



	#	%	#	%
7 Personal Access				
Very Difficult	43		10	
Somewhat Difficult	7		8	
Not Difficult at All	3		2	
8 Get to Water/Barrel				
Very Difficult	2		0	
Somewhat Difficult	4		4	
Not Difficult at All	7		16	
9 Stairways/Elev				
Very Easy				
Somewhat Easy	0		1	
Not Easy at All	6		14	
10 Security				
Very Serious Problem				
Somewhat Serious Problem	12		5	
Not Serious at All	7		20	



A Practical Guide to Conducting a Barrier Analysis



Abstract:

The Practical Guide to Conducting a Barrier Analysis is a training curriculum that builds skills to plan and carry out a Barrier Analysis survey. The very practical, hands-on learning exercises help learners to answer the most common and frequently perplexing questions that arise during implementation. The use of the survey as a behavior change tool is made clear by first introducing the Designing for Behavior Change framework and the determinants of behavior change. The manual uses a step-by-step approach starting with the definition of the behavior to be studied and development of the Barrier Analysis questionnaire. As part of the training course, a Barrier Analysis survey is conducted. The guide covers topics including sampling, interviewing techniques, coding, tabulation and data use. After completing the course using The Practical Guide to Conducting a Barrier Analysis, trainees will be able to effectively plan and implement a Barrier Analysis survey and use the results to inform their behavior change strategy.

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Finally, I appreciate the opportunity that Helen Keller International/Democratic Republic of Congo afforded me to develop this practical guide because it will not only support their work, but will be used by scores of other organizations to improve social and behavior change (SBC) programming around the world.

Bonnie Kittle
April 2013

Abbreviations and Acronyms

AIDS	acquired immune deficiency syndrome
ANR	agriculture and natural resources
ARI	acute respiratory infection
CBO	community-based organization
CGV	Care Group Volunteer
DBC	Designing for Behavior Change
EBF	exclusive breastfeeding
HIV	human immunodeficiency virus
IPM	integrated pest management
IPTT	Indicator Performance Tracking Table
ITN	insecticide-treated bednet
KPC	knowledge, practice, and coverage (survey)
LNRA	Learning Needs and Resources Assessment
MCHN	maternal and child health and nutrition
NGO	nongovernmental organization
NRM	natural resource management
PD	Positive Deviance
QIVC	quality improvement verification checklist
SBC	social and behavior change
WASH	water, sanitation, and hygiene

What's the Difference?

Some have asked what the difference is between the Designing for Behavior Change (DBC) training curriculum and the training outlined in this practical guide. They seek to determine which they should attend or which would be best for their staff.

The DBC training is a five and a half-day course that introduces participants to the DBC Framework. Participants spend equal amounts of time learning about each of the five elements of the DBC Framework, including an introduction to the formative research for Doer/Non-Doer and Barrier Analysis Studies. As part of this training course, participants may conduct a real survey or, if time or conditions do not permit, a mock survey. The DBC training course is best suited for individuals or organizations that have no prior experience with the DBC Framework and are not sure if they will adopt it as their tool of preference in designing behavior change strategies.

A Practical Guide to Conducting a Barrier Analysis training is best suited for individuals who have already been introduced to the DBC Framework and/or are already convinced that conducting formative research to inform their behavior change strategy is worthwhile. This practical guide includes a brief introduction to the DBC Framework to provide the context for the formative research, but goes into much more detail regarding the planning, implementation of the study and the use of data related to the research. During the training, participants develop survey questionnaires for different behaviors, practice interview techniques and conduct a survey. They spend time learning to code, tabulate, and analyze the data. After having participated in this course, participants are expected to be fully capable of planning and implementing a Doer/Non-Doer Study or Barrier Analysis and of using the results to develop a more effective behavior change strategy.

Both courses use the Dialogue Education (Learner-Centered Adult Education–Vella) methodology, and both courses can be used to develop behavior change strategies for almost any behavior. In addition, a lesson plan on interviewing that can be used as a stand-alone to train interviewers is included.

To solidify the skills necessary to design the most effective behavior change strategies, organizations are encouraged to send their staff to both courses; first the DBC training, then the Barrier Analysis training.

The Eight Steps of Planning

1. Why?

In the past couple of years (2010–2012), nongovernmental organizations (NGOs) have substantially increased their use of formative research to inform behavior change strategy design. This trend is in part due to the increased number of people trained to use the Designing for Behavior Change (DBC) Framework, which requires that some form of qualitative research be conducted to write Bridges to Activities and to select or design the most appropriate activities. The DBC training promotes using a Doer/Non-Doer Study or Barrier Analysis Survey and includes several activities to help participants become familiar with these research methods. Because the research part of the training is only one aspect, participants find it difficult to master these research techniques while being introduced to the other parts of the DBC Framework. Not surprisingly, a survey conducted by the SBC Task Force among people trained in DBC found that 79 percent of respondents wanted additional training in “planning, implementing, and using data from [Barrier Analysis/Doer/Non-Doer] surveys”.

DBC training participants are encouraged to reference the *Barrier Analysis Facilitator’s Guide* developed in 2004 by Tom Davis of Food for the Hungry. This guide is very useful and is referenced regularly in this curriculum; but, some people who have tried to use it to train their staff to conduct Barrier Analyses have identified the need for a more comprehensive and practical training guide. Apart from these two documents, there are no resources that trainers and program implementers can use to learn how to plan and implement a Doer/Non-Doer Study or Barrier Analysis, train interviewers, tabulate the results, and interpret the findings. As a result, some organizations are encountering difficulties and their study results are less reliable.

2. Who?

This training curriculum is designed for use by NGO staff that plan to design, organize, and implement a Doer/Non-Doer Study or Barrier Analysis and to use those results to design a behavior change strategy. The training is designed for a maximum of 25 participants that are fluent in English¹ and have some education beyond high school. A fairly high level of formal education is required to understand the concepts in this training course.

¹ Though the training curriculum is currently only available in English, it is anticipated that it will be translated into other languages, such as French, Portuguese, or Spanish.

Lesson 10 Learning to Interview the Doer/Non-Doer Way and completing the questionnaire could be taught as a separate course, in which case a lower education level among participants would be sufficient.

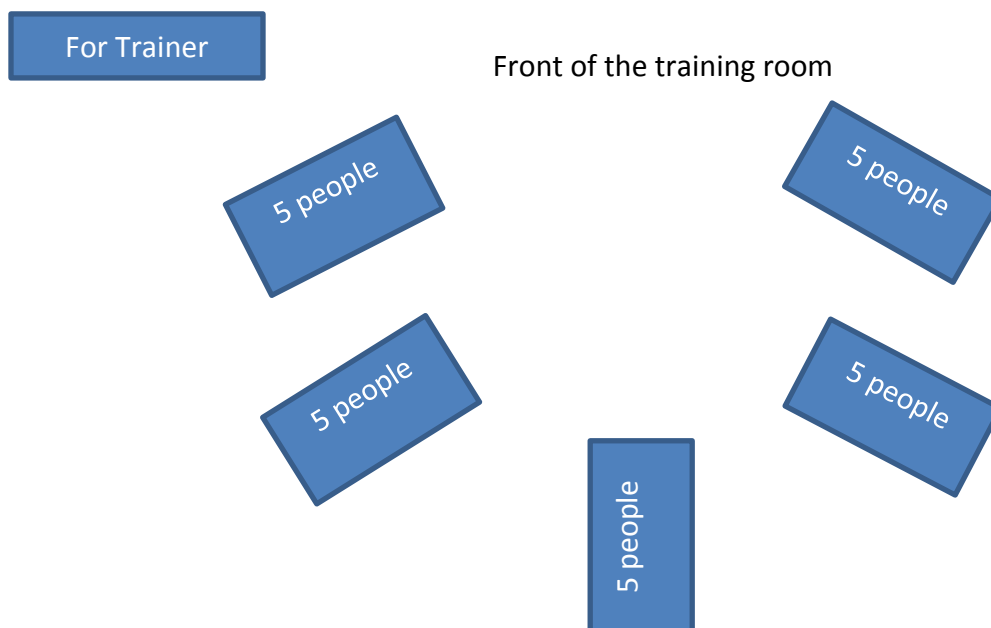
Annex 2 includes an example Learning Needs and Resources Assessment (LNRA) questionnaire that should be used to gain additional information about the participants. This information should be used to tailor the training to the specific needs and learning levels of the participants.

The training should be facilitated by a trainer experienced in the learner-centered adult education (Dialogue Education) method and who has experience in planning, organizing, and implementing a Doer/Non-Doer Study or Barrier Analysis. The context will be more meaningful if the trainer also has participated in the DBC training course. The trainer should speak the same language as the trainees.

3. Where?

The course should be held in a space with plenty of natural light, plenty of wall space for posting flip-chart paper, and enough room for four or five tables placed in fish-bone fashion around the room with five people per table. At the front of the room there should be space for visual aids to be taped to the wall. This preferred room arrangement is shown on the next page. There should be a place for participants to have breaks, snacks, and meals near the training room. Because the training includes conducting a survey, it would be most convenient if the training could be held within a reasonable driving distance to a project community. If this is not possible, a mock survey can also be organized.

Preferred Room Arrangement



4. When?

The course takes place over a four and a half-day period with approximately 6 hours of class per day. On Day Three there is only a half-day of training, but time will be needed to translate and photocopy the questionnaire and to tend to other logistics related to the survey planned for Day Four. The survey is conducted on the morning of Day Four. If a project community is nearby, a real survey (90 interviews) can be conducted and will likely take 4–5 hours, including travel time. A mock survey, conducted if no project community is nearby, usually takes less time (1–2 hours). Each day there are mid-morning and mid-afternoon breaks of about 15 minutes each and a lunch break of about 60 minutes.

5. What?

This curriculum covers the following topics:

- The DBC Framework
- Determinants of behavior change
- A Doer/Non-Doer and Barrier Analysis Survey
- The behavior statement
- A Doer versus a Non-Doer
- The survey questionnaire
- Interviewing
- The field work
- Tabulating the results
- Using the data

6. What for?

Achievement-based objectives: By the end of this course, participants will have:

- Reviewed the DBC Framework
- Examined a list of determinants of behavior change
- Matched research with determinants
- Identified determinants in the context of a story
- Researched aspects of a Doer/Non-Doer Study and Barrier Analysis
- Practiced writing behavior statements
- Practiced defining a Doer
- Critiqued definitions of Doers
- Developed a Barrier Analysis questionnaire

- Listed the characteristics of an effective interviewer
- Critiqued a Barrier Analysis interview
- Practiced interviewing
- Provided and received feedback on interview techniques
- Provided and received feedback on note-taking
- Listed the organizational decisions that have to be made to conduct the Doer/Non-Doer Study or Barrier Analysis
- Practiced tabulating the results from a Barrier Analysis
- Identified ways to use the formative research results to make critical decisions

7. How?

The lesson plans contained in this curriculum will guide participants to plan and implement a Barrier Analysis or Doer/Non-Doer Study.

8. With what resources?

#	Lesson Name	Learning Resources Needed
1	Opening Lesson	<ul style="list-style-type: none"> – Training Pre/Post-Test (Answer Key in Annex 1) – Lesson 1 Flip Chart 1: “Getting to Know You” Questions – Index cards – Flip chart paper for hand-written flip charts titled Our Expectations, Norms and Procedures, and Parking Lot – Lesson 1 Handout 1: Training Objectives – Lesson 1 Handout 2: Training Schedule
2	Overview of the Designing for Behavior Change Framework	<ul style="list-style-type: none"> – Flip Chart of the Designing for Behavior Change Framework – Lesson 2 Handout 1: Blank Designing for Behavior Change Framework – Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms – Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks – Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process – Lesson 2 Handout 5: The Five Principles
3	The “Exercise” Exercise	<ul style="list-style-type: none"> – Lesson 3 Flip Charts 1–10: The “Exercise” Exercise – Masking tape
4	Identifying Determinants that Influence Behavior	<ul style="list-style-type: none"> – Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms – Lesson 4 Handout 1: Important Determinants that Influence Behavior – Lesson 4 Handout 2: Match the Determinant to the Question
5	The Doer/Non-Doer Study and Barrier Analysis	<ul style="list-style-type: none"> – Seven steps of Barrier Analysis on individual color construction paper for display – Lesson 5 Handout 1: Seven Steps of Barrier Analysis – Lesson 5 Handout 2: Five Tenets of Barrier Analysis – Fifteen (15) Post-its for each small group (one Post-it for each question) – Lesson 5 Handout 3: Learning About Doer/Non-Doer Studies and Barrier Analysis Surveys – Lesson 5 Handout 4: Barrier Analysis Game Questions and Correct Responses
6	Introduction to the Questionnaire	<ul style="list-style-type: none"> – Lesson 6 Handout 1: Generic Barrier Analysis Questionnaire – Lesson 6 Handout 2: Doer/Non-Doer Study and Barrier Analysis Questionnaire Content

#	Lesson Name	Learning Resources Needed
7	Step 1: Defining the Behavior for the Formative Research	<ul style="list-style-type: none"> – Seven steps of Barrier Analysis on individual color construction paper for display (from Lesson 5) – Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms – Lesson 7 Handout 1: Guidance for Writing a Behavior Statement – Lesson 7 Handout 2: Who’s Who in Behavior Change – Optional: Example indicators from participants’ Indicator Performance Tracking Tables (IPTTs), project Log-frames, design framework, other monitoring and evaluation table
8	Step 2: Writing the Behavior Screening Questions	<ul style="list-style-type: none"> – Lesson 8 Flip Chart 1: Behavior Screening Questions – Lesson 8 Handout 1: Behavior Relaxing Worksheet – Lesson 8 Handout 2: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables – Lesson 8 Handout 3: Behavior Screening Question Characteristics – Lesson 8 Handout 4: Writing Behavior Screening Questions
9	Step 3: Writing the Research Questions	<ul style="list-style-type: none"> – Lesson 9 Handout 1: Sample Questions for Doer/Non-Doer and Barrier Analysis Questionnaires per Determinant – Lesson 9 Handout 2: Find the questionnaire errors! (answers are found in Annex 1: Answer Keys)
10	Learning to Interview the Doer/Non-Doer Way	<ul style="list-style-type: none"> – Lesson 10 Handout 1: Doer/Non-Doer Interviewing “Dos” and “Don’ts” – Lesson 10 Flip Chart 1: Relating Responses to Determinants – Lesson 10 Handout 2: The Differences between “Disadvantages” and “Difficult” – Lesson 10 Handout 3: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews – Lesson 10 Handout 4: Role Play Script: How to Conduct a Doer/Non-Doer Interview – Lesson 10 Handout 5: Completed Barrier Analysis Questionnaire for Evaluation – Lesson 10 Handout 6: Practice Classifying Doers and Non-Doers – Barrier Analysis questionnaire
11	Step 4: Organizing the Field Work (Including Sampling)	<ul style="list-style-type: none"> – Lesson 11 Handout 1: Barrier Analysis Field Work Logistic Issues to Address – Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist
	Step 5: Conducting the	<ul style="list-style-type: none"> – 2–4 blank Doer/Non-Doer or Barrier Analysis questionnaires per participant (or 90+ if you are doing a real survey)

#	Lesson Name	Learning Resources Needed
	Survey	<ul style="list-style-type: none"> – Pencils, erasers, and sharpeners for each participant – Folders for supervisors to carry the questionnaires – Cell phones and a list of numbers to contact interviewers and the necessary field contacts
12	Step 6: Coding, Tabulating, and Analyzing the Data	<ul style="list-style-type: none"> – Lesson 12 Flip Chart 1: Definition of Coding – Lesson 12 Handout 1: Coding Game Part 1 – Lesson 12 Handout 2: Coding Game Part 2 – Completed questionnaires from the field work – Lesson 12 Flip Chart 2: Example Coding Guide/Tally Sheets of Results for Doer/Non-Doer Study – Lesson 12 Handout 3: Example Coding Guide and Tabulation Sheet for Analysis – 1 hand calculator – Computer (optional for using the Barrier Analysis Tabulation Worksheet) – Barrier Analysis Tabulation Worksheet (MS Excel) on flash drive, downloaded from www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx – Annex 4: Explanation for Using the MS Excel Barrier Analysis Tabulation Sheet
13	Step 7: Using the Results to Make Decisions	<ul style="list-style-type: none"> – Lesson 2 Handout 1: Blank Designing for Behavior Change Framework – Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms – Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks – Lesson 13 Handout 1: Writing Bridges to Activities (answers found in Annex 1: Answer Keys) – Lesson 13 Handout 2: Match the Determinants to the Activities
14	Closing Session	<ul style="list-style-type: none"> – Lesson 14 Flip Chart 1: Expectations Assessment – Post-Training Process Survey – Training Pre-/Post-Tests (completed pre-tests from the beginning of the training and blank post-tests to be completed in this lesson) – Post-Training Process Survey – Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre-and Post-Tests – Certificates (optional)

List of Supplies

- Name tags for participants (not pre-printed)
- 2 pads of flip chart paper and a flip chart stand (tripod/easel)
- 3 rolls of masking tape
- 2 packets of colored Post-its (3" x 5")
- Note pads for each participant
- Pens/pencils/eraser/sharpeners for each participant (the latter for conducting the survey)
- 12–15 wide-tipped permanent markers of various colors

Equipment

- 1–2 large garbage cans
- Printer that can be hooked up to the trainer's laptop with a new ink cartridge or 1 spare cartridge
- 2 reams of copy paper
- 1 pair of scissors
- 2 staplers and plenty of staples
- Electric extension cord and multi-plug

The Training Venue

- The training venue should be large enough for 25 participants to sit comfortably at five tables with five people per table.
- Rectangular tables are preferred (no tablecloths or skirts).
- A large rectangular table should be placed at the front corner of the room for the trainer's use. There should be an electrical outlet near this table.
- There should be plenty of natural light and good artificial light.
- The room should be climate controlled (air conditioning/heat) during extreme temperatures.
- There should be plenty of wall space for hanging participant's work (flip charts).
- The training venue management should provide a snack at mid-morning and another mid-afternoon plus lunch. Preferably these should NOT be served in the room used for training, but close by.
- There should be clean bathrooms nearby.
- If people are coming from out of town/country, try to accommodate those participants in the same place as the training to cut down on transport costs and ensure on-time start.

Lesson 1: Opening Session

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Been greeted by the facilitator
- Established a baseline of their knowledge and comfort levels related to the Designing for Behavior Change (DBC) methodology
- Described themselves
- Met fellow workshop participants
- Shared their expectations about this training
- Reviewed the training objectives and schedule
- Listed a set of norms for workshop participation

Time

1.5 hours

Materials

- Training Pre/Post-Test (Answer Key in Annex 1)
- Lesson 1 Flip Chart 1: “Getting to Know You” Questions
- Index cards
- Hand-written flip charts titled Our Expectations, Norms and Procedures, and Parking Lot
- Lesson 1 Handout 1: Training Objectives
- Lesson 1 Handout 2: Training Schedule

Steps

1. Welcome and Introduction to the Workshop
 - 1a. Explain that since a project’s success depends on people changing their behaviors or adopting new practices (in the case of a service provider), we need to learn how to develop effective behavior change strategies. To develop the most effective behavior change strategies we need to conduct formative research among the people whose behaviors we expect to change. **The purpose of this training is to learn how to design, organize, and implement either a Doer/Non-Doer Study or a Barrier Analysis; analyze the data; and use the data to select or design the most effective behavior change activities.**

2. Collecting Baseline Information from the Participants

- 2a. Explain that before we begin the training, we would like to collect some baseline data so we can assess the effectiveness of the training when it is finished.
- 2b. Pass out the Pre-Test. Ask each person circle the word “Pre” and to write their initials or some kind of symbol on the test so it can be returned to them on the last day of the course.

3. Introduction of Participants

- 3a. Show **Lesson 1 Flip Chart 1: “Getting to Know You” Questions²**.
- 3b. Use a creative means to mix up the participants so that people introduce themselves to someone they do not already know.
- 3c. Ask each participant to interview another participant and write the responses to the questions on an index card.
- 3d. Then ask each participant to introduce the person they met.

Note: This is an opportunity to collect additional information from the participants, such as behaviors they are working on or countries they know a lot about, that you may need for the training. Just add questions for information you would like to collect to Flip Chart 1.

4. Expectations

- 4a. Distribute one or two Post-its to each participant.
- 4b. Show a blank flip chart labeled as **Our Expectations**.
- 4c. Ask each participant to write one thing they want to learn during the training on each post it and post it on the flip chart.
- 4d. Group the expectations by category and post the flip chart on the wall for reference during the final lesson.

5. Workshop Objectives and Schedule

- 5a. Give participants **Lesson 1 Handout 1: Training Objectives** and review it with them. Point out any of the expectations that will probably not be met during this training.

² Questions could include name, title, organization, biggest behavior change challenges, hardest behavior to change, favorite color, birth month, and other personal or work-related information.

- 5b. Hand out **Lesson 1 Handout 2: Training Schedule** and review it with the participants. Discuss logistics issues (per diem, field work, meals, etc.).
- 6. Norms and Procedures
 - 6a. Brainstorm with the group the norms and procedures the group wants to follow to create the best learning environment.
 - 6b. Record these on a flip chart titled **Norms and Procedures**.
- 7. Facilitator Roles
 - 7a. Mention that many people may want to replicate the workshop for their colleagues.
 - 7b. Ask that participants who intend to replicate this workshop raise their hands.
 - 7c. Explain that the facilitators will be modeling the Learner-Centered Adult Education (Vella) methodology during this workshop, and from time to time they will be making comments specifically about facilitation techniques.

Note: Set up a flip chart titled **Parking Lot** for lingering questions.

Training Pre-/Post-Test

Please circle the one best answer.

1. Formative research is used in the Designing for Behavior Change (DBC) Framework to decide which of the following?
 - a. Which activities to select
 - b. Which priority group to work with
 - c. Which determinants to focus on
2. Which four determinants should you always research?
 - a. Self-efficacy, perceived positive consequences, perceived negative consequences, and social norms
 - b. Skills, social norms, perceived positive consequences, and access
 - c. Culture, self-efficacy, knowledge, perceived positive consequences, and perceived negative consequences
3. One of the differences between a Doer/Non-Doer Study and a Barrier Analysis is:
 - a. The size of the sample
 - b. The number of determinants researched
 - c. The validity of the results
4. What is the purpose of the screening questions on the Doer/Non-Doer or Barrier Analysis questionnaire?
 - a. To distinguish Doers from Non-Doers
 - b. To know how many Doers you have
 - c. To know how many people are practicing the behavior
5. What do we mean by “relaxing” the behavior definition?
 - a. Only include a few of the details in the definition of the behavior
 - b. Changing the definition of the behavior for the survey to get enough Doers or Non-Doers
 - c. Using a proxy behavior because some behaviors are too intimate to study

6. When interviewing respondents as part of a Doer/Non-Doer Study or Barrier Analysis, one of the most important things to remember is:
 - a. To probe many times on open-ended questions
 - b. To tell the respondent if he/she is a Doer or Non-Doer
 - c. To give positive feedback when the respondent answers a question
7. When organizing the field work to conduct a Doer/Non-Doer Study or Barrier Analysis, which of the following is NOT generally a concern?
 - a. How many vehicles are needed
 - b. How far away the communities are
 - c. How many total Doers and Non-Doers should be interviewed
8. What do we mean by coding the data?
 - a. Figuring out what the respondent meant
 - b. Choosing words that represent the meaning of different responses
 - c. Choosing a term that the majority of respondents said
9. To be considered significant, the difference between Doers and Non-Doers should be equal to or more than:
 - a. 50%
 - b. 25%
 - c. 15%
10. The last step in the process of conducting a Doer/Non-Doer Study or Barrier Analysis is:
 - a. Finish the DBC Framework
 - b. Develop an implementation plan
 - c. Use the data to develop messages

Lesson 1 Handout 1: Training Objectives

By the end of this workshop, participants will have:

- Reviewed the Designing for Behavior Change Framework
- Researched aspects of Doer/Non-Doer Studies and Barrier Analysis Surveys
- Practiced “relaxing” a behavior definition
- Designed a Barrier Analysis questionnaire
- Listed the logistical concerns related to organizing field work
- Interviewed respondents using a barrier analysis questionnaire
- Coded research responses, tabulated responses, and analyzed and interpreted data
- Practiced writing bridges to activities and matching activities to determinants
- Shared their intentions to conduct formative research

Lesson 1 Handout 2: Training Schedule³

Lesson #	Lesson Name	Duration ⁴
Day One		
1	Opening Lesson	1.5 hours
2	Overview of the Designing for Behavior Change Framework	1 hour
3	The “Exercise” Exercise	45 minutes
4	Introduction to Determinants of Behavior Change	2 hours
5	Doer/Non-Doer Studies and Barrier Analysis Surveys	1.5 hours
Day Two		
6	Introduction to the Questionnaire	1 hours
7	Step 1: Defining the Behavior for the Formative Research	1.5 hours
8	Step 2: Writing the Behavior Screening Questions	2 hours
9	Step 3: Writing the Research Questions	2 hours
Day Three (half day)⁵		
10	Learning to Interview the Doer/Non-Doer Way	3 hours
11	Step 4: Organizing the Field Work	1 hours
Day Four⁶		
	Step 5: Conducting the Survey	1.5–5 hours
12	Step 6: Coding, Tabulating, and Analyzing the Data	1.5 hours
Day Five		
13	Step 7: Using the Data for Decision Making	2 hours
14	Closing Session	1 hour

³ Start each day with a review of items that are still confusing to the participants. Each day after lunch, fun, participatory review activities can be conducted. See [Annex 5 Possible Review Activities and Review Questions](#) for ideas and review questions. At the end of each day, take 5 minutes to conduct an evaluation of the day. See [Annex 7: Daily Evaluation Form \(Flip Chart\)](#) for a suggested format.

⁴ If participants already have attended the Designing for Behavior Change (DBC) course, some of this will be review and might not take as long as scheduled here.

⁵ During the afternoon the surveys can be translated, if necessary, and photocopied and any other logistical issues be taken care of.

⁶ If only a mock survey is conducted, Lessons 13 and 14 probably can be completed on Day Four, reducing the time for the course to 4 days.

Lesson 2: Overview of the Designing for Behavior Change Framework

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Identified the different parts of the Designing for Behavior Change (DBC) Framework
- Indicated the steps to follow in designing a behavior change strategy
- Reviewed essential items to consider when making the key decisions
- Reviewed a completed DBC Framework

Time

1 hour

Materials

- Flip Chart of the Designing for Behavior Change Framework
- Lesson 2 Handout 1: Blank Designing for Behavior Change Framework
- Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
- Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks
- Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process
- Lesson 2 Handout 5: The Five Principles

Steps

1. Introduction: Elements of a Behavior Change Strategy
 - 1a. Ask the participants: Based on your current programs, what are some of the key elements you should consider when designing the project's behavior change strategy?
 - 1b. As participants mention anything related to the five decisions (behavior, priority group, determinants, bridges to activities, and activities), write these down on a flip chart. List all valid responses, regardless of whether they are included in the DBC Framework. Congratulate the participants for creating an even more detailed framework.
2. The DBC Framework
 - 2a. Introduce the framework by saying that a tool has been developed to help us think about the different things that need to be considered when designing/reviewing a

behavior change strategy. This tool is the Designing for Behavior Change, or DBC, Framework.

- 2b. Show the framework, as seen in [Lesson 2 Handout 1: Blank Designing for Behavior Change Framework](#), on a large flip chart. Point out the different parts of the framework, making reference to any corresponding responses provided by the participants in Step 1. Ask participants to follow along on their copies of Lesson 2 Handout 1 and [Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms](#).
- 2c. Briefly explain each of the five decisions, including how they relate to each other.
- **Behavior:** In the DBC Framework, the behavior is a specific action that the priority group members carry out to address a problem they face. A behavior is also often referred to as a “practice.” When behaviors or practices are done often enough they become “habit”. The behavior statement should be written in a positive, present tense and mention who needs to do the behavior or who needs to ensure that a behavior is done (in the case of a child). It should be written so that it shows the details of the behavior, such as the place (e.g., health clinic), quantity (e.g., meal sizes), frequency (e.g., number of times to apply fertilizer), and duration (e.g., how many months to breastfeed). The statement must be very specific, measurable, and observable.
 - **Priority group:** This is the group of people that are being encouraging to adopt the behavior, as well as those people who ensure that someone else (such as a baby) practices the new behavior. While the Priority Group is usually found among the target audience (e.g., mothers of children under 5), the DBC Framework can also be used to promote behaviors among service providers, either employees or volunteers (e.g., extension agents, health promoters). The Priority Group is defined in six different ways, which helps us decide how to plan appropriate and effective program activities for them.
 - **Influencing group:** This is the group that has the most influence on the priority group regarding the specific behavior. Formative research with the priority group is used to identify who the influencing group. Typically there are only one or two influencing groups. If their influence is very strong, they also should be described in six ways.
 - **Determinants:** Determinants are categories of reasons why the priority group may or may not practice a given behavior. Formative research, such as a Doer/Non-Doer Study or Barrier Analysis, should be conducted among the priority group to find the most influential (significant) determinants.

- **Bridges to activities (which used to be called key factors):** Bridges to activities are based on the responses given by the priority group during the formative research and are more-specific descriptions of a change one should make to address the issue revealed by the research. A bridge to activity usually begins with a directional verb (e.g., increase, decrease, improve, reinforce) and often proposes to change the perception of the priority group. It is not expressed in percentages. The bridges to activities are always about the priority group, so it is not necessary to mention the priority group in the wording. There is always at least one bridge to activity written for each determinant found to be important to the chosen behavior (e.g., “increase the perception that diarrhea could cause a child to become malnourished”).
 - **Activities:** Activities are a series of tasks that program implementers plan, organize, and/or conduct usually with the priority group or influencing groups to address bridges to activities. Activity descriptions start with an action verb. For example, “offer a small loan to one entrepreneur per village to produce and sell quality, affordable chicken feed” or “set up additional sale points of wire mesh”.
- 2d. Distribute **Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks**. Ask participants to refer to one of the examples, walk them through it, and address any questions.
- 2e. Distribute **Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process** and review it with participants. Address participants’ questions about each step.
3. Summary
- 3a. Summarize the lesson by discussing **Lesson 2 Handout 5: The Five Principles**. Answer any questions.

Lesson 2 Handout 1: Blank Designing for Behavior Change Framework⁷

Behavior ^A	Priority Group or Influencing Groups ^A	Determinants ^C	Bridges to Activities ^D	Activities ^E
To promote this behavior...	...among this audience... (circle one) Priority group: Influencing groups:	...we will research these determinants... * These can only be determined by conducting research studies.	...and promote these bridges to activities (priority benefits and priority barriers)...	...by implementing these activities.
Indicator:				Indicators:

- A. What is the specific, feasible and effective **behavior** to promote?
- B. Who are the **priority groups** and **influencing groups**? (Describe in six ways.)
- C. What are the most important **determinants affecting this behavior with this group**? (The determinants are: perceived self-efficacy/skills, perceived social norms, perceived positive consequences, perceived negative consequences, access, cues for action/reminders, perceived susceptibility, perceived severity, perceived divine will, policy, and culture.)
- D. Which **bridges to activities** need to be promoted?
- E. Which **activities** will be implemented to address the bridge to activities?

⁷ The DBC Framework is adapted from AED's BEHAVE Framework.

Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms

Behavior

- Action, observable, specific (time, place, quantity, duration, frequency), measurable, feasible, directly linked to an improved outcome or goal
- Define in positive terms, rather than asking that a group refrain from doing something

Behavior Statement Formulation

- The audience + action verb in present tense + the specifics
- Example: Mothers of babies under 6 months of age breastfeed them on-demand throughout the day and night, emptying each breast each time

Priority Group

- The group of people who will perform the positive behavior, or who ensure that the behavior is practiced by a minor (such as a child)

Influencing Group

- The people who influence the priority group regarding the behavior, who can either support or prevent the priority group from adopting the positive behavior
- Typically identified by the priority group through formative research

Determinant of Behavior Change

- A category of factors shown to motivate or impede the adoption of a behavior for a given group of people

Bridges to Activities

- Based on the responses given by the priority group during formative research
- Always about the priority group
- More-specific descriptions of a change one should make to address the issue revealed by formative research
- Usually begins with a directional verb (e.g., increase, decrease, improve, reinforce)

- Often proposes to change the perception of the priority group
- Not expressed in percentages

Bridge to Activities Formulation

- Directional verb + the perception that... or the ability to... or the availability of...
- Example: Increase the perception that sleeping under an insecticide-treated bednet (ITN) is a good way to avoid getting malaria
- Example: Increase the perception that mothers-in-law are in favor of exclusive breastfeeding (EBF)

Activity

- A set of tasks that, when implemented together, will address the Bridges to Activities
- Typically start with an action verb
- Ideally address more than one bridge to activity

Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks

Example 1: Agriculture and Natural Resources (ANR) Programs: Poultry Management

Behavior	Priority Group or Influencing Groups	Determinants	Bridges to Activities	Activities
Targeted adult men and women who raise chickens keep them enclosed (penned up) at all times.	<p>Priority group: Adult men and women from families who raise chickens.</p> <ul style="list-style-type: none"> – These families all have children under 2 years of age or a pregnant or lactating woman at program start-up. – They live in rural villages and own small numbers of chickens, which currently wander freely and sleep in trees. – Both men and women have attended some school. – They all want food security, well-being and education for their children. – They think chickens will not have enough to eat if they are penned up, or they do 	<p>Perceived negative consequences:</p> <ul style="list-style-type: none"> – Belief that chickens will stop laying – Belief that it will be more effort and more expensive to give chickens food and water <p>Perceived positive consequences:</p> <ul style="list-style-type: none"> – They will not lose chickens to wild animals – Less loss due to illness – Chickens will not damage crops and gardens – It is easy to capture chickens for vaccinating – Farmers can use 	<ol style="list-style-type: none"> 1. Reduce the perception that chickens will stop laying eggs if they are penned up. 2. Reduce the perception that it takes more effort/expense to care for penned up chickens. 3. Increase the perception that it will be economically beneficial to keep chickens penned up. 4. Increase access to low-cost fencing materials and skills for adapting local materials. 	<ol style="list-style-type: none"> 1. Create one demonstration site per village where families can observe the survival of penned chickens and the ability of chickens to adapt to the enclosed environment with cost-benefits displayed. 2. Meanwhile, start promoting the provision of improved feed, clean water and vaccine to all poultry. <p>1 and 2. Train agriculture volunteer promoters in poultry care (feed, water, vaccine) and construction of pens and cages using locally available materials. Monitor and reinforce their ability to transmit skills to others.</p> <ol style="list-style-type: none"> 2. Reinforce the benefits of enclosing poultry by distributing a calendar with one benefit shown per month.

Behavior	Priority Group or Influencing Groups	Determinants	Bridges to Activities	Activities
	<p>not know affordable ways to make chicken coops.</p> <ul style="list-style-type: none"> – Most of the Priority Group is in the awareness (or “contemplation”) stage of behavior change. 	<p>manure for fertilizer</p> <p>Access:</p> <ul style="list-style-type: none"> – Lack of materials to build a fence or cage – Cost of chicken feed 		<ol style="list-style-type: none"> 3. Provide technical assistance and a small loan to one entrepreneur per village to produce and sell quality, affordable chicken feed, and water and feed containers made of local or recycled materials. 3. As demand increases, program agronomists will work with local vendors to sell wire mesh.
<p>Indicator:</p> <ul style="list-style-type: none"> – Percentage of households that raise chickens and keep them enclosed at all times 				<p>Indicators:</p> <ul style="list-style-type: none"> – Number of successful demonstration sites implemented – Number of visitors to demonstration sites – Number of families adopting one or more improved poultry care practices aside from enclosing poultry – Number of entrepreneurs selling chicken feed

Example 2: ANR Programs: Reforestation

Behavior	Priority Group Or Influencing Group	Determinants	Bridges To Activities	Activities
<p>Targeted farmers farming on sloped land plant trees on the hillsides of their land.</p>	<p>Priority Group: Adult farmers, men and women, who farm on hilly land</p> <ul style="list-style-type: none"> – Minimal literacy – Make their living from subsistence farming and seasonal migration to labor on plantations of export crops – Own less than 4 hectares of land, but some of it is hilly and some of the land is eroded – Want their children to have a better life and work off the farm – Want to end the seasonal migration – Want stable supply of staple foods – Believe that it will take too long to see the fruits of their labor if they spend the time to 	<p>Perceived positive consequence:</p> <ul style="list-style-type: none"> – Believe that planting trees leads to future firewood and building material, controls erosion and landslides, prevents climate change, and can increase fruit production <p>Perceived negative consequences:</p> <ul style="list-style-type: none"> – Believe they will lose investment of time and effort because saplings die – Believe tree planting diverts time from planting food crops – Believe the trees will hinder crop production by making shade and taking water 	<ol style="list-style-type: none"> 1. Reinforce the perception that the eventual benefits of planting trees are worth the effort today. 2. Increase the perception that if they know how to properly plant and care for trees that they will not die. 3. Decrease the individual time needed to plant trees 4. Reduce the threat to crop production by identifying other places to plant trees. 	<ol style="list-style-type: none"> 1. Work with municipal officials to begin promoting fruit trees rather than Neem trees; provide awards to families who plant/maintain a certain number of trees until they are well-established (also could be done at the community level); and assure there is a long-range plan for financing and maintaining the municipal tree nurseries that provide free or low-cost seedlings, including those for fruit trees. 2. Conduct short demonstrations on tree planting in each sector, including appropriate technology containers for drip irrigation. Repeat the demonstrations in the schools when they plant trees. 3. Mobilize families to spend

Behavior	Priority Group Or Influencing Group	Determinants	Bridges To Activities	Activities
	plant trees <ul style="list-style-type: none"> – Know that their farms are providing fewer harvest results each year – Some have planted trees, but most feel it is a waste of time, effort and resources – Most are aware of the problem of erosion – Some have learned about tree planting Influencing Group: <ul style="list-style-type: none"> – Municipal authorities 			one day a year planting on communal mountainside land as a social event. Organize families to take turns watering and maintaining the plantings (could use Food for Work as an incentive for this).
Indicator: <ul style="list-style-type: none"> – Percentage of households planting at least __ trees per year 				Indicators: <ul style="list-style-type: none"> – Number of demonstrations conducted in each sector and school in the target area before planting time each year (training session held at a regional teacher training institute) – Number of seedlings that survive the dry season

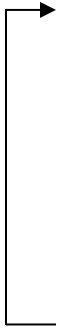
Example 3: Maternal and Child Health and Nutrition (MCHN) Programs: Exclusive Breastfeeding (EBF)

Behavior	Priority Group or Influencing Groups	Determinants	Bridges To Activities	Activities
Mothers only give breast milk to their children from birth to 6 months of age.	<p>Priority Group: Burundian mothers with children 0–6 months of age</p> <ul style="list-style-type: none"> – Live in rural setting – Majority are illiterate – Go to church on Sunday morning – Are busy with daily household chores – Want to be perceived as good mothers and wives – After 3 months, they think they do not have enough milk to breastfeed – Exclusively breastfeed until 4 months, but give other foods at that time – Majority are in partial action stage <p>Influencing Groups:</p> <ul style="list-style-type: none"> – Mothers-in-law 	<p>Perceived negative consequences:</p> <ul style="list-style-type: none"> – Mothers don’t know the relationship between EBF and malnutrition <p>Perceived divine will:</p> <ul style="list-style-type: none"> – Mothers question whether their religious leaders/traditions support this behavior <p>Perceived social norms:</p> <ul style="list-style-type: none"> – Mothers believe that their mothers, mothers-in-law do not approve 	<ol style="list-style-type: none"> 1. Increase the perception that a child who is not exclusively breastfed can become malnourished. 2. Increase the perception that religious leaders approve of EBF and that their religious tradition is supportive of EBF. 3. Increase the perception that their mothers-in-law, mothers approve of EBF. 4. Decrease the perception that a child will be hungry or lacking in nutrition if they are exclusively breastfed. 	<ol style="list-style-type: none"> 1. Record/write stories about mothers with children with good health/weight who do EBF and believe in EBF. Play the recording/read the testimonials on EBF at meetings in the community/health facilities (following postnatal care and growth monitoring and promotion sessions). 2. In household meetings, use growth charts to show the difference between several children growing well who are exclusively breastfeeding and contrast them to other children who are losing weight who are not EBF. 3. Give pastors/priests/imams sermon guides on EBF and train them in their use. 4. Have Care Group Volunteers (CGVs) include mothers-in-law when teaching mothers of young children about EBF. 5. Explain to mothers (via CGVs and household visits) that children cry for many reasons, and crying does not always mean the child is hungry. Use growth charts to show mothers that many children who cry a lot (identify cases ahead of time) are still growing well and therefore are not lacking

Behavior	Priority Group or Influencing Groups	Determinants	Bridges To Activities	Activities
		<p>of EBF)</p> <p>Perceived action efficacy:</p> <ul style="list-style-type: none"> – Mothers believe that the child will be hungry if not fed other foods at 4 months of age 		<p>adequate nutrition. Teach mothers a step-by-step process for comforting a crying baby (http://www.hugyourbaby.org/).</p>
<p>Outcome Indicator:</p> <ul style="list-style-type: none"> – Percentage of targeted mothers who only give breast milk to their infants from birth to 6 months of age 				<p>Process Indicators:</p> <ul style="list-style-type: none"> – Number of women who heard testimonials – Number of pastors trained – Number of CGV and household visits that included the mother/grandmother – Number of mothers trained to comfort a crying child

Lesson 2 Handout 4: Planning Guide: Steps in the Designing for Behavior Change Process

1. Define the ideal behavior (well-written behavior statement).
2. Identify and describe the priority audience (demographics).
3. Select appropriate research methods (Barrier Analysis, Doer/Non-Doer Study, another method).
4. Carry out the research (to identify the most important determinants).
5. Analyze the findings.
6. Add more detail to the definition of the priority audience (six ways).
7. Identify the most powerful determinants that facilitate or impede the change (according to Barrier Analysis or Doer/Non-Doer Study results).
8. Describe the influencing group.
9. Write the bridges to activities that link to the activities.
10. Choose activities for the project that address the bridges to activities (reference the criteria for selecting activities).
11. Establish indicators to monitor the effectiveness (not described in this training).
12. Complete the behavior change strategy with details for implementation (not covered in this training).
13. If communication-type activities are identified as part of the strategy develop a communication plan (not covered in this training).



Lesson 2 Handout 5: The Five Principles of the DBC Framework

1. Action is what counts (not beliefs or knowledge).
2. Know exactly who your priority group is, and look at everything from its point of view.
3. People take action when it benefits them; barriers keep people from acting.
4. All your activities should maximize the most important benefits and minimize the most significant barriers.
5. Base decisions on evidence, don't guess, and keep checking.

Lesson 3: The Exercise Exercise

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Demonstrated that people’s behaviors do not always match what they know or believe
- Analyzed the fact that raising awareness or increasing knowledge is often not sufficient to bring about behavior change
- Discussed new ways of describing or defining the target audience
- Deduced the importance of targets of opportunity and the necessity of conducting research studies (especially Barrier Analysis and Doer/Non-Doer Studies)

Time

1 hour

Materials

- Lesson 3 Flip Charts 1–10: The Exercise Exercise
- Masking tape

Steps

1. Tape all the parts of **Lesson 3 Flip Charts 1–10: The Exercise Exercise** to the wall and make sure that each set is covered with a blank flip chart page.
2. Explain that we are going to play a simulation game to help demonstrate the benefits of conducting formative research.
3. Explain that for this exercise, participants will each play two different roles: a community health promoter and a community member. Point out the behavior change objective written on Lesson 3 Flip Chart 1.
4. Tell participants: Before we decide how to address that objective, we’re going to carry out some audience research—involving all of you as research participants!

Remind participants that this is a simulation, not a role play. So, when responding to each question participants should answer honestly for themselves, not playing the role of someone else or making up a pretend response.

5. Ask someone to remove the top blank sheets from each of the three stacks of papers taped to the wall. Explain that three different *knowledge* statements are posted. Have participants read them out loud.

6. Ask the participants to stand near the statement that most approximates their actual *knowledge* levels on the topic. When participants have settled next to a statement, ask: What do you notice about the groups? How many participants are in each group? Any other observations, such as demographic, profession, gender, age, nationality, language group, or region?
7. Tell participants: You've just divided yourselves into segments, or subgroups of the community, according to your stated *knowledge* level about exercise. We will now see what happens when we look at your *beliefs*.
8. Ask someone to remove the knowledge statement from each of the three stacks of papers to reveal the next set of statements, the *belief* statements. Have participants read them out loud.
9. Ask the participants to stand near the statement that most approximates their actual *belief* levels. When participants have settled next to a statement, ask: What do you notice about the groups? What differences do you see? Other observations?
10. Tell the participants: We will now see what happens when we look at your *behaviors*.
11. Ask a participant to remove the *belief* statements from each of the three stacks of papers to reveal the *action* statements. Ask participants to read the *action* statements and reposition themselves according to what they actually did (i.e., their behaviors).
12. Ask participants: What differences do you see? Any observations on demographics, profession, gender, or age? To what extent did your knowledge and belief predict your behavior?
13. Stress that what we know and believe is often quite different from what we do. Introduce the terms "Doer" and "Non-Doer". Explaining that Doers are those people that practice the ideal behavior and Non-Doers are those people that do not practice that behavior. Explain that identifying Doers and Non-Doers is an important part of this type of research.
14. While participants are still standing in their groups, ask: If you had to pick one sub-group of your target audience to work with first, which group would you pick? Introduce the term "target of opportunity", that is, looking at sub-groups that may initially be more prone to change (also known as "low hanging fruit"). This may be people with the greatest desire to change due to vulnerability or those for whom the transition would not be difficult (a Positive Deviant).
15. Explain that when you are conducting research sometimes you have to relax the definition of a Doer—just for the research—to find enough people to interview. This happens when the behavior is new, very rare, or difficult. Ask participants: What might be some behaviors that are new, very rare, or difficult?

Ask participants: What is the desired and ideal behavior that we are studying for our Healthy Heart Project? They should answer: 30 minutes of moderate exercise five times or more per week. Then ask: How might we redefine a Doer? Answers should lead to someone who exercised four times a week for 30 minutes.

16. Ask participants: What have we learned from this exercise? Help them to draw out the following themes.

- What people do doesn't always reflect what they know or believe. That's obvious to all of us when we think about our own actions, but sometimes when we're planning health promotion, we forget this basic tenet.
- This reminds us that just giving people information is generally not enough; even convincing them of a new belief may not move people to take a beneficial action.
- It's helpful for us in public health to identify the competing behaviors that are making appeals to our audience.
- It may be possible to segment the population to reach the key people who need to change their behavior (e.g., seniors, certain ethnic groups).
- Marketers look for targets of opportunity, that is where they can have the greatest impact for their investment. Consider that we may be more successful at moving the "sometimes exercise" people to the goal than getting the "almost never exercise" people all the way there.
- This activity points us toward the need to conduct research, which is the objective of this training.

Lesson 3 Flip Charts 1–10: The Exercise Exercise

Behavior Change Goal (Flip Chart 1): All adults will engage in at least 30 minutes of moderate physical exercise four times per week.

Three sets of flip charts are needed for this game, and each set should be taped to the wall, along with Flip Chart 1, above, so it is easy to remove each page as the next is revealed. Each set has three flip charts as follows, and each flip chart should be stacked on top of the others in the order they appear below. A blank flip chart page should be taped on top of each set so all pages are hidden.

Set 1

- Flip Chart 2. I know that getting exercise is very important. I have read multiple studies that prove it. I have also heard many advertisements promoting good health through exercise.
- Flip Chart 3. I believe that getting exercise is very important. I think that everyone should exercise regularly, at least four times a week.
- Flip Chart 4. Last week I exercised at least four times for at least 30 minutes at a time.

Set 2

- Flip Chart 5. I have only heard that exercising can reduce your chance of heart disease.
- Flip Chart 6. I believe exercise is somewhat important. Most people should exercise one to two times per week.
- Flip Chart 7. I exercised twice last week.

Set 3

- Flip Chart 8. I know that many people are in shape because they exercise, but I'm not sure how they do it.
- Flip Chart 9. I think that we get enough exercise with the routine activities of the day.
- Flip Chart 10. I did not do any exercise last week.

Lesson 4: Identifying Determinants that Influence Behavior

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed a list of key determinants
- Named the four most common determinants
- Matched a determinant to a formative research statement from a priority group
- Identified determinants in a case study

Time

2 hours

Materials

- Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
- Lesson 4 Handout 1: Important Determinants that Influence Behavior
- Lesson 4 Handout 2: Match the Determinants to the Questions

Steps

1. Introduction

- 1a. Tell the participants that we are now going to discuss the determinants of behavior change. Explain that in the behavior change strategy design process we often forget to consider the determinants of behavior change, or we guess or assume what they are. Explain that the reason the Designing for Behavior Change (DBC) Framework is so effective is because it is based on research and evidence, and that research is associated with identifying the determinants of behavior change that are the most critical for the priority group regarding the specific behavior being promoted.

2. What is a determinant of behavior?

- 2a. Ask participants: How do you usually decide how to promote (or bring about) a change in a behavior? Allow them to share their experiences. Explain that many programs just jump from the behavior and priority group straight to the activities and messages without giving much thought to why people do what they do currently and what may be preventing them from adopting the positive behavior.

- 2b. Review **Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms** with participants, specifically the definition of determinant of

behavior: a category of elements shown to motivate or impede the adoption of a behavior for a given group of people. It may help to think of determinants as 12 train cars, each being labeled as a separate, but connected, determinant.

- 2c. Distribute **Lesson 4 Handout 1: Important Determinants that Influence Behavior**. Tell participants: While we have a good idea that this list of determinants applies to health behaviors, we do not have enough data yet to say to what extent they all apply or which ones apply to agriculture or natural resource management behaviors.
- Explain that social scientists have discovered that among all of the determinants, there are four that are more common and more powerful influencers of behavior change for most health behaviors. These are “perceived self-efficacy/skills”, “perceived social norms”, “perceived positive consequences”, and “perceived negative consequences”. Ask participants to underline or star these four determinants on their handout.
 - In addition to these four most powerful determinants, there are several other important determinants that social scientists have discovered are important for health/nutrition behaviors: “perceived action efficacy”, “access”, “perceived susceptibility/risk”, “perceived severity”, “perceived divine will”, “cues for action/reminders”, “policy”, and “culture”. Keep in mind that we are talking about perceptions. What is most important for behavior change is not whether someone actually has access to something, for example, but their perception of their access. For that reason, most of the determinants are preceded by the word “perceived”.
 - Divide participants into pairs and assign each a determinant. Ask participants to read the determinant description and discuss its meaning. Ask them to describe the determinant in their own words and share one or two examples of behaviors where that determinant might be significant.
- 2d. Explain that one of the important roles of the determinants is to guide how the questions on the Doer/Non-Doer Study or Barrier Analysis questionnaires are written.
- Using **Lesson 4 Handout 2: Match the Determinant to the Question**, ask participants to match the questions to the determinants. Review.
 - Explain that each question on the formative research questionnaire has to relate to one specific determinant. In the next lesson we will look more closely at how the questionnaire is developed.

Lesson 4 Handout 1: Important Determinants that Influence Behavior^{8,9}

The first four determinants always should be explored in formative (e.g., Barrier Analysis or Doer/Non-Doer Studies). These four are more commonly found to be the most important for health/nutrition behaviors.

1. Perceived self-efficacy/skills

- An individual's belief that he/she can do a particular behavior given his/her current knowledge and skills
- The set of knowledge, skills, or abilities necessary to perform a particular behavior

2. Perceived social norms

- The perception that people important to an individual think that he/she should do the behavior
- Norms have two parts: who matters most to the person on a particular issue and what the person perceives those people think he/she should do

3. Perceived positive consequences

- What positive things a person thinks will happen as a result of performing a behavior
- Responses to questions related to positive consequences may reveal advantages (benefits) of the behavior, attitudes about the behavior, and perceived positive attributes of the action

4. Perceived negative consequences

- The negative things a person thinks will happen as a result of performing a behavior
- Responses to questions related to negative consequences may reveal disadvantage of the behavior, attitudes about the behavior, and perceived negative attributes of the action

⁸ This list of determinants has been reworked since the Designing for Behavior Change training curriculum was first published in 2008 to better fit agriculture and natural resource management (NRM) behaviors and is somewhat different from the list of determinants used in the 2008 health and nutrition-focused Barrier Analysis manual.

⁹ This handout is adapted from materials originally developed by AED and from the Food for the Hungry Barrier Analysis manual.

Other Key Determinants

5. Access

- Has many different facets
- Includes the degree of availability (to a particular audience) of the needed products (e.g., fertilizer, soap, condoms) or services (e.g., veterinary services, immunizations) required to adopt a given behavior
- Includes barriers related to cost, geography, distance, linguistics, cultural issues, and gender

6. Cues for action/reminders

- The presence of reminders that help a person remember to do a particular behavior
- The presence of reminders that help a person remember the steps involved in doing the behavior (such as memory aids)
- Key powerful events that triggered a behavior change in a person (e.g., “my brother-in-law died of cholera” so I decided to wash my hands regularly)

7. Perceived susceptibility/risk

- A person's perception of how vulnerable or at risk he/she feels to the problem (e.g., is it possible that his/her crops could have cassava wilt? is it possible for him/her to get HIV?)

8. Perceived severity

- Belief that the problem (which the behavior can prevent) is serious (e.g., a farmer may be more likely to take steps to plant trees if he thinks soil erosion is a serious problem, a mother may be more likely to take her child for immunizations if she believes that measles is a serious disease)

9. Perceived action efficacy

- The belief that by practicing the behavior one will avoid the problem, that the behavior is effective in avoiding the problem (e.g., if I sleep under a mosquito net, I won't get malaria)
- Sometimes talked about as part of perceived positive consequences

Note: Perceived susceptibility/risk and perceived severity relate to the problem. Perceived action efficacy links the problem to the behavior. In order to study issues around susceptibility,

severity, and action efficacy, you must know what the problems are that the behavior addresses.

10. Perceived divine will

- A person's belief that it is God's will (or the gods' wills) for him/her to have the problem and/or to overcome it
- Includes the priority group's perception of what their religion accepts or rejects and perceptions about the spirit world or magic (e.g., spells, curses)
- Numerous unpublished Barrier Analysis studies have found this determinant to be important for many behaviors (particularly for health and nutrition behaviors)

11. Policy

- Laws and regulations (local, regional, or national) that affect behaviors and access to products and services (e.g., the presence of good land title laws [and clear title] may make it more likely for a person to take steps to improve their farm land, the Baby-Friendly Hospital policy that forbids the sale of formula helps to promote breastfeeding)

12. Culture

- The set of history, customs, lifestyles, values, and practices within a self-defined group
- May be associated with ethnicity or lifestyle, such as gay or youth culture
- Often influences perceived social norms

Universal Motivators

- Factors that have been found to motivate most people, irrespective of other variables
- Usually used in mass media activities (e.g., billboards, posters, public service announcements)
- Include love, security, comfort, recognition, success, freedom, positive self- image, social acceptance, peace of mind, status, pleasure, and power

Lesson 4 Handout 2: Match the Determinant to the Question

Instructions: Match the determinant in the right column with the appropriate question in the left column.

Question	Determinant
A. Are there any laws or polices that make it more likely that you will use ORS?	1. Perceived self-efficacy
B. How easy is it to remember how to use the water filter?	2. Perceived social norms
C. Would giving only breast milk to your baby help her to avoid getting diarrhea?	3. Perceived positive consequences
D. How difficult is it for you to get the soap you need to wash your hands every day?	4. Perceived negative consequences
E. How likely is it that your child will become malnourished in the next year?	5. Access
F. What are the disadvantages of getting tested for HIV?	6. Cues for action/reminders
G. Are there any local taboos or norms against discussion how to use the household income with your wife?	7. Perceived susceptibility/risk
H. Who would disapprove of you delivering at the health facility?	8. Perceived severity
I. What are the advantages of keeping your animals penned up at all times?	9. Perceived action efficacy
J. What makes it difficult for you to use a condom every time you have sex with a non-regular partner?	10. Perceived divine will
K. Do you think it's God's will that people get cholera?	11. Policy
L. How serious of a problem would it be if you contracted HIV?	12. Culture

Lesson 5: The Doer/Non-Doer Study and Barrier Analysis

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Studied the different aspects of a Doer/Non-Doer Study or Barrier Analysis
- Reviewed the seven steps involved in conducting a Barrier Analysis

Time

1 hour 15 minutes

Materials

- Seven steps of Barrier Analysis on individual color construction paper for display
- Lesson 5 Handout 1: Seven Steps of Barrier Analysis
- Lesson 5 Handout 2: Five Tenets of Barrier Analysis
- Fifteen (15) Post-its for each small group (one Post-it for each question)
- Lesson 5 Handout 3: Learning About Doer/Non-Doer Studies and Barrier Analysis Surveys
- Lesson 5 Handout 4: Barrier Analysis Game Questions and Correct Responses

Steps

1. Introduction to Barrier Analysis (10 minutes)

1a. Ask participants the following questions:

- When you think about behaviors that you've tried to change in the past, what obstacles or barriers to behavior change did you encounter?
- Did you know in advance that these would be barriers?
- How does knowing the barriers/obstacles to behavior change help us to promote change? Responses should include: It allows us to work on removing the barriers.
- What about enablers? Did you always know in advance what things would make it easier to make a change or what the benefits would be?
- How does knowing the enablers to behavior change help us to promote change? Responses should include: It allows us to promote enablers that make the change more attractive.

- 1b. Ask participants: Have you ever conducted a survey to identify barriers and motivators? If the response is yes, ask a participant to share his/her experiences and focus on the steps he/she used to conduct the research and analyze the data.
2. Explaining Barrier Analysis
 - 2a. A Barrier Analysis is a survey that focuses on identifying what is preventing the priority group from adopting the behavior, as well as enablers of the behavior.
 - 2b. To identify the key barriers and motivators, the priority group is asked a series of questions to identify up to 12 potential determinants that can block people from taking action. There are four determinants that should always be explored and eight others that may be useful to explore for many behaviors in some contexts. The questions also identify what the respondent feels are the key benefits (positive consequences) of an action. These can then be used as “promoters” to “sell” a behavior during behavior promotion activities and messaging.
 - 2c. The results of the questions are compared among groups of people who already have adopted the new behavior, known as “Doers”, and people who haven’t yet adopted the new behavior, called “Non-Doers”. By comparing the percentage of people who responded with one answer with the percentage of people who responded in the same way, we can see which behavioral determinants seem to be the most important. This is called the Doer/Non-Doer methodology.
 - 2d. The survey called the “Doer/Non-Doer Study” only studies the four most common determinants (perceived social norms, perceived self-efficacy, perceived positive consequences, and perceived negative consequences).
 - 2e. All too often program planners focus on increasing knowledge about benefits, but lack of knowledge is not usually the biggest barrier. Barrier Analysis surveys enable planners to look beyond this preconception and identify those factors that really explain the difference between those who do the behavior and those who do not. Substantial evidence has accumulated that helping people overcome key barriers to behavior change may be one of the most effective ways to help them change their behaviors. Some examples of barriers are poor transportation, an unsupportive spouse or mother-in-law, and fear of negative consequences due to cultural taboos.
3. Seven Steps to Conducting a Doer/Non-Doer Study or Barrier Analysis Survey
 - 3a. Display the seven steps to conducting a Barrier Analysis (each step written on a separate piece of construction paper) and explain that during this training we will study each step in detail and gain the skills necessary to carry out each step. Refer participants to [Lesson 5 Handout 1: The Seven Steps of Barrier Analysis](#) as you explain each step in general terms.

4. Five Principles of Barrier Analysis

- 4a. Ask participants to take a few moments to read silently **Lesson 5 Handout 2: Five Principles of Barrier Analysis**. Ask participants to underline points that seem important or particularly relevant to them. Ask a few participants to comment. Respond to questions.

5. Introduction to Barrier Analysis: What is it?

- 5a. Divide the group into sub-groups of five or six participants and give each group some Post-its (a different color for each group and one for each question). Assign a number or letter to each group, and ask group members to put the number/letter of their group on the Post-its.
- 5b. Tell each group that we are going to play a game. To play, all participants should study **Lesson 5 Handout 1: Learning About Doer/Non-Doer Studies and Barrier Analysis Surveys**. (Small group members may assign certain sections to each person in the small group.)
- 5c. While the participants are reading the curriculum, the facilitator will post questions about the Doer/Non-Doer Study or Barrier Analysis around the room, hiding the questions until the game starts and leaving spaces between the questions so groups can post their responses. See **Lesson 5 Handout 4: Barrier Analysis Game Questions and Correct Responses** for the game questions.
- 5d. After some minutes of study, the game will begin. All handouts should be put away and not used as a reference.
- 5e. At the signal given by the facilitator, the teams will write the responses to the questions on the backs of the Post-its (one response per Post-it) and stick them under the corresponding question so that other groups can't see the answer (you might want to demonstrate this so all group understand).
- 5f. When each group finishes answering all the questions, they should sit down so their completion order can be noted by the facilitator. The team that finishes first will be awarded 5 points and each subsequent team 1 less point each (4, 3, 2, and 1).
- 5g. When all the teams have finished (or when time is called), the facilitator will review and correct the answers to the questions with the participants, giving one point to each group with a correct response. The facilitator will count up how many correct answers each group earned and add these to the prior points earned for early completion. The group with the most points wins.

Lesson 5 Handout 1: The Seven Steps of Barrier Analysis

1. Define the behavior and priority group.

Define what behavior or practice will you promote among the priority group that will address the problems faced by the priority group. (Lesson 6)

2. Develop the behavior screening questions.

This non-leading set of questions helps you determine if a respondent is a Doer or a Non-Doer. (Lessons 7 and 8)

3. Develop the Doer/Non-Doer or Barrier Analysis research questions and pretest the questionnaire.

Identify one or two questions for each of the determinants (see Lesson 4 Handout 1: Important Determinants that Influence Behavior). Translate the entire questionnaire into the local language. Test the questionnaire on a few members of the priority group to assure the questions are understandable. (Lesson 8)

4. Organize the field work.

Decide which sites (e.g., community gardens, clinics) you may find Doers and Non-Doers or will conduct interviews in. Seek authorization from appropriate authorities, if necessary (e.g., village chief, clinic managers). Practice interviewing using the questionnaire. Make sufficient copies of the questionnaires. Arrange transportation to interviewing locales. (Lesson 10)

5. Collect field data for the Barrier Analysis.

Conduct at least 45 interviews of priority group members that are Doers of the behavior and at least 45 interviews with Non-Doers that do not practice the behavior. Record the responses on the questionnaire. (Lesson 9)

6. Code the Barrier Analysis questionnaire responses, then tabulate, analyze, and interpret the results.

Prepare the coding guides. Work in a group to create codes for and count (tabulate) each type of response. Record the number of similar responses on a newsprint or enter the tabulated results into the MS Excel Barrier Analysis Tabulation Sheet. Compare the answers of the Doers and Non-Doers for each question/response. Look for large difference (at least a 15 percentage points) if tabulating manually or statistically significant differences between the Doers and Non-Doers if using the MS Excel sheet. For each of the significant results, explain in your own words the meaning revealed behind the results. (Lessons 12 and 13)

7. Use the results to write bridges to activities in the Designing for Behavior Change Framework or make other decisions.

After analyzing and interpreting your data, use the information to write bridges to activities or to inform other decisions. Which determinants must be addressed through your activities? Which determinant-based messages should be used? How will you address the influencing groups? What should the training content focus on? (Lesson 14)

Lesson 5 Handout 2: The Five Principles of Barrier Analysis

1. Just because a person knows what he/she should do does not mean that he/she will do it. Other factors influence our decisions. Having knowledge about the positive consequences of a behavior is only one factor. People often learn about a behavior long before they are willing to adopt it.
2. Just because a person wants to do a behavior does not mean that he/she will do it. Sometimes we are blocked and cannot do what we truly want to do and know we need to do (e.g., for lack of time or money). In addition, people often do not seek help from others (e.g., friends, health providers, God) to overcome a problem or change a habit.
3. Just because a person fears a given outcome does not mean they will take action to prevent it. Many times we try to increase the level of fear that a person has in order to get him/her to do a preventive action. However, sometimes the problem is too much rather than too little fear of the problem or disease. For example, we may talk about the danger of HIV/AIDS to get someone to get tested or the danger of rats to convince a person to build an improved silo. However, studies have shown that sometimes too much fear can keep a person from doing something (e.g., getting tested for HIV/AIDS when they would rather not know).
4. Many of the actions that people engage in to improve their lives are not necessarily done for the reasons that we promote. It is possible to encourage a person to do something that improves his/her life for reasons that are not directed at improving agricultural productivity or health (e.g., building a silo so nosy neighbors don't see how much you are harvesting, washing yourself with soap in order to smell good). We need to find reasons that motivate (or would motivate) people to do something that will improve their lives or well-being.
5. If you do not choose the right behavior to promote, increasing adoption won't make much difference. If the behavior you plan to promote does not have that much effect on the intended outcome (e.g., improved agricultural productivity, improved child nutrition), conducting a Barrier Analysis on that behavior will not help you achieve your outcome. For example, studying the behavior "Mothers maintain their child's growth card" will accomplish little if mothers don't actually attend the well-baby clinic and follow the advice of the health worker. Changing a few of the right behaviors can often drive a lot of change. There are other tools and information that you should be using, as well, to assure that you are picking the right behaviors to promote (e.g., Positive Deviance [PD] inquiries, scientific effectiveness studies).

Lesson 5 Handout 3: Learning About Doer/Non-Doer Studies and Barrier Analysis Surveys

1. How is a Doer/Non-Doer Study different from Barrier Analysis?

Doer/Non-Doer Analysis is very similar to Barrier Analysis, as they both focus on comparing Doers and Non-Doers. The Doer/Non-Doer Study focuses on the four most common determinants, whereas Barrier Analysis examines the four most common determinants plus up to eight additional determinants (so, potentially 12 determinants). Due to the difference in the number of determinants being studied, the Doer/Non-Doer questionnaire is typically shorter than the Barrier Analysis questionnaire. Typically, the Doer/Non-Doer questionnaire has six questions including:

- What are the advantages of the behavior?
- What are the disadvantages of the behavior?
- Who approves of you doing the behavior?
- Who disapproves of you doing the behavior?
- What makes it easier for you to do the behavior?
- What makes it harder to do the behavior?

The original Doer/Non-Doer Analysis methodology recommended a smaller sample size and a different form of analysis, but the same sample size and type of analysis as used with Barrier Analysis is now recommended. Doer/Non-Doer Analysis can take a bit less time, given that it involves fewer questions, but it is important to ensure that you are not leaving out potentially important determinants of the behavior under study. When in doubt, some recommend using Barrier Analysis and exploring the full set of determinants that may influence the behavior you are studying.

2. How many determinants are explored in Barrier Analysis?

Barrier Analysis asks more explicit questions about each of the up to 12 behavioral determinants: the four most powerful plus a number of the remaining eight determinants. See [Lesson 4 Handout 1: Important Determinants that Influence Behavior](#) to review the determinants that Barrier Analysis can explore. Some researchers feel it is best to measure as many of the determinants as possible so as not to miss important determinants that may be driving the behavior. It is difficult to know ahead of time which determinants will turn out to be important ones.

3. Which interview technique is recommended?

Most experts recommend using individual interviews with priority group members. Previously focus group discussions were considered an acceptable option, but experience has shown that the results with individual interviews are more reliable.

4. Who is interviewed?

In both a Doer/Non-Doer Study and Barrier Analysis, the questions are usually asked of individuals from the priority group. Their responses are compared based on whether they are Doers or Non-Doers (if they practice the behavior, they are considered Doers). A person who used to belong to the priority group, someone who practiced the behavior in the past, should be interviewed in cases where a behavior took place in the past (e.g., exclusive breastfeeding [EBF]) and is no longer practiced by the respondent (e.g., the child no longer breastfeeds).

5. Who interviews Doers and Non-Doers?

Usually project staff members are trained to conduct the interviews, though outside interviewers can also be engaged to implement the survey. All interviewers should be trained in the Doer/Non-Doer interview methodology as the technique is a bit different from other types of surveys. It is best to have all interviewers interview some Doers and some Non-Doers, rather than having a given interviewer interview only Doers or Non-Doers. This helps to avoid finding trends that are purely a result of how a particular interviewer asked the question or recorded the responses. If you have one person interviewing and one person recording the responses, be sure to have the two swap roles during the survey.

6. Can the same person be interviewed about more than one behavior?

If you are conducting more than one Barrier Analysis at the same time, it is best to avoid asking the same person about multiple behaviors. Doing so can lead to over-taxing the respondent and lead to their providing incomplete or not well-thought-out responses as they grow weary of being interviewed.

7. What sample size should be used?

A sample size of 45 individual Doers and 45 individual Non-Doers is recommended, as this usually gives the best results in Barrier Analysis.¹⁰ Interviewing more than 45 Doers and 45 Non-Doers often identifies very small differences between the two groups, which should probably be ignored given their limited correlation with the behavior. If you interview less

¹⁰ **Note to facilitator only:** This is based the results of using a sample size calculator for case-control type studies with a p-value of 0.05, a Relative Risk of 3.0, an alpha error of 5%, and a power of 80%.

than 45 Doers and 45 Non-Doers, you run the risk of not finding enough important differences between Doers and Non-Doers on which to base your activities and messaging.

If it is impossible to find 45 Doers and 45 Non-Doers, you may still find some significant results. If you cannot find 45 of one group (e.g., Doers), it may be helpful to do more interviews of the other group (e.g., Non-Doers) to find statistically significant differences between the two groups (e.g., interviewing 30 Doers and 60 Non-Doers). Note that when using slightly smaller samples, analyzing data using the Barrier Analysis Tabulation Sheet (mentioned in question 12) may be helpful to find more statistically significant differences.

8. What type of sampling should be used?

This study is similar to a case-control study, so it is not necessary to have as rigorous a sampling method or to use population-based sampling like you would for other types of surveys (e.g., knowledge, practice, and coverage [KPC] surveys). However, in order for your results to be representative of most of the people in the area, it is good to draw your respondents from different communities. This is particularly true if there are variables represented in your community. For example if there are different religious or ethnic groups or if there are other issues that may impact the practice of the behavior (e.g., geography in the case of care seeking), these also should be taken into consideration.

9. How long does a typical Barrier Analysis take?

Compared to some other qualitative investigation methods (e.g., focus groups), Barrier Analysis requires more human and financial resources to conduct since it requires a larger sample size (90 respondents total). Compared to some other quantitative investigation methods (e.g., KPC surveys), Barrier Analysis should require less human and financial resources. Nonetheless, if the target population is accessible (and both Doers and Non-Doers can be easily identified), surveying to investigate one behavior can be done with two teams of three people in about two days (visiting two to three communities per day per team with about 10 interviews per community). With 15 to 20 data collectors and three to four vehicles, one behavior can be studied in a morning and the tabulation done in the afternoon. Training time and about 1–2 days for tabulation, analysis, and planning activities and messages must be added to this time frame.

10. When in the project life cycle should Barrier Analysis be used?

Barrier Analysis can be used at project start-up (e.g., prior to detailed implementation planning), which is the ideal time to plan a behavior change strategy, or at midterm or final evaluation for a project that will have a follow-on if a behavior change strategy is needed or needs adjustment at that time. In addition, some organizations conduct a Barrier Analysis periodically to research several behaviors over the course of a project (e.g., Food for the Hungry sometimes conducts a Barrier Analysis on one key behavior they intend to promote through Care Groups [e.g., EBF] before each 4-month behavior promotion module).

11. How reliable are the findings?

Because Barrier Analysis identifies statistically significant differences between Doers and Non-Doers, it is very probable that the determinants found to be different between the two groups are true differences (not just due to chance). The determinants identified have less than a 5 percent probability of being due to chance (i.e., $p < 0.05$).

12. How are results analyzed?

A questionnaire is developed and administered to Doers and Non-Doers (usually equal numbers of both). The results are coded and tabulated manually on newsprint, and the percentage is calculated using a simple calculator. Those responses with a 15 point difference or higher indicate the most significant determinants and bridges to activities. It is important to note that the percentages of Doers or Non-Doers giving a particular response alone (or even the total combined) are not meaningful; it's the difference between the two groups that matters. Also, sometimes a minority of Doers and Non-Doers will give a particular response, but the difference between them is large enough to indicate an important determinant.

The results also can be entered into a MS Excel table specially created for finding differences between Doers and Non-Doers. The MS Excel spreadsheet calculates the percentages of Doers and Non-Doers who gave each response and identifies differences that are statistically significant. By using the spreadsheet, you are more likely to find more statistically significant differences between Doers and Non-Doers compared with just looking for 15-point differences between Doers and Non-Doers. The spreadsheet also shows the magnitude of each determinant (e.g., Doers were 7 times more likely to say that their husbands approved of the behavior than Non-Doers). The MS Excel spreadsheet can be downloaded (as of March 2012) from

http://www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx.

A document explaining how to use the Barrier Analysis Tabulation Sheet can be found at: http://www.caregroupinfo.org/docs/BA_Analysis_Excel_Sheet_Tab_Sheet_Explanation_Latest.doc.

Future updates to the Barrier Analysis Tabulation Sheet and instructions will be posted on the Food Security and Nutrition Network website (www.foodsecuritynetwork.org) and at <http://www.caregroupinfo.org/blog/narrated-presentations-on-care-groups-and-care-group-tools/planning-m-e-tools>.

13. Are qualitative methods sometimes used after a Barrier Analysis?

Yes, qualitative methods can be useful to follow-up after a Barrier Analysis. For example, if we learn from a question about perceived negative consequences that farmers perceive the promoted behavior will actually make their harvest smaller, follow-up group interviews are

needed to find out where that belief comes from, why they think that happens, and how they think that happens. Similarly, if many people answer that it is more difficult to eat protein-rich foods because of the cost, learning what the actual cost is, what respondents are willing to pay, what else respondents are spending money on that could be foregone to buy the protein-rich food, and whether the Doers are more affluent, among other information, is important. While Barrier Analysis should help you identify the most important barriers and enablers, it may not be enough to find what truly motivates people, including the “big benefits.” Therefore, it can be useful to follow up this approach with focus group discussions or a Participatory Learning and Action activity. (In the section on questionnaire development, however, we will mention a question that you can put at the end of your questionnaire to look into “big benefits”.) Also, using Trials of Improved Practices (TIPS), focus group discussions, Participatory Learning and Action (PLA), and other qualitative methods can be useful for studying enablers and barriers when a Barrier Analysis is not possible due to a lack of Doers. For example, when you are introducing a behavior that is new to an area (e.g., solar water disinfection, use of Zinc), you may not find any Doers at the beginning of the project.

14. Is Barrier Analysis a quantitative method, qualitative method, or both?

Barrier Analysis is both qualitative and quantitative. It has open-ended elements that help explore and describe how the two groups think (which makes them qualitative in nature), but it also has quantitative elements (e.g. the statistical comparison of Doers and Non-Doers) that allow us to determine the important differences. Since Barrier Analysis does not measure prevalence of a particular belief, most people do not think of it as quantitative; however, quantitative information is being collected and analyzed (e.g., which group gave a particular response more often).

Lesson 5 Handout 4: Barrier Analysis Game Questions and Correct Responses

Questions	Responses
How is a Doer/Non-Doer Study different from a Barrier Analysis survey?	Doer/Non-Doer Studies examine only four of 12 determinants
How many determinants are explored in a Barrier Analysis?	Up to 12
Which determinants are explored by both Doer/Non-Doer Studies and Barrier Analysis surveys?	Perceived self-efficacy, perceived social norms, perceived positive consequences, and perceived negative consequences
What data collection method is recommended?	Individual interviews
Who is usually interviewed in a Barrier Analysis?	The priority group members
Who interviews Doers and Non-Doers (in both Doer/Non-Doer Studies and Barrier Analyses)?	Someone who has been trained in this interview technique
Can the same person be interviewed concerning more than one behavior?	Not recommended
What is the minimum number of total interviewers recommended?	90
How many Doers should be interviewed?	45
Is it acceptable to take your sample all from the same community?	Not recommended
When in the project life cycle can the Barrier Analysis be used?	Proposal development, first or second quarter, after mid-term, any time when a behavior is not changing
How reliable are the findings?	95%
To be considered significant what should the minimum point difference be between Doers and Non-Doers?	15%
Can the results only be coded manually?	Yes
Are other qualitative methods sometimes used after a Barrier Analysis?	Yes
Is the Barrier Analysis a quantitative or qualitative research method?	Both

Lesson 6: Introduction to the Questionnaire

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Identified the different elements of a Barrier Analysis questionnaire

Time

1 hour

Materials

- Lesson 6 Handout 1: Generic Barrier Analysis Questionnaire
- Lesson 6 Handout 2: Doer/Non-Doer Study and Barrier Analysis Questionnaire Content

Steps

1. Introduction and Participant Experience
 - 1a. Ask how many participants have experience developing a research questionnaire. Ask what their experience was like, specifically how they decided how to organize the questionnaire and which questions to ask.
 - 1b. Explain that the questionnaire used to conduct a Doer/Non-Doer Study or Barrier Analysis Survey follows a very standard format that makes it much easier to develop compared to other types of surveys. In fact, aside from the screening questions, it is almost like a fill-in-the-blank process.
2. Questionnaire Organization
 - 2a. Pass out **Lesson 6 Handout 1: Generic Barrier Analysis Questionnaire**. Ask participants to review the handout and tell you what they notice about how the questionnaire is organized/divided. Discuss any other observations they have.
 - 2b. Pass out **Lesson 6 Handout 2: Doer/Non-Doer Study and Barrier Analysis Questionnaire Content** and discuss the following points with participants. Use the handout to guide your presentation/discussion.
 - 2d. Explain that different nongovernmental organizations (NGOs) have developed some different questionnaire formats (see **Annex 3: Alternative Barrier Analysis Questionnaire Format**), but the core elements of the questionnaire are always included.
 - 2e. Explain that we are now going to learn how to develop a questionnaire section by section until each team has developed a complete Barrier Analysis questionnaire.
 - 2f. Answer any questions.

Lesson 6 Handout 1: Generic Barrier Analysis Questionnaire

Group: Doer Non-Doer

Barrier Analysis Questionnaire on [put behavior here] for use with [put priority group here]

Behavior Statement

[Insert behavior statement here]

Demographic Data

Interviewer's Name: _____

Questionnaire No.: _____

Date: ____/____/____

Community: _____

Gender of interviewee: Male Female

Language of Interview: _____

Scripted Introduction

Hi, my name is _____ and I am part of a study team looking into [purpose of study]. The study includes a discussion of this issue and will take about [XXX] minutes. I would like to hear your views on this topic. You are not obligated to participate in the study and no services will be withheld if you decide not to. Likewise, if you decide to be interviewed, you will not be compensated in any way or receive any gifts or services. Everything we discuss will be held in strict confidence.

Would you like to talk with me? [If not, thank them for their time.]

Section A: Doer/Non-Doer Screening Questions

[There are usually multiple screening questions, depending on the detail of the behavior statement.]

1. Do you [put behavior here]?

A. Yes

B. No

C. Don't know / won't say → [End interview and look for another respondent]

2. *[Add any qualifying question here (e.g., “In addition to water did you use anything else to wash your hands?”).]*

A. Yes

B. No

C. Don’t know / no response → *[End interview and look for another interviewee]*

[In the table below identify the screening questions and how they need to be answered for the respondent to be considered a Doer, Non-Doer, or person not to be interviewed.]

Doer/Non-Doer Classification Table

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1 =	Question 1 =	Question 1 =
Question 2 =	Question 2 =	Question 2 =

Group: Doer Non-Doer

Behavior Explanation *[as needed]*

In the following questions I am going to be talking about *[put the term here, e.g. the five critical times for washing your hands]*. By this I mean *[put the explanation here]*.

Section B: Research Questions

[Perceived Self-Efficacy/Skills]

1. **Doers and Non-Doers:** With your present knowledge, resources, and skills do you think that you could *[put behavior here]*?

A. Yes

B. Possibly

C. No

D. Don’t know

[Perceived Positive Consequences]

- 2a. **Doers:** What are the advantages of *[put behavior here]*?
- 2b. **Non-Doers:** What would be the advantages of *[put behavior here]*?

[Write all responses below. Probe with "What else?"]

[Perceived Negative Consequences]

- 3a. **Doers:** What are the disadvantages of *[put behavior here]*?
- 3b. **Non-Doers:** What would be the disadvantages of *[put behavior here]*?

[Write all responses below. Probe with "What else?"]

[Perceived Self-Efficacy]

- 4a. **Doers:** What makes it easy for you to *[put behavior here]*?
- 4b. **Non-Doers:** What would make it easy for you to *[put behavior here]*?

[Write all responses below. Probe with "What else?"]

[Perceived Self-Efficacy]

- 5a. **Doers:** What makes it difficult for you to *[put behavior here]*?
- 5b. **Non-Doers:** What would make it difficult for you to *[put behavior here]*?

[Write all responses below. Probe with "What else?"]

[Perceived Social Norms]

- 6a. **Doers:** Do most of the people that you know approve of your *[put behavior here]*?
- 6b. **Non-Doers:** Would most of the people that you know approve of your *[put behavior here]*?
- A. Yes
 - B. Possibly
 - C. No
 - D. Don't know / won't say

[Perceived Social Norms]

- 7a. **Doers:** Who are all the people that approve of your *[put behavior here]*?
- 7b. **Non-Doers:** Who are all the people that would approve of your *[put behavior here]*?
- [Write all responses below. Probe with "Who else?" "Anyone in particular?"]*

[Perceived Social Norms]

- 8a. **Doers:** Who are all the people that disapprove of your *[put behavior here]*?
- 8b. **Non-Doers:** Who are all the people that would disapprove of your *[put behavior here]*?
- [Write all responses below. Probe with "Who else?" "Anyone in particular?"]*

[Perceived Access]

- 9a. **Doers:** How difficult is it to get the materials and services you need to *[put behavior here]*?
- 9b. **Non-Doers:** How difficult would it be to get the materials and services needed to *[put behavior here]*?
- A. Very difficult
 - B. Somewhat difficult
 - C. Not difficult at all
 - D. Don't know / won't say

[Perceived Cues for Action/Reminders]

- 10a. **Doers:** How difficult is it to remember to (or how to do) *[put behavior here]* every time you need to do it?
- 10b. **Non-doers:** How difficult do you think it would be to remember to *[put behavior here]* every time you need to do it?
- A. Very difficult
 - B. Somewhat difficult
 - C. Not difficult at all
 - D. Don't know / won't say

[Perceived Susceptibility/Perceived Risk]

- 11a. **Doers:** How likely is it that you *[or "your child" or whoever the behavior is directed to help]* would *[put problem or disease here (e.g., "get malaria")]* in the next *[put a timeframe here]*? Very likely, somewhat likely, or not likely at all?
- 11b. **Non-Doers:** How likely is it that you *[or "your child" or whoever the behavior is directed to help]* could *[put problem or disease here (e.g., "get malaria")]* in the next *[put a timeframe here]*? Very likely, somewhat likely, or not likely at all?
- A. Very likely
 - B. Somewhat likely
 - C. Not likely at all
 - D. Don't know / won't say

[Perceived Severity]

12. **Doers and Non-Doers:** How serious would it be if you *[or "your child" or whoever the behavior is directed to help]* would *[put problem or disease here]*? A very serious, somewhat serious, or not serious at all?
- A. Very serious
 - B. Somewhat serious
 - C. Not serious at all

[Perceived Action Efficacy]

- 13a. **Doers and Non-Doers:** How likely is it that you or your child would get *[put problem or disease here]* if you did not *[put behavior here]*? Very likely, somewhat likely, not likely at all
- A. Very likely
 - B. Somewhat likely
 - C. Not likely at all

[Perceived Divine Will]

- 14a. **Doers:** Do you think that God (or the gods) approves of your *[put behavior here]*?
- 14b. **Non-Doers:** Do you think that God (or the gods) would approve of your *[put behavior here]*?
- A. Yes
 - B. No
 - C. Don't know / won't say

[Policy]

- 15a. **Doers:** Are there any community laws or rules in place that you know of that made it more likely that you *[put behavior here]*?
- 15b. **Non-Doers:** Are there any community laws or rules in place that you know of that make it more likely that you will *[put behavior here]*?
- A. Yes
 - B. No
 - C. Don't know / won't say

[Culture]

16. **Doers and Non-Doers:** Are there any cultural rules or taboos that you know of for or against *[put behavior here]*?
- A. Yes
 - B. No
 - C. Don't know / won't say

[Universal Motivators]

17. **Doers and Non-Doers:** What are the things that you want most in life?
- [Write all responses below.]*

Thank the respondent for his or her time!

Lesson 6 Handout 2: Doer/Non-Doer Study and Barrier Analysis

Questionnaire Content

- At the very top of the page of a questionnaire are the words “Doer and Non-Doer” to indicate which type of respondent is being interviewed using this questionnaire. This is to be completed by the supervisor after he/she has verified that the classification was correct. This placement makes it easy to categorize the questionnaire according to Doer/Non-Doer classification without having to look in the middle of the page.
- The questionnaire has a title that states the behavior and the priority group that should be interviewed for the questionnaire .
- This is the most recent change to the questionnaire. We have decided to recommend writing the behavior statement on the questionnaire itself, since sometimes the priority group to practice the behavior is NOT the same that the group being interviewed (example: exclusive breastfeeding) see Lesson 7 Handout 2.
- The first section, Demographic Data, includes the name of the interviewer and other demographic information about the respondent, but not his/her name. Only information that is pertinent to the behavior and context and information that will be analyzed should be included here.
- The next section is the Scripted Introduction, where the interviewer introduces himself/herself; tells the respondent the purpose of the survey in general terms; explains the time it will take, how the results will be used, the conditions of participation, and the confidentiality policy; and asks permission to proceed with the interview. It is best to write this part out word-for-word so that all interviewers present the survey in the same way.
- The next part, Section A, includes the behavior screening questions and the Doer/Non-Doer classification table. This table allows you to classify the respondent as a Doer, a Non-Doer, or someone not to be interviewed at all, according to the responses they gave to the screening questions.
- After Section A, sometimes there is a section that includes a description of the behavior or a term used in the behavior statement that might not be understood by the respondent. For example, this would be the place to clarify what orange-flesh sweet potatoes are and look like, what you mean by “abuse,” or what water purification tablets are used for.
- Section B includes all the questions that you intend to ask the respondent and the instructions to the interviewer on probing or which responses to read aloud to the respondent. There is a standard format and order for these questions.

Lesson 7: Step 1: Defining the Behavior for the Formative Research

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Identified where to find the behavior statements in their projects
- Written a well-defined behavior statement

Time

1 hour

Materials

- Seven steps of Barrier Analysis on individual color construction paper for display (from Lesson 5)
- Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
- Lesson 7 Handout 1: Guidance for Behavior Statement Writing
- Lesson 7 Handout 2: Who's Who in Behavior Change
- Flip chart paper for group work
- Optional: Example indicators from participants' Indicator Performance Tracking Tables (IPTTs), project Log-frames, design framework, or other monitoring and evaluation table

Facilitator's Note

Have the participants sit in groups according to their technical interests so they will be working on a behavior that is pertinent to their project and designing a questionnaire that is relevant to them. Example interest groups might include child nutrition, maternal nutrition, malaria, diarrheal disease, hygiene practices, improved agricultural techniques, animal husbandry, natural resource management, HIV, gender-based violence, or equity.

Steps

1. Introduction
 - 1a. Explain that we will now begin to follow the steps in conducting our formative research through a Doer/Non-Doer Study or Barrier Analysis survey. We will be doing some exercises and developing our own Barrier Analysis questionnaires.
 - 1b. Explain that writing a very clear and specific behavior statement is critical to both the Designing for Behavior Change (DBC) Framework and the formative research. If you do

the formative research as part of the DBC process, which is recommended, you would use the behavior statement that was written in the DBC Framework. If you have not started your DBC Framework when you want to conduct the research, then you have to start by writing the behavior statement.

2. The Behavior Statement

- 2a. Point to the seven steps of Barrier Analysis posted on the wall (from Lesson 5) and explain that in order to develop a Barrier Analysis questionnaire you first have to write a clear behavior statement. Ask participants: What might happen if we don't have a very clear and detailed behavior statement? Response should include: We might not all agree on who exactly should do the behavior or what change we are striving for and we won't be able to clearly discuss the barriers and motivators with our priority group.
- 2b. Refer participants back to [Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms](#) and the definition of a behavior. Explain that in a DBC Framework and for the purpose of our research, the behavior is usually formulated as: 1) priority group, 2) action verb in present tense, and 3) the details (time, frequency, quantity, duration, place). For example: Pregnant women attend four antenatal care consultations at a government health facility as follows: 1 in the first trimester, 1 in the second trimester, and 2 in the third trimester. Refer participants to [Lesson 7 Handout 1: Guidance for Behavior Statement Writing](#) and review.
- 2c. Ask participants: How do you know which behaviors or practices your projects are promoting? Responses should include: They might be found in your list of indicators or implied in the IPTT, log frame or results framework, depending on the type of project the participants are working on.
- 2d. Ask participants: How do you know which behaviors to study? Responses should include: You should only study behaviors that are either listed as indicators, implied in objectives/indicators, or very closely linked to those behaviors.

3. Writing Behavior Statements

- 3a. **Option 1** (if most participants are working on Title II food security projects and have their IPTTs with them):
 - Working in their small groups, assign each group one or two indicators from their IPTT, design framework, or monitoring and evaluation plan. For each indicator, they must decide whether it already describes a behavior in detail or if it is a composite of behaviors and therefore needs further definition/clarification. They should also decide if the priority group is stated clearly enough. The priority group cannot be a vague group such as the household or adults.

- Help the whole group work through this example before starting their small group work. Example IPTT indicator: % of households with adequate post-harvest storage (% of households practicing improved hygiene)
 - Is this a behavior according to the definition in Lesson 2 Handout 2? Why or why not?
 - What is the behavior or behaviors underlying this indicator? Options: build pest-proof post-harvest storage facilities or purchase a storage silo. Ultimately, our goal is one of these options, so that is the behavior we want to promote.
 - Ask how this could be written as a behavior statement that meets the criteria on the flip chart and write the new behavior statement. (The new behavior statement should read: Household heads build pest-proof post-harvest storage facilities.)
 - The small groups continue the process of reviewing the assigned indicators, assessing them against the definition and writing accurate behavior statements on flip chart paper.
 - When the groups have finished, they will present their statements to the rest of the group. As the small groups share, compare the various responses of fellow participants with the definition of a behavior, rewriting the statement if necessary.
- 3b. **Option 2** (if most participants do not have an IPTT/design framework or if the behaviors are already clearly written or you want to provide more opportunities to write clear behavior statements):
- Assign some categories of behaviors that reflect the interests of the group (e.g., child health, child nutrition, maternal nutrition, farming, gardening, animal husbandry, hygiene, gender, natural resources, malaria, marketing)
 - Ask the small groups (or individuals) to write two or three behavior statements on flip chart paper following the format provided. Each small group will share one behavior statement with the rest of the group.
 - Participants and the facilitator will critique the behavior statements and suggest corrections.
4. Who's Who in Behavior Change
- 4a. Refer participants to [Lesson 7 Handout 2: Who's Who in Behavior Change](#).
 - 4b. Explain that in some cases the person you should interview for the formative research is not the same as the priority group. As in the handout example, if the behavior has to

be practiced over a period of time in order for the person to be considered a Doer, you should interview the people who have had a chance to complete the practice.

- 4c. Ask participants to list a few other behaviors, like exclusive breastfeeding (EBF), where the people interviewed would not be the same as the priority group.

5. Wrap Up

- 5a. Wrap up the session by emphasizing the need to have a clearly stated behavior that contains all the details necessary to directly contribute to the goal. Without the details you will miss collecting important information from your priority group about the behavior.

Lesson 7 Handout 1: Guidance for Writing a Behavior Statement

The Priority Group

- Be specific: Which farmers? Which age group? Married? Which mothers?
- Do not qualify by saying “all”. This turns the statement into an indicator.

Action Verb in Present Tense

- To test if your verb is an action verb, close your eyes and try to “see” the action. Everyone should see the same action when they hear the verb.
- Avoid such verbs as “use” because they are not clear enough.
- Do not use a verb in the progressive present tense (an “-ing” verb).

The Specifics

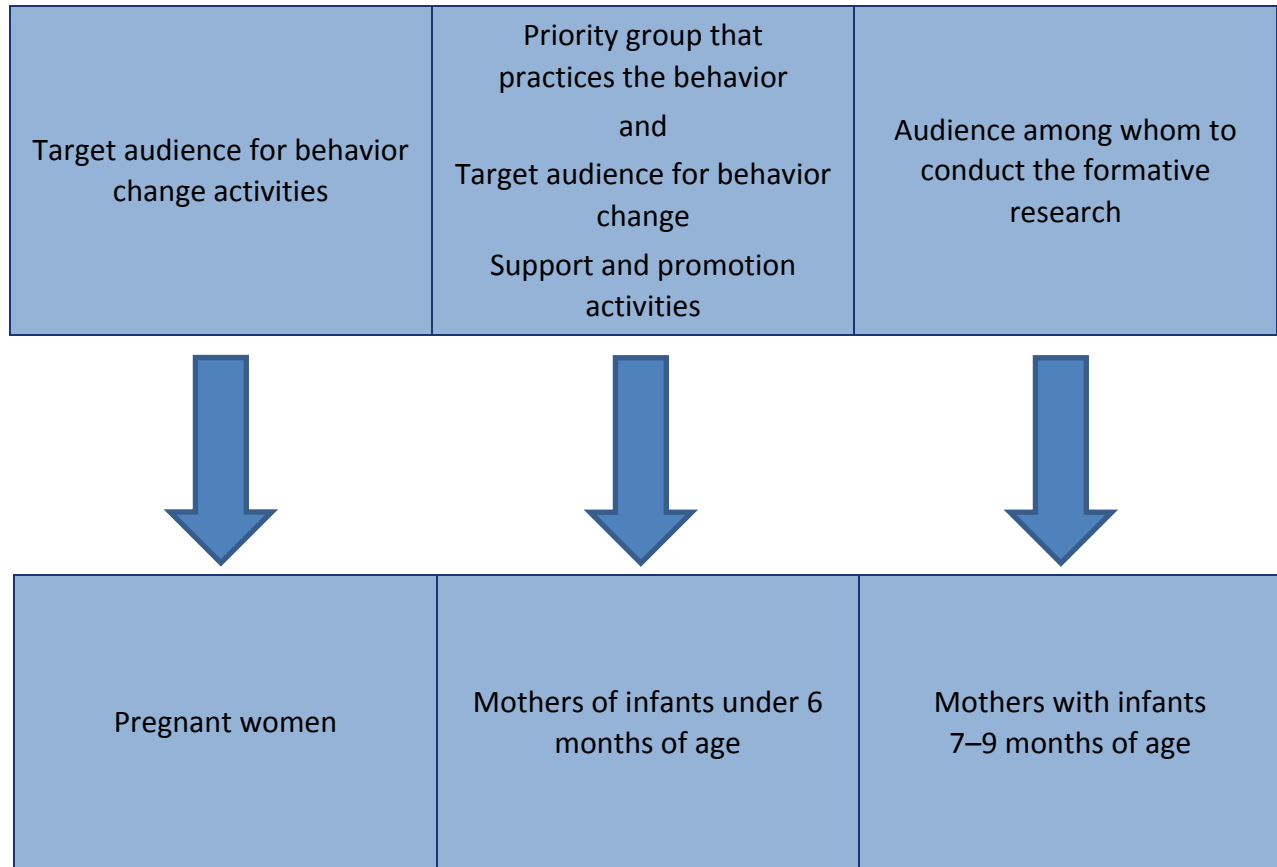
- Add the details that pertain to how the behavior should be practiced, including when the behavior should be practiced, how often, in which place, etc.
- Do not include why the behavior should be practiced.

Lesson 7 Handout 2: Who’s Who in Behavior Change

For some behaviors you have to be careful about identifying the group to work with.

Example: exclusive breastfeeding (EBF)

Ideal behavior: Mothers only feed breast milk to their infants from birth to 6 months of age.



For all behaviors that should have been practiced in a past timeframe (e.g., seasonal agricultural practices, immediate breastfeeding, assisted delivery), the audience for the formative research will not be the same as the priority group (people currently practicing).

Lesson 8: Step 2: Writing the Behavior Screening Questions

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Heard an explanation about the need to relax the definition of a Doer for the sake of the research
- Identified the ways the definition of a Doer may need to be relaxed
- Practiced defining Doers/Non-Doers for different behaviors
- Written screening questions for their assigned behavior

Time

2 hours

Materials

- Lesson 8 Flip Chart 1: Behavior Screening Questions
- Blank flip chart paper
- Lesson 8 Handout 1: Behavior Relaxing Worksheet
- Lesson 8 Handout 2: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables
- Lesson 8 Handout 3: Behavior Screening Question Characteristics
- Lesson 8 Handout 4: Writing Behavior Screening Questions

Steps

1. Introduction

- 1a. Looking at the posted steps in the process of conducting formative research, ask participants: Which step we are on? [Step Two: Develop the Behavior Screening Questions] Explain what a Screening Question is while showing **Lesson 8 Flip Chart 1: Behavior Screening Questions**.
- 1b. Explain to participants: To write the screening questions you have to first know two things: who you should interview for the survey and what the behavior statement is. The behavior statement will tell you what the ideal desired behavior is, which is usually based on what science (or in the case of gender equity, education, child protection, the Bill of Human Rights) tells us will resolve the problem (for example, diarrheal disease is reduced by proper hand-washing).

Sometimes, however, you won't be able to find enough people (the recommended 45 Doers to interview) who are already doing the ideal behavior (which is why you're promoting it), so you will have to "relax" the definition of a Doer to include a less-than-the-ideal or optimal behavior. This is done for research purposes only. After the research you will continue to promote the ideal behavior.

2. Defining a Doer

- 2a. Ask participants to reflect on Lesson 3: The Exercise Exercise and to remember what the ideal behavior was (30 minutes of moderate exercise 5 times a week). Write the ideal behavior on a flip chart.
- 2b. Ask the participants how many ways they could relax this behavior that would make it easier to find some Doers. Answers could include changing 5 times a week to less than 5 times, 30 minutes to less than 30 minutes, or moderate exercise to light exercise. Then ask each participant to write down a modified, relaxed version of the original behavior statement.
- 2c. Ask a few participants to share with the rest of the group how they relaxed this behavior.
- 2d. Explain that the objective of relaxing the behavior is to modify the definition of a Doer just enough to ensure that they will be able to find 45 Doers to interview. However, the more the definition of a Doer is distorted away from the ideal desired behavior, the less relevant the study data will be. As a start, researchers should reference existing data to get a sense for the percentage of people already practicing the ideal behavior. Ask participants: Where might this data come from? Responses could include departments of health services, baseline survey data from various projects, ministry of health data, ministry of agriculture data, or government statistics.
- 2e. Distribute the **Lesson 8 Handout 1: Behavior Relaxing Worksheet** and have each participant complete it. You could assign specific behaviors to different individuals according to their technical interest or do this work in small groups.

3. Writing the Behavior Screening Questions

- 3a. Now that we have practiced relaxing the definition of the ideal behavior, we need to determine the questions to ask on the questionnaire that will distinguish Doers from Non-Doers. Remember, these are called behavior screening questions.
- 3b. The types of questions needed are based on the behavior statement. If the behavior needs to be practiced by a specific audience, for example, a specific age group, marital status, gender, or vocation, start writing questions for those attributes.

3c. Distribute **Lesson 8 Handout 2: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables**.

- Ask participants to review the examples and share what they notice about the order of the questions and how the questions are posed. Answers should include that they are directly related to all aspects of the behavior statement, including the profile of the target audience; they are always about the person’s own behavior; the questions are specific, not hypothetical, time-bound, follow a logical order, and not leading; and sometimes an observation question is included.
- Distribute **Lesson 8 Handout 3: Behavior Screening Question Characteristics**, review any confusing characteristics, and add any relevant ones mentioned by the participants.

3d. Distribute **Lesson 8 Handout 4: Writing Behavior Screening Questions** and assign behavior statements to participants according to their interest/sector.

- Explain that participants will now practice writing behavior screening questions for one or two behaviors. (Options for difficulty level of this exercise: done individually is most challenging, done in pairs is challenging, done in small groups is less challenging, done as large group is least challenging.)
- Instruct participants to write the behavior statement at the top of a piece of flip chart paper, and then write the behavior screening questions below it.
- Ask each participant/group to then draw a Doer/Non-Doer classification table, similar to the ones in the Lesson 8 Handout 2, on the flip chart paper.
- Post the various flip chart papers around the room and instruct the participants to do a gallery walk to learn from the other groups. (Optional: post blank pieces of paper next to each flip chart paper so other participants can give written feedback/suggestions for improvements.)

4. Wrap Up

- 4a. Wrap up the session by asking participants to share something new they learned or a pending issue or concern regarding writing behavior screening questions.

Lesson 8 Flip Chart 1: Behavior Screening Questions

Behavior screening questions:

- Are the questions you pose to be able to categorize someone as a Doer or a Non-Doer
- Follow the set of demographic questions
- Are usually assigned to Section A of the questionnaire

Lesson 8 Handout 1: Behavior Relaxing Worksheet

Ideal Behavior	Relaxed Behavior for the Barrier Analysis
1. Mothers of children under 5 wash their hands with soap at the five critical times of day (after defecation, before eating, before feeding a child, before preparing food, after changing a diaper) every day.	
2. Mothers of children under 6 months give only breast milk to their infants from birth to 6 months.	
3. Targeted farmers use only organic compost to fertilize their fields.	
4. Targeted farmers use only bio-pesticides on their crops.	
5. Married women ages 15–49 always decide either by herself or jointly with her spouse on how to spend money that she herself has earned.	
6. Targeted adults use latrines at all times.	
7. Targeted animal raisers keep their animals penned up at all times when they are in the village.	
8. Pregnant women eat iron-rich foods 5 times a week during their pregnancy.	

Ideal Behavior	Relaxed Behavior for the Barrier Analysis
9. Caregivers/mothers take their sick children (who have a fever, won't eat, or vomit everything) to a private or government health facility within 24 hours of seeing these symptoms.	
10. Couples wanting to delay a birth use a form of modern contraceptive.	
11. Caregivers of children 0–5 years old assure that their children sleep under an insecticide-treated bednet (ITN) every night.	
12. Pregnant women attend four or more antenatal consultations at a private or government health facility with the first consultation in the first trimester and subsequent visits during each trimester.	
13. Primary school children drink potable water at all times.	
14. Farmers remove impurities from their crops before sale.	

Lesson 8 Handout 2: Example Behavior Screening Questions with Doer/Non-Doer Classification Tables

Example 1. Hand-Washing

Behavior Statement

Mothers of children under 23 months of age always wash their hands with soap after using the latrine, before preparing food, before eating, before feeding a child, and after tending to a child who has defecated.

Behavior Screening Questions

1. How old is your youngest child?
 - A. 23 months or younger
 - B. 24 months or older → *[End interview and look for another mother]*
 - C. Don't know / won't say → *[End interview and look for another mother]*

2. Yesterday did you wash your hands?
 - A. Yes
 - B. No → *[Mark as Non-Doer and skip to Section B]*
 - C. Don't know / won't say → *[End interview and look for another mother]*

3. Yesterday how many times did you wash your hands? *[This is a question to get the mother to more accurately remember the responses to Question 5.]*
 - A. Once
 - B. Twice
 - C. Three times
 - D. Four times
 - E. Five or more times

4. Yesterday, at what times/moments during the day did you wash your hands?
 - A. Do not know / no response → *[End interview and look for another mother]*
 - B. Before preparing food
 - C. Before eating/giving food to children
 - D. After defecating
 - E. After attending to a child who has defecated

5. Yesterday in addition to water, did you use anything to wash your hands?
 - A. Yes
 - B. No → *[Mark as Non-Doer and skip to Section B]*
 - C. Don't know / won't say → *[End interview and look for another mother]*

6. If yes, what did you use?
 - A. Soap
 - B. Ash, sand, anything else → *[Mark as Non-Doer and skip to Section B]*
 - C. Don't know / won't say → *[End interview and look for another mother]*

7. Do you have soap in your house presently?
 - A. Yes
 - B. No or don't know / won't say → *[Mark as Non-Doer and skip to Section B]*

8. May I please see the soap you have in the house now?
 - A. Available and looks used
 - B. Not available/doesn't look used → *[Mark as Non-Doer and skip to Section B]*

Doer/Non-Doer Classification Table

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1= A	Question 1 = -----	Question 1 = B or C
Question 2 = A	Question 2 = B	Question 2 = C
Question 4 = Any 3 responses between B and E	Question 4 = Any two responses between B and E	Question 4 = A
Question 5 = A	Question 5 = B	Question 5 = C
Question 6 = A	Question 6 = B	Question 6 = -----
Question 7= A	Question 7 = B	Question 7 = -----
Question 8= A	Question 8 = B	Question 8 = -----

Group: Doer Non-Doer**Example 2: Care Seeking****Behavior Statement**

Mothers of children under 5 years of age seek medical treatment from a professionally trained provider within 24 hours of noticing a fever in the child.

Behavior Screening Questions

- How old is your youngest child?
 - A. 5 years or younger
 - B. Older than 5 years → *[End interview and look for another mother]*
 - C. Don't know / won't say → *[End interview and look for another mother]*
- In the last 3 months did your youngest child have a fever?
 - A. Yes
 - B. No → *[End interview and look for another mother]*
 - C. Don't know / won't say → *[End interview and look for another mother]*
- When your youngest child last had a fever did you seek medical care?
 - A. Yes
 - B. No → *[Mark as Non-Doer and skip to Section B]*
 - C. Doesn't know / won't say → *[End interview and look for another mother]*

4. Where exactly did you seek medical care when *[name of child]* had a fever last?
- A. Traditional healer, traditional birth attendant, other local source → *[Mark as Non-Doer and skip to Section B]*
 - B. Community health center
 - C. Government health center/clinic/hospital
 - D. Private clinic
 - E. Doesn't remember / won't say → *[End interview and look for another mother]*
5. After noticing the fever, after how much time did you take *[name of child]* to a clinic?
- A. Immediately, within a few hours, the same day, with 24 hours
 - B. After 24 hours, a couple days later → *[Mark as Non-Doer and skip to Section B]*
 - C. Doesn't remember / won't say → *[End interview and look for another mother]*

Doer/Non-Doer Classification Table

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1= A	Question 1= -----	Question 1 = B or C
Question 2 = A	Question 2= -----	Question 2 = B or C
Question 3= A	Question 3 = B	Question 3 = C
Question 4 = B or C or D	Question 4 = A	Question 4 = E
Question 5 = A	Question 5 = B	Question 5 = C

Group: Doer Non-Doer

Lesson 8 Handout 3: Behavior Screening Question Characteristics

Behavior screening questions:

- Are directly related to each element of the behavior statement, including the profile of the target audience (age, marital status, age of child, vocation, health status)
- Are personal, about the person’s own behavior
- Are specific, not theoretical (not “if this, then that” questions)
- Are presented in a logical order
- Often are time-bound (related to a specific time period; the more frequent the behavior the shorter the timeframe should be)
- Sometimes include a “reminder” question just to help the person remember when they last did the behavior so they can more accurately answer the subsequent questions
- Sometimes include an observation/sign of proof question
- Do not lead the respondent to answer in a particular way (e.g., did you wash your hands with soap?)

Lesson 8 Handout 4: Writing Behavior Screening Questions

Instructions: Choose one behavior from the list below and write the behavior screening questions you would pose in order to classify the respondent as a Doer or a Non-Doer. Also create the Doer/Non-Doer classification table.

1. Mothers of children under 6 months of age give only breast milk to their infants.¹¹
2. Targeted farmers use compost to fertilize at least half their fields.
3. Targeted farmers use a mix of bio-pesticides and other pesticides on their crops.
4. Married women make decisions jointly with their spouses on how to spend money that they themselves have earned.
5. Targeted adults use latrines to defecate when they are at home.
6. Targeted animal raisers use fodder crops to feed their livestock at least half the time.
7. Pregnant women eat iron-rich foods at least three times a week.
8. Caregivers/mothers take their sick children (who have a fever, won't eat, or vomit everything) to a private or government health facility within 2 days of seeing these symptoms.
9. Couples wanting to delay a birth use any form of contraceptive.
10. Caregivers of children 0–5 years old assure that their children sleep under insecticide-treated bednets (ITNs) every night during the raining season.
11. Pregnant women attend at least four antenatal consultations at a private or government health facility, with the first consultation in the first trimester.
12. All household members drink potable water when they are at home.
13. Targeted herders vaccinate their cattle every year according to the recommended schedule.

¹¹ Reflect on how to define a “Doer” for this behavior.

Lesson 9: Step 3: Writing the Research Questions

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed example Barrier Analysis questions related to each determinant
- Corrected an example Barrier Analysis questionnaire
- Written a Barrier Analysis questionnaire
- Provided feedback on a draft Barrier Analysis questionnaire

Time

2 hours

Materials

- Lesson 9 Handout 1: Sample Questions for Doer/Non-Doer and Barrier Analysis Questionnaires per Determinant
- Lesson 9 Handout 2: Find the questionnaire errors! (answers are found in Annex 1: Answer Keys)
- Lesson 9 Handout 3: Example (Partial) Translated Questionnaire

Steps

1. Introduction

- 1a. Tell participants: Thus far we have discussed the first two steps in the process of conducting a Doer/Non-Doer Study or Barrier Analysis. What is the next step? The response should be: Writing the Doer/Non-Doer or Barrier Analysis Questionnaire.
- 1b. Explain to participants that the Barrier Analysis Facilitator’s Guide, developed in 2004, provides the option of conducting focus group discussions instead of individual interviews. However, this approach is no longer recommended because the results of many trials, most of which were conducted by Food for the Hungry under the guidance of Tom Davis, determined that individual interviews provide more reliable data. The community of researchers has also become more proficient in developing questionnaires and has more tools available, so the survey can be completed much more quickly than before. Therefore the questions are written specifically for individual interviews, rather than for focus group discussions.

2. Selecting and Writing the Research Questions

- 2a. Ask participants: How do we decide which questions to ask on a Doer/Non-Doer Study questionnaire? Responses should include: We ask questions only about the four most

important determinants: perceived self-efficacy, perceived social norms, perceived positive consequences, and perceived negative consequences.

- 2b. Ask participants: How do we decide what questions to ask on a Barrier Analysis questionnaire? Responses should include: The same questions as for the Doer/Non-Doer Study plus others relating to the remaining eight determinants, if they are deemed important to the topic: access, perceived susceptibility/risk, perceived severity, cues for action/reminders, perceived action efficacy, perceive divine will, policy, and culture.
 - 2c. Pass out **Lesson 9 Handout 1: Sample Questions for Doer/Non-Doer and Barrier Analysis Questionnaires per Determinant**. Ask participants to review the sample questions, and respond to any of their questions.
3. Pass out **Lesson 9 Handout 2: Find the questionnaire errors!** to each participant.
 - 3a. Explain that the questionnaire in this handout is a first draft and contains many errors.
 - 3b. Working in pairs or small groups, participants should review the questionnaire, identify as many errors as possible, and prepare to suggest ways to fix them.
 - 3c. Review in plenary, and discuss the errors and the corrections. Correct answers can be found in **Annex 1: Answer Keys**.
 4. Writing a Barrier Analysis Questionnaire
 - 4a. Ask participants to sit in their topic/sector tables (with all the people working on the same questionnaire).
 - 4b. Assign a behavior to each small group that is pertinent to their work. Using their assigned behavior and working in small groups, participants should write a full Barrier Analysis questionnaire referencing Lesson 9 Handouts 1 and keeping in mind the errors made in Lesson 9 Handout 2. Different small group members/pairs should work on different sections of the questionnaire and write questions for different determinants. They can then review and correct their work as a group. Participants can work on flip chart paper or on their laptops if they have them.
 - 4c. **Option 1:** Post the flips charts of the questionnaires and do a gallery walk.
Option 2: If the groups wrote their questionnaires on their computers, collect them into one folder and either redistribute the questionnaires so the groups can review and comment or review and provide comments to each group yourself.

5. Translating and Testing the Doer/Non-Doer or Barrier Analysis Questionnaire

- 5a. Ask the participants: What language should the questionnaire be administered in? Responses should include: The local language of the priority group. Ask participants to explain how they usually get project documents/materials translated into local languages.
- 5b. Explain that it is important to have the questionnaire translated into the local language of the priority group by a person who is a native speaker of that language (not someone who is just fluent in that language), since every language has its own nuances.
- 5c. Once the questionnaire is translated, it should be discussed with the interviewers who are either native speakers or fluent in the local language. Any issues that come up should be considered, and, if necessary, changes should be made. Back-translating (asking people to translate the local language back to an international language) is a good way to see if the meaning has remained the same after translation, but this is very time-consuming.
- 5d. The translated version's format is important. The questionnaire should include the questions in both the local language and the international language. The local language should be first and in one font and the international language should be second and in a different font. If the interviewers can read the international language, then only the questions that will be posed to the respondents have to be translated, not the instructions or potential responses. See **Lesson 9 Handout 3: Example (Partial) Translated Questionnaire** for an example of a translated questionnaire and its formatting.
- 5d. All questionnaires that will be used to implement a survey upon which programmatic decisions will be made should be tested first in the local language among the priority group. Four or five tests should be enough to reveal any issues (e.g., unclear words, questions interpreted inaccurately) so that questionnaire can be edited before making the necessary copies.

Lesson 9 Handout 1: Sample Questions for Doer/Non-Doer and Barrier Analysis Questionnaires per Determinant

Determinants	Sample Barrier Analysis Questions to Use
Perceived self-efficacy/skills	<ul style="list-style-type: none"> – Do you have the knowledge and skills necessary to use organic fertilizer on your maize crop given your current knowledge, skills, time, and money? – Are you able to exclusively breastfeed your child given your current knowledge, skills, and time? – What makes it easier (or would make it easier) for you to use organic fertilizer on your maize crop? What makes it difficult (or would make it difficult)? – What makes it easier (or would make it easier) for you to give only breast milk to your infant under 6 months? What makes it difficult?
Perceived social norms	<ul style="list-style-type: none"> – Do (or would) most of the people you know approve of your using organic fertilizer on your maize crop? – Who approves/supports (or would approve/support) your decision to use organic fertilizer on your maize crop? – Who would disapprove (or would approve/support) your decision to use organic fertilizer on your maize crop? – Do (or would) most of the people you know approve of your exclusively breastfeeding <i>[name of child]</i>? – Who disapproves (or would approve/support) of your decision to exclusively breastfeed <i>[name of child]</i>?
Perceived positive consequences	<ul style="list-style-type: none"> – What are (or would be) the advantages/ benefits of using organic fertilizer on your maize crop? – What are (or would be) the advantages/benefits of exclusively breastfeeding <i>[name of child]</i>?
Perceived negative consequences	<ul style="list-style-type: none"> – What are (or would be) the disadvantages of using organic fertilizer on your maize crop? – What are (or would be) the disadvantages of exclusively breastfeeding <i>[name of child]</i>?
Access	<ul style="list-style-type: none"> – How difficult is it for you to get the materials you need to use organic fertilizer on your maize crop? – How difficult is it for you to get to the local clinic when your child has diarrhea? – To what degree are you treated well when you visit that clinic? – How easy are you able to communicate with the health care provider?

Determinants	Sample Barrier Analysis Questions to Use
Perceived cues for action/reminders	<ul style="list-style-type: none"> – Is it easy to remember the date and location of the monthly seedling distribution? – Is it easy to remember the date and location of the immunization post where you need to take your child for vaccines?
Perceived susceptibility/risk	<ul style="list-style-type: none"> – Do you think that you may have a problem with losing some of your yield during the coming year due to rats or insects? – Do you think you are the type of person who could get AIDS?
Perceived severity	<ul style="list-style-type: none"> – How serious a problem is it if your crops become contaminated with aflatoxin? – How serious a problem is malnutrition in children compared to other problems that they could get?
Perceived action efficacy	<ul style="list-style-type: none"> – If you always sleep under a treated mosquito net, how likely are you to get malaria? – Do you think your harvest will increase if you only use organic fertilizer?
Perceived divine will	<ul style="list-style-type: none"> – Do you think that God (or the gods) want(s) you to burn your fields after the harvest? – Is it God’s will that infants get diarrhea and other illnesses?
Policy	<ul style="list-style-type: none"> – Are there any laws or policies that make it more likely that you will burn your fields after the harvest? (Make it less likely?) – Are there any laws or policies that make it more likely that you will immunize your child?
Culture	<ul style="list-style-type: none"> – Are there any cultural rules/taboo against use of organic fertilizer? Are there any in favor of it? Do you believe in those taboos? – Are there any cultural rules/taboo against immediate breastfeeding? Are there any in favor of it? Do you believe in those taboos?
Universal motivators	<ul style="list-style-type: none"> – What is the one thing you want most in life?

Lesson 9 Handout 2: Find the Errors!

Instructions: Read the behavior statement (which is correct). Review the draft questionnaire and identify as many things that need to be corrected/improved as possible.

Behavior statement: Members of partner community-based organizations (CBOs) clean water, sanitation, and hygiene (WASH) community sanitation facilities (toilets, bathrooms, sinks).

Note: Clean means toilets are cleaned at least five times per day, sinks/bathrooms are cleaned at least once a day, and walls cleaned once per week.

Barrier Analysis Questionnaire of CBO Members on Cleaning WASH Facilities

Interviewer's Name: _____ Questionnaire No.: _____
 Date: ____/____/____ Community: _____ Group: Doer Non-Doer
 Age of interviewee: ____ years Main language interviewee speaks: _____
 Language of Interview: _____

Discuss Confidentiality

- Purpose of the study: We are conducting the study to find out about the maintenance of cleanliness of the facilities as a best practice for good customer service.
- Every response will be held in strict confidence and will not be shared with anyone else.
- The questionnaire will only take about 15 minutes.
- Ask the person if they wish to participate. If not, thank them for their time.

Doer/Non-Doer Screening Questions

1. Is the CBO-operated communal latrine (WASH facility) always clean? *[Explain required aspects for a facility to be clean]*
 - A. Yes
 - B. No → *[Skip to Question 3]*
 - C. Don't Know / won't say → *[End interview and look for another interviewee]*

2. How often do you clean the WASH facility in a day?

- A. Toilet bowl and floor: Less than 5 times 5 times and more
- B. Sinks and bathrooms: Once or more daily Not daily
- C. Walls: Weekly Once a month
- Don't know / no response → *[End interview and look for another interviewee]*

Doer	Non-Doer
Question 1 = Yes	Question 1 = No
Question 2A = 5 times or more	Question 2A = Less than 5 times
Question 2B = Once or more daily	Question 2B = Not daily
Question 2C = Weekly	Question 2C = Once a month

[If the respondent says "Don't know" or gives no response to Questions 1 and 2, he/she is neither a Doer nor a Non-Doer; do not interview him/her.]

[Perceived Self-Efficacy/Skills]

3. With your present knowledge, money, and skills, do you think that you can clean your WASH facility at least five times daily?

- A. Yes
- B. Possibly
- C. No
- D. Don't Know

[Perceived Positive Consequences]

4a. **Doers:** What are the advantages of keeping the WASH facility clean at all times?

4b. **Non-Doers:** What would be the advantages of keeping the WASH facility clean at all times?

[Write all responses below. Probe with "What else?"]

[Perceived Negative Consequences]

- 5a. **Doers:** What are the disadvantages of keeping the WASH facility clean at all times?
- 5b. **Non-Doers:** What would be the disadvantages of keeping the WASH facility clean at all times?

[Write all responses below. Probe with "What else?"]

[Perceived Self-Efficacy]

- 6a. **Doers:** What makes it easier for you to keep the WASH facility clean at all times?
- 6b. **Non-Doers:** What would make it easier for you to keeping the WASH facility clean at all times?

[Write all responses below. Probe with "What else?"]

- 7a. **Doers:** What makes it difficult for you to keep the WASH facility clean at all times?
- 7b. **Non-Doers:** What would make it difficult for you to keep the WASH facility clean at all times?

[Write all responses below. Probe with "What else?"]

[Perceived Social Norms]

8a. **Doers:** Do most of the group members approve of your keeping the WASH facility clean at all times?

8b. **Non-Doers:** Would most of group members approve of your keeping the WASH facility clean at all times?

A. Yes

B. Possibly

C. No

D. Don't know / won't say

9a. **Doers:** Who are the people that appreciate your keeping the WASH facility clean at all times?

9b. **Non-Doers:** Who are the people that would appreciate of your keeping the WASH facility clean at all times?

[Write all responses below. Probe with "Whom else?"]

10a. **Doers:** Who are the people that disapprove of keeping the WASH facility clean at all times?

10b. **Non-Doers:** Who are the people that would disapprove of your keeping the WASH facility clean at all times?

[Write all responses below. Probe with "Who else?"]

[Perceived Access]

- 11a. **Doers:** Has it been difficult to get tools and detergents to keep the WASH facilities clean?
[Probe further on the extent]
- 11b. **Non-Doers:** How difficult is it to get tools and detergents to enable you keep the WASH facilities clean? *[Probe further on the extent]*
- A. Very difficult
 - B. Somewhat difficult
 - C. Not difficult at all
 - D. Don't know / won't say

[Perceived Cues for Action/Reminders]

- 12a. **Doers:** How difficult is it to remember to keep clean the WASH facilities daily or as appropriate?
- 12b. **Non-Doers:** How difficult would it be to remember to keep the WASH facility clean daily or as appropriate?
- A. Very difficult
 - B. Somewhat difficult
 - C. Not difficult at all
 - D. Don't know / won't say

[Perceived Susceptibility/Risk]

13. **Doers:** How likely is it that you will get cholera or diarrhea if you don't keep the WASH clean at all times?
- A. Very likely
 - B. Somewhat likely
 - C. Not likely at all

[Perceived Severity]

14. How serious a problem would it be if you got cholera or diarrhea?
- A. Very bad problem
 - B. Somewhat bad problem
 - C. Not a bad problem at all

[Perceived Divine Will]

- 15a. **Doers:** Do you think that God approves keeping the WASH facilities clean at all times?
- 15b. **Non-Doers:** Do you think that God would approve keeping the WASH facilities clean at all times?
- A. Yes
 - B. Maybe
 - C. No

[Policy]

- 16a. **Doers:** Are there any laws/by laws or rules in place that you know of that make it more possible for you to keep the WASH facilities clean at all times?
- 16b. **Non-Doers:** Are there any laws/by laws or rules in place that you know of that make it more likely for you to keep the WASH facilities clean at all times?
- A. Yes
 - B. No
 - C. Don't know / won't say

[Culture]

17. Are there any cultural rules or taboos that you know of for or against keeping the WASH facilities clean at all times
- A. Yes
 - B. No
 - C. Don't know / won't say

[Universal Motivators]

18. What do you want most for your WASH facility?

[Write all responses below. Probe with "What else?"]

Lesson 9 Handout 3: Example (Partial) Translated Questionnaire

Group: Doer Non-Doer

Barrier Analysis Questionnaire on Complementary Feeding/Food Variety for Use with Mothers of Children 9–23 Months

Behavior Statement

Mothers of children 9–23 months feed them meals containing foods from at least four (4) of the seven (7) food groups each day.

Demographic Data

Interviewer's Name: _____ Questionnaire No.: _____

Date: ____/____/____ District (circle one): Nyanga Makoni Hurungwe

Scripted Introduction

Makadini zvenyu, zita rangu ndinonzi _____; tiri kuitawo tsvakurudzo mudunhu renyu maererano nezvekudya kunopiwa vana vadiki. Ndingada kuzivawo kuti mwana wenyu mudiki akura sei ? Ndiri kuda kunzwa maonero enyu maringe nenyaya iyi. Hamusungirwe kana kumanikidzwa kuti mubature pamwechete nesu mutsvakurudzo iyi uyezve hapanazve chamunoiwa muchinge musina kusununguka kubatira nesu mutsvakurudzo iyi. Hapana chamuchapiwa nekupindura mibvunzo yandichavhunza. Hurukuro yese yandinoita nemi yakachengetedzeka zvakare haina mumwe munhu waichaudzwa.

Makasununguka here kubatirana neni mutsvakurudzo iyi? [*Kana musina, tinotenda nenguva yamatipa*]

Hi, my name is _____; and I am part of a study team looking into child feeding practices. Before I continue I would like to know how old your youngest child is. The study includes a discussion of this issue and will take about 15–20 minutes. I would like to hear your views on this topic. Would you be willing to talk with me? You are not obliged to participate in the study and no services will be withheld if you decide not to. Also, if you decide to participate you won't receive any compensation, gifts or services. Everything we discuss will be held in strict confidence and will not be shared with anyone else.

Would you like to participate in the study? [*If not, thank them for their time.*]

Section A: Doer/Non-Doer Screening Questions

1. Mwana wenyu mudiki akura zvakadzi _____ *[write the age in months here]*
How old is your youngest child?
 - A. Ari pakati 9 months ne 23 months
9–23 months
 - B. Ari pasi pe 8 months
8 months or younger → *[End interview and look for another mother]*
 - C. Ane makore maviri zvichienda kumberi
Older than 24 months → *[End interview and look for another mother]*
 - D. Handizivi / Haana kupa mhinduro
Don't Know / Won't say → *[End interview and look for another mother]*

2. Ndinoda kuti mufunge pose pamakapa mwana chikafu mukati memazuva maviri adarika. Kunze kwekuyamwisa mwana makamupa chikafu kangani?
I would like to you think about all the meals you fed your baby in the last 2 days. How many meals did you feed your baby something other than breast milk?
[This question is just to help the mother to remember what the baby ate.]
 - A. _____
 - B. Handizivi / Haana kupa mhinduro
Do not know / no response → *[End interview and look for another respondent]*

3. Munganditaurirewo here chikafu chese chakadyiwa nemwana wenyu mukati memazuva maviri adarika?
Please tell me all the different foods you remember feeding to your baby in the last two days.
[Check all the boxes of foods the mother mentions.]
 - A. Handizivi / Haana kupa mhinduro
Do not know / no response → *[End interview and look for another respondent]*
 - B. *Grains, roots, tubers:*
Koroni, chibage, mupunga, mapfunde, mhunga, rukwezachingwa, mufarinya, mapotato, madhumbe, mbambaira, macarrots, maonion, ginger
 - C. *Legumes, nuts:*
Pizi, bhinzi, soya, nzungu, nyemba, nyimo
 - D. *Dairy produce:*
Mukaka, chizi, yoghurt, bhata

[continued on next page]

- E. *Flesh foods:*
Nyama – yehwai, yembudzi, yemombe, yehuku, hove, tupukanana
- F. Eggs
Mazai: Chero
- G. *Vitamin-A rich fruits and vegetables:*
Mango, sweet orange potato, dark green leaves (i.e., spinach), pawpaw, dried apricots, avocado, tomatoes, guava, watermelon
mhiripiri, manhanga
- H. *Other fruits and vegetables:*
Banana, broccoli, cauliflower, cabbage, pumpkin
hova, manhangatanga

DOER /NON-DOER CLASSIFICATION TABLE

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1 = A	Question 1 = ----	Question 1 = B, C, or D
Question 3 = four boxes checked from B–H	Question 3 = three or fewer boxes checked from B–H	Question 3 = A

Group: Doer Non-Doer

Behavior Explanation

[Show the mother the picture of the different food groups and place it where she can see it during the entire interview.]

Pamibvunzo yese inotevera ndichange ndichikubvunzai pamusoro pemapoka echikafu. Pandichataura nezvemapoka echikafu ndinoreva mapoka aya.

In the following questions I am going to be talking about different food groups. When I mention the food groups I am talking about foods in these groups [show the pictures of the different good groups to the mother and keep these visible throughout the interview.

Section B: Research Questions

[Perceived Positive Consequences]

- 1a. **Doers:** Chii chakanakira kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega kubva mumapoka echikafu aya?
What are the advantages of feeding your baby foods from at least four of the different food groups each day?
- 1b. **Non-Doers:** Chii chingazova chakanakira kupa mwana wenyu chikafu chinobva mumapoka mana kana kupfuura pazuva rega rega kubva mumapoka echikafu aya?
What would be the advantages of feeding your baby foods from at least four of these food groups each day?

[Write all responses below. Probe with “What else?”, “chimwe chii”?]

Lesson 10: Learning to Interview the Doer/Non-Doer Way¹²

Achievement-Based Objectives

By the end of this lesson the participants will have:

- Listed characteristics of an effective interviewer
- Critiqued an interview
- Practiced effective interviewing
- Provided/received feedback on interviewing

Time

3 hours

Materials

- Lesson 10 Handout 1: Doer/Non-Doer Interviewing “Dos” and “Don’ts”
- Lesson 10 Flip Chart 1: Relating Responses to Determinants
- Lesson 10 Handout 2: The Differences between “Disadvantages” and “Difficult”
- Lesson 10 Handout 3: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews
- Lesson 10 Handout 4: Role Play Script: How to Conduct a Doer/Non-Doer Interview
- Lesson 10 Handout 5: Completed Barrier Analysis Questionnaire for Evaluation
- Lesson 10 Handout 6: Practice Classifying Doers and Non-Doers (answers are found in Annex 1: Answer Keys)
- Barrier Analysis questionnaire (one for each participant)

Trainer’s Note

Practice the role play ahead of time with another person so you know it well.

Steps

1. Introduction to Interviewing Techniques
 - 1a. Tell participants: As part of the process of organizing the field work (Step 4, described in Lesson 11), we need to make sure that our interviewers are prepared to conduct the interviews in the most effective way.

¹² Lesson 10 can be used as a stand-alone session.

- 1b. Ask participants: How many people have experience interviewing people as part of a study? Explain that these people will serve as resources to others for this session. Reseat those with prior experience at different tables, if necessary, so there is at least one experienced person at each table.
 - 1c. Working in their small groups, ask participants to reflect on any prior experience as an interviewer or a respondent and make a list of the things an interviewer should do and should not do during an interview. Ask them to be as thoughtful as possible.
 - 1d. Distribute **Lesson 10 Handout 1: Doer/Non-Doer Interviewing “Dos” and “Don’ts”** and ask the groups to compare the lists they made with the handout. Ask them to identify responses that are different and any “dos” and “don’ts” that seem particular to a Doer/Non-Doer Study.
2. Differences between a Typical Interview and a Doer/Non-Doer Interview
 - 2a. Explain to participants: Interviewing for a Doer/Non-Doer-type survey is quite different from the typical type of survey.
 - 2b. A Doer/Non-Doer study has several open-ended questions. It is more about opinions than facts, and your objective is to get the respondent to share as many different opinions as possible for each open-ended question. Therefore, interviewers need to know how to probe. Also, the interviewer is responsible for understanding the meaning of the response given. If the response is not clear, the interviewer has to ask the respondent to explain his/her response. Most of the time the respondent will not have thought about the behavior you are asking about, so it is important to give the respondent time to think. You can even preface the research questions by saying something like: “I know you haven’t thought much about the questions I am going to ask, so please feel free to take your time to think and give me your most complete answer.” It is also important to listen for responses that respond to subsequent questions in the questionnaire. It is also important to write quickly and legibly.
3. Clarifying Interview Questions
 - 3a. Tell participants: Respondents often interpret different questions in the same way and give the same or similar answers to different questions. Occasionally, you might need to explain the differences between two questions or you might need to write the response given to one question in the space provided for another question.

Show **Lesson 10 Flip Chart 1: Relating Responses to Determinants** and ask which determinants each of the three responses most closely reflect. Responses should include perceived self-efficacy, access, and perceived social norms.
 - 3b. Explain that when confusion happens you can write the response given to one question in the space of a subsequent question. When you do this, however, you must

remind the respondent of his/her statements when you come to that question and ask permission to include the original response for that question. Answer any questions about this practice.

- 3c. Explain that confusion often arises between the “what are the disadvantages” and “what makes it difficult” questions. Distribute **Lesson 10 Handout 2: The Difference between “Disadvantages” and “Difficult”** and discuss the themes. Ask participants to give some examples related to their assigned behavior.

4. Interview Role Play and Practice

- 4a. Explain that you and another person are now going to role-play how a Barrier Analysis interview should be done. Ask participants to keep in mind the list of dos and don’ts from Lesson 10 Handout 1 as they observe.
- Sitting in the middle of the room where everyone can see, role play how a Doer/Non-Doer interview should be conducted, following the script provided in **Lesson 10 Handout 4: Role Play Script: How to Conduct a Doer/Non-Doer Interview**.
 - After the role play, distribute **Lesson 10 Handout 5: Completed Barrier Analysis Questionnaire for Evaluation**. Point out where a response was given for one question and recorded in a subsequent question where it appears more relevant.
 - Ask participants to share their opinions about the strengths and weakness of both the interview and questionnaire completion.
- 4b. Explain to participants that the only real way to become an effective interviewer is to practice, so they will do this.
- Pass out **Lesson 10 Handout 3: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews** and explain that this checklist helps evaluate the quality of an interview. Review it with the participants, and answer any questions.
 - Explain that during their practice interviews participants should refer to the quality improvement verification checklist (QIVC) to determine how well the interview was conducted. After the interview, the observer should review the complete questionnaire to see how well it was filled in.
 - Divide the group into small groups of three. Distribute a Barrier Analysis questionnaire created during the prior lesson (or any other Barrier Analysis questionnaire you have on hand) and a QIVC to each person.
 - Each person in the small group should interview another person in the group. While this is being done, the third person will observe and complete the QIVC. This

way, each person will get a turn being an interviewer, an observer, and a respondent. Remind the group that the interviewer should write down the responses given by the respondent on the questionnaire so those can be checked, as well. People role playing the part of the respondent should change the responses to provide some challenges.

- After each role-play, the small group should review the completed questionnaire, review the completed QIVC, and discuss what went well and what could be improved. The discussion should only happen after the interview is completed, not during the interview.
- With the larger group, ask a few small groups to share some of the lessons they learned from this exercise and things they should do to be the most effective interviewer.

5. Accurately Classifying Doers and Non-Doers

- 5a. Explain that gaining expertise in interviewing is essential, but that for the interview to be meaningful the respondent needs to be accurately classified as a Doer or Non-Doer (or someone not to be interviewed at all).
- 5b. Ask participants: What part of the questionnaire allows us to determine if the respondent is a Doer or Non-Doer? They should answer: Section A, the screening questions, and the Doer/Non-Doer classification table.
- 5c. Tell participants: We will now do an exercise to help us gain skill in classification.
 - Distribute **Lesson 10 Handout 6: Practice Classifying Doers and Non-Doers**.
 - Working individually, ask each participant to use the responses given for each respondent (1–8) to classify them as either Doers, Non-Doers, or someone not to be interviewed.
 - When everyone is finished review the responses together. The answers are in **Annex 1: Answer Keys**. Answer any questions.

6. Lesson Wrap Up

- 6a. Wrap up this lesson by emphasizing the importance of effective interviewing skills, which includes being able to classify the respondents accurately and fill in the questionnaire completely.

Lesson 10 Handout 1: Doer/Non-Doer Interviewing “Dos” and “Don’ts”

Do...

- Make sure the respondent fits the category of person you want to interview
- Introduce yourself following the scripted introduction
- Gain the respondent’s consent to proceed
- Seek out a quiet place away from others to do the interview
- Seat the respondent with his/her back toward other people
- Try to sit at the eye level of the respondent
- Hold the questionnaire so it’s not easily read by the respondent
- Classify the respondent accurately according to the Doer/Non-Doer definition table
- Make sure you pose the appropriate questions for a Doer or Non-Doer
- Read each question exactly as it is written on the questionnaire
- Speak in a clear voice
- Maintain friendly, culturally appropriate eye contact with the respondent
- Repeat the question a bit slower if it is unclear
- Ask clarifying questions if you don’t understand the response, such as I don’t quite understand that response, can you help me understand what you mean?
- Listen very carefully
- Repeat back to the respondent what you understood him/her to mean
- Write down very clear and complete responses so that anyone reading your notes would understand
- Write legibly in an international language
- Keep in mind the questions that are coming up in case a response better fits a subsequent question; when you get to that question, ask the respondent if that prior response fits with this question

- Follow the instructions on the questionnaire carefully, as some questions require you to read the responses
- Probe multiple times for open-ended questions
- Think of creative ways to get the respondent to give you full responses

Don't...

- Interview the wrong type of person
- Start questioning without gaining consent
- Interview someone in a crowded place where others can overhear the conversation
- Forget to classify the respondent before continuing with the research questions
- Reformulate the question in a leading way if the person does not understand at first
- Give examples of potential answers
- Stand while your respondent sits
- React emotionally or facially to any responses
- Accept responses that do not make sense to you or do not correspond to the question
- Take notes in “short hand” or in one- or two-word phrases
- Ask or record the respondent’s name
- Allow the respondent to read what you are writing (be discrete about your writing)
- Hurry
- Give advice

Lesson 10 Flip Chart 1: Relating Responses to Determinants

Example: What makes it easier to attend four prenatal consultations?

Response 1: Knowing the days when the clinic offers prenatal consultations

Response 2: When the nurse treats me well

Response 3: When my husband gives me permission

Lesson 10 Handout 2: The Difference between “Disadvantages” and “Difficult”¹³

Disadvantages

Disadvantages are things that happen as result of doing the behavior.

For example: When I take my child to get vaccinated she cries because it hurts. Or, she gets a fever, or her arm swells.

Difficult

What makes it difficult is when something interferes with doing the behavior or the intention of doing the behavior.

For example: I don't take my child to the well-baby clinic to be weighed because there are always a lot of mothers and I have to wait a long time. I can't finish my household chores and then my husband gets angry.

¹³ This handout was created by Judiann McNulty.

Lesson 10 Handout 3: Quality Improvement Verification Checklist for Doer/Non-Doer Interviews¹⁴

Observer: _____

Interviewer _____

Instructions: With a copy of the questionnaire in hand, observe the interview and respond to questions 1–16. After the interview, review the completed questionnaire and respond to questions 17–21 (highlighted). Ask the interviewer how he/she thought he/she did, what he/she would do differently next time, and what went well. Share your evaluation with the interviewer, and discuss ways to improve.

Evaluation Questions	Yes	No
1. Did the interviewer have a friendly manner?		
2. Did the interviewer seek out a private place to sit?		
3. Did the interviewer seat the respondent with her/his back to any people?		
4. Did the interviewer complete all the demographic information correctly?		
5. Did the interviewer read the scripted introduction correctly?		
6. Did the interviewer get the respondent's consent before proceeding?		
7. Did the interviewer pose all of the behavior screening questions correctly?		
8. Did the interviewer pose the correct type of question to the respondent according to his/her classification (Doer or Non-Doer)?		
9. Did the interviewer pose the questions exactly as they were written on the questionnaire?		
10. Did the interviewer follow the questionnaire instructions carefully, reading response options where necessary?		
11. For open-ended questions, did the interviewer strongly encourage the respondent to provide multiple responses?		
12. Did the interviewer ask the respondent to clarify any unclear responses?		

¹⁴ This exercise is based on the QIVC approach developed by Food for the Hungry.

Evaluation Questions	Yes	No
13. Did the interviewer keep track of the questions and record responses in the right places?		
14. Did the interviewer avoid reacting to the respondent's answers?		
15. Did the interviewer avoid leading the respondent to give any particular answer?		
16. Did the interviewer thank the respondent for her/his time?		
17. Did the interviewer write her/his name at the top of the questionnaire?		
18. Did the interviewer correctly classify the respondent as a Doer or Non-Doer?		
19. Did the interviewer ask all of the questions and write responses for each question?		
20. Did the interviewer write responses in clear hand writing?		
21. Did the interviewer write down the responses in a complete and clear way so that anyone reading the questionnaire would understand the meaning?		

Number of "Yes"es = _____

Number of "No"s = _____

Lesson 10 Handout 4: Role Play Script: How to Conduct a Doer/Non-Doer Interview

Interviewer: *[The interviewer knocks on the door and when a woman answers the interviewer says:]* Hello, my name is _____. How are you today? *[Add any culturally appropriate greetings.]* I am part of a study team looking into the things people do to prevent getting diarrheal diseases, like cholera, and we are interviewing certain mothers. Can you please tell me how old is your youngest child?

Respondent: She is 2 years old.

Interviewer: Thank you. We are interested in mothers with children under five years old, so we can continue. The interview will only take about 15 minutes and your answers will be totally confidential. They won't be shared with anyone else. If you decide to talk with me, you won't receive any gifts or services, nor will any services be withheld if you decide not to participate. If you decide to talk with me you won't be remunerated or receive any gifts or services. I am interested in hearing your views on this topic. Would you like to participate in the study?

Respondent: OK.

Interviewer: Great; then we can continue. It would be best if we could sit in a quiet place.

Respondent: *[pulling up some chairs]* How about over here?

Interviewer: *[moves the chairs so the interviewer is facing the respondent]* This is fine. Thanks. *[smiling]* Ok. Let's begin. Yesterday, did you wash your hands?

Respondent: Yes

Interviewer: Yesterday, how many times did you wash your hands?

Respondent: Hmm. Let me think. *[She talks to herself and counts on her fingers]* Five times, I think.

Interviewer: Now, thinking about yesterday, at what times/moments during the day did you wash your hands?

Respondent: In the morning and afternoon.

Interviewer: What I meant was: What were you doing that caused you to wash your hands?

Respondent: Oh, OK. I washed my hands after coming back from the bush in the morning, then again before I ate lunch. In the afternoon I washed them after cleaning up the baby and before preparing dinner and again before eating. I think that's five times, isn't it?

Interviewer: Yes, that's what I counted too. Now, when you washed your hands yesterday, did you wash with anything in addition to water?

Respondent: *[looks confused, hesitates]* What do you mean? Can you give me an example?

Interviewer: Let me repeat the question. When you washed your hands yesterday, did you wash with anything in addition to water?

Respondent: Oh, I get it. Yes, I did.

Interviewer: What did you use?

Respondent: Soap.

Interviewer: Can I please see the soap you used?

Respondent: Sure. *[she gets up and retrieves a bar of used soap]*

Interviewer: *[looks at the soap then takes a minute to figure out if she is a Doer or Non-Doer and marks the classification, making sure the mother can't see the questionnaire]* Now, I am going to ask you some questions about your personal opinion. I don't think you will have thought about these questions before so please take your time to think about your responses and give me the most complete response possible. How serious a disease is diarrhea? Would you say it is very serious, somewhat serious, a little bit serious, or not serious at all?

Respondent: Well if you count cholera, I'd say it's a very serious disease. You can die from cholera, you know. Simple diarrhea isn't so serious.

Interviewer: Thank you. *[marks the questionnaire]* How likely do you think it is that you or your children will get diarrhea in the next 2 months: very likely, somewhat likely, not likely at all, or you don't know?

Respondent: Oh there have been many cases of cholera, but we are very clean, so I'd say only somewhat likely.

Interviewer: Thank you *[marks the form]*. Do you think that washing your hands with soap or ash several times per day every day can help you and your family avoid getting diarrhea or cholera?

Respondent: Yes. That's what the community health worker said, anyway.

- Interviewer:** With what you know, your current skills, and the amount of money you have presently, can you wash your hands with soap or ash several times per day every day.
- Respondent:** Yes. That's what I'm doing now.
- Interviewer:** What makes it easy for you to wash your hands with soap or ash several times per day every day?
- Respondent:** Well, having enough water.
- Interviewer:** Anything else?
- Respondent:** And if you always have soap.
- Interviewer:** So, enough water and soap. Anything else?
- Respondent:** Having money.
- Interviewer:** Money? Can you help me understand that better?
- Respondent:** Money to buy water, for example, and soap.
- Interviewer:** I understand now. In this community you have to buy water. Does anything else make it easy to wash your hands?
- Respondent:** If you put the soap in a convenient place, where you can see it. Then you won't forget.
- Interviewer:** Thank you. Now I'd like to know, what makes it difficult for you to wash your hands with soap or ash several times per day every day?
- Respondent:** *[she thinks for a bit]* Having to buy more water than if you didn't wash your hands so often. It's not cheap, you know. And if the soap runs out... But I didn't know you could use ash instead. Is ash just as good as soap? We always have ash. And when you're away from home, like in the market, there's no place to wash your hands and no soap.
- Interviewer:** Do most of the people that you know approve of you washing your hands with soap or ash several times per day every day?
- Respondent:** I suppose so. I never thought about it.
- Interviewer:** Is that a yes or a maybe or don't know?
- Respondent:** *[hesitates]* Yes.

- Interviewer:** Who are the people that approve of you washing your hands with soap or ash several times per day every day?
- Respondent:** I think everybody does.
- Interviewer:** Could you be more specific? Who are the people who approve of you washing your hands with soap or ash several times per day every day?
- Respondent:** Well, my family.
- Interviewer:** Anyone in particular in your family?
- Respondent:** My children. And my husband. Probably my mother-in-law, who lives with us.
- Interviewer:** Earlier you mentioned the community health worker. How do you think she feels about it?
- Respondent:** Oh yes she approves for sure. Yes, write that down.
- Interviewer:** Who are the people that disapprove of your washing your hands with soap or ash several times per day every day?
- Respondent:** What did you say?
- Interviewer:** Who are the people that disapprove of your washing your hands with soap or ash several times per day every day?
- Respondent:** *[laughing]* Only stupid people would disapprove of hand washing given the cholera problem.
- Interviewer:** Ok, stupid people. Anyone in particular you want to mention who would disapprove of hand washing?
- Respondent:** I suppose people who can't afford to buy water or soap. Or women whose husbands are cheap or poor.
- Interviewer:** How difficult is it for you to remember to wash your hands with soap or ash several times a day every day?
- Respondent:** Maybe a little difficult. That's why I keep the soap in plain sight, so we all remember to use it.
- Interviewer:** Do you think that God approves of mothers washing their hands with soap or ash several times per day every day?
- Respondent:** I don't know. Maybe. I never thought about that before.

- Interviewer:** You gave me two different responses. Would you like me to write, “I don’t know” or “maybe”?
- Respondent:** Maybe.
- Interviewer:** What are the advantages of washing your hands with soap or ash several times per day every day?
- Respondent:** Well if you believe the health worker, you aren’t going to get cholera if you wash your hands with soap all the time.
- Interviewer:** Any other advantages?
- Respondent:** You feel clean and smell nice.
- Interviewer:** What are the disadvantages of you washing your hands with soap or ash several times per day every day?
- Respondent:** *[reflects]* Well when it’s cold, your hands can get chapped.
- Interviewer:** Any other disadvantages?
- Respondent:** Not that I can think of.
- Interviewer:** Ok, that’s the end of the interview. Thanks for taking the time to share your opinions with me. I’d appreciate it if you wouldn’t talk about this interview with other people until tomorrow. Thanks again. Good-bye.

Lesson 10 Handout 5: Completed Barrier Analysis Questionnaire for Evaluation

GROUP: Doer Non-Doer

Barrier Analysis Questionnaire on Hand Washing with Soap By Mothers

Interviewer's Name: Maria Joseph Questionnaire No.: 1 Org: I.H.A.P.

Date: 5 / 5 / 12 Community: BANAMAGA

Scripted Introduction

Hello, my name is _____ and I am part of a study team looking into the things people do to avoid becoming sick – especially to avoid getting diarrheal diseases like cholera. The interview will only take about 15 minutes and your answers will be totally confidential. They won't be shared with anyone else. If you decide to talk with me, you won't receive any gifts or services; nor will any services be withheld if you decide not to participate. I am interested in hearing your views on this topic. Would you like to participate in the study?

Section A Doer/Non-doer Screening Questions

1. Do you have any children?
 - a. Yes
 - b. No → **End interview and look for another person**
 - c. Won't say → **End interview and look for another mother**

2. Yesterday did you wash your hands?
 - a. Yes
 - b. No → **mark as Non-doer and Skip to question #B1**
 - c. Don't Know / Won't say → **End interview and look for another mother**

3. Yesterday how many times did you wash your hands? (This is just a question to get the *mother to more accurately remember the responses to question #4*)
 - a. 5
 - b. none/ I didn't wash my hands yesterday → **mark as Non-doer and Skip to question #B1**

4. Yesterday, at what times/moments during the day did you wash your hands?
 - a. Do not know / no response → **End interview and look for another mother**
 - b. Before preparing food
 - c. Before feeding children
 - d. before eating
 - e. After defecating/using the latrine
 - f. After attending to a child who has defecated
 - g. Other (Specify: _____)

5. When you washed your hands yesterday, did you use anything in addition to water?
 - a. Yes
 - b. No → **Skip to question #B1**

c. Don't Know / Won't say → **End interview and look for another mother**

6. What did you use?

- a. soap or ash
 b. Don't Know / Won't say → **Skip to question #B1**

7. Can I please see the soap that you used yesterday?

- a. Available
 b. Not available

Doer/Non-doer Classification Table

Doer Definition	Non-Doer Definition	Do Not Interview
Question 1= A	Question 1=	Question 1 - B or C
Question 2 = A	Question 2 = B	Question 2 = C
Question 4= 3 responses among B, C, D, E & F	Question 4= 1-2 responses among B, C, D, E & F	Question 4 = A
Question 5= A	Question 5 = B	Question 5 = C
Question 6 = A	Question 6 = -	Question 6 = B
Question 7 = A	Question 7 = B	Question 7 = -

GROUP: Doer Non-Doer

Section B.

(Perceived Severity)

1. How serious a disease/problem is diarrhea: Very serious, somewhat serious, a little bit serious, or not serious at all?
- a. Very serious
 b. Somewhat serious
 c. A little bit serious
 d. Not serious at all

(Perceived Susceptibility)

2. How likely do you think it is that your child will get diarrhea in the next 2 months?
 (Read the responses)
- a. Very likely
 b. Somewhat likely
 c. Not likely at all
 d. Don't Know

(Perceived Action Efficacy)

3. Do you think that washing your hands with soap or ash several times per day every day can help you and your family to avoid getting diarrhea?
- a. Yes
 b. No
 c. possibly
 d. don't know
- Reference to Com. Health Worker. (Q.8)

(Perceived Self Efficacy)

4. With what you know, your current skills, and the amount of money you have presently, do you think that you could wash your hands with soap or ash several times per day every day.
- a. Yes
 - b. Possibly
 - c. No
 - d. Don't Know
5. **Doer** – What makes it easy for you to wash your hands with soap or ash several times per day every day.
Non-doer - What would make it **easy** for you to wash your hands with soap or ash several times per day every day.
- having enough water
 - always having soap
 - having money to buy water and soap
 - put soap where you can see it
6. **Doer** – What makes it **difficult** for you to wash your hand with soap or ash several times per day every day?
Non-doer - What would make it **difficult** for you to wash your hands with soap or ash several times per day every day?
- having to buy extra water
 - cost of water
 - being away from home where access to water is hard ^{— and soap}

(Perceived Social Norms)

7. **Doer** – Do most of the people that you know approve of your washing your hands with soap or ash several times per day every day?
Non-doer - Would most of the people that you know approve of your washing your hands with soap or ash several times per day every day?
- a. Yes
 - b. Possibly
 - c. No
 - d. Don't Know
8. **Doer** - Who are the people that **approve** of your washing your hands with soap or ash several times per day every day?
Non-doer - Who are the people that **would approve** of your washing your hands with soap or ash several times per day every day?
- From Q3 - CHW.
 - everybody
 - family
 - children
 - husband
 - mother-in-law
 - Com. Health Worker
9. **Doer** – Who are the people who **disapprove** of you washing your hands with soap or ash several times per day every day?
- stupid people
 - people who can't afford to buy water and soap
 - women with cheap/poor husbands

Non-doer - Who are the people that *would disapprove* of your washing your hands with soap or ash several times per day every day?

(Cues)

10. **Doer** - How difficult is it for you to remember to wash your hands with soap or ash several times a day every day?

Non-doer - If you wanted to wash your hands with soap or ash several times per day every day, how difficult would it be for you to remember to do that?

[Read the responses]

- a. Very difficult
- b. Somewhat difficult
- c. A little bit difficult
- d. Not difficult at all

(Perception of Divine Will)

11. Do you think that **God approves** of mothers washing their hands with soap or ash several times per day every day?

- a. Yes
- b. Possibly / maybe
- c. No
- d. Don't Know

(Positive Consequences of the Action)

12. **Doer** - What are the *advantages* of your washing your hands with soap or ash several times per day every day?

Non-doer - What would be the *advantages* of washing your hands with soap or ash several times per day every day?

(Write all responses below.)

- prevent cholera
- feel clean
- smell nice

(Negative Consequences of the Action)

13. **Doer** - What are the *disadvantages* of (or would be the disadvantages of) of your washing your hands with soap or ash several times per day every day?

Non-doer - What would be the *disadvantages* of (or would be the disadvantages of) of your washing your hands with soap or ash several times per day every day?

(Write all responses below.)

- chapped hands when cold weather

THANK THE RESPONDENT FOR HER TIME!

Lesson 10 Handout 6: Practice Classifying Doers and Non-Doers

Ideal Behavior

Mothers of children under 2 years of age wash their hands with soap at the five (5) critical times each day.

Relaxed Behavior

Mothers of children under 2 years of age wash their hands with soap at three (3) or more of the five (5) critical times.

Section A: Behavior Screening Questions

1. How old is your youngest child?
 - A. 23 months or younger
 - B. 24 months or older → *[End interview and look for another mother]*
 - C. Don't know / won't say → *[End interview and look for another mother]*

2. Yesterday did you wash your hands?
 - A. Yes
 - B. No → *[Mark as Non-Doer and skip to Section B]*
 - C. Don't know / won't say → *[End interview and look for another mother]*

3. Yesterday how many times did you wash your hands? *[This is a question to get the mother to more accurately remember the responses to Question 5.]*
 - A. Once
 - B. Twice
 - C. Three times
 - D. Four times
 - E. Five or more times

4. Yesterday, at what times/moments during the day did you wash your hands?
- A. Do not know / no response → *[End interview and look for another mother]*
 - B. Before preparing food
 - C. Before eating
 - D. Before feeding a child
 - E. After defecating
 - F. After attending to a child who has defecated
5. Yesterday in addition to water, did you use anything to wash your hands?
- A. Yes
 - B. No → *[Mark as Non-Doer and skip to Section B]*
 - C. Don't know / won't say → *[End interview and look for another mother]*
6. If yes, what did you use?
- A. Soap
 - B. Ash, sand, anything else → *[Mark as Non-Doer and skip to Section B]*
 - C. Don't know / won't say → *[End interview and look for another mother]*

Doer/Non-Doer Classification Table

Doer (all of the following)	Non-Doer (any one of the following)	Do Not Interview (any one of the following)
Question 1 = A	Question 1 = -----	Question 1 = B or C
Question 2 = A	Question 2 = B	Question 2 = C
Question 4 = Any 3 responses between B and F	Question 4 = Two or fewer responses between B and F	Question 4 = A
Question 5 = A	Question 5 = B	Question 5 = C
Question 6 = A	Question 6 = B	Question 6 = -----

Classification Exercise Instructions

Referring to the Doer/Non-Doer classification table above, correctly classify the respondents below as Doers, Non-Doers, or people not to be interviewed.

Respondent #	Responses	Decision
Respondent 1	Question 1 = A Question 2 = A Question 4 = B, D, E Question 5 = A Question 6 = B	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview
Respondent 2	Question 1 = A Question 2 = B Question 4 = B, D Question 5 = A Question 6 = B	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview
Respondent 3	Question 1 = B Question 2 = A Question 4 = B, C, D Question 5 = A Question 6 = A	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview
Respondent 4	Question 1 = A Question 2 = B Question 4 = B, E Question 5 = A Question 6 = A	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview
Respondent 5	Question 1 = A Question 2 = A Question 4 = B, D Question 5 = A Question 6 = B	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview
Respondent 6	Question 1 = A Question 2 = B Question 4 = B, C, D Question 5 = A Question 6 = C	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview
Respondent 7	Question 1 = A Question 2 = A Question 4 = B, C, E Question 5 = B Question 6 = A	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview
Respondent 8	Question 1 = A Question 2 = A Question 4 = B, C, E Question 5 = A Question 6 = B	<input type="checkbox"/> Doer <input type="checkbox"/> Non-Doer <input type="checkbox"/> Do not interview

Lesson 11: Step 4: Organizing the Field Work (Including Sampling)

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Shared stories of mishaps caused by overlooking logistical issues
- Brainstormed a list of logistical questions related to implementing a Doer/Non-Doer Study or Barrier Analysis survey
- Compared and contrasted their list with a master list provided
- Heard a presentation regarding choosing your survey sample
- Discussed and responded to logistical questions given a hypothetical context

Time

1 hour

Materials

- Lesson 11 Handout 1: Barrier Analysis Field Work Logistic Issues to Address
- Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist

Steps

1. Introduction

- 1a. Ask participants: What step in the process of conducting a Barrier Analysis are we? Participants should answer: Step 4: Organizing the Field Work.
- 1b. Ask participants: If I ask you at this juncture what the phrase “the devil’s in the details” means related to conducting a Doer/Non-Doer Study or Barrier Analysis, what would you say? Responses should include: When you overlook the details of implementation, specifically the logistical issues, things are likely to go wrong.
- 1c. Explain that anyone with a reasonable amount of experience has encountered some logistical mishaps. Ask participants to reflect a minute on their experiences organizing something and to share stories about any mishaps they have personally experienced or heard about related to logistical issues.
- 1d. Share the following story, if appropriate, then discuss.

While organizing to implement a Barrier Analysis, we sent someone from the project ahead to the designated community to consult with the community authorities and

solicit their cooperation. The scout told the community authorities that we would need to meet with women who had given birth within the last year because the topic we were investigating was “assisted delivery”. The authority figure was very cooperative and agreed to allow the study to proceed.

After the team came back from conducting the interviews, they explained that they had a hard time finding Non-Doers, women who had given birth at home. While discussing this in the presence of the scout, he explained that this particular community had a very enlightened leader who had made a decree some years back that any woman who gave birth at home would be fined. Hence almost all women gave birth at the local health center.

Ask participants: What was the logistical oversight? How could this problem have been avoided?

2. Anticipating Logistical Problems

- 2a. Explain that it is critical to anticipate as many of the logistical issues as possible that pertain to your situation, and not all situations are the same. Some projects might not need to worry about language differences or different ethnic groups while others might have various challenges to overcome. Being able to list the logistical questions helps to anticipate and plan for them and reduces the unwanted surprises.
- 3b. Working at their table small groups, ask participants to list all the logistical questions they would need to answer to organize the field work of a Barrier Analysis. Prompt participants to try to make the list as long and detailed as possible to avoid surprises.
- 3c. Once participants have compiled their lists, pass out **Lesson 11 Handout 1: Barrier Analysis Field Work Logistic Issues to Address** and ask small groups to compare their list to the list provided and count the number of questions that are the same/similar and the number in their lists that are not included in the handout. Ask groups to share the “new” questions they came up with and list these on a flip chart.
- 3d. Ask the groups to now discuss and answer as many of the logistical questions as they possibly can, imagining that the Barrier Analysis will be conducted in a situation that is known to as many people in the small group as possible. Ask one group to answer the questions for the (mock) Barrier Analysis that the participants will carry out the next day.
- 3e. Going around the room, from table to table, ask the small groups to share a few answers they came up with. Discuss as necessary. Discuss the responses from the group that is planning the next day’s survey and make sure everyone is clear on the details.

4. Supervisor's Role

- 4a. Tell the participants that it is always a good idea for there to be one supervisor for about five data collectors/interviewers. Ask the participants if they are used to having a supervisor during a research activity.
- 4b. Ask participants to brainstorm the roles and responsibilities of the supervisor.
- 4c. Pass out the **Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist**. Ask participants to review it and put a star next to the three or four responsibilities that they think are most important. Discuss their choices.

5. Selecting the Sample Communities

- 5a. Explain that choosing the communities to visit or figuring out how best to find the group researchers need to interview is also a part of the logistical issues that need to be resolved.
- 5b. Explain that because this is formative research the sample does not need to be selected with the same amount of rigor that it does for population-based samples. Even so, there are several things that need to be considered. Among these are different variables that may influence the practice of the behavior being studying, including ethnic groups, religions, language groups, geographical area (for farming practices), and access to services. When selecting the communities to visit keep these variables in mind and select communities that most accurately represent the population you are serving. For example, if half the population is from one ethnic group and half is from another ethnic group, select equal numbers of communities (and interviewees) from each ethnic group.
- 5c. It is also possible to ask the priority group to assemble in one place to be interviewed or to find difficult-to-locate groups (e.g., mothers who delivered in a health facility, women who practice family planning) by consulting health records or asking community health workers to help you find or mobilize certain community members to be interviewed.
- 5d. The challenge comes when the people you need to interview are so far from the home base where data coding and tabulation will take place that the interview teams cannot reconvene easily to conduct that work in the space of a day or two.
 - In this case, if possible, have the supervisor of the first team code and tabulate the data and communicate the codes that were developed with the other teams before the other teams start to code.

- Those teams should then see if their responses correspond to the codes created by the first team. If they do, those same codes should be used so that all the responses can eventually be combined and analyzed for the entire sample.
- If there are many responses that absolutely do not correspond to the codes created by the first team, new codes should be developed for that team's responses.
- Keep in mind, however, that it is not very likely that one program will be able to have several different behavior change strategies for the same behaviors.

6. Lesson Wrap Up

- 6a. Wrap up the session by emphasizing the importance of the logistical arrangements.

Lesson 11 Handout 1: Barrier Analysis Field Work Logistical Issues to Address

1. What communities/villages will we conduct the survey in?
2. (If there is more than one behavior to study) What behaviors will we study in which communities/villages?
3. (If there is more than one behavior to study) In what order should we study the behaviors (e.g., on day one, day two, day three)? Does the order matter?
4. How far are the communities (driving time) from the departure place? How long will it take to get from here to there?
5. What time do you need to depart?
6. Where will we depart from?
7. How will all the interviewers get in the right vehicle?
8. How will you find the respondents (Doers and Non-Doers) without them knowing the exact purpose of the study (to avoid biasing them)?
9. What resources do the teams need?
10. Who will provide these?
11. Who will be on which teams? What variables need to be taken into consideration when dividing people into teams?
12. Will interviews be done individually or in pairs?
13. If in pairs, who will work with who?
14. Do we need written permission from any authorities?
15. Do we have the cell phone number of the village chief/authority?
16. Given how many interviewers we have, how long do we think it will take to interview 45 Doers and 45 Non-Doers?
17. Do the teams need something to drink? Something to eat? Where will this come from? How much will it cost? Who will get the drinks/food?
18. How much gas do we need? Where will it come from? Who will get it and when?
19. How many vehicles do we need given the number of interviewers and supervisors?

20. Given the vehicles we have how many people can we fit in each vehicle?
21. Which vehicles are going to which communities?
22. Do drivers know where to go? If not, who does?
23. How many questionnaires does each team need?
24. Do the groups need questionnaires in specific languages?
25. How many people will each interviewer/couple interview? How many Doers/Non-Doers?
26. What is the timeframe for the survey (number of days, number of hours per day)?
27. What specifically will happen when everyone arrives at the community/site?
28. Who are the supervisors? What are their responsibilities?
29. Are there any security issues we need to take into consideration? What are they? How will we deal with those?
30. How will the supervisors make sure that enough Doers and Non-Doers are interviewed?
31. How will the supervisors keep track of the number of questionnaires each interviewer has completed?
32. What will be done to make sure no completed questionnaires are lost?
33. What will be done to make sure no badly completed questionnaires are left uncorrected before returning to the central locale?

Lesson 11 Handout 2: Barrier Analysis Supervisor Checklist

Before Departure

- Make sure you have plenty of air time on your cell phone and that of key contact people (e.g., field based contact, survey coordinator, drivers).
- Collect extra supplies of water, snack, pencils, erasers, sharpeners, rain gear, etc.
- Know where (which village/community) you are expected to go to carry out the Barrier Analysis.
- Ensure that the vehicle has enough fuel.
- Know who the members of your team are and get their cell phone numbers (if available).
- Know how many Barrier Analysis questionnaires you should have to take to the field.
- Collect the Barrier Analysis questionnaires and carry them in a safe container (sealable, water/dust proof folder).
- Get the cell phone number of the field-based contact person (peer educator).
- Know when and where you are to meet the field-based contact person.
- Coordinate departure arrangements (time, place) with the driver and survey coordinator.
- Ensure that your team departs on time.
- Check the security of the route and destination.
- Liaise with the survey coordinator or field-based contact person en route about arrival time and place or any delays, if necessary.

Upon Arrival at the Field Site

- Meet the field-based contact person.
- If necessary, greet any officials and explain the purpose of the study.
- If the priority group is already gathered, greet them and thank them for coming. Explain that each person will be interviewed in turn if they fit the profile of the priority group.
- Identify places where each interviewer can conduct the interviews.
- Distribute questionnaires to each interviewer and indicate about how many Doers and Non-Doers each interviewer should interview.

- Identify one respondent (priority group member) for each interviewer and guide them to the interviewers.
- While the first interviews are underway, circulate among the priority group members and check to see if they fit the profile. If not, thank them for coming and dismiss them.
- As interviews are completed, guide other priority group members to each interviewer.
- Collect completed questionnaires and review them. Make sure:
 - The name of the interviewer is clearly written on the questionnaire
 - The classification of the respondent is correct
 - All questions have been answered
 - Open-ended questions have several responses
 - The writing can be read easily
 - Response to questions “make sense”
- Track the number of Doers and Non-Doers against the number expected for the site.
- If necessary, inform data collectors which type of respondent (Doers or Non-Doers) they should seek out in particular.
- Maintain contact (cell phone) with other data collection teams to track the total numbers of Doers and Non-Doers.
- Keep track of total numbers of respondents interviewed.
- Keep track of time.
- Answer any questions the data collectors may have.
- Help solve problems.
- Ensure that respondents who have been interviewed do not talk with respondents who are waiting.

Before Returning from the Field

- Count the questionnaires, tally the numbers of Doers and Non-doers, and secure the questionnaires in a water-proof place (folder).
- Ensure that you have the required number of Doers and Non-Doers.
- Thank the local authorities for their cooperation.
- Liaise with home office regarding estimated time of arrival (so lunch can be made ready).

Step 5: Conducting the Study

Achievement-Based Objectives

By the end of the fieldwork the participants will have:

- Interviewed respondents using the barrier analysis questionnaire

Time

Country-specific training: Field work all morning

Regional training: Mock survey part of the morning

Materials

- 2–4 blank Doer/Non-Doer Study or Barrier Analysis questionnaires per participant (or 90+ if you are doing a real survey)
- Pencils, erasers, and sharpeners for each participant
- Folders for supervisors to carry the questionnaires
- Cell phones and a list of numbers to contact interviewers and the necessary field contacts

Lesson 12: Step 6: Coding, Tabulating, and Analyzing the Data

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Reviewed and organized the results from their field work
- Developed a coding guide based on responses given during the field work
- Compiled their responses onto a summary tally sheet
- Entered summarized data on the Barrier Analysis Tabulation Worksheet (in MS Excel)
- Analyzed the biggest differences between Doers and Non-Doers using the Barrier Analysis Tabulation Worksheet

Time

3 hours (if full survey is being coded, tabulated, and analyzed)

Materials

- Lesson 12 Flip Chart 1: Definition of Coding
- Lesson 12 Handout 1: Coding Game Part 1
- Lesson 12 Handout 2: Coding Game Part 2
- Completed questionnaires from the field work
- Flip chart paper
- Lesson 12 Flip Chart 2: Example Coding Guide/Tally Sheets of Results for Doer/Non-Doer Study
- Lesson 12 Handout 3: Example Coding Guide and Tabulation Sheet for Analysis
- 1 hand calculator
- Computer (optional for using the Barrier Analysis Tabulation Worksheet)
- Barrier Analysis Tabulation Worksheet (MS Excel) on flash drive, downloaded from www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx
- Annex 4: Explanation for Using the MS Excel Barrier Analysis Tabulation Sheet

Facilitator's Note

For Steps 3 and after, explain to participants that they are going to code and tabulate their completed questionnaires. Ask the participants to help you rearrange the tables and chairs so they are placed in a “U” shape. Everyone should sit on the outside of the “U” so that everyone can see everyone else and the facilitator can be easily seen by everyone. Place a small table at

the open end of the “U” where the facilitator will sit. Ask the participants to clear everything off their table tops (including any drinks that might spill) and to put only the completed questionnaires in front of them.

Steps

1. Practice Coding: Part 1

- 1a. Remind the participants of where we are among the seven steps of Barrier Analysis (Step 6: Organize and analyze the results of the Barrier Analysis).
- 1b. Tell the participants: Before we code and tabulate our survey questionnaires, we will take some time to learn about coding responses in general.
- 1c. Ask the participants to carefully put away the questionnaires they completed (alternatively you could collect them and redistribute later). Divide the large group into small groups of about five or six participants each.
- 1d. Show the **Lesson 12 Flip Chart 1: Definition of Coding** and take questions.
- 1e. Distribute **Lesson 12 Handout 1: Coding Game Part 1** to each participant and explain that they are going to play a game to begin to understand how to code questionnaire responses. Remind participants that when examining the responses they should not just look at the wording, but also similar meaning. Keep in mind that people use different words sometimes to express the same idea. Ask participants to read the instructions on Lesson 12 Handout 1 and match the responses to the given categories.
- 1f. In their small groups, ask participants to compare responses and come to a consensus.

2. Practice Coding: Part 2

- 2a. Pass out **Lesson 12 Handout 2: Coding Game Part 2** and explain that this game is similar to the prior game, except that now they have to create their own categories from the responses given. They also have to do this in a group, so it will require listening to teammate opinions and coming to consensus.
- 2b. When all the teams have categorized and coded the responses, have them post copies of their answers to the wall. Then ask all the participants to do a gallery walk to see how other groups may have chosen similar or different codes for the responses.
- 2c. Tell the group that the wording of the codes doesn’t really matter so long as most of the same responses were grouped together and the meaning of the grouped codes are similar.
- 2d. Explain that the code will be used later in the Designing for Behavior Change (DBC) Framework to write bridge to activities.

3. Organizing the Questionnaires for Tabulation

- 3a. Rearrange the room so participants are seated in a “U”, as described in the Facilitator’s Notes.
- 3b. Ask participants to separate the Doer questionnaires from the Non-Doer questionnaires by looking at the classification at the top of each questionnaire, and put them in separate piles. Ask participants to place the Doer questionnaires facing up and outward toward the middle of the “U”.
- 3c. With the help of the participants, the facilitator counts all of the Doer questionnaires (making sure they are all Doers) and marks this number on a flip chart where everyone can see it (e.g., Doers = 47).
- 3d. Repeat this process for the Non-doer questionnaires. These numbers will become the denominators used to calculate percentages.
- 3e. Collect the Non-Doer questionnaires. Code the Doer questionnaires first, though it does not matter which questionnaires are coded first.
- 3f. Each participant will code and tabulate his/her own questionnaires (the ones they filled out during the field work). This is to make sure the coder can read the handwriting and potentially remember the conversation. There will be several Doer questionnaires per participant. Participants should place the questionnaires in front of them so they are not overlapping so it is easy to read the responses to the first question from each questionnaire at the same time.

Note: A word of caution, since it may be difficult for one participant to work on more than three or four questionnaires at a time, facilitators may want to code in two rounds (two for the Doers and two for the Non-Doers, depending on the total number of people coding and tabulating).

- 3g. At this point the group is almost ready to begin coding.

4. Building the Coding Guide and Tabulating the Study Results

- 4a. Display the first page of [Lesson 12 Flip Chart 2: Example Coding Guide/Tally Sheets of Results for Doer/Non-Doer Study](#) and explain it to the participants, saying: There is a tally sheet for each question that will be analyzed on the questionnaire. If you asked some demographic questions that need to be analyzed in addition to the questions in Section B, create separate tally sheets for those questions, being sure to separate questionnaires for Doers from those for Non-Doers. On the tally sheet you will see space for the determinant and for the question. On the left of the table there is a column to write the codes for the responses given, a column to write the numbers of

respondents who responded in a similar manner, and a column to write the percentage. There are similar columns for Non-Doers.

- 4b. Explain that we will now jointly code and tabulate the questionnaires by hand, first for one group of respondents (Doers), then for the other group of respondents (Non-Doers).
- 4c. Start with the first question in Section B of the questionnaire. Ask participants to look at the questionnaires in front of them and read (silently) the responses, looking for responses with similar meaning among the different respondents. Ask all the participants to listen careful to the other participants as they share the responses on their questionnaires. This will avoid repetition and make the process go faster.
 - Start with the first person in the “U”, asking them to say out loud all of the responses that respondents mentioned for that question, making sure to group responses with similar meaning. Write down a few words that represent the meaning of the response. This is the code. Then ask the second participant to mention any different responses on their questionnaires that are not already on the list and create codes for those responses as well. Repeat this with each participant until all responses are listed for that particular question.
 - For responses that are very similar in meaning, include them in the same code as other similar responses. (For example: For the question “What are the advantages of exercise?”, answers could be “being fit” and “staying in shape”. These are two different responses but they have the same meaning, so they both fit in one code.) Only do this for responses where you are reasonably certain the respondents meant the same thing. At the end of this process, you will have a flip chart with the question at the top, codes for the responses in the first column, a column for putting in the number of Doers who gave the response, a column for the percentage, and two more columns for the Non-doers.
 - For example, for the behavior “pregnant women will make at least four prenatal visits during their pregnancies”, potential responses for the question “What makes it difficult...?” might be:
 - Health center too far/ distance to clinic / too far
 - Husband would hit me if I went / husband thinks I will be tested without my consent
 - No money to go / cost / expensive
- 4d. Now that we have the codes recorded, we are ready to tabulate (count) the responses to the first question. Refer to the first code on the flip chart (for the first question) and ask each participant to read the responses on the questionnaires in front of him/her

and to show you, by holding up fingers, how many Doers responded with the same or very similar response (there can be only one finger for each questionnaire).

- If a participant has four questionnaires, for example, he/she can only hold up a maximum of four fingers for each potential code/response. In other words, you only count each response/code once per respondent. Each respondent may have given several different responses (codes) to the same (open-ended) question, resulting in a total number of responses for all codes that is greater than the number of interviewees.
 - To represent “0” responses for a code, the participants should hold up a closed fist (to confirm zero responses). Ask all participants to look at you while you are counting so they know that they were counted. Once everyone is looking up and is holding up a hand, count the fingers and note the total on the flip chart under the Doers column. (It is helpful to have two people counting to avoid mistakes.)
- 4e. Read the second code for the same question, and have participants indicate how many of their respondents gave responses that fit into that code by holding up fingers (or a closed fist for zero). Repeat this process for each response on the tally sheet until all responses (codes) are tabulated for question 1.
- 4f. Using the denominator for Doers (the total number of Doers) identified at the beginning of the session, calculate the percentages for each of the responses given on the flip chart. Record this on the flip chart. (Alternatively, you can calculate the percentages when all of the responses for both Doers and Non-Doers have been tabulated.)
- 4g. Repeat steps 4c, 4d, 4e, and 4f with the second and subsequent questions. Use a new flip chart sheet for each question. (If you are doing a full Barrier Analysis, there will be some closed-ended questions. For those, you can just copy off the response categories on the questionnaire onto the coding guide/tally sheet, then count fingers.)
- 4h. Once all questions have been coded and tabulated for Doers, ask the participants to write a large check mark in the top right corner of the Doer questionnaires that have been tabulated, and collect them. If you have not finished coding and tabulating all of the Doer questionnaires, repeat steps 4c–4g for the remaining questionnaires. This time, however, start with the codes that have already been written and only add codes for responses that are truly different from those already written.
- 4i. Once all of the Doer questionnaires have been coded and tabulated, distribute the Non-Doer questionnaires and place them in front of each coder as before.
- 4j. For the Non-Doers, the process is easier. Use the same coding guide/tally sheets that you already created. Ask the first participant (in the “U”) to add any responses to the

coding guide that are not already listed. Do this for all participants until all responses are listed.

- 4k. Tabulate the responses for the first question for Non-Doers, having people indicate the number of responses by holding up fingers (or a fist) and putting tallies into the Non-Doers column. Repeat this process until all questions have been tallied for Non-Doers.

Note: Since errors in tallying are common, especially at first, facilitators can also do the tally in a notebook (where corrections are easier) rather than on the flip chart. The final tally for each response can then be written on the flip chart for all to see and the percentage calculated.

5. Quick Manual Analysis of Results

- 5a. Once the coding guide/tally sheet is completed and percentages have been calculated, explain that the responses that show the biggest gaps between the percentage of Doers and the percentage of Non-Doers reveal areas where the project probably needs to work. These are considered the most significant determinants. Explain that most important responses can also be identified by using the Barrier Analysis Tabulation Table (an MS Excel spreadsheet). At this point, however, we can look for responses where the difference between the percentage of Doers and percentage of Non-Doers giving the same response was 15 percentage points or more.
- 5b. Ask participants to identify the gaps between Doer and Non-Doe responses that are 15 percentage points or more. If results show many responses with a 15 percentage point difference or more, participants should write bridges to activities that focus on those responses with the largest gaps.
- 5c. Explain that while it might seem counter-intuitive, the responses that were given by high numbers of both Doers and Non-Doers are not significant. This is because somehow the Doers have been able to overcome the obstacle.

For example, for the behavior “Pregnant women take iron tablets” and the question “What are the disadvantages?”, high numbers of both Doers and Non-Doers could say constipation. This is not something that needs to be addressed, however, because for some reason this is not a barrier to the Doer group. Only responses that have large gaps (15 percentage points or more) between Doers and Non-Doers should be acted upon.

- 5d. Distribute **Lesson 12 Handout 3: Example Coding Guide and Tabulation Sheet for Analysis** and ask participants to analyze the data by calculating the percentage point difference between Doers and Non-Doers. Ask participants to identify which responses/codes are significant. Ask participants to identify which responses are

actionable and which are not (the ones where Doers identify barriers, but Non-Doers do not).

- 5e. Wrap up by explaining that not all 15 percentage point differences between Doers and Non-Doers are true differences (some are due to chance) and that there are some differences of less than 15 points that are true differences, as well. There is a more valid way of identifying which responses are most significant. This is done by using an MS Excel spreadsheet that allows you to look for statistically-significant differences between the Doers and Non-Doers and tells you how much more likely a Doer or Non-Doer is to give a particular response. Knowing that, it will be easier to decide which determinants deserve more attention. We will talk about that process in the next step.

Note: If it is impossible to find 45 Doers and 45 Non-Doers, you may still find some significant results. If you cannot find 45 of one group (e.g., Doers) it may be helpful to do more interviews of the other group (e.g., Non-Doers) to find statistically significant differences between the two groups (e.g., interviewing 30 Doers and 60 Non-Doers). If you use this approach, the data should be entered into the MS Excel Barrier Analysis Tabulation Worksheet for analysis, found at http://www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx.

6. Analyzing Data Using the MS Excel Barrier Analysis Tabulation Worksheet

- 6a. Ask participants: I would like you to remember back to the Barrier Analysis/Doer/Non-Doer study game we played earlier in the lesson. Can the Barrier Analysis data only be analyzed manually? Responses should include: No, there is a more precise way of analyzing the data by using a special MS Excel spreadsheet developed by Tom Davis of Food for the Hungry.
- 6b. Ask participants: How many of you or your organizations will likely use the MS Excel spreadsheet? (This should be asked on the Learning Needs and Resources Assessment [LNRA].)
- 6b. If not many will be using the MS Excel spreadsheet because they feel the manual method is accurate enough or someone else in the organization will be responsible for entering the data electronically, then say: In **Annex 4: Explanation for Using the MS Excel Barrier Analysis Tabulation Sheet** you can find instructions on where to download the electronic spreadsheet and how to use it. It is simple enough for even non-technically oriented people to follow.
- 6c. If many participants plan to use or want to learn to use the spreadsheet then ask all the participants to take out their laptops and download the spreadsheet (from www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx) or install it from a flash drive.

- Ask participants to read the instructions in Annex 4, and, using the datasets provided in the annexes or the data from their field work, enter the information required as directed on the instructions (first the denominators, then the codes for each of the types of responses to each question, then the number of Doer and Non-Doers who responded).
- Circulate around the room, helping each participant and responding to questions as they come up. Be prepared to explain how to add and delete rows, add more questions, and copy formulas into different cells.
- When everyone has finished entering the data, ask: What similarities with the manual data analysis results do you see? What differences do you see?
- Explain that when there are differences between the manual and the electronic data results, more confidence should be attributed to the electronic results as they are more sensitive.

7. Lesson Wrap Up

- 7a. Wrap up this session by reiterating that one of the reasons why the DBC Framework is so powerful is because it is informed by data collected among the priority group, which is used to choose the most impactful activities. It is an evidence-based approach and doesn't take much time or many resources when using the Doer/Non-Doer Study or Barrier Analysis survey as the method of data collection.

Lesson 12 Flip Chart 1: Definition of Coding

Coding is the process of examining the responses to a given question, looking for ways to categorize them according to their similar meaning, then assigning a few words that represent that categorization.

Lesson 12 Handout 1: Coding Game Part 1

Instructions: Read the responses listed in Column 1 to the question below. Read the names of the categories in Column 2. Draw a line between the response and the category to which you feel it best belongs.

Question: What are the advantages of brushing your teeth with tooth paste three times each day?

Column 1: Responses	Column 2: Categories
My teeth won't yellow as quickly as I age.	
Brushing will prevent gingivitis.	Better appearance
I'll have fresh breath.	
I'll avoid high dentist bills.	
My girlfriend will want to kiss me.	
I won't disgust my colleagues after I have lunch.	
I won't have many cavities.	
My teeth won't fall out.	Healthier teeth
I won't have to have root canal.	
I would have shiny teeth.	
I will avoid cavities, root canals, and other expensive and painful dental procedures.	
I will have whiter teeth and be more attractive.	
My breath will be better.	
I won't have to get as many cavities filled at the dentist.	Healthier gums
I will have fresh breath and smell nice.	
I won't get bleeding gums or gum disease.	
I would have better dental hygiene.	
It would help to prevent cavities.	Good breath
It would reduce costs and displeasure associated with dental visits	

Lesson 12 Handout 2: Coding Game Part 2

Instructions: Read the responses to the question below. With your team mates decide which responses are similar and group these together. Then to identify the category and distinguish it from the other categories, assign a code to the similar responses. On a flip chart, name the categories you chose and write the responses underneath each category's code.

Question: What makes it difficult to brush your teeth with toothpaste three times a day every day?

1. Sometimes when I travel, I don't have regular access to clean water, so I can't brush my teeth.
2. I am too busy when I'm at work.
3. It's gross to brush your teeth in a public place where people will see you.
4. I don't have time to brush when I'm at work.
5. I don't have a tooth brush at work.
6. The quality of the water at work is questionable.
7. I go to bed late and am too tired to brush my teeth before bed.
8. It is difficult to brush my teeth in the middle of the day because I am at work.
9. I'm often rushed in the mornings and don't have a lot of extra time to brush my teeth.
10. Sometimes I just forget to brush my teeth.
11. It's difficult to brush three times a day because if you carry around a toothbrush in your bag it gets covered in fluff and the toothpaste can burst in your bag.
12. I would have to carry my toothbrush and toothpaste around with me during the day.
13. I don't think I would be able to remember to do it given how busy I am during the day.
14. I do not have time during work to brush my teeth.
15. I likely will not remember to do it each day during the middle of the day.
16. It would require brushing while at work and all of the inconveniences associated (bringing brush and paste to work, brushing in front of colleagues in men's room, etc.).
17. Not having a personal sink at work makes it difficult to brush my teeth with toothpaste three times a day.

Lesson 12 Handout 3: Example Coding Guide and Tabulation Sheet for Analysis

Instructions: Analyze the data below by calculating the difference between the responses given by Doers and Non-Doers. Significant responses are those with a 15 percentage point difference or greater.

Behavior: Mothers of children 0–23 months wash their hands with soap or ash at the 5 critical times each day.

Responses	Doers (%)	Non-Doers (%)
Perceived positive consequences: What are the advantages of doing the behavior?		
Avoid diseases	90	84
Be clean/hygiene	76	67
Feel comfortable with others	20	12
Be attractive	2	2
Remove bad smell	8	8
Perceived negative consequences: What are the disadvantages of doing the behavior?		
None	71	84
Requires money	16	8
Takes time	8	6
People think I'm lazy (don't work)	2	4
Makes food taste strange/bad	10	30
Perceived self-efficacy: What makes it easier to do the behavior?		
Access to water	82	69
Access to soap/money for soap	73	78
Access to ash	33	16
Container for water	2	0
Having prompt like latrine/food	12	12
Habit/willingness/motivation	18	6
Being aware/knowing how	22	14
Perceived self-efficacy: What makes it more difficult to do the behavior?		
No money to buy water	51	35
No money to buy soap	73	78

Responses	Doers (%)	Non-Doers (%)
No ash	6	4
No time/too busy	39	16
Being drunk	4	8
Perceived social norms: Who would approve of/supports you doing the behavior?		
Health workers	63	51
My husband	35	33
Neighbors	25	28
Perceived social norms: Who would disapprove of/does not support you doing the behavior?		
No one	63	63
Elders/local leaders	25	34
My husband	33	55
Perceived severity: How bad is diarrheal disease?		
Very bad	88	88
Somewhat bad	10	14
Not bad at all	0	2
Perceived susceptibility/risk: Can I get diarrheal disease?		
Very likely	78	59
Somewhat likely	14	37
Not likely		
Perceived action efficacy: Will washing hands with soap or ash prevent diarrhea?		
Yes	63	49
Maybe	10	24
No	27	27
Access: How difficult is it to access the materials needed to...?		
Very difficult	33	71
Somewhat difficult	49	24
Not difficult	18	6
Cues for action/reminders: How difficult is it for you to remember to...?		
Very difficult	14	14
A bit difficult	39	47
Not difficult at all	47	39

Lesson 13: Step 7: Using the Results to Make Decisions

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Written bridges to activities based on the interpretations they made from the data
- Proposed activities that would address the bridges to activities
- Suggested other decisions that could be taken based on the data (assuming the project was already underway)

Time

2 hours

Materials

- Lesson 2 Handout 1: Blank Designing for Behavior Change Framework
- Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms
- Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks
- Lesson 13 Handout 1: Writing Bridges to Activities (answers found in Annex 1: Answer Keys)
- Lesson 13 Handout 2: Match the Determinants to the Activities

Steps

1. Introduction

- 1a. Ask participants to identify where we are among the seven steps to conducting Barrier Analysis (Step 7: using the results to make decisions). Explain that once they have conducted the research and interpreted the data, they need to use it to make some decisions.
- 1b. Explain that there are a couple of different choices at this point.

If they are developing a new behavior change strategy and using the Designing for Behavior Change (DBC) Framework, they will use the data to write bridges to activities that inform their choice of activities. (Show where these two columns are on [Lesson 2 Handout 1: Blank Designing for Behavior Change Framework](#).) In that case, it is important to look at how to write a bridge to activity and how to use it to select/design a behavior change activity.

Note: If the majority of participants have already attended the DBC 5-day course, just do a quick review of how to write bridges to activities.

2. What is a Bridge to Activity?

- 2a. Refer participants to **Lesson 2 Handout 2: Definitions of Designing for Behavior Change Framework Terms** and the definition of a bridge to activity and how to formulate it. Explain that a bridge to activity is a more specific description of the direction in which a determinant will go. The details needed to write a bridge to activity come from the formative research results. Bridges to activities cannot be written without formative research because the bridge to activity is both a link between the determinant and an activity and a planned change in a determinant. There is always at least one bridge to activity for each determinant found to be important to the chosen behavior, sometimes more than one.
- 2b. Ask participants: Why isn't it possible to just write activities based only on knowledge of the determinants and skip writing bridges to activities? Responses should include: Because you don't know yet what to do about the determinants or which aspect of the determinants you need to develop activities around. For example, if your formative research said that access was an important determinant, without looking further at the results you might develop an activity for the wrong type of access. Once the survey is completed the focus switches from the determinants to the responses the priority group gave.
- 2c. Refer participants back to **Lesson 2 Handout 3: Examples of Completed Designing for Behavior Change Frameworks** and have them read the determinants and matching bridges to activities. Emphasize that the bridge to activity often tells us if we will "increase, improve, reduce, decrease, or reinforce" something. It tells us in what direction we want to affect the determinant.
- 2d. Explain that bridges to activities are often written using the word "perception", since most all of the determinants are the priority audience's perception of something. An exception would be perceived self-efficacy, where the bridge to activity would be written as "increase the ability to..." Explain that some people confuse activities with bridges to activities, but they are not the same thing. Activities usually begin with an action verb. Bridges to activities are more general and allow the designer to select among many possible activities. Bridges to activities should not be written with an activity already in mind. Doing that limits the number of options you have to address the issue.
- 2e. Divide the participants into small groups and ask them to look at **Lesson 13 Handout 1: Writing Bridges to Activities**. Explain that the codes in the left column are results of formative research for which bridges to activities need to be written, and center column gives the determinant associated with the statement. Assign specific

statements/codes to each small group and ask them to write a bridge to activity for each assigned code. Review with entire group and correct answers. Take questions. (The key to the exercise can be found in **Annex 1: Answer Keys.**)

- 2f. Explain to participants: After you have written the bridges to activities, the next step is to select or design activities that will address the them. This is the time when you need to muster all of your creative skills as sometimes new and different activities are required. In the DBC training there is a separate lesson just on activities, but we don't have the time here to go into that much detail. To give you some exposure to the concept of selecting activities to match bridges to activities (and determinants), let's play a matching game.
- With participants working individually, distribute **Lesson 13 Handout 2: Match the Determinant to the Activities** to each person. Participants need to match the activities to the determinants (bridges are 'understood') that best correspond.
 - Once everyone has completed the exercise, instruct them to share with their neighbor. Check answers using Annex 1 and take any questions.
- 2h. Discuss with participants: In addition to using the formative research data to complete the DBC Framework, there are other decisions that you might make that would be informed by the data. What might those be? Answers could include tailoring a training curriculum to the specific needs/barriers of the priority group, creating visual aids based on the data/bridges to activities, creating specific determinant-based messages, and other ideas.

3. Lesson Wrap Up

- 3a. Wrap up the session by reiterating that applying the findings from the data collected to inform the behavior change strategy is an absolutely critical step. There are lots of ways to use the data from the formative research, but it has to be used in some way.

Lesson 13 Handout 1: Writing Bridges to Activities

Instructions: For each response code write at least one bridge to activity related to the selected behavior.

Responses/Codes from Formative Research	Determinant	Bridge to Activity
1. Doesn't know how to plant on the contour	Perceived self-efficacy	
2. Farmer thinks father-in-law doesn't appreciate use of fertilizer (not worth the money and effort)	Perceived social norms	
3. More insects if fields aren't burned	Perceived negative consequences	
4. Clinic staff are mean (care seeking)	Access Perceived negative consequences	
5. Can't breastfeed while working outside the home	Perceived self-efficacy	
6. Can't recognize the weeds	Perceived self-efficacy	
7. Forgot the date of the distribution (improved seed use)	Cue to action/ reminders	
8. Birth weight predicts nutritional outcomes (good birth weight = no risk of malnutrition)	Perceived susceptibility	
9. Bible approved of covering feces/latrine use	Perceived divine will	
10. Took child to be vaccinated last week, but they said they cannot open up a vial of vaccine for just one child (10 kids needed to open a vaccine vial policy)	Policy	

Responses/Codes from Formative Research	Determinant	Bridge to Activity
11. Men and women don't discuss family planning here	Culture	
12. Fidelity is too hard	Self-efficacy/ skills	
13. Husband wants to plant more cash crops (not veggies for home consumption)	Perceived social norms	
14. Stock-outs of preferred contraceptives	Access	
15. Silos prevent rat infestation	Perceived positive consequences	
16. Vet nearby (animal traction)	Access	
17. Can't remember how to check breathing (acute respiratory infection [ARI]/care seeking)	Cues to action/ reminders	
18. Complementary feeding takes too much time	Perceived negative consequences	
19. Being underweight is not serious (I was underweight and I turned out OK)	Perceived severity	
20. God is in control of the harvest	Perceived divine will	
21. Stopped breastfeeding to qualify for food rations (only malnourished infants get rations)	Policy or negative consequences	

Lesson 13 Handout 2: Match the Determinant to the Activities

Instructions: Match the determinants to the corresponding activities in both tables.

Nutrition Activities

Activity	Determinant
A. Demonstrate what happens when you leave food uncovered near a pile of shit.	1. Perceived self-efficacy
B. PD/Hearth before and after pictures.	2. Perceived social norms
C. Work with Ministries of Industries to pass regulations requiring and the fortification of cooking oil with vitamin A.	3. Perceived positive consequences
D. Tying soap from string next to tippy-tap	4. Perceived negative consequences
E. Survey the number of children who had to be taken to the clinic to receive treatment for diarrhea.	5. Access
F. Community growth monitoring showing the high percent of children who are malnourished	6. Cues for action/reminders
G. Gardening tools distribution Outreach growth monitoring and promotion activities	7. Perceived susceptibility/risk
H. Baby weighing at the end of the two-week PD/Hearth	8. Perceived severity
I. Invite fathers to the final session of the PD/Hearth to show them the results of proper feeding & gain support for continued feeding	9. Perceived action efficacy
J. Breastfeeding support groups where mothers help each other overcome BF difficulties	10. Perceived divine will
K. Convene discussions with older women about how mothers used to carry their babies with them everywhere to remind current mothers of the “old ways”	11. Policy
L. Work with religious leaders to gain support for equal feeding practices regardless of gender; produce sermon outlines.	12. Culture

Agriculture and Natural Resource Management (NRM) Activities

Activity	Determinant
M. Walk around to view what happens to the soil when all the trees are cut.	1. Perceived self-efficacy
N. Advocate for controls and regulations on pesticides that limit the import of illegal products;	2. Perceived social norms
O. Persuade local shops to sell seeds and implements. Ag volunteers buy quality seed in bulk to re-package and sell to farmers in affordable quantities.	3. Perceived positive Consequences
P. Orient village elders and farmers' wives to the benefits of adopting the new practices	4. Perceived negative consequences
Q. Work with religious leaders to help farmers realize that the crop rotation and "resting the land" is in line with recommendations in their holy scriptures.	5. Access
R. Survey of farmers asking how many lost farmland to erosion.	6. Cues for action/reminders
S. Crops comparisons: one with new seeds and one without	7. Perceived susceptibility/risk
T. Demonstration and hands-on practice to apply new skills such as tree planting, installing drip irrigation, etc.	8. Perceived severity
U. Survey of farmers regarding the extent of erosion (what % of farmers suffer land erosion problems)	9. Perceived action efficacy
V. Convene a discussion with the old farmers of the community to identify all the changes they have experienced over the years and how they have adapted to the changes.	10. Perceived divine will
W. Memory aid showing the distance between planted rows	11. Policy
X. Case study of families who planted a home garden who not only had plenty of veggies to eat but also earned income from the sale.	12. Culture

Lesson 14: Closing Session

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Evaluated their learning
- Evaluated the training
- Received recognition for participation in the course

Time

1.5 hours

Materials

- Lesson 14 Flip Chart 1: Expectations Assessment
- Post-Training Process Survey
- Training Pre-/Post-Tests (completed pre-tests from the beginning of the training and blank post-tests to be completed in this lesson)
- Post-Training Process Survey
- Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre-and Post-Tests
- Certificates (optional)

Steps

1. Display the flip chart “Our Expectations” from Lesson 1 and **Lesson 14 Flip Chart 1: Expectations Assessment**. Explain that after taking the Post-Test; each participants should come up to the flip chart, find their own expectation (on the post-it); decide if their expectation was fully met, partially met, or not met at all; and place the Post-it in the appropriate column on the Lesson 14 Flip Chart 1 (turn the flip chart stand away from the participants so this can be done anonymously).
2. Pass out the Post-Test and the **Post-Training Process Survey**. Ask participants to circle the word “Post” on the test to distinguish it from the Pre-Test. Ask participants to complete the Post-Test first and identify it using the same symbol as the pretest so the facilitator can return the Pre- and Post-Tests to each person.
3. As participants complete their Post-Test, categorize their expectations, and begin to complete the workshop evaluation, correct the Post-Test. Note the number of participants who got the same number of correct responses and put this on **Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre-and Post-Tests** so the group can see their progress. Return the Pre- and Post-Tests to each participant.

4. Show participants the results of the Expectation Assessment and the Post-Tests.
5. Ask participants to share their plans for conducting formative research. Ask participants: In thinking about your own project and the limits of staff, time, and resources, when do you see yourself and colleagues conducting a study? Encourage participants to be specific, not just say during, e.g., proposal development, baseline, detailed implementation plan development, mid-term evaluation, final evaluation.
6. Ask participants to list three action items that are relevant to this training that they plan to do within the next 2 months.
7. Ask participants: Who would be willing to be a mentor to someone else in the group? Who would like to have a mentor? As participants raise their hands, ask them to pair up and make a note of each other's names and contact information.
8. Hand out certificates (optional) and congratulate the participants. Distribute contact lists and any final materials.

Lesson 14 Flip Chart 1: Expectations Assessment

Fully Met	Partially Met	Not Met at All

Post-Training Process Survey

1. Please check the box that most closely reflects your opinion.

Training Process and Facilitation	Strongly Agree	Agree	Disagree	Strongly Disagree
The training was presented in an organized and interesting manner.				
The training was relevant to my work.				
The facilitator helped me learn to the best of my ability.				
All members of the group were encouraged to participate.				
I acquired new skills at this training that I can apply directly to my job.				
I was satisfied with the quality of the materials distributed at this training.				

2. Overall, how satisfied were you with the training?

- Very satisfied
- Satisfied
- Somewhat dissatisfied
- Very dissatisfied

3. To what extent do you expect this training to make a difference in the way you design, organize, and conduct a Doer/Non-Doer Study or Barrier Analysis?

- No difference
- Some difference
- Substantial difference

4. To what extent do you feel that you will be able to apply the ideas and strategies from this training in your work?

Completely

Somewhat

Not at all

5. What I liked most about the training was:

6. Additional comments:

Lesson 14 Flip Chart 2: Tracking Correct Responses in the Pre- and Post-Tests

Number of Correct Responses	Pre-Test Results	Post-Test Results
10		
9		
8		
7		
6		
5		
4		
3		
2		
1		

Annex 1: Answer Keys

Pre-/Post-Test

1 – c	6 – a
2 – a	7 – c
3 – b	8 – b
4 – a	9 – c
5 – b	10 – a

Lesson 9 Handout 2: Find the errors!

1. Questionable content in the demographic section. Why would the age of or the language of the interview be important?
2. Classification needs to be at the top of the page.
3. Introduction section needs to be scripted to ensure standard delivery.
4. The screening question section should be identified as Section A.
5. Screening questions are too theoretical and subjective. They should be tied to a specific timeframe.
6. Different aspects of the behavior need to be inquired about separately (e.g., sinks, toilets, walls).
7. The classification table is too complicated. Each question should contribute to defining a Doer or Non-Doer.
8. The classification table should also define who not to interview.
9. After the classification table there needs to be a place for the interviewer to indicate the classification (Doer or Non-Doer)
10. Section B needs to be labeled and the questions numbered starting with 1, 2, 3, etc.
11. Some people might suggest that specific questions be asked about the different things that need to be washed (sinks, toilets, walls).

12. Question 8 is not about what the community-based organization (CBO) group members think; it is about the people in general.
13. In Question 9, some people might remark on the use of the word appreciate rather than approve.
14. Question 11 is posed as a closed question, but has several response choices.
15. In this case, Question 13 mentions the behavior, which makes the determinant perceived action efficacy, not perceived susceptibility. Also, the question should not only be about their own risk to disease, but also that of their family.
16. In Question 16, “more possible” needs to be reworded.
17. Question 18 is not about the facility, but what they, the CBO members, want.
18. There is no question about perceived action efficacy.

Classification Exercise in Lesson 10 Handout 6: Practice Classifying Doers and Non-Doers

- 1 – Doer
- 2 – Non-Doer
- 3 – Do not interview
- 4 – Non-Doer
- 5 – Non-Doer
- 6 – Non-Doer
- 7 – Non-Doer
- 8 – Doer

Lesson 13 Handout 1: Writing Bridges to Activities

Responses/Codes from Formative Research	Determinant	Bridge to Activity
1. Doesn't know how to plant on the contour	Perceived self-efficacy	Increase the ability to plant on the contour
2. Farmer thinks father-in-law doesn't appreciate use of fertilizer (not worth the money and effort)	Perceived social norms	Increase the perception that the father-in-law approves of using fertilizer (that it's worth the effort and money)
3. More insects if fields aren't burned	Perceived negative consequences	Decrease the perception that there won't be more insects if you don't burn the fields
4. Clinic staff are mean (care seeking)	Access Perceived negative consequences	Decrease the perception that clinic staff are mean
5. Can't breastfeed while working outside the home	Perceived self-efficacy	Increase the ability to continue breastfeeding even while working outside the home
6. Can't recognize the weeds	Perceived self-efficacy	Increase the ability to recognize weeds (distinguish weeds from other plants)
7. Forgot the date of the distribution (improved seed use)	Cue to action/ reminders	Increase the ability to remember the date of the seed distribution
8. Birth weight predicts nutritional outcomes (good birth weight = no risk of malnutrition)	Perceived susceptibility	Increase the perception that even infants with a normal birth weight can become malnourished
9. Bible approved of covering feces/latrines use	Perceived divine will	Reinforce the perception that the Bible approves of latrine use
10. Took child to be vaccinated last week, but they said they cannot open up a vial of vaccine for just one child (10 kids needed to open a vaccine vial policy)	Policy	Increase the perception that there are things mothers can do to get their children vaccinated while adhering to the policy regarding vaccine management
11. Men and women don't discuss family planning here	Culture	Increase the perception that even in this culture, men and women can discuss intimate topics

Responses/Codes from Formative Research	Determinant	Bridge to Activity
12. Fidelity is too hard	Self-efficacy/ skills	Increase the ability to only have sex with your spouse/wife
13. Husband wants to plant more cash crops (not veggies for home consumption)	Perceived social norms	Increase the perception that husbands approve of growing food for home consumption
14. Stock-outs of preferred contraceptives	Access	Increase the perception that there are other acceptable contraceptive choices
15. Silos prevent rat infestation	Perceived positive consequences	Reinforce the perception that storing grain in a silo will reduce rat infestation
16. Vet nearby (animal traction)	Access	Increase the perception that having a veterinarian nearby will allow farmers to maintain the health of their cows more easily
17. Can't remember how to check breathing (acute respiratory infection [ARI]/care seeking)	Cues to action/ reminders	Increase the ability of mothers to remember how to check breathing of sick children
18. Complementary feeding takes too much time	Perceived negative consequences	Increase the perception that preparing complementary foods for babies doesn't take that much extra time or that the extra time is worth it
19. Being underweight is not serious (I was underweight and I turned out OK)	Perceived severity	Increase the perception that malnutrition in children is a life-threatening condition in any child
20. God is in control of the harvest	Perceived divine will	Increase the perception that God entrusted the land to us and expects us to use it effectively to feed our families
21. Stopped breastfeeding to qualify for food rations (only malnourished infants get rations)	Policy or negative consequences	Increase the perception of POLICY MAKERS that the current policy is having a negative impact on the intended beneficiaries and the policy needs to be changed

Lesson 13 Handout 2: Match the Determinant to the Activities

Determinant	Nutrition Activities	Agriculture/ NRM Activities
Perceived self-efficacy/skills	J	T
Perceived social norms	I	P
Perceived positive consequences	B	X
Perceived negative consequences	A	M
Access	G	O
Cues for action/reminders	D	W
Perceived susceptibility/risk	F	U
Perceived severity	E	R
Perceived action efficacy	H	S
Perceived divine will	L	Q
Policy	C	N
Culture	K	V

Annex 2: Learning Needs and Resources Assessment

Designing, Organizing, and Conducting a Doer/Non-Doer Study or Barrier Analysis

Name:

Organization:

Position:

Native language:

How would you rate your English fluency?

What behaviors is your organization/project promoting?

Why are you interested in attending a course on conducting a Doer/Non-Doer Study or Barrier Analysis?

What prior experience do you have conducting a Doer/Non-Doer Study or Barrier Analysis?

What challenges did you face?

Will you be analyzing the data manually, with the MS Excel spreadsheet, or with both?¹⁵

¹⁵ If many expect to use the MS Excel spreadsheet to analyze the data, then ask all participants to come to the training with a laptop.

Annex 3: Alternative Barrier Analysis Questionnaire Format

Barrier Analysis Questionnaire on Condom Use among Unmarried Kenyan Youth	
Name of the interviewer: _____	
Questionnaire number: _____	
Site: _____	
Gender of the respondent: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>Scripted Introduction: Hi. My name is _____. I am part of a study team looking into what youth think about protecting themselves against HIV/AIDS. We would like to hear your views on this topic. You are not obligated to participate, but if you do, the interview will only take about 15 minutes and all your responses will be kept entirely confidential and will not be shared with anyone. Furthermore, you should know that you will not receive any gifts or services for your participation, nor will anything be withheld should you decide not to participate. Would you like to participate in the study? <i>[If no, thank her/him for her/his time.]</i></p>	
Section A: Doer/Non-Doer Classification Questions	
1. How old are you ?	_____ age in years
2. Are you sexually active ?	<input type="checkbox"/> A. Yes <input type="checkbox"/> B. No → <i>[End the interview]</i> <input type="checkbox"/> C. Declines to say → <i>[End the interview]</i>
3. Are you married or in a long term committed relationship with one person?	<input type="checkbox"/> A. Yes → <i>[End the interview]</i> <input type="checkbox"/> B. No <input type="checkbox"/> C. Declines to say → <i>[End the interview]</i>
4. During the last three times you had sex, how many times did you use a condom?	<input type="checkbox"/> A. None <input type="checkbox"/> B. One time <input type="checkbox"/> C. Two or three times <input type="checkbox"/> D. Declines to say → <i>[End the interview]</i>

Doer	Non-Doer	Do Not Interview
Question 2 = A	Question 2 = A	Question 2 = C
Question 3 = B	Question 3 = B	Question 3 = C
Question 4 = C	Question 4 = A or B	Question 4 = D

Group: Doer Non-Doer

Section B: Research Questions

Perceived Severity

Doer: Compared to other diseases, in your opinion how serious is HIV/AIDS? *[read the responses]*

- A. Very serious
- B. Somewhat serious
- C. A little serious
- D. Not serious at all

Non-Doer: Compared to other diseases, in your opinion how serious is HIV/AIDS? *[read the responses]*

- A. Very serious
- B. Somewhat serious
- C. A little serious
- D. Not serious at all

Perceived Risk

Doer: Do you think you're the type of person who would get HIV/AIDS?

- A. Yes
- B. Maybe
- C. No
- D. Don't know

Non-Doer: Do you think you're the type of person who would get HIV/AIDS?

- A. Yes
- B. Maybe
- C. No
- D. Don't know

Doer: In your opinion, how likely are you to contract HIV/AIDS in the next 10 years? *[read the responses]*

- A. Very likely
- B. Somewhat likely
- C. Small chance
- D. No chance at all

Non-Doer: In your opinion, how likely are you to contract HIV/AIDS in the next 10 years? *[read the responses]*

- A. Very likely
- B. Somewhat likely
- C. Small chance
- D. No chance at all

Perceived Action Efficacy	
<p>Doer: Do you think that if you use a condom every time you have sex you can avoid getting HIV/AIDS?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. I don't know</p>	<p>Non-Doer: Do you think that if you use a condom every time you have sex you can avoid getting HIV/AIDS?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. I don't know</p>
Perceived Self-Efficacy/Skills	
<p>Doer: With your current knowledge, skills, and resources, in your opinion are you able to use a condom correctly every time you have sex?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. Don't know</p>	<p>Non-Doer: With your current knowledge, skills, and resources, in your opinion are you able to use a condom correctly every time you have sex?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. Don't know</p>
<p>Doer: What makes it easy for you to use a condom every time you have sex? <i>[probe at least three times]</i></p>	<p>Non-Doer: What would make it easy for you to use a condom every time you have sex? <i>[probe at least three times]</i></p>
<p>Doer: What makes it difficult for you to use a condom every time you have sex? <i>[probe three times]</i></p>	<p>Non-Doer: What makes it difficult for you to use a condom every time you have sex? <i>[probe three times]</i></p>
Perceived Social Norms	
<p>Doer: Do most of the people you know approve of you using a condom every time you have sex?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. Don't know</p>	<p>Non-Doer: Would most of the people you know approve if you used a condom every time you had sex?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. Don't know</p>

<p>Doer: What makes it easy for you to use a condom every time you have sex? <i>[probe three times]</i></p>	<p>Non-Doer: What would make it easy for you to use a condom every time you have sex? <i>[probe three times]</i></p>
<p>Doer: What makes it difficult for you to use a condom every time you have sex? <i>[probe three times]</i></p>	<p>Non-Doer: What makes it difficult for you to use a condom every time you have sex? <i>[probe three times]</i></p>
<p>Doer: Who are all the people who approve of you using a condom every time you have sex? <i>[probe three times]</i></p>	<p>Non-Doer: Who are all the people who would approve if you used a condom every time you have sex? <i>[probe three times]</i></p>
<p>Doer: Who are all the people who disapprove of you using a condom every time you have sex? <i>[probe three times]</i></p>	<p>Non-Doer who are all the people who would disapprove if you used a condom every time you had sex? <i>[probe three times]</i></p>
<p>Access</p>	
<p>Doer: How difficult is it for you to obtain enough condoms so you can use them every time you have sex? <i>[read all responses]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Very difficult <input type="checkbox"/> B. Somewhat difficult <input type="checkbox"/> C. A little difficult <input type="checkbox"/> D. Not difficult at all 	<p>Non-Doer: How difficult would it be for you to obtain enough condoms so you could use them every time you have sex if you wanted to? <i>[read all responses]</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Very difficult <input type="checkbox"/> B. Somewhat difficult <input type="checkbox"/> C. A little difficult <input type="checkbox"/> D. Not difficult at all

Cues for Action/Reminders	
<p>Doer: How difficult is it to remember to use a condom every time you have sex? <i>[read all responses]</i></p> <p><input type="checkbox"/> A. Very difficult</p> <p><input type="checkbox"/> B. Somewhat difficult</p> <p><input type="checkbox"/> C. A little difficult</p> <p><input type="checkbox"/> D. Not difficult at all</p>	<p>Non-Doer: If you wanted to use a condom every time you had sex, how difficult would it be for you to remember to use it? <i>[read all responses]</i></p> <p><input type="checkbox"/> A. Very difficult</p> <p><input type="checkbox"/> B. Somewhat difficult</p> <p><input type="checkbox"/> C. A little difficult</p> <p><input type="checkbox"/> D. Not difficult at all</p>
Perceived Divine Will	
<p>Doer: Do you think god approves of unmarried youth using a condom every time they have sex?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. I don't know</p>	<p>Non-Doer: Do you think god approves of unmarried youth using a condom every time they have sex?</p> <p><input type="checkbox"/> A. Yes</p> <p><input type="checkbox"/> B. Maybe</p> <p><input type="checkbox"/> C. No</p> <p><input type="checkbox"/> D. I don't know</p>
Perceived Positive Consequences	
<p>Doer: What are all the advantages of using a condom every time you have sex? <i>[probe three times]</i></p>	<p>Non-Doer: What would be all the advantages of using a condom every time you have sex? <i>[probe three times]</i></p>
Perceived Negative Consequences	
<p>Doer: What are all the disadvantages of using a condom every time you have sex? <i>[probe three times]</i></p>	<p>Non-Doer: What would be all the disadvantages of using a condom every time you have sex? <i>[probe three times]</i></p>
<p>Closing Statement: Thank you for participating in the survey. Please don't discuss these questions with your friends until after we have finished interviewing people today.</p>	

Annex 4: Explanation for Using the MS Excel Barrier Analysis Tabulation Sheet

Location of Barrier Analysis Tabulation Sheet (Excel)

The spreadsheet can be downloaded from www.caregroupinfo.org/docs/BA_Tab_Table_Latest.xlsx.

The sheet is protected to help avoid inadvertent changes to the many complex formulas. However, if changes in the form are needed, use the password “corecore” to unprotect each sheet.

Contact Information

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Data Entry

1. Enter the sample size for Doers and Non-Doers interviewed on the first spreadsheet. Usually this should be about 45 Doers and 45 Non-Doers.
2. Enter in the estimated prevalence of the behavior in the area where you are doing the study. Use knowledge, practice, and coverage (KPC) survey data for this if you have it. If you do not have a general idea of the prevalence, leave this cell at 10%.
3. If you conducted a Barrier Analysis in two separate areas, you can enter the data on the two different sheets, Area 1 and Area 2. This will allow you to see changes in each area and in the combined area in the third spreadsheet.
4. Enter the responses for each question in Column A for the open-ended questions. You do not need to include response categories that were hardly ever mentioned by either Doers or Non-Doers. Enter the responses for closed-ended questions in Column A, as well, further down.
5. Enter the number of Doers and Non-Doers who gave each of those responses in Columns B and C.
6. Columns D through Q calculate automatically.

7. If you enter data for Area 2, response categories used for Area 1 will show up automatically for Area 2. Enter any data you have for these categories using your Area 2 data. Add any additional responses that were mentioned below those response categories that show up automatically. This will allow the third sheet (which combines the data from both areas) to work properly.

Analysis

8. Look at Column M: Estimated Risk Ratio. This column tells you how many times more likely it is that Doers mention a response as compared to a Non-Doer (or the converse, how many times more likely it is that Non-Doers mention a response as compared to Doers). The further away from “1” this number is, the more important the determinant.
 - 8a. First look at the p-value to decide if the response is important. The p-value is found in Column N. If the p-value is less than 0.05, it should display in a **blue font**. A p-value of less than 0.05 means that the difference between Doers and Non-Doers is probably not due to chance (i.e., a statistically significant, “real” difference). If the p-value is not in blue font (and hence not less than 0.05), ignore the determinant regardless of what the odds ratio is. In that case, there is probably no real difference between Doers and Non-Doers. However, if the p-value is in a blue font (and less than 0.05), there is a real difference between Doers and Non-Doers, and you should proceed to the next step to see how big a difference there is.
 - **Example:** Let’s say that under “Things that make it Easier” the p-values for “Knowing where to buy soap” and “Owning a basin” are 0.138 and 0.20. Neither of those numbers are less than 0.05, so you can ignore those two responses. Let’s say that for “Having lots of water” the p-value is 0.00016. This is less than 0.05, so it’s an important determinant.
 - **Note:** When using sample sizes less than the recommended minimum of 45 Doers and 45 Non-Doers, you may find that no responses show a p-value of less than 0.05. In that case, you could include any responses with a p-value of less than 0.10 or even 0.20, but by doing that it will be more likely that you will be focusing on determinants that are not really important, but are just due to chance. How likely is it that a determinant with a 0.20 p-value is purely due to chance? About 1 in 5. And it would be a shame to concentrate a lot of effort on a determinant that is not really important. For that reason, we do not recommend using samples smaller than 45 Doers and 45 Non-Doers.
 - Also note that this tabulation table was changed in June 2013 to generate more accurate statements of association. Older Barrier Analysis tabulation sheets used the Odds Ratio to generate statements, which is more appropriate when behaviors are rare (e.g., less than 10%). In the updated sheet, an Estimated Relative Risk is

used, which takes into account the prevalence of the behavior in the population to generate statements of association (e.g., “Doers are 3.4 times more likely to give this response than Non-doers”). This will give more conservative and accurate estimates of association.

- 8b. Now you need to decide how important the determinant is by looking at the estimated Relative Risk,
- If the Estimated Relative Risk is greater than 1, Doers are more likely to have mentioned a particular response than the Non-Doers. To see how much more likely Doers were to mention the response as compared with Non-Doers when the Estimated Relative Risk is greater than 1, simply look at the Estimated Relative Risk.
 - **Example:** Let’s say that for “Husband encourages me to buy soap” the p-value is less than 0.05 (so it’s an important response, not due to chance). The Relative Risk is 5.0. That means that Doers are 5 times more likely to mention “Husband encourages me to buy soap” than the Doers. How would you use this data? One thing you could do is to try to increase the proportion of men who encourage their wives to buy soap by explaining to men the benefits of their wives using soap, focusing on things that you believe (or have found through conversations) are important to them (e.g., fewer medical bills because of less diarrhea, having their wives and children smell really good, cleaner food preparation).
- If the Estimated Relative Risk is less than 1, Non-Doers are more likely to have given a particular response in comparison to Doers.
- **Example:** Let’s say that mothers say “Having little water” as something that makes hand washing with soap more difficult, and the p-value is less than 0.05 so it’s an important response. The Odds Ratio is 0.33, less than 1.0, so Non-Doers are more likely to say it. You need to take the inverse of this number first: Divide 1 / 0.33, which gives 3.0. This means that Non-Doers are 3 times more likely to mention “Having little water” as something that makes hand washing with soap more difficult for Non-Doers. You can also look at Column Q, which will generate a statement (when the finding is statistically significant), such as “Non-Doers are 3 times more likely to give this response than Doers”. How would you use this data? One thing you might do is to promote Tippy Taps, use of ash, or something else that makes it easier to wash hands in less water.
- 8c. If either Doers or Non-Doers has a percentage of 0% (in Columns G and F respectively) and the p-value is less than 0.05, you cannot use the Odds Ratio to decide how big of a difference there is between Doers and Non-Doers.

- Let's say that for who approves, mothers say "Mother-in-law," and the Odds Ratio column shows "0.00" because the Non-Doer percentage is 0%. (The Odds Ratio may show as "#DIV/!" when the Doer percentage is 0%, meaning that it cannot calculate the Odds Ratio because it would mean dividing a number by zero.) To decide if this response is important, we will look at the percentage point difference between Doers and Non-Doers. If there is more than a 15 percentage point difference between Doers and Non-Doers, we will consider that the result is important.
- **Example:** Let's say that 51% of Doers say that "My Mother-in-law" approves of them washing their hands with soap, where 0% of Non-Doers mention this. This difference is greater than 15 percentage points, so we will consider that one to be important. How would you use this data? Since it appears that having a mother-in-laws' approval is very, very important, we would focus on convincing mother-in-laws of the importance of washing hands with soap so that they can encourage their daughter-in-laws to do so.
- Please note that in Columns N and P the spreadsheet now gives a textual interpretation of the Odds Ratio when the p-value is less than 0.05.

Annex 5: Possible Review Activities and Review Questions

Sing it!

Divide the participants into teams. Ask each team to reflect on things they have learned thus far in the training, to compose some lyrics to a song on one topic, and to prepare to perform their song for the rest of the participants. Give participants 10 minutes for preparation and 2 minutes each for performance.

Rock, Paper, Scissors

Ask each participant to reflect on things they have learned recently and to write a review question and put it in their pocket. Have participants form two lines facing each other. Show them the rock, paper, and scissor hand signals. Going down the line each pair of participants plays rock, paper, scissors. The one who wins gets to ask the other one his/her review question. All participants listen in case a help-line is needed. Continue down the line until each pair has asked/answered a question.

Unravel the Ball

Make a ball from used flip chart paper and tape. Form a circle of the participants and instruct them to toss the ball from participant to participant in such a way that it is not easy to catch the ball. When someone drops the ball, the thrower gets to ask that person a review question. Questions can be written by participants before the game starts or the facilitator can develop review questions.

Musical Chairs

Connect speakers to the computer or sound system and select a fun dance song to play. Place the chairs back-to-back in two rows. Remove two chairs so there are two chairs fewer than the number of participants. Tell participants that they need to march/dance to the music around the rows of chairs. When the music stops, each person needs to sit in a chair. There will be two people with no chairs; these people will answer review questions and sit out the remainder of the game. After this happens, remove two or more chairs and repeat the process until no one is left to march/dance around the chairs. The people who are sitting out ask the next review questions.

Annex 6: Barrier Analysis Review Questions

1. What is the definition of a priority group?
2. What is the definition of an influencing group?
3. What is a behavior?
4. What is a determinant?
5. Which four determinants are found to be significant most often?
6. Which determinants pertain more to the problem than to the behavior?
7. When in the life of a project is it most useful to carry out a Barrier Analysis?
8. Name three characteristics of screening questions.
9. Name four determinants that are studied in Barrier Analysis surveys and not in Doer/Non-Doer Studies.
10. What is the first step in planning a Barrier Analysis survey?
11. What is the last step in implementing a barrier Analysis Survey?
12. What do you understand by the expression “relaxing a behavior statement”?
13. Why is it sometimes necessary to relax a behavior statement?
14. When you write screening questions, which statement do you start from?
15. Name two of the principles of Barrier Analysis.
16. True or false: Barrier Analysis surveys usually have two or three questions for each determinant.
17. What interview technique is used in a Doer/Non-Doer study?
18. Of the 12 determinants, which one is the motivator?
19. If you think it will be very difficult to find 45 Doers to interview, what can you do?
20. What is the difference between a target group and a priority group?
21. Explain the determinant “perceived social norms”.
22. Which questions on the questionnaire tell us who the influencing group is?

23. Why isn't it enough to increase knowledge when seeking to change a behavior?
24. What do we mean by "action is what counts"?
25. Why is the DBC Framework more powerful than other behavior change tools?
26. Under what circumstances do you sometimes need to return to the Priority Group and Influencing Groups column of the DBC Framework to add information?
27. Formative research takes place under which column in the DBC Framework?
28. What is the purpose of conducting the Barrier Analysis?
29. What is the most critical element in the demographics part of the questionnaire?
30. How would you define the group to interview when studying exclusive breastfeeding?
31. Which parts of the DBC Framework include indicators?
32. When is it not necessary to relax your behavior statement?
33. Which determinant is being studied by the following question: How difficult is it to remember to wash your hands five times a day?
34. How can you use the response to the universal motivator question?
35. Give an example of a target group and a priority group in the same project.
36. What are you allowed to do while asking a respondent a question that most survey methodologies don't allow?
37. What is the one "motivator" determinant?
38. What are some guidelines to follow when relaxing a behavior statement?
39. True or false: Once you relax the behavior statement, that is the behavior you ask about throughout the questionnaire?
40. What is the purpose of the screening questions?
41. Name three guidelines for writing screening questions.
42. What is the principle behind collecting the demographic data on the questionnaire?
43. Name one step in the process of planning and implementing a Barrier Analysis.
44. Who should translate the questionnaire?
45. What is the third step in conducting a Barrier Analysis?

Annex 7: Daily Evaluation Form (Flip Chart)

Evaluation Day _____

Please indicate below your overall satisfaction with each of the sessions that you attended today, and offer any ideas you have on how to improve these sessions.

A. Lesson number: _____ **Lesson name:** _____

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

B. Lesson number: _____ **Lesson name:** _____

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

C. Lesson number: _____ **Lesson name:** _____

Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
1	2	3	4	5

D. The most useful thing about today:

E. The thing I'm still confused about:

Annex 8: Option Lesson: Interpreting the Data

Achievement-Based Objectives

By the end of this lesson, participants will have:

- Defined the term “interpretation” as it pertains to survey data
- Examined a data set of Doer/Non-Doer Study or Barrier Analysis survey results
- Interpreted those data
- Critiqued the data interpretations of other participants

Time

1.5 hours

Materials

- Optional Lesson Flip Chart 1: Definition of “To Interpret” (Data)
- Optional Lesson Flip Chart 2: Example 1
- Optional Lesson Flip Chart 3: Example 2
- Optional Lesson Handout 1: Practice Interpreting Formative Research Data
- Flip chart paper

Steps

1. Introduction

- 1a. Ask the participants: What needs to happen after the data has been analyzed, either manually or electronically? There will be various correct responses.
- 1b. Tell the participants that once you have coded, tabulated, and analyzed the data, you then need to interpret the meaning of the data. The data alone is not actionable until you have interpreted it.
- 1c. Ask participants: What do we mean by interpret the data? There will be various responses. Show participants **Optional Lesson Flip Chart 1: Definition of “To Interpret” (Data)** and mention that interpretation involves an opinion and can be very personal. Everyone will not interpret the data in exactly the same way, even the very same data.

2. Practicing Interpretation: Part 1

- 2a. On a flip chart, show an example from the data sets where the Doers outnumbered the Non-Doers in a surprising way (such as naming the different ways the behavior

was difficult) or show the example provided in **Optional Lesson Flip Chart 2: Example 1**. Ask participants: Why do you think Doers mentioned this barrier more than Non-Doers? What would we need to do about this one?

- Explain that when Doers mention a barrier more than Non-Doers, it may be that they have only discovered a barrier once they began practicing the behavior. This is helpful to know, not in terms of how we promote the behavior, but in terms of the counseling given to people who are recent adopters of the behavior.
- For example, a farmer may not have perceived time commitment as an initial barrier to adopting integrated pest management (IPM), but after doing it for a while, he perceives that to be a negative aspect of IPM (e.g., frequent reapplication of bio-pesticides during the rainy season). Project staff would then focus on encouraging recent adopters of IPM, helping them to see the future benefit of continuing to use IPM and helping them to mitigate any common and time-consuming problems that arise from using IPM. For example, extensionists may promote the addition of soap to the bio-pesticide so that reapplication does not need to be done as frequently.

2c. Point out any enablers that the Non-Doers mentioned more than Doers. Ask participants: Why do you think Non-Doers mentioned this enabler more than Doers? What would we need to do about this one?

- Explain that sometimes Non-Doers imagine benefits of a behavior (that they have not yet adopted) that do not materialize once they adopt the behavior. For example, Non-Doer youth have sometimes mentioned “gaining the respect of their parents” more than Doers concerning sexual abstinence. This may reflect the fact that some parents do not support their children in abstinence (or delay of sexual debut) as much as they imagine because some parents may worry if their children do not have romantic interests. In this case, it is best to not use those perceived advantages when promoting the behavior, as people will quickly learn that those expected advantages will not materialize.

2e. Show the participants a dataset for Doers and Non-Doers where many Doers and Non-Doers responded in the same way, such as the one in **Optional Lesson Flip Chart 3: Example 2**. Ask participants: What would we need to do about this one? What does this data tell us? According to our guidance, is this a significant finding—one that requires action? Responses should include: No, because there isn’t a 15 percentage point difference (or .05 p-value difference if you are using the MS Excel spreadsheet) and because despite knowing these advantages, the Non-Doers still don’t take the iron tablets, so promoting this information will not be an effective strategy.

3. Practicing Interpretation: Part 2

- 3a. Distribute the dataset in **Optional Lesson Handout 1: Practice Interpreting Formative Research Data** or **Optional Lesson Flip Chart 4: Example 3**. Ask each team to interpret (explain the meaning) of the most significant findings (those with a 15 percentage point or greater difference or .05 p-value on the MS Excel spreadsheet) in their own words.

Pass out flip chart paper to each small group and ask them to write down their interpretations of three of the most significant data. Ask them to post their flip charts around the room, along with the datasets.

- 3c. When all the teams have posted, ask participants to visit each poster and read the interpretations. On a smaller sheet of paper, have observers offer alternative interpretations, if any. The original teams should then read the alternative interpretations.

4. Lesson Wrap Up

- 4a. Wrap up the lesson by reiterating that only when the data has been interpreted can you move on to the next and final step in the process: using the results.

Optional Lesson Flip Chart 1: Definition of “To Interpret” (Data)

- To clarify or explain the meaning of...
- To conceive the importance of...
- To offer an explanation...
- Elucidate
- Construe

Optional Lesson Flip Chart 2: Example 1

Behavior: Pregnant women take iron tablets.

Question: What makes it difficult to take iron tablets?

Response Codes	Doers	Non-Doers
Constipation	75	45
Stock-outs at the clinic	55	25

Optional Lesson Flip Chart 3: Example 2

Behavior: Pregnant women take iron tablets.

Question: What are the advantages to taking iron tablets?

Response Codes	Doers	Non-Doers
Less blood loss during delivery	75	70
Less tired/more energy	55	45

Optional Lesson Flip Chart 4: Example 3

Perceived Action Efficacy Question			Interpretation
How likely is it that you will lose a lot of blood during delivery, if you don't take Iron Folic Acid tablets during pregnancy?			Pregnant women who don't take iron are not as knowledgeable about the risks of excessive bleeding during delivery and the correlation with iron tablet consumption.
Response Codes	Doers	Non-Doers	
Very likely/somewhat likely	85	45	
Not likely at all	12	35	

Optional Lesson Handout 1: Practice Interpreting Formative Research Data

Instructions: Analyze the data below by finding the responses that have a difference greater than 15 percentage points. Then for two or three of those significant findings, interpret that data, as shown in Lesson 12. Write an interpretation statement.

Behavior: Mothers of children 0–23 months wash their hands with soap or ash at the five critical times each day.

Responses	Doers (%)	Non-Doers (%)
Perceived Positive Consequences: What are the advantages of...?		
Avoid diseases	90	84
Be clean/hygiene	76	67
Feel comfortable with others	20	12
Be attractive	2	2
Remove bad smell	8	8
Perceived Negative Consequences: What are the disadvantages of...?		
None	71	84
Requires money	16	8
Takes time	8	6
People think I'm lazy (don't work)	2	4
Makes food taste strange/bad	10	30
Perceived Self-Efficacy/Skills: What makes it easier?		
Access to water	82	69
Access to soap/money for soap	73	78
Access to ash	33	16
Container for water	2	0
Having prompt like latrine/food	12	12
Habit/willingness/motivation	18	6
Being aware/knowing how	22	14
Perceived Self-Efficacy/Skills: What makes it difficult?		
No money to buy water	51	35
No money to buy soap	73	78
No ash	6	4

Responses	Doers (%)	Non-Doers (%)
No time/too busy	39	16
Being drunk	4	8
Perceived Social Norms: Who approves?		
Health workers	63	51
My husband	55	33
Neighbors	25	28
Myself	61	59
Perceived Social Norms: Who disapproves?		
No one	63	63
Elders/local leaders	25	34
Perceived Severity: How bad is diarrheal disease?		
Very bad	88	88
Somewhat bad	10	14
Not bad at all	0	2
Perceived Susceptibility/Risk: Can I get diarrheal disease?		
Very likely	78	59
Somewhat likely	14	37
Not likely		
Perceived Action Efficacy: Will washing hands prevent diarrhea?		
Yes	63	49
Maybe	10	24
No	27	27
Access: How difficult is it to access the materials needed?		
Very difficult	33	71
Somewhat difficult	49	24
Not difficult	18	6
Cues for Action/Reminders: How difficult is it for you to remember to do this behavior?		
Very difficult	14	14
A bit difficult	39	47
Not difficult at all	47	39

