

### Goals



- 1. Introduction into systematic behaviour change
- 2. RANAS approach of systematic behaviour change

# Why a behaviour change approach?



- Designed interventions to change behaviours of populations
  - not as successful as expected.
- If raising knowledge about the dangers of a disease/ a health or environmental threat has only a small effect on people's behaviour
  - → interventions need to be adapted to include other drivers of behaviours.



- Need and motivation for a better understanding of how behaviour is changed.
- Reasons to use a (more) systematic approach for behaviour change.

26.10.2022

# Introduction systematic approaches



- New behaviour change approaches are provided by the growing understanding of what drives WASH and other prevention behaviours.
- Identifying and addressing the psychosocial determinants of disease and other prevention behaviours are crucial first steps in developing effective interventions.
- Assumption of the approaches: behaviours are caused by people's cognitions, which can be modified when tackled in an appropriate way.

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# WASH promotion: access to infrastructure and materials



- Promoting handwashing with soap and water when soap is not available is futile.
- Same for OD: people need access to latrines before they can stop practicing OD.
- Promotion is not only providing information, it includes the provision of appropriate materials, facilities and to support people to enable them to follow good hygiene practices.
- Hygiene kit distribution and purchase are often first steps.

Why behaviour change?

Mane

Mosquito nets



Solar cooker



Rainwater harvesting



# Emergency: Haiti, after earthquake

Introducing handwashing

• But no compliance

How can we **motivate** people to perform more handwashing at key times?



# SODIS, peri-urban Harare, Zimbabwe

Promoting Solar Water Disinfection (SODIS)

But only limited or partial or even no uptake

How can we **motivate** people to apply a correct water treatment method?



# Solid waste in a Syrian refugee camp in Lebanon



Heavy contamination of the environment

How can we **motivate** people to dispose their garbage properly?



# How to introduce behaviour change?



# Motivation, not education or information

Supply with information

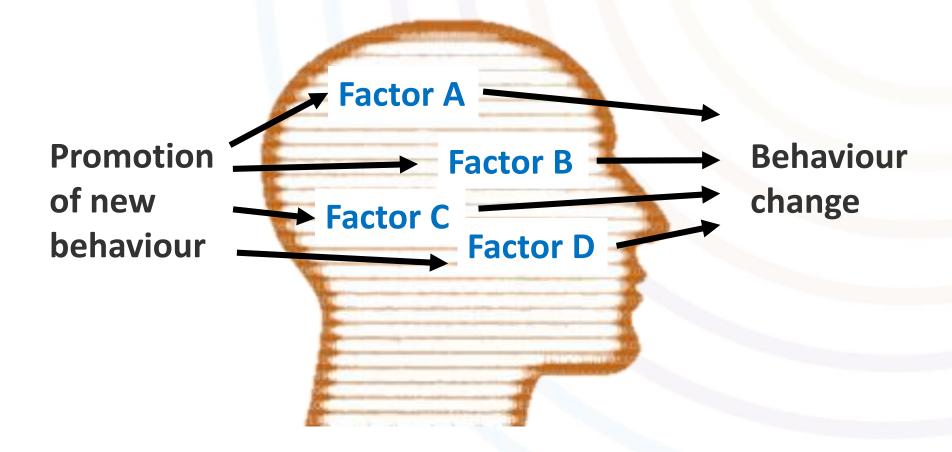


Behaviour change

Behaviour change starts in the heads of people!

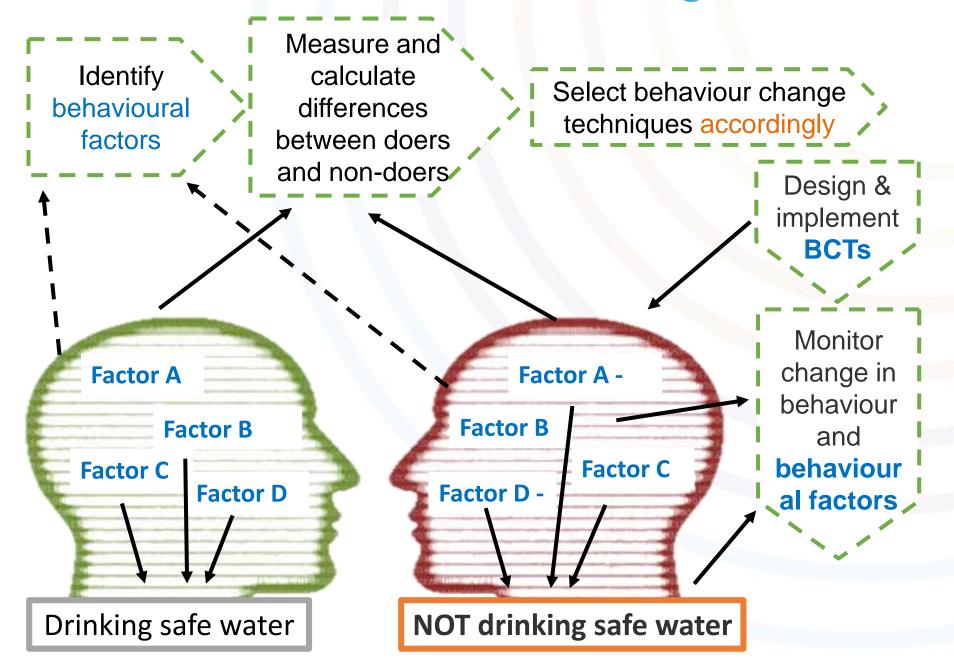
# How to introduce behaviour change?



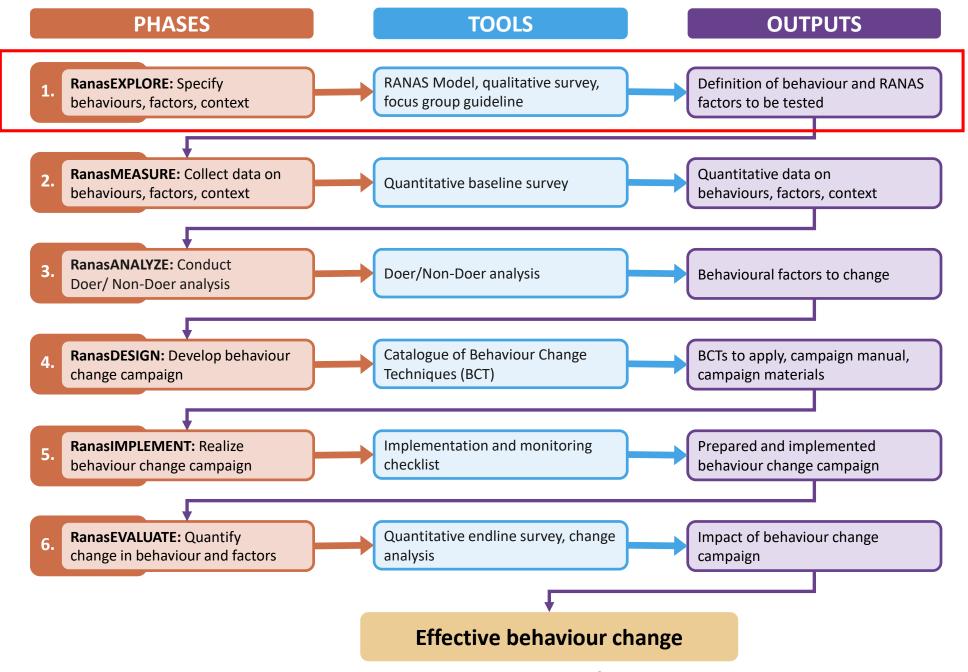


Motivating is about changing behavioural factors in the mindsets of people

# How to introduce behaviour change?



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## Behavioural factors/motivators/drivers



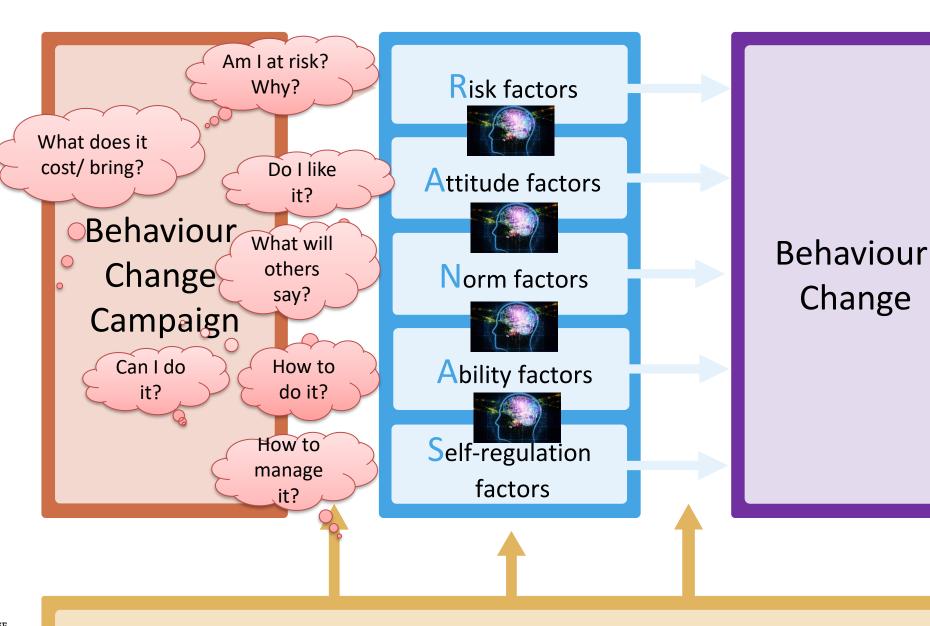
- Effective and sustainable behaviour change: needs to include a broad spectrum of behavioural factors beyond risk perceptions, such as perceived cost and benefits, feelings, social norms, ability beliefs and self-regulation processes.
- WASH interventions = interventions to reduce people`s exposure to diseases with measures to break the cycle of disease.

→ involves both behaviours and facilities which work together to form a hygienic environment.

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Context



#### Information

Present facts and scenarios, inform about personal risk, arouse fear

#### **Persuasion**

Costs/benefits, rewards, prompt to talk to others, describe consequences of behaviour/omission

### Promotion

Provide instruction, infrastructure and training, organize social support

#### **Planning**

Encourage planning, discuss coping with barriers, strengthen commitment

#### **Behavioural factors**

#### **Risk factors**

Am I aware of the risk? How vulnerable am I? How serious could it be for me?

#### **Attitude factors**

What are the (monetary/non-monetary) costs/benefits?



Do I have the confidence to continue to do so?

#### **Self-regulation factors**

Do I feel an obligation?
When, where and how do I act? How do I overcome barriers?

#### Behaviour A

**Desired behaviour** 

Intention Use

Habit

# Behaviour change

#### **Behaviour B**

Intention Use Habit



**Social context** 

**Physical context** 

Personal context

### Household observations and qualitative individual interview



#### **Spot check observations:**

- Is there any infrastructure for performing the behaviour (e.g. handwashing station)? Ask for the facilities.
- How does the facility look like? (status of cleanliness, material available etc.)

#### Interviews, focus group discussions

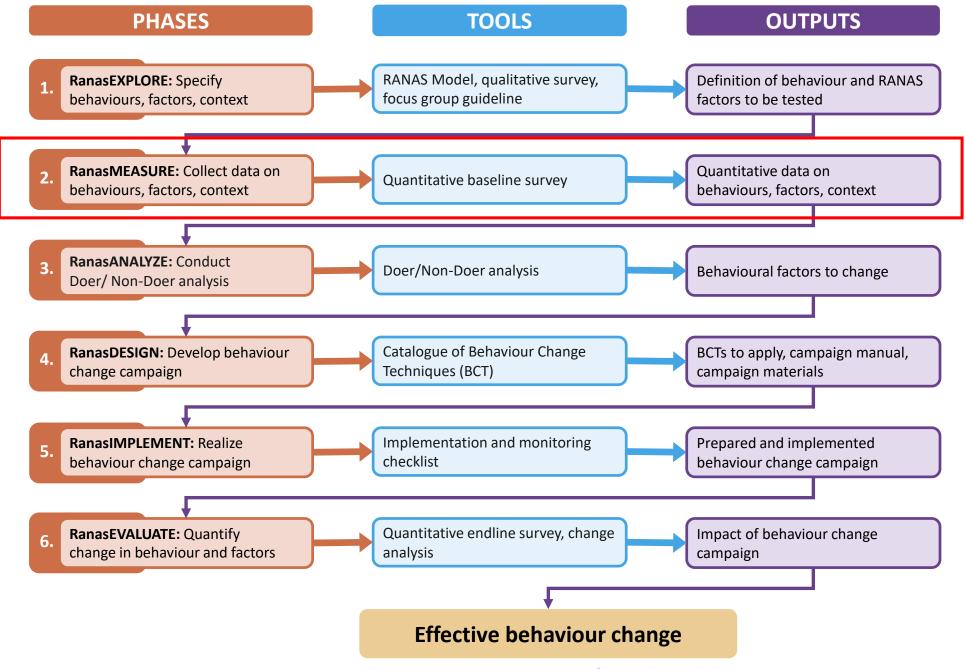
- Doer/Non-Doer
- Reasons for practice
- Beliefs and knowledge disease/health threat
- Behaviour assessment, action control/context
- Feelings & Cost benefits beliefs
- Barriers, remembering
- Barrier planning
- Communication channel

	Questions	Factor
0	Do you practice behaviour xy?	Doer/Non-Doer
1	1.1 If yes: Why do you practice behaviour xy? (Interviewer, please ask: any other reason?)	Reasons for practice
	1.2 If no: Why do you don't practice behaviour xy? (Interviewer, please ask: any other reason?)	
2	If a certain disease (Cholera, Covid-19 etc., diarrhea) is of interest:	Beliefs and knowledge disease/health threat
	2.1 What do you think about <mark>disease xy</mark> ?	disease/fiealth tiffeat
	2.2 Where does it come from?	
	2.3 Do you try to avoid it? If yes: how?	
3	3.1 How do you perform behaviour xy?	Behaviour assessment,
	3.2 When during your daily activities timings, key moments:	action control/context
	3.3 Place for behaviour xy performance:	
	3.4 Materials: what material do you use for behaviour xy?	
4	4.1 What are your positive feelings and emotions connected with the behaviour xy? (Interviewer, please ask: any other positive feelings?)	Feelings & Cost benefits beliefs
	4.2 What do you like about behaviour xy? (Interviewer, please ask: anything else?)	
	4.3 What do you think which are the advantages of practicing behaviour xy? (Interviewer, please ask: any other advantages?)	
5	5.1 What are your negative feelings feelings and emotions connected with the behaviour xy? (Interviewer, please ask: any other negative feelings?)	
	5.2 What do you dislike about behaviour xy? (Interviewer, please ask: anything else?)	
	5.3 What do you think which are the disadvantages of practicing behaviour xy? (Interviewer, please ask: any other disadvantages?)	



6	6. Do you see any barriers/problems to perform behaviour xy? Tell me about any situations when you do	Barriers,
	not (or are unable to) perform behaviour xy? (Interviewer, please ask: any other barriers you can think	remembering
	of?)	
7	7. Do you have any ideas about how to overcome these barriers? What helps you to start performing	Barrier planning
	behaviour xy again? (e.g., materials/ assistance/ support)? (Interviewer, please ask: anything else you	
	can think of?)	
8	8. What are the sources where you usually get your information from (e.g., radio, community workers,	Communication
	TV, social media)? (Interviewer, please ask: any other sources that you use?)	channel
9	9. Which way to receive important messages/information about health issues do you prefer?	
	(Interviewer: it is about personal preference, not telling you who/which organization is providing	
	information)	

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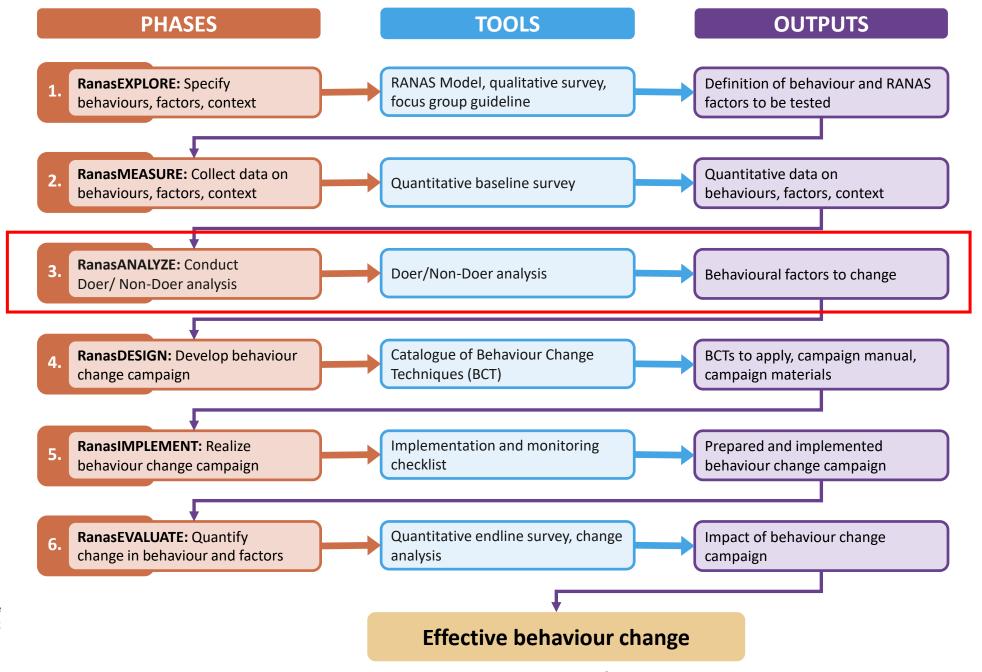




# Standardized survey: questionnaire

Block	Factor	Exemplary questionnaire item (with response scale)
Behaviour	Open defecation	On how many of the last 7 mornings did you personally defecate in the open (e.g., field, bush, roadside, side of canal, back of house, etc.)?  On how many of the last 7 days did you personally use the toilet to defecate when you were at home?  (1 = almost never (0 days) to 5 = almost always (7 days))
Risk	Vulnerability	Generally, how high do you think is the risk that you get diarrhea? (1 = $no risk$ to 5 = $high risk$ )
	Severity	Imagine that you contracted diarrhea how severe would be the impact on your life in general?' $(1 = not \ severe \ to \ 5 = very \ severe)$
	Health Knowledge	Can you tell me what causes diarrhoea? (open ended question)
Attitude	Beliefs about costs and benefits	How effortful is it for you to defecate in the open/ use a latrine for defecation? $(1 = not \ at \ all \ to \ 5 = very \ much)$
	Feelings	How pleasant or unpleasant is it for you to defecate in the open/ use a latrine? (1 = very unpleasant to $5 = \text{not at all unpleasant}$ )
Norm	Others' behaviour	What do you think, how many people of your relatives practice open defecation/ use a latrine for defecation? $(1 = (almost) nobody to 5 = (almost) all of them)$
	Others' (dis)approval	People who are important to you, do they rather approve or disapprove if you practice Open Defecation/ use a latrine?  (1 = nearly all disapprove to 5 = nearly all approve)

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Doer/non-doer analysis





1. Classification
based on
behaviour
2. Comparison of
doers and non-doers



Doers: latrine users									
Person	Score in perceived effort	Score in others' approval							
Α	2	4							
D	3	3							
F	4	4							
Н	2	2							
Į	1	1							
J	3	4							
L	3	4							
Р	3	3							
R	0	0							
S	4	4							
U	3	3							
V	2	4							
W	2	3							
Mean score	2.46	3.00							

Non-doers: non-users of latrines									
Person	Score in perceived effort	Score in others' approval							
В	4	4							
С	2	0							
E	2	1							
G	1	1							
K	3	2							
M	2	2							
N	3	2							
0	1	1							
Q	0	0							
T	1	0							
X	1	1							
Υ	2	2							
Z	4	3							
Mean score	2.00	1.46							

→ Difference in mean score is higher for *others' approval* therefore this factor should be tackled.

### Why is it important to differentiate between Doers and Non-Doers?



Survey question: How expensive is chlorination?

No Differentiation: 80% rate chlorination as expensive

→ Intervention: (if possible) make purchase of chlorine less expensive

Differentiation: 80% of Doers as well as 80% of Non-Doers rate chlorination as expensive

→ NO intervention on price of chlorination because **independently** of expensiveness chlorine is purchased or not

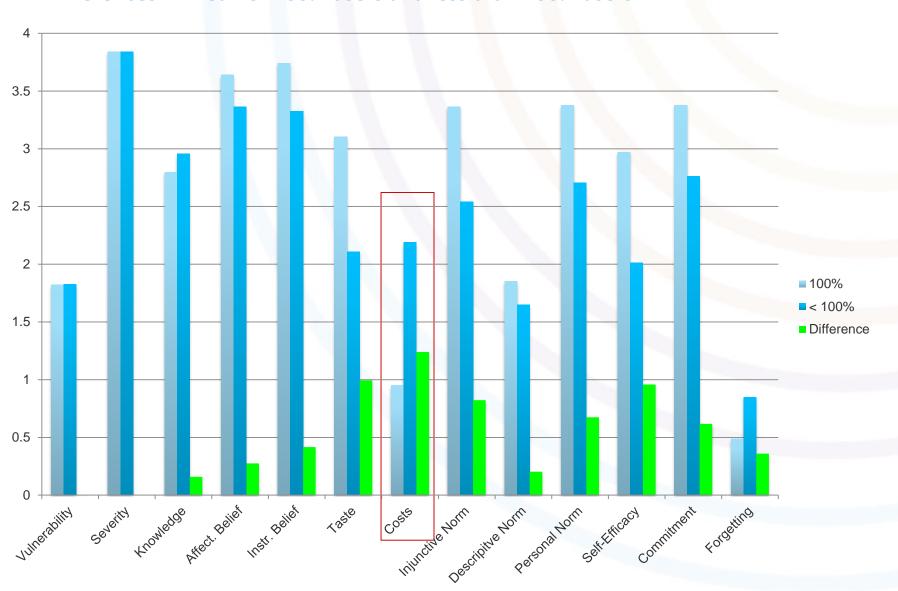
However: if 20% of Doers but 70% of Non-Doers rate chlorination as expensive

- → then the price for chlorination is a reason for not purchasing chlorine
- → Intervention on perceived price

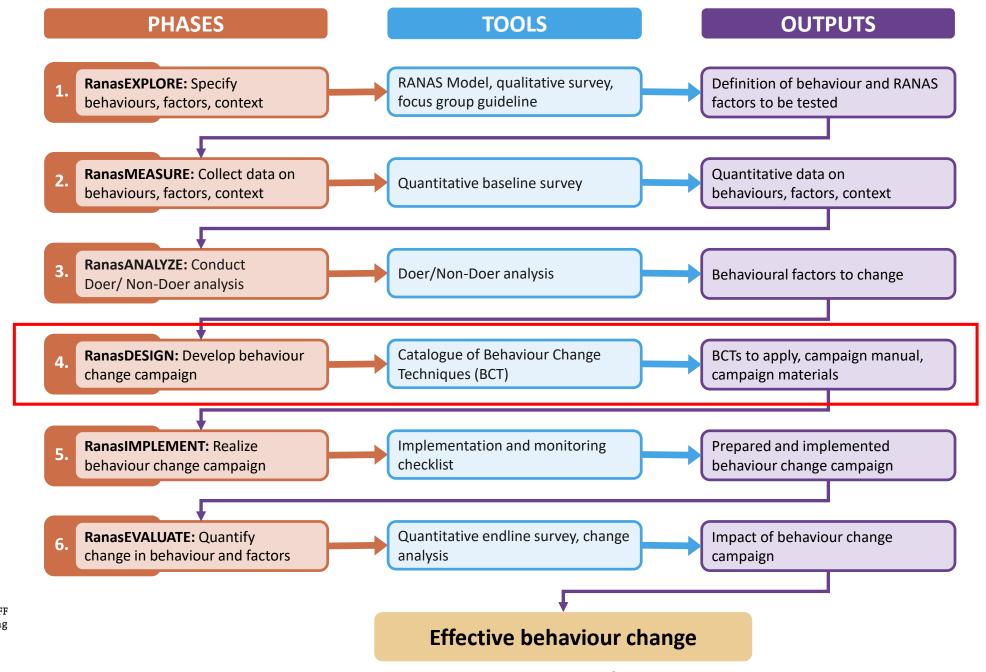
#### **Example Ethiopia community filter: Results of baseline**



Differences in mean of 100% users and less than 100% users



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# RANAS Catalog of behaviour change techniques



Be	havi	ioura	fac	tor

**Vulnerability** 

Severity

**Feelings** 

#### Behaviour change techniques

#### Information BCTs – Risk factors

Health knowledge

1. Present facts: present information about the circumstances and possibilities of contracting a disease and about

the relationship between a behaviour and the disease

2. Present scenarios: present situations in the everyday life of the participant, showing h

to the disease.

3. Inform about and assess personal risk: present qualitative and quantitative assessmen person in such a way that the person realizes that his/her health is at risk.

**4. Arouse fear**: use threatening information that stresses the severity of contracting a dis

#### Persuasive BCTs – Attitudinal Factors

Beliefs about costs and benefits

5. Inform about and assess costs and benefits: provide information about costs and benefits of a behaviour (omission) and conduct a cost-benefit analysis.

6. Use subsequent reward: reward the person each time she/he has performed the desire the behavioural outcome.

7. Prompt to talk to others: invite participants to talk to others about the healthy behavior

8. Describe feelings about performing and about consequences of the behaviour: present t consequences of a healthy behaviour as pleasant and joyful and its omission or an unheal unpleasant and aversive.

#### Norm BCTs - Norm factors

Others' behaviour

9. Inform about others' behaviour: point out that a desired behaviour is already adapte

10. Prompt public commitment: let people commit to a favorable behaviour and make thus showing to others that there are people who perform the behaviour.

# Communication channels vs. behaviour change techniques

#### **Household visits by promoters**



**Advertising** 



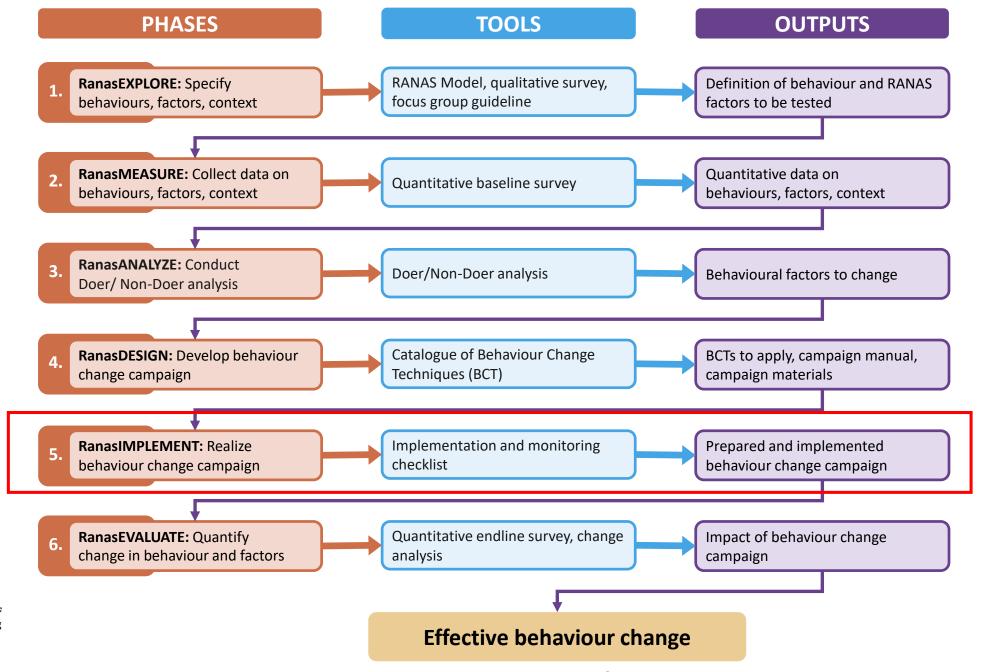
**Community meetings** 



Loudspeaker trishaw



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# Example Ethiopia community filter: Inform about and assess costs and benefits: Persuasion on perceived costs



Higher price = better quality
Examples with common
consumables (red teff vs. white
teff, oil vs. butter)

#### Personal water budget

- Promoter calculates water consumption of family
- How much water do they need from community filter?
- How much money does it cost?

#### Intervention sheet on perceived costs

I would like to talk to you about the costs of treated water and find out together with you how much money you would have to spend if you decide to consume filtered water from the Community filter.

#### Persuasion: costly = better quality

Imagine you grow to different types of teff, the red and the white teff. You take the teff to the market.

- · For how much would you sell 1 sack of red teff?
- · And for how much would you sell 1 sack of white teff?
- . So white teff is much more expensive than red teff?
- . Why is it more expensive?
- . So you think white teff is better quality teff than red teff? Even though it is both teff?
- So, it is logical, that white teff is more expensive than red teff, because it's quality is a lot better?

Imagine you cook wat. So you can use butter of oil for cooking wat.

- . Which one is better of taste? Butter or oil?
- . Which one is better for your health? Butter or oil?
- · Which one is more expensive? Butter or oil?
- . So at the end, which one is better quality? Butter or oil?
- -- So, it is logical that butter is much more expensive than oil, because it is healthier and it's quality is a lot better?

The same it is with water in Weyo Gabriel. There are different water sources. All of the sources contain a lot of fluoride, which is very dangerous for your health. Still you have to pay money for water at any water source. The community filter offers fluoride treated water, which is very good for your health because it prevents you from getting fluorosis. If you compare now for example the Community filter water with water from Shibre or Mesken Sefer water point.

- · Which is better for your health?
- · Which has better quality?
- · Which is more expensive?
- Even if both are water their price is different (like red and white teff or butter and oil). But it is logical that community filter water is more expensive than untreated water, because it is much healthier and it's quality is a lot better?

#### Personal water budget for the household

→ Take the budget sheet and fill it out with the family!

How many family members are living in your household?	p	eople
How many children of yours are under 13 years?	children	
Where do you normally fetch water (if you do not fetch at the	the Community filter)?	

How many cups

	does one child drink per day?	does one adult drink per day?	you use for cooking per day (including food, coffee, shai)?
cups/jugs			
liters	0.2	0.2	1
Total liters			
Total per day	Sum of total drinking	and cooking:	liters
Total per week	Above multiplied by 7	' days:	liters
Total jerrycans per week	Above divided by 20	liters:	jerrycans of 20 L
Total expense per week	Above multiplied by 0	).50 Birr:	Birr

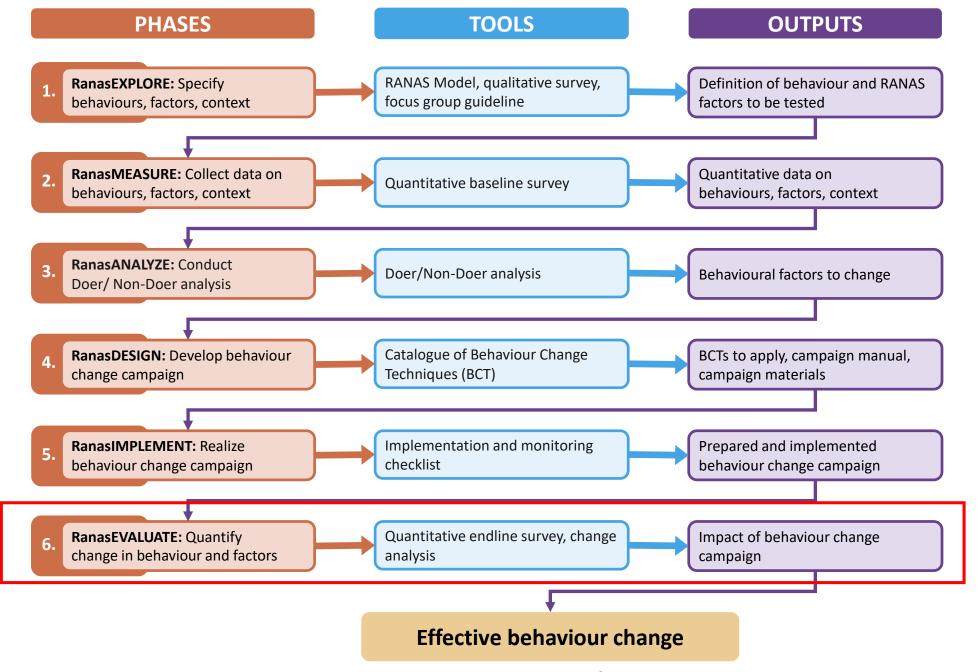
So if yo	u want	that	your	fami	ly or	nly co	nsu	mes	filtered	water	you	have	to	buy
		je	rryca	ns o	f 20	liters	per	wee	k at the	e Com	muni	ty Filt	er.	

This will cost yo	u	Birr	per	week.	

That is only \_\_\_\_\_Birr more than if you consume fluoride contaminated water.

All other water you need, for your cattle, animals, for washing and cleaning you don't have to buy at the Community Filter, you can buy untreated water, which is cheaper.

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### Evaluation of the change in the behaviour



Percentage of safe water consumption

Person	Wit	th campa	ign	Person	Without campaign			
	Before	After	Change		Before	After	Change	
Α	40	80	40	K	20	30	10	
В	35	85	50	L	30	45	15	
С	30	60	30	M	30	45	15	
D	10	30	20	N	35	35	0	
Е	55	95	40	0	25	25	0	
F	40	85	45	Р	15	35	20	
G	40	95	55	Q	35	45	10	
Н	30	95	65	R	45	70	25	
	35	85	50	S	45	45	0	
J	35	95	60	T	30	40	10	
Mean	35%	80.5%	45.5%	Mean	31%	41.5%	10.5%	

- → Big difference between the group with intervention compared to the change in the group without intervention
- → Behaviour has changed differently

## Evaluation of the change in behavioural factors



How expensive is safe water?

5 = not at all exp.; 4 = slightly exp.; 3 = medium exp.; 2 = expensive; 1 = very expensive

_									
Person	With	campa	aign	Person	Person Without campai				
	Before	After	Change		Before	After	Change		
Α	2	5	3	K	2	3	1		
В	1	3	2	L	1	3	2		
C	2	4	2	M	2	2	0		
D	2	5	3	N	2	3	1		
E	1	5	4	0	1	2	1		
F	4	5	2	Р	3	3	0		
G	1	4	3	Q	1	3	2		
H	1	5	4	R	1	2	1		
	2	5	3	S	2	2	1		
J	1	3	2	Т	1	1	0		
Mean	1.7	4.4	2.7	Mean	1.6	2.5	0.9		

→ perceived costs and consumption of safe water changed without changing real prices of the filtered water

- → Big difference between the group with intervention compared to the change in the group without intervention in the factor perceived expensiveness
- → Perceived expensiveness has changed differently

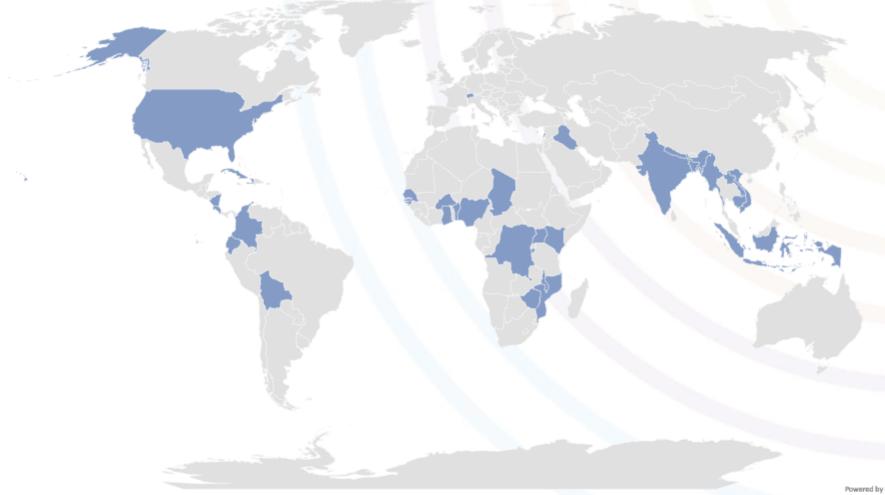
# RANAS approach: Effectiveness in changing behaviour

Country	Behaviour	Change (control group)
Zimbabwe	Solar water disinfection (observed)	75% (10%)
Bangladesh	Use of arsenic free wells	65% (10%)
Ghana	Reducing open defecation	-51% (1%)
Uganda	Cleaning of shared toilets	30% (8%)
Zimbabwe	Handwashing frequency (observed)	28% (5%)
Zimbabwe	Handwashing technique (observed)	+ 2 steps (+ 0 steps)
Chad	Chlorination of drinking water	64% (42%)



# Approach approved in more than 40 countries





C Australian Bureau of Statistics, GeoNames, Microsoft, Navinfo, TomTom, Wikipedia

















## Duration of a RANAS project



- > 1 week preparation
- ➤ 1 week survey
- > 1 week data analysis and development of interventions
- > 4 weeks of implementation
- > [3 weeks of letting the interventions sink in]
- ➤ 1 week of follow-up survey
- > 1 week of data analysis and reporting
- → after 3 weeks interventions developed
- → after 12 weeks whole process finished

Requirement: dedicated team of 1 field coordinator and 5 data collectors

## Upcoming trainings in the RANAS approach



Ranas course in English: planned for March/April 2023

Interest for a course in Arabic?
 Please let us know and we can arrange it!

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## Project implementation



Behaviour change project implementation using the RANAS approach, backstopped by Ranas Ltd.?

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26.10.2022

# RANAS in Palestine Case studies

#### Marco Verber

Recent experiences:

2021 – today -> FHNW

2015 - 2021 -> CESVI in Palestine

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#### **Occupied Palestinian Territory and Gaza Strip**



**Protection** and **Gender** mainstreaming Capacity building to local actors



CESVI promotes and supports open sharing and circulation of information and data





Improvement of medical WM system (COVID19) in Jenin



#### SOLID WASTE MANAGEMENT

SWM, environmental awareness and education in healthy eating in Nur Shams and Tulkarem RCs



#### SOLID WASTE MANAGEMENT

SWM analysis in specific RCs and surrounding municipalities, identification of synergies and opportunities for improvement



#### **SOLID WASTE MANAGEMENT**

Creation of a living contingency plan for resilient SWM practices in Gaza Strip: SWM strategy, operational guidelines, communication strategy, implementation handbook



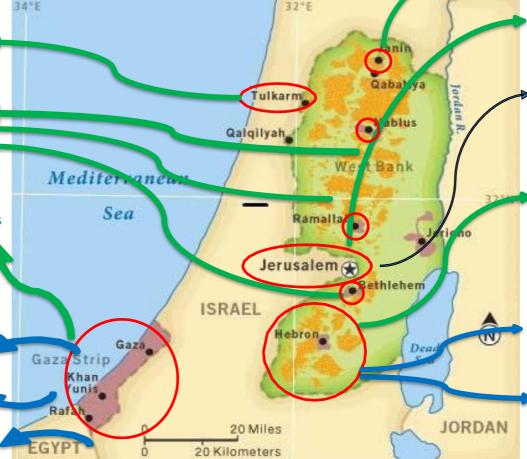
#### WASH, HYGIENE and PROTECTION

#### WASH INNOVATION

Provision of essential water services to vulnerable HHs, promotion of hygiene practices and protection community approach (Middle Area)



Cash aid for rehabilitation of WASH services in HHs (North Gaza and Middle Area)



#### **SOLID WASTE MANAGEMENT**

Improvement of SWM system and environmental practices in Shu'fat RC

#### **CIVIL SOCIETY AND GOVERNANCE**

Establishment of an agreed picture of the situation of services in 13 neighborhoods in East Jerusalem, with crowdsourcing system for data collection, 3-D model and open platform for dissemination



#### **SOLID WASTE MANAGEMENT**

Promotion of an environmentally clean, safe, innovative and economically valuable WEEE treatment (Waste from Electrical and Electronic Equipment) in Idhna, Beit Awwa, Deir Samit (Hebron Governorate)



#### WASH INNOVATION in EMERGENCY

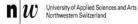
Innovative HH water filters in humanitarian conditions in **Area C (Hebron Governorate)** 



#### **WASH. HYGIENE and PROTECTION**

Provision of essential water services and water filters to HHs, institutions in unconnected communities in Area C (Hebron Governorate), promotion of hygiene practices, data elaboration wash-health











**PARTNERSHIPS** 





















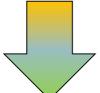




### **CESVI** – improving approach

Team with a strong technical background in WASH and the solid waste management sector

«business as usual»



Data-driven & evidence-based approach

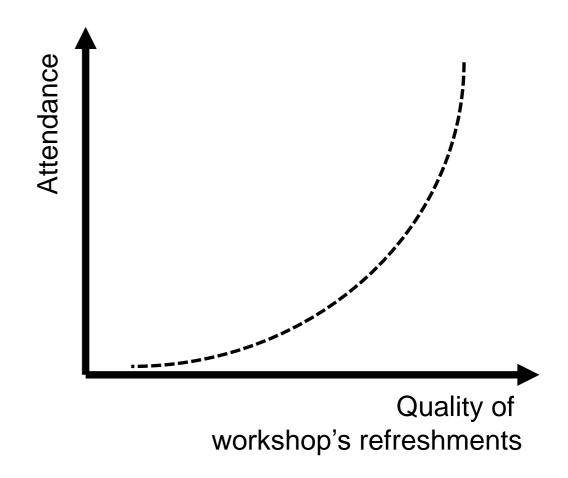
### **CESVI** – improving approach

Awareness in the *«business as usual»* approach

Workshops with beneficiaries Information Sharing

#### Indicators:

- Attendance lists
- Pre-Post test



### **CESVI** – improving approach

How to address behavioural change systematically?

How to correctly choose the awareness tool?

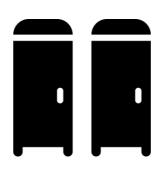
How to correctly measure the changes in behaviour?



### **CESVI** – field experience

Handwashing 2020 The Gaza Strip





Open-defecation 2019 Masafer Yatta – West Bank

Household water treatment systems 2020 The Gaza Strip





Solid Waste management 2020 Shu'fat Refugee Camp - EJ

#### **CESVI** – handwashing campaign

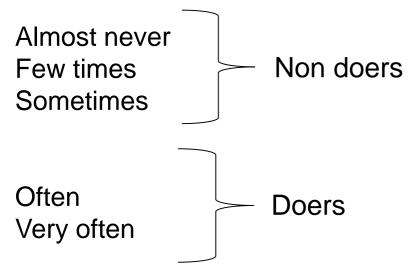
The project included different components:

- Kitchen and toilet rehabilitation
- Distribution of hygiene kits
- Distribution of household water treatment systems and safe storage
- Systematic behavioural change approach

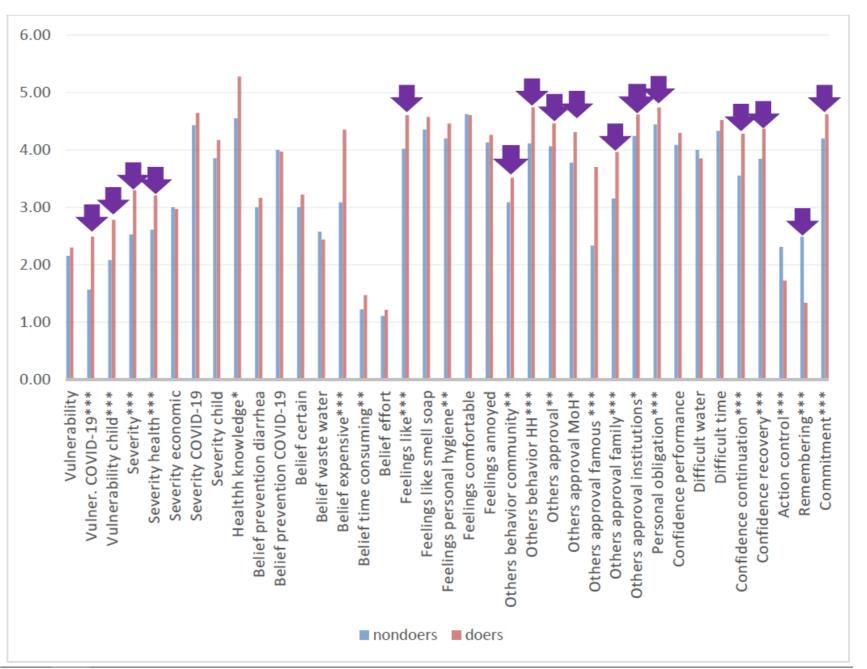


### **CESVI** – baseline analysis

How often do you wash your hand with soap and clean water per day?



	Participants	Doers	Non doers
Female	109	97	12
Male	89	50	39

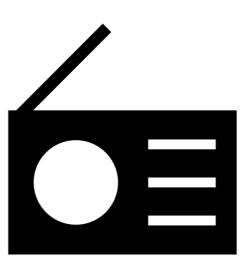


#### **CESVI** – behaviour change strategy

Activities adapted to the local situation: from home visits to phone calls / SMS / radio spots





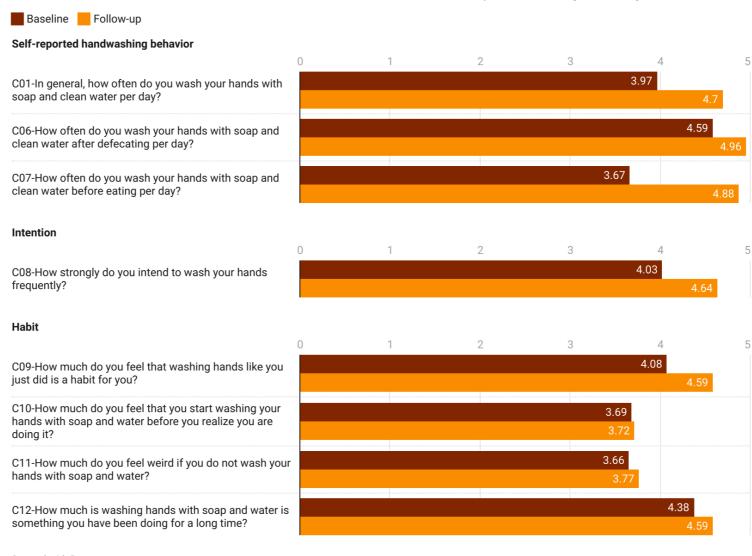


#### **CESVI – endline**

#### Results: did handwashing with soap improved after the intervention?

Baseline vs follow-up mean comparison of of handwashing, intention and habit self-reports

[1=almost never/not at all, 2=few times/somewhat, 3=sometimes/rather, 4=often/quite a lot, 5=very often/verymuch]



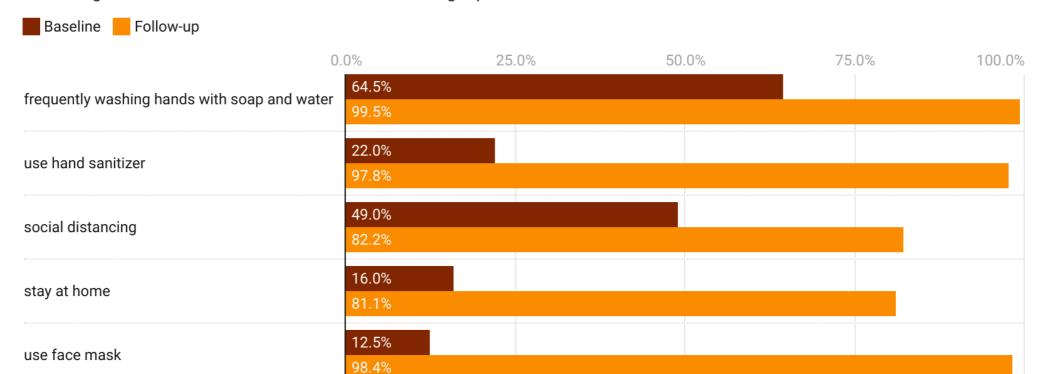
Created with Datawrapper



#### **CESVI** – endline

### **Potential Covid-19 preventions**

Percentages of mentioned answers for health knowledge questions



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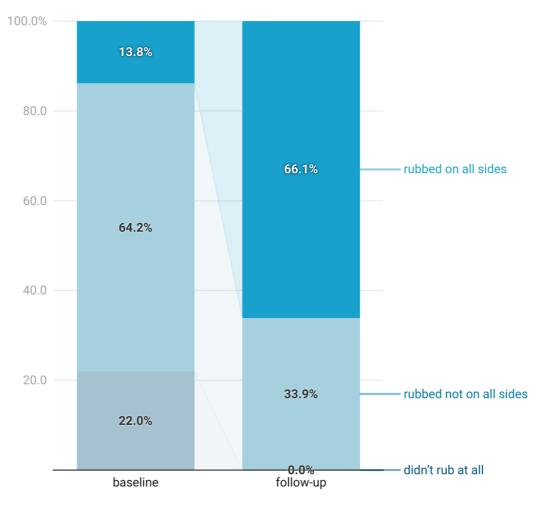


#### **CESVI** – endline after

#### **Handwashing quality observation**

How did the respondent wash their hands?

The chart shows the percentage of people who rubbed their hands in different ways, comparing the situation before and after the intervention.



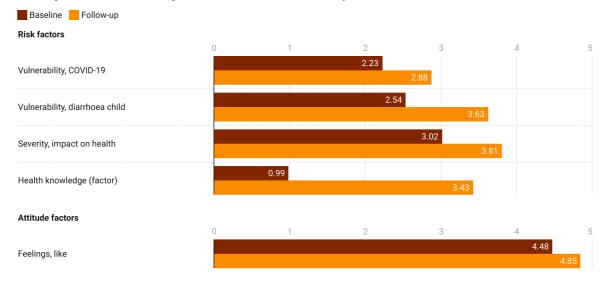
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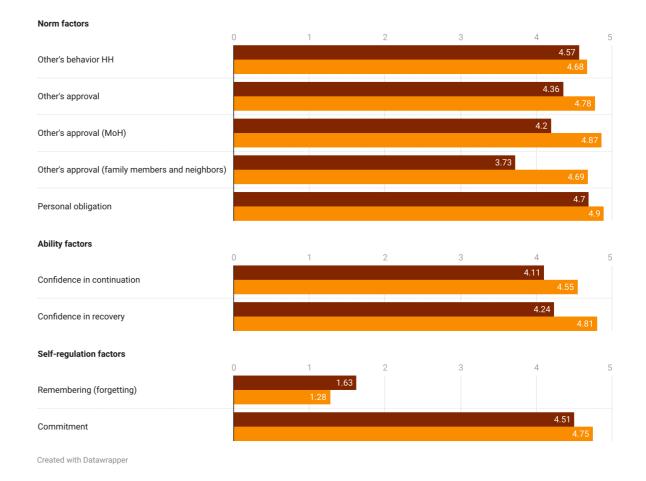


#### **CESVI** – endline

#### Results: did targeted behavioral determinants change after the intervention?

Baseline vs follow-up mean comparison of RANAS psychosocial factors explaining handwashing with soap. Only factors that were targeted with behaviour change intervention are included in the analysis.





#### project logical framework w/o RANAS

Focusing on Output only

#### Indicator(s):

- People attending workshops
- Pre and post-test (same day)

#### project logical framework – with RANAS

Focusing on Outcome

#### Indicator(s):

- % of people with an improved score of the target behaviour
- % of non-doers becoming doers

#### **RANAS - challenges**

- Resources (time and people)
- Identification of the target behaviour (very specific)
- Need for external support
- Risk of beneficiaries' dropout (number of visits; sensitive topic)
- Resources for a control group to prove the effectiveness

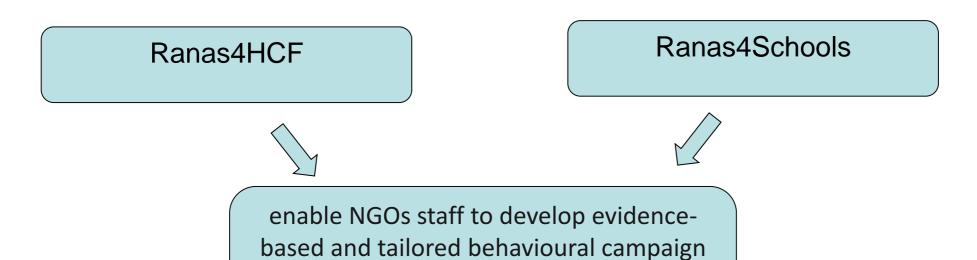
Donor's flexibility

### Improvement and ongoing interventions

Project:	Hands4health
Implementing partner:	FHNW – RANAS – CESVI + 7 organisations
Donor:	SDC – Transform programme
Countries:	Palestine – Mali – Burkina Faso – Nigeria
Main objective:	development of a comprehensive approach to hand hygiene, water quality and sanitation in primary health care facilities and schools not connected to a functional water supply system.
Examples:	<ul> <li>Hardware interventions: Gravit'eau system for re-using water for handwashing</li> <li>Management and maintenance support: Circuit Riders – STREAMS</li> <li>Stakeholders engagement strategy</li> </ul>

## Why mention this project?

### Hands4health – development of new RANAS toolkit



interventions targeting handwashing

Will the new toolkits work? Impact evaluation -> Swiss TPH

Learn more: <u>hands4health.dev</u>

## Thanks!

### Let's stay in touch:

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## RANAS APPROACH AAH BEKAA





## THE APPROACH

Improve hand hygiene amongst Syrian refugee adults and children.

- 1. by developing an evidence-based and population-tailored behaviour change campaign
- 2. by implementing and evaluating the behaviour change campaign

### **ASSESSMENTS**

### Qualitative survey

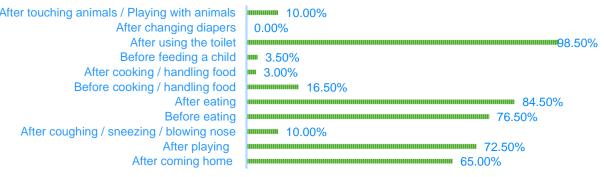
• The AAH team was trained on a qualitative questionnaire tool assessing handwashing behaviour of adults and children and conducted 10 interviews for each group in April 2022. The findings showed that there is still improvement for handwashing, especially amongst children. Related feelings and barriers were identified and fed into the quantitative questionnaire.

### Quantitative survey

- Measure the behaviour and the specified behavioural factors and a protocol to conduct observations of the target behaviour.
- In May 2022, the AAH conducted 163 interviews with children and their caretakers

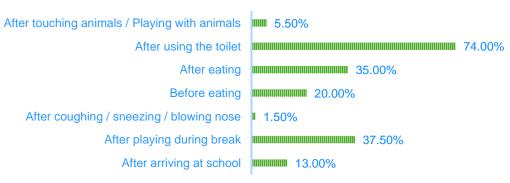
## RESULTS (EXTRACT)

## HOME: WHEN DO YOU NORMALLY WASH YOUR HANDS WITH SOAP?



0.00% 0

#### SCHOOL: WHEN DO YOU NORMALLY WASH YOUR HANDS WITH SOAP?



### RANAS CAMPAIGN ACTIVITIES

1. For adults, two communication channels were selected: **one social media campaign**, targeting the factors Vulnerability, Benefits (health), Feeling (bored) and Action knowledge; and **household visits** where activities were developed to target the same factors plus Action planning.

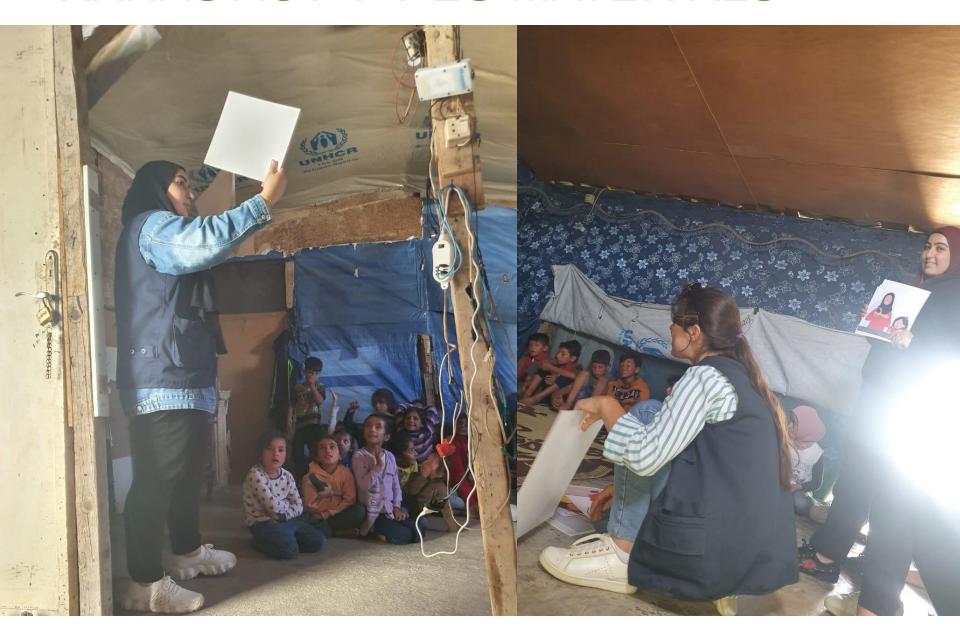
2. For children, three different communication channels were chosen: a board game to target Severity and Beliefs about benefits (health); to participate in the campaign activities of their parents (Other's behaviour of family members) and a comic strip was developed to target Other's behaviour of friends, Confidence in performance (cold water, play with friends) and Personal norm

## RANAS ACTIVITIES-MATERIALS





## RANAS ACTIVITIES-MATERIALS



### **CHALLENGES**

- Adapt the approach to the context/manage the distance
- How to include the target specificities (cultural behavior/level of education) into the activities
- Involvement of national authorities
- Time constrains /HR capacity to keep a minimum standard in sampling