

## ***Designing for Behavior Change (DBC) Usage Survey:***

### ***Summary and Analysis***

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A working group from the Social and Behavioral Change Task Force surveyed participants who had completed the TOPS funded Multisectoral Designing for Behavior Change (DBC) Training in the past two years. The six-day workshop is designed to give field staff and managers and Social and Behavioral Change specialists the skills and tools to apply a behavioral approach to designing community development programs. The goals of the training are to:

- a. Build the capacity of PVO staff to plan, implement, monitor and evaluate effective behavior change strategies;
- b. Provide an introduction to the tools necessary for identifying Bridges to Activities that influence behavior change to ensure that behavior change activities are selected based on their potential ability to address these Bridges to Activities and to effect long-term, sustainable behavior change within the shortest time period possible;
- c. Increase levels of comfort with planning behavior change strategies; and
- d. Demonstrate the use of learner centered adult education methodologies to model how participants can replicate appropriate sections of the training for their fellow colleagues and partners.

The FSN Network Social and Behavioral Change Task Force was interested to see how people trained in DBC were using what they learned, how they were sharing or replicating the training, and what challenges they were facing in implementing what they had learned. The survey was announced by Bonnie Kittle and the response rate was 24%. Seventy-eight participants from 32 organizations responded to the survey. Analysis of the results from the survey yielded encouraging results relating to the overall effectiveness of the training material and participants' ability to replicate the training itself.

**Utilization of the Framework.** A majority of respondents (64%) indicated that they have been sharing what they learned about DBC/BA with co-workers and colleagues through training sessions of varying lengths (less than a day, 1-2 days, 3-4 days, or an entire weeklong training). An even greater percentage (70%) reported that they have used the DBC framework to inform their behavior change program strategy. Some respondents indicated having used the framework in multiple countries already, but most stated their intention to use it in programs that are currently being developed.

**Challenges with Utilizing the Framework.** People who reported having used the DBC framework noted challenges with Barrier Analysis (BA), bridges to activities, and the overall timeframe. Further development of Barrier Analysis and bridges to activities guidelines could be beneficial for field practitioners, especially those lacking experience in BA techniques. A shorter, 1 or 2 day version of the DBC training could be helpful for participants wanting to lead refresher trainings or introductory trainings in their organization. A variety of issues were given regarding use of BA/DND studies, but *lack of time* to complete such a survey was the most common. An overwhelming majority (79%) stated a desire to attend further training on planning, implementing, and using data from BA/DND surveys. From what we have seen at workshops, probable reasons that only half of participants have used the BA/DND methodology include lack of time, or lack of confidence in their abilities in planning, implementation, and analysis. Few people have voiced distrust in the methodology. Respondents who had used such studies already extolled the benefits of having a more complete understanding of a target population and being able to design more specific behavior change strategies. Additional training may also be needed for developing creative activities to address the community level determinants found from such surveys.

**Lessons Learned from Training.** Respondents stated use of BA/DND surveys for health topics including reproductive health, planting density, exclusive breastfeeding, WASH, nutrition, and immunizations, showing the broad applicability of this practice amongst health behavior practitioners. One salient comment regarding lessons learned from the training noted that, “(the training) assisted with a shift in thinking from merely education (the same old) to looking at why people are still not practicing certain behaviors. It can be applied to most of our work and we intend to scale it up in the future.”

**Confidence of the Participants.** After attending the DBC training, all respondents reported feeling at least somewhat confident in planning and completing a Barrier Analysis or Doer-NonDoer survey, with a majority indicating that they felt very confident. However, only 56% indicated having completed such a survey to inform their current behavior change strategy.

**Interest in the Behavior Bank.** A minority reported having previously contributed to – or having a future willingness to – add BA/DND studies to the Behavior Bank<sup>1</sup>. No reason was requested in conjunction with this response, but the prior and future willingness to participate in the bank was relatively low. (One reason for this is that the website has not been formally announced, and practitioners are not fully aware of it yet.) It may be helpful to address this during the training – creating an expectation that participants will share their experiences for the sake of advancing the field.

**Supporting Participants in Developing Activities.** Participants also mentioned the need for more help with developing creative activities related to the determinants. As more

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<sup>1</sup> See [www.fsnnetwork.org/behavior-bank](http://www.fsnnetwork.org/behavior-bank)

and more organizations use DBC/BA, the SBCTF could consider assembling a document or slide set that gives multiple examples of activities that were designed to target a given determinant (e.g., perceived severity).

Overall, the DBC training seems to have been a positive learning experience for participants. One participant noted that, “(the training) helped to implement programs that are more targeted to the field level realities faced by farmers rather than what "specialists" think the farmers face.” Participants indicated an interest in additional training in BA. Some participants who don’t feel they have the time or the skills to lead trainings in their organization could be encouraged to use the skills (e.g., conducting BA, filling out the DBC framework) while hiring consultants to train additional staff who have not yet had the full DBC training. The steady demand for consultants to train staff in DBC/BA is a good indication that many are already taking this approach.

In closing, here are some other benefits of the training in the participants’ own words:

*This helped us to better support others that do not well understand the behavior change dynamic.*

*Concrete tool to conduct formative research for BCC; concept easy for teams to grasp; builds capacity of field staff in BCC*

*It helps me improved my skills in designing messages and conducting trainings both at district and community levels.*

*Participating in the Barrier Analysis helped me to understand ways to re-organize our program strategy to address profound barriers to behavior change among our target population. It changed the way I think about our activities and helped me to understand the importance of using "semi-qualitative" data taken directly from beneficiaries to improve our strategy.*

*Assisted with a shift in thinking from merely education (the same old) to looking at why people are still not practicing certain behaviors. It can be applied to most of our work and we intend to scale it up in the future.*

*I understand SBC programs so much better now. It taught me how to think things through.*