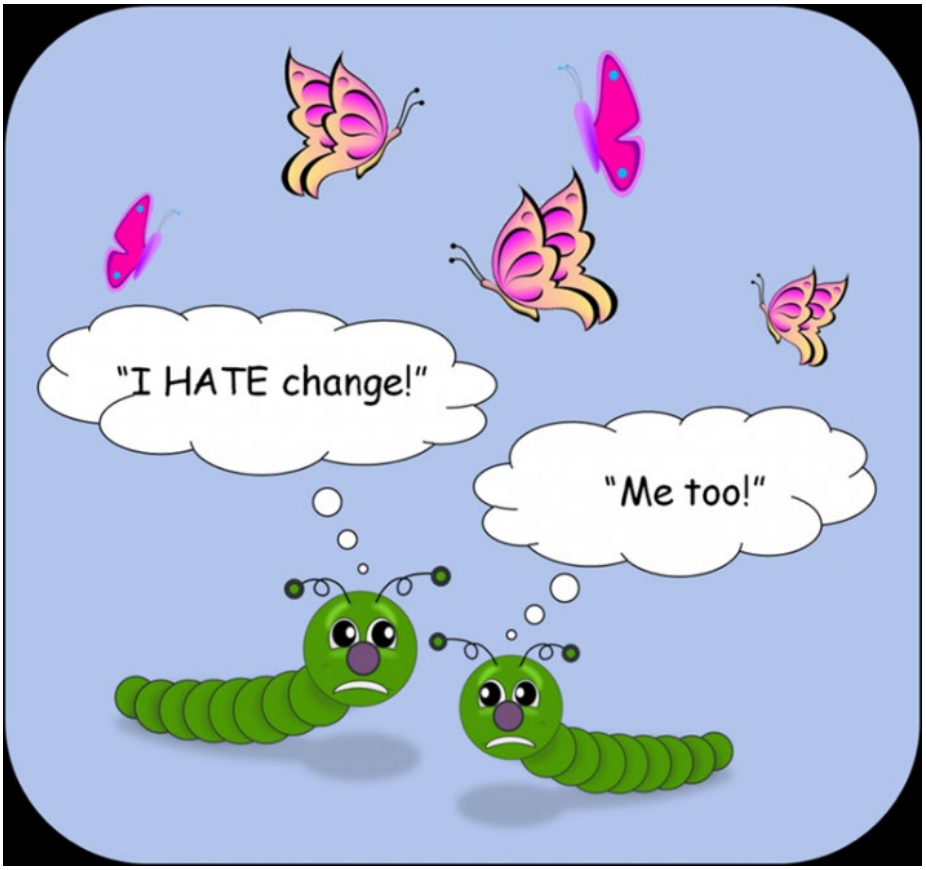
FEED THE FUTURE
The U.S. Government's Global Hunger & Food Security Initiative

Enabling People to Practice Positive Behaviors

SBC Learning Lab
ANH Academy Week 2019 Handouts



Handouts in This Packet

- Summaries of SBC Models
- Conceptual Frameworks linking Agriculture, Health, Nutrition with Wider Systems
- Summaries of Formative Research Tools
- ACCELERATE Behavioral Analysis Tools
- References and Additional Resources

USAID FROM THE AMERICAN PEOPLE

USAID ADVANCING NUTRITION
The Agency's Flagship Multi-Sectoral Nutrition Project

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development. This project contributes to the goals of the U.S. Government's Feed the Future initiative by striving to sustainably reduce hunger and improve nutrition and resilience.

Disclaimer

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About UPAVAN

Peggy Koniz-Booher's participation in the SBC Learning Lab is supported by the Upscaling Participatory Action and Videos for Agriculture and Nutrition (UPAVAN) project. UPAVAN is a five-year randomized control trial (RCT), funded by the Bill and Melinda Gates foundation and the UK Department for International Development (DFID). The project is led by the London School of Hygiene and Tropical Medicine (LSHTM), with partners Digital Green (DG), Ekjut, JSI Research & Training Institute, Inc., University College London (UCL), and the Voluntary Association for Rural Reconstruction and Appropriate Technology (VARRAT). USAID, through its global nutrition project SPRING, provided additional financial support for the formative research, Maternal Infant and Young Child Nutrition (MIYCN), and nutrition-sensitive agriculture trainings, and initial video development portion of this trial.

Most of the content of these handouts is adapted from Accelerating Behavior Change in Nutrition-Sensitive Agriculture online training. For the full training visit: www.spring-nutrition.org/accelerating_nutrition-sensitive_ agriculture_behavior_change.
Citation: Aakesson, Ashley Heather Danton, Tom Davis, Jim Klaas, Alyssa Klein, and Sarah Titus. Spring, 2017. *Accelerating Behavior Change in Nutrition-Sensitive Agriculture: Compiled Training Handouts.* Arlington, VA: Strengthening Partnerships, Results, and Innovations in Nutrition Globally (SPRING) Project.

Reference sheets for Factors, Supporting Actors, and Strategies, are from the ACCELERATE Project www.acceleratorbehaviors.org.

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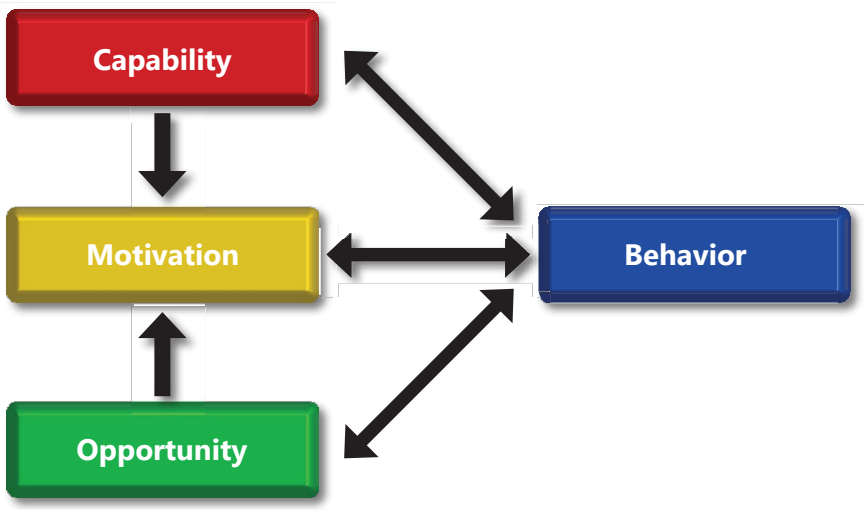
Summaries of SBC Models

COM-B model of social and behavior change

Figure 1. The COM-B Model of Behavior Change



Description of the model

The COM-B model is useful because it captures most of the common elements across a range of existing behavior change models. The model states that a person will do a behavior (e.g., adopt an agriculture practice) if they have sufficient **capability, opportunity, and motivation** at the right time and place. If any of these elements are not present or are insufficient, the person will not do the behavior. Applying the model, project designers can determine which specific aspects of each element are relevant to a specific practice among a target group in a given context. Designers and implementers can better ensure that project interventions effectively increase capability, motivation, and opportunities to do a practice, and through that, facilitate adoption and maintenance of the practice.

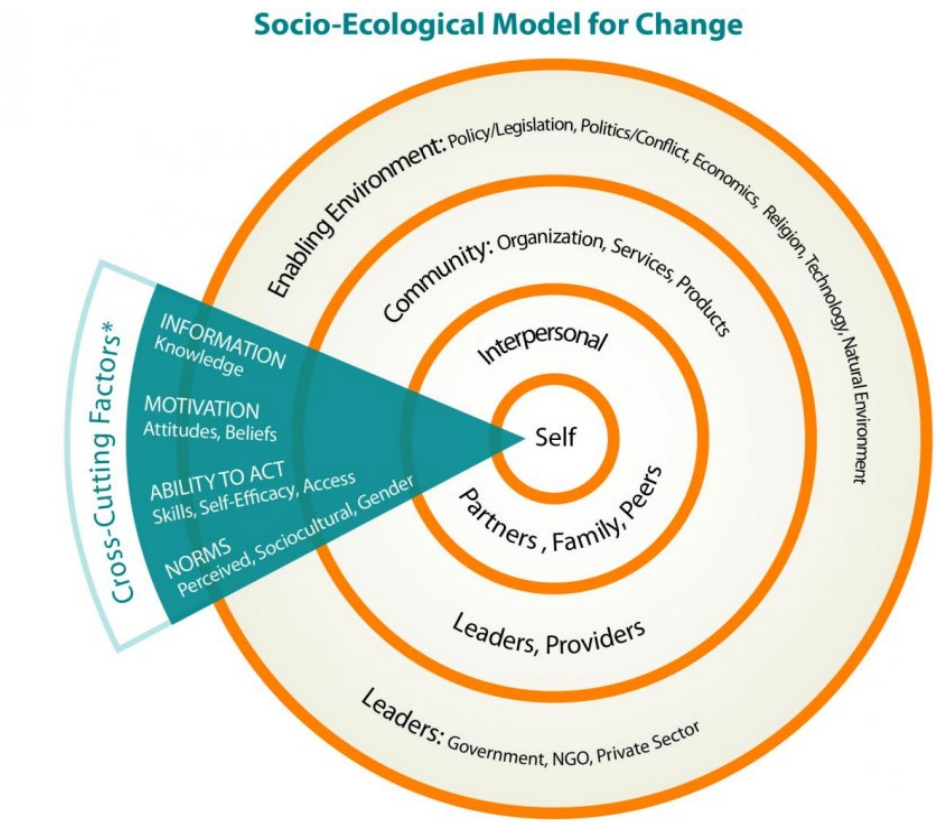
- *Capability* indicates an individual's psychological and physical ability to do the behavior. This can include her own *perceived* ability to adopt and maintain a practice. For example, if a farmer *believes* that it is difficult to get cuttings for a particular crop that may be enough for her to decide against planting a crop. In the early stages of promoting a practice, we may focus more on building people's confidence so they will try out the practice. Then we may focus on building their *actual* capability through skills building and support.
- *Opportunity* consists of all of the factors external to an individual that enable or prevent her from doing a behavior. These factors can be social ("my family won't approve if I do this"), economic ("I don't have the money or time to do this"), physical ("I don't have water or equipment to do this"), or structural ("people like me are not welcome at the extension office").
- *Motivation* indicates the internal factors that drive behaviors. It is what makes an individual want to do something. For example, the desire for belonging might motivate someone to join a farmer's group, or the respect someone has for his elders might motivate him not to question his father-in-law's farming practices. We can tap into those motivations and use them to help promote adoption and maintenance of agricultural practices.

Other good resources about this model

Susan Michie, Maartje M van Stralen, and Robert West. *The behaviour change wheel: A new method for characterising and designing behaviour change interventions.* Implementation Science 2011, 6:42. http://www.implementationscience.com/content/6/1/42.

Socio-ecological model of social and behavior change

Figure 1. The Socio-Ecological Model



Description of the model

The socio-ecological model considers the context in which humans act. Interventions often need to be taken at *multiple* levels in order to bring about and sustain a change in behavior. For example, promoting a behavior only at the household level may not be effective if there are policies or social norms that prevent individuals from adopting the behavior. The socio-ecological model reminds us that social identity and support from peers and organizations are powerful forces that we can leverage to facilitate change. The enabling environment consists of political, economic, socio-cultural, technological, and natural systems. We saw this type of "enabling environment" in the agriculture-to-nutrition pathways introduced earlier. Applying the model to design helps to engage community groups and leaders, peers, and individuals, as well as actors like private sector service providers and government representatives in change processes. As Figure 1 shows, at the center of the model is an individual person ("self,") as defined in a given time or place.

That person exists within an **interpersonal** context—those people directly known by the person and with whom s/he interacts on a regular basis. This includes partners, family, and peers. Encompassing and interacting with the person (self) and interpersonal levels is the **community**. It is at the community level where organizations like cooperatives, schools, religious institutions, mutual support groups, local markets, and public and private providers of services and goods operate. This level also includes community leaders and service providers. Encompassing and interacting with all the other levels is the **enabling environment**, consisting of political, economic, socio-cultural, religious, education, technological, communication, and natural/environmental systems. Within agriculture-to-nutrition frameworks, elements of the "enabling environment" include the **food market environment, natural**

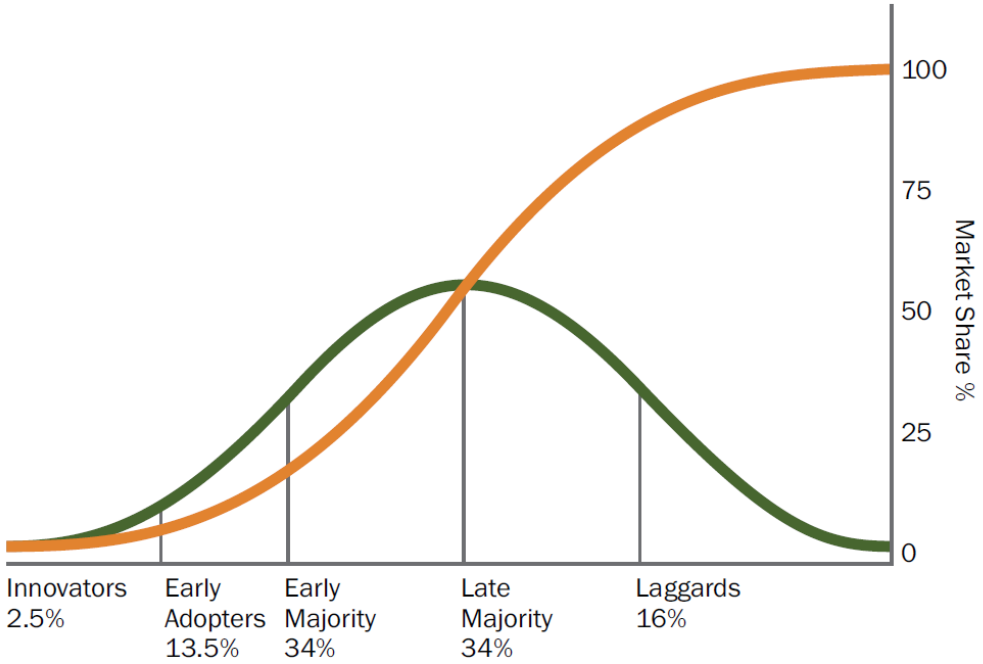
resources, health, water, and sanitation facilities and services, and nutrition/health knowledge and norms. These are a *subset* of this larger enabling environment described in the Socio-Ecological Model for change. This level includes leaders in government, NGOs and the private sector. There are cross cutting factors that influence and drive behaviors across all of the levels. Note that these cross-cutting factors are the same ones included in the COM-B model: capability, motivation, and opportunity.

Other good resources about this model

Enhancing Nutrition and Food Security during the First 1,000 Days through Gender-sensitive Social and Behavior Change: A Technical Brief. http://www.coregroup.org/storage/documents/Resources/Tools/Gender_Sensitive_SBC_Tech_Bri ef_Final.pdf
Addressing obesity disparities: framing the issue. https://www.cdc.gov/nccdphp/dnpao/state- local-programs/health-equity/framing-the-issue.html

Diffusion of innovations model of social and behavior change

Figure 1. The Socio-Ecological Model



Description of the model

Diffusion of Innovations seeks to explain how new ideas, practices, or products which are perceived as new are taken up by different groups in a population. Diffusion of Innovations considers what qualities make an innovation spread, the importance of peer networks, and what the needs are of different groups of users. It has often been associated with "technology transfer" approaches. The model reflects that some groups are early adopters of new practices or technology, because of different capability, motivation, and/or opportunity, while others wait until they see their peers benefiting from innovations before they adopt those innovations themselves (Rogers 2003). The model describes these groups as:

- *Innovators* – Those who often spent great time, energy and creativity on developing new ideas and gadgets. They often can bear more risk than other groups and have access to resources and networks that drive innovation.
- *Early adopters* –They are characterized by a desire to gain an advantage over peers and they have resources to invest. They like peers to see them as leaders, and are motivated by social prestige. Early adopters are vital because they become an independent test bed, ironing out problems and reinventing the innovation to suit mainstream needs.
- *Early majority* – They are pragmatists, comfortable with moderately progressive ideas, influenced by mainstream trends, but prefer not to act without solid proof of benefits. Majorities are cost sensitive and risk averse and are looking for simple, proven, better ways of doing what they already do.
- *Late majority* – They are conservative pragmatists who dislike risk and are uncomfortable with new ideas. A main driver for them is the fear of not fitting in, so they follow majority trends. They are often influenced by opinions of laggards.
- *Laggards* – They are people who see a high risk in adopting a particular product or behavior. Some organizations who have applied this model prefer to create a different term than "Laggards", feeling that it is too judgmental. This group may never adopt the new idea, practice, or product.[1]

[1] Descriptions summarized from: https://www.enablingchange.com.au/Summary_Diffusion_Theory.pdf

As Figure 1 shows, the typical percentages of a population that fall into each group with regard to a new idea, practice, or product, tends to be similar across populations and types of innovations:

- Innovators: 2.5%,
- Early Adopters: 13.5%,
- Early majority: 34%,
- Late majority 34%,
- Laggards 16%

Innovations that spread more easily and rapidly share a number of characteristics. They usually:

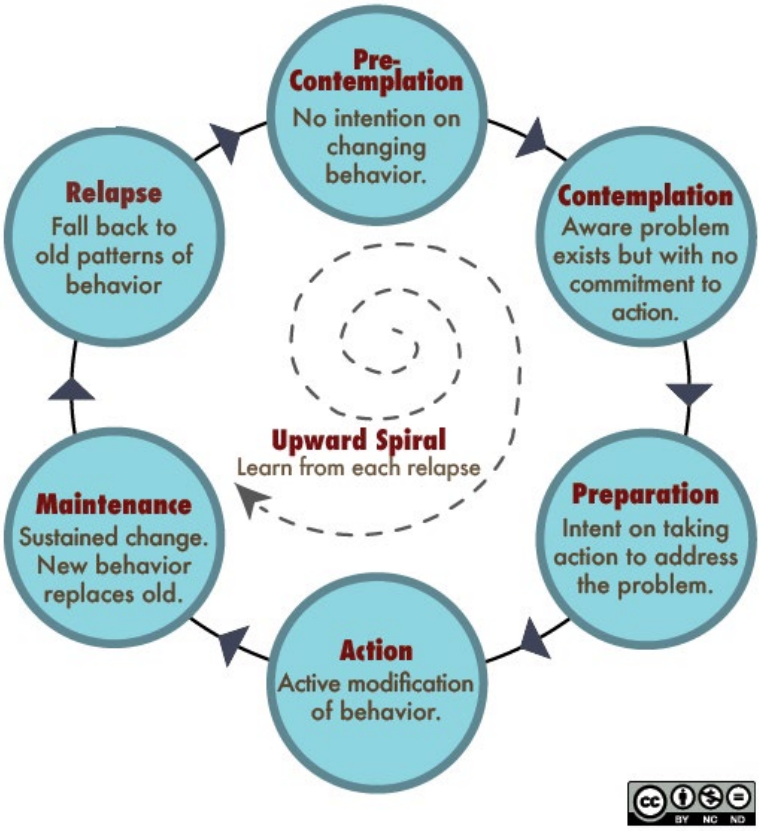
- Provide a comparative advantage in comparison to current tools or practices
- Are compatible with pre-existing systems and norms
- Are easy to learn and require less disruption of routine tasks
- Have a high potential for adaptation
- Are supported by peers and opinion leaders
- Require less risk and lead to lower loss upon failure
- Save labor or time
- Have an easily observable effect

Other good resources about this model

Rogers, Everett. 2003. *Diffusion of Innovations.* 5th ed. Free Press.
These short and fun videos from rare.org. The "innovation" which is diffusing through the population in this case is a flying jet pack! https://www.youtube.com/watch?v=9QnfWhtujPA
https://www.youtube.com/watch?v=NiNoNYLBabA

Stages of change model of social and behavior change

Figure 1. Stages of change model



The above-cited model shows a variety of stages that one can expect to go through when modifying behavior. This model indicates that a person at any given time during this process is in a certain stage. Although the word "Relapse" may suggest that this model applies to drug/alcohol treatment, this model applies to all types of desired change, whether it is a small and short term change, or a lifetime change like improving exercise or dietary habits.

The various **stages of the model** are:

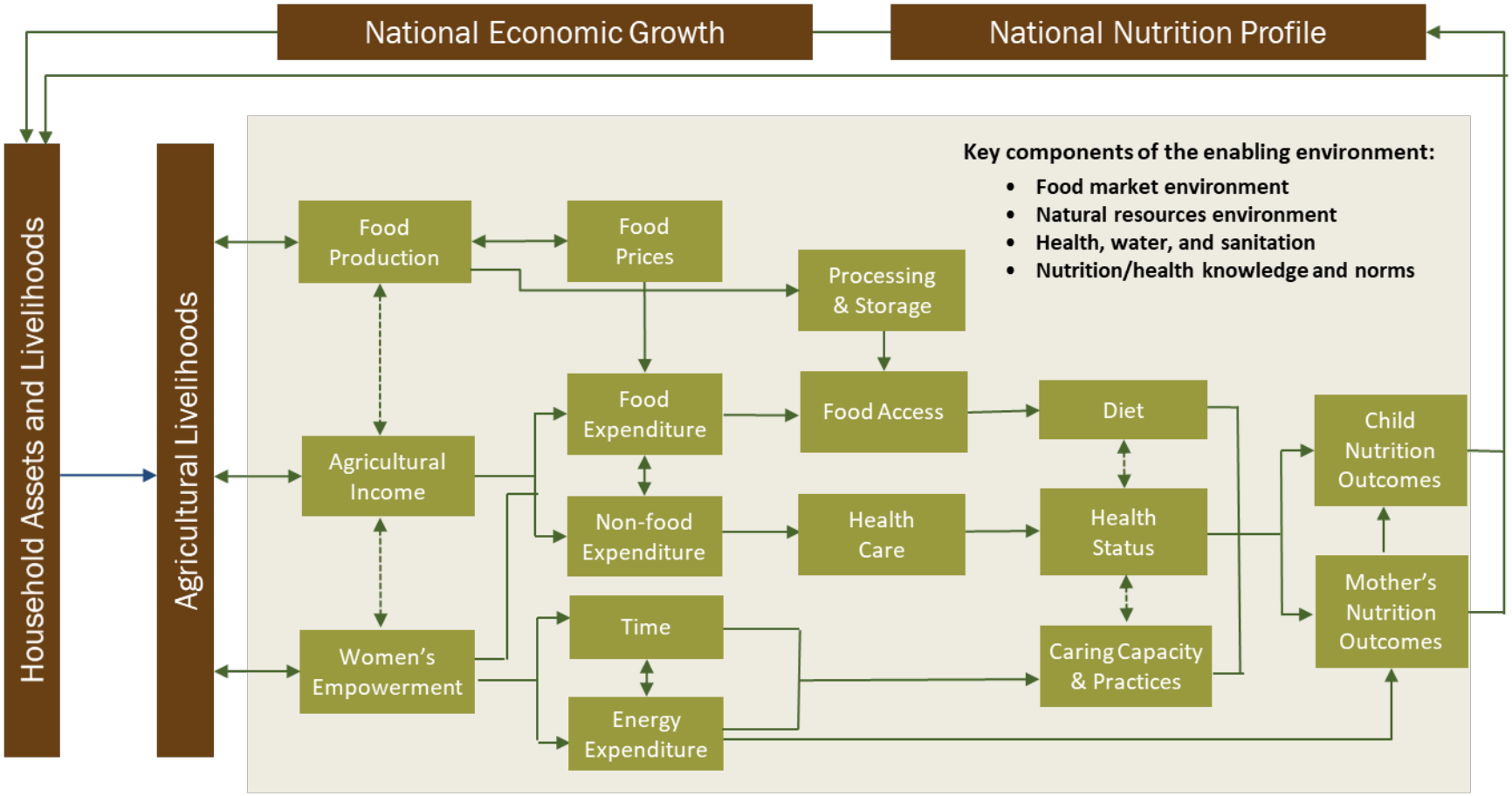
- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation:** The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action:** The person is in active modification of behavior
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional
- **Relapse:** The person falls back into old patterns of behavior
- **Precontemplation:** The person may be unaware that there's a problem, thus there is no intention to change behavior

The model does not show an end to the process of change and suggests that a person is ever-progressing in the cycle. Logically, **Relapse**, or recurrence of previously undesired behaviors, would follow **Maintenance** of the newly acquired behaviors. It is possible for someone to stay years at the **Maintenance** stage or to never have a Relapse. When one **Relapses**, they may not be aware of it (i.e. **Precontemplation**) or may go through the Precontemplation phase quickly to being aware of the problem (i.e. **Contemplation**).

http://socialworktech.com/2012/01/09/stages-of-change-prochaska-diclemente/

Conceptual Frameworks linking Agriculture, Health, and Nutrition with Wider Systems

Agriculture to Nutrition Pathways

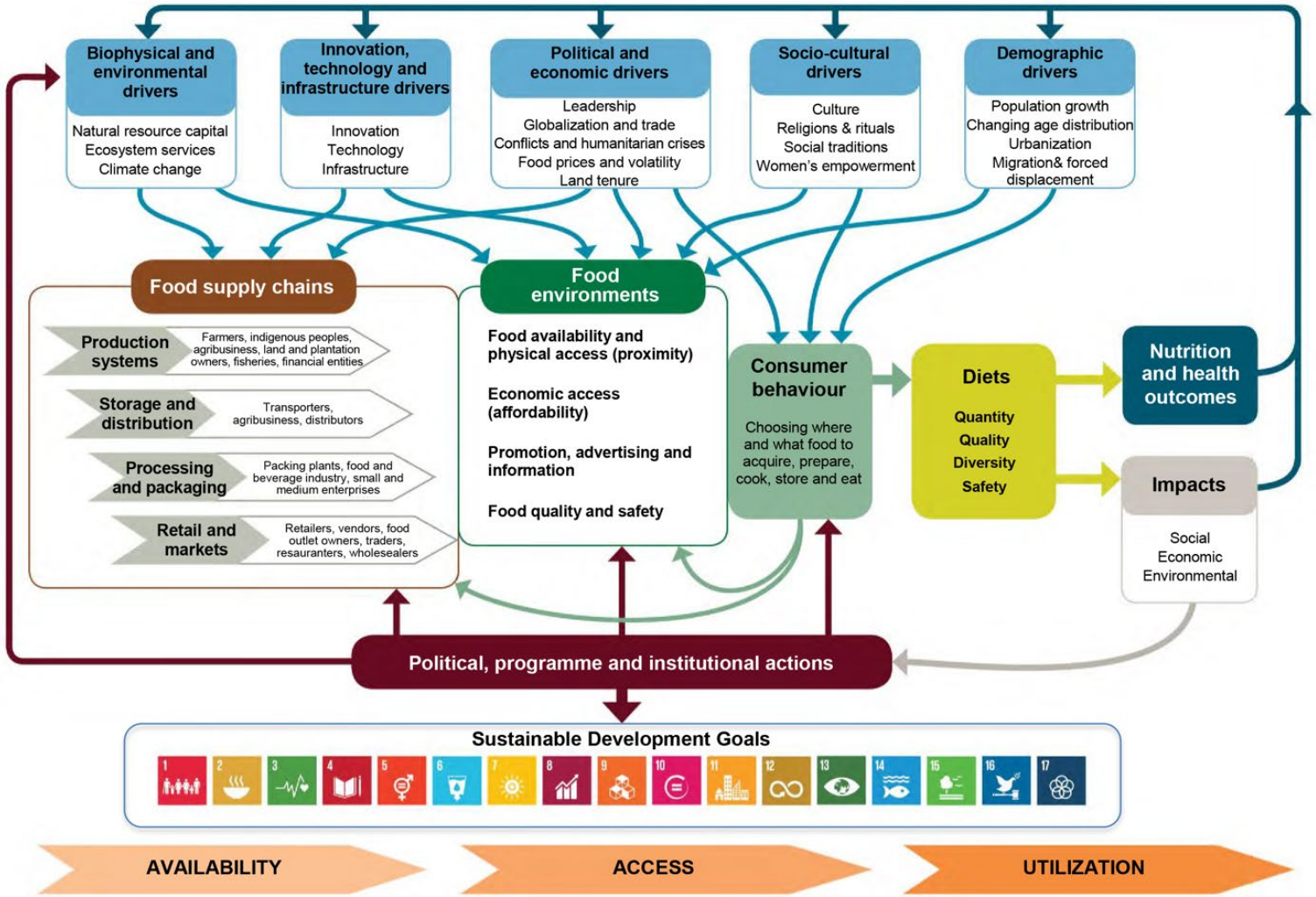


1. Headey, D., Chiu, A., & Kadiyala, S. (2011). Agriculture's role in the Indian enigma: Help or hindrance to the undernutrition crisis?: IFPRI discussion paper 01085. Washington, DC: IFPRI.

2. Kadiyala S, Harris J, Headey D, Yosef S, Gillespie S., Agriculture and nutrition in India: mapping evidence to pathways., Ann N Y Acad Sci. 2014 Dec;1331:43-56.

Food Systems Framework

Figure 1 Conceptual framework of food systems for diets and nutrition



HLPE. 2017. Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome.

Summaries of Formative Research Tools

Overview: Seasonal Calendars
Date of Design: 2014
Designer: CARE
Contact Institution: http://www.care.org/about/faqs
URL: http://www.fsnnetwork.org/formative-research-guide-support-collection-and- analysisqualitative-data-integrated-maternal-and

Content summary
Brief Description: Seasonal calendars can be prepared by specific groups in the community, and include topics such as weather, religious and social activities, cropping patterns, food availability, economic activities, price of foods, cash flow in and out of the house, expenditures planned, common illnesses, migration, and labor demand (in particular for women). Topics shown in the calendar can be adapted to the local context. This participatory activity shows how community members think about how these change during the year. Calendars help clarify seasonal barriers to adequate food, labor, income, health, water, sanitation, and care, and can help identify strategies for overcoming them.
Uses: Seasonal calendars can be referenced when designing timing and phasing of interventions. They can also help identify time-dependent opportunities, such as when new crops could be grown, or when livestock should be moved. Comparison of calendars drawn up by different population groups may reveal differences in perception and can lead to useful discussions and new information.
Tool components: This toolkit contains:

- Background
- Example Research Questions
- Steps to Follow
- Example seasonal calendar

Operations
Number of staff required: 1-2
Time: 45 minutes- 1.5 hours
Cost of assessment: This a generally low cost tool, as it is rapid and does not require special equipment. Costs can vary somewhat depending on whether participants or staff need to travel to the location where the calendar will be created.
Training: To train, coordinators will decide which field staff member will act as the facilitator and have the designated facilitator practice making and discussing a seasonal calendar with colleagues so that he/she is familiar with the process.
Geographic targeting: This is a community-focused assessment tool and should be used on a clearly defined area.
Type of Data Collection: The data collection process is dynamic and interactive, and products will include expanded field notes from discussion, activity charts, and a summary of discussions.
Degree of Technical Difficulty: Creating seasonal calendars is relatively simple, as an example and directions for the activity are provided. It is helpful to have staff that is familiar with expanded note-taking, textual and observational analysis, and small group facilitation.

Overview: Cost of the Diet
Date of Design: 2007. Updated 2012.
Designer: Save the Children UK
Contact Institution: hungerreductionteam@savethechildren.org.uk

Content summary
Brief Description: The Cost of the Diet (CoD) is an assessment tool that uses software to estimate the amount and combination of local foods needed to provide a typical family with a diet that meets their averaged needs for energy and recommended intakes of protein, fat, and micronutrients. The tool aims to answer the following questions:
What is the minimum cost of foods that meet the nutrient needs of a typical household?
Can a nutritious diet be achieved using locally available foods?
Is this diet affordable?
If not, what could be done?
Tool Components: The document provides step-by-step guidance to conducting a CoD assessment:

- Planning a CoD assessment
- In-country preparation
- Data collection
- Running the linear programming software

CoD results & how to use them
Uses: The CoD is most useful when chronic undernutrition and micronutrient deficiencies have been identified as nutritional problems, and when the availability or affordability of nutritious foods are likely to be among the underlying causes.
Using the CoD tool allows for modeling of potential interventions to estimate impact on improving the quality and affordability of the diet. Results can also be used to influence food security and nutrition policies and programs, and contribute to advocacy. Results can also be used as an early warning indicator if the CoD is run regularly.

Operations
Number of Staff Required: One advisor to lead training, analysis and report writing; four-to-six data collectors from the target area; one country administrator to manage logistics.
Time: Estimated total time required is six weeks.
Cost of Assessment: Not specified; the cost will vary according to context.
Training: The individual who leads the CoD assessment should be previously trained and experienced. Training of data collectors should take at least 2-3 days. An example training schedule is provided in the CoD guidelines.
Geographic Targeting: A CoD assessment can be conducted in any location but it is important to ensure that assessments are conducted in regions where price and availability of food and income are reasonably homogenous. A simple approach is to confine the CoD assessment to
a livelihood zone. Depending on the objectives of the study, the interviews and focus group discussions should be conducted in a minimum of four villages.
Type of Data Collection: CoD assessments include secondary data collection, market surveys, household interviews, and focus group discussions.
Degree of Technical Difficulty: Leading a CoD assessment and analyzing the results is complex and requires expertise and previous training.
Complements other Resources: The household economy approach (HEA) and the Cost of the Diet are interlinked and complementary. The CoD relies on the HEA for a variety of information such as livelihood zones, wealth group divisions, and income data. Combining the CoD with the HEA can identify the wealth groups most at risk of insufficient access to a nutritious diet and therefore most in need of food security or nutrition interventions.

Overview: Daily Activity Chart
Date of Design: 2014
Designer: CARE
Contact Institution: http://www.care.org/about/faqs
URL: http://www.fsnnetwork.org/formative-research-guide-support-collection-and- analysisqualitative-data-integrated-maternal-and

Content summary
Brief Description: Daily activity charts show how people spend their time over the course of a day. They can help the population clarify their own and other people's roles, identify problems, and assess the feasibility of possible solutions. Different time charts can be drawn up as needed according to gender, main occupation or age, and according to the time of year. The list of typical daily activities should be adapted to the context. This activity works well with non-literate groups.
Uses: This activity will provide insight on the time and effort people spend of different activities and the choices people make. From a programming standpoint, it will identify when people are free to participate in program activities.
Tool components: This toolkit contains:

- Background
- Example research questions
- Steps to follow
- Guide for analysis (including a debriefing script)
- Example activity chart

Operations
Number of Staff Required: 1-2
Time: 30 minutes-1 hour
Cost of assessment: This is a generally low cost tool, as it is rapid and does not require special equipment. Costs can vary somewhat depending on whether participants or staff need to travel to the location where the chart will be created.
Training: To train, coordinators will decide what field staff will act as the facilitator and have the designated facilitator practice making and discussing a daily activity chart with colleagues so that he/she is familiar with the process.
Geographic targeting: This is a community-focused tool and should be used on a clearly defined area.
Type of Data Collection: The data collection process is dynamic and interactive, and products will include expanded field notes from discussion, activity charts, and a summary of discussions.
Degree of Technical Difficulty: Creating daily activity charts is relatively simple, as an example and directions for the activity are provided. It is helpful to have staff that is familiar with expanded note-taking, textual and observational analysis, and small group facilitation.

Overview: Gendered Resource Mapping
Date of Design: 2014
Designer: CARE
Contact institution: http://www.care.org/about/faqs
URL: http://www.fsnnetwork.org/formative-research-guide-support-collection-and-analysis- qualitative-data-integrated-maternal-and

Content summary
Brief description: A gendered resource map is used to show important places in a community- for example, places of worship, markets, health or agriculture services, schools, bars, places where people meet, and so on. It also indicates who utilizes these spaces. For example, the participatory process to create this type of map can identify what resources women use as opposed to men, or what resources women can access as opposed to men.
Uses: Gender resource mapping is useful to:
Provide a non-threatening way to start a discussion about sensitive subjects such as gender norms, discrimination, or women's empowerment
Understand the reasons why some people have access to resources and services and some people do not
Identify strategies for increasing access to existing resources and services
Tool components: This toolkit includes:

- Background
- Example research questions
- Steps to Follow
- Analysis Guide
- Example Gendered Resource Map

Operations
Number of staff required: 1-2
Time: 45 minutes-1.5 hours
Cost of assessment: This a generally low cost tool, as it is rapid and does not require special equipment. Costs can vary somewhat depending on whether participants or staff need to travel to the location where the maps will be created.
Training: A designated staff member will act as the facilitator and will practice making a daily activity chart with colleagues so that he/she is familiar with the process.
Geographic targeting: This is a community-focused assessment tool and should be used on a clearly defined area.
Type of Data Collection: The data collection process is dynamic and interactive, and products will include expanded field notes from discussion, activity charts, and a summary of discussions.
Degree of Technical Difficulty: Creating gendered resource maps is relatively simple, as an example and directions for the activity are provided. It is helpful to have staff that is familiar with expanded note-taking, textual and observational analysis, and small group facilitation.

Overview: Barrier Analysis Tool
Date of Design: 2004. Updated 2010. **Designer:** Food for the Hungry & CORE Group **Contact Institution:** fhdc@fh.org
URL: http://barrieranalysis.fhi.net/annex/Barrier_Analysis_Facilitator_Guide.pdf

Content summary
Brief Description: This rapid assessment tool is used in community health and community development projects to identify determinants associated with a particular behavior. The Facilitator's Guide has been written for trainers to teach others about Barrier Analysis and/or to learn the technique themselves. It guides trainers through a step-by-step process for conducting the analysis and providing background information on the technique.
It focuses on eight determinants: perceived susceptibility; perceived severity; perceived action efficacy; perceived social acceptability; perceived self-efficacy; cues for action; perception of divine will; and positive and negative attributes of the action.
Uses: Barrier Analysis can be used in a variety of different ways, including:
At the start of a behavior change program to determine key messages and activities for intervention.
In ongoing programs to focus on behaviors that have not changed much despite repeated efforts, to understand what is keeping people from making a particular change.
Tool components:

- Part One: What is Barrier Analysis? Explanation & Training Guide
- Part Two: How to Conduct Barrier Analysis (developing questionnaires, collecting and analyzing data)

Operations
Number of Staff Required: Two people can conduct an analysis in two days for each behavior studied. Larger groups of staff can analyze more behaviors in the same amount of time.
Time: Analysis of one behavior should take two days. Analysis of more behaviors will require more time or more staff. Note that the guide recommends a sample size of 90 household interviews (45 doers and 45 non-doers), which take an estimated 15 minutes each. Time planning should also account for the time taken to develop the questionnaire and travel time between interviews.
Cost of Assessment: Not specified; this will vary depending on the number of behaviors studied and the context.
Training: The Facilitator's Guide is based on a four-day workshop and provides all instructions needed to train staff.
Geographic Targeting: This analysis is conducted at community level.
Type of Data Collection: Barrier analysis uses individual interviews (note that focus groups were included in the first version but are not recommended in the most recent version of the guide).
Degree of Technical Difficulty: The guide is designed for people who have some experience in social and behavior change communication and are interested in learning a new technique.
Trainee or workshop participants do not necessarily have to know much about social and behavior change, but it is helpful if participants have basic experience developing questionnaires and conducting interviews.

Complements other Resources: Demographic and health surveys or local knowledge, practice, and coverage studies should be used to define the initial behavior question. This secondary data should be used to identify behaviors with a sufficient number of doers and non-doers. Barrier Analysis and the Trials of Improved Practice (TIPs) methodology are highly complementary.

Overview: TIPs (Trials of Improved Practices)
Date of Design: 2005
Designer: The Manoff Group
Contact institution: The Manoff Group, www.manoffgroup.com
URL: http://www.manoffgroup.com/resources/summarytips.pdf

Content summary
Brief description: Trials of Improved Practices (TIPs) is a formative research technique developed by the Manoff Group. TIPs engages a small sample of a population to test out practices before promoting them in the wider population. The crucial aspect of TIPS is that feedback from this sample group is used to modify the practice after they have tried the practice out in their daily lives. Through TIPs, planners learn from families, providers or communities what practices the program should promote, eliminate or modify; what are the most effective motivations and most significant barriers to new practices; and what level of change in particular behaviors the program can expect.
Uses: Using TIPs, program planners pretest the practices that a program will promote. The TIPs process consists of a series of visits in which the interviewer and the participant analyze current practices, discuss what could be improved, and together reach an agreement on one or a few solutions to try over a trial period; and then assess the trial experience together at the end of the trial period. The results are moved directly into program design, including the behavior change strategy for priority practices.
Tool components: This toolkit includes:

- TIPs methodology
- Examples for program planning
- Guide to Using TIPs
- Benefits of TIPs

Operations
Number of staff required: The number of staff on the assessment team will vary and can be adapted to available resources. It should be noted that staff will require the capacity to interview 20-50 families.
Time: Most trials last approximately one week, but the length of the trials varies depending on the nature of the behaviors being studied as well as on practical considerations.
Cost of assessment: Cost will depend on the context, sample size, staff salaries, and the duration of the assessment.
Training: This tool can be used by staff with varying technical experience. However, analysis and behavioral recommendations should be supported by more experienced staff.
Geographic targeting: The TIPs sample is usually 20 to 50 carefully selected individuals or families in one organization or community. The more diverse the population and the more types of practices to be tested, the larger the sample needs to be.
Type of Data Collection: Fieldwork will require qualitative data collection, including home interviews, negotiations, and analysis of trials.
Degree of Technical Difficulty: TIPs requires training from someone experienced in the methodology. Generally, trained workers will need to meet with their supervisors between the initial assessment visit and the counseling visit, in order to determine what practices might work best for that individual or family during the trial.

ACCELERATE Behavioral Analysis Tools

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Factors List

A factor is a barrier or motivator that prevents or supports the primary actor to practice a behavior. Factors, formulated from Fogg Model and Self-efficacy and Social Cognitive Theories, have been grouped in three levels based on socio-ecological model: (1) Structural; (2) Social; (3) Internal. They change depending on the country and program context. Factors may also change over time.

Factors	Definitions
Structural	
Accessibility	The primary actor's opportunity to obtain needed products and services, including the availability of those products or services where they should be, and the means, time and financial resources to get to them where and when they are needed
Provider Competencies	The primary actor's perception of the capabilities of a provider's technical, clinical, and interpersonal skills, including respectful care
Facility Experience	A primary actor's impression of his or her experience at a health facility or service post, including waiting times, infrastructure, and cleanliness
Social	
Family and Community Support	The active or passive actions or attitudes of the primary actor's family members, peers or community members towards a behavior
Gender	The active or passive influence of gender dynamics or relationships (within or outside the home) on the practice of the primary actor's behavior
Norms	The standards of behavior as established by religious, cultural, or other social groups to which the primary actor belongs
Internal	
Attitudes and Beliefs	The primary actor's judgement, feeling, or emotion towards a behavior, including the perceived benefit or consequence of practicing or not practicing the behavior
Self-Efficacy	The primary actor's sense of confidence in his/her ability to successfully practice a behavior
Knowledge	The primary actor's possession and understanding of the information required to practice all steps of a behavior completely and competently
Skills	The primary actor's ability to completely and competently perform a set of tasks

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Who are Supporting Actors?
What are their Actions?

Supporting Actors' Actions describe the other people that have to do something to address the Factors to help the Primary Actor practice the Behavior. Many times, the Primary Actor alone cannot practice the behavior without support of others in the system, including at the institutional, community, and household- levels.

Here is a formula that can help you write a Supporting Actor's Action:

ACTION VERB + WHAT (specifics linked to factor) + TIME/PLACE/POPULATION (if necessary)

Supporting Actors	Definition	Examples
Institutional		
Policymakers	People who design and implement policies	• Policymakers advocate for financing of primary education • Policymakers pass policy ensuring land-rights for women
Managers	People in charge of managing others, including potentially the primary actor or a service provider providing a service to the primary actor	• Managers hold service providers accountable, including conducting yearly performance assessments that include client satisfaction • Managers provide supportive supervision and allow training opportunities
Logistics Personnel	People in charge of managing product or commodity supply chain at all levels	• Medical supply chain managers ensure ordering system is adequately functioning • Cement delivery providers follow schedule • Ministry of Education personnel ensure each school and teacher has appropriate teaching materials
Providers	People who directly provide services to an end-user, client or customer	• Financial institutions offer financing to women small-holder farmers • Electricity utilities adequately and fairly bill for electricity • Health workers conduct outreach to new mothers
Employers	People or organizations that employ people	• Employers hire as many women as men • Employers pay their employees on time • Employers offer space for breastfeeding or expressing breast milk to new mothers
Community		
Community Leaders	People viewed as having influence and representing the community	• Chiefs encourage all families to deliver babies in a health center • Community micro-lending groups provide financial literacy to most vulnerable
Religious Leaders	People viewed as having influence within a religion	• Religious elders discuss adolescent sexuality with congregations

Supporting Actors	Definition	Examples
Teachers	People that teach others, usually in a school setting	• Teachers explain to parents how best to support children's learning at home • Teachers reinforce life-skills lessons during school (e.g. hygiene) • Teachers incorporate financial literacy training into senior high-school
Household		
Family Members	Immediate or extended family members such as parents, grandparents, aunts, uncles, or siblings	• Family members encourage new mothers to seek health care immediately for any childhood illness • Extended family members support women's land rights
Male Partners	Spouses, boyfriends, or other male companions	• Male partners support women to feed scarce animal-source foods to young children • Male partners support women to publicly speak their opinions on local politics

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Program Strategies List

A program strategy is a plan of action that can support the primary actor to practice the behavior. These strategies are grouped in three domains: (1) Enabling Environment; (2) Infrastructure Products, and Services; (3) Demand and Use. The strategies may be at the individual, household, community, health system, or policy level. Where appropriate, they should also facilitate supporting actors and their actions.

Strategies	Definitions	
Enabling Environment		**Supportive Communication:** Inform and motivate around enabling environment and systems, product and service changes and improvements
Financing	Ensure funding for the delivery of health programs, services, and products	
Institutional Capacity Building	Strengthen the structures and processes of institutions that deliver or manage health programs, products, or services	
Partnerships and Networks	Leverage synergies and common goals among two or more parties	
Policies and Governance	Develop, approve, and enforce policies or national guidelines	
Infrastructure, Products and Services		
Infrastructure	Build or improve physical structures	
Products and Technology	Introduce new or improved manufactured goods	
Supply Chain	Expand or strengthen systems to move products from manufacturers to clients or service delivery points	
Quality Improvement	Provide systematic and regular improvements to the delivery of health care	
Demand and Use		
Advocacy	Generate commitment and accountability to support the behavior	
Communication	Inform, influence, and motivate individuals and collective groups	
Collective Engagement	Mobilize individuals or groups to take collective action	
Skills Building	Teach individuals or groups skills needed to appropriately practice the behavior	

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