Behavior Change Communication
Webinar 1
People eat food not nutrition
*Integrating BCC into nutrition programs*

Webinar 2 | May 15
Assessing the situation
*What you need to know*

Webinar 3 | June 5
BCC strategy and roll out
*The devil’s in the detail*

Webinar 4 | June 26
Monitoring the process
*Does it work?*
Who We Are

Founded in 1986
Headquarters in Switzerland

Our 4 strategic goals focus on the challenges we see as critical over the next 5 years

1. Innovate in implementation research
2. Build capacity in nutrition
3. Integrate nutrition into food systems
4. Play a catalytic role in micronutrient, protein, & lipid science

Sight and Life delivers value in nutrition by accelerating the translation of research to innovative solutions at scale. Our work begins with a deep understanding of the biological factors that influence nutritional status and ends with evidence-based results creating healthy choices for consumers. We translate our scientific knowledge to build sustainable business models and public-sector programs that deliver the best possible strategies to communities.

Our AMBITION & STRATEGY

Healthy, thriving children and families contributing to a prosperous world

• Founded: 1986
• A powerful team of 10 with 100 years of combined experience in nutrition
• Co-edited books: 8
• Peer-reviewed publications: 77
• Number of vitamin A capsules distributed from 1986 to 2011: 78,996
• Sight and Life magazine, a leading publication in nutrition, is printed 2x per year
• An annual supplement providing focused and in-depth information
• Headquarters in Switzerland
• A nutrition think tank supported by DSM

WHO WE ARE

Deep knowledge & experience in public health programs along with their implementation

Ability to convene using our broad network in academia, UN agencies, WASH sector, NGOs, entrepreneurs, businesses, & the wider nutrition community

Our Strengths

Nutritional science expertise, from human biology to understanding food systems

Business solution development & proven track record of private sector engagement

HOW WE DO IT

Advance Research

Applications of behavioral change communication & social marketing to improve eating choices & habits

Share Best Practices

Mobilize Support


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Design by LL Communications: www.ll-communications.com
Breda Gavin-Smith

Expertise in nutrition dietetics, public health and partnership engagement.

20 years experience in clinical dietetics, health promotion, product development, policy formulation and public/private sector engagement.

Masters in Public Health, University of Liverpool; BSc Human Nutrition and Dietetics, SRD – University of Ulster.
Dr. Eva Monterrosa

Expertise in nutrition and dietetics, cultural anthropology and public health implementation science

15 years of experience in nutrition program design and assessment, formative research, social marketing, behavior change communication with academia, UN agencies, government ministries and NGOs.

PhD, Nutrition, Cornell University; MS in Human Nutrition and Metabolism; BS in Nutrition and Food Science – University of Alberta
Assessing the Situation

What you need to know
Review BCC Process Cycle Step 1. Goals and Objectives

Knowledge Needs for BCC

BCC Process Step 2. Desk Review

BCC Process Step 3. Client Research
Review
BCC Process Cycle Step 1

Goals and Objectives
### Step 1: BCC goals and behavior objectives

<table>
<thead>
<tr>
<th>Step Description</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small BCC committee has been established</td>
<td>√</td>
</tr>
<tr>
<td>BCC goal has been set</td>
<td>√</td>
</tr>
<tr>
<td>Behavior objectives are clearly indicated</td>
<td>√</td>
</tr>
<tr>
<td>Constraints on the behavior have been noted</td>
<td>√</td>
</tr>
<tr>
<td>Barriers have been or will be minimized</td>
<td>√</td>
</tr>
</tbody>
</table>
Knowledge Needs for BCC
BCC is embedded in your program, therefore you will resolve for very specific behaviors relevant to your program.

The behavior objectives from Step 1 provide a compass for the assessment phase.
## Step 1: Goals and Objectives

### Example – Anemia Control Program

<table>
<thead>
<tr>
<th>Program Goal</th>
<th>Program Objective</th>
<th>BCC Goal</th>
<th>Behavior objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve nutrient adequacy of the diet of pregnant and lactating women and children under 5 years</td>
<td>1. Provision of voucher for eggs, and vegetables</td>
<td>Improve dietary diversity</td>
<td>Prepare meals containing vegetables or eggs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Purchase eggs, green leafy vegetables</td>
</tr>
</tbody>
</table>
BCC Process Cycle Step 2

Desk Review
Knowledge Needs – Key Elements

**The Broader Context**
PESTLHE tool for nutrition communications approach stakeholder analysis

**Effectiveness of Past Experiences**
Published literature, reports, key informants

**Program Context**
Analysis of coverage rates, utilization of services, supply chain, service delivery
Step 2: Desk Review

Helpful Tips

- Stay focused.
  It is not an assessment of the food system
- Continue to identify barriers for BCC process
- Assist you the BCC intervention planning
### The Broader Context: The PESTLHE Tool

Applied to your Geographical area(s)

<table>
<thead>
<tr>
<th></th>
<th>Factors that may affect BCC intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>P</strong></td>
<td>Political</td>
</tr>
<tr>
<td></td>
<td>Political campaigns / election cycle</td>
</tr>
<tr>
<td></td>
<td>Expected changes in government</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Economic</td>
</tr>
<tr>
<td></td>
<td>Currency stability, food insecurity, poverty. Social protection programs, links with other communities (i.e., trade, roads)</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>Social</td>
</tr>
<tr>
<td></td>
<td>Language, religion, clan/ethnic considerations, gender relations, literacy, major public health/social marketing campaigns</td>
</tr>
<tr>
<td><strong>T</strong></td>
<td>Technological</td>
</tr>
<tr>
<td></td>
<td>Technology tools: mobile penetration, TV, radio coverage, access to internet</td>
</tr>
<tr>
<td><strong>L</strong></td>
<td>Legal</td>
</tr>
<tr>
<td></td>
<td>Policies (e.g., nutrition policy, Code), institutional mandates, approvals for communication</td>
</tr>
<tr>
<td><strong>H</strong></td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td>Malnutrition rates, mortality, malaria, parity, access to contraception. <strong>Program coverage and any other information regarding service use.</strong></td>
</tr>
<tr>
<td><strong>E</strong></td>
<td>Environmental</td>
</tr>
<tr>
<td></td>
<td>Harvest seasons, major droughts, rainy season (cyclones, road/boat passage)</td>
</tr>
</tbody>
</table>
The Broader Context: Stakeholder Analysis

Systematically gathering and analyzing information to understand the interests of stakeholders

- Who holds power and influence
- Who supports or opposes the program or BCC intervention (interests)
- What are the issues affecting the program or BCC intervention
Effectiveness of Past Experiences

Key elements

- Drivers and constraints for the target behavior
- Communication efforts to change the target behavior
Drivers (causes) of and constraints for the target behavior(s)

<table>
<thead>
<tr>
<th>Knowledge needs</th>
<th>Information type needed</th>
<th>Where it can be found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition practices</td>
<td><strong>Prevalence</strong> - Nutrition <strong>Indicators</strong></td>
<td>Reports from UN Agencies, other global agencies</td>
</tr>
<tr>
<td></td>
<td>(e.g., dietary diversity, food insecurity)</td>
<td></td>
</tr>
<tr>
<td>Behavior determinants</td>
<td>Identify factors that <strong>determine behavior</strong> – use a food choice model</td>
<td>Knowledge, attitude, and practice surveys, Published literature or reports</td>
</tr>
<tr>
<td>Theories (Behavioral, psychological, sociological, cultural)</td>
<td><strong>Select a relevant theory.</strong> Transtheoretical model of behavior change</td>
<td>Theory Picker <a href="https://www.orau.gov/hsc/theorypicker/picker.html">https://www.orau.gov/hsc/theorypicker/picker.html</a></td>
</tr>
<tr>
<td></td>
<td>Protection-Motivation Theory</td>
<td>PubMed, Google Scholar</td>
</tr>
<tr>
<td></td>
<td>Health Belief Model</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Theory of Planned Behavior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self Efficacy Theory</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diffusion of Innovation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>
## Communication efforts to change the target behavior(s)

<table>
<thead>
<tr>
<th>Knowledge needs</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campaigns deployed in last 5-7 years</td>
<td>Program theory and implementation plan</td>
</tr>
<tr>
<td></td>
<td>Report of their effectiveness (M&amp;E)</td>
</tr>
<tr>
<td></td>
<td><strong>Budget/costs</strong></td>
</tr>
<tr>
<td>Preferred communication channels</td>
<td>Capacity of each channel (staff profile, resources, time)</td>
</tr>
<tr>
<td>Lessons learned and Gaps</td>
<td>What would they do differently?</td>
</tr>
<tr>
<td></td>
<td>What were the <strong>implementation bottlenecks</strong>?</td>
</tr>
<tr>
<td></td>
<td>Could these have been anticipated?</td>
</tr>
<tr>
<td></td>
<td>What are key knowledge/evidence gaps?</td>
</tr>
<tr>
<td>3rd party providers</td>
<td>References for <strong>advertising agencies, freelancers</strong></td>
</tr>
</tbody>
</table>
Step 2: Desk Review

Program Context Analysis

- Coverage rates and service provision for your district/geographical location
- Utilization data: who uses your program and why
- Supply chain
Experience of experts and network intelligence are excellent ways to meet your knowledge needs

1. **PESTLHE and Stakeholder analysis** are excellent participatory tools.

2. Try a workshop format to collect information on communication efforts to change the target behavior: *Download day*
Main deliverable is the Desk Review Brief (7 pages)

- PESTLHE and SA
- Working hypothesis/model: what do we know about the behaviors and practice? (Step 3, 4 & 5).
  - Influencers, barriers, facilitators, motivations for the behavior/practice in question
  - Relevant theory constructs
- Recent efforts to change behaviors and their effectiveness (Step 3, 4, 6 & 7)
  - Lessons learned, existing knowledge gaps
  - Effectiveness of other campaigns
- Key program indicators: coverage, utilization, quality, satisfaction with services (Step 6 & 7)
- Overall capacity in country to design and execute communication campaign (Step 4, 6 & 7)
Step 2: Desk Review

Programmatic decision making

- ‘Go’ or ‘No Go’ decision
  Barriers – insurmountable, unethical?
- Client research – required
  Scope and purpose, budget
BCC Process Cycle Step 3

Client Research
Sight and Life Conceptual Model
Behavior Change to Improve Nutrition

From the desk review brief

- Working hypothesis/model: what do we know about the behaviors and practice
- Influencers, barriers, facilitators, motivations for the behavior/practice in question
- Theory constructs relevant to the behavior
Example from *Eat More, Eat Better*

- **Social support network**
  - supportive,
  - indulgence,
  - consideration

- **Beliefs**
  - religiosity,
  - taboos,
  - restrictions

- **Information**
  - usefulness,
  - actively sought,
  - trustworthy

- **Biological factors**
  - appetite,
  - symptoms,
  - normal pregnancy

- **Personal factors**
  - preferences,
  - emotional well being,
  - confidence/self efficacy,
  - status in home

**Eating Choices**
Knowledge Needs for BCC

Key Elements of Step 3: Client Research

The Inquiry Framework
FES, RAP, Acceptability trials, Build-your-own

Choose methods
Qualitative

Insights
Hooks, windows, narratives
Step 3: Client Research

Inquiry Framework

- Focused Ethnographic Studies (FES) and Rapid Assessment Procedures (RAP)
  - Scope: Broad, comprehensive, adaptable, defined

- Acceptability Trials
  - Scope: Focused, tests existing or new product, service, or behaviors
Build-your-own

Scope: Focused, flexible, iterative, adaptable

Inquiry Framework

- Social support network
  supportive, indulgence, consideration

- Beliefs
  religiosity, taboos, restrictions

- Information
  usefulness, actively sought, trustworthy

- Biological factors
  appetite, symptoms, normal pregnancy

- Personal factors
  preferences, emotional well being, confidence/self efficacy, status in home

Eating Choices
# Sight and Life Experiences in Behavior Change Programs 2014-2017

<table>
<thead>
<tr>
<th>Country</th>
<th>Obaasima</th>
<th>Nutrition &amp; WASH</th>
<th>Eat More, Eat Better</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
<td>Ghana</td>
<td>India</td>
<td>India</td>
</tr>
<tr>
<td><strong>Communication Type</strong></td>
<td>Nutrition Communication – Social Marketing</td>
<td>Communication in programs – fortified rice in school lunch</td>
<td>Communication in programs - Antenatal care and ASHA worker</td>
</tr>
<tr>
<td><strong>Client Research</strong></td>
<td>Focused Ethnographic Study</td>
<td>Build-your-own</td>
<td>Build-your-own</td>
</tr>
</tbody>
</table>
Key Inquiry Categories

- Know your audience
- What drives their behavior
- Problem Solving
- Access to information. Program Use.

Step 3. Client Research
# Step 3. Client Research

Choose Method

## Knowledge needs achieved through client research

<table>
<thead>
<tr>
<th></th>
<th>Motivation, inspiration broadly</th>
<th>Causes and influences of behaviors</th>
<th>Feelings, attitudes towards behavior</th>
<th>Rewards, benefits, costs and barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Competing demands, problem solving</td>
<td>Information credibility and channels</td>
<td>Program use/perception</td>
<td>Settings: food acquisition, socialize, etc.</td>
</tr>
</tbody>
</table>

## Common Methods available to extract that information

<table>
<thead>
<tr>
<th></th>
<th>Interviews: how/process, why, attitudes</th>
<th>Observations: seeing and listening, sensing, experiencing</th>
<th>Focus groups: debates, shared views</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C</strong></td>
<td>Journey mapping: touch points and relevant interactions</td>
<td>Photo voice/video voice/diaries: lived experience</td>
<td>Stimulus using images, phrases, stories: feelings, reactions, knowledge</td>
</tr>
</tbody>
</table>

| **D** | Journey mapping: touch points and relevant interactions | Photo voice/video voice/diaries: lived experience | Stimulus using images, phrases, stories: feelings, reactions, knowledge |
What is insight generation?

**DATA**

- Facts and observations related to our insight task

**UNDERSTANDING**

- Explaining what is going on

**INSIGHT**

- The deep truth that strikes a chord with people

Step 3. Client Research

Insights for BCC

- Tension between her as an individual woman and her role as caregiver

- Kitchen was the domain of the mother-in-law (access constrained)

- Knowledge needs - benefits of foods for the growing fetus or baby
Client Research Report (maximum 20 pages)

- Practical set of recommendations to design the BCC intervention mix. Reflect on report findings with Brain Trust
  - Behavior objectives further refined, behavioral outcomes to be achieved (Step 8)
  - Emotional states/hooks/windows have been clearly identified (Step 4, 5, 7, & 8)
  - Exchange value (Step 4, 5, 7, & 8)
  - Competition (Step 4, 5, 7, & 8)

- Audience segments
A segment is ‘a homogeneous group of people who share similar beliefs, attitudes, and behaviors.’

(Wind and Cardozo, 1974)

- Identify segments on behavioral and psychographic data, as well as demographic, geographic, and epidemiological data
- Prioritize segments according to clear criteria, such readiness to change
- Directly tailor communication tactics to different audience segments
## BCC Checklist

### Step 2 & 3 : Desk Review and Client Research

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk Review Brief has been discussed with Brain Trust</td>
<td>✓</td>
</tr>
<tr>
<td>Go-No Go decision taken and recorded by Brain Trust</td>
<td>✓</td>
</tr>
<tr>
<td>Working hypothesis of behaviors and sets framework for client research</td>
<td>✓</td>
</tr>
<tr>
<td>Inquiry framework + methods = insights generated</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Client Research report discussed with Brain Trust</strong></td>
<td></td>
</tr>
<tr>
<td>Behavior outcomes / behavior objective refined</td>
<td>✓</td>
</tr>
<tr>
<td>Emotional states/hooks/narratives</td>
<td></td>
</tr>
<tr>
<td>Competition</td>
<td></td>
</tr>
<tr>
<td>Exchange Value</td>
<td></td>
</tr>
<tr>
<td>Audience Segments</td>
<td></td>
</tr>
</tbody>
</table>
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