Adapting the RANAS approach for humanitarian response: Ranas4Emergencies and Ranas4EarlyRecovery

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Ranas4Emergencies and Ranas4EarlyRecovery are off-the-shelf toolkits that enable trained personal to implement evidence-based behaviour change interventions in humanitarian settings. The toolkits are behaviour specific and promote safe collection, treatment, storage and handling of drinking water consumption and proper use of toilets.
Ranas4Emergencies and Ranas4EarlyRecovery provide a highly structured approach for contextualizing behaviour change interventions based on data within short time and limited resources.

Humanitarian crises put affected people at an increased risk of contracting water borne and other communicable diseases[1]. The Sphere Standards thus demand to motivate and enable those affected to adopt preventive hygiene measures. This shall be achieved by "identifying factors that can motivate positive behaviours and preventive action"[2]. Equally important to identifying such factors is to systematically use them to develop behaviour change intervention accordingly. The risks, attitudes, norms, abilities and self-regulation (RANAS) approach is a validated methodology that satisfies these criteria[3]. Behaviour change campaigns based on the RANAS approach are evidence-based, meaning that they are:

Figure 1: Criteria for evidence-based behaviour change campaigns. Evidence-based behaviour change campaigns are theory grounded, population-tailored, validated and evaluated.

However, the full RANAS approach, as applied in development settings, requires skilled personnel, intensive interaction with the target audience and a minimum of two months to implement. While this is practicable in a development context, protracted crises and long-term recovery setting, it is not suitable during an acute emergency and for early recovery. This concept note describes two adaptations of the RANAS approach: Ranas4Emergencies and Ranas4EarlyRecovery. Both strongly reduce the required level of effort, time and interaction with the target group, while maintaining the signature RANAS evidence-based features wherever possible.

Ranas4Emergencies and Ranas4EarlyRecovery are complementarity to hardware interventions and hygiene kit distributions and implemented with approval from national authorities and in coordination with members of the Global WaSH Cluster (GWC) and other actors. The Ranas4Emergencies and Ranas4EarlyRecovery methodologies do not include selection of target behaviours and target communities. These steps should be determined based on existing initial assessments, see Box below *How to apply it?* (page 2).

[1] https://www.who.int/teams/environment-climate-change-and-health/water-sanitation-and-health/environmental-health-in-emergencies/humanitarian-emergencies (retrieved on 3rd May 2023)
[2] https://handbook.hspstandards.org/en/sphere/#ch006_003_001 (retrieved on 3rd May 2023)
[3] https://ranas.ch/ranas-approach/

Ranas4Emergencies

Situation: Acute emergencies require immediate interventions to prevent loss of life, minimise suffering and cope with severe threats and disruptions to the well-being of affected populations. Reliable water supply, sanitation infrastructure and access to soap are limited or inexistent. Opportunities for transmitting messages and awareness on subjects of first necessity may be limited.

Implications: In such a situation, formative research and collecting interview data is logistically difficult, time-consuming and ethically questionable. Behaviour change campaigns must be rapidly delivered to a large population. Evaluating campaigns may not be possible because the target population may be on the move.

How it works: Ranas4Emergencies is a set of two catalogues of ready-made WASH behaviour change activities. One contains activities targeting safe collection, treatment, storage and handling of drinking water. The other targets latrine/toilet use, also see the box below. The catalogues provide material and step-by-step instructions for promoters. They are generic enough to be applied in different cultural settings and contexts. Each catalogue contains five behaviour change activities, one for each of the five blocks of RANAS factors (Figure 2).

The catalogues are developed before the emergency, so they are available as ready-made tools that may require minor adaptations, for example depending on the available, appropriate drinking water supply technology. Acceptability and efficiency of the behaviour change activities are evaluated through qualitative interviews conducted after the campaign (optional).

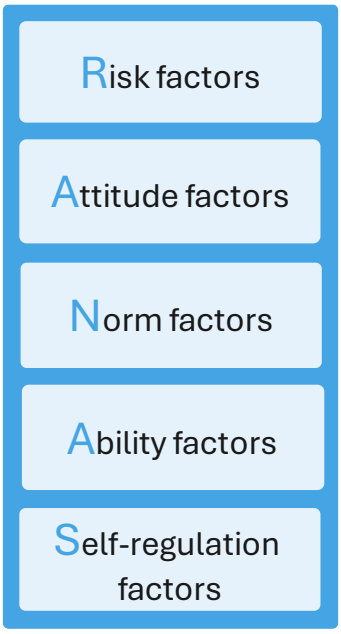

Figure 2: The five blocks of RANAS factors

How to apply it?

1. Select behaviour to be promoted based on needs assessment and in coordination with other actors.
2. Identify and observe individuals who already perform the behaviour and individuals who don't.
3. Based on their practices, select two activities from ready-made behaviour change activity catalogue.
4. Optional: Pre-test and contextualize behaviour change activities.
5. Realize behaviour change activities.
6. Optional: Continuous evaluation through qualitative interviews and observations

Ranas4Early Recovery

Situation: During early recovery, basic needs for shelter, food and education are temporarily met. Affected people have developed new habits of both risk and protective behaviours. Theye may have grown tired of or indifferent to standard health messaging as perceived health risks during the response phase have declined. The physical context of displaced/affected populations may continue to rapidly change (e.g. new housing, WaSH or other infrastructure). The social context may be equally volatile as new social structures evolve.

Implications: In such a situation, opportunities for communication with intended participants exist but may still be limited. Thus, simple data collection processes from a limited sample are possible. However, human resources may still be limited calling for minimum effort for tool preparation, training and data collection and analysis.

How it works: Like Ranas4Emergencies, Ranas4EarlyRecovery contains behaviour-specific catalogues of ready-made behaviour change activities: One catalogue targets safe collection, treatment, storage and handling of drinking water and the other targets latrine/toilet use. In contrast, however, in Ranas4EarlyRecovery the catalogues contain one behaviour change activity for each of the 16 Ranas behavioural factors (Figure 3). The best behaviour change activities are selected by analysing data from the target population using an automated Doer/non-doer analysis. Data collection happens through 10-minute interviews of 50 to 100 respondents using a ready-made questionnaire. Data collection and analysis can be repeated multiple times to adapt the selection of behaviour change activities according to the rapidly changing context and changing target populations.

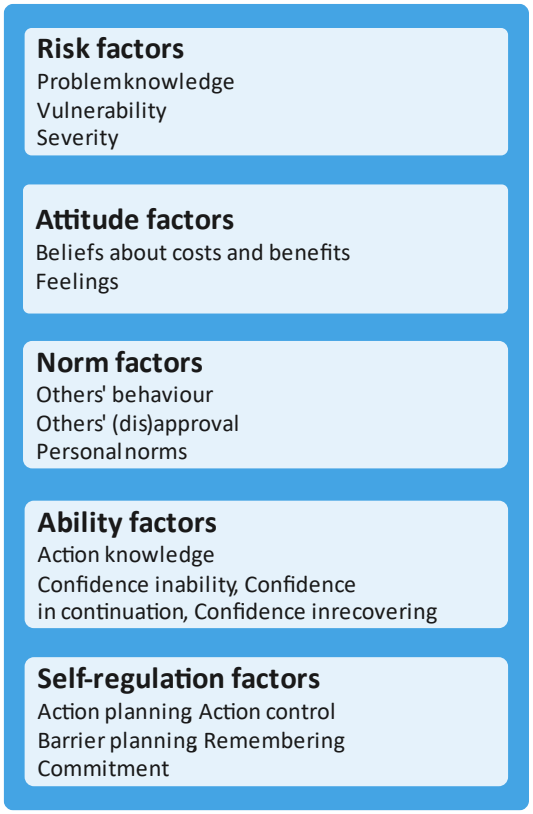

Figure 3: The RANAS behavioural factors. Behavioural factors are components of peoples' mind-set that steer behaviour. They can be grouped into the five blocks of RANAS factors.

How to apply it (6 steps)?

1. Select the behaviour to be promoted based on needs assessment of the population and in coordination with other actors.
2. Collect data about behaviour and behavioural factors through 50 to 100 interviews.
3. Process data using the automated Doer/non-doer analyser to select ready-made behaviour change activities.
4. Pretest and contextualise behavoiur change activities.
5. Realise behaviour change activities.
6. Continuously monitor the process by repeating Steps 1 to 6. in order to adapt the activities to context changes and new target populations.

Advantages, disadvantages and pre-conditions

Ranas4Emergencies requires minimal resources and provides ready-made behaviour change activities covering all five blocks of RANAS factors within few days. Safe access to the target population is a pre-condition. The behaviour change campaigns based on the Ranas4Emergencies method are:

- Theory-grounded, by using the RANAS model, which is derived from established theories of human behaviour,
- Validated, by using the RANAS catalogue of behaviour change techniques, which has been validated in independent studies

However, they are neither:

- Population-tailored, because campaigns are not designed based on data from the specific target population, nor
- Evaluated, since changes in behavioural factors and behaviour are not quantified.

Ranas4EarlyRecovery rapidly provides a behaviour change campaign within a few weeks. In contrast to Ranas4Emergencies where interventions cover all five RANAS blocks in a generic way, specific behavioural factors are identified and targeted based on a Doer/non-doer analysis. The resulting campaigns are thus more adapted to the target audiences' mindsets and more efficient. Safe access to the target population is a pre-condition and trained data collectors are required. The behaviour change campaigns based on the Ranas4EarlyRecovery method are:

- Theory-grounded, by using the RANAS model which is derived from established theories of human behaviour,
- Validated, by using the RANAS catalogue of BCTs, which has been validated in independent studies,
- Evaluated, by measuring behaviour and behavioural factors and adapting the campaign accordingly, either continuously or after a completion of the activities.
- Population-tailored, because the activities, are systematically selected based on data from the target audience.

However, Ranas4EarlyRecovery relies on off-the shelf data collection tools and activities that cannot be fully adapted to the specific project context. The full RANAS approach is thus recommended whenever sufficient time and resources are available.

Further information: Information on the RANAS model and practical approach, the Behaviour Change Techniques Catalogue and more fact sheets on the RANAS approach can be accessed on www.ranas.ch | Contact: John.Brogan@helvetas.org, Max.Friedrich@ranas.ch | Please cite as: Ranas (2025). Methods Fact Sheet: Adapting the RANAS approach for humanitarian response: Ranas4Emergencies and Ranas4EarlyRecovery. Zurich, Switzerland: Ranas Ltd.