdf/cdcynergylite.pdf [Accessed February 8, 2017].

2. Centers for Disease Control and Prevention. CDCynergy Social Marketing Edition. Available from: http://www.orau.gov/cdcynergy/soc2web/ [Accessed January 20, 2015].

3. Centers for Disease Control and Prevention. Social Marketing for Nutrition and Physical Activity Web Course. Available from: http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/index.htm.

4. Glanz, K. Social and Behavioral Theories. Available from: http://www.esourceresearch.org/Default.aspx?TabId=736 [Accessed August 5, 2016].

5. McCormack Brown, Kelli, Moya L. Alfonso, and Carol A. Bryant. Obesity Prevention Coordinators' Social Marketing Guidebook. Tampa, FL: Florida Prevention Research Center at the University of South Florida; 2004. Available from: http://health.usf.edu/NR/rdonlyres/1F6E6B64-967D-45D1-8BC1-357EC9B3BC30/24125/ObesityPreventionCoordinatorsSocialMarketingG.pdf [Accessed February 8, 2017].

6. National Cancer Institute. 2005. Theory at a Glance: A Guide for Health Promotion and Practice, 2nd Edition. US Department of Health and Human Services. Available from: https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf [Accessed February 8, 2017].

7. Population Services International. The DELTA Companion: Marketing Planning Made Easy. Washington, DC; 2011. Available from: http://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/DELTA-Companion-Social-Marketing.pdf [Accessed February 8, 2017].

8. Hastings, Gerard. Social Marketing: Why Should the Devil Have All The Best Tunes? 1st Edition. Oxford, UK: Elsevier; 2007.

9. Lee, Nancy R., and Philip Kotler. Social Marketing: Changing Behaviors for Good (5th edition). California: Sage Publications; 2015.

10. Health COMpass. How to Conduct Qualitative Formative Research. Available from: http://www.thehealthcompass.org/how-to-guides/how-conduct-qualitative-formative-research [Accessed February 8, 2017].

11. McGinnis, J. Michael. Communication for Better Health (Editorial) Public Health Reports (1990) 105 (3): 217-218.

12. The National Social Marketing Centre. Planning Guide: Toolkit. Available from: http://www.socialmarketing-toolbox.com/ [Accessed February 1, 2015].

13. Kotler, Phillip, and Nancy Lee. Marketing in the Public Sector: A Roadmap for Improved Public Services. Upper Saddle River, NJ: Prentice Hall; 2007.

14. McKenzie-Mohr, Doug, and William Smith. An Introduction to Community-Based Social Marketing, 1st Edition. Gabriola Island, BC: New Society Publishers; 1999.

15. Salter Mitchell. Marketing Plan. Available from: http://funeasypopular.com/wp-content/uploads/2015/01/SM-StrategyWorksheets-2011_v1c.pdf [Accessed February 8, 2017].

16. Hastings, Gerard, and Christine Domegan. Social Marketing: From Tunes to Symphonies, 2nd Edition. New York, NY: Routledge; 2013.

17. National Institutes of Health and National Cancer Institute. Making Health Communication Programs Work. US Department of Health and Human Services. Available from: https://www.cancer.gov/publications/health-communication/pink-book.pdf [Accessed February 8, 2017].

18. Kotler, Phillip, and Gary Armstrong. Principles of Marketing, 15th Edition. Upper Saddle River, NJ: Prentice Hall; 2012.

19. French, Jeff. Procurement Guide for Social Marketing Services. London, UK: National Social Marketing Centre. Available from: http://www.socialmarketing-toolbox.com/sites/default/files/124_NSMC_Proc_Guide_PlusRef_0.pdf [Accessed February 8, 2017].

20. Centers for Disease Control and Prevention. Social Marketing for Nutrition and Physical Activity Web Course: Phase 3: Strategy Development. Available from: www.cdc.gov/nccdphp/dnpa/socialmarketing/training.

21. Communication for Change Project. C-Modules: A Learning Package for Social and Behavior Change Communication. Available from: https://www.fhi360.org/resource/c-modules-learning-package-social-and-behavior-change-communication [Accessed February 8, 2017].

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ISBN 978-1-894217-34-7