

# Social & Behaviour Change at UNICEF

This Programme Guidance is designed as an interconnected web of resources, including framing documents, guidance notes, tools and how-to's.

These resources have been organized into four sections which you can access by clicking below.



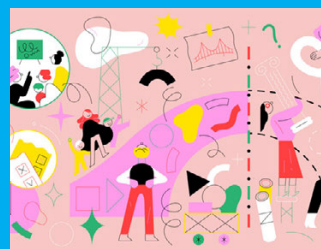
## Vision

Get to know SBC & where this programme change is taking us



## Understand

Learn the fundamental SBC principles and approaches



## Create

Strategise, design, diagnose and define your SBC activities



## Do

Practical guidance on implementation

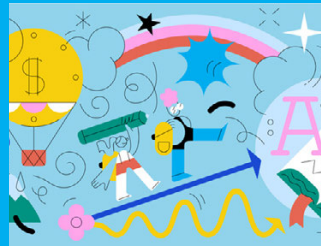


# Vision

Get to know SBC & where this programme change is taking us.



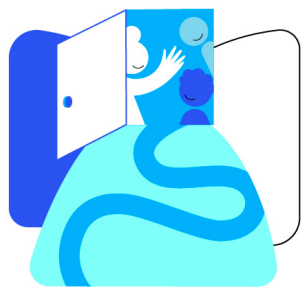
**The Big Picture**



**Advocacy & Fundraising**



# Vision **The Big Picture**



# Foreword

A new era for Social and Behaviour Change  
at UNICEF

**For over 35 years, UNICEF has been a leader in Social and Behaviour Change (SBC), leveraging the largest dedicated institutional workforce in this field.**

Over this time, UNICEF has empowered civil society and community leadership to spearhead SBC initiatives to improve the lives of children everywhere. We have mobilized children and young people, families and caregivers, local organizations, public and private stakeholders, and key decision-makers to re-imagine policies, improve services, transform societies and support the adoption of positive and protective practices for children. Our efforts have brought us closer to realizing the vision and goals set out in the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD).

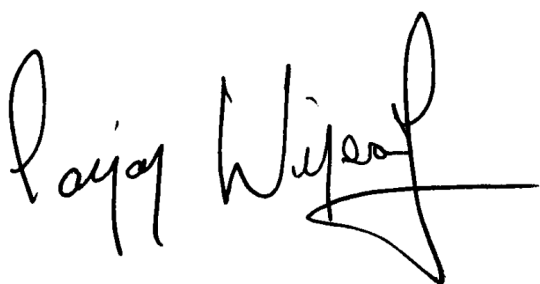
In 2020, as UNICEF stepped forward as a leader in the global COVID response, the need for robust Social and Behaviour Change programmes to curb the spread became clear. UNICEF began a strategic shift – re-positioning and elevating its large Communication for Development network to support the delivery of higher-quality Social and Behaviour Change programmes at scale. This corporate change relies on the adoption of a new business model that includes improved institutional positioning, governance, partnerships, and operational and programmatic modalities.

## 2022 is a pivotal moment in this journey.

This year kicks off UNICEF's 2022-2025 Strategic Plan, in which Community Engagement, Social and Behaviour Change is a core Change Strategy. This is also the year we release our SBC Programme Guidance, to translate our vision of science-driven change programmes into concrete and actionable guidelines. The Programme Guidance has been built with external audiences in mind, as an accessible document that people within and outside of UNICEF can rally around. This guidance will continue to evolve as new knowledge emerges, capturing and converting the latest insights into policies and strategies for UNICEF and its partners.

Recognising that people have a fundamental right to drive the decisions that affect their lives, our team has built this resource to embrace a more community-led and people-centred approach. By promoting co-creation, participation and accountability measures as a standard practice, we hope this guidance can help move the sector towards community-driven frameworks that respect the voices of the most vulnerable and marginalised children.

How we address the development and humanitarian challenges ahead is highly dependent on social change, individual and collective behaviours, and quality people-centred approaches. Programming excellence in these areas will be essential to progress towards more equitable, peaceful, inclusive and resilient societies. UNICEF looks forward to working hand in hand with our partners to contribute to a better future.



**Sanjay Wijesekera**  
Director of Programmes



# The Vision for SBC

Community-led and science-driven programmes for Child Rights

**Social and Behaviour Change is central to the realization of Child Rights and Development Goals, and to UNICEF's work and mandate.** In each sector, we aim to instil positive and protective practices for children, what we refer to as behaviour change. This includes immunization, responsive parenting, healthy feeding and sanitation practices, and other actions that contribute to a child's success. Across sectors, we pursue the transformations, or social change, needed to make societies more inclusive, equitable and peaceful. Through social and behaviour change, we can help advance the implementation of the UN's SDGs and the Convention on the Rights of the Child.

**Yet our current Social and Behaviour Change programmes don't necessarily follow the best-quality standards.** Our existing programmes do not always draw on social and behavioural sciences and community insights to define and develop interventions that effectively target the barriers to change. Too often, the emphasis is more on rights holders rather than duty

bearers: we focus on changing people to adopt certain behaviours, instead of changing the environment to make it easier for those behaviours to be practised. Too often, we rely on generic and predetermined messaging — which is not enough to get people to act — instead of investigating the cognitive, social and structural drivers of change, and working with communities to tackle them.

**UNICEF's SBC function will focus on combining scientific and community knowledge to co-design solutions to development and humanitarian challenges.** We will work hand in hand with our partners to implement this vision in two concrete ways: with more social and behavioural evidence and more inclusive, participatory approaches. Working with communities to understand what drives decision-making is our guiding compass, and the key to increasing the quality of our programmes and creating meaningful, sustainable change.

**SBC enables us to keep people at the centre of what we do, and meet the needs of the most vulnerable.** By ensuring that policies and programmes are behaviourally informed, designed with communities and tailored to local contexts, we will increase their responsiveness to local needs, cultural appropriateness, ownership and chances of success.

**We are embarking on a journey to expand our programmatic focus and diversify our toolbox.** While communication and social mobilization remain critical and central to what we do, we need more. We have excelled at individual and community engagement, but we need to pay more attention to how SBC can improve our policies, services and product delivery. This means leveraging more interventions, such as behavioural assessments and tracking, social listening platforms, user- and human-centred design, choice architecture, feedback and accountability mechanisms, participation in local governance, and strengthening sectoral systems through the SBC lens. The success of these techniques will rely on strong vulnerability and social network analyses, so that they help prioritize and empower underserved populations, challenge systems of dominance and contribute to intersectional social justice.

**Our staff is what makes us great, so strengthening capacity is central to this shift.** Communication for Development (C4D) has a fantastic network. It is the largest of its kind with a global footprint, institutional recognition and expert skills in engaging communities. To transition this extensive network to SBC, the staff will build upon this expertise and be continuously and progressively equipped to deliver more of the interventions described above. This offers our staff professional growth while enabling our programmes to improve. Our staff will also benefit from the help of a pool of specialized technical partners, with world-class expertise on SBC.

Additionally, UNICEF leaders and staff outside the core network of dedicated specialists, whose portfolios heavily depend on behaviour change — technical experts and sector managers in sectors — will be offered the knowledge, skills and tools to own and integrate SBC into their plans, collaborate with experts, request support, and create the right operational models and partnerships for delivery.

Both experts and non-experts play a critical role in ensuring a more structured, measured and scientific approach to Social and Behaviour Change at UNICEF.

**There is momentum for change.** The COVID-19 crisis has emphasized the need for quality SBC programming, and has provided opportunities to improve the way we work. Behavioural approaches which have long been adopted outside the development and humanitarian industries are now getting more traction in our sector. UNICEF managers have called for the next generation of SBC programmes. As the organization enters its 2022-2025 Strategic Plan, capacities and activities will be progressively aligned with this new vision, so that interventions on the ground continue to diversify and improve over the coming years.

**This Programme Guidance is a key building block to realize the new vision and strengthen the SBC function.** Within UNICEF, this guidance is part of a larger renewed business model which touches upon different strategic and operational components to change our institutional system. This guidance is also designed to be useful to the needs of our many partners outside UNICEF, because building local and national capacities and stronger communities of practice is central to our mission. We want this guidance to fuel interaction and collaboration with local authorities, civil societies, donors and financial partners, the private sector, UN agencies and NGOs. Ultimately, we hope this guidance can support our commitment to helping countries and citizens improve the lives of children.







## Global Alliance for Social and Behaviour Change

### Statement of SBC ethical values

The ethical principles comprising the Code are framed by an overarching set of three key values: the importance of citizen agency and autonomy, a respect for diversity and culture, and a commitment to participation through the process of dialogue.

#### The agency of individuals and communities

The field of SBC values the moral autonomy of individuals and communities. People should be treated as chief agents in making decisions regarding their own welfare. The autonomy of individuals should not be sacrificed for the good of any larger community to which they might belong. The autonomy of communities is not to be sacrificed for the good of encompassing regions or states in which a community may reside. The autonomy of individuals should not be sacrificed for their own good, as this may be interpreted by others.

#### Respect for diversity

SBC work takes place across diverse social and cultural settings spanning the globe. It is imperative that the value frameworks across these settings be considered in how SBC is planned and conducted. All cultural value frameworks deserve dignity, understanding and respect. The relativity of cultural values need not be taken as final justification for any and all actions. However, locally ascribed values should be thematized and addressed in decision-making processes and during ongoing interactions.

#### Participation through dialogue

Dialogue is a primary way to protect the autonomy of participants and ensure they have agency in the decisions that affect their lives. Through collective dialogue, communities are able to express the aims they value, the dynamics of cultural difference can be expressed, and bridges can be built. Dialogue is the medium in which ethical values are ultimately produced, articulated and embraced.

### SBC ethical principles

#### Professionalism

- We acknowledge our duties to our stakeholders (participants, communities, clients, funders).
- We articulate clear, strategic goals that are designed to be effective.
- We have the capacity and capability to complete our work.
- We design and implement evidence-based programmes.
- We act with integrity.

#### Avoid doing harm

- We intend to 'Do No Harm' in the course of our work.
- We actively consider the potential for unintended negative consequences of our (in)actions.

#### Conflict of interest

- We seek to avoid all conflicts of interest.
- When a conflict is unavoidable, we disclose the conflict to, and seek consent from, all affected parties.

#### Research ethics

- We seek ethical clearance before engaging in any research, from our home countries and the countries and communities where we practise.
- We ensure that those who opt to participate have provided genuinely informed consent.
- We strive to keep participant/beneficiary data confidential unless permission to disclose has been granted.
- We disclose our research aims, methods and results to participants/beneficiaries.
- We make every effort to involve participants/beneficiaries in local research.
- We disclose funding sources for our work.

## Accountability

- We are transparent with our participants/beneficiaries.
- We protect personal information.
- We are honest and truthful.
- We are trustworthy.

## Communication and dialogue

- We seek input from participants/beneficiaries.
- We encourage two-way dialogue and active listening.
- We aim to act on and incorporate local expressions of preference, working in partnership with local entities.
- We seek voluntary and informed consent from participants/beneficiaries before engaging in any work.
- In community dialogues, we aim to work through existing community structures and platforms, and aim not to bypass existing accountability structures.

## Respect for diversity and culture

- We respect cultural, religious, ethnic, age, gender, sexual orientation and ability diversity, as well as diversity with regard to race and socioeconomic status.
- We respect the dignity of individuals, groups and communities.
- We respect local knowledge.

## Underserved populations

- We respect the needs of underserved and excluded groups, including but not limited to children, people of differing abilities, the elderly, and racial, ethnic, and gender-based groups.
- These populations are the most deserving of considered assistance, but are often the least likely to be given priority in assistance protocols.
- We endeavour to prioritize the needs of underserved communities, and to be sensitive to the specific communication needs inherent in dialogue with them.
- We take into consideration the social ecological environments that often contribute to social and behavioural problems.

## Sustainable change

- We analyse and understand the social and economic resources needed for change.
- We analyse and understand the need for post-project/intervention support.
- We promote environmental sustainability and stewardship.
- We contribute to systemic change.
- We consider advocacy for underserved groups to be a legitimate part of SBC work.

## Participation

- We cooperate and collaborate with local community platforms, NGOs, service providers and community organisations.
- We promote the empowerment of participants/beneficiaries.
- We promote individual and group autonomy.
- We discourage attempts to manipulate or change behaviour without full discussion and participation with affected communities.

## Fairness and human rights

- We promote the interest of justice in all we do.
- We refuse to participate in or support practices that violate human rights.
- We promote equality in our interactions.



## Key Results

### Social and behaviour change outcomes

**Social and Behaviour Change results are a universe of positive transformations: a hesitant mother decides to vaccinate her child; a father tries new ways of teaching his children; an adolescent works to improve her mental well-being; a community becomes less accepting of child marriage; local organizations mobilize for women’s rights to be recognized; a society embraces children with disabilities through systems that include and prioritize their needs; a sector where decision-makers partner with the people they serve.**

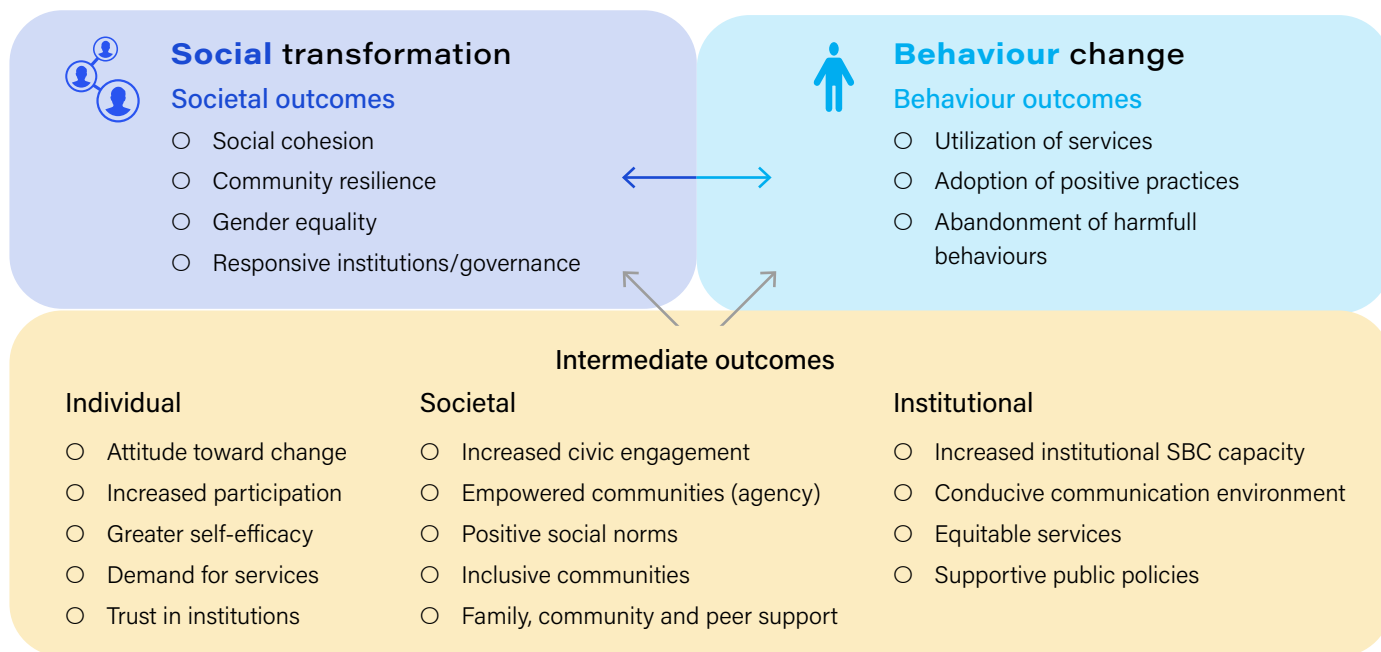
All of these changes are the results of SBC, and contribute to achieving Child and Human Rights and Development Goals.

As mentioned in the Vision, a lot of what UNICEF does is the promotion of healthy, preventive and protective behaviours for children. But behavioural and social results are inextricably linked. Sustained behaviour change often requires social change, as these practices frequently depend on their social acceptability, which depends on the dynamics, norms, stigmas and power relationships within a community. And more broadly, fulfilling the rights of children and their families rests upon large-scale, positive transformation of communities and societies, beyond sectoral silos, to promote change such as gender equality, community resilience, social cohesion and responsive governance. This obviously applies to all stakeholders and efforts, beyond UNICEF.

These generic results are the most common and important, in terms of both social change and behaviour change, across all goal areas.

A lower level of results or “outputs”, not displayed on the diagram, will contribute to the achievement of the intermediate outcomes. Awareness, knowledge and beliefs are examples of behavioural outputs which feed into and contribute to define someone’s attitude

## Social and behaviour change key results



### Societal outcomes

#### Social cohesion

Strengthened relationships between citizens and the state, and between groups in society; societal relations support solidarity, identity, belonging and inclusion.

#### Community resilience

Individuals, communities, and institutions have the capabilities to prepare for and respond to crises

#### Gender equality

Improved women's and girls' agency, positive gender norms and socialization, and more equitable parenting roles

#### Responsive institutions/governance

Policies, services, relief actions are trusted, responsive and accountable to community demands and needs

### Behaviour outcomes

#### Utilization of services

Uptake and continued utilization of social and relief services

#### Adoption of positive practices

Adoption of protective / positive individual, parenting, and family practices

#### Abandonment of harmful behaviours

Abandonment of harmful normative behaviours and discriminatory practices

### Intermediate outcomes

#### → Individual

##### Attitude toward change

Awareness, interest, and positive attitude towards promoted behaviours

##### Increased participation

Uptake of participation / accountability / feedback mechanisms

##### Greater self-efficacy

Self-efficacy for promoted behaviours

##### Demand for services

Demand for existing services

##### Trust in institutions

Trust in authorities and service providers

#### → Social

##### Increased civic engagement

Increased civic engagement and empowerment of marginalized groups

##### Empowered community (agency)

Community ownership and collective efficacy towards development issues, shift in power relationships

##### Positive social norms

Social expectations among community / peers aligned with promoted behaviours

##### Family, community and peer support

Support from family, community and peers for promoted behaviours

##### Inclusive communities

Reduced acceptance of stigma and discrimination

### Intermediate outcomes

#### → Institutional

##### Increased institutional SBC capacity

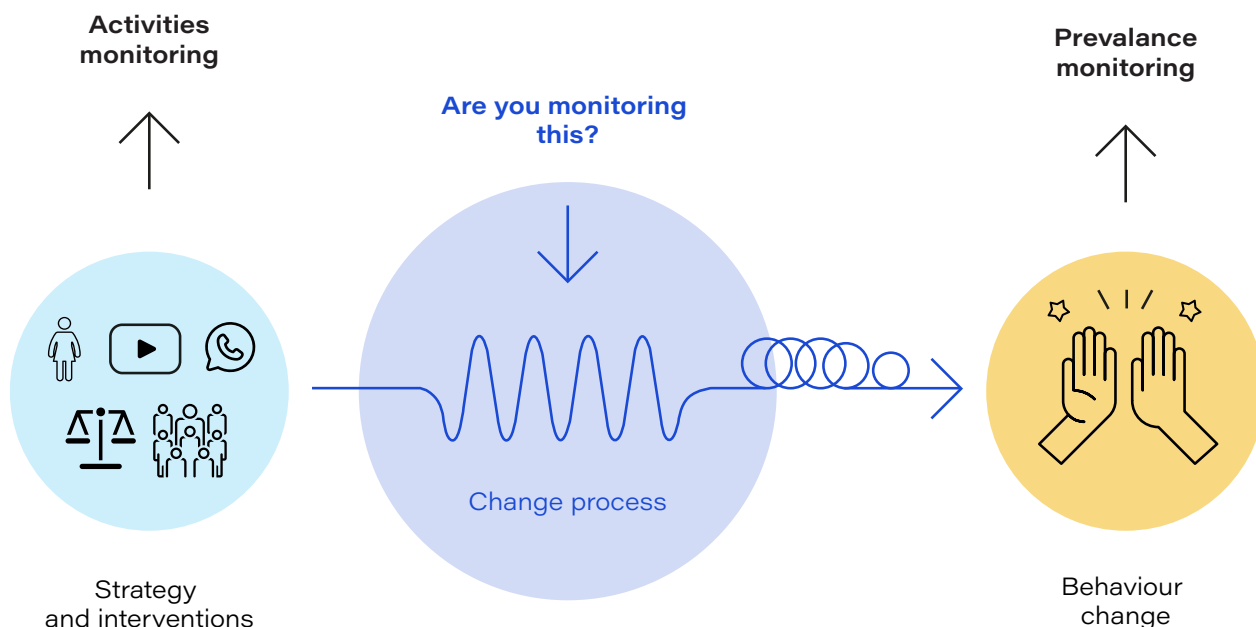
Government and partners' capacity strengthened for planning, budgeting, implementing, and monitoring SBC-CE

##### Conducive communication environment

Information environment (communication, media, public discourse) supportive of promoted social and behaviour changes

##### Equitable services

Social and relief programmes and services are systematically inclusive and accessible to understand groups



(intermediate outcomes). Examples of these lower level results are provided later in the guidance (see [results selection](#)).

To illustrate how these conceptual outcomes might look in practice, below are a few hypothetical results we hope to achieve when encouraging exclusive breastfeeding.

## Behavioural outcomes

- Children are exclusively breastfed during the first six months of their lives (adoption of positive practice)
- Parents regularly attend the infant nutrition counselling sessions (utilization of services)

## Intermediate outcomes

### Individual

- Parents think that breast milk is the best food for their newborns (attitude)
- Mothers have both the skills and confidence to exclusively breastfeed their babies for six months (self-efficacy)
- Parents perceive the value of nutrition counselling sessions (demand for services)
- Parents trust the doctors and nurses at their local health centre (trust)

### Societal

- Local women associations, mothers groups and religious leaders are engaged in promoting exclusive breastfeeding (empowered communities)
- Parents believe that most women in their communities practise exclusive breastfeeding (positive norms)
- Men approve of mothers breastfeeding in public/ collective settings when the breast and baby are covered (positive norms)
- Grandmothers are supportive of their daughters/ daughters-in-law practicing exclusive breastfeeding (family support)

### Institutional

- Nurses and doctors are trained in active listening and equipped to provide breastfeeding advice (institutional SBC capacity)
- Nutrition outreach sessions are organized and available for free in poor communities (equitable services)
- Marketing for breast milk substitutes is banned in the country (supporting public policies)
- Break time for breastfeeding mothers and dedicated breastfeeding spaces are included in national labour laws (supporting public policies)
- Women who breastfeed are positively depicted in movies and soap operas (conducive communication environment)

The field of SBC programming has long suffered from a monitoring and evaluation ‘black box,’ with SBC results only tracked and assessed against activities on one end and outcomes on the other end. In other words, data is often collected on processes and activities — such as conducting media campaigns, distributing information materials and engaging communities, recording results that may only include number of people reached, the number of social workers trained — or on the shift in prevalence/incidence of the target behaviours. But the right place for decision-makers, practitioners and communities to focus their attention is often exactly in between, analysing and measuring how the underlying drivers of behaviours evolve and how the barriers to change are lifted, as milestones on the way to changing the prevalence or incidence of a behaviour.

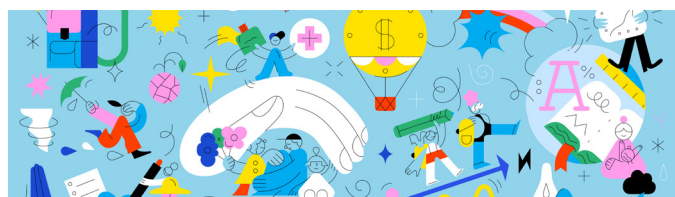
For many reasons, stemming from both the Behavioural Science perspective (how practices come to exist and be sustained) and the work processes in our industry (funding and programming cycles, and results that can be achieved in such timeframes), our monitoring attention needs to shift to determinants such as self-efficacy, social expectations, trust in institutions and access to services, as well as many other intermediate results.

To explore a larger set of possible behavioural results, take a look at the [The Behavioural Drivers Model](#).

For more information on how to incorporate SBC results into your Theory of Change see this [tool](#) on selecting SBC results.



# Finding your way around



## Vision

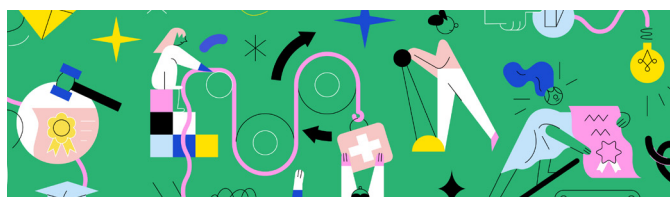
Dig into UNICEF's conception of SBC, key results, ethical considerations, tools for advocacy, fundraising and budgeting, and your role within it.



The Big Picture

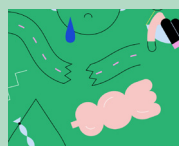


Advocacy & Fundraising



## Understand

Read up on the fundamentals of SBC, including the UNICEF mindset on SBC and the key SBC approaches to achieving your results.



The Fundamentals of SBC



SBC Programmatic Approaches

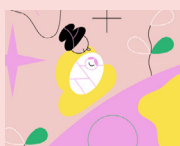


## Create

Find guides on how to create your SBC plans and strategies to maximize impact.



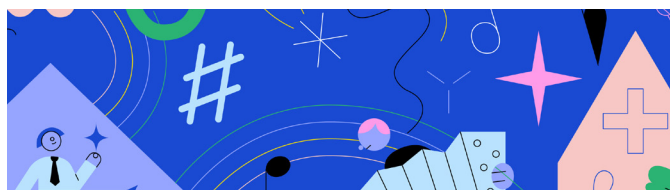
Diagnose



Define Success

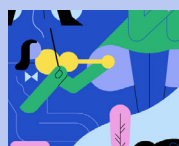


Design



## Do

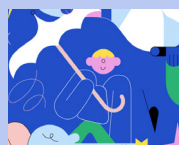
Explore a toolkit for putting SBC into action and internal guides for UNICEF operations.



Implementing Strategies



Partnerships



SBC In Emergency Settings



Build Capacity and Supportive Systems







Vision  
**Advocacy &  
Fundraising**



# SBC fundraising template

What to include in funding requests and technical proposals

**This tool provides suggestions to help you develop a proposal tailored to your needs. It aims to offer inspiration and ideas to choose from.**

## Background for proposal

You may want to provide a short introduction to SBC, such as this:

### What is SBC?

Social and Behaviour Change is a set of approaches and strategies that promote positive and measurable changes towards the fulfilment of women and children's rights. SBC works with communities, partners and authorities to understand and influence the cognitive, social and structural drivers of change. It relies on social and behavioural evidence as well as participatory approaches to co-design solutions to development

## Possible additions include:

- Elements from the [vision](#) of SBC
- The 3 [core principles](#) of SBC: systems-oriented, human rights-based, and people-centred
- Elements from [Why do people do what they do?](#)
- Elements from [What are the key SBC results?](#)
- Case studies or human interest stories

## Why SBC?

The SBC approach maximizes development and humanitarian efforts by applying a deep understanding of the way people make decisions and interact with each other, collecting the social and behavioural evidence needed by programmes to be efficient and putting communities in the driver's seat of the initiatives affecting their lives.

- Case studies of SBC offering value for money and application across technical areas — see [the SBC pitch deck](#) for examples.
- Measurability of SBC — see examples from the [best of impact evidence](#)
- UNICEF's comparative advantage — see [foreword](#) and [vision](#) (note: this is for UNICEF proposals only! Partners should craft their own similar pitch.)

## Core of the proposal

The process for seeking funding varies, depending on donors and partners. However, most proposals require the following content at minimum:

- Situational overview (in country/area of interest)
- Project/Programme scope
- Objectives
- Key activities
- Deliverables
- Key results
- Milestones
- Monitoring, evaluation and learning
- Anticipated risks and challenges
- Timeline
- SBC capacity of implementer and partners
- Coordination and governance
- Dissemination of results
- Scale-up and sustainability
- Budget

This tool provides guidance on how to develop each of these sections within a written proposal, and shows where to find more information in the SBC programme guidance to inform the proposal development process.

## 1 Situational overview

This will depend on the context; it should offer a short narrative account of communities, children’s rights and well-being in the given geography. This section should provide an overview of the progress, challenges and opportunities associated with achieving these rights, as well as the patterns of deprivation people face and their causes. It should be a bird’s-eye view of what the following proposal is about.

## 2 Scope

SBC initiatives can take many forms, from the design and broadcast of edutainment campaigns, to the creation of social accountability and participation mechanisms in order to optimize service provision and increase the role of communities in local governance.

SBC leverages a large toolkit and includes several distinct approaches which may be used — together or alone — to promote Social and Behaviour Change. Approaches include:

- [Community Engagement](#)
- [Strategic Communication / SBCC](#)
- [Social Movements](#)
- [Service Improvements](#)
- [Creating Supportive Public Policies](#)
- [Systems Strengthening](#)
- [Applied Behavioural Science](#)

Different SBC approaches are best suited to different contexts and social and behavioural objectives.

At the outset of any proposal or pitch, it is important to describe to potential funders:

- The specific social and behavioural challenge(s) you are seeking to address, and the social and institutional assets or dynamics you envision leveraging
- The approach you have already used, or will use, to further understand the situation and its unique contextual drivers ([see here for more information on diagnosing a problem](#))
- A first version of a theory of change to address identified challenges using a combination of approaches
- A concrete description of what this will entail and an evidence-based justification for your selection of these approaches ([see here for more information on selecting appropriate SBC approaches](#))

## 3 Objectives

Your objectives should be linked to the specific social and behavioural results you aim to achieve ([see here for more information on key SBC objectives and results](#)). These specific social and behavioural objectives should also be linked to broader programmatic objectives (reduced poverty, reduced hunger, etc).

Make sure to state your objectives very clearly. These may include:

- Increasing uptake of social services
- Increasing adoption of healthy behaviours at home and in communities (e.g., increased positive discipline, reduction in harmful behaviours such as alcohol abuse and gender-based violence, improved sanitation and hygiene practices)
- Progress towards positive social change (e.g., increased societal or communal equality, inclusion, cohesion, resilience or responsiveness of duty bearers to people’s needs)

## 4 Key activities

Specific technical activities depend on the SBC approaches applied; see some examples below. Regardless, any SBC initiative will include activities related to:

- Formative research — qualitative and quantitative — which seeks to understand participant groups as well as baseline social and behavioural outcomes and their unique contextual drivers. See the tool on [collecting social and behavioural evidence](#).
- Co-design and testing of SBC processes and tools. See the tool on [HCD](#) for further guidance.
- Implementation of SBC programming (typically through local partners, institutions or community-based organizations). See the tools on [media partnerships](#), [community networks](#), [private sector](#), [social mobilization](#) and [capacity building](#).
- Monitoring implementation for progress, changes, push-back, unanticipated consequences. See the tool on [measuring, learning, and adapting](#).
- Evaluation to assess the impact of the programme on social and behavioural outcomes, informing scale-up, replication and sustainability.

Below is a non-exhaustive list of SBC implementation strategies. In your proposal, you may want to include short descriptive language for donors and partners unfamiliar with what each strategy entails.

- [Digital Engagement](#)
- [Edutainment](#)
- [Social Listening](#)
- [Feedback and Accountability Systems](#)
- [Campaigning](#)
- [Behavioural Insights](#)
- [Social Norms](#)
- [Storytelling](#)
- [Social Marketing](#)
- [Social Service Workforce](#)
- [Health Systems Strengthening](#)

## 5 Deliverables

Deliverables for SBC initiatives vary widely and depend on the nature of the programme.

- Your key deliverables often include the implementation of targeted SBC interventions — mass-media campaigns, community engagement processes, etc. These flow from the main activities discussed above.
- Whenever possible, you should aim for community ownership of SBC processes, making this co-creation process a clear deliverable itself. In order to ensure sustainable responsibility of local partners for programmes, it can be helpful to create detailed implementation plans and guidance, which will also later inform considerations about replicability across contexts and scale-up.
- Deliverables will also include M&E elements, such as impact reports, and communications such as feedback to communities, presentations to authorities and peer-reviewed publications.
- Initiatives also often focus on building SBC capacity into existing governance and sectoral and service delivery mechanisms. In this case, deliverables may include specific strategies developed with and for technical programmes, government counterparts and other partners.

## 6 Results

SBC programmes contribute to a variety of social and behavioural objectives.

An overview of key SBC results can be found here. Make sure to be explicit about what you are trying to achieve.

## 7 Milestones

There are many steps on the way to achieving the main results. These milestones will include the implementation of activities, as well as the intermediary outcomes that eventually lead to the main results. Use your theory of change to present the activities, outputs and intermediate results as milestones; these can then be used to build the programme timeline and define the focus of monitoring and tracking, as well as form the basis for discussion in coordination and reporting processes.

## 8 Research and monitoring

Effective SBC programming is evidence-based and promotes continued community inputs, monitoring, learning and improvement. SBC data collection is a critical component of each programme before, during and after implementation.

**Formative research** (usually before design and implementation) is key to developing a deep understanding of participants' needs, aspirations and strengths, as well as of how the context influences social and behavioural outcomes — in order to identify what barriers must be overcome and what opportunities can be leveraged.

**Pre-testing or pilot testing** of SBC interventions (following initial design and before full implementation) is a cost-effective method of assessing the feasibility, acceptability and potential impact of processes and tools before roll-out and scaling.

**Routine monitoring** (during implementation) is used to examine implementation fidelity, identify gaps in activities, track progress towards each milestone and understand challenges with scaling or adapting in different settings.

**Outcome evaluations** should rigorously measure changes in social and behavioural outcomes, as well as programmatic effectiveness. What changes can be attributed to SBC interventions? What changes do SBC interventions contribute to as part of a larger programme (including for various sub-groups)?

For more detail on specific monitoring and research approaches associated with specific SBC implementing strategies, see the links in the 'Key Activities' section above.

## 9 Risks/challenges

- 1. Lack of community-level ownership or identification of appropriate implementing partners.** SBC initiatives should ideally be owned and steered by communities themselves, through existing community and civil society structures as well as purposeful mechanisms to ensure the participation of marginalized groups. It is also critical to build strong partnerships early on with local implementing partners, and to leverage local resources as much as possible; otherwise, the lifespan of the programme may be limited to project/funding timelines, or the initiative may not be effectively implemented at all.
- 2. Lack of qualitative and quantitative data, and limited time or funding for formative research.** SBC interventions should be evidence-based and rooted in a deep understanding of the participant groups and contexts in which they are being implemented. If insufficient time and resources are dedicated to research and adaptive programming, achieving results becomes almost impossible.
- 3. Difficulties integrating SBC across multiple technical programmatic areas.** SBC is often cross-cutting across multiple sectors (e.g., Health, WASH, Nutrition, Social Policy, Education, etc). It is essential to ensure that appropriate coordination mechanisms exist between programmatic areas and that sufficient resources from each technical team can be dedicated to supporting the initiative.
- 4. Unforeseen events and security/health challenges.** As with all programmes, SBC work depends on contextual social, economic and natural events. Conflict and security challenges or disease outbreaks may prevent SBC programmes from being successfully implemented. Major socio-political events can wipe out efforts to build trust, improve governance, etc.

## 10 Timeline

Build the timeline using the milestones discussed above. Things to consider when developing your timeline include:

- Which implementation strategies will be most impactful and critical to do first
- Availability of key participants (communities, organizations, individuals)
- Key milestones for the first month, first three months, first six months and first year, or another timeframe, for each intervention
- Be as clear as possible: consolidate everything into a table outlining participants, roles and responsibilities for each key activity, with expected milestones, so that everyone is aware of critical timelines and dependencies

## 11 SBC capacity

In your proposal, highlight the capacity of your team or institution to design and implement effective SBC programming, and describe previous experience, including in relation to the specific approaches you anticipate using.

In addition, consider the partners who will be involved in the research, design and implementation of the SBC initiatives. As described above, it is critical that SBC interventions be designed with and owned by local institutions, community-based organizations and governments. Many of these partners will already have extensive experience in SBC, even if they do not refer to it as such.

In your proposal, consider:

- Research partners such as local academic and research institutions
- Implementation partners such as community-based organizations, faith-based organizations, service organizations and local health, education and development institutions
- Supportive stakeholders including government agencies at the national and sub-national level

In addition to understanding and leveraging existing partners, many effective programmes actively seek to build and maintain the SBC capacity of local partners. See [here for more detail on how to build SBC capacity in partners \(governments, CSOs and academic institutions\)](#).

## 12 Coordination and governance

Your proposal should also propose regular engagement with various authorities and stakeholders. The tool on [developing an SBC strategy](#) is a good reference to help you include all the necessary coordination mechanisms from the start.

Think through the core organizations and people who should be involved in (i) analyzing, (ii) designing and (iii) supporting the implementation:

- **Who has local knowledge, expert knowledge, technical expertise and creative expertise?**  
This could include government ministries, UN agencies, the private sector, local NGOs, civil society organizations (CSOs), leaders and community representatives.
- **What partnerships do you need to implement the strategy?** Consider religious organizations, technological partners, research agencies, TV and radio stations, marketing companies and labour unions. Think about who can contribute and when to bring them in. One possibility is a core team that expands at certain moments.
- **Do you need to develop a technical advisory group or coordination group?**  
This can help you to get political and community buy-in and approval, coordinate partners, provide technical oversight, facilitate access to communities or further fundraise.



## 13 Dissemination of results

Your main accountability is to the participant and affected communities — results should periodically and primarily be presented to and discussed with them. And of course, local authorities should be on board throughout the process. Make sure to include these aspects in the proposal. You will also need to discuss progress and results with the coordination groups mentioned above.

Whether or not your programme leads to the expected changes in outcomes, further dissemination also helps in building knowledge, creating effective policy and programming and scaling effective solutions. Most funders will want to see a local and international dissemination plan built into your proposals. Results dissemination is not limited to peer-reviewed publications and may include:

- Presentation of results in local and international communities of practice or technical working groups
- Publication on open-source databases and social networks such as [The Compass for SBC](#), [The Communication Initiative Network](#) and [The Behaviour Change Technique Taxonomy](#)
- Publication of white literature in private and open-source publications
- Publication of grey literature such as briefs, blogs or written commentaries
- Audiovisual documentation such as podcasts or videos

## 14 Scale-up and sustainability

A lot of initiatives are also built with a phased approach that focuses first on understanding, diagnosing and implementing change strategies in a limited number of geographies, before launching to a larger scale if successful. You should make sure not only to present these phases within your proposal but also to explain the criteria and basis used to assess replicability and scale. Testing technical feasibility and efficiency before deciding whether and how to roll out is key to safeguarding against potential pitfalls.

Nevertheless, it is important that interventions be designed for scale from the beginning.

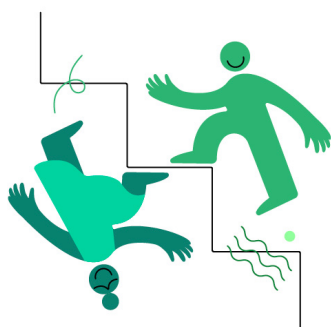
[Everybody wants to belong](#) offers a dedicated tool (see T17) on scaling up norms-shifting interventions — a lot of these principles also apply to SBC initiatives more broadly.

## 15 Budget

Finally, no proposal can exist without a price tag. Explore the [budgeting tool](#) to get detailed guidance on developing an appropriate budget for SBC programming.







# Why Do People Do What they Do?

Understanding human behaviours and social phenomena

## Introduction

Consider a community with near-universal open defecation rates. The issue is not a lack of toilets—after researching locations, many were recently built and placed in high-traffic areas. Men, women and children pass these well-lit, centrally-located toilets on their way to work and school, and en route to fetch water. Many would rather walk 35 minutes to a well-known, isolated open defecation location to relieve themselves.

This daily decision, made by a vast majority of community members for generations, has contributed to countless deaths from diarrhoea, cholera, intestinal worms, trachoma and many other diseases. This decision also increases the risk of sexual assault for women travelling to these isolated sites. In the following section we'll explore how an SBC approach can help us uncover some of the hidden drivers of this behaviour, enabling us to support and stimulate positive change.

Studies estimate that people make over 35,000 decisions a day. Each individual decision has ripple effects on others, from loved ones – children, spouses, family members, friends – to community members – neighbours, teachers, friends and peers – to society at large. Environmental, social and political dynamics influence the decisions we make and these dynamics are influenced by those decisions. By understanding what informs individual and collective decision-making, we can support people to make healthy, positive choices for themselves and for broader society. When we understand the drivers of behaviour, we can support policymakers and development practitioners to design strategies that enable positive decision-making.

## Why SBC?

Let's return to our open defecation challenge. Social and behavioural analyses would reveal that for this community, the practice of open-defecation is a habit

carried out over generations. Habits are hard to break, especially when attached to long-held cultural norms. Before toilets were available, the practice of travelling to an open defecation site was paired with the task of fetching water. It was not only convenient to combine tasks, but it also offered a chance for neighbours, friends and family members to spend time together. Traditional beliefs also considered this a healthy choice – walking before relieving oneself was positively perceived.<sup>1</sup> As such, successive generations were raised thinking that this was the right thing to do. Building toilets alone could never disrupt a social tradition built over generations. Open defecation was never going to be solved with toilets alone. It was an individual behavioural challenge supported by generations of community practice and social norms.

Social and Behavioural Science is the study of human behaviour – the investigation of why people – both as individuals and as part of groups – perceive, think and act in particular ways. It seeks to explain some of the seemingly strange and irrational things we do, while generating ideas to help people make more positive choices. It underpins each one of UNICEF’s strategic priorities. Children are affected by the 35,000 daily decisions of the adults who shape their lives. Mastering the science of human behaviour is essential to supporting environments where children can thrive.

## UNICEF’s models to understand social and behavioural change

People are diverse and unpredictable. How can we better understand them and even predict what they’ll do?

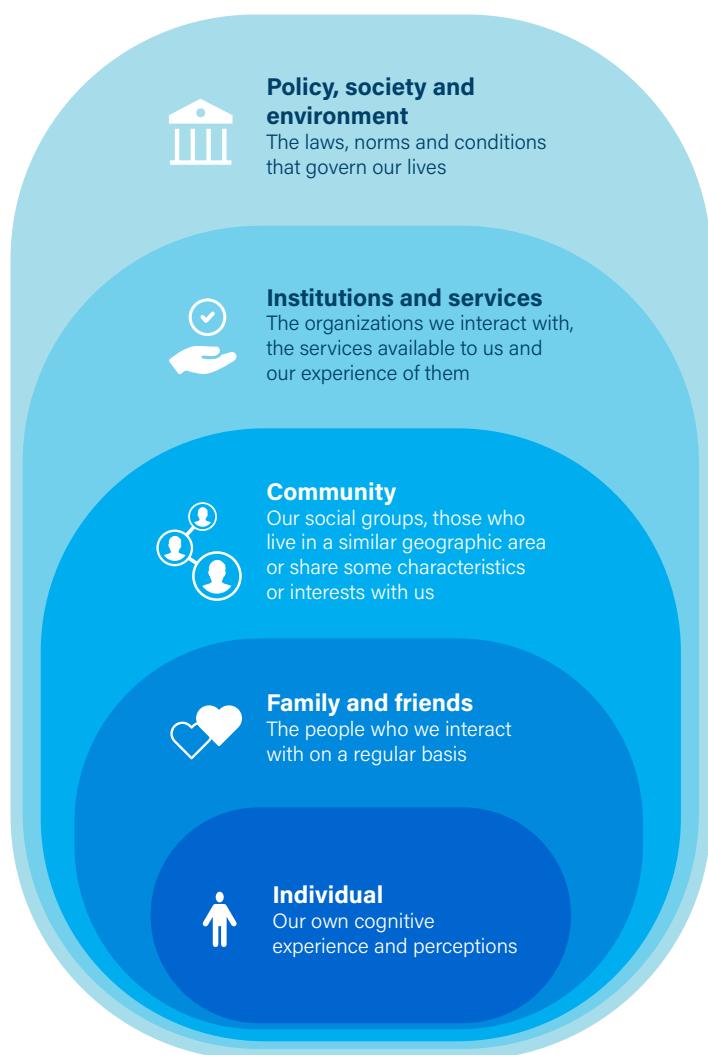
While we are all different, a growing body of research is revealing there are consistencies in human decision-making and behaviour. This research has challenged classical, ‘rational’ models of behaviour used in economics. Social, historical and cultural contexts, the environment and how mental shortcuts shape everyday decision-making are increasingly informing work in this space. Behavioural Science employs evidence and data from people all over the world to design theories that explain – and ideally predict – how and why people make decisions.

Behavioural theories and models can provide an evidence-based framework, to analyse, design and evaluate work in SBC.

**The Socio-Ecological Model (SEM)** is UNICEF’s foundational model for social and behaviour change.

It highlights the factors that influence both individual and collective human behaviour. These factors are:

- **Policy, society and environment:** *the laws, norms and conditions that govern our lives*
- **Institutions and services:** *the organizations we interact with, the services available to us and our experience of them*
- **Community:** *our social groups, those who live in a similar geographic area or share some characteristics or interests with us*
- **Family and friends:** *the people who we interact with on a regular basis*
- **Individual:** *our own cognitive experience and perceptions*



Socio-ecological model (SEM)

1 <https://tci.cornell.edu/?blog=ending-open-defecation-my-sanitation-story>

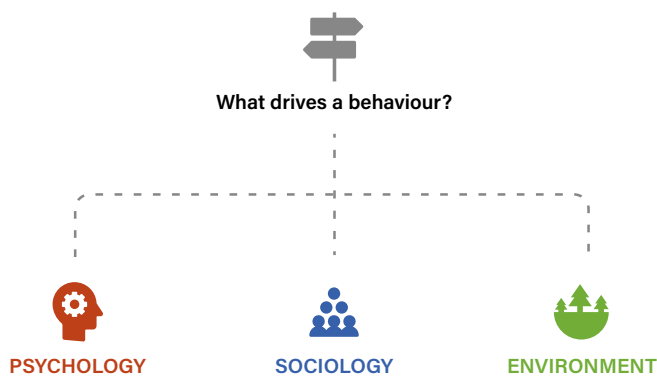
The SEM provides an individual, social and systemic lens through which to ensure that all research, strategies and programmes account for these key levels of influence.

## Behavioural drivers model (BDM)

While the SEM outlines the broader structures that influence behaviour change, it doesn't articulate the specific dynamics at each level. The model does not include the cognitive and social mechanisms that influence us and the specific theories that can be used to drive change. However, there are a number of behavioural models that do. One study identifies over 82 models of behaviour change, focusing solely on the individual.<sup>2</sup> Other behavioural models and theories unpack community-level dynamics, examining the role of social norms and social networks. Behavioural Economics offers various models, heuristics and biases to explain psychological and environmental levers of change. Sectoral disciplines like healthcare draw on models of risk and cost benefit.

The Behavioural Drivers Model aggregates many of these different models to group three important levers of change:

- Psychological
- Social
- Environmental



**Psychological:** this category examines the demographic and social characteristics that make people unique. This includes the beliefs, intentions, perceptions and biases that influence decision-making.

PSYCHOLOGY	COGNITIVE BIASES	This information on my brain is willing to consider.	
	INTEREST	What I want; how appealing change is.	
	ATTITUDE	My opinion about a behaviour; how I feel about it.	
	SELF-EFFICACY	What I think I can do.	
	INTENT	What I plan on doing; what I am ready for.	
	LIMITED RATIONALITY	The reason why I don't do what I should	
	PERSONAL CHARACTERISTICS	Who I am.	

**Social:** this category explores the notion that people are never fully autonomous, by unpacking the effects of social influence and norms. People are heavily influenced by and concerned about the opinions and actions of others. Positive and negative social norms can play a huge role in personal decision-making.

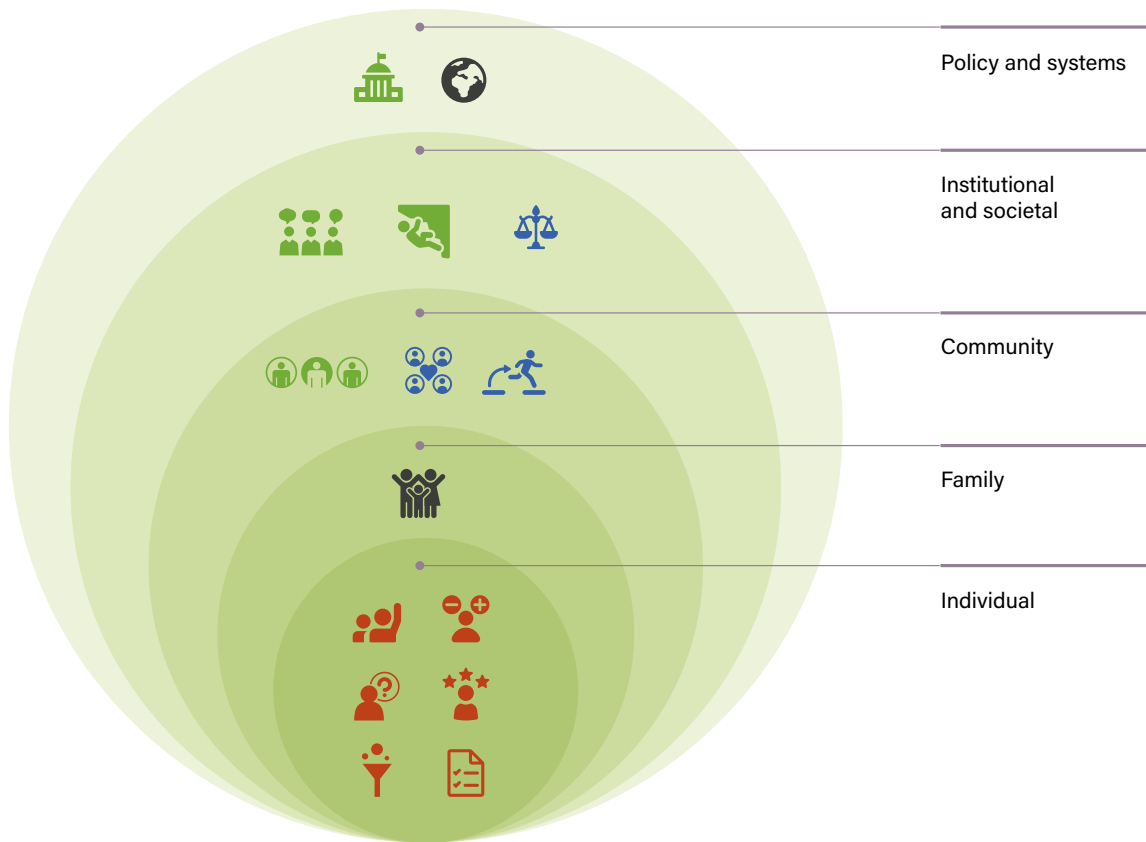
SOCIOLOGY	SOCIAL INFLUENCE	How others affect what I think, feel and do.	
	COMMUNITY DYNAMIC	The group's collective capacity to change.	
	META-NORMS	What defines and maintains the stratification, roles and power a society.	

**Environmental:** this category unpacks the wide range of influences that exist in the space around us. What people hear in public and private discourse can reinforce or challenge what they think. New and emerging viewpoints can be catalysts for alternative ideas. Governments, policies and services can also encourage or discourage certain choices. All of these elements make up the context in which people live and form behaviours.

ENVIRONMENT	COMMUNICATION ENVIRONMENT	The information and opinions I can be exposed to.	
	SOCIAL INFLUENCE	Those who don't think or behave like the majority; new things out there.	
	COMMUNITY DYNAMIC	How institutions influence what I do.	
	META-NORMS	Concrete things that prevent me from acting.	
	CONTEXT	The context in which I live.	

<sup>2</sup> Davis R, Campbell R, Hildon Z, Hobbs L, Michie S. Theories of behaviour and behaviour change across the social and behavioural sciences: a scoping review. Health Psychol Rev. 2015;9(3):323-44. doi: 10.1080/17437199.2014.941722. Epub 2014 Aug 8. PMID: 25104107; PMCID: PMC4566873. <https://pubmed.ncbi.nlm.nih.gov/25104107/>

It is important to emphasize that the Behavioural Drivers Model and its components are ecological in nature. The factors depicted in the BDM can be spread across the various levels of the SEM.



# Understanding human behaviour

Behavioural models like the SEM and the BDM explained above are helpful tools for structuring your research. They can help you identify missing gaps in your data landscape, organize your behavioural analysis and pinpoint where investments can have the most impact.

While there are hundreds of models to choose from, many have been generalized to apply to most topics and challenges (for example, the COM-B model mentioned below). Because of this, models need to be adapted to suit your situation. With whatever model you choose for the challenge you face it is vital to test it with real evidence from your context to adjust your assumptions. By doing so, you can ensure the strongest outcome for your unique scenario.

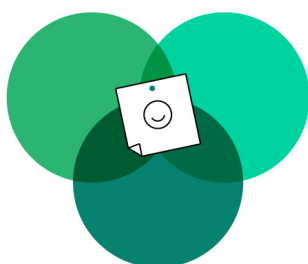
Human behaviour is complicated. To effectively address behavioural challenges, you need to combine tools and insights from an array of disciplines. Collaborating with people and communities throughout the change process is one of many core principles that are critical to ensuring that SBC is as effective as possible.

Below is a list of disciplines you can draw upon to help you understand – and solve – complex behavioural challenges. This list is not exhaustive and should be expanded to suit your need and the evolving nature of the discipline.

Discipline	What it can bring to SBC	Limitations
Psychology	An understanding of the mind and our mental and cognitive processes (referred to as individual drivers of behaviours above).	May not consider the broader environmental or social context.
Social Psychology	An understanding of how human cognitive processes, decisions and behaviour are influenced by social interactions.	Specific to local context.
Anthropology	An approach to research from the perspective of someone within the social group, also known as emic research (its compliment, etic research, considers the perspective of the observer). This approach focuses on holistic life experience, offering social, cultural, and linguistic insights.	Can be time consuming and researchers bring their own particular viewpoints and interpretations.



Discipline	What it can bring to SBC	Limitations
Sociology	A way to analyse human societies, including social groups, social relations, social organizations and institutions. Although sociologists study what are commonly regarded as social problems such as violence, drug addiction and poverty, they also examine fundamental social processes present in any society: social hierarchy, social networks, social change, conflicts and inequality.	Deals with phenomena which are observed but often cannot be tested through experimentation.
Political Science	An understanding of institutions, policies, practices and relations that govern public life. Political science can also bring important insights about power: how it is acquired and retained in society, and how it can achieve or erode equity and trust.	Focuses primarily on structures, not necessarily people. It can sometimes be overly theoretical unless combined with contemporary history, political analysis and real-world application of policies.
Communications	Key insights into the patterns of interpersonal relationships and how people interact. It also explains the existence, use and effects of different forms of communications (including media) in different social and cultural contexts.	Often mistaken as a tactic to influence people rather than as a field of science.
Behavioural Economics	Theories that shed light on actual human behaviour, which has been proven to be less rational, consistent and selfish than what traditional normative theory suggests. It places a large emphasis on shifting behaviour through structural and contextual changes, as well as small changes that target psychological levers.	The field is undergoing a replication crisis. Many of the experiments that lay the foundation for its theories have recently been called into question for either failing to replicate or for being overly-reliant on samples from Western, Educated, Industrialized, Rich and Democratic (WEIRD) countries. This <a href="#">panel discussion</a> from the UK's Behavioural Insights Team can provide further context.
Public Health	A unique tradition of frameworks and models to SBC that can be adapted to other sectors: frameworks like the Health Belief Model and COM-B that explain risk and risk perception, cost-benefit calculations, severity and susceptibility, motivation, etc. Public health brings an important approach to all technical areas that UNICEF works within (Education, WASH, Child Protection, Social Policy, Health and Nutrition, etc.) that each have their own body of knowledge.	The Health Belief Model (HBM), one of the foundational and most commonly cited models in Public Health, is critiqued for being overly simplistic and theoretical, as it assumes people make calculated, rational decisions based on facts presented to them. Behavioural Economics theories can complement the HBM to better integrate and predict real-world behaviour.
Gender Studies	An understanding of gender as a significant factor in familial, social, and economic roles. It helps us identify gender-specific norms and power imbalances that affect decision-making. It also helps us understand the ways gender intersects with other identity markers such as ethnicity, sexuality and class.	Using scientific insights about gender might require careful framing to avoid being dismissed or challenged in conservative and patriarchal contexts.



# Core SBC Principles

A systems-oriented, human rights-based, people-centred approach

**This Programme Guidance explains the various approaches and provides the necessary tools to help you design SBC initiatives for complex development and humanitarian challenges.**

However, creating effective, sustainable, and equitable SBC programming requires much more than a simple understanding of these tools and approaches. To deliver quality SBC, we need to adopt a fundamental mindset. Here, we outline the core principles of UNICEF's mindset for designing SBC programmes that are human rights-based, people-centred and systems-oriented.

## Core principles

Our approach is **human rights-based**. The core goal of all UNICEF programmes is to uphold the rights of all children. Strategies should aim to realize the rights of those who are most marginalized, excluded or discriminated against.

Our approach is **people-centred**. People's rights, desires and needs should be placed at the centre of all policies and programmes. People should have a say in their own development. All UNICEF initiatives should be community-led and geared towards enhancing community self-reliance, social justice and participatory decision-making. Community-led development is how we respect and support communities in the process and outcomes of our work.

Our approach is **systems-oriented**. SBC programmes must tackle each challenge holistically. When designing policies and programmes, we must consider the complex relationships between people, services, norms and institutions within a broader community structure, and how each element within the larger system might support or hinder the achievement of our objectives.

## Realizing the rights of all people: A human rights-based approach to SBC

For over two decades, UN agencies have been working towards a human rights-based approach to programming that focuses on realizing the rights of those who are most underserved and marginalized, and seeking to restore and recognize the dignity of these individuals. This approach often requires a detailed analysis of societal and gender norms, discrimination and power imbalances, as well as a reinforcement of the capacities of duty-bearers (usually governments) to respect, protect and guarantee rights.

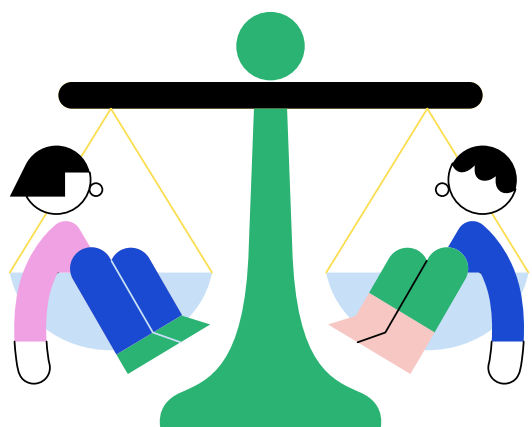
### The core principles of a human rights-based approach include:

**Rights fulfilment:** Programmes uphold the realization of human rights as the fundamental goal of development and focus primarily on restoring the rights of marginalized and excluded groups.

**Local participation and ownership:** The development process is owned by communities through participation in the development process, and community ownership is both a means and an explicit goal.

**Empowerment:** People are recognized as key actors in their own development. Strategies actively seek to empower them.

**Evidence:** Rigorous research is used to both understand challenges and to monitor and evaluate outcomes. All measurable goals, targets, and indicators throughout the programming are formulated based on human rights standards.



## Putting people at the centre: A people-centred approach to SBC

It seems obvious that people's needs and desires should be central to programme design. However, development initiatives are too often conceived far away from the communities they aim to serve.

### The fundamental principles of a people-centred approach include:

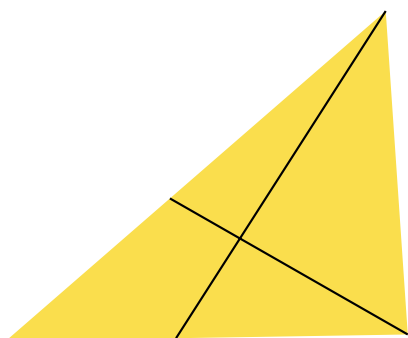
**Participation:** When people get to be agents and leaders in their own development, policies and programmes better reflect the needs and values of the societies they intend to serve. Participatory processes promote self-sufficiency and seek justice by focusing on community perspectives over Western perspectives that could further perpetuate inequitable systems. By collaborating with target groups, we can get a better sense of how one's experiences, priorities, hopes, fears and motivations are shaped by their social, structural and cultural context. Participatory processes, when carried out properly, can also help to prioritize underserved populations, challenge systems of dominance and contribute to intersectional social justice.

**Sustainability:** Shortsighted development initiatives can lead to natural resource depletion and unsustainable economic practices. Ensuring that communities have a say in their development leads to economic self-reliance and more sustainable communities and ecosystems.

**Proper techniques:** Principles mean nothing without action. The human-centred design methodology provides an efficient and effective way to place people at the heart

of the design process. Feedback and accountability mechanisms and community engagement processes are also essential to a people-centred practice.

They fail to meaningfully involve individuals as agents of change in their own communities. Thus, the programmes we try to 'create demand' for are often programmes that have not been designed to meet the needs of community members. By taking a people-centred approach, we can work with communities to ensure that policies align with their lived realities. This eliminates the additional steps to "ensure compliance" with interventions and "build trust" with communities because these elements are inherent to a people-centred process. By partnering with civil society institutions, we can make communities feel included in the decisions that impact their lives.



## Considering the system as a whole: A systems thinking approach to SBC

A systems approach encourages programme designers to focus on the interconnectedness of elements within a system. Systems, in our case, could refer to a health system, an education system, or even an entire society. Within these systems there are people, processes, services, institutions, norms and laws. A systems thinking approach is especially critical when tackling complex or wicked problems like climate change, health equity and persistent poverty.

A systems thinking approach forces us to think about the impact of our actions. If we introduce a new service or influence an element of the systems, how will it affect the people we intend to serve? How will it affect others within the community? What are the unintended consequences of our actions? How might each element of the system (laws, social norms, services, relationships) support or limit our objectives and intended impact?



### The key principles of systems thinking include:

**Interconnectedness:** All elements within a system — people, institutions, services — are connected to one another. To carry out large-scale Social and Behaviour Change, we must consider the impact of our programmes on every actor within the system.

**Synthesis:** We must seek to understand all of the elements that create and further complicate social and development challenges as dynamic, interdependent factors. Understanding these factors as deeply intertwined rather than isolated and discrete may require them to be tackled together.

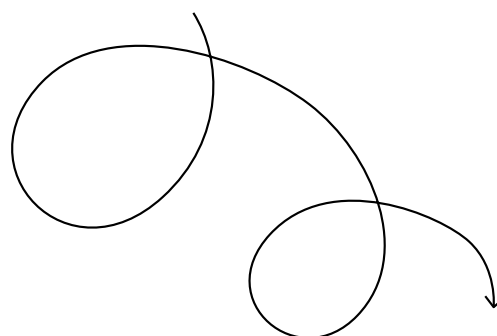
**Emergence:** A systems thinking approach requires us to understand and describe development outcomes as a cumulative result of changing relationships, systems strengthening, and social and environmental change.

**Feedback loops:** Elements within a system are interconnected in ways that may reinforce one another. This creates feedback loops that we can observe, learn from and ultimately influence.

**Causality:** A systems thinking approach sheds light on the causes and effects within a dynamic and evolving system. For each action we take as development practitioners, we must consider not only the immediate, proximal results of that action, but also the future actions it will inspire — otherwise, we risk a plethora of unintended consequences.

## Putting it all together

Distinct but overlapping, these three approaches form the basis of UNICEF's mindset for Social and Behaviour Change. In all programmes, we seek to dignify people by placing their rights and needs above all else. We involve people as agents of change rather than passive recipients of services or commodities. We consider the complex, interconnected and dynamic socio-ecological



When conceptualizing policies and programmes ...	When designing activities ...	When evaluating impact ...
<ul style="list-style-type: none"> <li>Involve communities in the identification and prioritization of social and behavioural challenges</li> <li>Design all aspects of the implementation to be community-led, inclusive and participatory</li> <li>Ensure that government actors and agencies are positioned as duty-bearers, who exist to support community needs, rather than as the sole decision-makers. Allocate sufficient time and resources to understanding the broader system of contextual drivers and barriers to Social and Behavioural Change</li> <li>Incorporate monitoring and accountability systems to ensure that policies and programmes do not reinforce inequitable power structures</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that all activities empower and give agency to the communities and individuals involved</li> <li>Co-design solutions with communities; ask for input early and often from a diverse range of voices</li> <li>Prioritize the needs of the most marginalized voices within society</li> <li>Consider participation and agency as valid outcomes of activities</li> <li>Aim to build the capacity of local actors to lead the design and implementation process, when possible</li> </ul>	<ul style="list-style-type: none"> <li>Include agency and empowerment as key outcomes, focusing on underserved populations</li> <li>Measure systemic and downstream changes as a result of programmes</li> <li>Seek to capture and report any unintended or negative consequences in a transparent manner</li> <li>Ensure widespread dissemination of results to all stakeholders (both governments and community structures)</li> <li>Use qualitative research and storytelling methods to build a deep understanding of the 'why' behind any results</li> </ul>

contexts in which people live, including the relationships between people and systems of power or influence. By upholding these principles, we can design programmes that effectively address challenges and build upon existing opportunities holistically.

Development (Aspalter, 2006)

- IDEO Design Thinking
- Human-Centred Design: Accelerating results for every child by design (UNICEF, 2016)

## Putting it into practice

The table above outlines a few actions to keep in mind when conceptualizing policies and programmes, designing activities and evaluating impact, to ensure that all UNICEF SBC initiatives are rights-based, people-centred and systems-oriented.

## Systems thinking

- A Definition of Systems Thinking: A Systems Approach (Arnold & Wade, 2015)
- Tools for Systems Thinkers: The 6 Fundamental Concepts of Systems Thinking (Acaroglu, 2016)

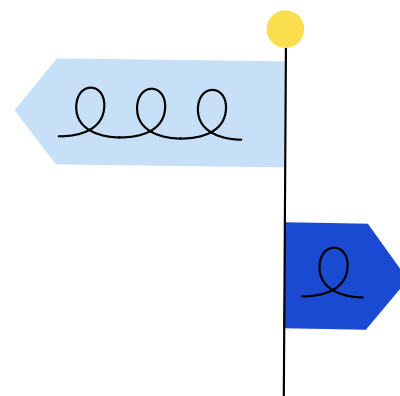
## Sources:

### Human rights-based approach

- The Human-Rights Based Approach (UNFPA)
- Minimum quality standards and indicators in community engagement (UNICEF)

### People-centred approach

- Towards a More People-Centred Paradigm in Social

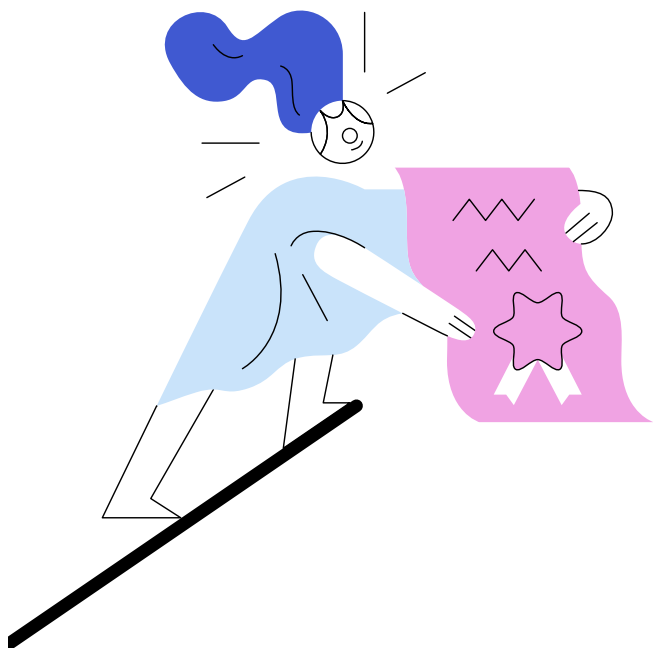




# Understand **SBC programmatic approaches**



served families, enforce local governance to empower communities through decision-making roles and establish frameworks to generate data and evidence in support of action planning. Such policies can also keep public officials and departments accountable to the people through laws that regulate public expenditure and key sectors like water and sanitation, environmental health, road safety, tobacco control and food safety.



## How can Supportive Public Policies be achieved?

In practice, supportive public policies can be achieved by:

**Directly engaging policy-makers.** Institutional advocacy can lead to political commitment to change laws, systems and policies that align with the child and human rights agenda, as well as the allocation of resources and support to implement and monitor these changes.

**Facilitating citizen and community participation.** By implementing tools like public hearings and debates, radio forums, online interactive platforms, citizen engagement and community consultation mechanisms, community members (including children and young people) can be meaningfully involved in the decisions that affect their lives. Engagement at the local, subnational and national level will help to ensure that the needs, interests and concerns of community members influence the development, implementation and evaluation of public policies.

**Ensuring accountability of authorities (duty-bearers) to citizens (right-holders) at all levels of the system.** Examples of accountability mechanisms include transparent information systems, contractual and partnership arrangements, community feedback processes, and media, influential networks or coalitions. These mechanisms can foster feedback loops and ensure decision-makers are transparent about the reasons behind their decisions and held accountable for delivering on them.

**Improving equity of local governance.** More equitable governance can be achieved by generating geographically and socially disaggregated data on how children in various communities are faring in terms of health, education, social protection and other key areas. Governments can use that data to allocate funding to benefit the children most in need.

**Developing behaviourally-informed public policies.** By developing information systems that collect and analyse social and behavioural data, we can advocate for the use of social and behavioural insights to inform policies, programmes and services.

### Social and behavioural objectives

Influencing the regulatory environment to support social and individual behaviour change can help attain various objectives:

- The adjustment of government priorities
- Changes to national processes, administrative procedures and systems, guidelines, policies, strategies and programmes
- The re-allocation of resources and funding to priority areas and activities
- Increased public awareness and advocacy for programme priorities and initiatives
- Increased social accountability
- Increased citizen participation in local governance decisions
- Increased social cohesion



## The limits of Supportive Public Policies

The development and implementation of Supportive Public Policies is fully dependent on the authorities in place. Depending on the government(s) in power, national and subnational priorities and views may shift to be less supportive of policies that facilitate positive change. Similarly, such policies may be difficult to achieve in countries where leadership is not clearly defined (e.g., in periods of internal conflict or after a political coup).

Supportive Public Policies cannot drive Social and Behaviour Change alone. Regulations need to align with ongoing work driving Social and Behaviour Change. Without this alignment, a change in public policy can have adverse effects, such as driving harmful practices underground. For example, passing a law that criminalizes a certain behaviour, such as marital rape or child marriage, may not reduce the practice but rather, cause it to disappear from sight. Without engaging communities to incite change at the local level, punitive policies can make certain behaviours even more difficult to detect or to provide relevant care and services.

## Case studies and examples

**UKRAINE:** UNICEF's Child Friendly Cities Initiative resulted in participating municipalities budgeting 50 million USD for child-related activities.

**MONGOLIA:** UNICEF's Child Friendly Community strategy resulted in priority issues for children being integrated in Khuvsgul province's mid-term development plan. This plan included the creation of children's councils in 18 out of 24 soums in Khuvsgul province to enable the prioritization of children's issues in decision-making.

**GHANA:** A comparative assessment index developed through a partnership between UNICEF Ghana, the Ghana Centre for Democratic Development, the University of Ghana, the Ministry of Local Government and Rural Development and the Office of the Head of Local Government Service informed both district-level and national policy dialogue and decision-making.

**NEPAL:** The Nepalese government declared public hearings mandatory for all local bodies and included public hearings in the government's service guidelines.

**THE DRC:** The use of social accountability community scorecards in Tuungane resulted in better government

service delivery due to increased involvement of health and education user committees in the management of services, improvements in staff attendance and technical capacities and a reduction in barriers to accessing services.

**BURKINA FASO:** UNICEF supported the development of a Public Expenditure Tracking Survey (PETS) in the education sector, which resulted in the strengthening of local authority capacities and citizen participation, showing positive effects on the quality of public financial management and supplies, materials and infrastructure for the primary education sector.

**VIET NAM:** A multisectoral National Traffic Safety Committee established in 1997 led the development, implementation and monitoring of a motorcycle helmet law in 2007, resulting in a significant increase in helmet usage and decrease in road traffic deaths.

**FIJI:** As part of its commitment to the WHO Framework Convention on Tobacco Control, Fiji amended its tobacco control laws in 2010 and 2012, establishing a tobacco control enforcement unit. This unit has helped to eliminate the illicit trade of tobacco and increase the capacity of nurses and other health staff to implement tobacco cessation interventions in primary health-care centres.

**PAPUA NEW GUINEA:** After ratifying the Beijing Platform for Action, the government was obliged to normalize gender perspectives through its policies and programmes, resulting in the adoption of a health sector gender policy in 2013.

## Key principles

1. **Advocate for public policies that protect the rights of children.** UNICEF and other key stakeholders must advocate for national and local laws to be passed that support children in reaching their full potential. This starts with making sure their basic needs are being met. Policies should support Social and Behaviour Change interventions on the ground that will service these goals, such as policies around inclusion of girls in the classroom as well as the promotion of maternity and paternity leave.

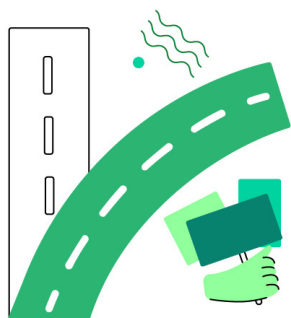
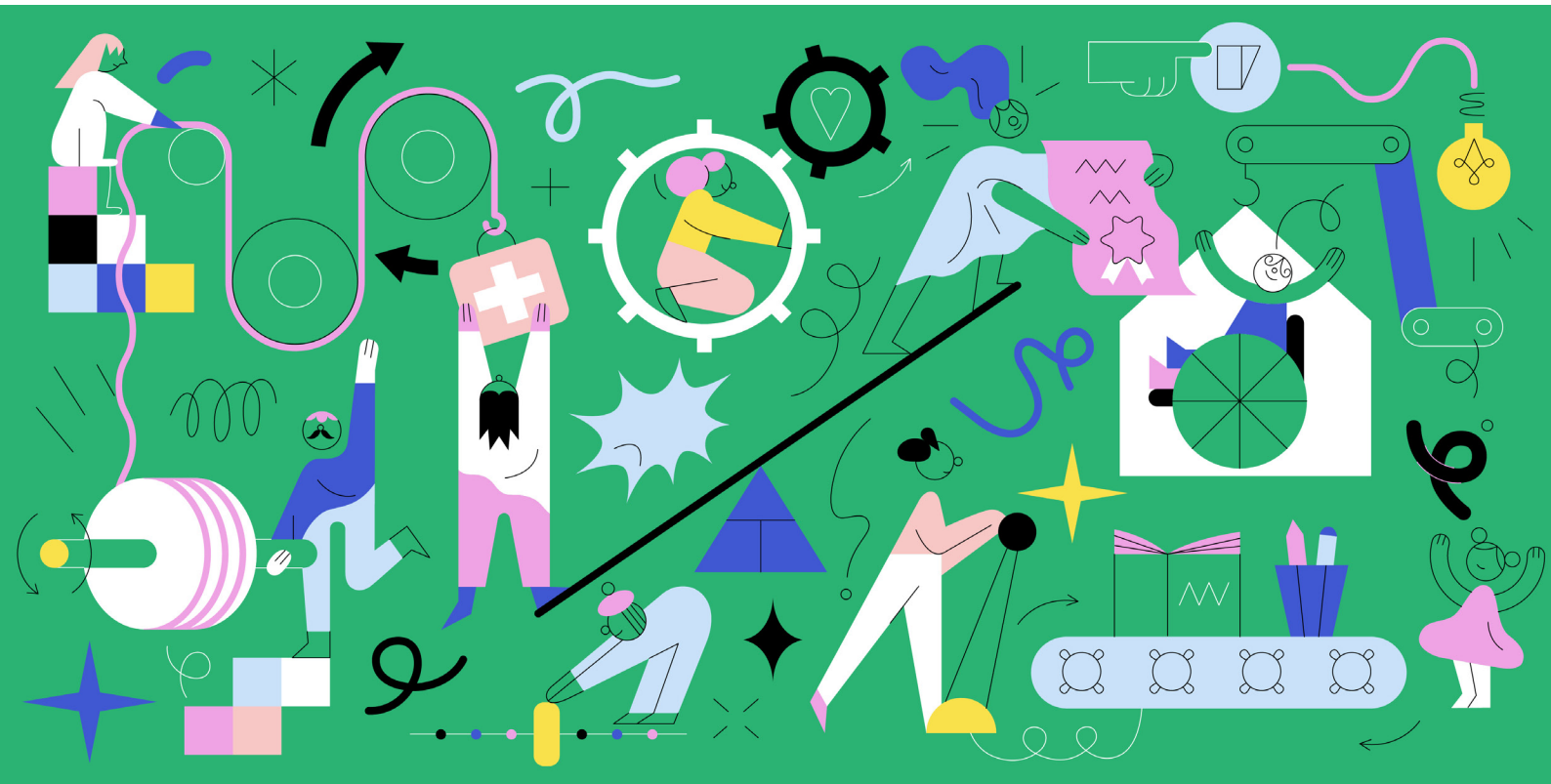


2. **Shape Supportive Public Policies by understanding how national decisions are made.** UNICEF and other key stakeholders that undertake activities with the goal of influencing policy decisions must have an adequate understanding of how these decisions are made. Being knowledgeable about the national government, its regulatory processes, and what existing policies are effectively supporting SBC objectives is vital to advocating for more Supportive Public Policies.
3. **Empower civil society and communities to influence decision-making and hold governments accountable.** UNICEF and other key stakeholders can generate interest and build capacity of governments to solicit community perspectives in their decision-making processes. Providing tools and mechanisms for communities to contribute can empower individuals to partake in local governance and hold public entities accountable.
4. **Provide local governments with the resources to generate local data and advocate for local priorities with the central government.** UNICEF and other key stakeholders can provide training support to local governments on data collection methodologies and tools. Collecting local data makes it easier to identify local priorities and advocate for them at the national level.

## More information

- [UNICEF Local Governance Programming Guidance](#)
- [UNICEF's Child Friendly Cities Initiative](#)
- [The ASK Approach to advocacy](#)
- [Child-focused Public Expenditure Measurement: A Compendium of Country Initiatives](#)
- [Child Participation in Local Governance: A UNICEF Guidance Note](#)
- [Getting Started with Policy Co-Design by The British Council](#)
- Policy briefs on local governance and public finance:
  - [Cover Note](#)
  - [Improving Budget Performance](#)
  - [Putting Data to Work for Children](#)
  - [Budget Transparency](#)
  - [Upgrading Public Finance Management Capacity](#)





## Social Movements

Supporting and nurturing social change processes

### What are social movements, and why are they important?

Social movements are joint efforts by citizens, groups and communities bound by similar goals who organize themselves to act and overcome their condition, tackle social issues together or resist domination. Social movements represent more intense and visible moments in a continuous social change process: the pace accelerates and the scale increases as the initial group generates more debates and rallies more people, in a snowball effect nurtured by activism, dialogue, networking, mobilization, media engagement and action.

Social movements are the core of social change. Famous historical efforts include the US civil rights movement, the women's suffrage movement, the anti-apartheid movement, gay rights and broader LGBTQ movements, decolonization movements, the Arab Spring, Black Lives Matter, Global Citizen and the MeToo movement. And beyond these global and national processes, subnational and local movements form and evolve constantly.

In the cooperation industry, Community Engagement is frequently conceived as a deliberate effort which originates from duty bearers. It often relates to specific initiatives put in place and led by development organizations and public governance bodies. Social movements, in contrast, emerge and grow organically from people's experiences and principles. They often start from shifts in belief systems, unnoticed until a tipping point is reached or an event triggers the movement. They are fundamentally grassroots and aim at systemic change, embodying self-determination, empowerment and people being agents of their own change.

The way our institutions react and respond to these forms of collective action affects their success. It is critical to understand these social phenomena and find ways to work alongside and nurture them, without misrepresenting or co-opting them. This is a thin line to walk. UNICEF, for example, needs to support spontaneous youth activism on climate change, as this movement is critical to creating an environment in which change becomes possible; but the process should remain youth-led.

## Social movements 101

### Driving forces and voice

The underlying causes of social movements are often grievances linked to inequalities, injustice and power differentials. The mobilization aims to challenge institutions, systems or social rules.

At the heart of social movements is the idea of expression of those who are disenfranchised. Participation and engagement are ways for people to make their voices heard and bring their own positions in society and experience of life to the forefront of public debate.

### Trigger and take-off

The driving forces might be at play for years, but there is often an event which precipitates the action and the change. The so-called Arab Spring started with a Tunisian street vendor who set himself on fire. #MeToo began with the revelations about Harvey Weinstein and Alyssa Milano popularizing the hashtag and subsequent movement. Rosa Parks helped initiate the civil rights movement when she refused a white man her seat on a bus. Shootings at Sharpeville were a turning point of the anti-apartheid movement.

To get off the ground, social movements also need a set of early actions to rally people, inspire and spread the vision (for example, see [this report from the Nesta foundation on social movements for health](#)). This includes effective messaging; early collective action; and leveraging initial leaders, members and resources to grow.

### Leaders

Social movements can be driven by key actors, both existing figures (such as Mahatma Gandhi) and previously anonymous people who become influential (such as Greta Thunberg and Malala Yousafzai). They usually carry personal stories that connect them to the movement and rise to the moment, building on their actions, skills and capacity to persuade others to join. Their role can take several forms, and as identifiable members of the movements they often act as spokespeople, formulating meaning ('sense-making'), telling stories, articulating demands, representing, advocating and negotiating on behalf of many. This type of leadership usually emerges organically, given the voluntary, dynamic and self-governing nature of these efforts.

## Networks and spill-over

Social networks are the architecture and the grid on which social movements are built. Action emerges in groups where people are interconnected and share similar characteristics, activities and world views. Information and engagement spread when these clusters manage to connect through a bridge to other clusters (communities, social groups, etc) where ties are also close. Through these mechanisms, the existing organized movements can drive mass mobilization and grow larger and stronger – the spill-over effect. Communication is at the core of this process (see [this issue of the Journal of Communication](#) dedicated to communicative dimensions of social movements).

The network of influences in and around social movements is complex and not limited to direct participants, often involving formal and informal relationships and interactions with institutions and various segments of society.

## Social media

The nature of social movements has evolved as the proliferation of the Internet has provided the possibility to overcome gatekeepers and censorship from those controlling the traditional media and communication space. The Internet is used to both mobilize movement members and reach out to new activists. In recent years, movements in various countries (such as Iran's Green Movement) have used Facebook and Twitter to organize and disseminate information on protests, bypass state regulations and restrictions, coordinate meetings and petitions and even mobilize resources. Social media has also been used to bring international attention to local issues, such as repression and imprisonment of political opponents or journalists.

This capacity to communicate quickly with digital tools and overcome geographical and institutional boundaries can help social change efforts spread rapidly with less control from elites, creating online movements with higher spill-over potential. Technology also allows every equipped citizen to become an active creator of communication content, rather than simply a consumer.

## Local versus global

These global and national examples help us quickly understand what social movements are, but similar social change processes are happening at neighbourhood, community and subnational levels all across the world. The people most affected by specific issues are gathering, organizing and acting for change; seeking to correct inequities in local governance and investments; working for gender and ethnic diversity among elected officials; halting the destruction of fragile

local habitats; seeking improvements in local schools, transit systems, housing and living conditions; seeking to reverse the local manifestations of discrimination; seeking higher healthcare provisions and standards; and so much more. These local efforts are essential to making progress towards local, national and global development goals.

## Key principles

Social movements:

- **Emergence and growth organically from people** – their experiences and principles
- **Focus on challenging and changing the existing norms**, beliefs, institutions or systems that people perceive as working against their collective interests
- **Nurture**, coalesce and grow a diverse set of voices and experiences through dialogue and networking
- **Nurture**, coalesce and grow a diverse set of linked collective actions
- **Seek to create and expand a set of collective actions** focused on the social and policy changes that the people engaged in the movement regard as a priority

## What is the role of development institutions?

Social movements are one of the many ways in which social change can happen. Zooming into downstream levels, the line between a local social movement and other community change processes gets blurry. In both cases, success relies on people being collective actors for the change they identify, agree on and want.

Social change is a long-term process, and development institutions can't create social movements. But we can work with partners to understand and nurture the movements that exist and to strengthen the role people themselves can and do play in the creation of a better society, to increase the potential for more endogenous action to emerge.

- Development organizations can nurture social change and social movements by strengthening community and civil society systems, empowering local stakeholders and building capacity to respond at local level to the needs of change: see these tools on [community networks](#), [capacity building of CSOs](#), [accountability systems](#) and the broader principles and tools of [community engagement](#).

- Development organizations can also help expand the network of those who can join the movement, rallying more people and supporting coalitions towards the common goal. Additional voices, experiences, skills and supporters can enrich the effort and increase its potential. For help in engaging the right people, see the [social mobilization tool](#).
- Institutions can also leverage a large set of strategies to create conspicuous and purposeful alignment between their actions and the objectives of social actors, while leaving the movement towards change to be activist-led. This includes opening spaces for dialogue and sparking public debate and conversations in order to place issues in the public domain for consideration and action, and eventually policy change. It also includes influencing the communication environment, marketing and entertainment industries so that they don't reinforce negative stereotypes and systems of domination. See the [campaigning](#), [partnering with media](#), [partnering with the private sector](#) and [edutainment tools](#), as well as the [public policy advocacy approach](#).
- Without stealing the spotlight from grassroots movements, organizations can support the crafting of engaging narratives and messages that speak to the interests and motivations of specific audiences, to create a sense of urgency and reach beyond the existing scope of a movement. See the [storytelling tool](#) for technical guidance.

## Objectives

- Facilitate a process of engagement of citizens, communities and organizations in social change
- Facilitate conversation, dialogue and debate on key development issues, from the local to the national level
- Amplify the voices, analysis and ideas of those most affected
- Play a support and enhancement role for emerging social movements
- Help to build networks of people with shared concerns, including by connecting groups and clusters to increase collective power
- Offer accurate information on the development and rights issues in question
- Support policy and systems change

## When social movements are not the best approach

Even though supporting people in claiming their rights is a clear objective for development and humanitarian organizations like UNICEF, it remains fundamental to not endanger them. In many contexts across the world, activism can lead to dramatic and, at times, deadly repression. It is the duty of institutions like UNICEF to pursue the fulfilment of rights while ensuring the safety of people and communities. Organizations also need to ask themselves how much their support for certain social movements can reinforce lines of tension within society and across groups, bringing people closer to danger. The best way to anticipate and avoid these pitfalls is by investing in deep analysis, understanding and critical reflection around societies and their power dynamics.

The grassroots nature of a social movement doesn't make it positive by default. The White Power movement, the anti-vax movement, anti-gay movements across the world and the many efforts opposing migrants and other minorities share all the characteristics of social movements but go against the achievement of rights and pursuit of social justice. These can strongly test institutions, requiring them to clarify their position and take a stand.

Finally, even though the Internet and social media have enabled more movements to originate online, the absence of cooperation and collective action in real life or the lack of trusted leaders able to represent and negotiate on a group's behalf can mean that efforts hit a wall and dissolve without achieving tangible change.

## Case studies and examples

**KENYA** Social Movements and SBCC: Tapping into the Strengths of Movements to End FGM: Donors, organizations, and activists in Kenya helped pass the Prohibition of FGM Act/Anti FGM Act in 2011, which criminalized FGM and created an oversight and coordination board engaging and amplifying the voices of survivors of FGM in the anti FGM movement

**UNITED STATES** How ACT-UP changed America: A brief history of the HIV-AIDS grassroots mobilization and fight for rights and equal access to treatment for all in the US

**GLOBAL** Scaling social movements through social media: The case of Black Lives Matter

**SPAIN** Communication Activism as a School of Politics: Lessons from Spain's Indignados Movement: Ethnographic research examining some key communication activism practices

**UNITED STATES** No Fracking Way!: The role played by the documentary *Gasland* in rallying opposition to fracking

**US** The Social-Psychological Origins of the Montgomery Bus Boycott: Social Interaction and Humiliation in the Emergence of Social Movements: On triggering factors and causes behind movements and momentum

**CHINA** Wild Public Networks and Affective Movements in China: Environmental Activism, Social Media, and Protest in Maoming: Contemporary environmental protests in Maoming, China

**GLOBAL** Activist Strategic Communication for Social Change: A Transnational Case Study of Lesbian, Gay, Bisexual, and Transgender Activism: A demonstration of how activists function as cultural intermediaries to (re) produce and challenge cultural meaning

## More information

- [We change the world](#)
- [The 3.5% rule: How a small minority can change the world](#)
- [How 'Good' Social Movements Can Triumph over 'Bad' Ones](#)
- [Social Movement Studies journal](#)
- [The psychology of online activism and social movements: Relations between online and offline collective action](#)
- [Culture, Power and Institutions: A Multi-Institutional Politics Approach to Social Movements](#)
- [Assessing the Explanatory Power of Social Movement Theories across the Life Course of the Civil Rights Movement](#)



System component	Example actions		
	Policy	Service	Community
<b>Build the capacity of human resources</b>	<ul style="list-style-type: none"> <li>Improve, implement and maintain HR competency frameworks and capacity development mechanisms</li> <li>Develop performance monitoring systems for core SBC skills</li> </ul>	<ul style="list-style-type: none"> <li>Update recruitment practices, such as job TORs, to include core SBC skills</li> <li>Develop training plans, manuals and tools to build SBC capacity in HR</li> </ul>	<ul style="list-style-type: none"> <li>Build a social service workforce and hire community workers who reflect community diversity and culture</li> <li>Provide supervision and incentives to empower community workers, such as opportunities for recognition</li> <li>Tailor capacity-building programmes for civil society partners</li> </ul>
<b>Ensure high-quality, people-centred service delivery</b>	<ul style="list-style-type: none"> <li>Strengthen or build partnerships that can mobilize a broad range of civil society stakeholders</li> <li>Develop public policies that work to engage people and communities in service design, management and improvement</li> </ul>	<ul style="list-style-type: none"> <li>Create <u>feedback and social accountability mechanisms</u> for sub-regional, district, community, and village services</li> <li>Increase community participation in decision-making</li> <li>Develop coordination mechanisms across and between sectors</li> </ul>	<ul style="list-style-type: none"> <li>Improve the skills of frontline workers to support better supply of social services, increasing the demand for such services</li> <li>Empower Individuals, families and communities to engage with service design and delivery mechanisms</li> </ul>
<b>Build or maintain transparent information systems and technologies</b>	<ul style="list-style-type: none"> <li>Develop and maintain publicly accessible and transparent information systems to hold decision-makers accountable</li> <li>Develop motivations and incentives for transparent Monitoring and Evaluation (M&amp;E)</li> <li>Ensure information flows are interoperable</li> <li>Advocate for the collection and use of social and behavioural data in information systems</li> </ul>	<ul style="list-style-type: none"> <li>Improve capacity of HR to collect and use social and behavioural data</li> <li>Ensure human resource capacity for evidence-based planning, budgeting, supervision and monitoring of priority interventions</li> <li>Integrate data collection, analysis and utilization approaches / systems into project design, planning and implementation</li> </ul>	<ul style="list-style-type: none"> <li>Develop community monitoring mechanisms</li> <li>Ensure that feedback loops benefit communities</li> </ul>
<b>Strengthen supportive institutions, governance and leadership</b>	<ul style="list-style-type: none"> <li>Hire SBC specialists to join central-level teams</li> <li>Implement 'Leadership for SBC' into regular training for policy-makers and programme managers</li> <li>Develop budget lines for SBC</li> <li>Create behavioural insights units to support and guide the government</li> </ul>	<ul style="list-style-type: none"> <li>Hire SBC specialists (sociologists, anthropologists) to join sub-regional-level teams</li> <li>Create multidisciplinary teams</li> <li>Establish alliances of SBC professionals to serve as advisory bodies, to support the core team</li> </ul>	



System component	Example actions		
	Policy	Service	Community
<b>Support system financing</b>	<ul style="list-style-type: none"> <li>Enhance operational guidance for planning, costing and expenditure tracking in public sector systems</li> <li>Increase public and private domestic resources towards humanitarian and development goals</li> <li>Catalyse and incentivize investment in sectors through shared value creation / public-private partnerships</li> <li>Promote equity-based financing instead of using a blanket approach (e.g., focusing on districts or provinces with poor child survival indicators)</li> </ul>	<ul style="list-style-type: none"> <li>Provide, where relevant, financial incentives for appropriate behaviours</li> <li>Issue timely, clear and practical operational guidelines with budget allocations</li> </ul>	
<b><u>Strengthen community structures</u></b>	<ul style="list-style-type: none"> <li>Align community engagement approaches with government frameworks, policies, strategies and operational guidance</li> <li>Advocate for the development of strategies that enforce community-level voices in government decision-making</li> <li>Support the development of a partners coordination platform to optimize community engagement interventions</li> </ul>	<ul style="list-style-type: none"> <li>Implement processes that ensure meaningful participation and representation of community diversity in design, implementation and tracking of progress</li> <li>Map and engage local partner organizations, traditional leaders and influencers during the planning and preparation of interventions</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that marginalized groups are identified and mechanisms for inclusion are implemented, such as two-way communication and broader feedback</li> <li>Foster new leadership and diverse voices in decision-making to reduce community power inequalities</li> <li>Help communities know and claim their rights</li> <li>Foster integration of siloed engagement projects</li> </ul>
<b><u>Enhance public policies</u></b>	<ul style="list-style-type: none"> <li>Advocate for political commitment, resource allocation, laws, regulations and systems to achieve SBC objectives</li> </ul>	<ul style="list-style-type: none"> <li>Ensure local government budgets are equitable and allocate funds to benefit the children and communities most in need</li> <li>Enhance service delivery and coordination by partnering with the private sector and civil society</li> </ul>	<ul style="list-style-type: none"> <li>Develop capacity, knowledge and platforms for underserved communities to influence public policy design</li> </ul>

View the [Health Systems Strengthening tool](#) for an overview of how to apply a Systems Strengthening approach to the health sector.

## Objectives

- **Improving sectoral capacity to diagnose problems and make effective decisions:** by strengthening information systems to collect, analyse and interpret social and behavioural data from community to central levels.
- **Increasing uptake of protective/preventive services and practices:** by implementing high-quality services that incentivizes good behavioural practices (such as healthy lifestyles, positive discipline, handwashing) and motivates people to visit and return (in schools and health clinics, for example).
- **Strengthening accountability and governance:** by encouraging transparent information systems and community feedback processes, and involving the media and influential networks or coalitions to hold decision-makers accountable.
- **Focusing on equity:** through pro-poor service provision, identifying underserved communities, and monitoring and evaluating programmes for equitable practices.
- **Building resilient and sustainable communities:** by strengthening traditional community systems to play crucial roles in the prevention and detection of threats, the design and implementation of effective response strategies and sustainable recovery.
- **Strengthening the interactions between duty-bearers and rights-holders:** by improving the quality at the point of service, the capacity of frontline workers and how we empower community committees to be effective partners. After all, the sector is only as strong as the link between the community and wider system. Learn more about Community Systems Strengthening below.

## Community Systems Strengthening

Sectoral Systems Strengthening will always be critical to ensuring effective Social and Behaviour Change. This includes Community Systems Strengthening, which can either be part of the overall system or a separate system that interacts with and supports it. For example, increasing social accountability of sectoral systems can improve when community-based organizations and leaders are empowered to represent the most deprived. Community Systems can also be strengthened by facilitating community participation in policy formation, allocating budgets and implementing programmes. Strengthening community systems through investments in community resilience and preparedness, and the capacity of community health workers can greatly improve service quality and emergency response. When

sectoral systems improve, so does the likelihood of Social and Behaviour Change.

Community systems are often wrongly excluded from Sectoral Systems Strengthening. Therefore, it's important that your approach facilitates change from within communities.

## Case studies and examples

Just as Apple would be unable to develop a product without the support of the broader system, development and humanitarian programmes cannot achieve SBC objectives without bolstering human resources, people-centred services, technology infrastructure, governance, leadership and financial systems for change. Below are some examples of how this has been done around the world.

- **Building the capacity of human resources and institutions**
  - **INDIA** Health system strengthening interventions resulted in a pool of 3,500 master trainers building the IPC capacity of 400,000 frontline workers for the Measles Rubella (MR) campaign, including routine immunization and an \$18 million budget.
  - **INDIA** Systems strengthening activities have built institutional capacity to support Social and Behaviour Change, enabling the most deprived to access and use WASH services in selected states
  - **EUROPE AND CENTRAL ASIA:** UNICEF and partners developed a training package to incorporate country-specific recommendations regarding social service workforce competencies
  - **UZBEKISTAN:** The USWEEP Project systematically explored the strengths, challenges, and way forward for the social service workforce
  - **CANADA:** Implementing the Tools of the Mind curriculum, which emphasises play and hands-on learning improved both student executive function and reduced teacher burnout.
- **Community Systems Strengthening**
  - **SRI LANKA** The country's community health system, which uses public health midwives to bring health and health education to people's front doors, has enabled 99.1% of children to receive their vaccinations in a timely, people-centred manner, with high quality standards.
  - **UGANDA** Strengthening vocational training programmes increased empowerment of adolescent girls.

## ▪ Building/maintaining transparent information systems and technologies

- **BANGLADESH** Strengthening the routine health information system has connected central, divisional and district levels with sub-district health facilities with over 13,000 community clinics, enabling timely and responsive evidence-based decision-making.

## ▪ Other practical examples

- **INDIA:** Political commitment, redesigned cash transfer programmes, access to education, and engagement with communities and adolescent girls and boys as change agents led to momentum towards ending child marriage
- **UZBEKISTAN:** UNICEF and Columbia School of Social Work's Social Intervention Group (CSSW) partnered to create the Uzbekistan Social Work Education for Excellence Project (USWEEP) to improve the well-being of vulnerable children and families served by trained social workers and social service professionals conducting social work functions.

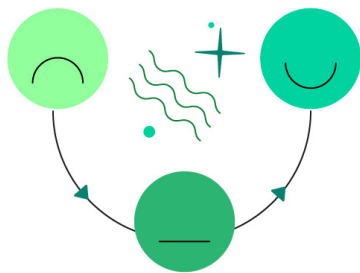
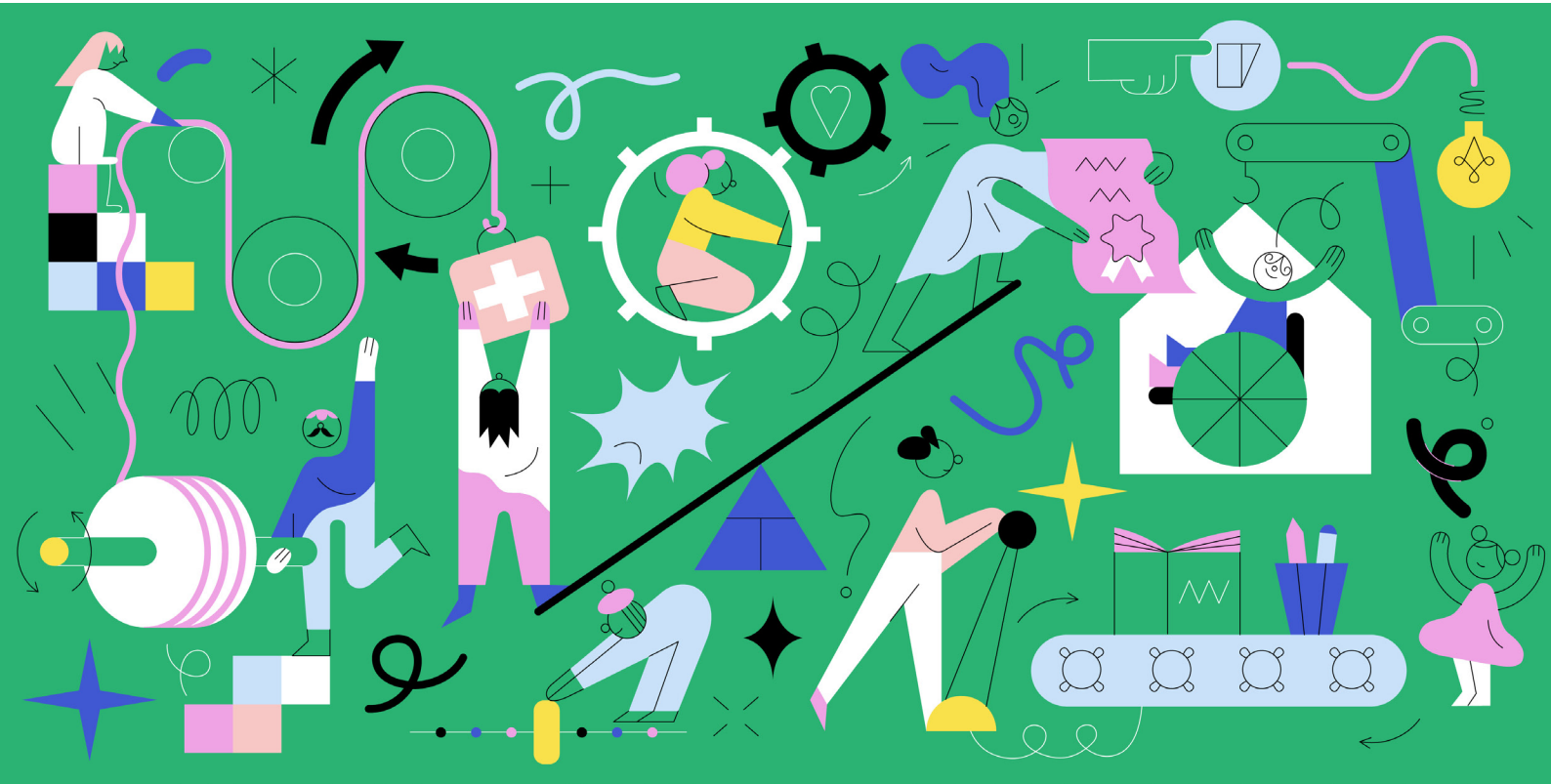


### Key principles

- Sustainable Social and Behavioural Change is possible when we build the capacity of sectoral systems – such as education, health, child protection and emergency response – to support its achievement.
- Prioritizing the needs of community members strengthens sectoral systems. A strong system either interacts with robust community structures and systems for engagement, or is well integrated with these structures.
- Beyond community structures, other key components to consider for Strengthening Sectoral Systems include financing, institutions and governance, quality service delivery, human resources, information and technology, and supportive public policies.
- Effective SBC interventions must consider the needs and capacity of the people it seeks to serve as well as other actors in the system, including governments, institutions, non-governmental organizations and other entities within the sector.
- Measures to prepare and mitigate risk should be instituted across all social sector systems. This encourages community resilience, continuity of services and early recovery in the most vulnerable, at-risk and affected populations.

## More information

- [HC3's THE SBCC CAPACITY ECOSYSTEM: A Model for Social and Behaviour Change Communication Capacity Strengthening](#)
- [Breakthrough ACTION's Eight Principles for Strengthening Public Sector Social and Behaviour Change Capacity](#)
- [ESARO C4D/SBCC Capacity Development Framework](#)
- [The World Bank's Improving Public Sector Performance: Through Innovation and Inter-Agency Coordination](#)
- [USAID's Health Systems Strengthening](#)
- [OECD's Public Sector Governance and Institutions](#)
- [UNICEF's Child Protection Systems Strengthening](#)



# Service Improvements

Designing services that are accessible, usable and valuable

## What is Service Design, and why is it important?

The same process of designing the look, feel, and function of a product, can also be applied to services. Service design is critical to ensuring that people, especially the most disadvantaged and marginalized, actually value the service and use it. The health, education, and social services that are the most critical to our well-being are too often designed to suit the needs of service providers rather than the needs of the people for whom the service is intended.

Service Design turns that equation on its head. It's a method that focuses on designing services for people, not institutions. The principles of Service Design can help you improve the demand for, impact, and use of services, by making the experience better for those who need it most.

## Service Design 101

Like product design, Service Design is an interdisciplinary process that uses design thinking<sup>1</sup>. It approaches the design of services from the perspective of the users, not by guessing what they might want, but by utilizing collaborative co-creation to uncover what would make services relevant, accessible and useful to them. Creating services that respond to people's needs and motivations, suit their social and cultural norms, fit within their daily realities, and are user-friendly and desired by their intended clients are all the basic principles of service design.

There are many ways that services discourage uptake in their design. Health services that only offer male nurses

<sup>1</sup> Design thinking is a method of problem-solving that borrows strategic steps from a design process that can be applied to other domains, such as management, services or health. It originated at the Stanford School of Design, which defined the steps as: empathize (with your users), define (the real problem), ideate (a number of solutions), prototype (your best ideas) and test (with the intended users). See HCD Tool for more information.

and doctors to women in conservative societies, fixed vaccination services for nomadic communities, and parent-teacher conferences scheduled during parents' working hours are all examples of Service Design flaws. These service elements create barriers, or friction, that actively works against the behaviours we seek to promote.

Service Design is a tool to increase and sustain positive behaviours. In particular, it is used to:

- Make an existing service more accessible, in particular to underserved populations
- Improve equity
- Improve the quality of the service and make it more appealing to its target users
- Simplify the number of steps or tasks required to use a service
- Digitize components that can be made more efficient online (feedback, reminders, etc.) when suitable
- Transfer initiative and ownership to citizens



## Key Terms

**User journey:** This is the route a user takes to access a service. This includes all the steps they take before arriving at the point of service, as well as the experience following the service interaction, especially if it's a service intended for repeated use. Designers must consider all the elements before and after uptake of the service as part of the user journey.

**Touchpoint:** Each moment at which a user comes into contact with the service or the organization providing the service, is a touchpoint. A touchpoint also describes the moments where the user is expected to do something. The Board of a school offering vaccination and a sign-up sheet for vaccination are both examples of touchpoints.

**User experience (UX):** Everything the end user encounters during the service. Service Design uses UX to understand interactions between users and the service and/or sectoral system. A child meeting a vaccinator, a parent speaking to a teacher, and a social worker visiting a family are all examples of interactions that make up the user experience. By gathering insights on UX, designers can help make a product or service more usable, enjoyable and accessible to underserved, vulnerable and hard-to-reach groups.

**Stakeholder map:** A stakeholder map analyses a service from a systems point of view, with the user in the middle. It usually looks like a bullseye target and allows you to visualise all the touchpoints and supporting mechanisms that support the delivery of a service. The first ring around the user contains the touchpoints directly associated with accessing the service. The next ring shows what those touchpoints need in order to function properly. This is a useful analytical tool for identifying barriers to high-quality service delivery that may be hiding behind the user's primary touchpoints.

## Behavioural objectives

Service Design is a useful tool for increasing the likelihood of social outcomes and the uptake of desired behaviours. The list below provides a selection of priorities that service design can support. However, nearly every strategic priority involves service design in some way.

- Educational enrolment and retention, particularly for girls
- Use of vaccination services, maternal and child health services or other health services
- Registration process for birth and vital events registration
- Use of sanitation facilities in schools, communities and health settings
- Breastfeeding support towards achieving exclusive breastfeeding
- Nutrition screening and counselling services
- Registration/uptake of social safety net programmes

## The limits of Service Design

Although Service Design is an important component of Social and Behaviour Change, it is not a miracle cure for all demand-related issues. Now that we have outlined what Service Design is good for, let's be clear about some challenges for which a Service Design approach is **not** always sufficient;

**Solving complex social problems:** Issues like child abuse, low demand for health services, and educational disparities are complex and cannot be fully addressed by redesigning one service or intervention. Make sure you investigate the root causes of the problem, and use Service Design in conjunction with other tools to address the issue holistically.

**Communication with communities:** A Service Design process involves target users and local stakeholders but is entirely different from setting up a structured dialogue for communication or engagement purposes. Participatory Service Design in itself doesn't offer a complete method for getting buy-in from communities. To support the design of better services, structures and systems like local management committees, feedback and social accountability mechanisms and stronger local governance and development committees are needed to properly engage with communities.

**Designing to reach the most vulnerable:** Service Design can help create more equitable societies by making services more culturally, physically and financially accessible. Co-creative Service Design can be one of the tools used to give vulnerable groups a voice in the design process, but it can never be the only instrument. Consider how wider sectoral systems strengthening interventions can promote more equitable societies, and how services can be designed to support them.

## Case studies and examples

You may have seen UNICEF's Caregiver Journey to Immunization. This is an example of a user journey with multiple touchpoints. This helps public health professionals understand the journey to vaccination as something much larger than simply moving a caregiver from point A to point B (usually the health clinic or vaccination site). There are a number of practical and emotional steps that must be taken before a caregiver decides to go to a clinic. There are also a number of touchpoints at the vaccination site and after the vaccination service. These are all crucial parts of the journey that should be seen as opportunities to improve Service Design.

Below is a list of touchpoints that exist before, during, and after vaccine uptake with resources to help you reduce any friction around these key moments.

## Additional examples of service improvements:

**ZIMBABWE** Providing peer-led community-based support for adolescents undergoing antiretroviral therapy for HIV led to improved treatment adherence and reduced viral load

**ZAMBIA** Strengthening community-based action groups led to improvements in maternal and neonatal health outcomes, including through increased skilled birth attendance at delivery

**GHANA** Use of a simple, objective checklist improved teacher training outcomes

**GLOBAL** The use of home-based records improves maternal and child health outcomes, including increased immunisation completion and ANC attendance and reduced likelihood of pregnancy complications

**MEXICO** Increasing access to electronic payments increases savings and reduces reliance on loans

## Key principles

There are a number of Service Design principles<sup>2</sup>, but the four below are fundamentals you should keep in mind. Make sure your service is:

1. **Easy to access.** For example, a caregiver who wants to send their child to school must be able to identify and access a school within a reasonable distance of their home.
  - **Designed to accommodate multiple populations, especially underserved groups.** The service should fit within its users' reality. No user should be excluded from a service on account of their ability, identity, or lack of

<sup>2</sup> 15 Principles of Good Service Design

Pre-vaccination	Vaccination	Post-vaccination
Making an appointment at the clinic (if applicable)	<u>Interaction between the caregiver and the medical staff</u>	Positive reinforcement for the child and caregiver
<u>Transportation to the clinic</u>	<u>Interaction between the child and the medical staff</u>	Explanation of what to expect
<u>Experience in the waiting room (queue, paperwork, cleanliness, child-friendly, interaction with staff)</u>	Pain management	Payment and follow-up
Check-in to the clinic		<u>Reminders for the next appointment</u>

resources. For example, services that are overly digitized, while more efficient, may exclude those with lower technological literacy or access.

2. **Encouraging the right behaviours from users and service providers.** The service should encourage safe, productive, and mutually beneficial behaviours from users and providers. The user should never be exposed to harm. For example, users should never be asked to provide data without knowing how it will be used. Staff should never be incentivized to provide poor service - for example, provider evaluations that consider the volume of patients seen each day could potentially erode the quality of each interaction.
3. **Actionable for all users.** A service should always direct users to a clear outcome, regardless of whether they are eligible for the service. No user should be left behind or stranded without knowing how to continue or where to get support. In other words, the service should have no dead ends.

Service design is already beginning to take hold in sectors like public health and engineering. It has contributed to innovations in new products and improved the design of spaces, processes and systems. However, it remains an untapped resource across all development sectors despite the tremendous opportunities it offers to improve the lives of children. Consider how you can use service design to improve services, processes or systems in your work.

## More information

### Organizations

- [Nairobi Design Institute](#)
- [IDEO.ORG](#)
- [Frog](#)
- [GRID IMPACT](#)

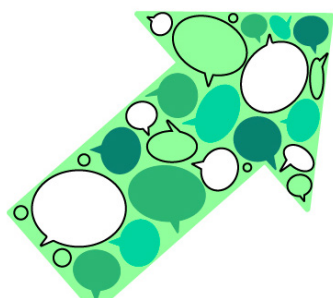
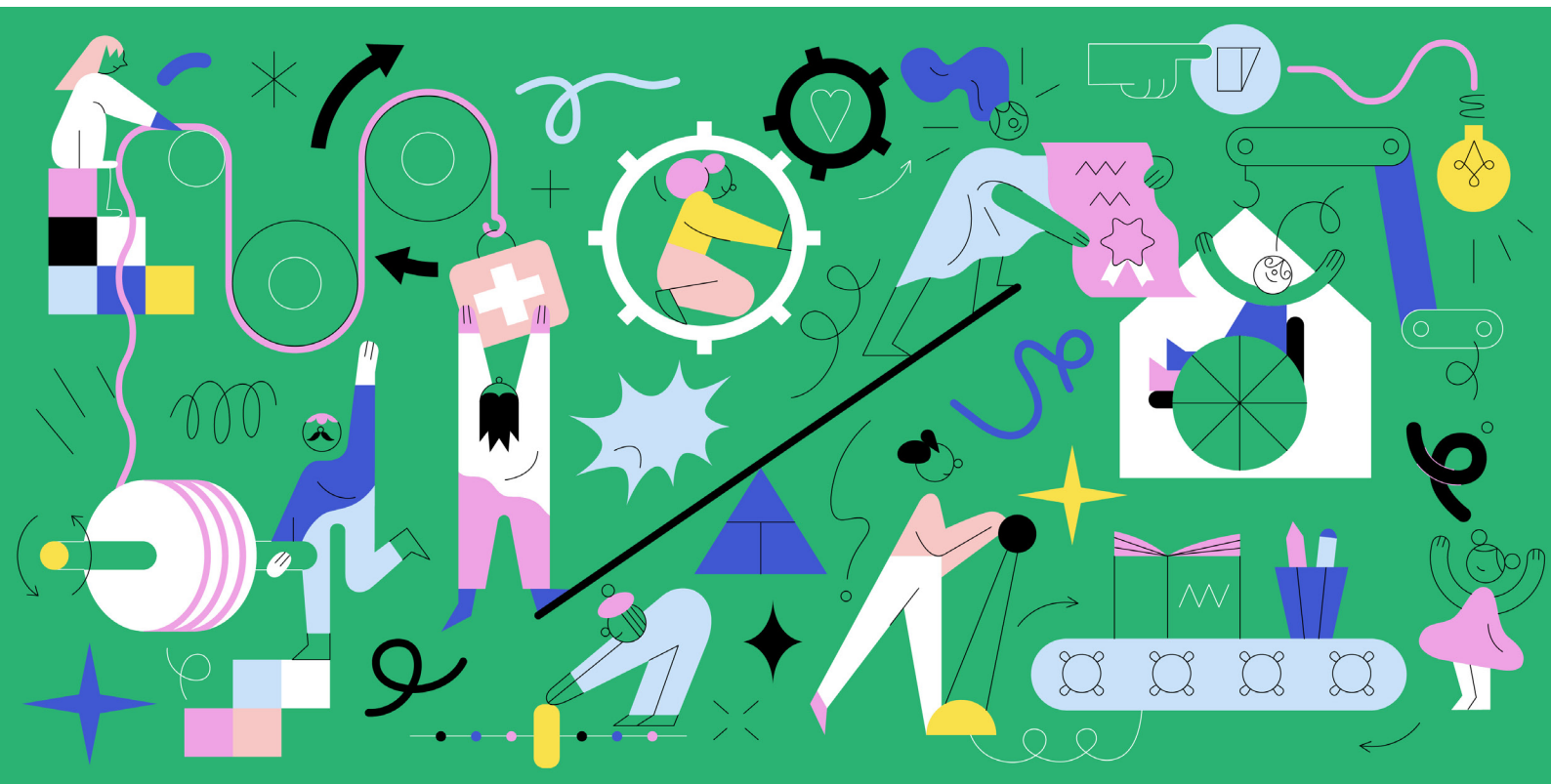
### Books

- [John Thakara, 2017: How to Thrive in the Next Economy: Designing Tomorrow's World Today](#)
- [This is Service Design Doing](#)
- [Good Services: 15 Principles of Good Service Design](#)

### Online resources

- [UNDP's Design Thinking for Public Service Excellence](#)
- [Service Design Tools: Resources](#)
- [Design methods for developing services](#)
- [Blog: Practical Service Design](#)
- [McKinsey's perspective on the value of design in global public health](#)





# Community Engagement

Partnering with communities so they can lead the change process

## What is Community Engagement and why is it an important approach?

Nothing about us, without us. This is the spirit of Community Engagement. Definitions differ across organizations and programmes, but at the heart of each one is a focus on increasing the participation, collaboration, and voice of communities for more effective results. Community Engagement can be transformational. Beyond including the people we serve and creating space for dialogue, effective Community Engagement ultimately builds a relationship of trust in which communities are empowered to take action and use the systems in place to identify and address their most pressing issues.

## Community Engagement 101

Empowering community members to explore, plan and act together on their priority issues can be a powerful way to strengthen collective capacity and improve programme equity and effectiveness. This requires community members, leaders and organizations to play a central role in the development of humanitarian initiatives that affect them.

Community Engagement also seeks to strengthen the link between people and the systems, structures and services—both formal and informal—that have been designed to meet their needs. This means strengthening governance, quality of service delivery and systems, and improving accountability mechanisms. Through Community Engagement, UNICEF aims to support countries in establishing lasting mechanisms for participatory ideation, planning, implementation and monitoring. By collaborating with external partners, especially governmental and community-led organizations, UNICEF strives to enhance social accountability.

Effective Community Engagement requires systematic commitment. This means prioritizing community participation in design and implementation, integrating Community Engagement into wider systems strengthening approaches, and mobilizing resources for meaningful, long-term relationship building. For more information on how this can be done, check out the [‘Strengthen local systems and ownership, leverage trusted partners’ tool](#).

## Social and behavioural objectives

Community Engagement lies at the heart of humanitarian and development work. It's a powerful process that can be particularly valuable when seeking to work with local knowledge, systems, structures, and groups that are historically hard to reach. Community Engagement is fundamental to the human rights-based approach. When done effectively, Community Engagement can improve the quality and utilisation of services by making decisions more accountable and transparent to the communities they concern, increasing the diversity and representation of communities in policy and practice design, and ensuring that communities have a voice in decisions that directly affect their lives. It is difficult to imagine any community-oriented project that would not benefit from sincere and long-term engagement. The key social and behavioural objectives of Community Engagement include strengthening relationships, building trust and promoting sincere collaboration, and increasing collective self-efficacy and resilience.

Community Engagement is often seen as a discrete intervention serving specific SBC outcomes such as changing awareness, knowledge, attitudes, perceptions and norms, as projects require. When used in such a narrow manner, Community Engagement initiatives are likely to be less effective. But when used as a more explicit intervention to create lasting dialogue and collaboration mechanisms, Community Engagement can be invaluable in designing programmes that cater to the needs of the people they aim to support, and are therefore more likely to be implemented and create lasting behaviour change. Community Engagement also establishes platforms to rapidly interpret and influence community behaviour, greatly improving emergency response in times of crisis.

## Community Engagement levels and potential challenges

Community Engagement is a necessary approach in both development and humanitarian contexts; however, how it is applied will vary. Communities can be engaged at a range of levels: from providing advice and co-designing the process to undertaking aspects of the engagement and delivering projects to meet the outcomes. No matter what level of engagement you decide on, systems should always be designed for long-term sustainability, ensuring they can reliably meet current and future needs of the population. This is especially important in humanitarian contexts, where we need to support community capacity to prepare and respond to disasters, emerging diseases and economic volatility, in order to increase resilience and recovery.

Engagement can be considered at four different levels:

1. Inform and mobilize the community to participate in addressing immediate short-term concerns, with strong external support
2. Consult and involve the community to improve the delivery of services and programmes, with some external support
3. Collaborate with the community to enable priority settings and decisions from the community, with or without external support
4. Empower the community to develop systems for self-governance, establish and set priorities, implement interventions, and develop sustainable mechanisms for development with partners, as part of a support network

It is important therefore to determine the level of Community Engagement based on the context.

There are challenges to implementing Community Engagement to keep in mind to minimize the risks to the programme:

- **Limiting participation to leaders or influential actors leaves out the needs of the most marginalized.** Community Engagement approaches that don't consider existing power dynamics will fail to reach their intended results. According to the [Time to Listen](#) report, communities feel that international aid benefits the local elites. Remember that communities are never uniform—not everybody shares the same needs, opinions, and vulnerabilities. To ensure equity in consultations and decision-making forums, various engagement techniques should be employed so that all needs are taken into account.

- **Community Engagement is often not institutionalized and therefore not adequately funded or staffed.** This can lead to ad hoc implementation. For Community Engagement and community-led initiatives to become a standard and sustained practice, they need to be embedded in governance structures. Otherwise, Community Engagement is likely to rest upon personal relationships built between particular professionals and certain community members—connections that are easily lost if the people involved change.
- **Community members can become disillusioned with the process if they don't see their input being taken forward.** If the community believes their consultation was just a 'tick-box exercise' and their feedback wasn't considered or acted upon, they are likely to feel anger and to not re-engage again or favourably. Managing expectations around how much of a say the community has in the final decisions is paramount. Engagement that is superficial and gives rise to feelings of tokenism should be avoided at all costs.
- **Taking shortcuts with discrete and surgical interventions instead of long-term meaningful engagement works against community ownership and sustainability.** Community Engagement works best when done over time, not on a project-by-project basis. Communities should be engaged before solutions have been decided, with a sincere willingness to give communities a systematic role in the design, implementation and evaluation of policies and programmes that affect them.
- **The routine collection and use of data for action continues to be a challenge in Social and Behaviour Change programming.** Standardized and timely evidence collection should be conducted regularly to ensure that programming and decision-making reflects the current needs of the community. Data collection should focus on equity and representativeness, opinions, perceptions and needs.
- **Balancing digital outreach with in-person engagement. Digital technologies are increasingly used for engagement interventions in order to reach as many people as possible.** However, digital outreach fails to reach those in vulnerable positions who lack reliable access to technology. This includes women, poor families, people with disabilities, people who live in conflict-affected or remote, rural settings, and people who lack stable housing. Thus, relying on a solely digital Community Engagement strategy will exacerbate inequities and leave the most vulnerable out of the decision-making process. In low-technology settings, increased investment in safe interpersonal and collective interactions (home visits, community meetings, facility-based counselling, etc.) can ensure that people without access to technology are not left out of the equation.

Community Engagement can be very challenging to resource, measure and undertake, but being cognizant of these barriers and identifying ways to overcome them will help empower communities to contribute to the creation of more sustainable programmes.

## Case studies

- **ERITREA** Ongoing community dialogue and sensitization reduces female genital mutilation (FGM).
- **NAMIBIA** Community Engagement initiatives that strengthen relationships between schools and communities increases school attendance and decreases bullying.
- **KENYA** Ongoing dialogue around contraception misconceptions and family planning shifts social norms and increases reports of modern contraception use among targeted married women and men.
- **INDIA** Participatory women's groups and counselling improved minimum dietary diversity for women and children, more mothers washed their hands before feeding children, fewer children were underweight at 18 months and fewer infants died.
- **MALI** Community Led Total Sanitation (CLTS) approach significantly decreases open defecation rates among adults, increases access to private latrines, and improves child growth.
- **SIERRA LEONE** The Community-Led Ebola Action (CLEA) approach significantly increases safe burial practices and referrals to medical care within 24 hours of symptom onset.
- **CAMEROON, NIGERIA, AND UGANDA** The application of the Community Directed Intervention (CDI) approach was shown to be significantly more effective than existing delivery approaches for vitamin A supplementation, use of insecticide-treated nets and home management of malaria.
- **PAKISTAN** A targeted community engagement approach utilising immunisation camps effectively increased oral polio vaccine coverage in conflict affected areas.

# Key principles

## 1. System building

Community Engagement should be systematic in order to have sustainable impact. Community Engagement should be integrated in policy design, planning, budgeting and financing, execution, and monitoring of interventions.

## 2. Two-way communication

An open line of communication should be maintained to allow communities to give and receive clear, appropriate and accurate information on a regular and predictable basis. Two-way communication gives communities a way to reach out, request information, and keep stakeholders accountable to them.

## 3. Participation

Create participatory spaces that bridge barriers, foster two-way dialogue and build trust—which is central to development and humanitarian programmes.

## 4. Inclusion

The power imbalance among stakeholders and community groups will make it challenging to reach members of vulnerable and marginalized groups. Create space for these groups to have their voices heard.

## 5. Empowerment and ownership

Empowering communities requires acknowledgement of the value within the communities, such as resources, assets, structures and networks. Maximizing the strength and potential of these existing facets will help foster autonomy and ownership.

## 6. Adaptability and localization

Community Engagement approaches should be developed around local contexts, and should be flexible and responsive to the evolving needs, conditions and concerns of local populations.

## 7. Building on local capacity

Community Engagement should build upon existing skills and resources within communities, and work with local groups and organizations that already serve them.

### More information

- [Minimum Quality Standards and Indicators for Community Engagement](#)
- [Guidance for achieving multi-sectoral results through working with local governments](#)
- [Community Engagement and Accountability toolkit – International Federation of Red Cross and Red Crescent Societies](#)
- [Principles of Community Engagement for Empowerment](#)
- [The Core Humanitarian Standard on Quality and Accountability](#)
- [Community-Driven Development Overview – World Bank](#)
- [The Communication & Community Engagement Initiative](#)
- [Community Engagement: A health promotion guide for universal health coverage in the hands of the people – WHO](#)

## Key definitions

### Community Engagement:

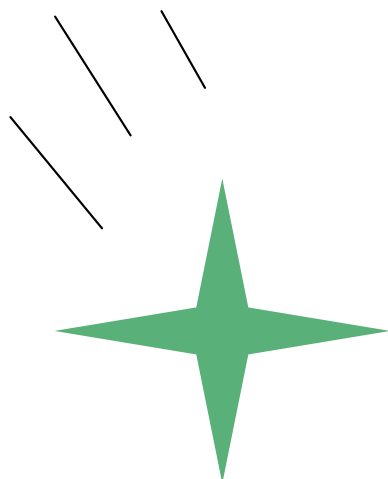
A way of working with traditional, community, civil society, government, and opinion groups and leaders that facilitates their active participation in addressing the issues that affect their lives. Community Engagement empowers social groups and social networks, builds upon local strengths and capacities, and increases local participation in finding solutions that they can adapt and have ownership over. Through Community Engagement principles and strategies, all stakeholders gain access to processes for assessing, analysing, planning, leading, implementing, monitoring and evaluating the actions, programmes and policies that will promote the survival, development, and protection of community members.

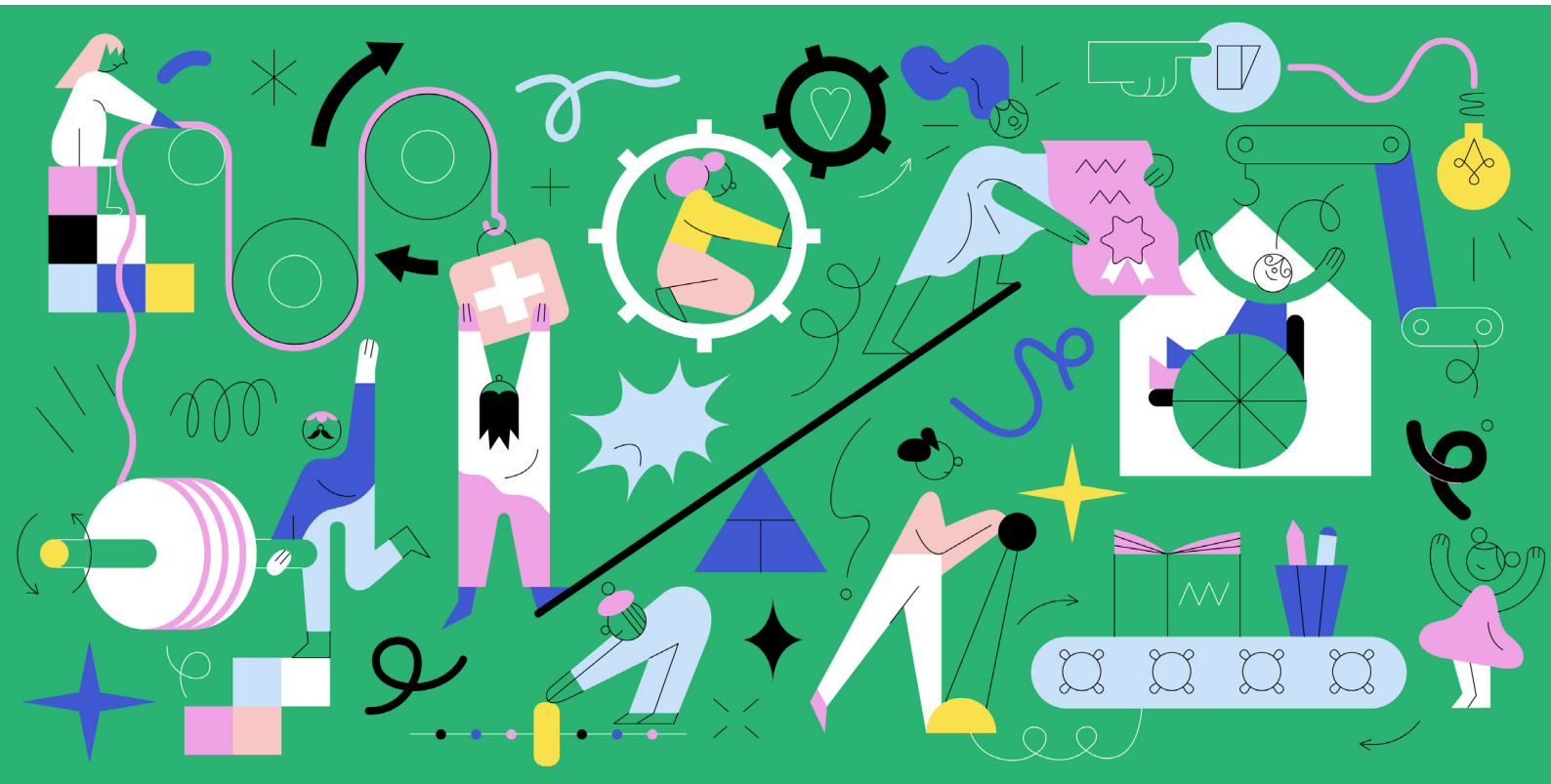
### Institutional Community Engagement mechanisms can be categorized as follows:

**Governmental:** led by governments with the mandate to deliver services universally. This includes mechanisms led by quasi-governmental organisations (e.g., community-led cooperatives with formal linkages to institutions) as well as community oversight on services delivered by the government and community participation in the planning and design of policies and services.

**Community-led:** mechanisms owned and operated by communities through which community members and civil society organizations and community-based groups coordinate and respond to challenges that affect them. These can be small-scale and informal or can involve several organizations and various subsystems. For example, a large care system may have distinct subsystems for comprehensive home-based care, providing nutritional support, counselling, advocacy, legal support and referrals for access to services and follow-up.

**Social accountability** to affected populations: an approach in which ordinary citizens and/or civil society organizations demand accountability from their governing bodies. Mechanisms for accountability can be initiated and supported by the state, citizens or both. However, they are often demand-driven and operate from the bottom up. Accountability initiatives aim to improve the quality of governance by enhancing transparency and exposing corruption, for example. Such initiatives work to increase the effectiveness of development strategies, particularly by improving delivery of public services, and ensuring that crisis response is appropriate and equitable. Having mechanisms for accountability empowers marginalized and under-served groups by arming them with information about their rights and amplifying their voice in the management of public affairs. All accountability measures have good Community Engagement at their core, particularly in terms of information provision, participation and feedback and complaint processes. However, accountability also relies on data management and decision-making –ensuring that feedback from communities informs the actions that are fed back to communities.





# Social and Behaviour Change Communication

Designing holistic and data-driven communications to enable change

## What is Social and Behaviour Change Communication, and why is it important?

Social and Behaviour Change Communication (SBCC) seeks to apply tactics from marketing, social and community mobilization, mass media, entertainment, advocacy, interpersonal communication, social media and other communication approaches to support positive social and individual change. As part of a multi-pronged SBC strategy, these strategic communication tactics are critical tools to promote action and create an environment that supports it.

## Social and Behaviour Change Communication 101

SBCC is one approach to social and behavioural change that many may feel needs no explanation. Most of us are familiar with marketing, communication and public information campaigns that attempt to raise awareness, advocate for change and influence public opinion. When part of a multi-pronged SBC strategy, strategic communications can also stimulate positive and measurable social and behaviour change. Whether it be interpersonal engagement, targeted advocacy or larger-scale mobilization, communication tactics should be informed by a solid foundation of data and community dialogue. Communication tactics like this are most effective when closely integrated with other SBC approaches.

Everybody responds to communication differently. You must consider all aspects of the geographic, social, and

economic context when deciding your communication strategy. Demographics, literacy levels, digital access, media consumption, and trust will determine the combination of communication tactics you employ and how you segment them. The more evidence you have to work from, the more effective your strategic communication efforts will be.

Common steps for developing communication plans:

- 1. Understand the programme and where communications can add value:** Collecting primary and secondary data and using participatory processes will help you develop a better understanding of the people, contexts and barriers that the SBCC strategy will address.
- 2. Define your communication objectives:** What role can communication play in the SBC strategy? What do you want to achieve through communication? By identifying the goal of your communication efforts, you can design ways to measure their impact.
- 3. Identify your audiences:** Having a deep understanding of who you are trying to reach will make your communications more effective. Communication tactics that consider the local context will be more targeted, appropriate and effective.
- 4. Develop and test your key messages:** Develop clear and concise messaging that will resonate with your audience. By testing these messages with the intended audience, you can identify concrete ways to improve your messaging in the next iteration.
- 5. Select your communication tactics and materials:** Your audience and your communication objectives should determine what communication channels you use. Consider how your audiences receive information, whose opinions they value, and what forms those valued communications come in. Tactics can be broadly grouped into mass media, interpersonal, social and community channels. It is often necessary to combine tactics across these groups to increase their chances of success. Every tactic should be developed using a two-way process so that audiences can provide information and feedback and influence decisions.
- 6. Finalize your strategy:** The communication arm of your work should support and reinforce your overall SBC strategy. A finalized strategy should include your message, how you will communicate it and measure its impact based on the context, objectives, and target audiences. Your strategy should always include how to measure the impact of your communications.

- 7. Measure your results:** Your communication objectives should be measurable and linked to your programme and social and behavioural results. Consider intermediate measures, to allow regular adjustments and introduction of new strategic phases based on the evidence you collect.

## Social and behavioural objectives

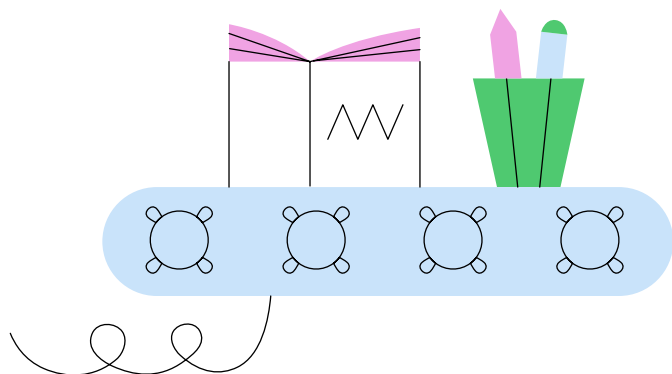
We often consider communication as the primary way to raise awareness and share information. However, strategic communications can support SBC strategies in many more ways. It can encourage community engagement, influence social norms, support policy advocacy, promote service uptake, reach underserved populations, foster a media environment that resonates with downstream engagement, and much, much more. Consider a mix of SBC tactics that complement each other and support the social and behavioural objectives you are working towards.

## The limits of Social and Behaviour Change Communication

On its own, SBCC is rarely enough to achieve social and behaviour change results. It is too often reduced to messaging, or used to share information and encourage policy compliance without addressing the structural and social barriers that stand in the way. Often, such communications have failed to meaningfully involve communities and users in the initial decision and design processes. But when programmes carefully consider the people they affect and the determinants of change, SBCC can be a powerful way to engage, inspire, and empower people to make healthier decisions. However, exhaustive research and community engagement don't always result in effective communication campaigns. Complex challenges such as preventing the sexual abuse of children and adolescents, child marriage and female genital mutilation all have deep roots. Even the most robust communication campaign cannot overpower deeply ingrained social norms and belief systems. Such norms are pervasive and are reflected in the legal system, job markets, and socialization processes. These colossal challenges can only be approached through holistic programmes. Communication efforts alone often fall short of addressing the underlying structural and social elements that allow these major challenges to continue.

## Case studies and examples

- **SOUTH AFRICA** The *Soul City* TV series, which depicted community responses to GBV, increased attention to and action against intimate partner violence.
- **VIET NAM** Combining nationwide mass media strategies with interpersonal counselling on infant and young child feeding led to increases in both Minimum Acceptable Diet and Minimum Dietary Diversity, resulting in reductions in stunting.
- **INDIA** The Saloni Project used an ancient Indian communication method to build compassion, self efficacy, emotional well being, peer and parental support for adolescents.
- **BANGLADESH** Sustained behavioural change communication, coupled with cash transfers, led to improvements in knowledge of infant and young child feeding amongst mothers.
- **INDIA** Providing face-to-face information to mothers about the DPT vaccine increased measles immunisation rates by 22 percentage points and complete immunisation rates by 14 percentage points.
- **HONG KONG** A comprehensive package combining information about influenza risks and a vaccine subsidy scheme increased childhood immunisation rates by 25%.
- **JAPAN** A participatory education approach delivered during late pregnancy and postpartum improved both intentions to vaccinate and self-reported vaccination rates.
- **GLOBAL** Community-based behaviour change communication efforts have been shown to reduce neonatal mortality across multiple developing countries.
- **SENEGAL** A peer-to-peer informational campaign conducted by returning migrants improved knowledge on the risks of migration and reduced intentions to migrate irregularly



## Key principles

SBCC employs a variety of tools and methods to communicate with each target group and receive information, contributions and feedback in return. Effective SBCC relies on:

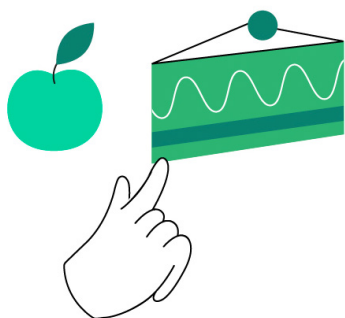
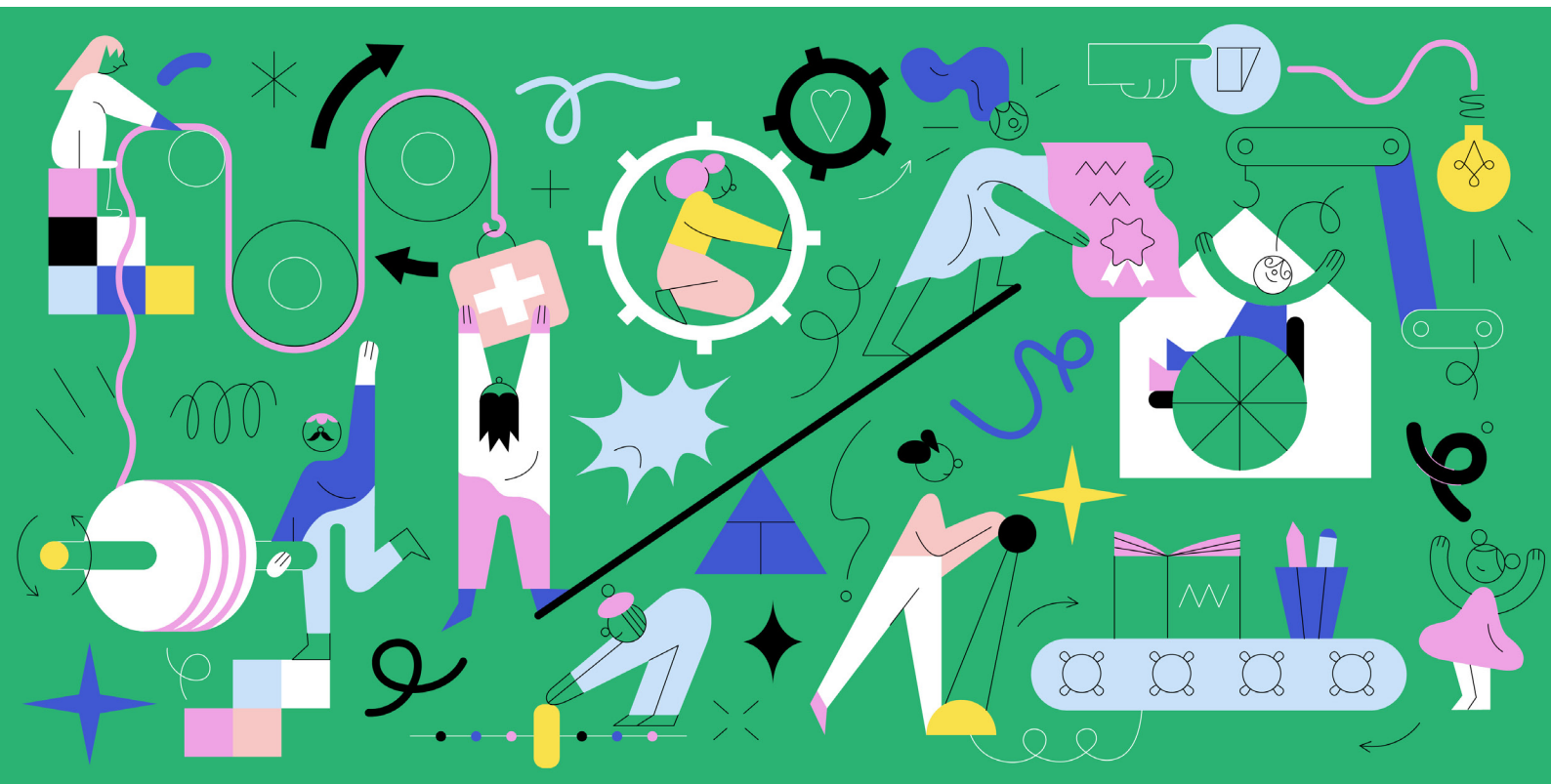
1. **Social and Behaviour Change Objectives.** The goal of SBCC is to change knowledge, attitudes and practices of target groups and stimulate social change at the local and national level.
2. **Tailored messaging.** All creative messages and products disseminated through interpersonal, group and mass-media channels should be informed by in-depth knowledge of the intended audience.
3. **Two-way communication.** High quality SBCC requires two-way communication flows for feedback and improvement from the intended audience.
4. **Measurement systems.** Monitoring changes in attitudes and behaviours helps to measure the impact of communications outlined by the programme objectives.

## More information

Strategic communication initiatives ensure that communication products and activities are synchronized and coordinated to achieve agreed goals and objectives. The following resources provide examples and models of this:

- [Campaigning – How to design impactful, multi-channel communication efforts](#)
- [Working with the media – How to partner with media for SBC](#)
- [Social listening – How to take the social pulse, capture local insights, and track misinformation](#)
- [Digital engagement – How to harness technology to mobilize and motivate for change](#)
- [Education entertainment – How to leverage popular edutainment for a cause](#)
- [Strategic communication for behaviour and social change in South Asia](#)
- [A global communication strategy development guide for maternal, newborn and child health and nutrition programmes](#)
- [Strategic communication for Zika prevention: A guide to adapting locally](#)





# Applied Behavioural Science

Shaping contexts and designing processes and products to enable behaviour change

## What is Applied Behavioural Science, and why is it important?

**We all want to be happy and healthy. We want to see ourselves and our families thrive. Yet we often make decisions that seem to work against these goals. Why is that?**

The field of Behavioural Science seeks to understand the mysteries of human behaviour – why we reach for unhealthy snacks when on a diet, forget to make appointments for routine immunizations, put off HIV or STI testing indefinitely, skip doses of hypertension medication, leave the mosquito net folded up

in the corner, or fail to save for everyday needs. Behavioural Science leverages insights and evidence from psychology, cognitive science, social science and economics to understand the relationship between our innate human traits and the context we live within, in order to encourage and inhibit behaviour.

Governments, multilateral institutions, and public and private sector organizations use insights from Behavioural Science to uncover how elements of everyday life influence people to behave in ways that do not align with their goals and intentions.

## Key principles

1. **Context matters.** People's decisions and behaviours are shaped by the context in which they operate: the cues they receive, the options that are available and most visible, the actions that seem easiest, the choices they see others making, and the ways people try to influence their choices. .
2. **Changing knowledge and attitudes is often not sufficient to change behaviour.** People's intentions do not always match their behaviours.
3. People often fail to predict how they will behave in a given situation. Behavioural Science can help predict how elements of a situation either enable or deter people from making decisions that align with their values. Asking people directly why they do or don't behave in a certain way will not fully illustrate the range of factors that subconsciously drive decision-making. When self-reporting, people also tend to respond in ways that will be viewed favourably by others (desirability bias).
4. Small changes to the context can lead to significant changes in behaviour.

## Key terms

- **Cognitive biases** (mental heuristics) are natural distortions in thinking that affect the decisions and judgements people make. One of the objectives of Behavioural Science is to understand how these innate cognitive biases shape behaviour.
- **Intention-action gaps** describe the discrepancy between what people say they want to do and what they actually do. Applied Behavioural Science seeks to shape the context to help people follow through on their intentions, eliminating that gap
- **Friction** is another word for the inconveniences or hassles that can prevent people from following through on their intentions. Applied Behavioural Science seeks to minimize the friction that inhibits healthy or desired behaviours.
- **Choice architecture** is the design of how (and what) choices are presented to people whose behaviour you want to influence – the number of choices presented, how each is framed, the proximity or ease of one choice over another.

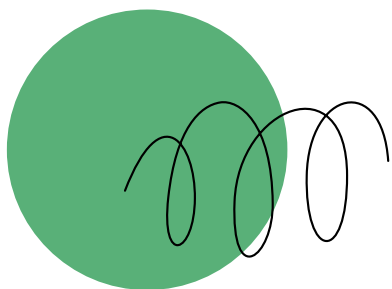
## Social and behavioural objectives

Applied Behavioural Science combines thorough qualitative research and evidence from cognitive science and psychology to formulate a deep understanding of a particular context and how features of it may drive or prevent specific behaviours. Using an evidence-based approach can dramatically improve the acceptability, relevance and impact of programmes and policies.



### Specifically, Behavioural Science allows programme designers and policymakers to:

- Better understand the drivers of and barriers to uptake of specific behaviours that align with people's goals and intentions
- Design behaviourally-informed communications, interventions, technologies, policies and programmes, including messages and strategies that effectively address specific behavioural drivers in unique contexts.
- Focus on the experiences of the people impacted by policies and programmes, instead of the preferences and perspectives of experts and policymakers
- Address the underlying determinants of behaviours and motivations, beyond knowledge and attitudes, by understanding how behaviours result from the interaction between cognitive, social and environmental influences
- Use an evidence-based approach to develop and test hypotheses around the contextual drivers of specific behaviours followed by an iterative, experimentation-based approach to design solutions.



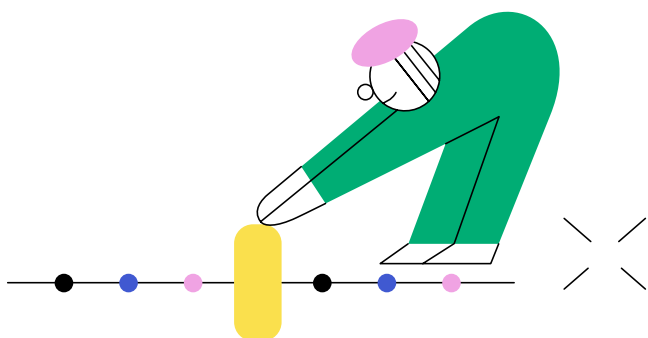
## The limits and opportunities associated with an Applied Behavioural Science approach

Behavioural Science (understanding human behaviours) is a critical part of policy and programme development. But Applied Behavioural Science interventions alone (e.g., choice architecture design, nudges) are unlikely to effectively address complex and deeply-rooted challenges like gender-based violence, child labour, and discrimination. These issues require changes to larger structural elements such as social relations, economic opportunities, policies and governance, which may still be informed by behavioural insights.

In other words, Applied Behavioural Science is such a powerful approach because not only does it help us understand the structural context driving decision-making, it may even generate structural solutions and renewed policy recommendations.

However, Behavioural Science approaches may not directly address all structural, social and policy barriers to behaviour change. For example, if you are designing a programme to encourage uptake of timely counselling for survivors of domestic violence, you will likely want to address individual barriers (perceived need, mental models of counselling), social barriers (taboos around discussing abuse and lack of a social norm around counselling) and structural barriers (overworked health workers, limited human resources, lack of clear policies around counselling referrals).

Behavioural Science insights may help you uncover, contextualize and address such structural barriers by, for example, informing the design of easy-to-use referral systems and heuristics that help overworked health workers connect survivors with counselling.. approach needs to be complemented by structurally oriented solutions, such as providing more convenient or accessible counselling centres in low-income communities and working within civil societies to change negative social influences.



## Case studies and examples

The field of Applied Behavioural Science is often associated with the 'nudge theory' popularized in Cass Sunstein and Richard Thaler's book *Nudge* (2008). The insights that underpin nudge theory are critical features of the field of Behavioural Science.

- People do not make decisions or take actions in a vacuum. Their choices are deeply affected by features of the broader context.
- It is often insufficient to change knowledge and attitudes, as people's behaviours rarely align with their intentions.
- Simple economic models that weigh cost and benefit often fail to predict human behaviour.

However, while these insights may be used to design small changes in the context, known as "nudges, These tweaks can also be essential to informing policies and larger-scale changes in systems and protocols. The range of case studies below exemplifies the diversity in scope of behaviourally-informed interventions.

### Nudges

- **NEPAL** A peer comparison intervention in clinics increases Long Acting Reversible Contraceptive (LARC) uptake in post-abortion settings by nearly 7 percentage points
- **URUGUAY** Sending behaviourally-informed text messages increases preschool attendance
- **SIERRA LEONE** A cost-effective social signalling intervention increases childhood vaccination rates by 14 percentage points in Sierra Leone
- **UKRAINE** The Effect of Behavioural Science Tools on Vaccination Uptake: A Randomised Controlled Trial
- **NIGERIA** Pairing automated calls with text immunisation reminders significantly improved the proportion of infants who completed all routine immunisations by 12 months of age and the timeliness of vaccines administered late in the immunisation schedule
- **MADAGASCAR** Adding behavioural enhancements to cash transfers improves early childhood development outcomes including long-term food security and children's social skills

## Systemic approaches

- **JORDAN** Stabilizing livelihoods of Syrian refugees in host communities and vulnerable Jordanians through skill exchanges and employment opportunities
- **MOLDOVA** Shifting tuberculosis treatment to an at-home approach increases adherence among TB patients
- **SENEGAL** Using behavioural insights to design a system for integration of family planning and immunization
- **SOUTH AFRICA** Coupling behaviourally-informed feedback with infrastructure improvements improves water conservation

## More information

To learn more about how to apply Behavioural Science, check-out this [how-to guide](#).

## Moving from theory to application

- The Behavioural Insights Research and Design (BIRD) Laboratory
- The New Science of Designing for Humans
- United Nations Behavioural Science Report 2021
- Applying Behavioural Science to Support the Prevention of Violent Extremism: Experiences and Lessons Learned
- World Development Report 2015: Mind, Society, and Behaviour

## Frameworks and Approaches

- Michie et al's COM-B: Capability, Opportunity, Motivation
- The Behavioural Insights Team's MINDSPACE
- The Behavioural Insights Team's EAST Framework
- UNICEF's Behavioural Drivers Model

## How-to guides

- BEAR's Practitioner's Guide to Nudging
- The Little Jab Book for COVID-19 Vaccination
- The OECD's BASIC Toolkit
- The Surgo Foundation's CUBES Toolkit

- **MALAWI** Shifting how providers approach family planning counselling and integrating tools for improved referrals expands the family planning choice set and improves client satisfaction

## Behaviourally-informed policies

- **SOUTH AFRICA** Embedding growth mindset tools into education policy improves learner outcomes
- **HAITI** Strengthening disaster preparedness policies and protocols using behavioural insights
- Creating policies to reduce youth unemployment around the globe

## Ethical considerations

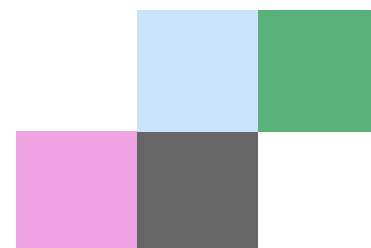
- Ethical considerations when applying Behavioural Science in projects focused on children
- FORGOOD Framework for ethical considerations when nudging behaviour

## Courses

- Behavioural Science Programmes (ABSA)
- Behavioural Insights for Public Policy (BETA)
- Behavioural Science for Practitioners (ideas42)
- Behavioural Economics in Action (University of Toronto/edx)
- SPANISH: Behavioural Economics for Better Policies (IADB)
- Applied Behavioural Science (Ogilvy x 42Courses)

## Other resources

- The Behavioural Scientist Magazine
- The Behavioural Evidence Hub (b-hub)
- The Decision Lab Biases Index
- UNICEF's Behavioural Insights Research and Design Lab (BIRD Lab)





# Create

Strategise, design, diagnose and define your SBC activities.



Overview



Diagnose



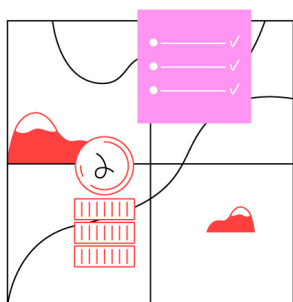
Define Success



Design



# Create **Overview**



# Building an SBC Strategy

Key phases and steps to develop an effective SBC strategy or plan

## Objective

**This document serves as a guide for how to develop a Social and Behaviour Change (SBC) Strategy or Plan for a single-country or multi-country SBC programme.**

Developing an SBC Strategy hinges upon understanding the unique circumstances and world views of the individuals the strategy seeks to serve. These insights will help you design customised solutions for local challenges.

By understanding the barriers to certain behaviours, services or a system from the perspective of community members, you will be able to develop more sensitive, evidence-based and human-centred solutions that respond to people's needs. To learn more about building people-centred solutions, view our tool on [Human-Centred Design](#).

This document will walk you through how to develop an SBC Plan or Strategy. Each step will include links to tools that will help you think systematically and creatively about your situation.

→ *An accompanying SBC Plan / Strategy spreadsheet template is that you can use to guide you through the process is [available for download here](#).*

## The process

We have outlined 12 steps to build an SBC Strategy, broken into four phases. There is no timeline associated with this process, and we encourage you to go at your own pace.

### Phase I: Discovery

**Step 1:** Build a team that includes participating communities

**Step 2:** Diagnose your situation - using models

**Step 3:** Perform a reality check

**Step 4:** Look for funding mechanisms and opportunities

### Phase II: Design, development and testing

**Step 5:** Outline the needs of affected groups

**Step 6:** Select your SBC approaches

**Step 7:** Develop a Theory of Change

**Step 8:** Define results and select interventions

**Step 9:** Determine the budget, timeline, risks and roles

### Phase III: Implementation, monitoring and evaluation

**Step 10:** Perform a baseline assessment

**Step 11:** Test and iterate

**Step 12:** Develop a plan for continued learning and iteration

→ *It is important to note that your process might not be linear. You may need to go back and forth between steps or conduct certain steps simultaneously.*

## Let's get started!

## Phase I: Discovery

### Step 1: Build a team that includes participating communities

Before diagnosing the situation at hand, you must broadly identify the primary issue. Begin by using your preliminary understanding to rally together a team of stakeholders.

Think about the core organizations and people that should be involved in the analysis, design and implementation of the strategy. Keep in mind that the same groups do not have to be involved at every stage.

#### Consider the following questions when building your team:

- **Who has local knowledge, expert knowledge, technical expertise and creative expertise?** Consider members of government ministries, UN agencies, the private sector, local NGOs, civil society organizations (CSOs), as well as community leaders and representatives. Who can best support design and/or implementation?
- **What partnerships do you need to implement the strategy?** Would a partnership with certain religious organizations, technology companies, research groups, TV and radio stations, marketing agencies, or labour unions benefit implementation? Think about who you may need, and when to bring them in. Consider building a core team that expands at certain moments to bring in key voices.
- **Do you need a technical advisory or coordination group?** Consider how these groups might assist with political and community buy-in and approval, partner coordination, technical oversight, community engagement, or fundraising.
- **When should you involve donors? Who are the most important donors?** How might donors support with coordination of partners, implementation, or dissemination?

→ *Once you have identified and mapped key stakeholders, you must agree on a shared vision. Ensure equitable involvement of stakeholders at key milestones, adopting principles of co-design and using participatory approaches. For support with this, see the [HCD](#) and [Community Engagement tools](#).*



## Step 2: Diagnose your situation- using models

In this step, you will identify key challenges, communities and children most at risk, the drivers behind the issues they face, and the elements that could be leveraged as part of the solution.

To begin, you need to collect, collate and analyse social and behavioural evidence, including community insights. We highly recommend selecting a model to structure your research. Check out [this document](#) to learn about different models you could use.



### The evidence collected will help you to:

- Empathize with the affected population
- Situate the problem within larger systems
- Understand the barriers impeding positive change and determine which should be addressed first
- Identify positive levers for change
- Explore what is currently being done to address the issue and any previous initiatives
- Decide which stakeholders should lead the response to this issue, especially players in government and civil society
- Mobilize resources and prioritize where to invest them
- Determine whether your strategies will continue to be effective as barriers shift

Collecting social and behavioural evidence can be time-consuming and resource-intensive. Before collecting new data, first consider the data you already have. If the desk review does not provide recent or thorough insights on the challenge you are working on, you will need to conduct primary research.

There are several research methodologies you can use to fill in gaps in your understanding. The 'Collecting Social and Behavioural Evidence' tool provides an overview of six common methodologies, including when and why they are useful: (i) individual and collective interviews, (ii) observations, (iii) human-centred design (HCD) research, (iv) social mapping, (v) surveys, (vi) experimentation. It also provides guidance on how to triangulate data and which research method(s) to choose, based on your context and needs.

After collecting and compiling your social and behavioural evidence, you are ready to start diagnosing the situation. This is your opportunity to sift through all the data you have collected and find clarity in the noise. The goal of this process is to identify the root causes of the challenge(s). Dedicating time to this process will help you build more efficient solutions that are designed specifically to benefit the people we intend to serve.

To guide you through this process, the 'Diagnose the situation' tool outlines four clear steps and methods to: **(i) organize your evidence, (ii) identify themes, (iii) collate and prioritize insights and (iv) develop problem and opportunity statements.** You may need to use more than one of these methods, especially if the strategy covers multiple sectors or issues within a sector. Problem and opportunity statements can act as guides during the solution phase. You can refer to them at different moments to ensure that the programme remains rooted in the local situation. A good statement frames the challenge or opportunity from the perspective of the impacted community.



### A good statement should include:

- The context
- The people affected
- The desired social or behavioural change
- The barriers or enablers to change

- In place, the people find behaviour difficult to complete because reason.
- In place, the people face social issue because reason.
- In place, the asset could help overcome issue because reason.

When you have developed your problem and opportunity statement(s), consider which aspects of the solutions are likely to require supply, services or policy interventions that rely on other players to implement. While SBC experts play a key role in designing services, systems and policies, sectoral teams (in ministries and organizations such as UNICEF) typically lead on these aspects. Now is the time to involve them if you have not already.

→ *Once you have clarity on who should be leading what, you can move on to Step 3.*

## Step 3: Perform a reality check

Before embarking on a journey to develop an SBC Strategy, be sure to assess your existing resources. Check in on the status of existing plans, timelines, funds, technical staff and in-house SBC expertise.



### Before developing your SBC Strategy, consider the following questions:

- Is leading the SBC strategy process within your mandate?
- Are there existing SBC plans or strategies that can help solve the challenges you've identified?
- Is there evidence, particularly local evidence, to back up existing strategies?
- At the present moment, does your initiative have the right buy-in from key stakeholders? Political authorities? Community representatives?
- Have you adequately captured what communities in your priority areas think and feel about the problem and opportunities you have identified?
- Does your design process allow creative and innovative solutions that go beyond raising awareness and providing information?
- Is your strategy likely to get funded, or are funding mechanisms in place to support it?
- Are there multiple partners trying to do the same thing?
- Do you have coordination mechanisms in place?
- Do you have mechanisms allowing you to continuously listen to and engage with the communities with whom you are working?

→ *By answering these questions, you can decide whether the best course of action is to update an existing strategy or develop a new one. If the most important conditions are in place, you can move on to Step 4!*

## Step 4: Look for funding mechanisms and opportunities

Many SBC strategies remain unfunded for years after development. Funding can take a long time to materialize, so it's important to start thinking about it early.

The cost of your strategy will vary depending on your context and needs.



### To assess whether you have the necessary funding, answer the following questions:

- How much funding will you need to solve the problems identified in Step 1? While you haven't identified any activities yet, try to make a rough estimate and ask around for opinions.
- What resources already exist for this work? Can they be easily accessed or reallocated?
- Do you have enough budget to cover the development of the strategy, including participatory processes with the communities you're designing with?
- Does the budget for this strategy fit into existing national plans or objectives, with associated budgets, or is it a stand-alone approach?
- Are there any donors particularly interested in the thematic area or country you are working in?
- Do you foresee any budgetary constraints?

→ *Use this [budgeting tool](#) as a guide for costs and funding sources for SBC solutions.*

## Phase II: Design, development and testing

At this point, you've collected and analysed your data to reach a better understanding of the situation. You have identified who is most affected by these challenges and might even have some ideas on how best to influence change. You have considered existing plans, thought through your ideal team and considered available funding mechanisms. **Now, how do you solve the puzzle?**

### Step 5: Outline the needs of affected groups

Because you have limited time and resources, it's important to be very clear about who is most at risk and who you are going to engage. This step prepares you to design tailored solutions with an exercise that places you in the shoes of these affected people.

Spend some time re-analysing the data you have collected and consider who and where the most vulnerable people are. While you may encounter more than one vulnerable group, try to focus on no more than three.



#### Divide these groups into primary, secondary and tertiary levels:

- **Primary groups** are those most affected by the challenges, who will benefit most from social change or whose change in behaviour is considered most important. These are the people in your problem and opportunity statements, who can provide innovative local solutions.
- **Secondary groups** directly influence the primary group.
- **Tertiary groups** indirectly influence the primary group.

→ *Once you have identified your groups, you can learn more about them by creating personas, daily journeys or both.*

Start by reconnecting with your findings. Gather all the materials you have collected and go through them again, methodically. The goal is to reach a deep understanding of the people you met or read about. What are their experiences? What are their beliefs? What are they asking for? You may find new details emerge that didn't in Step 1.

**After reviewing your social and behavioural evidence, you can organise your findings on the primary groups by using two key templates:**

- **A persona:** This tool is used to represent the people for whom we are trying to find solutions. To arrive at an effective, tailored solution, you must understand their lives, routines, beliefs, motivations, experiences and attitudes towards the problem you are trying to solve. You must understand where their trust, skills, capacities, interests and knowledge lies. The Persona Template will help you organise all the information you have gathered. If you are struggling to complete the Persona due to gaps in understanding, consider conducting more focused group discussions or participatory activities.
- **A Journey Map:** This tool charts the experiences and emotions, both positive and negative, that someone experiences on a typical day, or along their journey to accomplish a particular task. A Journey Map could focus on activities like registering a child, going to school, or visiting a health clinic. The Journey Map Template will help you understand the barriers that arise and how the person feels at each stage of the journey. This exercise will help you choose the right interventions to address specific barriers.

#### Creating Personas

A Persona is a useful tool to model, summarize and communicate research about people. While it is a fictional representation of a person within your priority group, it allows us to understand them as holistic people, as opposed to just mothers, fathers, influencers or frontline workers. Personas bring out the nuances and details that might be hidden in purely numeric data. For example, we might find two mothers with the same demographic profile (age, ethnicity, religion) but very different experiences and capacities related to the issues we are trying to solve.

#### HOW TO CREATE PERSONAS:

- Use your research from Steps 1 and 2 to build one persona for each group of people that shares similar backgrounds, experiences, beliefs and needs. You should end up with a few different personas (at least three) to represent the people in your context.
- Give each persona a fictional name, so that the information cannot be traced back to any specific people.
- Fill out the Persona Template. Remember that this is a starting point, and you should tailor the questions to suit your needs.

→ *Refer to these Personas to build a strategy that meets the specific needs of the people most affected by the challenges you are seeking to solve.*

## Creating Journey Maps

People have complex lives that lead to even more complex choices. A visual Journey Map helps you see and understand key emotions, influences, perceptions and micro behaviours that arise throughout an experience. Journey Maps provide insight into when and why barriers emerge, and can help to create focused, strategic interventions that are more likely to succeed.

### HOW TO CREATE A JOURNEY MAP:

- Use the information from your research to map a person's journey, highlighting the barriers and challenges they face as they access a service or go about their day. Create as many journeys as you need to represent the variety of experiences you found in your research. You might have one per persona, but not always. Try to keep the number manageable.
- Fill out the Journey Map template based on the journeys you uncovered in the field.
- While it is ideal to work from several Journey Maps, a single Journey Map can greatly improve a strategy's ability to address specific barriers and challenges.

## Step 6: Select SBC approaches

Once you have diagnosed the situation from the perspective of the affected people and communities and situated your strategy within their context, you can now select suitable SBC approaches. As you select your approaches, consider the objective of your strategy and how you will achieve the desired change.

Finding a single approach to achieve your social and behavioural objectives is rare. You will likely need multiple Social and Behaviour Change approaches to manage the complexity of human behaviour. Social change can be even more complex and systemic. Keep in mind that sharing information and raising awareness cannot uproot systemic issues and bring about lasting social and behavioural change.

UNICEF takes an ecological approach to influencing behaviours and societies, addressing individual, social and environmental determinants. Selecting the right blend of approaches at each level will depend primarily on the nature of the challenges, their root causes and the context in which you are working. Secondary factors such as available evidence, costs, human resources and time may also come into play.

### This Programme Guidance divides the SBC approaches into the following six broad categories:

1. **Community Engagement:** Partnering with communities so they can lead the local change process
2. **Social and Behaviour Change Communication:** Designing holistic and data-driven communications to enable change

3. **Service Improvements:** Designing services that are accessible, usable and valuable
4. **Supportive Public Policies:** Changing the rules at the top to enable impact at the human level
5. **Systems Strengthening:** Increasing resources and building institutional, structural and sectoral capacity to facilitate SBC
6. **Applied Behavioural Science:** Shaping contexts and designing processes and products to make behaviours more likely
7. **Social Movements:** Supporting and nurturing social change processes

Your SBC strategy will include a combination of approaches guided by the evidence you've collected. These approaches should directly address the causes of the challenges you seek to solve. While there is no combination of approaches that can be applied to all contexts and challenges, a problem-solving mindset will always be useful and applicable.

For help, refer to the '[Selecting SBC approaches](#)' tool, which includes guiding questions to help you make your decision.

## Step 7: Develop a Theory of Change

After identifying the approaches necessary to solve your problem, you need to bring them together into a Theory of Change (ToC). This will serve as a visual map of the journey to change, explaining the logic behind each intervention and how they come together to bring about change. It will also structure your results at various levels and guide which variables need to be tracked and measured.

In other words, the ToC will represent your entire strategy and its *raison d'être* on one diagram.

You can find examples of ToCs in the [Results Selection tool](#) and UNICEF's [Results Based Management \(RBM\) handbook](#).

Theoretical models will help you structure your ToC. By using models like the socio-ecological model and the behavioural drivers model, you can ensure that your ToC takes every factor into account (see [Why do people do what they do?](#)). You should also consider the barriers identified in the Journey Maps developed in Step 5.

The ToC is a powerful tool for communicating the essence of the strategy to partners in a concise and coherent way. It ensures that you have captured the complexity of the situation and addressed all its causes. It also will help manage the implementation process.

→ **Tip:** *It is important to socialize the ToC with the core steering committee or advisory group established in Step 3 to confirm all factors have been included.*

## Step 8: Define results and select interventions

Now that you are armed with evidence, analysis, a strong human-centred process and a Theory of Change, it is time to develop your results and interventions. At this stage, you will:

- **Define the main objectives, indicators and targets for your SBC Strategy.** Your overall objective is the problem you are trying to solve (defined in Step 2). You should define 3-5 major outcomes which will lead to the achievement of this objective. These outcomes should already exist in your Theory of Change. If not, adjust your ToC to include them. Your goal is to formalize the wording of the result, the indicators you will use to measure progress, the target change and your methods for tracking progress.
- **Define the social and behavioural outputs, indicators, and targets for each participating group you have identified.** This will help capture how the change with each group contributes to the outcomes you have defined. Your interventions will largely focus on achieving these outputs, so it's important to define them accurately and be as specific as possible.

For guidance on selecting results, see the [Results Selection tool](#), the menu of SBC indicators across sectors and UNICEF's [Results Based Management \(RBM\) handbook](#). Remember: there is no such thing as a final strategy. When defining these measures for success, you need to leave room for your strategy to adapt. Measurement is also key to improving implementation, adjusting interventions and replicating or scaling them.

After finalizing your programmatic and social/behavioural objectives, you are ready to select your engagement tactics to achieve the objectives you identified in Step 6.

**Below is a non-exhaustive list of some of the most common tactics, described in the following practical how-to guides:**

- **Social Listening:** Taking the pulse of public opinion and responding to rumours
- **Digital Engagement:** Using technology to connect and interact with people
- **Feedback and Accountability Systems:** Improving services and governance with communities
- **Behavioural Insights:** Applying and testing solutions inspired by behavioural science
- **Social Norms:** Understanding, addressing and leveraging unwritten rules
- **Campaigning:** Designing impactful multi-channel communication efforts
- **Edutainment:** Leveraging popular edutainment for a cause

- **Community Networks:** Strengthening local systems and leveraging trusted partners
- **Media Partnerships:** Working with the media to reach communities
- **Private Sector Partnerships:** Harness private sector brands and resources for change
- **SBC in the Humanitarian Cycle:** Using the [Community Engagement in Humanitarian Action Toolkit](#)
- **M&E in Emergencies:** Measuring change in times of crisis
- **Capacity of Partners:** Creating SBC expertise within government, CSOs and academic institutions
- **Health Systems Strengthening:** An example of integrating SBC into a sector
- **Social Service Workforce:** Understanding how frontline workers can protect children and vulnerable groups

→ **Tip:** *Activities should be appropriate, desirable, effective, viable, practical, equity-focused and feasible for all participating groups. Before designing new solutions, try to leverage local role models, work with early adopters of the desired change and present alternatives that already exist within the community or similar communities.*

Once you have decided on your combination of interventions, select a few process indicators to help you understand the implementation of your activities: their reach, coverage and quality. Add these process measures to the objectives identified above, to create your basic monitoring plan.

## Step 9: Determine the budget, timeline, risks and roles

**First, you must cost the strategy and identify budget sources.**

Accurate costing is key to the success of any strategy. Developing a comprehensive budget that considers the entire cycle (from formative research to evaluation) is imperative to ensure results.

Activity-based costing (intervention by intervention) is a good, general approach. This type of operational budget identifies costs in sufficient detail for any single activity, allowing you to plan resource mobilization overall or by specific activity.

This can be used by others to understand the cost to replicate or adapt an intervention to a different context.

Costs are very context-specific. The process of budgeting requires a strong understanding of costing for each geography. Work with implementing partners and stakeholders on the ground to set realistic estimates.

It is important that your budget facilitates high quality work. Thorough research and professional design, marketing and entertainment is expensive. It may be tempting to present the minimum cost of your strategy to make it more desirable to potential funders.

However, setting an insufficient budget may jeopardize your strategy's chances of success. It is important to be realistic.

You should also consider the funds you already have. If you don't have enough money yet, you should identify opportunities and develop a plan to mobilize resources. Your fundraising ambitions should be realistic.



### You may uncover additional funding by:

- Reallocating from existing budgets
- Joint funding with other departments or across ministries or UN agencies
- Integrating your strategy into already funded initiatives
- Fundraising (public or private) for specific interventions within the strategy or for the strategy as a whole

- [More guidance on developing your budget is available here.](#)
- [Once you have established a budget, you can develop a timeline for the solutions.](#)

### What would you like to achieve in six months? A year? Two years? Here are some things to consider when developing your timeline:

- Which activities will have the most impact if completed first? Is there a logical order of the activities based on your ToC?
- What is the availability of key organizations, individuals, community members, service providers, etc.?
- Do you anticipate any delays in procurement, fund transfers, administrative processes, etc.?
- What do local calendars look like, including seasonal variability in economic activities, cultural and religious events, etc.?
- How long will it take to gather key partners or steering committee members for field visits?
- What are key milestones for the overall strategy and by when do they need to be achieved?

- **Tip:** *It can be helpful to include buffer time in the estimated duration of each intervention, to account for initiation delays, adjustments and unexpected difficulties (see risk analysis below)*

### After establishing a timeline, you must consider the risks.

At this stage, take a step back and try to envision all the potential negative events (internal and external) that might affect your ability to achieve the intended objectives. For each negative event, use a simple scale to estimate how likely it is to arise and how serious its impact on the strategy would be. For high-impact and/or high-probability risks, you should articulate mitigation measures to prevent, minimize and respond to these events.

### After you have assessed the risks, you may now assign roles and responsibilities.

Use your ToC, list of interventions, timeline and budget to map all the tasks required to manage and implement your strategy. Check in with colleagues to see if any important tasks are missing. You may need to assign roles and responsibilities to different organizations and people. To do this, decide who is best placed to:

- Manage and lead the implementation of the strategy (overall and for specific parts)
- Support the implementation of the strategy (overall and for different approaches and interventions)

### Ask yourself the following questions:

- Which community organizations, representatives or members need to be involved, and when?
- What responsibilities will other stakeholders want to adopt or share?
- Within an organization, who can help move the process forward? Do they have the time and mandate to support it in the short and long term? What other responsibilities do they have that may conflict with their ability to support?
- Who has the appropriate experience, expertise, reach and influence?
- What kind of relationships exist between different stakeholders, and how do these relationships influence their willingness and ability to fulfil certain responsibilities?
- Who absolutely needs to be involved in the steering committee or implementation for political and local buy-in?
- Do you need to bring in donors at a certain stage?

## Phase III: Implementation, monitoring and evaluation

### Step 10: Baseline assessment

In order to assess your progress, you need to know your starting point.

In Step 8, you outlined the specific results you are trying to achieve. To represent these results, we need quantifiable indicators. Once you have assigned a numeric value to your end point, you need to do the same for your starting point or baseline. To establish a baseline, you will most likely conduct surveys to set a baseline, developing questionnaires and sampling populations in your areas of focus. This information will allow you to set statistically representative measures of the factors that drive or prevent change, enabling you to track your progress. M&E specialists or other colleagues with expertise in statistics can help you design appropriate surveys. To create an adequate survey, they will need to understand your ToC and result framework. Your tracking efforts should focus on capturing intermediary results rather than just activities monitoring or the quantification of the prevalence/incidence of focus behaviours or social norms.

### Step 11: Test and iterate

**It is critical to assess the impact of your activities to ensure they are:**

- Accepted by the local community
- Effective in achieving your behavioural objective(s)
- Reaching your target groups
- Sustainable

Once you have developed an SBC Strategy or Plan, you must now assess its impact. Testing and measurement are essential, as they will give you a clear understanding of what interventions worked and how well they worked. These two pieces of information help to determine which interventions are worth investing in and scaling up.

U.S. food policy is a prime example of the importance of testing. In 2011, U.S. policy-makers were looking for strategies to curtail overwhelming rates of obesity. They believed that if consumers were aware of how many calories were in a Big Mac or a Coke, they would alter their food preferences and select healthier options. Based on this belief, they introduced a nationwide policy mandating fast food restaurants post the calorie content of their menu items. However, scientists found that this made no difference in US consumers' eating habits.<sup>1</sup>

In fact, customers were actually consuming more calories in one sitting than ever before.

This mistake could have been easily avoided with testing. Using data and testing to develop your SBC Strategy will help to determine whether it has its intended impact and is worth the financial cost, or whether it potentially causes more harm than good.

There are a variety of testing options to evaluate the impact of your interventions. You could run a pre-post experiment, an A/B test or a randomized controlled trial in a laboratory or in the field. Each option has strengths and weaknesses, and your approach will depend largely on the resources (finances, expertise, time) available.

**Before designing your test, you will need to clarify the following:**

1. What is your research question?
  - . e.g., *Do people eat unhealthy food after sad movies?*
2. What is your independent variable (a variable that remains constant and is not changed by other variables you are trying to measure)?
  - . e.g. *Sad movie*
3. What is your dependent variable (a variable that depends on other factors)?
  - . e.g. *Food selection*
4. Who is the affected population? What is the inclusion or exclusion criteria?
  - . e.g. *Adults 25+ living in Georgia, excluding people with diabetes or other medical conditions that alter eating habits*
5. What is your minimum required sample size?
  - . e.g. *Because we have three conditions, we will need 100 participants/group for a moderate effect size.*
6. What are your control and experimental conditions?
  - . e.g. *Control = Watch a neutral movie, examine what cafeteria food selection post-movie*
  - . *Treatment 1 = Watch a sad movie, examine cafeteria food selection post-movie*
  - . *Treatment 2 = Watch a happy movie, examine cafeteria food selection post-movie*
7. What are your outcome measures?
  - . e.g. *Rating participants' feelings from sad to happy on a 7-point Likert scale*
  - . e.g., *Number of slices of cake, fries, onion rings or other pre-defined unhealthy options on the tray*

<sup>1</sup> Downs, J. S., Wisdom, J., Wansink, B., & Loewenstein, G. (2013). Supplementing menu labelling with calorie recommendations to test for facilitation effects. *American Journal of Public Health*, 103(9), 1604-1609.

Be sure to collect participants' demographic information for sub-analyses. You should also implement attention-check strategies throughout the experiment to ensure testing quality.

Once you have gathered data on the performance of your intervention, you can determine whether and how to scale it up. You may want to iterate or refine your tactics based on the data you have gathered. You should use your test results to finalize your tools and approaches.

## Step 12: Develop a plan for continued learning and iteration

Iteration assumes a learning mindset. Ongoing improvements and adjustments to the project design based on new data is an expected and central part of strategy development.

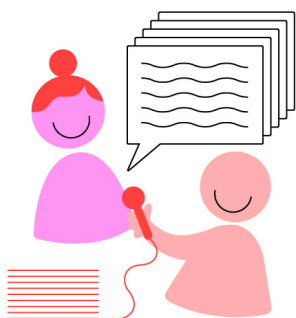
We measure, learn and adapt through a regular cycle of rapid feedback and adjustments. Each cycle gets us closer to solutions that are better positioned to solve the challenges our programmes take on. This also ensures that solutions receive regular and significant input from the people they intend to support, before they are implemented at scale.

Complex behavioural and social problems can benefit immensely from an iterative approach. Use the Measure, learn and adapt tool to develop a plan for continued learning to improve your strategy.





# Create **Diagnose**



# Collecting Evidence

How to gather social and behavioural data



Collect Social and Behavioural Evidence



Diagnose the Situation



Select SBC Approaches

Before diagnosing the problem address it, you need to collect Social and Behavioural Evidence.

This process will help to ensure that all challenges and decisions are rooted in evidence and local insights.

## Why collect Social and Behavioural Evidence?

Human behaviours are complex.

There are thousands of variables that influence people's choices, from context to culture and everything in between. The determinants of social phenomena are often even more complex.

Collecting Social and Behavioural Evidence is a way to make sense of this complexity, by providing information and data on why people do what they do, or why a society is structured by certain rules and interactions. Evidence needs to be collected systematically. The more information you have on participant groups, the better positioned you are to design programmes that effectively address their needs, interests and strengths.

### Social and Behavioural Evidence is important because:

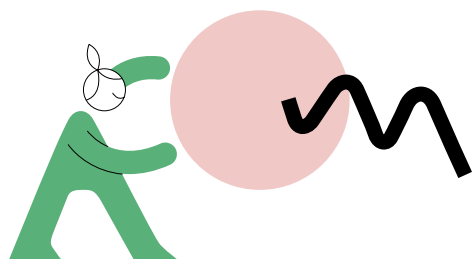
1. It helps us empathize with the affected population – their day-to-day lives, what motivates and frustrates them, who they trust and what they believe and desire.
2. It illuminates the barriers that are impeding change, what positive levers can be activated, and what should be addressed first. This can be anything from power dynamics and social norms to structural factors like accessibility and quality of services
3. It allows us to situate the problem within larger systems, as local situations are likely connected to national political decisions, economic systems or international issues.
4. It makes us aware of existing actions and previous initiatives that focus on the same problem, so that we can learn from them and create synergies.
5. It helps us confirm which stakeholders should be in the lead particularly those within the government and civil society.
6. It helps determine whether our strategies will work in the future, by using continuous monitoring to determine if and how barriers are shifting.
7. It helps us mobilise resources and prioritize where to invest them through an analysis of sustained progress that indicates why a programme should be funded or scaled up.

→ *Throughout this exercise, we highly recommended that you select a model (see [Why do people do what they do?](#)) to structure the research and avoid blind spots and biases.*

## Identifying the evidence you already have

Collecting Social and Behavioural Evidence can be a time- and resource-intensive task. Before you begin collecting new data on barriers and levers, consider the evidence you already have. Potential sources include:

- **Grey literature:** Research that has not undergone a third-party or peer-review process. This includes government reports, white papers, case studies, conference proceedings, etc.
- **Academic publications:** Qualitative or quantitative research that has undergone a third-party or peer review process to ensure reliability.
- **Social listening reports:** Reports on discussions, key words and questions asked on social media. These help you tune in to public opinion and learn about the types of rumours or misinformation circulating on the ground.
- **Country information systems and administrative data:** Many governments and organizations have databases that provide regular, real-time information on their population.
- **Country census reports:** Nationwide surveys that gather information on demographics, economics and social data at national, provincial and regional levels every 5-10 years.
- **Multiple Indicator Cluster surveys (MICs) and Demographic Health Surveys (DHS):** Household surveys that monitor the situation of population groups, provide information on inequities and measure progress toward Sustainable Development Goals (SDGs).
- **Knowledge, Attitude and Practice surveys (KAP):** Studies on a specific population that gather information on general practices and beliefs.
- **Media landscape surveys:** Surveys that focus primarily on the capacity of media channels to reach the population and their geographic and demographic targeting abilities.



# Selecting research methodologies to fill the gaps

If the evidence reviewed is not recent, does not cover your key populations or provide insights on your challenge, you will need to conduct your own primary research.

**This section covers six common research methodologies you can use to fill gaps in your research.**

## 1. Interviews

### What are interviews?

Structured or semi-structured conversations between a researcher and one or more respondents. These conversations are guided by a series of questions that are designed to reveal a person's attitudes, perspectives, knowledge and intentions on a particular idea, programme or situation.

There are two types of interviews:  
**Key Informant Interviews (KIIs)** and  
**Focus Group Discussions (FGD).**

- **KIIs** are interviews with only one respondent at a time. Respondents are typically people with particular technical knowledge or a relevant position (e.g., government staff, local leaders, frontline workers, etc.) or people who have direct lived experience with the challenges you are addressing (e.g., parents of young children, teachers, commercial sex workers, etc.)
- **FGDs** are interviews with a purposefully selected group of respondents, around 6-10 people. Respondents are asked a set of open-ended questions. The composition of the focus group should be carefully considered, to bring out the most honest reporting. For example, to encourage women to share their candid views on a topic, consider hosting separate FGDs for men and women. FGDs can help build your initial understanding of the context and culture early on in the research process and help you make sense of survey responses and fill in gaps in knowledge.

### Why are interviews useful?

Interviews provide context, offering a more complete picture of the data you have collected. They bring out the nuances and complexities of people's lives and the stories behind the statistics. They help you build empathy with the people you seek to serve and a deeper understanding of their situation.

### What are the limitations of interviews?

Interviewees' responses are subjective and prone to biases. Participants may choose to leave out information that could reflect negatively on them or feel pressured to say what they think the researcher wants to hear. Subtle cues from a researcher's tone, reactions or facial expressions can influence how people respond to them. People also have personal interests in local situations, which may impact their responses.

→ *It is important to triangulate findings from interviews with findings from other methods, to see whether certain statements hold true.*

## 2. Observations

### What are observations?

A way to see and hear things people may not tell you. They allow you to document and study how people behave in real-life situations (e.g., in their home, health clinic, community, or school) and how they respond to certain challenges.

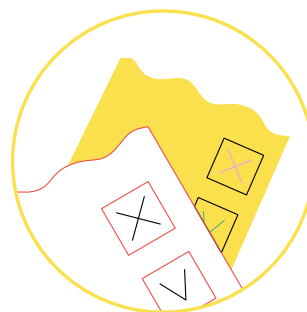
Observations can be gathered passively, using tools like time-lapse video to capture the traffic to latrines. Observations can also be collected through interactions, like asking people why they do certain things.

### Why are observations useful?

Observations can help reveal influences of behaviour that people may not reveal in interviews. They also offer a first-hand visual experience of the problems that people face and the services that they must navigate. Observations help to bridge the gap between what people say and what they do.

### What are the limitations of observations?

People often behave differently when being watched. To reduce the impact of your presence on their behaviour, allow yourself enough time to conduct observations so that people become desensitized to your presence. You should also triangulate your findings with other evidence to validate your observations.



### 3. Human-centred design research

#### What is human-centred design research?

A broad term for the process used to better understand the underlying and sometimes hidden desires, needs and challenges of participant groups when co-designing a solution to a problem. It involves having open conversations to cultivate empathy with the people you are designing with, generating ideas and building prototypes together, sharing what you have created and, eventually, testing these solutions out in the world.

#### Why is design research useful?

Human-centred design research is a practical and cost-effective tool for evidence generation which ensures solutions continuously consider participants and their needs.

#### What are the limitations?

Human-centred design research is rapid, cost-effective and can lead to insights more quickly than other methods. However, critics argue that the process relies heavily on intuition rather than facts.

### 4. Social mapping

#### What is social mapping?

A visual method that helps us study and understand how members of a community interact and affect one another's thoughts, feelings and actions by mapping groups, people and their relationships on a diagram. In some cases, these diagrams can map the physical location of households relative to important community social structures and other key locations.

#### Why is social mapping useful?

Social mapping is useful because it sheds light on influences and power differentials. It uncovers which stakeholders are important to partner with and which social inequities need to be addressed. The spatial analysis also provides a different angle, helping to uncover blind spots.

#### What are the limitations?

This process can become fairly complex in large, interconnected communities and groups.

### 5. Surveys

#### What are surveys?

A set of structured questions that help us understand various dimensions of a problem. Surveys can reveal cognitive or social drivers of behaviours such as attitudes, beliefs and social norms. Surveys often provide close-ended response formats, such as by rating levels of agreement on a scale. For example, a survey might ask about a mother's likelihood of breastfeeding her newborn on a scale of 1 (not likely) to 7 (extremely likely).

#### Why are surveys useful?

Surveys are useful for quantifying parameters, and later for measuring change. If sample sizes are large enough, they can also help disaggregate the data for different segments of a larger population.

#### What are the limitations?

Surveys are only reliable if respondents report accurately. People can be forgetful or unaware of the unconscious drivers at play in their behaviours and social interactions.

They may also feel pressure to respond in a socially desirable way. Surveys provide more thorough scoping and exploration and help quantify the findings uncovered by qualitative measures, however, they are less helpful for understanding the problem itself.

## 6. Experimentation

### What is experimentation?

A procedure where a group of people is exposed to a pilot intervention to observe and measure its impact.

The level of experimentation you choose will depend on the time, resources and capacity available to you.

Randomized controlled trials (RCT) are the most rigorous type of experiment. In an RCT, people are randomly assigned to either an intervention group or control group and researchers measure any differences in results between groups.

**Other common methods of experimentation include pre-post studies and A/B testing.**

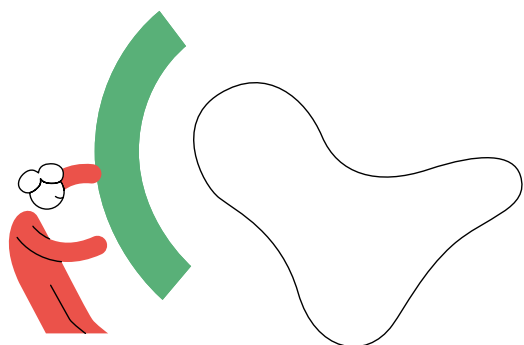
### Why is experimentation useful?

Experiments are useful because they help you understand if an intervention will have its intended impact. They help ensure a solution's effectiveness before any major investment occurs and can also reveal unintended impacts.

### What are the limitations?

Experimentation is a final step that comes after the problem is well understood. Experiments can be lengthy, so it may take a while to get results.

Conducting rigorous experiments often requires a significant investment of time and resources.



## Remember to triangulate

Social and Behaviour Change is all about making sense of complex situations. To achieve this, you should use a variety of research approaches.

If you do not have a clear understanding of the problem, consider qualitative research methods such as interviews, observations, human-centred design research and social mapping. This type of formative research will later help you design your quantitative tools and ensure they are measuring the right things.

Because they typically involve a large number of people, quantitative research methods like surveys and experiments, can help validate and quantify qualitative findings.



Refer to these rules to help you triangulate your findings:

- **Qualitative methods should follow quantitative methods when...**
  - You want a deeper understanding of people's responses.
  - You want to build more empathy with participant groups.
- **Quantitative methods should follow qualitative methods when...**
  - You want to know whether your findings can be generalized to a broader population.
  - You want to test a hypothesis based on information collected through interviews.
  - You want to measure the parameters you have uncovered or the impact of the work.

→ *For more information on mixed-methods approaches and how to combine qualitative and quantitative data, visit [this website](#).*

# How to select a research methodology

For guidance on how to select a research methodology, refer to the [Better Evaluation Rainbow Framework](#).

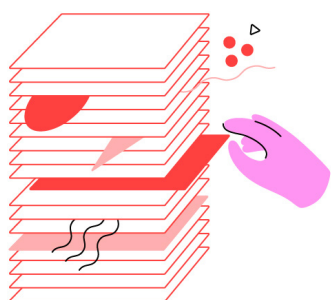
## Resources

### Evidence mapped at global level

- [A summary of research on social, behavioural and community engagement interventions for reproductive, maternal and newborn child health](#)
- [A searchable database of behavioural science evidence and results](#)
- [Data on community feedback, social listening, infodemic and risk communications and community engagement activities](#)

### Tools for understanding different research methods

- [A one-stop resource with hundreds of tools, methods and processes](#)
- [Guidelines for interviewing children](#)
- [Guidance for when to use in-depth interviews](#)
- [A guide for conducting in-depth interviews](#)
- [HCD for health resources](#)
- [A field guide to Human-Centred Design](#)
- [A social mapping toolkit](#)
- [Tools for data collection](#)
- [An A/B testing tool](#)
- [A toolkit for randomized controlled trials in development settings](#)



# Diagnosing the Situation

How to make sense of your data



Once you have collected your Social and Behavioural Evidence, you are ready to start diagnosing the situation.

This process will help you ground all challenges and decision-making in relevant evidence and local insights.

## What is diagnosis?

The process of thoroughly analysing data, information and research to develop an in-depth understanding of a situation.

By finding clarity in the noise, you can uncover the root cause(s) of the challenges at hand, existing local strengths and initiatives, and viable solutions to help overcome challenges.



Taking time to sift through the evidence and diagnose the situation will help you determine which psychological, social or environmental elements can be leveraged. This enables you to design a resulting strategy that truly involves and serves the affected population.

## Why is diagnosis important?

UNICEF's work is focused on addressing development and humanitarian challenges that affect communities and families. Every community has its own unique context, history and social dynamics that affect the way they engage with programmes and institutions like ours.

Understanding this history and developing a deep understanding of the specific context and needs will help ensure that programmes are impactful and resources are allocated efficiently. However, making meaningful connections between the different pieces of data you have collected requires a significant time investment.

## Objective

You have successfully diagnosed the situation if you can create Problem and Opportunity Statements.

A Problem Statement is a concise framing of the main challenge. It is very likely that the research will present more than one challenge. However, focusing on one pressing issue will almost always prove to be more effective. An Opportunity Statement is a concise framing of how local strengths, wisdom or positive norms can be leveraged to overcome the main challenge.

Early on in your research, you may uncover viable solutions that already exist locally or in similar contexts, as well as material and immaterial community assets that could be key moving forward.

A good statement frames the challenge or opportunity from the perspective of affected community members, or acknowledges how it directly affects or relates to them. These statements will help you develop a human-centred strategy.

### → Management tip

*You may be working with an external consultancy or service provider to help you diagnose the problem. To set expectations and ensure that deliverables suit your objectives, it is good to be familiar with the process.*

→ *For example, it may be effective to map research insights to a particular behavioural or social model (see Organizing/Mapping below). You may want to make this step required within the contract deliverables.*

## Key tips for success

### 1. Don't delay your analysis

Once the evidence has been collected, you should begin analysis right away. Transcribe interviews immediately so that details like tone and emphases are not forgotten.

### 2. Make sure you have enough time

Sometimes insights are not immediately obvious and may require deep thinking to connect the dots. At a minimum, you should set aside three days for analysis for each day of data collection in the field. This is known as the 3x rule. While quantitative data may take a little less time to analyse than qualitative data, use the 3x rule to ensure you have spent adequate time on analysis. Take time to triangulate your data, to double-check that everything 'feels right'.

### 3. Don't do it all by yourself

Diagnosis can be very tiring, which may result in overlooking key insights in the data. Furthermore, different perspectives and experiences can influence the way we see things. To ensure that all data are properly considered, you should work with a mix of minds from various disciplines and invite outside teams to help. Working with a diverse team helps combat biases that affect how we interpret information. When working together, create space for both individual and group input.

### 4. Get creative

Don't spend too much time staring at a screen. Working offline can help you see the same information from new angles. You could print out interview transcripts so that you can scribble notes and ideas in the margins. You could make a rough sketch of an experience shared in the data. You could even take a walk when you re-listen to an interview. Our minds work differently when working on a screen, so it's important to find creative alternatives so that you have space to think clearly about the evidence collected.

### 5. Triangulate with other data and knowledge

Before conducting primary research, you should carry out a desk review to identify evidence that already exists in the focus area (see the [Collecting Social and Behavioural Evidence](#) tool). Having this knowledge base will help you understand the new data you have collected. Comparing existing data to new data can highlight a cultural shift in the community or offer connecting evidence to support the new insights.

## How to diagnose the situation

There are four steps to diagnosing the situation:

1. **Organize the research findings** in a way that makes them easy to digest and to ensure that nothing is overlooked.
2. **Identify themes and trends** that emerge from the data.
3. **Develop detailed insights** that emerge from these themes.
4. **Create problem and opportunity statements** to prioritize challenges and leverage points.

Organize the research	Identify themes	Develop insights	Create Statements
<p>Make sure to include everything you've collected</p> <ul style="list-style-type: none"> <li>▪ Coding</li> <li>▪ Research wall</li> <li>▪ Mapping</li> </ul>	<p>Get to know the data</p> <ul style="list-style-type: none"> <li>▪ Spotting themes</li> <li>▪ Understanding outliers</li> </ul>	<p>Forming a deep understanding of the situation</p> <ul style="list-style-type: none"> <li>▪ Triangulating research</li> <li>▪ Finding the story</li> </ul>	<p>Articulating the contextual challenges and opportunities</p> <ul style="list-style-type: none"> <li>▪ Prioritizing insights</li> <li>▪ Crafting statements</li> </ul>

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### Getting started

Gather every piece of raw evidence collected during the research phase. This includes documents with statistical results, observational notes, recordings and transcripts from interviews and focus groups, as well as notes and photographs (perhaps even video) from observations. Everything is useful.

For example, if interviews were conducted with education professionals in a school environment, then any leaflets picked up from the location or photographs of the environment will help bring the research to life.

It's important to be comprehensive at this stage, so that no data or connections are overlooked. Data and information from the desk review must also be included at this stage.

#### A little trick

Before jumping into the three following phases, it can prove very helpful to play a little memory game particularly if the research involves qualitative methodologies (interviews, focus groups, or observations).

While you do have notes and recordings of these sessions, your memory can provide valuable insight. Your memory will be most useful immediately after the research phase. Draw on your own expertise, experience and perspective to pinpoint particular moments.

→ *Ask yourself: What is most memorable to me from the session? What stands out? What do I want to know more about? What did I notice in the environment that wasn't spoken about?*

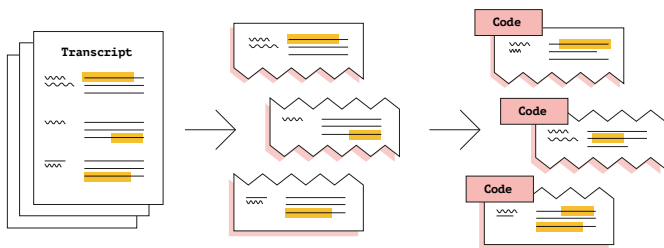
# 1 Organize Research

Organizing data makes it easier to digest and ensure that all insights hidden within the research are surfaced. Without organizing the data, we may become reliant on our assumptions for answers or focus on the most obvious insights.

It is essential to come to the diagnosis phase with fresh eyes and a belief that you do not yet know all of the answers.

## Coding

Coding data is about highlighting key pieces of information and organizing them into subjects. For example, multiple people may have commented on waiting time when seeking health services, or family pressure to conform to certain practices.



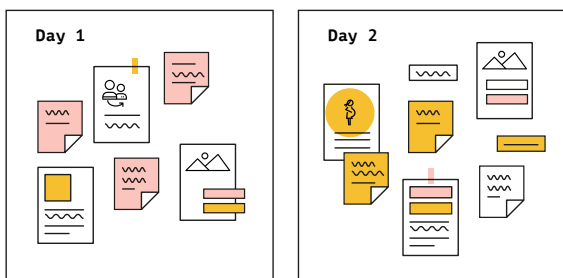
Coding

**These comments could be codified under 'access difficulties' or 'familial influence!'**

- Get more than one person to read each transcript and coordinate on code creation
- Add highlighted data verbatim into the first column
- Lay out the codes in the following columns
- Mark where the data correlates to the codes

## Research wall

Research walls — posting research onto a wall and group it according to themes — can spark insights by providing visual stimulation and the ability to look across multiple research assets simultaneously. The wall can also be used to document any insights elicited during thematic development.

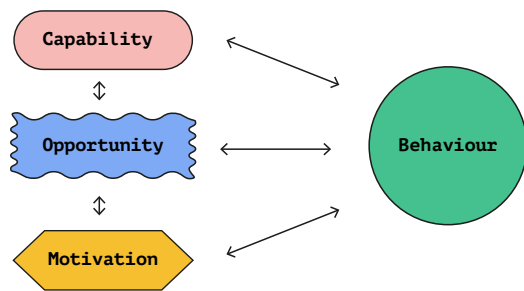


Research wall

This works especially well with qualitative data, but is also useful for quantitative data. Possible materials to post on the research wall include photographs, interview quotes, sticky notes with observations and other miscellaneous materials collected from the field.

## Mapping

Existing models and frameworks can be useful to map data against. Models provide a structure that takes into account the different contextual layers involved in a social or behavioural change process. Mapping to a model can highlight key areas or moments where the barriers or opportunities are prevalent.



Mapping

**Consider the following models:**

- [The COM-B Model](#)
- [The Socio-Ecological Model \(SEM\)](#)
- [The Behavioural Drivers Model](#)
- [Diffusion of Innovations Theory](#)
- [Social Network Theory](#)

→ **Management tip**  
*Vocalize any preferred models early on in the process, so that it can guide the design of the research.*

## 2 Identify themes

Once the evidence has been organized, you can move on to thematic analysis and development. What observations and visualizations connect to highlight a barrier or a strength within the community?

You can use the codified data to spot trends and recurring themes. Codes help you build an in-depth understanding of the situation.

### Make connections

1. Allow time for individual review, and determine themes of interest. These themes can be documented through notes and sketches or turned into a verbal narrative.
2. Come together as a team and share individual observations. How do others in the team respond? Does everyone agree that themes are relevant and substantiated? This is an opportunity to combat biases, so expect some disagreement and debate.
3. Cross-reference your themes with existing knowledge from the desk review. Does the research provide a new understanding of the context or correlate with some existing assumptions? Look for supporting evidence in existing data.

### Don't neglect outliers

1. While recurring themes will provide the bulk of the insights, it is wise to consider outlying statements and data points in the research. . Ask questions about the outliers: Do any of them catch your eye? Why did this person say something so different to everyone else?
2. Discuss these observations with your diagnosis team. Outliers are often valuable, particularly in regard to social norms. How and why have outliers broken norms? What has enabled them to do so? Is the behaviour sustained? What has been the result? Viable, existing local solutions can often be hidden in outliers.

→ **Management tip**  
*Do not pass up any valuable pieces of data. Ask the research team to share outliers to see if they can be developed into insights.*

## 3 Develop insights

At this point, themes that can be turned into significant social and behavioural insights should begin to emerge. Use these themes to develop an even deeper understanding of the context and establish a narrative that can be shared with people outside of the research team.

### Triangulate findings

It is important to substantiate each insight, even if it is not what the diagnosis team was expecting to find in the first place.

- Are there smaller themes that need to be triangulated? Look for supporting evidence in the desk review and existing literature. If further evidence is not found, it might be worth carrying out more research to fully understand the theme.
- Significant themes in the research should be investigated further. Can this finding be understood more deeply? Has a recent event caused a certain social norm to deepen or shift?

→ **Management tip**  
*Provide the contracted research team with your organization's relevant collective intelligence at the beginning of the research. Do not assume that everyone understands the context as well as you do. It is important to share any internal research or documents that can support the research team in their process.*

### Find the story

Once the findings of the research have been substantiated and quantified, you can turn them into a story.

By doing so, your findings can be easily communicated to people not involved in the research – communication specialists, designers, government officials, community members and decision-makers who need to sign off on any action.

Insights are all about communicating research findings in a way that can be easily understood.

This is especially important when sharing insights with affected communities.

- Think about assets created throughout the diagnosis phase. These could be sketches, significant quotes pulled from the research, sound bites from interview recordings, graphs, behavioural models with mapped findings or powerful photographs. These are all tools that can be used in combination to communicate and evidence the insights.
- Think about the audience that needs to understand the diagnosis. What type of evidence will they find most convincing? Be careful not to fabricate beyond the insight at this stage. Remain true to the data and community being represented.

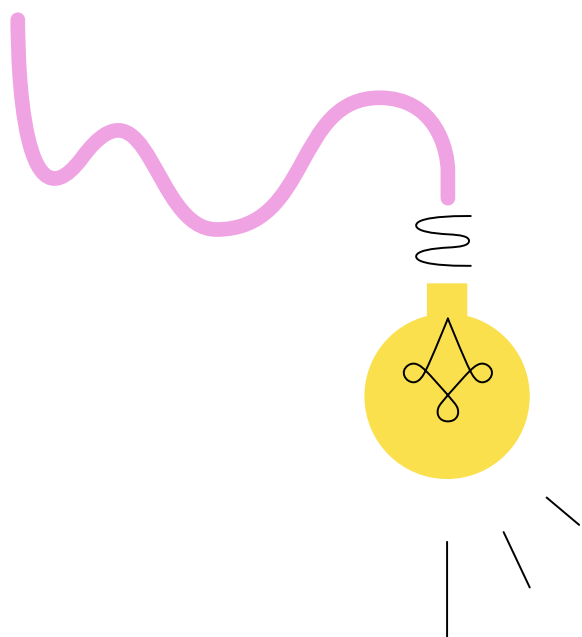
## 4 Create problem and opportunity statements

At this point the research has been fully distilled into key insights. To move into the solution phase, it is important to prioritize your findings and focus on priority challenges and key opportunities.

### Prioritize insights

When prioritizing insights you should consider:

- **When bottlenecks occur**  
For example, when both supply and demand issues are present, supply should be addressed first. If demand improves but supply remains inadequate, it could lead to a very negative user experience and increase or create barriers.
- **The scale and influence of bottlenecks**  
Does any one insight present such a significant barrier to change that it must be addressed first? Consider social norms. It is unlikely that people will adopt a new behaviour that creates friction within their social environment, no matter how supportive the structural environment becomes.
- **Existing resources**  
What local means are available to support change? What local experience or value seems the most promising or inspiring? What do community members rely on? What or whom do they trust?
- **Actions with the most immediate impact**  
For example, if vaccine supply is low in the context of a pandemic, it may be beneficial to prioritize actions like distancing and hygiene before focusing on vaccine demand.



## Crafting statements

The final step to diagnosing the situation is summarizing the prioritized insight in a couple of statements. These can act as guides during the solution phase, and can be referred to at different moments to make sure that the programme remains rooted in the local context. A good statement frames the challenge or opportunity from the perspective of someone within the community, or at least acknowledges how they are directly affected.



### STATEMENTS SHOULD INCLUDE:

- The context
- The people affected or the asset offering a solution
- The change we would like to see (social or behavioural)
- What is impeding and what could facilitate this change
  - In \_\_\_**place**\_\_\_, the \_\_\_**people**\_\_\_ find \_\_\_**behaviour**\_\_\_ difficult to complete because \_\_\_**reason**\_\_\_.
  - In \_\_\_**place**\_\_\_, the \_\_\_**people**\_\_\_ face \_\_\_**social issue**\_\_\_ because \_\_\_**reason**\_\_\_.
  - In \_\_\_**place**\_\_\_, the \_\_\_**asset**\_\_\_ could help overcome \_\_\_**issue**\_\_\_ because \_\_\_**reason**\_\_\_.

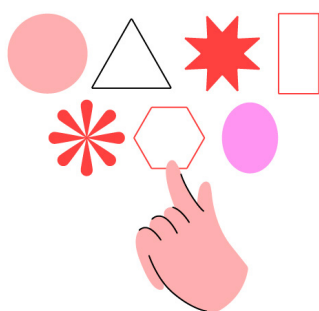
### Examples

**Below are some hypothetical examples that are NOT based on research.**

- In Scotland, young people find reducing their alcohol consumption difficult because there are few places to socialize other than bars and pubs, and they don't want to be excluded from their group of friends.
- In Zambia, healthcare workers find maintaining motivation difficult because they work in understaffed teams, don't see the value of good performance and don't see benefits or sanctions applied.
- In Egypt, framing community engagement around the value of the family could help overcome harmful practices against girls, because the respectability of the family unit matters more than the individual child affected.

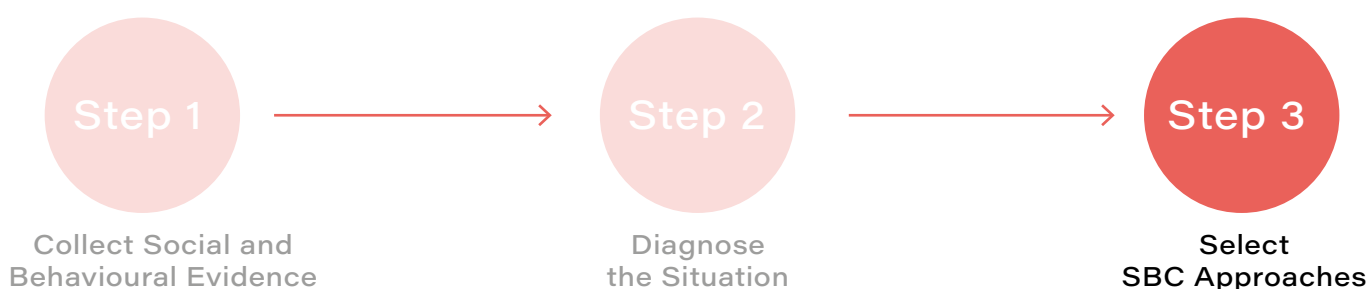
### → Management tip

*Members of your research team may have their own process for defining problems and opportunities. Agree on a process early on to clarify expectations and eliminate any confusion around research deliverables. Listen to your research team. They may have a creative way to communicate their diagnosis that will work well for you.*



# Selecting SBC Approaches

How to ground your decisions in local evidence



Once you have diagnosed your situation, you are ready to select SBC Approaches. This process will help to ground investments and other decision-making in relevant evidence and local insights.

## The importance of using multiple approaches

At this point, you should have a deep understanding of the situation, its challenges and opportunities. You should know the key groups (most affected, most likely to help, gatekeepers and influencers) and even have some ideas around how to initiate and support a change process. Now is the time to convert your knowledge into an action plan.

Your analysis likely revealed a need for multiple Social and Behaviour Change (SBC) Approaches. Improving gender equality, community resilience and social cohesion all require multi-sectoral, long-term programmes and social movements. Even changing individual behaviour requires significant shifts in the social and cultural contexts in which people live. While shading information and raising awareness is often necessary, it is only a starting point.

## What are UNICEF's 7 core SBC Approaches?

SBC has a wide range of methods, tools and disciplines to draw from. These can be categorized and named in many different ways. For the sake of this Programme Guidance they have been divided into the following seven categories.

1. Social and Behaviour Change Communication: Designing holistic and data-driven communications to enable change
2. Community Engagement: Partnering with communities so they can lead the change process
3. Service Improvements: Designing services that are accessible, usable and valuable
4. Systems Strengthening: Strengthening sectoral systems to achieve SBC objectives

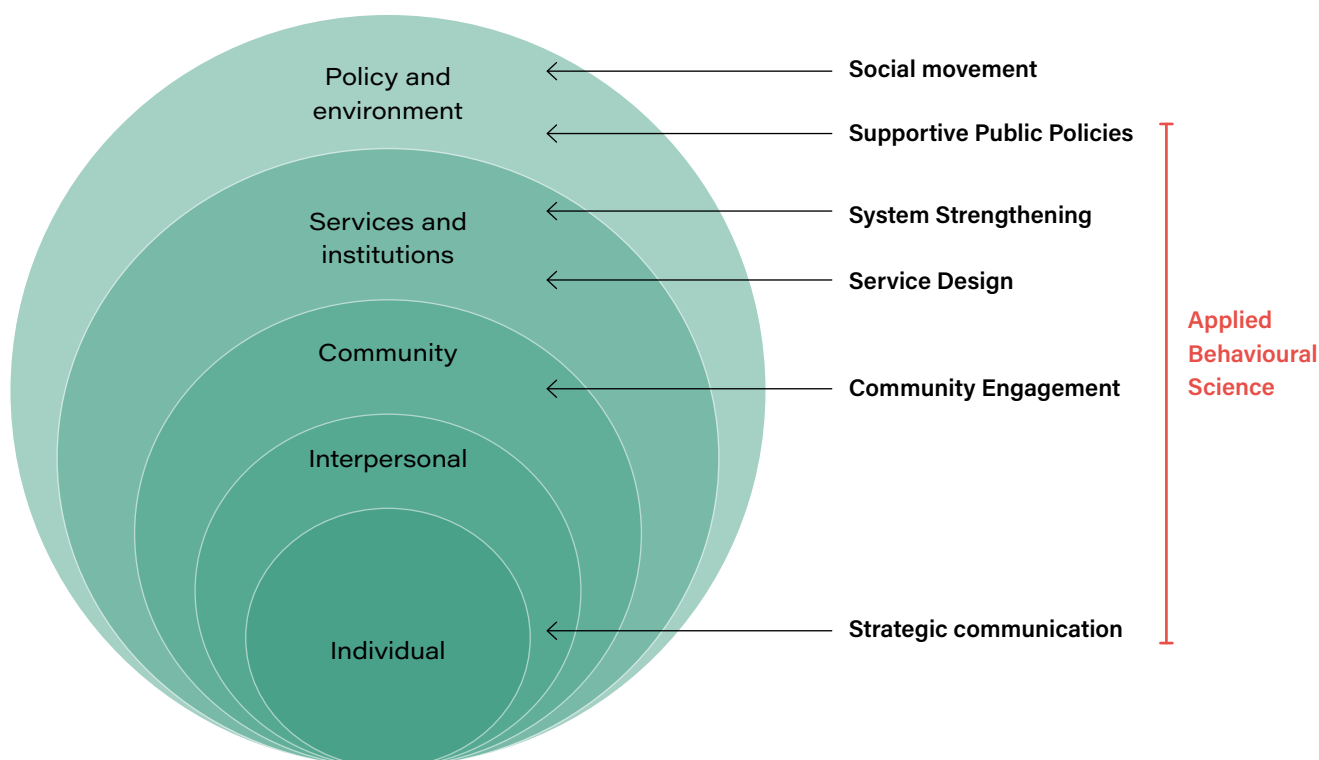
5. Supportive Public Policies: Changing the rules to enable positive change
6. Social movements: Supporting and nurturing social change processes
7. Applied Behavioural Science: Shaping contexts and designing processes and products to enable behaviour change

## Selecting the right mix of SBC Approaches

There is no standard set of approaches that can be applied to any context and challenge. Your combination of approaches will depend on your priority populations and their context. Comprehensive SBC strategies often aim to address numerous reinforcing behaviours, as well as the structures and networks that drive these behaviours and affect an individual's well-being.

For example, an SBC strategy focused on education may employ a number of approaches to improve school attendance among adolescent girls. Approaches may include changing laws, introducing financial incentives through social protection mechanisms, adapting pedagogical strategies among teachers and increasing the number of female teachers. It may also include efforts to address community norms around the rights of girls and women, as well as the perception and reproduction of gender roles in families.

Your problem and opportunity statements will guide you towards the right mix and blend of approaches.



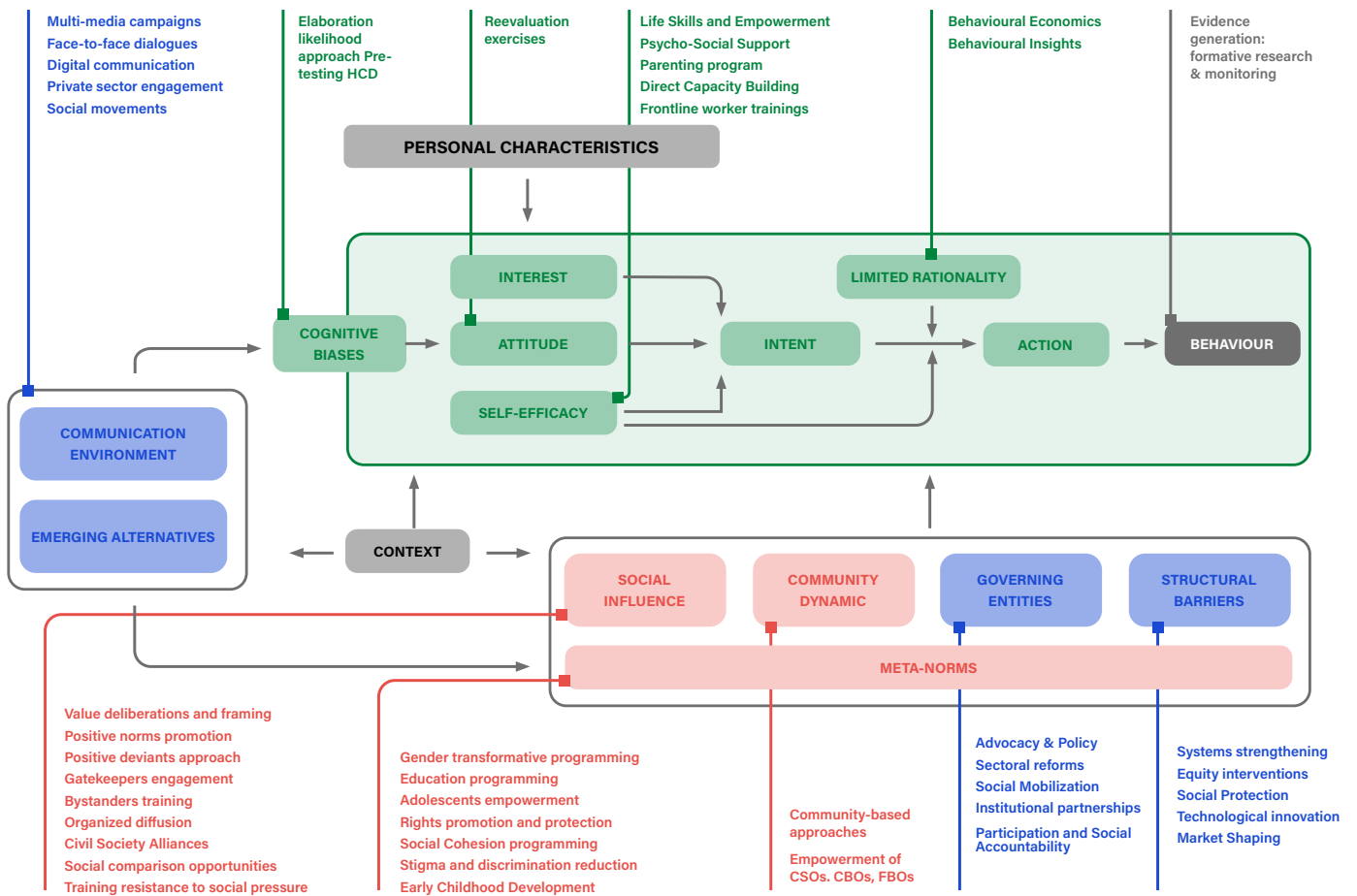
We use the socio-ecological model (SEM) to represent the 7 main approaches, simplifying and approximating what these strategies generally aim to influence, and with whom they are intended to be conducted or applied. The following map of approaches can guide strategy selection and link formative research with strategy design.

The socio-ecological model is powerful because it places individual behaviour within the larger context. For example, if we want to increase birth registration and breastfeeding among new mothers, the model can

help to identify the range of conscious and unconscious individual factors we need to address (e.g., knowledge, beliefs, perceptions and attitudes) and how we can create an environment that enables change (e.g., family dynamics, parenting roles, social norms, access to services, rules and regulations).

A model like the SEM can help you arrive at a set of approaches that strive for sustainable change through action and collaboration across multiple levels.

## Relationship between the main drivers, behavioural interventions and programming approaches





## Selecting interventions

The Behavioural Drivers Model (BDM) can also guide programme design and intervention selection. The BDM, like the SEM, looks at mechanisms operating at several levels. However, this model also focuses on behavioural pathways and how a wide range of drivers influence behaviour. This creates a map that we can use to think through particular actions and activities, as well as appropriate stakeholders to involve in a change effort.

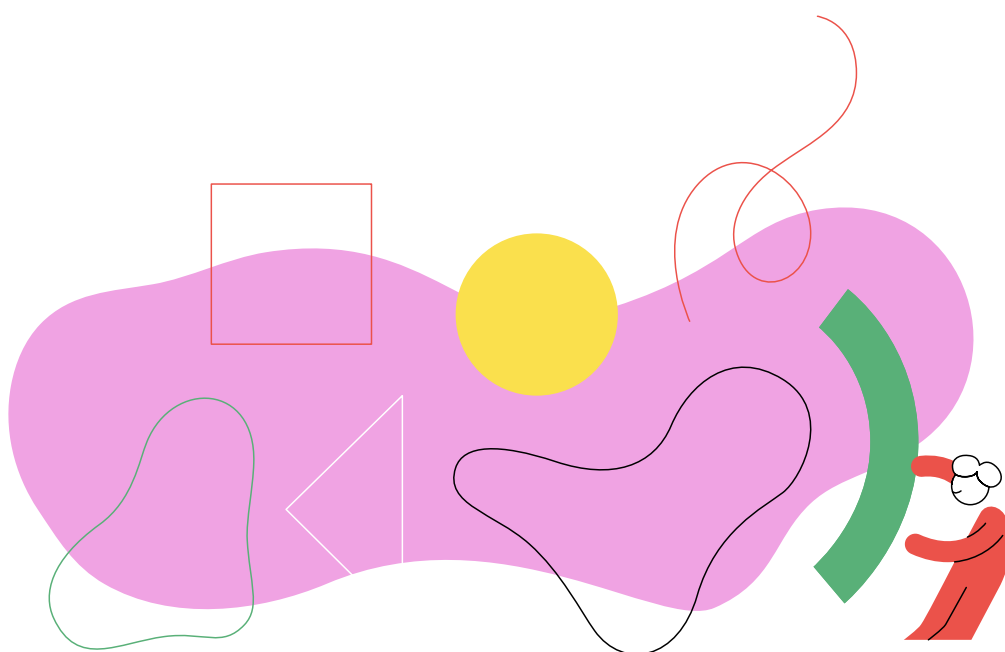
The figure below is an intervention map. It links and translates formative research results into interventions, by identifying techniques specifically designed to address a factor of interest.

Like the SEM, this map is a simplification. Certain interventions address multiple drivers. For example, parenting programmes can influence not only caregivers' self-efficacy, but also their attitudes and the norms within a community. Certain drivers might also change indirectly as a result of other factors, such as social norms shifting due to structural changes. However, it

remains a very helpful tool for thinking through what needs to be done on the basis of the formative research. The variety of potential behavioural drivers demonstrates how a single behaviour may be supported by a broad array of motives. Some motives may relate directly to the individual decision-maker, while others may be due to groups the individual finds themselves in or result from their larger environment.

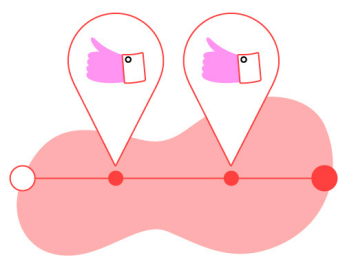
For any given behaviour, certain drivers will matter more than others. To develop interventions, it is critical to identify significant drivers and understand how they relate to each other and which are likely to change. In most cases, resources will be limited. Policy makers and programme designers should select the most influential drivers on which to intervene based on financial and practical feasibility.

→ *How do we select the results to be achieved?*  
*Read on to find out.*





# Create **Define Success**



## Selecting results

How to build your Theory of Change and Results Framework

**Historically, the field of social and behaviour change has placed a lot of emphasis on activity-level metrics (such as the number of people reached by communication products), individual cognitive results (such as knowledge and awareness) and the prevalence of behaviours.**

In recent years, the way behaviour change is measured has evolved to focus more on sophisticated measures of intermediate change, such as attitudes, self-efficacy, social acceptability and social norms. This reflects a growing interest in the impact of social phenomena on rights fulfilment, power imbalances and gender inequality.

The SBC Theory of Change detailed below shows the links between results at multiple levels and how SBC outcomes translate across different programming areas and Sustainable Development Goals (SDGs). This can be applied to both development programming and

emergency contexts. See the [M&E in Emergencies tool](#) for more information on measuring outcomes in humanitarian contexts.

## Types of SBC results

SBC interventions and results contribute to the achievement of sectoral goals and positive transformations across sectors and throughout society (equity, social cohesion, etc). SBC results generally fall into one of two categories: behavioural and social changes, or performance monitoring. Performance monitoring tracks how well strategies and interventions are being implemented.

An SBC results chain includes:

<b>Outcomes</b>	Outcome-level results and indicators often refer to behavioural prevalence/incidence, such as the adoption or abandonment of certain practices, or positive social transformations, such as increased community resilience. These societal or behavioural results are partly due to the successful implementation of SBC strategies and activities.
<b>Intermediate Outcomes</b>	Intermediate outcomes are precursors to the outcomes and milestones met on the way to the desired change. They include results at the individual (e.g. self-efficacy), collective (community dynamics and social norms) and institutional (access to equitable services) level.
<b>Outputs</b>	Outputs are the low level results most directly linked to the SBC activities. They can be achieved and measured in a shorter period of time, can be attributed more closely to the programme, and are essential steps towards the intermediate outcomes. They also include results at the individual (e.g. knowledge and awareness), collective (ownership of the change effort) and institutional (more participation opportunities) level.
<b>Activities</b>	The success of SBC activities and strategies can be measured in terms of information provided, stakeholders mobilized, communities engaged in a change process, local governance mechanisms strengthened etc.

## Theory of Change

A Theory of Change (TOC) outlines exactly how the results of a specific approach or activity contribute to achieving your desired outcomes. It links the elements of your SBC strategy and gives life to the evidence you collected and analysed. The outcomes of the TOC should reflect the problem statements. The intermediate outcomes and outputs should describe the bottlenecks and drivers that surfaced during the diagnosis and the opportunity statement should drive the selected activities.

A TOC lays out the logic of your overall strategy. You can share it with partners, and socialize it with communities and reference groups. If collaborators find issues with the pathway you have defined, you should work with them to improve the diagnosis, find gaps in the causal analysis and rethink the selected approaches and interventions.

A TOC is also an important communication and accountability tool, foundational to developing an M&E framework to track results. It highlights systems-related requirements for achieving results and can be used to advocate for financial and technical investments.

## Developing a TOC

SBC programming begins with an analysis of socio-behavioural drivers and bottlenecks within institutions and systems (see [Collecting social and behavioural evidence and other tools in the Diagnosis section](#)). This analysis allows you to define results and select approaches and activities that effectively address the

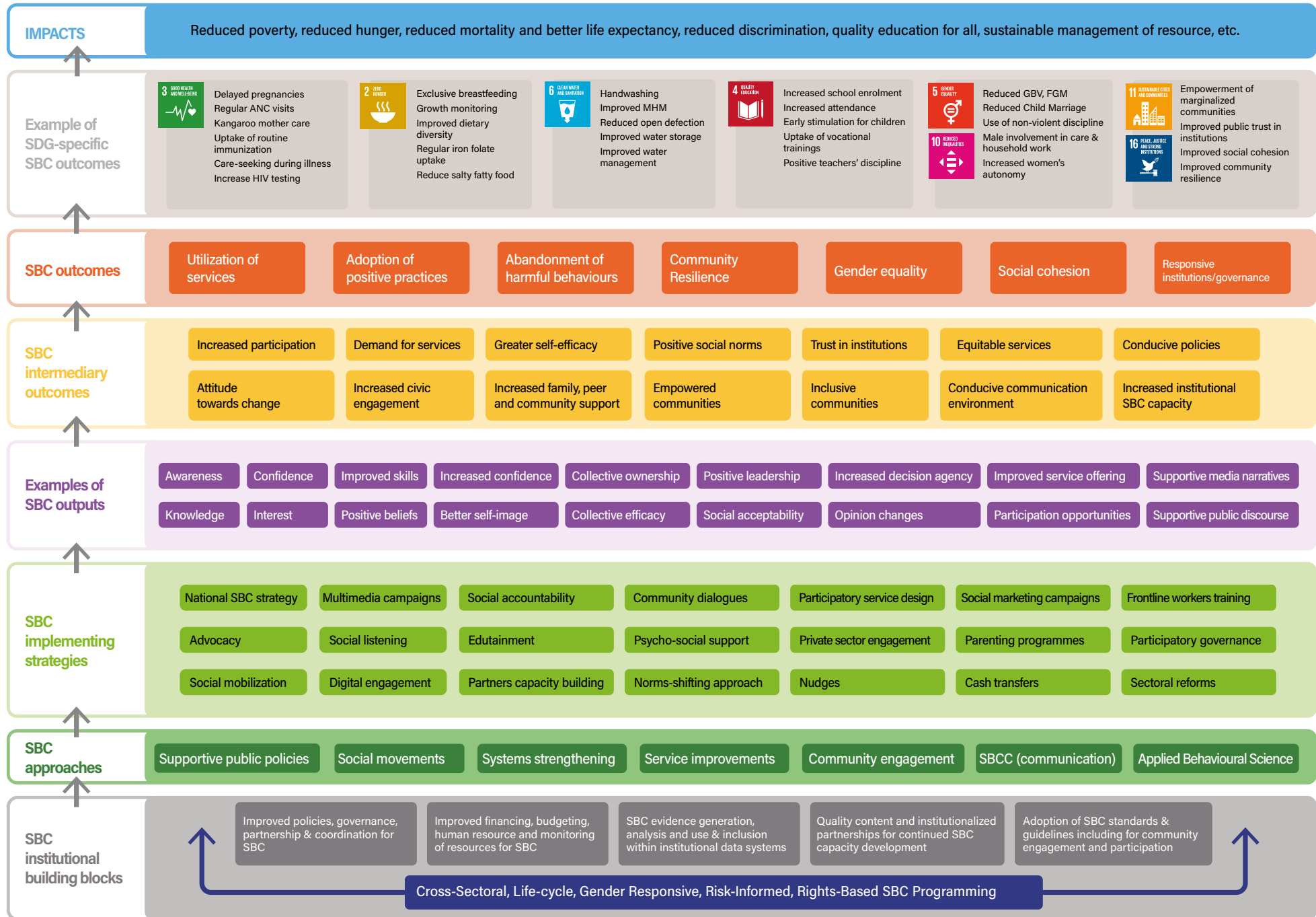
desired change that have been identified together with the appropriate rights holders and duty bearers.

Behaviours are driven by a range of influences at multiple levels, as shown in the [Socio-Ecological Model and Behavioural Drivers Model](#). For any one behaviour, determining the high-priority drivers, how they relate to one another and which are most likely to shift is critical. Causal analysis of the root causes will help you identify priority drivers and the SBC approaches most likely to achieve the desired change. This will also inform the results chain and the selection of indicators at each level.

Participatory approaches and techniques such as [human-centred design \(HCD\)](#) can enhance the voices of communities and marginalized groups at all stages of evidence collection, analysis and utilization. These efforts strengthen the development of the TOC and corresponding results framework.

You can find examples of TOCs in UNICEF's [Results Based Management \(RBM\) handbook](#), and through online resources from organizations like [Girls Not Brides](#). The language and structure may vary, but the logic remains the same. A TOC should always be specific to your strategy and context. Your TOCs will likely include both behaviour change and social change elements.

The diagram below presents a generic TOC and the building blocks needed to ensure quality SBC interventions. It provides different SBC inputs and results, as well as examples of SDG-specific SBC outcomes. Keep in mind that the following is not exhaustive and represents a fraction of possible inputs and results.



## Results framework

Each element of your TOC should relate to at least one properly formulated result, and provide metrics to measure it. A result statement should include a measurable change that results from a particular action. Indicators should be relevant to the implementation context and account for practical considerations such as feasibility of data collection and analysis.

Result statements should:

- **Relate to the situational analysis** – Results should be derived from formative research and causal analysis
- **Provide clarity regarding at each level** – Activity, output, intermediate outcome, outcome or impact
- **Offer SMARTER results** – Strategic, Measurable, Aligned, Realistic, Transformative, Empowering, Reportable

- **Present a coherent results chain** – Results should be logically linked in a connected hierarchy
- **Consider equity, human rights, gender, determinants and risks**

The table below provides examples of results statements and corresponding indicators at multiple levels.

SBC programme materials and indicator sets can provide recommended and validated indicators with methodological guidance for measurement. UNICEF has developed a menu of SBC indicators within and across sectors. It is currently only available to internal staff, but will be available to all on this page and platform soon.

Online resources like [Grassroots International](#) and [CFSC](#) provide resources that specialise in social change.

<p><b>Result</b> Pregnant women attend the recommended number of antenatal (ANC) visits</p>	<p><b>Outcome indicator</b> % of pregnant women attending at least 4 ANC visits</p>
<p><b>Result</b> Pregnant women receive support from their male partners to attend the recommended number of ANC visits</p>	<p><b>Intermediate Outcome indicator</b> % of pregnant women saying their partner supports them to access and attend at least 4 ANC visits</p>
<p><b>Result</b> Pregnant women know the advantages of attending ANC visits</p>	<p><b>Output indicator</b> % of respondent women of childbearing age that know at least x advantages of attending 4 ANC visits</p>
<p><b>Result</b> Mechanisms are in place to engage parents around the importance of ANC</p>	<p><b>Activity indicator</b> % of districts where parenting counselling sessions are available for free at the local health centre</p>

## Measuring community engagement

→ *Community engagement (CE) indicators measure the progress, effectiveness and impact of CE efforts. We can use these indicators to inform decision-making around resource prioritization, policy formulation or reform, institutional capacities, governance processes and accountability.*

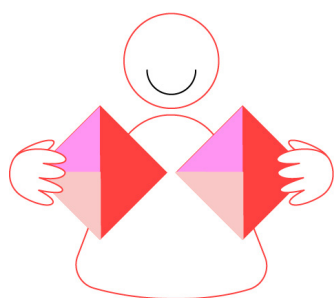
Community engagement is a critical and transformational aspect of SBC that requires particular attention during monitoring to ensure that standardized measures are being used to assess results. [Community Engagement \(CE\) Minimum Quality Standards and Indicators](#) is a guide to establishing an enabling

environment and ensuring that intentional and structured CE remains at the core of sustainable development. This newly-developed inter-agency guidance suggests indicators for governments and partner/implementing agencies, and provides a checklist to guide CE planning at every stage of the project cycle.

- For more information on measuring community engagement in emergency response, check out the [M&E in emergencies tool](#).
- For more information on building an efficient and dynamic strategy, check out the [iterative programming tool](#).



# Create Design



# Using Human-Centred Design

How to bring people into the strategy process

## Introduction

**Our mission is to improve people's lives. To do this, we need to empower people, understand them in their cultural, contextual and cognitive dimensions, and keep them at the centre of our methods and mindset as much as possible.**

In the course of our work, it can be tempting to simplify things by removing human factors or letting assumptions about people guide what we do – the assumptions and biases we all have, as well as the everyday personal and professional demands competing for our attention. We're only human ourselves! Human-Centred Design (HCD) is an approach to problem-solving that puts people at the centre of the process from beginning to end.

## Is HCD a mindset or an approach?

There are debates about whether HCD is a mindset or an approach. Well, it can be both. As a mindset, HCD takes the position that problems are best identified and defined by the people who face them in the first place and that solutions are best developed directly with these people. Furthermore, a human-centred mindset believes that community voices and perspectives must be involved systematically from beginning to end, from programme inception and design through to evaluation. As an approach, HCD is a methodical means to uncover insights, discover solutions, and iteratively test and adjust them in context.

## When should you apply HCD?

Communities know their own needs best but may lack the tools to turn their insights into action. This is where HCD is most useful. The most effective way to put



HCD into practice is when the community members themselves define their needs and design their own solutions. To support this, it is critical to strengthen community capacity in ownership of participatory approaches (see also [Community Engagement: Partnering with communities so they can lead the change process](#)). Each community can then take the lead on defining the priorities and problems to address and start to design a long-term plan for which they may seek external partnerships. UNICEF's role is to provide systematic support for these stakeholder-led, participatory processes of inquiry, problem definition, solution design and implementation.

## Our guiding principles

UNICEF has developed [6 guiding principles](#) for a human-centred approach, based on emerging evidence from the sciences of human cognition and behaviour.

1. **Small is big.** We tend to overlook the small stuff, like the inconvenient barriers of dealing with health programmes. Because people don't always make reasoned calculations weighing costs and benefits, the small stuff can dominate decision-making.
2. **Knowing is not enough.** Knowing about a risk, technology or service, or having an accurate understanding of the benefits of a certain behaviour, does not necessarily translate to behaviour change or service utilization. When we accept that it is possible to alter behaviour without changing minds, we open ourselves to more innovative solutions.
3. **Attention is elsewhere.** Most people, most of the time, are not thinking about best practices or the behaviours we are promoting. And when they are, it's not often a deep reflection. If we remind ourselves that most people spend little time thinking about what they do, we will ask less of users and make our programmes easier to use.

4. **Context comes first.** A singular focus on behaviour change communication can be misleading. Changing the context in which people behave is often more effective than directly asking them to do things differently.
5. **Truths are buried.** What people believe, say and do can be three different things. How we explain our own behaviour is not always accurate. This makes it critical to disentangle what people self-report about their behaviours from observations about what is actually happening.
6. **Intentions are not actions.** Intentions can be poor predictors of corresponding actions. Behaviour depends as much on removing the barriers to taking action (making things easier) as it does on changing hearts and minds.

## Solving with people, not for people

So how do we make sure that we put people at the centre of our work?

**While each organization or designer may have their own particular approach, by and large HCD methodology entails a similar structure and process.** To demonstrate, we are going to look at four in particular. Each one adopts similar methods and tools to achieve people-centred insights and results.

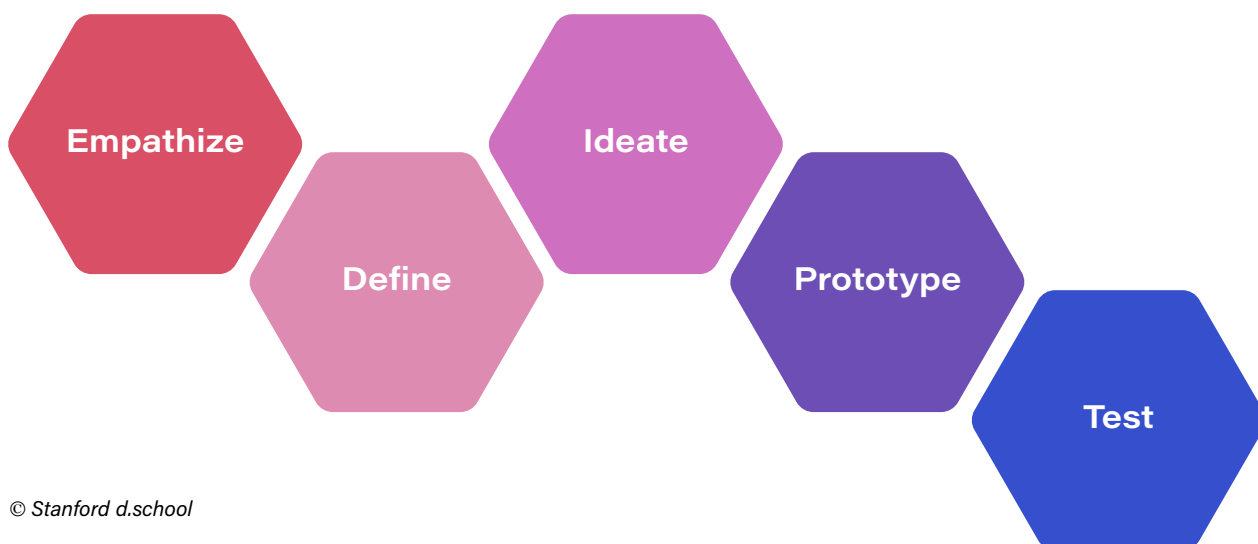
Some may be familiar to you; you may realize that you have been employing a human-centred mindset already. There are many parallels with longstanding community-based approaches and participatory methods. Others may be new, and these might spark some ideas for how to approach your next problem-solving task in a more human-centred way.

HCD is fundamentally about keeping the needs and voice of the people we are trying to reach at the centre of the entire process. In the following illustrations, you will see how those voices can be brought in using different methods and tools along the way.

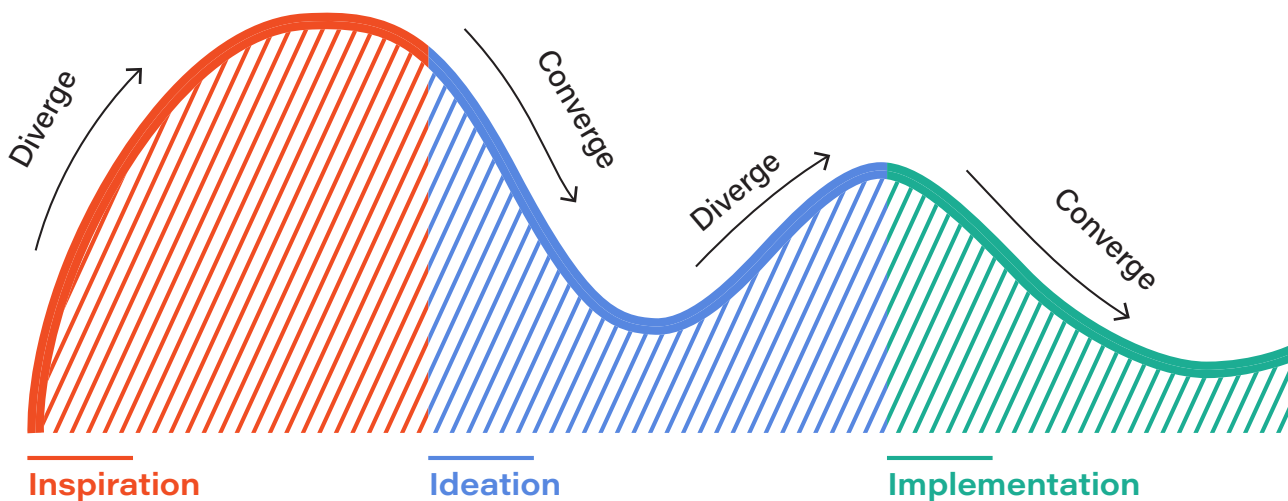
# Popular models for the HCD process

## Stages

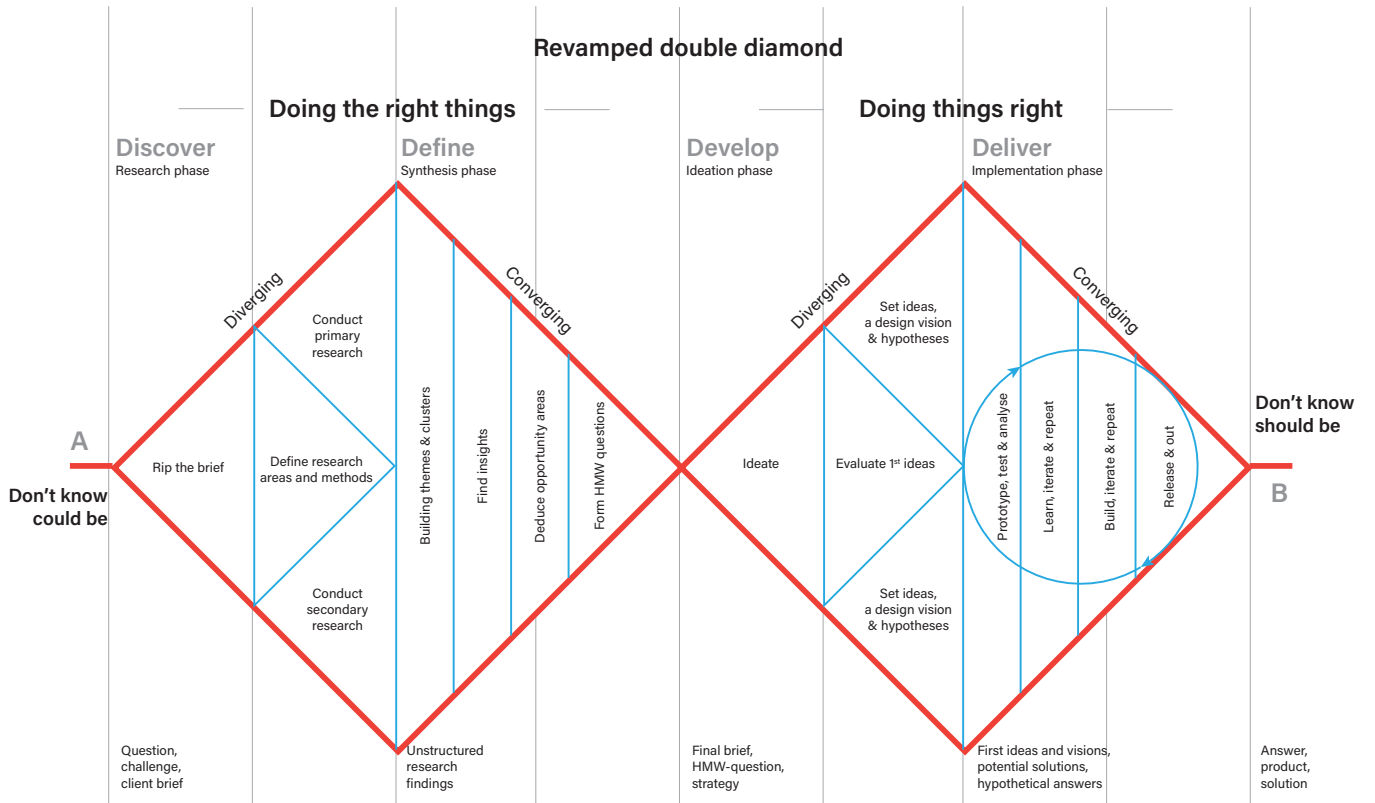
Empathize	Collaborate	Refine
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© Dan Nessler's iteration on the Design Council's Double Diamond (2018)



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## Strategies and tactics

Some of these tools and methods may not feel new – because they're not! Working in a human-centred way is not entirely novel, but it has only recently been packaged as a distinct methodology and set of tools.

	Empathize	Collaborate	Design and refine
<b>Objective</b>	To gain deep insight into the community or people we want to reach, in order to understand the context to design for – the needs, barriers and opportunities that influence their lives and decisions	To keep community needs and desires at the centre of the project, ensuring that community voices either lead or co-lead on the way to developing a solution	To learn more from the community by testing out our ideas and continually iterating on any emerging concepts with community input; to understand how desirable and feasible our concepts are
<b>Tools + methods</b>	<ul style="list-style-type: none"> <li>• IDIs/KIIs and focus groups</li> <li>• Design research</li> <li>• Participatory research</li> <li>• Immersion</li> <li>• Observation and tours</li> <li>• Journey mapping</li> <li>• Photo/video diaries</li> </ul> <p><u>Tool: Behavioural insights</u></p> <p><u>Tool: Diagnosing the Situation</u></p>	<ul style="list-style-type: none"> <li>• Participatory workshops</li> <li>• Hackathons</li> <li>• Participatory and co-creation methods</li> <li>• Storyboarding with collaborators</li> <li>• Using guides from the research – stories, personas, user journeys – as references throughout</li> </ul> <p><u>UNICEF HCD Kit</u></p>	<ul style="list-style-type: none"> <li>• Prototyping</li> <li>• User testing</li> <li>• Piloting concepts</li> <li>• Storytelling in the strategy – put people in the strategy, and make it human and emotive for implementers</li> <li>• Defining success</li> </ul> <p><u>Tool: Measuring, Learning &amp; Adapting</u></p>
<b>Considerations</b>	Consider redefining the challenge, scope, objective or desired impact in response to what has been learned <u>5 Whys exercise</u>	Consider how much power to give the community in the development of the solution, and the impact of this on the process <b>See the Spectrum of Participation below</b>	Consider the need to keep ideating on the solution beyond the traditional scope and timeline of a project

## Consider the spectrum of participation

Ceding power to the community during any problem-solving process (otherwise known as 'participatory design' or 'co-creation') is a foundational step towards success. It is crucial for project owners to create a space for collaboration that allows the agency of the community to define priorities and shape their own solutions. It is very likely that you and your colleagues already have experience in this; you have probably already been using a human-centred approach by another name.

Consider how engagements have proved successful or unsuccessful in the past; or if the community is new to collaboration, then you need to find out what will work

for them. The following variables are among those that need to be considered:

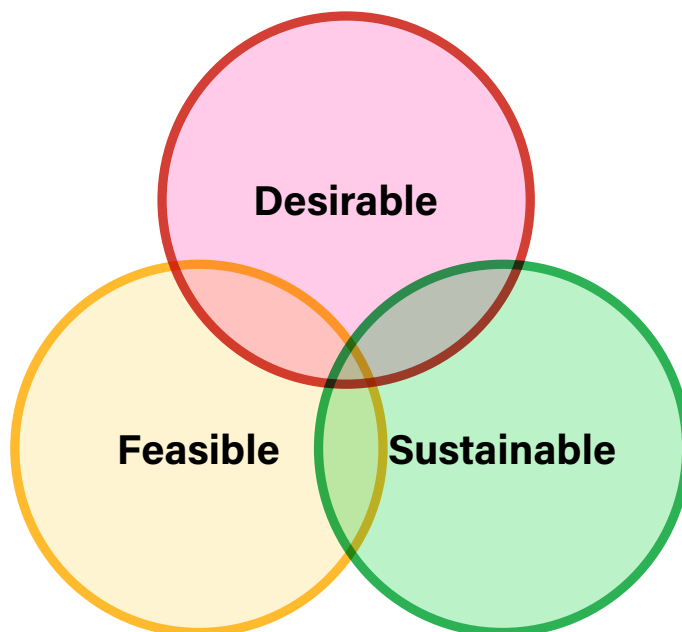
- Community leadership (this is a priority; how can you support this?)
- Environment (where the work will be done; where will the community be comfortable?)
- Materials (what ways of creating are natural to the community?)
- Language (how can you communicate the process and objectives in a way that resonates with the community?)
- Participants (think about power structures, ethics and consent; consider how people might behave with ministry officials or strangers observing them)

Increasing impact on the decision ➔

	Inform	Consult	Involve	Collaborate	Empower
Public participation goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concern and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Source: The International Association for Public Participation, Spectrum of Public Participation 2018.

## A framework for assessing solutions



	What does it mean?	How can it be started?	How can it be done best?
<b>Desirable</b>	Make sure the solution is appealing to the people we want to reach, or fits seamlessly into their lives	By speaking with the people we want to reach at every point of the process, listening to their feedback and iterating on the solution in response	By allowing space for communities to design the programmes for themselves: defining their challenges, presenting ideas for support and owning the solution
<b>Feasible</b>	Make sure the solution works for the context that the people live within; understand the constraints and opportunities available	By understanding the context that the people we want to reach live within – finding out what social, community, infrastructural and historical forces are at play	By supporting the community-designed solutions, through providing resolutions to constraints that affect outcome effectiveness
<b>Sustainable</b>	Make sure we can truly deliver on our solution and make a promise to the people and community we are trying to reach; and ensure that the necessary systems can deliver ongoing support and the process itself has established ownership in the community	By understanding the resources at our disposal (involving key stakeholders and local government as part of the process). If we promise to deliver something to the people, can we definitely come through on that promise? Have we followed a human-centred process whereby the result is, and feels like, theirs?	By ensuring the community has capacity to design its own feasible solutions, offering systems-level and infrastructural support where possible to ensure the sustainability of the community-designed intervention. Or by acting as an intermediary with the partners necessary for the sustainability of the concept

A successful solution has all three of these qualities: it is desirable, feasible and sustainable. An HCD approach starts with desirability. By first finding out which problems people want to solve, and which solutions they want to use, feasibility plans and sustainability plans will not be developed in vain.

## Examples of success using Human-Centred Design

### → **Just add empathy: Making circumcision sexy to coloured males in Cape Town, South Africa**

Voluntary Medical Male Circumcision (VMMC) is a key preventive strategy in the quest for HIV epidemic control; but certain populations remain difficult to influence particularly with an invasive intervention like circumcision. In Cape Town, the struggle is current: how do we get at-risk men to want this procedure? Inspired by HCD's emphasis on empathy, the project team wanted to understand if the running ManUp! Campaign was resonating with men in Cape Town and to get a deeper understanding of Cape Town Men's lives to further refine it. The

project team used direct immersion with three men, three women and three boys to better understand their lived realities. Insights were used to refocus the key messages to VMMC providing sexual confidence rather than a social responsibility. The revised campaign tested with the target audience indicated that the message now resonated and more than 90% of the survey participants indicated that they would be interested in getting circumcised. The immersion identified how to position the communication to reach the target audience and expanded the social mobilizers' understanding of their audience.

### → **Giving girls in India agency over their futures through empowerment tactics**

Restless Development India works with government and business partnerships to support young people and their communities. Currently focusing on building brighter futures for young women and girls, it provides dedicated STEM classes for girls in school facilitated by young professional women in this sector, as well as building capacity for youth-led campaigns for gender equitable policy making. The latter is facilitated by training young volunteers to become Youth Accountability Advocates who identify priority issues in their communities, build

coalitions and partnerships to tackle them, lead campaigns for local and national change, and hold decision-makers to account. Youth volunteers are currently being empowered in Delhi, Patna, Ranchi and Jaipur. This programme is delivered in partnership with the Bill and Melinda Gates Foundation. In a Restless Development survey (2020), 98% of change-agent volunteers in the community felt their volunteering had a positive impact.

#### → **Tackling contraception bias in Tanzania, Burkina Faso and Pakistan**

It is estimated that out of 38 million sexually active adolescents in developing regions, 23 million are unable to access the contraceptive services they seek. A critical barrier to access is bias and judgement from healthcare providers. Y Labs, funded by the Bill and Melinda Gates Foundation, uses HCD methodologies like design research, co-creation and prototyping to design an intervention strategy. The resulting Beyond Bias programme delivers training to healthcare providers in three parts, starting with a day-long in-person story-led workshop and continuing with peer support via WhatsApp groups and a quarterly progress system. This strategy provides guidance, support and a feeling of community, all of which create a productive environment for bias awareness, overcoming bias and ultimately creating advocates for better SRH service provision.

#### → **Co-creating crisis resilience tools with indigenous populations**

The Group on Earth Observations (GEO) held a series of virtual hackathons<sup>1</sup> with various Indigenous and under-represented communities, with the intent of co-designing local solutions to challenges during Covid-19. This Hack4Covid Event attracted participants from 33 countries, including from First Nations, Native Hawaiians and Indigenous People of Oaxaca, Mexico, as well as expert hackers with skills in sensing/GIS and coding, Indigenous GIS, Indigenous rights, anthropology, app development and design engineering. This powerful mix of voices co-developed four prize-winning concepts; these included culturally-relevant maps for the Sam-buru community in northern Kenya to manage livestock sales remotely during lockdowns, and apps enabling members of the Lakota Sioux Nation to share experiences of Covid-19.

#### → **Increasing primary health services uptake in Zimbabwe's hardest-to-reach communities**

While immunization in Zimbabwe has steadily risen to a coverage rate of around 90%, the remaining 10% are localized in singular communities and pose a threat to themselves and neighbouring

areas. From a desk review, the Johanne Marange Apostolic sects in Manicaland were highlighted as particularly under-immunized. Despite the vaccines being accessible, apostolic community members were not seeking them. Nucleus, alongside UNICEF and the MOH, used HCD methods like design research, participatory workshops, personas, mapping influences along the caregivers' journey to vaccination, and bringing to life the challenging relationship between religious beliefs and adopting vaccines. Many community members, in particular men, felt they were being asked to abandon their beliefs. The solution focused on this insight to reframe vaccination as a 'Prevention Kit', as preventive health measures were widely accepted, while medicine and treatment were not. This approach is now being taken to other Zimbabwean communities with low immunization rates.

For more examples of HCD in action at UNICEF, please see the stories at [www.hcd4health.org/stories](http://www.hcd4health.org/stories).

## A critical look at Human-Centred Design

It is worth noting that HCD has received some constructive criticism in recent years. It is healthy to critique our ways of working, understand the limitations of approaches and seek alternative ways of thinking, to ensure our work is able to evolve and improve over time.

Critiques of HCD include:

#### → **Creating long-term impact**

When the work centres on the people we are trying to reach and the behavioural objective we want to address, it can be hard to adjust problem-solving for longer-term goals. It is easier to measure immediate behavioural adherence than to track longer-term values like building trust, resilience or other community markers of change. Larger-scale, systemic challenges are thus hard to address with HCD alone. For such challenges, including elements of policies and sectoral structures, think about combining expertise but including a human-centred mindset.

#### → **Capacity for iteration**

Projects that adopt HCD often have a relatively short timeline, perhaps a number of months. The scope and funding that support this way of working are not always adequate for the iteration that HCD needs to succeed. Post-piloting and implementation, there should be processes in place for responding to feedback in the long term.

#### → **Bias within the industry**

The academic and private sector capacity for delivering HCD support, training and implementation is currently concentrated in WEIRD (Western,

<sup>1</sup> A Hackathon is an event which brings together a range of experts to solve a focused challenge in an intense, rapid-paced environment.

educated, industrialized, rich, democratic) countries. This is not necessarily a big problem, but when Western HCD consultancies own too much of the process in non-WEIRD countries and don't partner with local experts, it can lead to poor results inadequately immersed in the context.

#### → Integrating with programmes

Great insights that come from qualitative research and a human-centred approach are often not easily integrated into programmes. As above, issues around measurement are not always compatible with existing protocols and management systems, and findings from HCD approaches can too often be dismissed as anecdotal.

## Key tools and materials

### Toolkits

- [UNICEF HCD for Health](#) – This website includes information on the benefits of HCD and the UNICEF principles and process (as seen above), as well as a multitude of resources including field guides, worksheets, presentation kits, and facilitation and training tools. Content is available in English and French.
- [Stanford d.school Design Thinking Deck](#) – The Stanford University design school – 'd.school' – runs on the idea that anyone can be creative in their problem-solving approach, and provides tools and methods to support this. It established the five-step HCD process (see above) that is one of the main references in engaging with a HCD mindset and process. This deck is also available to download in Spanish and Dutch.
- [Ideo Design Kit](#) – Ideo is a global design consultancy heavily involved in popularizing HCD. This kit maps out its well-known three-step process (see above) and highlights multiple tools that can be used along the way. The kit can be used for free interactively on the website, or downloaded as a pdf booklet in English, Spanish, Portuguese, Korean, French, Japanese or Czech. A hard copy can also be purchased.
- [Hyper Island Toolbox](#) – Hyper Island is a globally renowned Swedish design school that now has schools in Brazil, the UK, the US and Singapore. This toolbox shares over 100 tools and templates that can be used as part of an innovative, human-centred way of working.
- [Design for Health](#) was founded by the Bill and Melinda Gates Foundation and the US Agency for International Development. This website provides resources on design for people working in global public health. From a sector perspective, it also hosts articles on 'Understanding Design,' 'How Can We Maximize Impact' and 'A History of Design in Global Health.'

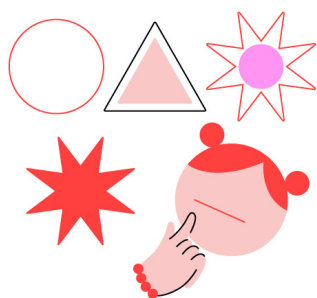
### Courses

- [Introduction to Human-Centered Design with Acumen Academy](#). This free seven-week course runs on a rolling basis and is hosted by Ideo, a global design consultancy well-known for its HCD credentials. Expect to cover topics such as research, innovation and prototyping. In English.
- [Human-Centered Design 201: Prototyping with Acumen Academy](#). This free four-week course runs on a rolling basis and is also hosted by Ideo. Learn how to refine a solution using the cycle of prototyping, feedback and iteration. In English.
- [This is Doing HCD Network](#) paid courses range from Journey Mapping Essentials, to Facilitation Fundamentals for Co-Creation, to Deep Dive into Design Research. These courses range in length and cost. In English.
- [CIID Designing for Behaviour & Impact](#) focuses on the Global South and integrates behavioural design with HCD and Life-Centred Design. These recurring week-long courses are delivered in workshops and have been adapted for online learning. Look out for upcoming course dates.

### Other resources

- [This is HCD](#) is a global design community. Its podcast has an international guestlist and covers co-creation, culture, digital sustainability and more.
- [Mega Mentor](#) is a database of senior and lead-level design mentors that you can reach out to for free. Mentors come from all over the world, including Bogotá, London, Lagos, Mumbai and Milan.
- [HCD Exchange Community of Practice](#) is a community focused on integrating HCD practice into adolescent sexual and reproductive health (ASRH) programming. Beyond this particular focus, it is a great resource for HCD when it comes to youth and global health in general.





# Measuring, Learning and Adapting

How to use iteration for continuous improvement

## Introduction

Recognizing the value of a responsive and adaptable approach is central to the Sustainable Development Goals and to UNICEF's 2022-2025 Strategic Plan. A flexible and agile approach allows for course correction in the face of volatile environments, new evidence and insights from implementation.

This adaptive management approach aligns well with our work in Social and Behaviour Change by allowing us to design interventions that are tailored to the context and accommodate complexity. Embracing iteration and constant learning should be at the heart of our work.

Iteration assumes a learning mindset. Making improvements and adjustments to strategy design based on new evidence and contributions is an expected and central part of the process. We assess, learn and adapt through a regular cycle of rapid feedback and adjustments. Each cycle gets us closer

to solutions that effectively address the challenge we seek to solve. Tackling complex social and behavioural problems requires significant input from the people and communities we are partnering with before implementation is scaled up.

Embracing the notion that we do not have all the answers is fundamental to an iterative approach. Local needs and strengths need to be discovered by and with communities and partners. Strategies should change over the course of a programme's lifespan to accommodate evolving needs and context. It is also important to consider that people may not realize what they need until it is made tangible. This uncertainty is at the heart of an iterative process.

Rapid revision and feedback loops can increase ownership, efficiency and cost-effectiveness, decrease risk and manage uncertainty, all while encouraging continual improvement.

## How is iteration different?

Traditional project approaches are built on a linear, cause-effect framework, with every step contributing to an end result. Many development initiatives and donor expectations have relied on this horizontal design, with progress divided into stages along a project lifecycle: a research phase, a project design phase and a delivery phase – with monitoring moments throughout.

At the end of this sequence of phases, an evaluation is conducted to determine whether the initiative reached its objectives.

Unlike the sequential approach, the iterative process plans for many moments of failure and reflection. It acknowledges that our work, and the world in which we do it, is imperfect. What people say and do are often different things. Unanticipated challenges are inevitable throughout the course of any programme. Decisions made in the design phase are likely to change before the final report is delivered.

The traditional approach is less dynamic and responsive to unexpected changes in context or needs. It is not designed for quick modifications to address inefficiencies on the fly. This rigidity means that changes end up being more costly and results remain untested and uncertain until the very end.

Allowing for iteration in our work offers flexibility. It can help to identify weaknesses in project design and in the premise of the work itself. It can point out where projects are inefficient, ineffective and missing the mark. This

helps counter sunk cost fallacy – the idea that we need to follow through on something we have started, even if evidence shows there will be limited benefit.

## Steps for an iterative process

Measuring, learning and adapting should be continuous throughout the lifecycle of the strategy.

### Opportunities for iteration

Key milestones are good opportunities to stop and take stock of new knowledge and learnings and to reflect upon and change course, where appropriate.

The overall strategy or programme can be designed with more flexibility and responsiveness. However, activities can also embrace agile and rapid cycles of learning and adaptation at the micro level. This can be broken down into four steps:

#### 1. Plan and confirm objectives

Always refer back to the issue the iteration is meant to address. You may need to break the project down into smaller component parts that provide multiple moments for input, testing and feedback. These research ‘sprints’ can provide valuable insight into key moments along the project lifecycle.

### A note on targets and indicators

Though the primary focus of the strategy, expressed through the problem and opportunity statements, should be maintained, an iterative process may reveal unexpected ways to address it. However, it may not be as simple as tracking progress towards intermediate results and indicators established at the outset. You may discover that you were measuring the wrong things. We do not know all the answers at the beginning, so how we measure success is likely to change over the course of the project.

For example, a project focussed on increasing secondary school enrolment for girls may begin by addressing awareness of the benefits of education. Testing this assumption throughout the project may reveal that the problem has nothing to do with awareness. Parents may understand the importance of school, and girls may want to attend. However, you may discover that societal pressures to marry, pregnancy issues or the need to financially support one’s family are far more significant barriers to enrolment. While increased enrolment remains the objective, the focus of the interventions and what we measure will change with new insights gathered through ongoing monitoring, learning and adapting.

#### Design and kick-off

Reframe the challenge or objective based on desk research, primary research or team expertise

#### Development of solutions

Ensure all concepts are being tested and/or receiving participant feedback along the way and that progress responds to the findings

#### Post-launch

Build in mechanisms with the scope and capacity to test effectiveness and make updates if necessary

## 2. Create your first iteration

Iterations do not need to be fully realized prototypes. They can be rough physical mock-ups, paper sketches and maps, lo-fi examples of digital tools, service adjustments, changes to the physical space, etc. They can also be strategies that infuse flexibility, rapid feedback and adaptation from the beginning. The goal is to rapidly test your hypotheses and gather evidence.

## 3. Test

Gather feedback from stakeholders and partners through structured surveys, focus groups or other tactics. Use this opportunity to realign with your original objectives – what you hope to achieve and how your early ideas are being received.

## 4. Evaluate and review

You should now have information you can act upon. It is important to keep an open mind. This is not a moment to decide whether something has succeeded or failed. Instead, consider the following questions: Does this iteration meet your objectives? What do we know now that will make this better? Continue adapting your approach and design until you get to a next-generation iteration.

Remember, iterative development can take weeks or even months. Let your project objectives be your compass – revisit them every time you begin a new cycle.

## When should this process end?

The amount of iteration depends on the initiative. It is important that your work is flexible enough to consider evolving circumstances, changes in context and direct feedback from the communities you are working with. This will help you determine whether new learnings will have a meaningful and measurable impact on your work. You should expect fewer cycles over time.

### A successful iterative process should:

- **Increase quality and functionality.** Each iteration should get you closer to achieving your goal. If feedback suggests you are off-track after several rounds of iteration, analyze the feedback to determine how you might course correct.
- **Reduce levels of change.** With each iteration, the amount of fundamental changes should decrease. Iterations should decrease in scope over time from large shifts in approach to minor tweaks..
- **Increase fidelity.** Ideas will likely become more sophisticated as they solidify. An app originally designed on an A4 sheet of paper may evolve to a

cardboard prototype to a working digital draft to a phone-based prototype. A social change strategy will become more defined with every community working session and small-scale roll-out in pilot communities.

- **Increase sense of the risks.** The iterative process may reveal more areas of risk. Expect to learn more about where your efforts may fail than where they may succeed. Iteration may reveal layers of complexity that were undetected during the design phase.
- **Measure and document progress.** Capture and record any adjustments you make toward an improved outcome for future reference.

## Is iteration always the answer?

Iteration can increase efficiency, promote collaboration, help identify risks and, ideally, lead to suitable, effective and appropriate strategies. However, iteration also comes with several risks:

- 1. Expectations of donors, partners and colleagues.** Traditional project management relies on predictable phases, budgets and outcomes, which assumes fixed timelines, finances and capacity. In order to uncover new opportunities and challenge assumptions, an iterative process invites delays and changes in focus or budget. These can be seen as failures or shortcomings in traditional project design and monitoring. Donors, colleagues and partners may have more rigid expectations. Iteration should ideally be planned for and adequately resourced. Without managing these expectations up front, iteration can be seen as inefficient, ineffective and expensive.
- 2. Unclear timelines.** There is no predicting when you will arrive at something that works. It is difficult to define the degree of changes, the length of testing and the time it takes to address feedback. Not knowing when to stop iteration is also a risk.
- 3. Scope creep.** Constant learning and adaptation is essential to iteration. However, this can reveal areas, features, problems and opportunities that you didn't expect when the programme was being designed. A capacity-building project may ultimately result in a fundamental change to supervisory arrangements at community health centres. An awareness campaign may lead to the realization that all the awareness in the world will not incite change without better resources from the central government.

UNICEF's Adaptive Programming Core Team highlights key programming principles – preconditions to guide this shift across programmes. They include:

- **An enabling organizational culture** of experimentation, innovation, documentation and learning that incentivises staff to build on success, learn from failure and share all insights equally, without fear of recrimination.
- **Openness to a more iterative approach** to planning, implementation, monitoring and ongoing reflection and the willingness and ability to adjust plans and interventions based on new insights and knowledge, while remaining focused on outcomes.
- **Commitment to building a dynamic, living evidence base** comprising formal and informal evidence, quantitative and qualitative data, stories, case studies, examples and learnings, drawn from both programme-generated evidence and the wider global evidence base.
- **A larger emphasis on real-time programme monitoring** enabling more timely course correction, learning and knowledge sharing. All tools, guidance and systems accompanying such shifts should also remain agile.

For a full list of recommended principles, check out this [discussion paper](#).

## Case studies and examples

### Monitoring during the project lifecycle

- **KENYA:** A partnership between WSUP, GAIN, Aqua for All, Unilever and Ideo came together to find [a solution to the poor accessibility to clean drinking water that affects 39% of Kenyans](#). The project used an agile process of continuous action research, prototyping, feedback and iteration to find a solution that worked for intended groups at the ground level, and at a system level.
- **KENYA AND ZAMBIA:** PATH's Living Labs led an iterative process, using HCD and co-creative methodologies to design a COVID-19 vaccine distribution plan with the frontline health care workers ultimately delivering the service. The team used prototyping in the first round of research and an online survey to collect feedback on a label design. They then used focus groups to test an iteration with higher fidelity packaging and vials. Findings from this effort were then prioritized by healthcare workers. They developed [a model universal packaging and labelling system to support effective service delivery when packaging is not immediately available or informational leaflets are missing](#).

### Evaluating impact post-implementation

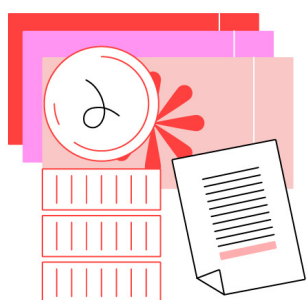
- **GLOBAL:** UNHCR's Digital Inclusion programme [tested the feasibility of engaging communities using WhatsApp](#), a key messaging platform for many communities across cultures, to address privacy risks of digital communication. In collaboration with Praekelt and its Turn.io product, which facilitates large-scale education programmes via WhatsApp, they designed a piloting phase to assess the digital risks and data protection issues of this medium. UNHCR has made available its [report](#), complete with recommendations on how humanitarian organizations can use messaging apps to engage with crisis-affected people.

### Incorporating changing behavioural needs into your solution

- **TANZANIA:** The [Twaweza programme](#) provides teenage girls with a curriculum to improve menstrual health and hygiene by providing Femme Kits containing their choice of sanitary products – either washable pads or a menstrual cup. The programme aims to improve school attendance by helping those who do not have access to hygienic, sustainable menstruation management methods to leave the home with confidence. The [Impact Report](#) describes a 70% uptake of menstruation cups and a 20% decrease in the use of fabric pads, demonstrating the curriculum's impact on the girls' choices. The implementation of this service is designed with a mechanism to respond to changes in the behaviours that the programme set out to achieve. Creating space for iteration at the end of the project timeline has enabled the programme to provide the right products at the right time, leading to its overwhelming success.

### Key resources

- [UNICEF Discussion Paper: Developing a Systematic Adaptive Programming Approach to Support UNICEF's Strategic Plan 2022-2025](#)
- [Adaptive Management: Learning and Action Approaches to Implementing Norms-shifting Interventions](#)
- [A Prototyping and Feedback tool](#) and [Piloting and Iteration tool](#) from UNICEF's HCD for Healthcare
- [A 90-minute Prototyping Activity](#) from Hyper Island, part of its open-access [Innovation Toolkit](#)



# Budgeting

How to build a budget and cost SBC interventions

This tool will show you how to estimate the costs and develop a budget for an SBC intervention or strategy.

## Costing SBC interventions

SBC initiatives can very rarely be costed as end-products or tools. SBC interventions require investment across six phases: discovery, design, development, testing, iteration and delivery (which includes implementation, monitoring and scaling). The first step to preparing a budget is to consider each step of your proposed process. Investment in the initial stages of an SBC intervention or strategy – such as gathering and analysing social and behavioural data, and developing coordination mechanisms – is chronically under-funded across the world. In order to design and deliver effective SBC interventions, you must sufficiently budget for each phase of the process.

There are various factors that determine the cost of SBC

interventions. The most important are: intended scale of implementation (population-wide, specific province, community-level in a set of areas, etc); mode of delivery (fixed facility delivery, outreach community engagement, remote engagement); the nature of the intervention (individual or community-level in-person activities, radio, TV, etc.); number of participants; length of initiative; and type of approach (degree of participation, rounds of iteration).

SBC strategies that utilize a combination of different SBC interventions and approaches, typically cost more.

## Considerations

Funding requirements will depend on specific needs and available resources. As such, this guidance cannot be prescriptive. Instead, you'll find a set of questions to consider before developing your funding proposal.

### Key questions

- What resources already exist for this work? Can they be easily accessed or reallocated?
- Do you have enough budget to cover the development of a comprehensive SBC strategy that includes sending team members into the field to spend significant time with the groups you seek to partner with?
- Are SBC priorities adequately reflected in UNICEF's strategic and program planning tools at country level, including programme strategy narratives, Country Programme Action Plans and Annual Work Plans? This helps ensure a more comprehensive and coherent allocation of funds.
- Does the budget fit into existing national plans or objectives, or does it stand alone?
- Do you foresee any budgetary constraints?

### Possible funding sources

- Increased budget won through budget negotiations
- Reallocation of funds in national/existing budgets
- Joint funding from relevant ministries (Ministry of Education, Ministry of Child Protection or Child Welfare, Ministry of Health) or UN agencies
- Integration into existing funded initiatives and prospective funding proposals, including UNICEF's sectoral programs
- Targeted fundraising with external donors (public or private) for specific interventions within the strategy, or the strategy as a whole

## Practical budget-building guidance

For each activity, consider the cost of:

- Labour
- External technical support (including, consulting fees for technical experts such as statisticians, or corporate contracts)
- Paid partnerships
- Travel (including flights/car hire, accommodation, per diems)
- Transcription and translation
- Design and materials
- Production costs (including printing and shipping)
- Training costs (including per diems for stakeholders, space rental, etc)
- Infrastructure (including temporary hire of physical spaces and permanent office space)
- Software (including licences for data management and analysis or design software)
- Supply and equipment

When building a budget for an SBC intervention or strategy, it's important to consider a range of costs across the SBC process: discovery; design, development and testing; delivery and implementation; monitoring and evaluation. The table below provides a range of low to high cost approaches.

# Discovery



In general, sample size is a key factor in the cost of formative research. Focusing on fewer participants and fewer geographies will bring down the cost. Representative samples that segment data by gender, age group or ethnicity can also quickly inflate costs. Each layer of representative data multiplies the cost.

## Examples of qualitative research methods

- Interviews with different participants using the same questions
- Focus group discussions with a small number of groups comprised of participants from various backgrounds, ages and occupations
- Brief, structured observations

## Examples of Quantitative research methods

- Small-scale surveys distributed face-to-face or online (KAP surveys, opinion polls, etc).

## Examples of qualitative research methods

- Interviews using questions tailored to each participant or participant group
- Focus group discussions with multiple discussion groups to account for gender and other power dynamics, age differences, or occupations
- In-depth observations, structured and unstructured (including long-term ethnographic work)
- Audiovisual methods (photowalks, video diaries, etc)

## Examples of quantitative research methods

- Large-scale surveys that provide highly-disaggregated data, or other forms of quantitative data (country census, MICS, DHS)
- Data collection measures that have been piloted or cognitively tested to ensure that the questions suit the intended audience

### Pros

- Rapid data collection
- Standardized methodology

### Pros

- Rich, detailed, context-specific results
- A stronger equity perspective
- More targeted interventions with a greater chance of impact
- More representative samples
- Statistical validity

### Cons

- Insights may lack context-specific information critical to developing your intervention
- Less representative samples
- If all methods are digital to save costs, samples may be biased towards those with digital literacy and/or access to technology

### Cons

- Expensive
- Time-consuming

## Design, development and testing

LOW COST	HIGH COST
<p>In general, interventions such as discrete tools, one-off engagements or communications which address a specific barrier or target a single participant group tend to cost less. They may be adapted from other contexts.</p>	<p>In general, interventions that are multi-pronged and/or multi-channel that address multiple barriers or engage multiple participant groups tend to be more expensive. The more contextualized, the more costly.</p>
<p><b>Examples of co-design methods</b></p>	<p><b>Examples of co-design methods</b></p>
<ul style="list-style-type: none"> <li>Virtual or in-person co-creation workshops with a limited number of key stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Multiple co-creation activities with both key stakeholders and different participant groups; these can be in-person workshops and/or site visits to develop designs at points of service, directly in communities, etc</li> </ul>
<p><b>Examples of prototyping methods</b></p>	<p><b>Examples of prototyping methods</b></p>
<ul style="list-style-type: none"> <li>Low-fidelity builds of materials and tools needed to accompany a newly designed process, service, etc. Where possible, design multiple versions to test</li> <li>Rehearsal or staging of stakeholder engagement process or community-based approach with a limited number of representatives or leaders</li> </ul>	<ul style="list-style-type: none"> <li>Low-to-medium-fidelity builds of materials and tools needed to accompany a newly designed process, service, etc. Design multiple versions to test different designs, delivery channels and implementation mechanisms</li> <li>Separately engage with different communities and marginalized groups to develop different versions of community-based approaches early on in the process</li> </ul>
<p><b>Examples of testing methods</b></p>	<p><b>Examples of testing methods</b></p>
<ul style="list-style-type: none"> <li>Semi-structured interviews (remote or in-person) to collect rapid feedback on design concepts from stakeholders and intended users</li> <li>Engagement experiments with a limited number of communities and facilities</li> </ul>	<ul style="list-style-type: none"> <li>Live prototypes and pre-tests of ideas</li> <li>Semi-structured interviews and observations to gather feedback on low-to-medium-fidelity versions of interventions implemented in intended settings</li> <li>Iteration on ideas in the field</li> <li>Brief pilot/feasibility tests to collect qualitative and quantitative data on the feasibility, desirability and potential impact of interventions</li> <li>Community-based approaches carried out in various sample areas over a suitable period of time before reviewing the overall approach</li> <li>Software to measure uptake and use of designs for ICT solutions</li> </ul> <p>Note: Ensure that both intended users and key stakeholders participate in all phases of testing</p>



<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>▪ Rapid feedback collection</li> </ul>	<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>▪ Detailed feedback from participants to iterate on</li> <li>▪ De-risks implementation by addressing potential implementation challenges in advance</li> <li>▪ Community buy-in and ownership</li> <li>▪ Solutions that are tailored to local context and equity needs</li> <li>▪ Services that respond to the most urgent needs of the vulnerable and underserved</li> </ul>
<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>▪ Insights may lack context-specific information critical to intervention development</li> <li>▪ Leaders may not represent the diversity of their communities, especially the most marginalized</li> </ul>	<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>▪ Expensive, longer-term investment</li> </ul> <p>Note: In this phase, higher investment results in more sustainable and efficient solutions</p>

## Delivery and implementation

LOW COST	HIGH COST
<p><b>Example methods</b></p> <ul style="list-style-type: none"> <li>▪ A standardized process that can be replicated in different communities</li> <li>▪ Informing communities using pre-developed materials with support from engaged community leaders to encourage community participation</li> <li>▪ Small-scale co-creation in one geographical area, focused on one challenge</li> <li>▪ Short-term engagement with community engagement from the outset to ensure ownership and sustainability</li> </ul>	<p><b>Example methods</b></p> <ul style="list-style-type: none"> <li>▪ A highly iterative process where community members participate in the co-creation of engagement materials and interventions</li> <li>▪ Design and development that involves a variety of community members</li> <li>▪ Long-term, sustainable engagement with communities through continued focus on community ownership and leadership of activities</li> </ul>
<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>▪ High replicability</li> </ul>	<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>▪ More contextually relevant and impactful interventions</li> <li>▪ Increased community ownership</li> <li>▪ Increased sustainability</li> </ul>
<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>▪ Less community ownership</li> </ul>	<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>▪ Time-consuming</li> <li>▪ Significant ongoing investment of time and resources</li> </ul>

## Monitoring and evaluation

LOW COST	HIGH COST
<p>In general, sample size is a key factor in the cost. Research that involves fewer participants tends to be cheaper. The number of times data are collected can also drive up the cost. Conducting a baseline and endline survey is cheaper than conducting multiple surveys throughout the process.</p> <p><b>Examples of M&amp;E</b></p> <ul style="list-style-type: none"> <li>Secondary analysis of existing service statistics</li> <li>Regular quantitative data collection in small samples and/or a single location</li> </ul> <p><b>Pros</b></p> <ul style="list-style-type: none"> <li>High replicability</li> </ul> <p><b>Cons</b></p> <ul style="list-style-type: none"> <li>Less rigorous</li> </ul>	<p><b>Examples of M&amp;E</b></p> <ul style="list-style-type: none"> <li>Continuous monitoring using a mixed-methods approach – both qualitative and quantitative data analysis, as well as structured observations to track results over time</li> <li>Rigorous impact evaluation of interventions such as randomized controlled trials or quasi-experimental tests</li> <li>Impact evaluation of the intervention in multiple sites</li> </ul> <p><b>Pros</b></p> <ul style="list-style-type: none"> <li>The ability to assess an intervention’s impact on social and behavioural outcomes with greater confidence</li> <li>A deeper understanding of contextual differences in implementation</li> </ul> <p><b>Cons</b></p> <ul style="list-style-type: none"> <li>Time-consuming</li> <li>Higher initial and ongoing investment</li> </ul>

## The cost of SBC approaches

This section provides you with some indicative costs of different SBC interventions and strategies, including actual costs from projects across the world. Please note these examples are contextually dependent, and the costs will also have changed with time. The costs provided here serve as a reference, not a prescription.

The cost approximations have been taken from an SBC Cost Repository built from work by Breakthrough Action + Research and led by Avenir Health. The costs for SBC interventions are highly dependent on context and scope, rather than on the type of approach applied.

### Community engagement approaches

- INDIA:** Strengthening malaria service delivery through supportive supervision and community mobilization in an endemic Indian setting: **Approx. total cost: 40,724**
- NORTHERN INDIA:** A state-wide population based cancer awareness and early detection campaign in a 2.67 million population of Punjab state: **Approx. total cost: 149,941 USD**

### Applied behavioural science approaches

- KENYA:** A mobile phone text-message reminder programme to improve health worker adherence to malaria guidelines | **Total cost ≈ 18,853 USD**
- MEXICO:** A prevention programme comprised of behavioural, biomedical, and structural interventions to support men who have sex with men | **Total cost ≈ 18,872,207 USD**

### Strategic communication approaches

#### Mass media

- KENYA:** A rural social marketing campaign for condoms that included leaflets, radio programmes and brief announcements, 60-second spots at commercial village cinema shows, and metal door signs | **Total cost ≈ 40,000 USD**
- TANZANIA:** Design, implementation and evaluation of a national campaign to distribute nine million free long-lasting insecticidal nets to children under the age of five | **Total cost ≈ 3,081,257 USD**

## Interpersonal communication and educational activities (IPC)

- **GHANA:** Person-to-person communication, in addition to local radio, posters and banners informed the community about insecticide-treated bednet distribution during measles vaccination. | **Total cost ≈ 6,217 USD**
- **TANZANIA:** Mass media and community outreach activities were used in a national campaign to deliver 18 million free long-lasting insecticidal nets to uncovered sleeping spaces | **Total cost ≈ 2,644,730 USD**

## Information and communication technology (ICT)

- **INDIA:** A mHealth intervention to support adherence to antiretroviral therapy | **Total cost ≈ 6,365 USD**
- **TANZANIA:** An on-demand SMS system providing users with essential information about nine different contraceptive methods to address the limited knowledge, misconceptions, fears and health concerns surrounding contraception | **Total cost ≈ 211,851 USD**

## Service design approaches

- **SOUTH AFRICA:** Syndrome packets and health worker training to improve sexually transmitted disease case management in rural areas | **Total cost ≈ 41,861 USD**
- **GHANA:** A quality improvement programme to reduce maternal and foetal mortality in a regional referral hospital in Accra | **Total cost ≈ 2,432,186 USD**

## Key resources

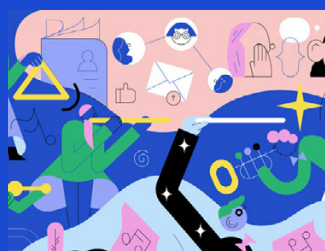
- The Passage project (IRH-Georgetown University, FHI 360, Johns Hopkins GEAS, PSI, Save the Children, Tearfund) has produced multiple resources on the costing of Norms-Shifting Interventions.

Breakthrough RESEARCH, through work led by Avenir Health, has collated SBC cost data identified in the literature into a filterable SBC Cost Repository, of all identified SBC costs. Breakthrough RESEARCH's technical report on Documenting the Costs of Social Behavior Change Interventions for Health in Low- and Middle-income Countries.



# Do

Practical guidance on implementation.



**Implementing strategies**



**Partnerships**



**SBC in  
Emergency  
Settings**



**Build capacity  
and supportive  
systems**



# Do Implementing strategies



# Digital Engagement

Using technology to connect and interact with people

## Introduction and definition

Today, there are over 4.3 billion people accessing the internet and an additional 1.2 billion accessing non-internet mobile services, including SMS. People of all backgrounds use digital devices for learning, work, entertainment and communication with loved ones. But for migrants, refugees, internally displaced persons (IDPs) and children experiencing violence, technology can be a lifeline during their most challenging moments. Through its rapid communication, tremendous scale and often deep integration into everyday life, these devices give the development and humanitarian community the opportunity to quickly, efficiently and effectively engage billions of people in Social and Behaviour Change interventions.

## Benefits and social/ behavioural objectives

Digital engagement supports a remarkably broad set of SBC objectives due to the flexibility of digital platforms and their touchpoints in almost all aspects of life. It offers a number of specific benefits for SBC, such as:

- Engagement at scale
- Messaging that can be personalized to the recipient, enabling both mass communication of customized messages and one-to-one communication
- User tracking via a consistent account or profile (e.g., SMS number, Facebook profile), allowing for follow-up engagement and evaluation
- Programme data and data about platform engagement generated in real time to help inform decision-making
- Potential for rapid deployment, particularly in emergency contexts

Digital engagement can support most objectives. However, you must carefully consider your objectives for groups with less access to devices and networks. Some example objectives include:

- Creating health-based interventions that support behaviour change related to specific health areas like mental, physical and sexual health among adolescents
- Providing climate-related information alongside a guide/instruction book for undertaking climate advocacy initiatives
- Surveying audiences to assess behavioural and social drivers of beliefs, attitudes, and practices in order to inform interventions around issues like vaccine hesitancy

## Implementation steps and checklist

In some cases, deploying digital engagement solutions can be relatively quick, especially when working with a vendor with whom you already have an established relationship or when uploading content to a platform already at scale. However, if your strategy requires building a novel digital platform, deployment can involve extensive planning, contracting and design work. If possible, seek support from experts with experience in Technology for Development (T4D).

The [ICTD Technology Playbook](#) offers many valuable resources that can be used in the design and implementation of digital engagement solutions. This section outlines each step in the implementation process and provides links to relevant resources from the playbook:

1. **Identify your opportunity and ideate on solutions.** See the Principles for Digital Development's [Understand the Ecosystem](#), [Design with the User](#) and [Understand the Existing Ecosystem](#) resources, as well as SIMLab's [Context Analysis of Technologies in Social Behaviour Change Projects](#) for guidance. The following actions should be included in your ideation process:

- Ground yourself in your Theory of Change** to decide whether digital tools can support or expedite your work. Do not assume that a digital solution will work for all interventions or audiences.
  - Understand your audience.** What devices do they use, and how? What are the barriers to reaching them through digital engagement, and can they be overcome? Consider "[8 Effective Practices for Inclusive Digital Development](#)" as a resource.
  - Research existing tools.** What tools are already being used by UNICEF? Look for existing tools in your context and see if they fit your purpose. Would existing tools be a better fit? Is deploying a new solution worth the extra effort? Is your need specific enough to require the development of an entirely new platform? [USAID's Digital Ecosystem Country Assessment templates](#) are a useful resource for understanding how your project fits within the broader digital landscape in your country and can help identify [opportunities for collaboration](#) or challenges that should be mitigated early on.
  - Engage the audience in the development of the solution.** Successful digital interventions rely on user experiences that are easy, intuitive and provide value. What does that experience look like for your audience? Use the [Principles for Digital Development Design with the User](#) as a resource.
  - Plan for sustainability.** What is the long-term vision for this platform's ownership? Will it be institutionalized into government, or supported by your organization indefinitely? Work with T4D experts if possible to understand the implications of developing a new platform.
  - Carefully consider the hardware.** Does your solution require procurement of new hardware that may not be accessible in all contexts? Resources include [Inveneo's ICT Sustainability Primer](#) and [UNCTAD's Promoting Local IT Sector Development through Public Procurement guide](#)
- Develop a concept note for the solution.** Use the [Playbook documents for Phase 2](#) in collaboration with UNICEF platform owners, if relevant. In developing your concept note, you should be sure to align stakeholders to make strategic decisions on the initiative launch and commit financial and human resources.
  - Decide on a platform.** Deploying solutions using digital platforms not already established in your context will require additional steps. Depending

on the platform, some or all of these steps may be required. View the Principles for Digital Development guide on “How to choose a mobile data collection platform,” as a resource. T4D professionals will be able to support your navigation of these steps:

- a. **Develop an Initiation.** Document and consider the business and system requirements. Use the [USAID Digital Investment Tool](#) as a guide.
  - b. **Plan for considerations during implementation.**
  - c. **Develop or adapt the platform to your use case.**
4. After the digital platform has been selected, adapted or developed, **follow SBC best practice** to author content on the platform. This can include:
- receiving feedback on content from participants through interviews and focus groups
  - consulting people with disabilities and other potential ‘edge cases’ to ensure all content and access is inclusive
  - creating content using participatory methods like co-creation
- Focus on both the effectiveness of the content itself and the way it is presented on the platform so that users can easily navigate the information.
5. **Pilot the solution before rolling it out broadly.** Use the Principles for Digital Development’s guide “[How to build a scalable pilot program for digitally enabled extension services](#),” and Dimagi’s Maturity Model as a resource.
6. **Build evidence from your pilot to support scale-up and sustainability of your solution.** Use the Principles for Digital Development [Be Data Driven](#) and [Build for Sustainability](#), [USAID’s Digital Investment Toolkit](#), and [Bridging Real Time Data and Adaptive Management: Ten Lessons for Policy Makers and Practitioners](#) as resources.
7. **Deploy the solution and scale.** Use the Principles for Digital Development [Design for Scale](#), WHO’s [MAPS toolkit](#), [USAID’s Digital Investment Toolkit](#), and [Bridging Real Time Data and Adaptive Management: Ten Lessons for Policy Makers and Practitioners](#) as resources.
8. **Hand over the solution to long-term owners or take steps to complete the intervention.** A successful end-stage requires planning from the start. This may mean handing over the resource to the government or partners, discontinuing the intervention’s activities on the platform or shutting down a platform implemented for this

intervention. If the goal is to handover the platform to the government or key partners, engage these audiences from the start: allow them to co-create, plan, design, implement, and access data throughout the project in order to ensure a sense of ownership. Be transparent about long-term sustainability of the intervention or platform and project costs. Develop a plan for financing the platform and managing the environmental impact of hardware. Additional resources are available in the [Principles for Digital Development’s Guide on ‘Building for Sustainability’](#), PATH’s guide on “[The Journey to Scale: Moving Past Digital Health Pilots](#)”.

## Measurement

- Consider using both qualitative and quantitative studies, depending on your relationship with the participants and how easy it is to engage them.
  - Focus groups can be useful during the design and pilot phases, as well as to understand nuances in users’ response to the intervention. Consider whether to recruit group members from the broader intended audience or directly from the digital platform, where it may be possible to segment users by their amount or type of engagement.
  - Randomized quantitative surveys can be conducted on some digital platforms. However, survivorship bias can skew respondents toward those who are more engaged with the platform. If you desire a sample which includes people without access to the digital platform to understand potential reasons for non-use, consider a non-digital survey.
- Measure intermediate reach and engagement metrics for digital platforms, as well as programme outcomes where feasible. This will help you understand where user reach and engagement drops off between the first reach and the final outcomes.
- Be aware of the difference between measuring a programme’s effectiveness and measuring the effectiveness of the digital platform:
  - General best practice is to measure a digital platform using discrete metrics to assess its ability to reach and, separately, engage users. For example:
    - Reach: How many participants visited the digital platform or saw its messages?
    - Engagement: How much time did participants spend on the platform or reading the



messages? How often did they respond to queries, such as surveys? Did participants take actions such as liking or commenting?

- Measure the impact of the programming by assessing differences in outcomes across both digital platforms and non-digital interventions. For example, you can track:
  - Differences in knowledge and attitudes, as well as behaviour change, after participants are reached with particular content on a digital platform or via community engagement
- Take a participatory approach to identify indicators like usage and adoption.

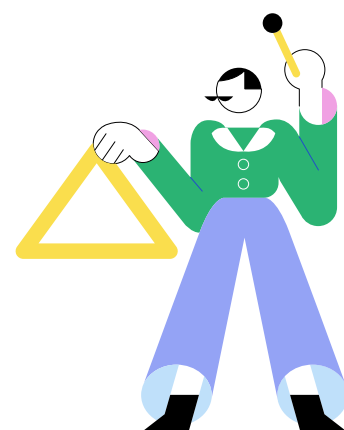
## Partnerships

- Programme participants and intended users are valuable partners in co-design, validation and testing, promotion strategy identification and feedback throughout design and deployment. See this tool on [how to design with the user](#).
- Government, civil society organizations (CSOs), schools, faith-based organizations and implementing partners are useful to engage users and build awareness of digital solutions.
- Intergovernmental organizations (IGOs) and non-governmental organizations (NGOs) can be useful partners for training, technical support, funding and connecting with specific communities including vulnerable groups. [UNICEF's Innovation Fund](#) is a potential source of funding for early-stage technological solutions.
- Mobile network operator (MNOs) partnerships are key to providing no-cost access to digital engagement.
- Partnerships with private-sector companies with popular digital platforms, such as Facebook or KaiOS, can be valuable to achieve cost savings, no-cost promotion and occasional collaboration on interventions or research.
- Partnerships with original equipment manufacturers (OEMs) are less common, but can be valuable for promoting your intervention via pre-install on mobile devices or distributing devices where a critical audience doesn't already have access.

## Case studies and

## examples

- **MOZAMBIQUE:** An anonymous and confidential sexual and reproductive health (SRH) hotline via SMS for young people had 62,000 engagements. 65% of respondents reported [seeking services including HIV counselling and testing](#).
- **GLOBAL:** As part of the global On My Mind campaign, U-Report invited people aged 15-30 to communicate their feelings through an interactive chatbot. After being deployed by 25 Country Offices, the bot was accessed by over 150,000 young people. 66% of users said it would [help them start a conversation about mental health with colleagues and loved ones](#).
- **INDIA:** India's Young Warrior campaign to promote small actions like registering for vaccines, fighting COVID/vaccine myths, making masks and following COVID-appropriate behaviours reached 6.6 million young people in 100 days. Building on this successful engagement, Young Warrior next was launched on U-Report India to help build 21st-century life and employability skills, [reaching 5 million young people](#).
- **UK AND SOUTH AFRICA:** A mixed-methods study on [children learning through play with digital devices](#) found that subject knowledge and understanding, along with digital and holistic skills (social, physical, emotional) are all developed during play activities using digital devices
- **ZAMBIA:** Sharing menstrual hygiene management (MHM) and SRH education materials with young girls on the Internet of Good Things website platform resulted in [94% of post-exposure survey respondents finding the material helpful and 62% reporting sharing it with others](#).
- **EAST ASIA AND PACIFIC:** A period-tracking app, co-created with young girls, succeeded in [improving MHM for young women and girls through gamification](#).
- **KENYA:** A smartphone-based game called Tumaini increased [sexual health-related knowledge and self-efficacy amongst adolescents](#), along with intention for risk-avoidance strategies and sexual risk communication
- **ZANZIBAR:** A mobile phone-based intervention which

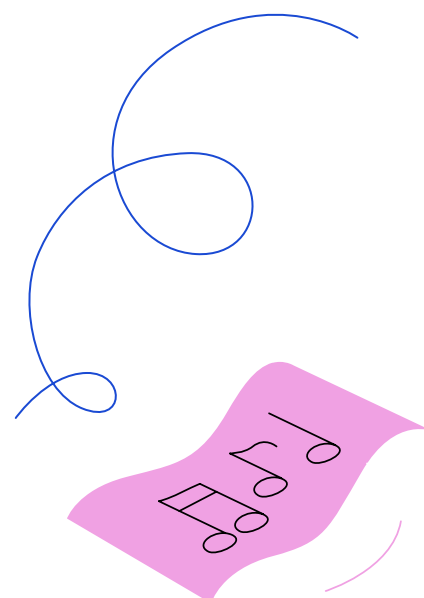


allowed for two-way communication between expecting mothers and health providers increased skilled delivery attendance by 13 percentage points.

- **PERU:** A social media-based peer support network increased HIV testing amongst high-risk populations.

## Key resources

- A Technology Validation Checklist to support decision-making around technology
- Principles for Digital Development
  - Designing With the User
  - Building for Sustainability
- Measurement
  - SIMLab's framework for monitoring and evaluating inclusive technologies in social change projects
  - Participatory Approaches to evaluation





# Social Listening

Taking the pulse of public opinion and responding to rumours

## Introduction

People are easily misled. In times of uncertainty, we seek out information.

Our feelings of familiarity and truth are inherently linked, which means we are more likely to believe something we have heard many times before than information we are hearing for the first time.

Therefore, the more you encounter a rumour that is not challenged, the more the rumour seems true. This allows rumours to influence our decisions and behaviours, leading to potentially dangerous consequences.

This tool aims to introduce you to the key concepts and activities necessary to tackle the spread of harmful

misinformation and disinformation, by listening, understanding and engaging with communities, both online and offline.

Evidence shows that rumours can cause real harm to health, public trust, equality and social cohesion.

Misinformation not only affects those with internet access but vulnerable, un-networked populations as well (e.g., by lowering vaccine uptake intentions, decreasing willingness to comply with evidence-based health regulations, increasing support for violence, or influencing voting behaviour).

To effectively counter the spread of harmful misinformation and disinformation, we need to systematically and continuously capture local insights through Social Listening.

## Key definitions

**Social Listening** describes the process of tracking, analysing and synthesizing community inputs and conversations, both online and offline, in order to identify the conversations circulating in a society. Combining offline and online social listening mechanisms triangulates the information so that you can develop an accurate and comprehensive understanding of community perspectives and decide the best course of action.

**Misinformation** is false information, regardless of intent to mislead. A mother may genuinely be confused about who is managing birth registration systems or a father may have legitimate concerns about vaccine safety, which could lead them to unknowingly share misinformation.

**Disinformation** is false information created for profit or political influence, or to intentionally confuse or cause harm.

**False information** can be used to refer to the combination of misinformation and disinformation.

**Infodemics** describe situations in which an overwhelming amount of both true and false information circulates both online and offline during a disease outbreak.

**Rumours** are unverified information, shared online or offline, which may contribute to infodemics, along with misinformation and disinformation.

## Benefits

Listening to, understanding and acting upon people's needs is key to the success and long-term sustainability of any programme.

**Some of the behavioural objectives that can benefit from Social Listening and responding to rumours include:**

- Preventing the negative impacts of mis/disinformation on behaviour
- Correcting false beliefs that could lead to harmful behaviours

- Informing behavioural interventions to better respond to a community's specific needs
- Focusing on the right topics by understanding information gaps and needs
- Strengthening the capacity of organizations to communicate accurate information and counter misinformation

## Implementation steps



UNICEF's Vaccine Misinformation Management Guide outlines four key phases of implementation:

### 1. Prepare

Develop a tailored strategy and an information ecosystem assessment. Build the right team.

### 2. Listen

Aggregate and visualize relevant data sources, which may include traditional media, social media, novel digital channels or offline sources.

### 3. Understand

Analyse signals in the noise, keep track of misinformation with a rumour log, verify and assess rumours, and develop real-time situational insights.

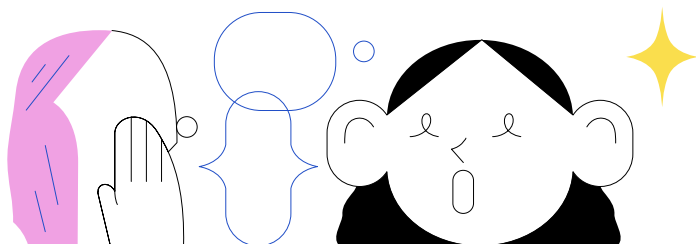
### 4. Engage

Develop and disseminate content, create inoculation messages, measure impact, and refine.

## 1. Prepare

Conducting an information ecosystem analysis is an essential first step in understanding false information already circulating within communities, how information and mis/disinformation is spread and how it affects online and offline behaviour in different populations. Information flows behave differently depending on the kind of network in which they circulate.

**Research methodologies for an information ecosystem analysis include:**



- **In-depth interviews:** These should be conducted with representative samples of the community in order to understand the dominant misinformation in circulation. Find out details on the misinformation, and map how the community heard about it. Figure out what information people are seeking and what they are unable to find answers to, to uncover data deficits. Develop an understanding of key influencers in the system and where trust lies in the community.
- **Key Informant Interviews:** These interviews should be conducted with key community experts, stakeholders and influencers who have a good understanding of the topic of focus. For example, for vaccine misinformation, interview doctors and front-line workers as experts and community and religious leaders as influencers. Interviews with Ministries of Communications or Telecommunications may be able to provide data on the number of television viewers, mobile phones and internet connections at urban and rural level. The availability of this data depends on the country and does not replace community-level data collection. However, it can provide some insights in the absence of primary research.

→ *One outcome of the preparation phase is identifying a need for further in-depth research. See this tool on [collecting social and behavioural evidence for more information on research methods](#).*

## 2. Listen

In this phase, Social Listening methods can be used to monitor and capture people's questions, concerns and feedback, in addition to any rumours circulating among individuals, communities and societies, both online and offline.

This requires multidisciplinary approaches, methods and tools to understand context and track information flows, sentiment and patterns. The Social Listening methods you choose will depend on the time, capacity and investment available.

### High capacity and investment

#### Online

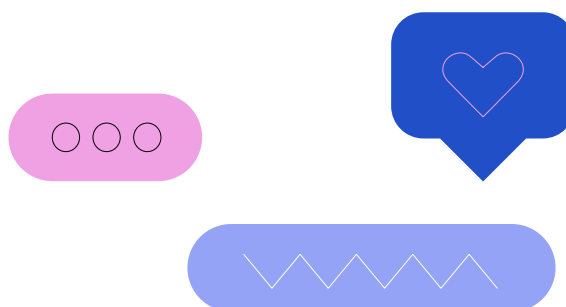
Engage with a data analytics company to apply artificial intelligence (AI), machine learning (ML) and natural language processing to track information across different social media platforms, assess trends in misinformation and disinformation and disseminate the insights among decision-makers and stakeholders (including communities, to close the data for action loop).

Machine learning can provide insights into users' emotions. Language analytics can go beyond the typical 'positive, neutral, negative' sentiment analysis. It can

be used to identify data deficits (i.e., information gaps) where users are conducting searches but not getting responses.

→ *For example, to curb the COVID-19 misinformation infodemic, the WHO looked at 1.6 million pieces of information on various social media platforms, then used machine learning to categorize the information into four topics, based on a newly developed public health taxonomy: cause, illness, interventions and treatment. This helped the WHO track public health topics that were gaining popularity and develop and tailor health messages in a timely manner.*

Current evidence suggests that ML and AI for sentiment analysis focus primarily on English and still provide inconsistent results. These technologies do not provide accurate data for other languages or for contexts beyond the Global North. Until this technology is proven and reliable, using automated sentiment analysis for decision-making is discouraged. The current best option is to collect data using tools such as Talkwalker, Meltwater and CrowdTangle and have in-country analysts assess the data to identify positive and/or negative narratives.



#### Offline

Establish community feedback mechanisms by leveraging offline channels (e.g., hotlines, helpdesks, suggestion boxes, etc.) and social networks (e.g., community volunteers, mobilizers, religious groups, etc.). Train partners and networks to collect and log offline rumours circulating at the community level through door-to-door surveys, media monitoring and joining closed chat groups. Although this requires a significant investment in time and resources, having a system to collect, monitor and analyse community rumours is a powerful tool.

This will allow you to see where online and offline environments align in their concerns and track how rumours 'stick' at the community level. Information shared and processed online can look very different in person. The way someone engages with information digitally can be entirely different from the way they engage with information offline.

For offline data collection, the use of ODK or KOBO forms dramatically improves data access and quality.

With easy-to-use forms on basic smartphones, data can be collected in areas without internet access and uploaded to a central database once internet connection becomes available. Multiple UNICEF offices and the WHO AFRO are already using this technology to great effect.

Media monitoring agencies, where available, are a great asset for catching early signs of emerging community narratives. Where these are unavailable or cost-prohibitive, partnerships with Ministries of Information or Communication can be useful. In most countries, ministries are required to monitor local media.

→ *For example, the [Social Sciences Analytics Cell \(CASS\) in the Democratic Republic of Congo](#) is an operational team that provides rapid studies and real-time evidence to inform decision-making, strategies and interventions for public health emergencies. The CASS brings together multiple data sources in order to fully understand the underlying factors influencing an outbreak to support partners in their decision-making.*

## Lower capacity and investment

### Online

Assemble data analysts and researchers to conduct social listening activities that monitor online sources and dominant social media channels, download data and conduct thematic analyses. UNICEF has a global long-term agreement (LTA) with Talkwalker to produce weekly and monthly social listening reports on relevant topics. These are extremely useful when local infrastructure is unavailable. There are free and paid monitoring tools for tracking social and traditional media. The search queries should be informed by your research questions and specific to the focus community or geographic location.

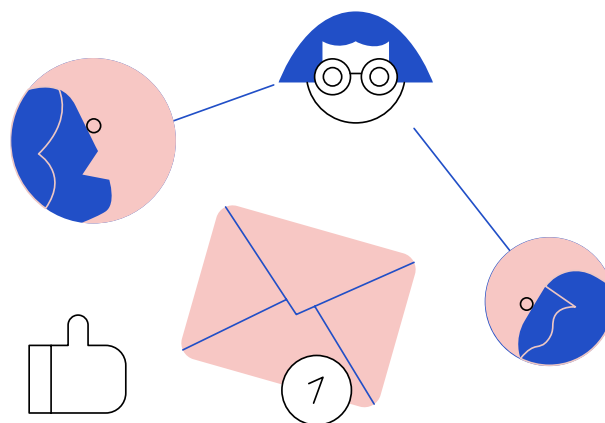
A dedicated team member should gather social listening data at regularly scheduled times, like once a day. Tools include Google Alerts, Hootsuite Insights, CrowdTangle, TweetDeck, Social Mention, Talkwalker, Meltwater, Cision, Awario and TVEyes. For more information, refer to this [guide](#) produced by ESARO.

### Offline

Establish a system for people to send feedback, ask questions, express concerns and report rumours they have been exposed to offline (e.g., text-message reporting, helplines, U-Report, or IoGT).

## 3. Understand

At this stage, any false information detected needs to be further analysed to develop an effective response. The collected data needs to be organized in such a way that accurate, timely and actionable responses can be made.



**For each piece of misinformation, you should seek to understand the:**

1. **Provenance:** Is this the original content? Has it been modified or repurposed?
2. **Source:** Who created the content, account or post?
3. **Date:** When was it created? Has it been in circulation for a while? Is it new, or old and resurfacing? Why?
4. **Location:** Where was the account established or content created?
5. **Motivation:** What do we know about the motivation of the account, website or content creator?

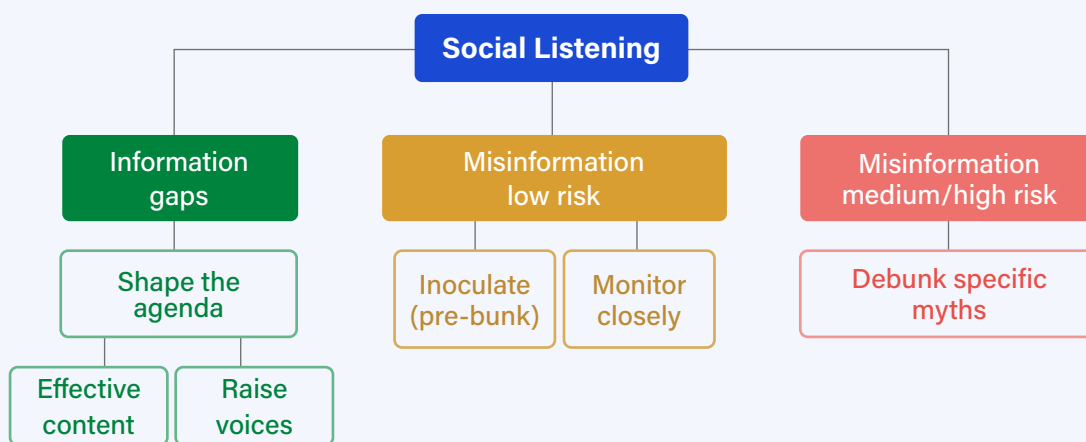
→ *The aim is to understand who is starting the rumour and have some sense of why they are spreading it.*

→ *Remember that not all misinformation is intentionally seeking to mislead or provide incorrect information. The response will depend on an assessment of the misinformations' potential damage to your programme.*

**Consider the following questions:**

- How widespread and influential is the rumour?
- Is it likely to spread further and escalate the situation?
- What is your capacity to respond?
- What happens if you do nothing?
- Will a response make things worse?
- Do you need additional expertise to make the assessment?

## How to tackle rumors, deciding when to engage



Consideration of these factors helps you to convert Social Listening data into actionable recommendations. It is important to arrive at an objective definition for high-, medium- and low-risk rumours based on the questions above, to ensure an effective response can be implemented as soon as a rumour is categorized.

### 4. Engage

Always start with prevention. As with much of our work, prevention before a crisis can mitigate future challenges with misinformation management. Rumours thrive in an information vacuum. First, ensure there are trustworthy, reliable and correct information sources available for the curious and motivated to find.

Recruit trusted partners to build, maintain and connect these repositories and actively participate in online and offline conversations on the topic. This can build lasting relationships, familiarity and trust, which will contribute to a more effective rumour response strategy down the line.

Increasing media literacy and preparing people for potential rumours are proactive ways to minimise the impact of future misinformation and disinformation efforts. This can be achieved through the use of a central online hub, ideally hosted on a government website, such as that of the Ministry of Health, that provides verified information in a way that is easy to understand.

Eventually, this hub can become the primary resource for accurate information and provide additional confidence to the general public and journalists about the accuracy of shared information. This intervention requires considerable time and effort but can be a highly effective resource for misinformation prevention and response.

### Categorizing the response

UNICEF's Vaccine Misinformation Management Guide gives three broad response categories to choose from based on your Social Listening findings:

1. To fill **information gaps**, classify the information and shape the narrative.
2. To address **low-risk misinformation**, begin careful monitoring or develop an inoculation strategy.
3. To address **high- and medium-risk misinformation**, directly debunk rumours.

With any response, carefully consider who is best placed to carry it out. The answer may not always be UNICEF, the government or international partners.

Credible and factual information and messengers may not be enough to overcome the public's concerns or their mistrust of official authorities. Build relationships with community leaders and social and traditional media influencers to better understand the rumours and their impact. You can also engage these players in developing an effective response.

### Common responses to rumours and misinformation

- **Fill information gaps** by creating simple, understandable content. Information gaps occur when there is high demand for information about a specific topic and an inadequate supply of credible information. Where such data deficits exist, rumours,

speculation and misinformation are more likely to spread. Creating factual, verified and accessible content ensures that the need for information is met by facts.

- **Pre-bunk rumours.** The process of inoculation or 'pre-bunking' follows the biomedical analogy. Just as vaccination exposes recipients to a severely weakened dose of the virus, pre-bunking exposes audiences to a mild version of the techniques used in misinformation. By preemptively refuting rumours and misinformation, audiences can cultivate cognitive antibodies to detect and call out misinformation in the future.
- **Build media and data literacy skills.** Simply encouraging people to critically evaluate information can reduce their likelihood of consuming and sharing inaccurate information. Training or media campaigns can build skills to reduce the negative impacts of rumours.
- **Correct false, potentially harmful beliefs by debunking rumours.** While corrections may reduce one's belief in false information, a rumour can continue to influence people's thinking long after it has been refuted. On its own, a simple correction is unlikely to fully counteract the effects of misinformation.

**The example framework below suggests that debunking is more likely to succeed when it includes four specific components<sup>1</sup>:**

<b>Fact</b>	Lead with the fact if it's clear, pithy, and sticky—make it simple, concrete, and plausible. It must "fit" with the story.
<b>Warn about the myth</b>	Warn beforehand that a myth is coming... mention it once only.
<b>Explain fallacy</b>	Explain how the myth misleads.
<b>Fact</b>	Finish by reinforcing the fact—multiple times if possible. Make sure it provides an alternative casual explanation.

→ *When debunking a rumour, be mindful not to single out a community or individual or bluntly refute a deeply held cultural or religious belief. Ignoring these sensitivities could vilify a community or put the trusted voices delivering these messages at risk. Effective misinformation response messaging reiterates facts without emotion and provides rationale for why the misinformation is incorrect in a way that is easy to understand.*

## Measurement

### QUANTITATIVE:

Use the tracking system created for Social Listening to track the patterns of rumours in the community after the intervention has been rolled out. You could also conduct a quantitative survey with a representative population (n=3,000 minimum) to assess opinions and rumours in the community before and after the intervention. A key indicator for misinformation management is the number of times and locations the same rumour has been identified. This core indicator must be part of every misinformation response activity. The same indicator can be used to measure the effectiveness of your response.

### QUALITATIVE:

Conduct focus group discussions (n=6 groups of 5 participants each, at a minimum) to understand the rumours and the efficacy of the intervention in terms of increasing factual understanding and reducing the spread of the rumours.

## Partnerships

Consider the following international partnerships:

- Data analytics or Social Listening tools such as Talkwalker or CrowdTangle. View [sample TORs](#) and complete the [AGORA course](#) to familiarise yourself with the platform
- Media companies, journalists, fact-checking companies and networks
- Social media platforms (Facebook, Twitter, YouTube, etc.)
- Alliances like the [African Infodemic Response Alliance \(AIRA\)](#), a group of local, regional and international partners, community leaders, volunteers, UN agencies, humanitarian organizations, civil society groups and media outlets. [Viral Facts](#) is the public-facing publishing arm of AIRA, working to translate fact-checking and misinformation literacy content into engaging and shareable social content backed by research and testing.
- A Misinformation Management Taskforce at the national level should be established in the context of a national Risk Communication and Community Engagement Working group. A dedicated taskforce is essential to respond to misinformation in an effective and timely manner. Ideally, this body brings together key partners, for example, from the national government (Ministries of Health, Information, Broadcasting, etc.), UNICEF and the WHO.
- Local partners including community networks and trusted community influencers and leaders

<sup>1</sup> The Debunking Handbook 2020

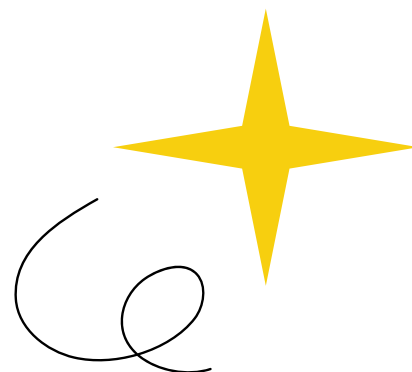


## Case studies and examples

- **GLOBAL:** Stop The Spread is a global campaign to raise awareness about the risks of COVID-19 misinformation.
  - **US:** Evidence suggests that part of the reason why people share false claims about COVID-19 is because they fail to think about whether the content is accurate or not. To address this, an intervention that nudges people to think about accuracy has been developed to improve choices about sharing on social media.
  - **US AND INDIA:** A media literacy intervention improved discernment of false news headlines in the US by 26.5% and in India by 17.5%.
  - **GLOBAL:** An inoculation intervention for climate change misinformation was effective in neutralizing adverse effects of misinformation.
  - **GLOBAL:** Debunking reduces the effect of fair trade misinformation.
  - **NETHERLANDS:** Using debunking in media campaigns, in conjunction with vaccine information and social norm modelling, is an effective way to combat the misinformation and distrust around vaccination in the elderly.
  - **US AND INDIA:** A digital literacy intervention increases discernment between mainstream and false news.
  - **AFRICA:** The African Infodemic Response Alliance/Viral Facts Africa is fighting health misinformation and information gaps by connecting a network of independent African fact-checkers with health experts to debunk myths, share fact checks and create engaging content that helps people spot and respond to health misinformation.
  - **JORDAN:** Social Listening played an important role in countering the effects of the infodemic that came with the COVID-19 outbreak.
  - **LIBERIA:** UNICEF worked with partners to conduct a multichannel response to combat widespread polio vaccine misinformation.
- WHO: Managing the COVID-19 infodemic: call for action
  - CDC's Rapid Community Assessment Tool and Social Listening and Monitoring Tools
  - How behavioural sciences can promote truth, autonomy and democratic discourse online
  - UNICEF's Misinformation Management Guide
  - **Internews' Managing Misinformation in a Humanitarian Context Rumour Tracking Methodology:**
    - a. Part I: Context
    - b. Part II: Case Study
    - c. Part III: How-to Guide
  - First Draft's Learning Courses
  - Breakthrough ACTION's Creating a Real-Time Rumour Management System for COVID-19 and COVID-19 Rumours and Misinformation
  - The Debunking Handbook 2020
  - NATO Strategic Communications Centre for Excellence's Inoculation Theory and Misinformation
  - CDAC Network's Rumour Has It: A Practical Guide to Working with Rumours
  - HealthEnabled's Finding the Signal through the Noise landscape review and framework
  - Public Data Lab's A Field Guide to Fake News and Other Information Disorders
  - **Social Listening Reports**
    - a. UNICEF Social Listening report on COVID-19 Vaccines in MENA
    - b. UNICEF Social Listening report in ESA: COVID-19 and its impacts
    - c. UNICEF COVID-19 vaccine digital conversation in ESA
    - d. AIRA: COVID-19 infodemic trends in Africa

## Key resources

- Social Listening in Eastern and Southern Africa, a UNICEF Risk Communication and Community Engagement Strategy to address the COVID-19 infodemic
- Social Science in Humanitarian Action (SHAP): online information, mis- and disinformation in the context of COVID-19





# Feedback and Accountability Systems

Improving services and governance with communities

## Introduction and definition

Whether or not you are the kind of person who consistently leaves reviews or religiously reads them before deciding on dinner plans, you know that customer reviews have become an integral part of modern life. The client feedback mechanism does more than offer people useful information on where they might have an unforgettable meal. It provides transparency about services and holds service providers – whether they be chefs or shop owners or ministries – accountable to providing services that meet the needs and standards of those they are intended to serve. It also works to empower and offer choice to users and communities.

This tool offers useful tips on how to create offline and online accountability mechanisms that provide transparency and accountability from public service providers, especially those that serve the most vulnerable or respond to humanitarian crises. Fundamentally, feedback mechanisms aim to professionalize service delivery and treat communities as empowered citizens, partners or clients deserving of high quality, professional services.

## Benefits and social/behavioural objectives

It would be difficult to find a strategic priority that does not involve the design of services in some way. The list below is just a sample of UNICEF priorities that can improve with community feedback:

- Educational enrolment and retention, particularly of girls
- Uptake of vaccination, maternal and child health services, or any other health services
- Birth and vital events registration
- Handwashing with soap
- Prevention of open defecation
- Exclusive breastfeeding, breastfeeding and nutritional support
- Registration/uptake of social safety net programmes

## Implementation steps and checklist

Participatory approaches have long been a part of UNICEF's work, but we can sometimes forget to systematically ask for feedback or respond to it in meaningful ways. Here are a few steps, from UNICEF's [Accountability to Affected Populations Handbook](#), to keep in mind when designing and implementing your programmes.

### Prepare to listen

Being accountable to affected populations means listening to and acting on feedback and complaints to ensure that programmes and responses are effective, relevant and do no harm. We need dedicated systems that allow communities to share their views and feedback safely and ensure that the information is collected, analysed and used correctly. It is critical that these mechanisms are implemented systematically. UNICEF and its partners should be open to receiving as much feedback as affected populations need to provide, through dedicated and informal mechanisms. Staff should be trained to welcome and respond to any view expressed. Feedback is an opportunity for advocacy, transparency and improvement.

It is important to note that giving and receiving feedback, particularly negative feedback, is not always common or socially acceptable in many cultures. In these cases, a feedback mechanism may be seen as artificial, imposed or inorganic. By understanding what works best for communities, we can establish appropriate mechanisms and build trust, familiarity and skills to amplify their use.

A well-functioning complaints and feedback mechanism provides insight on:

- Quality and relevance of services, projects or supplies
- Accessibility of services by affected populations
- User satisfaction
- Organizational performance, including the behaviour of staff and partners
- Responsiveness of programmes
- Types of rumours and misinformation affecting service uptake

By acting on the information provided by feedback mechanisms, we can become more accountable to affected populations. The stages for implementing an effective feedback mechanism are:

- Agree on the mechanism's key features, including protocols and channels to be used
- Establish the feedback management process
- Integrate feedback collection into regular monitoring and evaluation activities to inform programme design and implementation

### Agree on key features

Establishing feedback mechanisms takes time. Below are key actions to take when developing a mechanism:

- Secure the support of leaders to ensure the mechanism is adequately resourced and promoted
- Sensitize staff so that everyone has ownership of the mechanism and understands their role
- Collaborate across sectors, to reduce duplication and confusion across different services (see [Chapter 13 in the AAP Handbook](#))
- Consult with affected populations on different features of the mechanism to make sure it is understood, accepted and trusted

- Choose communication channels that suit the socio-cultural context and preferences of the local population and consider the language(s) and communication styles (including written vs. verbal) of different groups, including children
- Consider barriers to access and how to overcome them
- Identify suitable tools for each stage of the feedback management cycle: data capture, management, analysis, visualization and reporting (see [Chapter 11 of the AAP Handbook](#))
- Develop operating guidelines and procedures for ethics, confidentiality and data handling
- Establish a robust, secure referral system for complaints related to sexual exploitation and abuse (SEA), gender-based violence (GBV) and fraud, and maintain an up-to-date list of local service providers, including services for both child and adult survivors of SEA
- Train staff in the required standard of behaviour when engaging with people
- Publicize the mechanism, so that people understand its purpose, how to access it and what to expect when they use it

## Decide on communication channels

A single feedback channel cannot accommodate every group within the affected population. Use multiple communication channels, based on the population's context and preferences. It is also important to consider the availability, acceptability, trust and user-friendliness of different channels. A mixture of analogue and digital channels is recommended to increase the reach of your mechanisms. You should also consider the resource implications of the channels you use. For example, hotlines require trained staff to take calls and collect data on paper. The information is then transferred to a spreadsheet, which requires a significant time investment from volunteers.

## Manage feedback and complaints

### Receive and manage feedback

- Record feedback in a tool linked to a centralized database, using predefined categories (e.g., quality of services, complaints, perceptions, rumours)

- Address cases that can be dealt with immediately
- Refer those with sensitive feedback (SEA, fraud, corruption, etc.) to appropriate entities using the referral protocol and established pathways

### Analyse and share data

- Clean the data to remove any corrupt or inaccurate records, as necessary
- Analyse and extract important trends from the data
- Visualize data using a real-time dashboard
- Identify issues and potential solutions
- Report the results, using visuals and a narrative for clarity
- Share the results with senior management regularly, ideally as a standing item at management meetings

### Inform decision-making

- Discuss trends, issues and proposed solutions
- Agree on actions to respond to feedback, such as changing activities that are not working
- Allocate time, roles, responsibilities and timescales to ensure corrective actions take place in the short term
- Use the results to inform the next planning cycle
- Use the results as evidence in discussions with donors, governments and other stakeholders

### Take action and close the loop

- Track how feedback has been addressed, including through referrals
- Track how programmes are adapted in response to feedback
- Communicate the actions taken to affected populations
- Evaluate the complaints and feedback mechanism, to ensure it accurately represents the target population and that all actions taken in response to feedback are appropriate

## Establish protocols

Affected populations are likely to use the same channel to provide feedback and complaints. Therefore, a mechanism that is confidential, reliable and trusted is critical to ensure that complaints, particularly those

related to SEA or other sensitive matters, are addressed quickly. Mechanisms unable to address such complaints must be upgraded. Any feedback given by an affected person, whether it be positive, negative or neutral, should be listened to and acted upon. Complaints that express unhappiness, dissatisfaction and concern about something or someone, should be given particular attention.

## Manage referral pathways

Feedback related to UNICEF can be handled directly by the relevant sector. In cases where feedback relates to the work of other agencies, there are robust referral systems between different sectors, organizations and governments to ensure nothing is overlooked. If you receive feedback that does not relate to programmes run directly by UNICEF, it is still important to listen to the person providing the feedback and close the feedback loop.

Be transparent and honest when a referral is not possible. Acknowledge the person's feedback and explain why it cannot be resolved at this time. While some feedback cannot be addressed directly, we can advocate for a solution from other partners or governments.

## Protect personal data

Organizations with responsibility for handling personal data must ensure the safety and privacy of every person that provides feedback. The following steps help to ensure their security:

- Assign a trained and qualified data protection focal point, responsible for implementing, monitoring and evaluating data protection measures
- Conduct a privacy impact assessment to identify and minimize data protection risks
- Develop risk mitigation strategies
- Establish formal data protection agreements with partners and third parties
- Train staff and partners on data protection
- Raise awareness among affected populations on their rights in relation to personal data and informed consent
- Assign categories of consent to the different types of data collected, especially any data that requires a referral, to ensure that the most sensitive data is protected

## Measurement

Where should you focus your monitoring efforts? Do you measure whether your programme has been effective and appreciated by the community? Or do you measure the success of your feedback systems?

The answer is both. According to UNICEF's Accountability to Affected Populations Handbook, you should be measuring:

1. The impact of your SBC interventions, as part of your overall programme's monitoring systems
2. Levels of community participation, feedback and transparency with respect to how the programme is delivered to ensure accountability to community standards

Specific things to measure about your feedback system include:

- Do people know about the service offered?
- Do people know how to provide feedback?
- Are feedback systems meeting response times?
- Were people consulted at the start of the programme?
- Do people feel they can participate in programme decisions?
- Are issues raised in community meetings documented and acted upon?

In order to measure programme and feedback efficacy, you will need a mix of formal monitoring data, informal feedback gathered through community meetings and discussions with community members or other stakeholders and comments posted on digital platforms like social media. Remember that the whole programme team is responsible for acting on monitoring and feedback data.

## Partnerships

Consider recruiting community, digital, telecom and design partners to help you design feedback systems and loops. For example, CSOs, NGOs and volunteer groups like IFRC or National Societies collect offline feedback from communities formally and informally throughout a project cycle. Digital companies like Facebook or telecom companies like Vodafone and Orange can help you reach target groups with important questions. Human-centred design partners can help you design engaging processes that seek out and incorporate user feedback each step of the way.

## Case studies and examples

### **LEBANON:** [Feedback for education in emergencies](#)

UNICEF Lebanon developed a complaints and feedback mechanism for education in emergencies. A call centre staffed by UNICEF was supported by a hotline team of trained education partners able to respond to complicated cases promptly. An online portal and dashboard were established for real-time monitoring of different indicators. Feedback categories specific to girls and women provided data to address the low enrolment of girls and parental attitudes towards education. After implementing an intervention to improve enrolment rates, monitoring indicated a 40% increase in demand for education among the targeted communities. Feedback analysis became a key tool for senior managers to advocate for further educational resources, which led to funding for the call centre's work plan for the upcoming year. During the second phase, ownership of the complaints and feedback mechanism was transferred to the Ministry of Education.

### **SINGAPORE:** [Feedback to improve an established service](#)

The Work Pass Division (WPD) processes work permits for foreign workers, who make up about 40% of the workforce. In order to address low customer satisfaction, the WPD teamed up with IDEO to unpack and restructure the customer experience. After changing how staff communicate with clients across the board, customer satisfaction ratings increased to 5.7/6. Additionally, the centre was able to process over 95% of visitors within 15 minutes. WPD concluded that improving the experience can also improve efficiency. Combining business process re-engineering and design thinking has made WPD a world leader in efficiency and customer experience.

### **SINGAPORE:** [Feedback to shape changing community needs](#)

Over the next 15 years, Singapore plans to double its rail network and open over 100 new stations. Existing stations were designed with technical constraints as a starting point: What's the available land size? How many fire exits are required? This time, the engineering team asked a different question: How do you imagine a different future, using design? They learned that the stations needed to respond to community needs. Their designs included childcare centres, bike parking, spaces for community collaboration and more. This exploration led to key design archetypes for future stations that will guide the design process.

### **INDIA:** [Using multi-component interventions including increased accountability from school communities to improve health and wellbeing](#)

A cluster-randomised trial in Bihar state, India, explored how promoting quality school social environments could offer a scalable opportunity to improve adolescent health and wellbeing. The study found that engaging the school community (i.e., adolescents, teachers, and parents) in school-level decision-making processes; promoting social skills among adolescents; providing access to factual knowledge about health and risk behaviours to the school community; and enhancing problem-solving skills among adolescents, had substantial beneficial effects on school climate and health-related outcomes when delivered by lay counsellors.

### **NIGERIA:** [Adapting community conversations to promote more meaningful participatory interventions for child health in Nigeria](#)

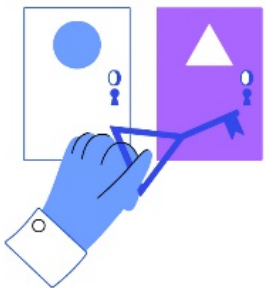
Formative research for a cluster randomised control trial in Jigawa State used 36 community conversations to generate debate and discussion around key social and relational processes that would influence the success of participatory groups and action around child health. The conversations gave communities the opportunity to explore and shape the pillars of the intervention. Researchers explained how the process will likely increase the sustainability of the intervention as it ensures local relevance to community groups prior to roll out and evaluation. The study found the need to increase the ownership that target communities have, not only over outcomes, but also process, to reduce the impact of tokenistic participation.

### **PAKISTAN:** [Using community engagement to build accountability of religious leaders during COVID-19 in Pakistan](#)

Religious institutions and leaders who are trusted sources of information play a key role in promoting voluntary compliance with public health measures in the context of a health emergency. With an eye to investigating how communication from religious leaders may influence pro-social public health behaviour, an RCT in Pakistan measured the impact of one-on-one engagement with local religious leadership on the compliance of protocols (e.g., mask wearing) at their mosque. The study found that persuasive scripts can be used to increase accountability of these leaders, with those imams who received the persuasion scripts being 25% more likely to advise their congregants to wear a mask to prayers.

## Key resources

- [A Red Cross Red Crescent Guide to Community Engagement and Accountability \(CEA\)](#)
- [UNICEF: Accountability to Affected Populations Handbook](#)
- [Designing for Public Service](#)
- [A Design Solution for Designing Better Customer Feedback: A blog post explaining why people may not respond to well-intentioned requests for feedback](#)
- [Designing Great Feedback Loops: An article discussing how to influence behaviour through well-crafted feedback loops.](#)



# Behavioural Insights

Applying and testing solutions inspired by behavioural science

## Introduction and definition

Applying evidence and methods from the behavioural sciences is critical to understanding and addressing the cognitive, social and environmental drivers of behaviours.

Using approaches from the behavioural sciences will help you develop focused and cost-effective behaviour change interventions. This tool explores how Behavioural Insights (BI), which describes the methods and insights derived from the behavioural sciences, can be applied to the design and testing of behaviourally informed solutions.

## Objectives

**Design evidence-based and contextually-relevant interventions** informed by evidence from the social and behavioural sciences, which contribute to measurable behaviour change. Such interventions may boost intention by leveraging innate biases in judgement and decision-making, or help overcome intention-action gaps by reducing logistical and psychological friction in policies, processes and services.

**Test solutions or interventions** (also known as prototypes) to get a sense of a solution's potential impact and understand how it can be improved.



## Biases and tactics commonly leveraged in BI approaches

The biases that affect the way people think can help explain why people make unexpected or undesirable choices. Understanding how and why people make judgements and choices allows us to design behavioural change interventions with greater impact.

### A few common cognitive biases (of many!)

#### Loss aversion:

Losses feel more painful than equivalent gains. People are more motivated by the prospect of losing something than the opportunity to gain something.

#### Present bias:

When making a decision, people care more about immediate costs/benefits than future costs/benefits. For example, even if getting up early to exercise has long-term benefits, people tend to focus on the short-term cost of losing an hour of sleep.

#### Confirmation bias:

People are more likely to pay attention to information that confirms their pre-existing beliefs. For example a person who is against getting vaccinated is more likely to pay attention to information about rare, negative side effects of vaccines than to evidence on the benefits of vaccination.

#### Information avoidance ('ostriching'):

People tend to avoid seeking out important information when they expect it to be unpleasant, even when the process of acquiring it is free and simple. For example, people avoid free HIV testing out of fear of receiving positive results. People will avoid checking their bank account balance or stepping on the scale when they feel they won't like the number they see.

#### Hot-cold empathy gap:

When in a 'cold' state (e.g., when we are calm, happy, or satisfied), people often fail to predict how they will act in a visceral or 'hot' state (e.g., when we are hungry, tired, stressed, or sexually aroused). For example, people keep unhealthy snacks at home because they assume they will have the willpower to eat them sparingly. However, people often fail to consider that when they get tired, hungry or stressed, they are likely to reach for the convenient, unhealthy snack.

#### Restraint bias:

People have overconfidence in their self-control (particularly in a 'hot' state). For example, adolescents may avoid using modern contraceptives because they are overconfident in their ability to stay abstinent.

### A few common behavioural tactics (of many!)

Once we understand certain biases, we can design interventions that take them into account. Here are some tactics that can be included in behaviourally-informed interventions:

#### Commitment devices:

Asking people to publicly pre-commit to a given action when they are most motivated to do so in order to encourage them to complete a specific behaviour. Commitment devices can help overcome procrastination and hot-cold empathy gaps. For example, by allowing farmers to restrict access to their accounts, [commitment-based savings accounts in Malawi](#) increased farm profits by \$133 in a single year.

#### Social comparison and benchmarking:

Showing people how their behaviour compares to that of their peers in order to motivate behaviour change. For example, [sending the residents of Belen, Costa Rica a social comparison notice](#) that compared their water usage to that of their neighbour's and helping them create a plan for how to use less water, decreased monthly water consumption by 4.5%.

## Reminders:

Providing timely reminders to engage in a behaviour when people are able to complete it. For example, weekly SMS reminders sent to HIV patients in rural Kenya increased adherence to antiretroviral therapy (ART) by 13 percentage points.

## Implementation intentions:

Encouraging people develop a specific plan for how they will complete an action that includes plans to overcome possible barriers that may arise ('if x, then y'). For example, redesigning savings programmes in the Philippines to include a printed savings plan increased savings balances by 37%.

## Defaults:

Making the intended choice the standard for people to opt out of rather than opting into. For example, a mobile phone savings programme in Afghanistan that allowed people to automatically deposit a portion of their paycheck into a savings account increased savings rates by 40 percentage points.

## Feedback:

Providing people with immediate feedback upon completion of a behaviour in order to make benefits/costs more salient. For example, playing a short game on HIV risks and receiving immediate feedback on correct versus incorrect answers reduced incorrect estimations of HIV risk among young people in South Africa by 28 percentage points.

## Framing:

Presenting information in a manner that harnesses biases to shape decision-making (e.g., leveraging loss aversion to prompt people to consider the costs of inaction). For example, sending behaviourally informed text messages to parents in Uruguay about the potential losses children experience when they miss school, increased attendance by an average of 1.5 days per child during a 13-week intervention.

# How do you apply and test solutions inspired by behavioural science?

## Define behavioural outcomes

1. **Define the problem** you are trying to solve.: What and whose behaviour do you want to change? How can it be measured?

## Collect behavioural insights

2. **Map every step** a person takes to make a decision and follow through on it.
3. **Hypothesize** where and how the context might impede or enable decision-making and behaviours, using an understanding of cognitive biases to This step will help you develop a rigorous qualitative research plan.
4. **Conduct in-depth qualitative research** and analyse observations to determine how the context influences behaviour. Keep in mind that people are not always consciously aware of what drives or impedes their behaviour. When possible, supplement observations and community insights with other methodologies to uncover factors that may be unconsciously influencing behaviour.
5. **Translate the data into usable insights.** Look for patterns and trends in the behaviour and assess whether data supports, contradicts or supplements your hypotheses.
6. **Translate the insights into user journeys or behavioural maps.** Outline the journey one takes to complete a behaviour, and how the context influences their decision-making at each step. This will help you identify potential touchpoints to design solutions for. Behavioural frameworks, such as the behavioural drivers model, can help you organize your insights.

## Design behaviourally-informed solutions

7. **Co-design solutions** with end users to address behavioural barriers. Your solutions should make healthy behaviours easier and creating moments of contemplation before automatic, unhealthy actions. Specific behavioural techniques can be mapped to specific barriers. The Behavioural Change Wheel (Michie et al., 2011) identifies a number of behavioural change techniques that correspond to barriers identified through behavioural insights.
8. **Iterate on designs** based on feedback from users (e.g., clients, healthcare workers, or family members). Each iteration should feature a small, precise change. Test each solution with your intended users to see what resonates with them most.

## Test, implement, learn and scale

9. **Test the impact** of your interventions in stages. Start with a feasibility test or pilot to understand the feasibility, acceptability and potential impact of designs.
10. **Iterate on designs** based on what you learn then conduct an experimental or quasi-experimental impact evaluation, using the most rigorous evaluation method available. When possible, conduct a randomized controlled trial (RCT). RCTs are the best way to find out what works.
11. **Continue to monitor** the implementation process after the intervention has been scaled up to systematically identify challenges.



### Things to keep in mind

- **Change the context, not the person:**  
Removing innate cognitive biases is impossible. Behaviourally-informed solutions should not attempt to overcome these biases but rather work with them to make it easy for people to follow through on their intentions.
- **Check your assumptions:**  
Observe how people actually behave, not how you think they should behave. Designs should be rooted in evidence and insights.
- **Identify unconscious drivers:**  
We are not always fully aware of what influences our choices and often fail to predict our future behaviour. Do not rely solely on self-reports of behavioural drivers. Supplement observations and self-reports with insights from the literature and other methods that can uncover unconscious drivers.
- **Iterate, iterate, iterate:**  
Do not expect to get things right the first time. Revise hypotheses based on evidence and revise interventions based on feedback. Be sure to test different versions of designs.
- **Design for real people, not perfect people:**  
Do not assume people will use something just because it is helpful. You should aim to make it as easy as possible for people to take their intended action.
- **Small changes can have a big impact:**  
Test whether simple, low-cost solutions can have an outsized impact.
- **Get the evidence:**  
Always test the feasibility and potential impact of solutions before scaling it up.

## Measurement

Research type	Purpose	Methods
<b>Formative research</b>	Understand how context and the brain influence decision-making and behaviours, to identify barriers to overcome and opportunities to leverage.	<b>Qualitative:</b> Literature reviews, qualitative in-depth interviews, focus group discussions, vignettes, journaling and daily activity charts, card-sort activities, structured and unstructured observations, journey mapping, experience mapping, and ethnographic studies  <b>Quantitative:</b> surveys coupled with multivariable analyses specifically designed to quantify the degree to which various factors influence choice or preference
<b>User testing / prototyping</b>	Observe how designs work within a given context and iterate on ideas based on user feedback.	Interviews and live user testing
<b>Pilot / feasibility testing</b>	Assess the feasibility, acceptability and potential impact of designs.	Structured questionnaires, structured observations
<b>Impact evaluation</b>	Rigorously measure changes in behaviour associated with exposure to the intervention for each subgroup	RCTs, quasi-experimental methods.
<b>Continued learning and implementation research</b>	Continuously monitor the implementation process to identify gaps and understand challenges with scaling and adapting to real-life settings.	Structured observations, surveys, qualitative interviews, quantitative and qualitative feedback systems.

## When to use Behavioural Insights

In some cases, you may find that other tools in the Social and Behaviour Change toolbox may be more helpful than taking a BI approach. Here are questions to help you determine whether applying BI is a good fit for your situation:

Question	Yes	No	More info
1. Is the behaviour nudge-able?	<input type="radio"/>	<input type="radio"/>	+
2. Is the behaviour measurable?	<input type="radio"/>	<input type="radio"/>	+
3. Is there a large enough sample size?	<input type="radio"/>	<input type="radio"/>	+
4. Is the intervention scalable?	<input type="radio"/>	<input type="radio"/>	+
5. Is the pilot affordable?	<input type="radio"/>	<input type="radio"/>	+
6. Does the intervention have a reasonable chance for success?	<input type="radio"/>	<input type="radio"/>	+
7. Does the project address an organizational priority?	<input type="radio"/>	<input type="radio"/>	+

## Key resources

### Frameworks and approaches

- UNICEF’s [Applied Behavioural Science White Paper](#)
- Michie et. al’s [COM-B: Capability, Opportunity, Motivation](#)
- Behavioural Insight Team’s [MINDSPACE](#)
- Behavioural Insight Team’s [EAST Framework](#)
- [Friction and Fuel Framework](#)

### How-to guides

- The OECD’s [BASIC Toolkit](#)
- BEAR’s [A Practitioner’s Guide to Nudging](#)
- [The Little Jab Book](#) for COVID-19 Vaccination
- The Surgo Foundation’s [The CUBES Toolkit](#)
- [The Behaviour Works Method](#)
- Test, Learn, Adapt: Developing Public Policy with Randomised Controlled Trials

### Ethical considerations

- [Ethical Considerations When Applying Behavioural Science in Projects Focused on Children](#)
- FORGOOD Framework for Ethical Considerations When Nudging Behaviour

### Further learning:

- UNICEF’s [Introduction to Behavioural Insights e-learning Course](#)
- The Behavioural Insights Research and Design (BIRD) Laboratory



# Social Norms

Understanding, leveraging and addressing unwritten rules

## Introduction and definition

**Social norms are the perceived, informal and mostly unwritten rules that define acceptable and appropriate actions within a group or community.**

Social norms are situated at the intersection between behaviour, beliefs and expectations. They encompass our own actions and our beliefs around what others do, approve of and expect of us.

A social norm exists when we do something because we believe that other community members or people like us do it. In this case, our behaviour is being driven by our desire to conform to the behaviour of others. This is known as a descriptive norm, or an empirical expectation. The group of people we model our behaviour to match is referred to as our reference group.

A social norm also exists when we do something because we believe that those who matter to us approve of it. In this case, our behaviour is being driven by our desire to conform to what we think others value or expect of us. This is known as an injunctive norm or a normative expectation.

In both cases, our actions are being influenced by how we think others will respond to our performance of a certain behaviour (or not). These expectations are known as outcome expectancies and can be positive (rewards) or negative (sanctions).

## Why do social norms matter?

Social norms influence individual, community and institutional behaviours, which can have beneficial or harmful consequences for people's well-being. They are embedded in society and can dictate how a social order is produced and maintained. Social norms help communities function, binding them together and promoting collective behaviours. But in some cases, the social order and community behaviours being maintained may be harmful and reinforce unjust power dynamics, furthering discrimination and social and gender inequities.

By understanding social norms and how they influence behaviour, we can design Social and Behaviour Change interventions that go beyond individual activities to spark collective change. Uprooting harmful social norms and promoting positive norms increases the likelihood of lasting, positive change.

## Benefits and social/ behavioural objectives

Not all behaviours are driven by social norms. People may engage in unhealthy or harmful behaviours for a variety of reasons, including lack of knowledge, low risk perceptions, lack of access, personal or religious beliefs and emotions associated with the behaviour. These factors are not social norms, because they exist independently of what others think or do. Before designing an intervention, you should study the behaviour in question and its determinants to establish whether norms are at play.

**If you have established that your target behaviour is driven by a social norm, SBC can help you to:**

→ *The examples provided above are illustrative and are by no means the only approaches available to you. There are many different ways to achieve desired behavioural outcomes. Many of the examples are applicable to more than one social/behavioural outcome in this table.*

Social/behavioural outcomes	Example approaches
<p><b>Shift perceptions of what others do.</b> This is relevant when people engage in a behaviour primarily because they think that others like them do so (a descriptive norm).</p>	<ul style="list-style-type: none"> <li>• Show affected communities that peers and other people similar to them do not practise the behaviour in question, and explain why and what they do instead.</li> <li>• Share stories of people engaging in alternative behaviours, using a range of communication activities.</li> <li>• Provide opportunities for people to experiment with alternative behaviours.</li> </ul>
<p><b>Shift perceptions about sanctions and rewards associated with participating in certain behaviours.</b> This is relevant when people fear social sanctions if they do not conform (an injunctive norm)</p>	<ul style="list-style-type: none"> <li>• Promote positive deviance to shift beliefs about what behaviours are socially rewarded or sanctioned.</li> <li>• Engage influential leaders, elders and key members of the affected group to show their support for those who do not conform to the norm.</li> <li>• Create dialogue groups for different members of the community to share and challenge their beliefs around sanctions and rewards associated with the behaviour.</li> </ul>
<p><b>Support the diffusion of new positive norms.</b> They should be visible and acceptable to the wider community to enable sustained, community-wide social and behaviour change</p>	<ul style="list-style-type: none"> <li>• Engage with a strategically selected core group of positive deviants to introduce, model and diffuse new positive norms throughout the community.</li> <li>• Embed the new norm in compatible prevailing cultural values.</li> <li>• Showcase the benefits of engaging in the new behaviour through testimonials, interpersonal communication between positive deviants and their peers, local interviews and other channels.</li> </ul>
<p><b>Amplify existing positive norms or introduce new ones.</b></p>	<ul style="list-style-type: none"> <li>• Work with community leaders to identify and promote existing, positive norms that can replace harmful ones. For example, amplifying existing norms around nurturing, caring parents can counter norms of separating children from families suffering economic hardship.</li> </ul>

Social/behavioural outcomes	Example approaches
<b>Shift the attitudes of a core group to become agents of change.</b>	<ul style="list-style-type: none"> <li>Identify a core group of early adopters within the community and explore their beliefs and what has led to their adoption of your target behaviour.</li> <li>In communities where the behaviour has not been adopted, this group can consist of people who are more likely to change their attitudes around the target behaviour. Introduce tools and skills to support community members in adopting a new behaviour and resist conforming prevailing norms.</li> <li>Support early adopters in becoming champions of change, to discuss the norm and their new behaviours with others and showcase how this change has improved their wellbeing.</li> </ul>
<b>In cases of pluralistic ignorance, dismantle harmful social norms by showing that most people in the group hold the same personal attitude.</b>	<ul style="list-style-type: none"> <li>Provide opportunities for community members to share their beliefs and practices related to a given norm, and dismantle beliefs that most people engage in a certain behaviour (a descriptive norm). Community dialogue, declaration events, radio/television interviews, panel discussions and media campaigns are some ways to help individuals realise that their perceptions around community behaviour are incorrect.</li> </ul>

## Characteristics of successful norms-shifting interventions

According to *Theory and Practice of Social Norms Interventions: Eight Common Pitfalls*, effective social norm interventions do one or more of the following:

- Determine if norms are actually supporting and influencing the behaviour.** Social norms may be the behavioural rules, but they are not always the behaviour. Therefore, norms-shifting interventions should identify the specific norms that need to be addressed in order to achieve the desired behaviour change. For guidance on identifying relevant norms, visit the [Social Norms Exploration Tool \(SNET\)](#) and [Module 1 of the Getting Practical Tool](#).
- Uncover the relationship between attitudes and social norms.** Are community attitudes consistent with the norms? Determine whether most people are actually in favour of the norm and the desired behaviour.
- Identify and engage with reference groups.** Talk to community members to figure out whom they model their behaviour after and whose opinion matters most to them.
- Seek community-level change.** Norms-shifting interventions articulate community-level outcomes rather than changes to perceptions and attitudes at the individual level. Community-level change requires visibility of the new behaviour's social acceptance, public support for the new norm, and local services that support it (e.g., availability of adolescent-friendly services when trying to shift norms around the sexual and reproductive health of young people).
- Emphasize existing positive norms and practices. Norms are dynamic.** There are positive deviants and early adopters in every community or reference group. You should identify them and provide them with the space, information, tools and visibility to influence others. This increases the number of people discontinuing the norm which works towards community-level change.
- Use trusted, credible sources to promote new behaviours and existing, positive ones.** This is critical to building support for alternative norms and behaviours.
- Engage with multiple stakeholders at every level of the socio-ecological model.** Look at how norms influence individual choices and behaviours. Explore the norms at play within families, friend groups, communities, service providers, institutions and legal or policy frameworks.
- Engage communities as active participants in promoting critical reflection on existing and new norms.** These reflections should be creative, dynamic and engaging, and always occur within safe environments.
- Root the issue and any new norms in the community's value system and culture.** Leveraging community values and cultural elements are powerful ways to shift attitudes and increase the acceptance of a new norm.



- **Promote positive norms within a core group to facilitate their diffusion.** Identify positive deviants and early adopters to support in becoming agents of change. Give them the skills to engage with and influence others in their community to abandon harmful norms or adopt new ones. Ultimately, the community will reach a tipping point whereby a critical mass of people redefines dominant norms and changes collective behaviour.
- **Address power imbalances in cases where practices stem from inequities.** When behaviours are rooted in gender inequality, you should understand the gender norms at play and the power dynamics between men and women and boys and girls within the community. Use two-way engagement to discuss, challenge and explore gender norms throughout the intervention or approach.

**Above all, norms-shifting interventions should never:**

- Assume that social norms are the sole driver of a harmful practice, but rather try to uncover other determinants across the socio-ecological model.
- Focus on or highlight the negative behaviour, for example by publicizing statistics of how many women experience intimate partner violence, as this may unintentionally normalize the behaviour and further reinforce the norm.
- Impose ideas from the outside or in a top-down manner.

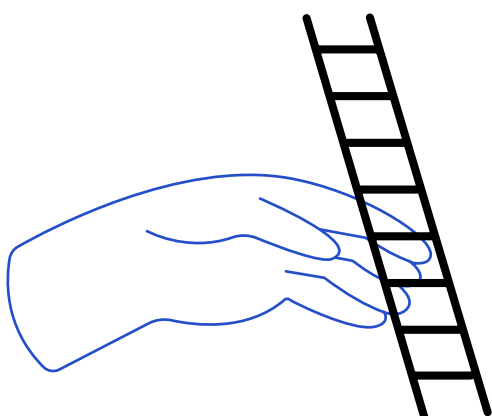
## Measurement

**Shifts in social norms can be tracked by measuring changes in the following areas:**

1. **Perceived prevalence of a norm, or how common or pervasive a norm is (i.e., descriptive norms)**
  - a. How many people (within a given age group) in your community engage in behaviour X?
  - b. How many people do you personally know who have chosen not to engage in behaviour X?
2. **Perceived expectations to conform to the norm (i.e., injunctive norms)**
  - a. Do you think your immediate family expects you to continue or abandon practice X?
  - b. Do you think your friends and peers expect you to continue or abandon practice X?
3. **Perceived social support or backlash (positive and negative outcome expectancies) for behaving outside a norm, and by whom (i.e., outcome expectancies)**
  - a. In your opinion, what are the social sanctions (punishments) associated with abandoning practice X?
  - b. In your opinion, what are the social benefits (rewards) associated with abandoning practice X?
  - c. How likely are you to be sanctioned by others if you decided to abandon practice X?
4. **Possible disagreement about a norm**
  - a. Think about the last five years. Do you think the number of people (specify population) in your community who engage in practice X is now far fewer, somewhat fewer, about the same, a bit more, or far more than five years ago?
  - b. Think about five years from now. Do you think the number of people (specify population) in your community who engage in behaviour X will be far fewer, somewhat fewer, about the same, a bit more, or far more than now?

Social norms are typically just one of several factors influencing behaviour. Interventions should seek to monitor other drivers such as knowledge, attitudes, risk perception and self-efficacy. However, it is always important to explore the role that social norms play in driving a given behaviour, as well as what social networks and reference groups exist, as these will be key to defining your SBC intervention.

Efforts should be made to conduct rapid assessments, even when resources are scarce.



**There are several stages of measuring social norms, including:**

Stage	Purpose	Methods
<b>Formative research</b>	Identify possible social norms, sanctions, reference groups and social networks. Determine the prevalence of the behaviour and who practises it. Determine drivers of the behaviour to assess the extent to which social norms influence it.	Literature review, informal discussions with community, qualitative in-depth interviews, focus group discussions (FGDs), observations, and interviews or surveys with programme staff, local leaders and gatekeepers.
<b>Baseline</b>	<p>Measure prevalence of the norm and beliefs about:</p> <ul style="list-style-type: none"> <li>Who and how many engage in the behaviour (descriptive norms),</li> <li>Rewards and sanctions associated with engaging or not engaging in the behaviour (outcome expectancies)</li> <li>Expectations to engage in the behaviour and by whom (injunctive norms and reference groups).</li> <li>Attitudes towards the behaviour and the relationship between attitudes and norms</li> </ul>	Quantitative surveys, qualitative interviews, vignettes in FGDs.
<b>Monitoring</b>	<p>Observe signs of norm change by tracking:</p> <ul style="list-style-type: none"> <li>Beliefs about the prevalence of the behaviour (descriptive norms)</li> <li>Sanctions and rewards (outcome expectancies)</li> <li>Beliefs about being expected to conform to the norm and by whom (injunctive norms and reference groups)</li> <li>Reported, perceived and observed backlash for not conforming to the norm or engaging in the behaviour (outcome expectancies)</li> </ul>	Activity monitoring, observations, focus group discussions, surveys.
<b>Endline</b>	Track changes in social norms (descriptive norms, injunctive norms, outcome expectancies) in relation to changes in behaviours and attitudes.	Quantitative surveys, qualitative interviews, vignettes in FGDs

## Partnerships

To support social norm interventions, partnerships should be considered across the socio-ecological model, from the household level all the way to the policy and social levels.

Potential partners include household members, local leaders (religious, traditional, official), service providers (health, education, justice), local groups and local organizations (including faith-based and community-based organizations), institutions, policy-makers and the media (local, national, digital).

Make sure that your partners are relevant to the context. Take time to get to know your communities and uncover their reference groups and social networks, to determine how best to reach them.

Work with communities to define partnerships across the socio-ecological model, to ensure that you are working within the cultural space that resonates with the affected population.

## Case studies and examples

- **INDIA:** A cluster randomized trial in Odisha found that a social norms-based approach may help promote iron and folic acid consumption, through changes in descriptive norms (people's perceptions about how many other people take iron and folic acid) and injunctive norms (social pressures people feel to take iron and folic acid) and collective norms (actual levels of iron and folic acid consumption).
- **NEPAL:** An evaluation of the Change Starts at Home program found that community-based dialogues and trainings are effective in facilitating social norms change, by participants being effectively empowered to share their new knowledge with others in their networks.
- **UGANDA AND RWANDA:** Small group discussions improve the share of household chores between men and women, communication about sexual relationships and contraception, and young girls' perceptions of their ability to participate in daily life decisions.
- **MOZAMBIQUE:** Community dialogue changes norms around child marriage.
- **ERITREA:** Community engagement is used to end female genital mutilation (FGM).
- **SUDAN:** The Saleema Initiative creates a new positive social norm around remaining uncut, thereby reducing the norm of female genital cutting.
- **SENEGAL:** The Grandmother Project leverages the strong cultural value of grandmothers to create positive norms around the holistic development of young women and girls.

## Key resources

### General resources

- [Defining social norms and related concepts](#)
- [The Social Norms Atlas](#)
- [The Challenge Paper](#)
- [Agora Course on Social Norms and Social Change](#)

### Social norms change theory

- [Using Social Norms Theory for Health Promotion in Low-Income Countries](#)
- [A Critical Appraisal of the Social Norms Approach as an Interventional Strategy for Health-Related Behavior and Attitude Change](#)

- [The Social Norms Learning Collaboratives' Social Norms Background Reader](#)

### Moving from theory to application

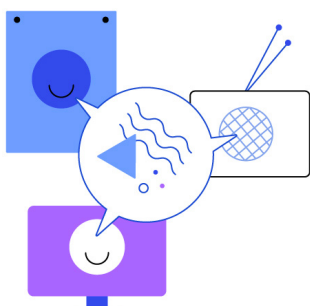
- [Mapping the Social-Norms Literature](#)
- [Theory and Practice of Social Norms Interventions: Eight common pitfalls](#)
- [Social Norms and Child Marriage in Cameroon: An application of the theory of normative spectrum](#)
- [Institute for Reproductive Health's Social Norms and AYSRH: Building a bridge from theory to program design](#)
- [CARE International's Applying Theory to Practice: CARE's journey piloting social norms measures for gender programming](#)
- [The Getting Practical toolkit](#)
- [Shifting social norms to tackle violence against women and girls](#)

### How-To Guides

- [Institute for Reproductive Health's Social Norms Exploration Tool \(SNET\)](#)
- [UNICEF's Everybody Wants to Belong: A Practical Guide to Tackling and Leveraging Social Norms in Behaviour Change Programming](#)
- [UNHCR's Changing the Culture by Changing Norms](#)

### Measurement

- [UNICEF's The ACT Framework Package: Measuring social norms around FGM](#)
- [The Social Norms Learning Collaborative's Monitoring Shifts in Social Norms: A Guidance Note for Program Implementers](#)
- [Participatory Research Toolkit for Social Norms Measurement](#)
- [Measuring Gender and Social Norms](#)
- [Measuring Social and Behavioural Drivers of Child Protection Issues](#)
- [Resources for Measuring Social Norms: A Practical Guide for Program Implementers](#)
- [Quantitative Measurement of Gendered Social Norms](#)



# Campaigning

Designing impactful multi-channel communication plans

## Introduction and definition

Whether you aim to inspire broader social change or individual behaviour change, communication approaches can help promote changes in knowledge, attitudes, norms, beliefs and behaviours. Such approaches are known as communication campaigns. Successful campaigns reach a spectrum of individuals and groups in a society, through a variety of channels.

A multi-channel communication campaign does not simply communicate one-way messages through a mix of channels and activities. It is a coordinated effort to encourage participation and engagement. It seeks to support and persuade the priority group to adopt, maintain, modify, abandon or accept attitudes, perceptions or behaviours that are beneficial to the individual or a larger social group.

UNICEF has a long history of successful campaigning. Recent global examples include advocating for vaccines for all, fighting against cyberbullying and promoting the reopening of schools during the Covid-19 pandemic. Campaigns like these help raise awareness about issues, lobby decision-makers for change, encourage public activism and promote positive change.

Not all communications efforts are campaigns. There will also be times when strategic communication will be a necessary part of your broader Social and Behaviour Change strategy. Raising awareness, encouraging an enabling policy environment and using multiple mass media channels to promote or reinforce large-scale change can bolster other elements of your work.

Whether you are conducting a campaign or using strategic communication as part of a broader SBC strategy, it is essential to coordinate with communication and advocacy teams. Coordination can help in identifying mutually reinforcing tactics, engaging the campaign's intended audience and determining the best way to partner with stakeholders.

All campaigns, regardless of scale and purpose, draw from a suite of communication tactics to address various challenges at national, sub-national and community levels. Generally, this includes face-to-face (events, meetings, trainings, social mobilization), earned media (any TV, radio, print and social media coverage that has not been paid for), owned media (blogs, websites, events and other channels we control), shared media (social media designed to encourage engagement) and paid media (advertising).

→ *Whatever mix of channels and tactics you decide on, keep in mind that the most impactful communication campaigns draw on multiple disciplines and channels to influence behaviour.*

Though it may include mass media and advertising, an effective campaign approach tackles much more than promotion. Successful campaigns help unpack the following questions: How easy is it to perform the behaviour? How can barriers be removed? What behaviour, service or product does the campaign focus on? What is the setting for change?

## Benefits and social/ behavioural objectives

Though they are rarely enough on their own, communication campaigns are always a valuable addition to a SBC plan due to their ability to reach a high number of people and respond to changing data and conditions quickly, and with ease. A well-designed campaign can be applied at local and national levels and is particularly effective when:

### 1. **Trying to influence mass behaviour change.**

Multi-channel communication campaigns can reach your priority groups in multiple ways and at large scale. An ecological approach to change targets the individual, community, social and political context. A comprehensive communication campaign should include actions at each of these levels.

### 2. **Trying to influence behaviour change over a long period of time.**

Communication campaigns are normally designed to take place over a number of years. This allows for different phases and the opportunity to adapt to changing circumstances.

3. **You have sufficient human and financial resources.** Running a campaign over a number of years requires commitment, capacity and predictability. This does not mean that campaigns need to be expensive – they can be designed economically with creativity, commitment and localization. You should always confirm that you have the resources to plan and manage a communication campaign before launching it.

### 4. **Seen as a way to engage with people, rather than as a top-down message delivery system.**

Multi-channel communication campaigns are built on evidence and adapted frequently to respond to community feedback, data and changing contexts.

→ *Communication campaigns can have extensive reach and promote change across many different touchpoints, over a long period of time. However, they may not always be the most effective approach to social or behaviour change. They may be less successful when prioritizing small and unique groups, or when the desired change is sensitive or considered a private matter. In such cases, speaking to people in smaller gatherings or recruiting trusted influencers from the community may be more effective. Still, communication campaigns are valuable tools for modelling the desired behaviour at scale, reinforcing behaviour and providing additional touchpoints that promote the intended change.*

## Case studies and examples

- **NIGERIA** Using a multi-channel behaviour change communication campaign strategy resulted in a 17% increase in ITN usage overall and a 15% increase in intentions to use an ITN every night.
- **UNITED STATES** The Parents Speak Up campaign improved parent-child communication amongst mothers and teenagers about sex.
- **NEPAL** A novel behaviour change campaign including local rallies, games, rewards, storytelling, drama, competitions, and 'kitchen makeovers' improved uptake of five food hygiene behaviours.
- **GHANA** A singular message that hands were not 'truly clean' (Hohoro Wonsa) unless washed with soap was distributed through community events and mass media such as TV, radio and printed materials (posters, billboards, stickers). Total exposure from all channels was 82%. Self-reported instances of handwashing at key moments including before child feeding, before eating and after toilet, significantly increased.

- **BURKINA FASO** A mass radio campaign in rural Burkina Faso led to significant increases in primary care consultations for the leading causes of child mortality including diarrhoea, lower respiratory infections, and malaria. The campaign led to an estimated 9.7% reduction in under-five mortality.
  - **UNITED STATES** A mass media HIV risk reduction campaign led to both increased knowledge about HIV and decreased stigma amongst Black adolescents in four American cities.
  - **MOZAMBIQUE** A multi-channel campaign, which included radio spots, community dramas, and in-person events led to widespread increases in consumption of Vitamin A amongst both women and children.
  - **UNITED STATES** A large-scale mobile phone-based messaging campaign targeting more than 50,000 American adults increased rates of influenza vaccination.
4. **Design your strategy.** What approach will you take throughout this campaign? What strategic insights will guide your tactics? Communication approaches can promote awareness, demonstrate solutions, model desired behaviours, influence social norms and address barriers directly. For example, you may want to support unwed mothers who are hesitant to register their children due to stigma by emphasizing the services that birth registration unlocks.
  5. **Select your tactics.** Tactics make the strategy tangible. Use your strategic insights to influence your intended audience at multiple touchpoints through a combination of methods and channels. Your tactics may include face-to-face engagement, as well as paid and earned media.
  6. **Design and test your messages.** Work with the priority populations you identified to ensure the messages are well-understood and resonate in the way in which they were intended.
  7. **Finalize an implementation plan.** Highlight key campaign phases and tactical changes over the lifespan of your strategy. Encourage moments of reflection and iteration to incorporate new insights.
  8. **Measure and monitor performance.** See the following section for more detail.

## Implementation steps and checklist

There are several different ways to design a multi-channel communication campaign. However you go about it, be sure to:

1. **Analyse the situation.** Collect data, especially through participatory processes, to better understand the people, places and barriers that make up your behavioural objectives. Use this analysis to determine where to target your efforts (at the structural, social, community, family, or individual level) and how to address the issue through a traditional channel mix, using the Four P's: Product, Placement, Price and Promotion.
2. **Identify your audience.** Whose behaviour are you hoping to influence or amongst which groups are you hoping to promote social change? Segment your audience to design more customized, targeted strategies to reach them. Conduct a stakeholder analysis to better understand who has the power to influence whom.
3. **Identify the barriers to change.** It is important to find out what makes it difficult or unattractive for people to change their behaviours. How could a communications campaign make certain behaviours easier or more attractive to people? What is getting in the way of positive social change? Use interviews, surveys, focus groups or other methods to find answers to these questions.

## Measurement

With any SBC approach, it is crucial to define success at the outset. Linking clear communication objectives to social and behavioural objectives is the foundation of any successful monitoring and outcome evaluation plan. This will help you prioritize resources and identify activities and tactics to measure.

→ *Remember: change is measured from a baseline. Changes in knowledge, attitudes and practices cannot be effectively measured only at the end of a campaign. Communication may influence the levers for change, but it is not enough to achieve all programme outcomes. Consider what can be attributed to your communication campaign and how it can be integrated with wider SBC and programmatic interventions. Measurement will rely on both quantitative and qualitative analysis.*

Some common indicators for measuring communication campaigns are:

**Output indicators:** Were the numbers and types of products, events, interventions produced or held as planned? For example:

- a. **Media coverage:** Tracking earned media mentions of your messaging through media monitoring, including the volume, quality and any changes to keyword mentions.
- b. **Social media engagement:** Tracking interactions with your social media posts, including likes, comments, shares, votes, links, retweets, video views, content embeds, etc.
- c. **Owned media engagement:** Tracking interactions with your website, blogs, newsletters, etc.
- d. **In-person engagement:** Tracking the number of events, meetings, workshops, and counselling sessions held, along with relevant demographic and attendance details.

**Outcome indicators:** Did you achieve your communication objectives? Were there measurable changes in the awareness, knowledge or behaviours of your intended audience? For example:

- e. **Audience understanding:** Measuring changes in the knowledge, beliefs and intentions of the priority audience through pre- and post-surveys, focus groups and interviews.
- f. **Post-intervention feedback:** Having discussions with participants following an event or other in-person intervention to determine how likely they are to adopt the proposed behaviour or social change
- g. **Sentiment analysis:** Tracking shifts in sentiment over the course of the campaign by monitoring media coverage and public opinion to note any change in positive, neutral or negative mentions in media coverage and public perception that align with your campaign goals.

**Impact indicators:** Were the programmatic goals achieved? The impact of your programme may depend on the communication campaign, but is typically the result of multiple interventions over a longer period of time. Still, understanding the specific impact of your communication efforts is important. For example, a campaign may have improved intention to perform a given action or shifted public perception on a challenging issue.

→ [See here for a sample M&E framework that connects Communication Objectives, Activities and Monitoring Questions to both Output and Outcome Indicators.](#)

## Partnerships

Multi-channel communication campaigns can be complex due to the amount of stakeholders and partners involved. If no coordinating body exists, consider establishing one to unify these players. A unified strategy can help you pool resources, coordinate decision-making, more effectively respond to crises, avoid overlap and increase ownership.

Typically, partners will be defined by your campaign's objective. The objective will help determine the profile and location of the most important partnerships for a successful campaign. Below are some categories of potential partnerships:

- **Government:** Identify which government department is responsible for your issue. Is there an existing department for communication, media, information or education? Government counterparts can support your communication strategy design and facilitate access to important national media and advertising channels. Consider sub-national government bodies, not just national authorities.
- **Civil society:** Media, NGOs, community-based organizations and religious institutions are all invaluable resources for communication efforts. They can function as advisors, provide access to information and community structures, and serve as strategic influencers and messengers for the campaign.
- **Advertising, marketing, media planning and buying agencies:** Creative teams who understand the local context can create campaigns that effectively resonate with intended audiences and inform the research that shapes them. Look for partners who seek to understand the challenge and build creative insights from market research with the people most affected. Agencies should be able to identify and engage with influencers who can impact the specific views and behaviours you are seeking to change. You should look for support with design, social media, multimedia, messaging, market research and media buying and placement.

## Key resources

- [The seven steps for successful advocacy messaging in The Advocacy Portal](#)
- [Glossary](#) of advocacy terms and concepts
- [UNICEF's Global Communication and Advocacy Strategy](#)



# Edutainment

Leveraging popular entertainment for a cause

## Introduction and definition

Perhaps it was Meena and Raju promoting the rights of girls through animation in South Asia, or maybe Sara and her pet monkey Zingo inspiring young girls in east and central Africa to stay safe and free of HIV and AIDS.

Maybe you've grown up loving Big Bird, singing along with Elmo and laughing at Oscar the Grouch. Whatever the memory, chances are good you grew up with and continue to be influenced by entertainment-education.

Entertainment for positive change harnesses the power of communication channels as a catalyst and an effective strategy to convey messages, create social cohesion

and promote social change. Research shows that children who watch Sesame Street, for example, improve their school performance. An independent, mid-term evaluation of the Sara project (which included animated videos, comic books and a radio series) provided evidence that girls were positively influenced by Sara to delay sex and avoid situations of sexual abuse and exploitation.

Initially dubbed 'education with a proven social benefit' by Mexican TV producer Miguel Sabido in the 1960s, edutainment, or entertainment-education as it is often called, "is the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience members' knowledge about an educational issue, create favourable

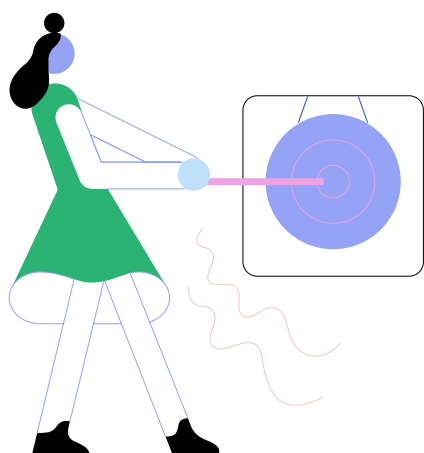


attitudes, and change overt behaviour” (Singhal & Rogers, 1999). Whether through music, heroic mythology, folktales or family history, human beings have always used the power of storytelling to help people learn and pass on life-saving knowledge, and to make these lessons relatable and memorable.

Entertainment-education is underpinned by the Social Learning Theory (Bandura, 1971), which posits that people learn not only from their own behaviour, but through the observation and modelling of the behaviour of others. The observation of and empathy with characters in entertainment-education programmes is a key trigger that stimulates deliberation and behaviour change among audiences. Entertainment-education can also make the behaviours seem achievable, stimulating feelings of self-efficacy by observing others overcome obstacles to perform the desired actions.

Often, the goal of these programmes is to allow people to learn from the mistakes and the success stories of characters with whom they have established an emotional link, rather than having to learn from their own experience. Popular culture can also be harnessed for social change, combining entertainment, journalism and talk shows with social media, social mobilization and policy advocacy. As part of an ecosystem, entertainment-education can be a powerful vehicle not only for individual change but to build social movements for large-scale change.

→ *Regardless of the scale of ambition, effective entertainment-education programmes are designed and developed from a rigorous evidence base. This could include desk and literature reviews, interviews with target audiences, focus groups, and regular engagement with audiences to measure message retention, behavioural impact and overall effectiveness of the effort. In practice, entertainment-education is most concerned with how resonant, relevant and motivating the work is to the audience. In other words, we are measuring not the entertainment value but whether the entertainment and the research-informed creative decisions are appropriate to our overall development goals.*



Today, media channels are ubiquitous and more available than ever. People consume and produce their own content far beyond television, radio and other tightly controlled channels. Social media, closed chat groups, podcasts and increasingly democratized and accessible means of entertainment production are the new norm. Entertainment-education is evolving alongside this, ensuring that multi-platform, multi-channel, user-generated content is considered in any strategy.

## Benefits and social/ behavioural objectives

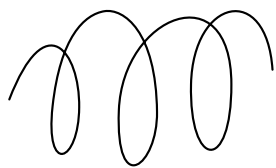
Entertainment-education has been used to achieve both social and behavioural outcomes, including:

- Encouraging national and local dialogue and community action for human rights (e.g., the Bell Bajao campaign encouraged local residents to ring the doorbell to interrupt domestic violence when they heard it. In one year, 160,000 men pledged to take action to end violence against women.)
- Direct changes in knowledge and cognitive development for children (e.g., improved literacy skills for children who watch Sesame Street)
- Changes in attitudes and norms related to harmful behaviours (e.g., changing perceptions around risky sex)
- Supporting social cohesion and community dialogue (e.g., La Pe' Ye Ta Kwe Ye Diari uses radio drama to increase tolerance between ethnic and religious communities in Myanmar.)
- Changes in social norms – both descriptive and injunctive – among the group exposed to the programme
- Behavioural changes which lead to long-term development and health outcomes (e.g., improved partner communication leading to reductions in intimate partner violence)

## Case studies/examples

### TV

- **INDIA** A TV drama tackles sanitation behaviours
- **NIGERIA** An MTV programme combats HIV-related risk behaviours
- **GLOBAL** Sesame Street improved children's learning around the world



- **INDIA** A long-running e-e TV show Kyunki was produced by UNICEF India between 2008 and 2011, covering different 'Facts for Life' areas
- **BANGLADESH** The Simsipur comedy series has increased literacy scores among those who watch by 67%

## Radio

- **RWANDA** This interactive game is used to teach conflict resolution skills in youth
- **MALAWI** An interactive radio show opens communication about sexual health and prevents HIV/AIDS
- **MOZAMBIQUE** A long running e-e radio drama has been sparking change across different programme areas since 2015
- **BOTSWANA** A UNICEF Botswana adaptation of MTV Shuga addressed HIV- and SRH-related behaviours
- **PERU** The La Sangre Llama (Blood Relations) radio soap opera mobilizes communities to fight anaemia

## Multichannel efforts

- **SOUTH AFRICA** A multimedia campaign encourages HIV prevention
- **SOUTH ASIA** The Meena Communication Initiative addresses common perceptions and behaviours that inhibit the ability of young girls to survive and thrive
- **SENEGAL** A serial story about birth spacing encourages uptake of postpartum family planning counselling

## Implementation steps and checklist

### How do you implement an entertainment-education initiative?

#### Research and planning

1. **Define your intended audience and the social and behavioural change** you are seeking. Messages and stories should be well targeted, relevant and inspirational to meet your specific audience's needs, desires and fears.
2. Conduct formative research to **understand baseline descriptive and injunctive norms** and relevant reference groups within a given community. Consider possible communication barriers and potential counter-arguments against key messages.
  - a. Suggested research methods: in-depth interviews and focus group discussions, literature review



#### Things to keep in mind

- **Content should be based on thorough research** and understanding of the local context and relevant challenges.
- **Content should be the right mix of educational and entertaining, but always led by evidence.** TV and radio shows or mobile messaging should contain realistic and interesting plotlines. Stories with multiple episodes should end on cliffhangers to keep audiences coming back. Using humour and comedy can help to engage audiences and ensure information is remembered.

3. **Select the channel(s) that will most effectively reach your intended audience.** Remember to collect quantitative and qualitative information on which channels your audiences regularly engage with. For example, a social media intervention will be ineffective among populations with low mobile phone penetration. A radio show intended for young men

will be ineffective if radio use is concentrated among older people and women.

- a. Where possible, move beyond single-channel messaging. Consider both online (e.g., TikTok, YouTube) and offline (e.g., facilitated conversations) engagement strategies.



### Things to keep in mind

- **Consider gamification** (creating games or quizzes) to both engage audiences and help them to retain information.
- **Use a gender-transformative approach where possible.** Content should not propagate harmful gender norms or stereotypes.
- **Consider using different channels** to engage different audiences and ensure maximum impact and social change. Engage the community through local discussion groups, using plotlines to facilitate discussion and debate.
- **Pre-test content** before disseminating it to wider audiences.
- **Do not overwhelm the audience with too many key messages:** aim for 5-6 in total.
- **Consider partnering with pre-existing characters or local series** to tap into their influence and network.
- **Harmonize messages across channels** so as not to create confusion or contradiction, which damage message credibility and coherence.

## Development

1. **Formulate key messages.** What do you want your audience to learn from this initiative? What do you want them to *know, feel and do*? Pre-test different ways of framing key messages to see what resonates most with your intended audience.
  - a. Suggested activities: message design workshop, creating a message brief
2. **Generate a culturally relevant narrative** in which realistic characters encounter common challenges or situations regularly faced by your intended audience. It can be helpful to showcase positive deviants and role models who give advice to friends

or family members and help them to navigate difficult decisions.

- a. Suggested activities: co-creation workshop, creating a series outline with key messages included

3. **Pre-test content, storylines and character appeal** to ensure that characters and situations resonate with your intended audience.

## Production, implementation and promotion

1. **Partner with established production houses with a proven track record in producing high-quality media content.** UNICEF is rarely going to lead production or creative execution. Support them with technical guidance, but creative execution is best done with experts in storytelling, audio and video production and distribution. Your priority audience, influencers and community members can be invaluable advisors.
2. **Consider distribution early.** Where will your entertainment-education product be broadcast, shown and/or heard? Here again, working with professionals on segmenting your audience and targeting the channels and timings most effective for your target group is essential.
3. **Market and publicize content** early on to generate interest and increase viewership. Consider holding an official launch event to cement partnerships and generate media coverage. Again, local influencers and stakeholders can provide invaluable support for publicity and marketing efforts.

## Evaluation

1. **Monitor day-to-day implementation of activities** to compare actual implementation of activities with planned implementation.
2. **Test the reach, engagement and impact** of your intervention (see below).

## Measurement

Many edutainment-education initiatives have been rigorously evaluated to demonstrate evidence of impact. Evaluation of education-entertainment initiatives may focus on both *the effectiveness of specific delivery*

*channels in delivering intended messages and the impact of communications on downstream social change.* Illustrative indicators include:

Indicator	Description	Measurement techniques
<b>Delivery mechanisms</b>		
<b>Reach and recall</b>	How many people in your intended audience are receiving your content through each channel?	Quantitative surveys; DHS data (to measure potential reach); audience ratings (ARs); omnibus surveys with modules to track reach and recall
<b>Engagement</b>	To what extent is your intended audience meaningfully engaging with your content?	Collection of metadata including listen rates and watch rates, and clicks, likes, comments and shares (for social media)
<b>Impact</b>	<p>What social and behavioural changes exist among those who engage with edutainment-entertainment content, compared to those who do not (e.g., changes in 'know, feel, do')? Consider measuring changes (from baseline to endline) in:</p> <ul style="list-style-type: none"> <li>▪ Individual beliefs</li> <li>▪ Normative expectations</li> <li>▪ Perceived sanctions</li> <li>▪ Readiness to act on beliefs</li> <li>▪ Self-reported behaviours</li> </ul>	Randomized controlled trials; service data; structured questionnaires; qualitative interviews; focus group discussions; vignettes

## Partnerships

If you are thinking about implementing an entertainment-education approach, it is important to engage with the following partners and local stakeholders.

- **Production agencies:** As you are unlikely to have the capacity to produce high-quality media content in house, consider who will produce the material. Ensure that your budget supports hiring local actors/voice actors, illustrators, videographers and other artists who might be needed. Establishing the right partnerships with established production and creative agencies is critical to developing high-quality content.
- **Edutainment-focused organizations:** There are numerous NGOs and agencies with vast experience in producing education-entertainment.
- **Media gatekeepers:** Depending on the media channel you select, you will need to establish partnerships with local television stations, national or community radio stations, musical groups, etc. Finding the right media partner is essential to reaching your target audience. Working with companies experienced in media buying, audience research, and segmentation and placement can be a valuable support where budget allows.
- **Local community-based organizations, faith-based organizations and government partners:** These organizations will be able to facilitate formative research, review content to ensure it is culturally relevant, and disseminate media to local audiences.

## Key resources

### Moving from theory to application

- [Bridging Theory and Practice in Entertainment Education: An Assessment of the Conceptualization and Design of Tsha Tsha in South Africa](#)
- [Entertainment-Education Behind the Scenes: Case Studies for Theory and Practice](#)

### How-to guides

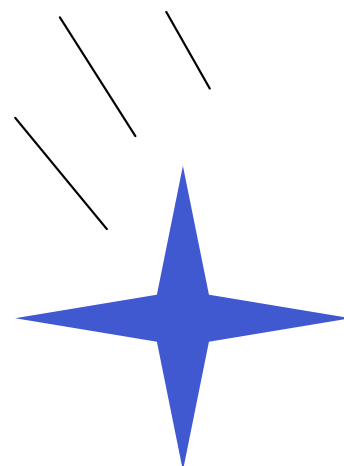
- [Soul City's Guide to Edutainment: Using Stories and Media for Social Action and Behaviour Change](#)

### Measurement

- [Strengthening the Evidence to Scale up Entertainment Media in Development](#)

### Reference organizations

- [Population Media Center](#)
- [BBC Media Action](#)
- [Johns Hopkins Center for Communication Programs](#)
- [Soul City](#)
- [Development Media International](#)
- [PCI Media Impact](#)
- [Sesame Workshop](#)





# Do Partnerships



media, can facilitate participation and play a vital role in supporting public deliberation, debate and dialogue at scale – essential steps in the non-linear process of promoting Social and Behaviour Change.

## Benefits and social/behavioural objectives

Partnering with the media is instrumental to increasing awareness in the short term. In the long term, media can change individual attitudes, perceptions of self-efficacy, behavioural intentions and gender and social norms to increase the adoption of certain behaviours.

Engaging media in the Social and Behaviour Change process has proven to be beneficial in enhancing knowledge, conversations and support around behaviours and their adoption. Objectives of engaging with the media include:

1. Enhancing knowledge
2. Sparking conversations
3. Supporting intention or adoption of behaviours

## Case studies and examples

### Using entertainment media to reach the SDGs

**AFRICA:** TV shows have produced impressive results, such as increasing willingness to seek and offer help in cases of domestic violence, HIV testing, and safer sex among teenagers. For example:

- a. SOUTH AFRICA: Soul City
- b. NIGERIA: MTV's Shuga
- c. For more information, check out the Education-Edutainment tool.

Soul City in South Africa and MTV's Shuga in Nigeria are TV shows that have produced impressive results, such as increasing willingness to seek and offer help in cases of domestic violence, HIV testing, and safer sex among teenagers. For more information, check out the Education-Edutainment tool.

**BURKINA FASO:** Using engaging content, 152 radio spots helped caregivers recognise symptoms of malaria, diarrhoea and pneumonia and seek prompt and affordable treatment at a health centre. In addition, interactive phone-ins used storytelling to help the community to engage with the content collectively. The results were dramatic. Diagnoses increased by up to 73% in the first year, child mortality decreased by an estimated 9.7% in the first year of the intervention and an estimated 2,967 lives were saved over the 3 years.

**YEMEN:** The Arabia Felix mobile games series was developed as a creative outlet for young people in Yemen to engage in the peacebuilding process of their country. One game at a time, the international Arabia Felix team listens to the needs of Yemeni people, to explore how they communicate and what truly engages them in the peacebuilding process of their country and to co-create fun and effective solutions together.

**GLOBAL:** Research conducted by the Unstereotype Alliance reveals that brands creating content that showcases diverse representation (race, ethnicity, creed, body size, sexual orientation, gender, ability) in roles that defy traditional stereotypes, are best positioned to strengthen their business performance and meet consumer expectations.

**GLOBAL:** Voices of Youth (VOY) is a platform that gives young people a voice on social issues, enhancing their participation in decision-making.

**USA:** A US-based RCT found that an internet-based platform with vaccine information and interactive social media components helped improve parents' vaccine-related attitudes. In addition to interaction with social media, the study found that online and in-person discussions with family and friends contributed to broader public discourse and helped define social norms regarding the importance of vaccination for disease prevention.

## Implementation steps and checklist

When engaging media (mass, social and community-based) for Social and Behaviour Change, be prepared to coordinate engagement using different techniques and channels, invest in the co-creation of content and capitalize on what the media sector offers. You should also plan to shift from sharing information to supporting debate and dialogue at scale. The recommendations listed below are quite broad, as each form of media comes with its own specificities.

### When engaging media for SBC, you should:

1. Focus on engaging mass and social media to spark discussion and debate.
2. Establish and support collaboration and co-creation of content, beyond dissemination of PSAs and news coverage.
3. Plan to reach and engage large numbers of people in multiple ways through a combination of different media and communication formats and platforms.
4. Invest in the development of content producer capacity to support behavioural change,



institutionalize policy guidelines, and work towards sustainability. For example, you could commit to reducing stereotypes by:

- depicting people as empowered actors
  - refraining from objectifying people
  - portraying progressive and multi-dimensional personalities.
5. Assess how media engagement can be most strategic in the change process, and coordinate with the enabling environment to support change (e.g., in policies, political agenda, services, etc.). By engaging the media, demand for services should increase. Thus, services need to be ready to respond in order for actual behavioural change to happen.
  6. Be ready to engage in non-linear processes over the medium or long term, including advocacy for media that covers:
    - a. solutions, not just problems
    - b. common good and collective responsibility, rather than individualism and personal responsibility
    - c. voices and perspectives from community members, beyond those of experts
    - d. dialogue facilitation, collective deliberation and social acceptance.
  7. Prioritize storytelling, an effective tool to influence behaviour change. Behavioural experts should work closely with expert storytellers for the best results.
  8. Determine your distribution plan at the beginning of the process if you engage in content production.
  9. Make sure that people without access to mass and social media are not left out.
  10. Evaluate the impact of media engagement on behaviour change and adapt your plans accordingly.

## Measurement

Exposure to media has been shown to be effective for behavioural change, but demonstrating the direct attribution can be particularly challenging. It requires significant resources, tools and time. However, this investment enables you to optimize your engagement strategy.

Changes in knowledge, attitudes and beliefs are important outcomes to measure. Measuring intention or likeliness to change is a key intermediate result, as is measuring the number of people who have explicitly taken the desired action. Ideally, your assessment should assess outcomes at different levels, including the individual, social, and population levels.

Quantitative measurement methodologies such as structural equation modelling, regression analysis and randomized control trials can be applied. You may also choose to use qualitative measurement methodologies such as sentiment analysis, focus groups, rapid assessments and pre- and post-exposure questionnaires.

## Partnerships

Looking at the media as partners rather than channels offers great potential for organic support of social and behavioural change. Here are some relevant stakeholders you may consider engaging with for effective social behavioural change:

- **Institutions regulating media**  
These are essential to establishing minimum standards and policies around promoting children's rights, and protecting society, especially children, from potentially harmful content.
- **The advertisement and edutainment industry**  
This sector engages with people every day, at scale. What they communicate and how they communicate it is key to supporting Social and Behaviour Change.
- **Journalists and news producers**  
They play a big role in shaping the narrative that influences individual and collective behaviours. Therefore partnering with them is essential to activate change. Simple choices in the language or the type of information shared can trigger substantial shifts in individual and social perceptions.
- **NGOs and community-based networks**  
Partnerships with these groups are essential to facilitating access by identifying stories that make community-led solutions visible to content producers and making content accessible to communities with less reliable access to media. They can also be instrumental in sustaining community dialogue triggered by media, through efforts such as viewing clubs.



### Key resources

- **Media advocacy**
  - [Communicating for Change: Making the Case for Health with Media Advocacy](#)
  - [Getting started with media advocacy](#)
- **Framing:**
  - [Framing 101](#)
  - [3Ps Unstereotype Marketing Communications Framework](#)
  - [The Under Stereotype Metric](#)
- Also see the [Education-Edutainment Tool](#)



# Community Networks

Strengthening local systems and leveraging trusted partners

## Introduction

**It is fundamental to put communities at the centre of their own solutions, giving people the essential knowledge, skills and resources needed to make informed decisions about their own lives, and the confidence to demand, own and drive social change.**

Strengthening local governance systems and building ownership, both within government and within communities themselves, increases community participation, collaboration and voice, for more effective results.

### A strong local system advocates for:

- Incorporating the voice of communities in the development of policies and in government decision-making;
- Putting processes in place to ensure meaningful participation and representation of community diversity in design, implementation and tracking of progress;
- Ensuring marginalized groups are identified and mechanisms for inclusion are implemented, such as two-way communication and feedback;
- Fostering forms of leadership and diverse voices in decision-making, to reduce power inequalities.

Community ownership setting up individuals who represent the aspirations of core families and kinsmen, neighbourhoods and other local structures to share resources and responsibilities, in order to help design and manage projects and programmes that matter to them. When they are active participants, there is greater potential for projects and interventions to be sustained, benefits equitably shared, and community capacity and confidence strengthened, increasing community readiness to tackle more relevant and complex challenges.

- *'Local system(s)' refers to the interconnected sets of local actors who influence or have a stake in a project, plan or development. These actors usually include diverse community members (all abilities, ages and identities), civil society organizations, the private sector, academia and government.*
- *'Local governance' refers to the way local decisions are made and implemented, including those related to the delivery of services for children, adolescents and their families.*

## Benefits and social/behavioural objectives

### Benefits

Strengthening local systems and leveraging trusted community partners is fundamental to the human rights-based approach, and to supporting results such as improving quality and utilization of services, making decision-making more accountable and transparent, increasing community diversity and representation in policy and practice design, empowering people and communities to have a voice in decisions that directly affect their lives, and supporting the equitable distribution of services. See [Community Engagement](#).

It is also essential to broader sectoral system strengthening, either as a part of the overall system or as two interacting systems that support one another. For example, increasing social accountability of sectoral systems through empowering community-based organizations and leaders to represent the most deprived; facilitating community participation in policy formation; improving the quality of services through improving community health worker capacity; and strengthening emergency response capacity through investing in community resilience and preparedness.

It is difficult to imagine any community-oriented project that would not benefit from sincere and long-term community systems strengthening and the leveraging of local strategic partners.

## Social/behavioural objectives

- **Systemic commitment.** Establishing core engagement standards helps ensure that basic criteria and ethical standards are met. For example:
  - a. Ensuring sufficient inclusion – engagement not just with a few select individuals, but with all abilities, ages and identities within a community for adequately diverse and responsive services, including local decision-makers and traditional leaders (clan/kinship leaders and elders, administrators, religious leaders, youth and women leaders);
  - b. Instituting meaningful participation processes and representation of different community members in leadership and decision-making, to ensure marginalized voices are heard and to reduce power inequalities;
  - c. Setting expectations and standards for identifying and including marginalized groups, to ensure their needs are met;
  - d. Promoting two-way communication and broader feedback processes, to engage such groups and promote transparency, accountability and consistent collaboration;
  - e. Helping communities understand and claim their rights, to ensure that core standards for engagement are upheld throughout our systems.
- **Prioritizing community participation in design, implementation and assessment of programmes.** This means placing community needs at the forefront, by recruiting community organizations or representatives, documenting the issues that impact them most, and tying research and evaluation to community structures in an effort to foster collective ownership. In addition, investment in training and resources will support mobilizers and frontline workers in engaging with community members.
- **Integrating community engagement into wider systems strengthening approaches.** Aligning community engagement approaches with government frameworks, policies, strategies, operational guidance and accountability frameworks can ensure that engagement is a sustained priority, rather than a one-off. Carving out dedicated space for community engagement may require creating or strengthening units dedicated to community engagement, SBC and social mobilization at the ministry level and across multiple sectors, and/or establishing a partner coordination platform to optimize community engagement interventions.

- **Mobilizing resources for meaningful, long-term community engagement.** Thoughtful, long-term community engagement needs money and manpower. Well-resourced, capable staffing and management structures and policies are vital to support engagement activities. A percentage of the budget should be allocated to community engagement actions that align with national plans.

## Example community engagement interventions

- In Yemen, community engagement interventions were used to sensitize the public to COVID-19 prevention practices and physical distancing guidelines. These included developing platforms for dialogue and awareness-raising by engaging religious leaders in mosques, organizing events, making H2H visits and strengthening feedback systems.
- In Syria, localized community engagement and risk communications approaches were used to support COVID-19 pandemic preparedness. These included collecting local social and behavioural insights, conducting RCCE training focusing on behavioural awareness-raising, creating a comprehensive toolkit with behavioural messages and locally produced IEC materials, and developing a public information campaign involving local influencers and networks.
- In rural Myanmar, accountability to communities was strengthened through disaster risk reduction activities. These included information provision, community participation in decision-making and two-way feedback mechanisms.
- In Ghana, religious leaders and community opinion leaders were trained in interpersonal communication skills. This led to 650,000 community members from 520 communities in 26 districts engaging in COVID-19 prevention conversations.
- Restless Development trains young volunteers to become Youth Accountability Advocates to identify priority issues in their communities, build coalitions and partnerships to tackle them, lead campaigns for local and national change, and hold decision-makers to account. In a company survey (2020), 98% of change agent volunteers in the community felt their volunteering had had a positive impact.

These programmes have all identified the real needs of the disadvantaged populations and figured how to involve them. Along the way, other challenges previously experienced by the same populations have been alleviated as mobile money transfers expand, solar systems increase and children are immunized.

## Implementation steps and checklist

It is important to understand and respect cultures and communities – their structure, social-economic and legal systems, norms and values. It is within these systems that social and behavioural changes can be made and sustained. This understanding can help you avoid unplanned, unsupervised and unsupported behaviours that result in unexpected programme outcomes.

### Step-by-step outline:

- Understanding the challenge from the user and community lens
- Mapping of key stakeholders/experts
- Understanding the community social network
- Leveraging trusted community members
- Co-creating solutions with the community
- Leveraging trusted community members as a channel for intervention, building capacity for driving ownership, and updating the intervention based on changing context

### Tips for strengthening local systems, building ownership and leveraging trusted partners:

1. Select relevant partners
2. Establish and institutionalize feedback/listening mechanisms
3. Build on existing knowledge framework to develop community-based solution
4. Enhance institutional capacity for community dialogue and participation techniques
5. Activate peer-to-peer monitoring mechanisms
6. Build trust between relevant stakeholders at community level
7. Establish relevant and effective coordination mechanisms
8. Plan for local system engagement at policy level
9. Generate evidence to prove the effectiveness of local partner ownership and its capacity to organically adopt and promote behaviours

The table below guides you through an example process for community empowerment and the actions different actors can take at different levels.

Level	Example challenges	Example lessons learnt	Example solutions	Example responsibilities	Example outcome/ impact
<b>Community (partners)</b>	<ul style="list-style-type: none"> <li>Has the disease</li> <li>No medicine</li> <li>Initial sceptical attitude towards the medicine or any interventions new to them</li> </ul>	<ul style="list-style-type: none"> <li>Their way of solving the problem versus the programme way</li> <li>Through mobilization and education, understanding the treatment process</li> </ul>	<ul style="list-style-type: none"> <li>Training community members to distribute the medicine</li> <li>Knowledge and confidence of the community/family members themselves</li> </ul>	<ul style="list-style-type: none"> <li>Decisions on who, when, how and from where to distribute</li> <li>Reporting on performance and challenges</li> <li>Discussing and finding their own solutions at their level</li> </ul>	<ul style="list-style-type: none"> <li>Community resources released for the programme</li> <li>Objectives of the programme are met</li> <li>The cost is shared</li> <li>There is satisfaction</li> </ul>
<b>Intermediate levels (partners)</b>	<ul style="list-style-type: none"> <li>Sceptical attitude towards community-directed treatment</li> <li>Shortage of staff</li> <li>Cost issues</li> </ul>	<ul style="list-style-type: none"> <li>Understanding what communities know about the problem and how they have been solving it</li> <li>Understanding that they can't do it all alone and therefore need auxiliary workers from community members</li> <li>There are things that communities can do for themselves in almost every programme</li> </ul>	<ul style="list-style-type: none"> <li>Training health workers and leaders</li> <li>Selection and training of adequate community selected and directed workers</li> </ul>	<ul style="list-style-type: none"> <li>Coordination and supervision of programme activities in their areas of jurisdiction</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of personnel available for the programme</li> <li>Reduced period for implementation of activities</li> <li>Improved programme performance</li> </ul>

Level	Example challenges	Example lessons learnt	Example solutions	Example responsibilities	Example outcome/ impact
<b>National / district health services (partners)</b>	<ul style="list-style-type: none"> <li>▪ Sceptical attitude towards community-directed treatment</li> <li>▪ Shortage of staff</li> <li>▪ Cost issues</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understanding their role in sustaining programme activities</li> <li>▪ Some local resources and solutions exist at these levels</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identifying required internal resources at these levels</li> <li>▪ Identifying required external resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Mobilizing and distributing these resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved resource distribution</li> <li>▪ Improved programme performance</li> <li>▪ Reduced period for implementation of activities</li> </ul>
<b>UN agencies (partners)</b>	<ul style="list-style-type: none"> <li>▪ Sceptical attitude towards community-directed treatment</li> <li>▪ Limited human resources</li> <li>▪ Cost issues</li> </ul>	<ul style="list-style-type: none"> <li>▪ Knowledge of what communities can do for themselves</li> <li>▪ Importance of community-directed interventions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improving advocacy for community-directed interventions</li> <li>▪ Regular monitoring of the programme</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training personnel at all levels in community-directed interventions</li> <li>▪ Efficient distribution of required resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved community-directed programmes awareness within UNICEF</li> <li>▪ Sustainability</li> </ul>

## Measurement

Evidence suggests that programmes or interventions that strengthen local relationships and build local capacity are more likely to be sustainable.

Measurement systems need to monitor and assess both outputs and outcomes of community interventions, as well as the conditions that allow community ownership and systems strengthening to occur.

## Measurement systems entail:

- Expanding the conception of a result to include the key attributes of a well-functioning system, and the outputs and outcomes it produces.
- Developing reliable ways to measure those attributes. Adding measures of system durability and adaptability to existing indicators of project outcomes provides a more insightful basis for assessing the effectiveness of investments, and for reporting progress in meeting near-term targets and attaining longer-term sustainability.

For guidance on how to collect social and behavioural insights, see [this tool](#)

## Partnerships

Partners should include all stakeholders at every level of the programme. This can include:

- **National/policy-level stakeholders, including government and UN agencies.** Responsible for aligning community engagement approaches with government frameworks, policies, strategies and operational guidance; advocating for the development of strategies that enforce community-level voices in government decision-making; and supporting the development of a partner coordination platform to optimize community engagement interventions
- **District and local government structures at systems level.** Responsible for putting processes in place to ensure meaningful participation and representation of community diversity in design, implementation and tracking of progress; and for mapping and contacting local partner organizations, traditional leaders and influencers during planning and preparation of interventions
- **National and international NGOs.** Responsible for advocating for the rights of communities and bringing diverse voices and perspectives to national and international audiences
- **Community-based organizations.** Responsible for identifying marginalized groups and implementing mechanisms for inclusion, such as two-way communication and broader feedback; fostering new leadership and diverse voices (including the most vulnerable) in decision-making, to reduce community-based power inequalities; and helping communities to know and claim their rights

## Key resources

- [The Global Fund's Technical Brief: Community Systems Strengthening](#)
- [USAID's Guide to Strengthening Community Health Systems](#)
- [Make Me a Change Agent: A Multisectoral SBC Resource for Community Workers and Field Staff](#)
- [Local Systems: A Framework For Supporting Sustained Development](#)
- [UNDP's Guidance on Community systems strengthening for improved health outcomes](#)





# Private Sector Partnerships

Engaging with businesses for impact

## Introduction and definition

**The influence of the private sector on social norms, habits and behaviours is widely acknowledged, well documented and is now more relevant to UNICEF's work than ever before.**

The world of business has incredible insights, reach and resources around how people make decisions. For context, over 560 billion USD was spent on marketing and advertising in 2019 alone, with projections indicating an additional 100 billion USD being spent in 2021.

We live in a world where commercial brands, services, market practices and workplace dynamics can profoundly impact individual choices, communities and social interactions. At the same time, collective

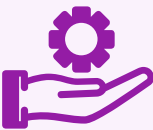




action and consumer activism are increasingly exposing and putting pressure on businesses, calling for better practices, better conduct and more respect for communities and the environment.

UNICEF is committed to using business knowledge, assets and resources to not only protect the rights of children, but to actively promote social good. This tool introduces you to UNICEF's current business engagement work and organizational strategy to mobilize business for results, offering practical examples of how business engagement has worked for SBC and providing tips and links on how to approach this area as part of your daily work.

## Benefits and social/ behavioural objectives

Over the past few years, UNICEF's engagement with the world of business has expanded in scope, incidence and impact, reflecting its commitment to maximize the multiple ways in which the private sector can support the child rights and social change agenda. The 2022-2025 Strategic Plan renews this commitment, by outlining business engagement as a key change strategy and creating the Business For Results (B4R) agenda. B4R is an organizational effort for UNICEF offices and teams to consider and integrate the role of business as a key programming strategy in more systematic ways.

Businesses offer a huge opportunity to maximize SBC results for children. They can support UNICEF SBC work through their ability to influence workplace and marketing practices and harness corporate resources, voices and expertise. UNICEF business engagement can be instrumental in achieving SBC objectives across all programming areas. The [UNICEF Programme Guidance on Engaging with Business](#) explores some of the ways that business can contribute to UNICEF work. The table below offers some examples relevant to SBC. Note that the business sector also plays an active role in the financing and innovation of programmes.

Role of business	Potential SBC linkage
 <p><b>BUSINESS AS PROVIDER OF GOODS AND SERVICES</b></p>	<ul style="list-style-type: none"> <li>• Work towards more inclusive, non-stereotypical products and services</li> <li>• Help messages reach remote and hard-to-reach areas through products tailored for bottom-of-pyramid markets</li> <li>• Support the development of digital products/platforms that provide two-way communication/feedback</li> </ul>
 <p><b>BUSINESS AS EMPLOYER</b></p>	<ul style="list-style-type: none"> <li>• Strengthen family-friendly policies in the workplace and ensure that policies are applied equitably</li> <li>• Promote care-seeking behaviours and foster enabling environments (products, services) to support the adoption of positive behaviours and practices that support mental health and well-being (handwashing, sanitation, nutrition, etc.)</li> </ul>
 <p><b>BUSINESS'S IMPACT ON COMMUNITIES AND ENVIRONMENT</b></p>	<ul style="list-style-type: none"> <li>• Influence environmental practices in business through community and consumer capacity-building and engagement</li> <li>• Develop tools that aggregate community-sourced data to inform better community engagement</li> <li>• Advocate for messaging and policy around nutrition and healthy eating, and address issues linked to obesity and malnourishment</li> </ul>
 <p><b>BUSINESS AS A SOURCE OF TECHNOLOGY, INNOVATION AND FINANCING</b></p>	<ul style="list-style-type: none"> <li>• Strengthen advocacy and promotion of COVID-19 vaccinations and preventive measures, through messages pushed through mobile operators</li> <li>• Access data on reach/response to interventions, using geo-locating technology</li> <li>• Use shared value partnerships to leverage resources for SBC</li> </ul>
 <p><b>THE VOICE AND INFLUENCE OF BUSINESS</b></p>	<ul style="list-style-type: none"> <li>• Use social media, digital platforms and collaborations to engage with millions of unreached people</li> <li>• Influence SBC marketing and research private sector investment</li> </ul>

# Implementation steps and checklist

A number of considerations can help you explore if and how business can support progress towards SBC objectives. They can be summarized in 3 steps: the What, the Who, the How.

## Step 1: The What

This is the link between business and the problem. Scope out business engagement with the identified SBC programme results and priorities, and consider potential interactions with the business sector. .

### Key questions to ask include:

- How is this business contributing to the problem? Or is this business itself the problem?
- Can this business be part of the solution?

Remember that businesses can play various roles within UNICEF programme areas. Here are important documents that can help you identify intersections and aid in the country programme planning stage:

- [How to integrate the private sector into a situation analysis](#)
- [Situation analysis and the impact of business on children's rights](#)
- [B4R Theory of Change Format Nov 2021](#)

## STEP 2: THE WHO

Once you have identified the programme areas where business has a significant impact, you should narrow them down to a priority list. Examine the external landscape, and identify the specific business sectors and stakeholders with the reach, influence, resources and assets to help you achieve these results.

The IMPACT prospecting methodology will help you make high-quality decisions. Your decisions should follow the UNICEF approach and criteria for selecting the right partners. Be sure to review the basic procedures for engagement with business to ensure you are aligned with critical parameters.

## Step 3: The HOW

Whether you find a specific business to be part of a problem or a part of the solution, what is the best way to engage with it for social good? To help identify existing options, try using the Wheel of Engagement below. This tool will help you evaluate the most impactful and effective engagement approach. It is important to remember that not all options will be applicable to any specific output or result area, and in some cases, different options may be pursued simultaneously. While leveraging monetary resources can be done in parallel with other types of engagement, it can be less effective than using the reach, influence and core assets (goods and services) of businesses.



More information on the various modalities of the Wheel of Engagement can be found in [this document](#). The due diligence criteria and principles provide multiple documents with guidance on choosing the right type of engagement and some criteria for quality decision-making. Before reaching out to a business stakeholder, make sure to familiarize yourself with UNICEF's [Principles for engagement with business and foundations](#). You can also reach out to your Private Sector Engagement and Partnerships colleagues at the Country Office, Regional Office or even Programme Group. These measures will help you arrive at a shorter, more specific list of potential business sector partners. You can then initiate conversations with them, going through appropriate focal points or colleagues.

## Measurement

Harnessing the power of business and brands is a strategy to achieve programmatic results through SBC. It is important to distinguish between measuring changes in outputs – such as ‘number of children reached with awareness raising and communication campaigns’ – and changes in outcomes such as ‘90% of children wash their hands after using the toilet’. The private sector tends to privilege quantitative and activity-based metrics (number of campaigns delivered, number of messages sent, number of young people accessing U-Report). When engaging with private-sector behavioural science experts, it may be helpful to develop project-specific metrics to measure activity-level or output-level results that contribute to the larger outcome or goal.

In the current Strategic Plan, UNICEF has made concerted efforts to expand and institutionalize its engagement with the business sector to achieve programmatic results for children.

## Partnerships

While following the provided methodology will help you identify specific sectors or potential partners, there are some industries and sectors with high potential that already interface with UNICEF's SBC goals in various programmatic goal areas. These partners include local companies and big international firms. Industries and sectors potentially more pertinent to SBC include:

- Entertainment, media and film
- Social media and other digital platforms
- Food and beverage
- Beauty and consumer healthcare
- Behavioural research entities and private-sector SBC experts
- Fast-moving consumer goods (FMCG) and retail

It is important to consider the shared values and objectives from an SBC perspective when initiating new

partnerships. Assess each potential partner according to 4 core dimensions: financial, business practices, advocacy and core business/assets. This will help you see partners beyond their financial benefits to leverage influence and technical collaboration. Work with your partners to conceptualize and align on shared values and objectives, contributions, responsibilities and how the quality of SBC initiatives are measured. For guidance, use the funding institution checklist in the [Community Engagement Minimum Standards – Annex 2](#).

## Case studies and examples

Both the Business For Results (B4R) platform and the UNICEF [Programme Guidance on Engaging with Business](#) offer examples of how UNICEF works to leverage business resources, expertise and assets in support of SBC programming. Here are a few examples:

### Leveraging product innovation and market development to promote behavioural change around handwashing

- **GLOBAL:** UNICEF partnered with LIXIL to [provide basic sanitation for 250 million people](#)
- **GLOBAL:** UNICEF worked with Unilever to [provide access to both improved sanitation and education in Viet Nam, Brazil and India](#)

### Influencing business workplace practices expertise to improve childcare practices and parenting and address stereotypes

- **BANGLADESH:** UNICEF worked directly with ready-made garment factories in Bangladesh to [promote optimal breastfeeding practices](#)
- **GLOBAL:** UNICEF worked with the LEGO Group to [dismantle stereotypes and ensure inclusivity within products, communication, marketing and experiences](#)

### Engaging business sector around nutrition

- **GLOBAL:** [Compendium of case studies on engaging the business sector around nutrition](#)

### Steering business expertise and analytics in emergencies

- **BRAZIL:** UNICEF Brazil partnered with Facebook to [better understand public awareness about the Zika virus](#). The impact of using these insights to drive the information campaign was profound: 82 per cent of those reached reported acting to protect themselves from Zika.

## Fostering positive messaging and action, and addressing misinformation, by leveraging private-sector reach and influence

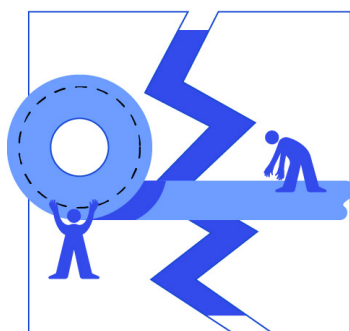
- **LEBANON:** The Ministry of Information partnered with WHO, UNICEF and UNDP to stop fake news by flooding media and social media with facts and science - reaching an estimated audience of 8,383,326.
- **SWEDEN:** Baby Talk For Dads - UNICEF Sweden partnered with the H&M Foundation to develop a campaign for parents and caregivers, particularly fathers, to encourage positive ECD practices. An estimated 281 million individuals were exposed to the campaign.

## Key resources (summary)

- [Programme guidance for country offices looking to engage with the private sector](#)
- [Guidance and tools for prospecting and engaging with platforms](#)
- [Principles for engagement with business and foundations](#)
- [How to integrate the private sector in a situation analysis](#)
- [Child rights and business in programme strategy notes](#)
- [UNICEF criteria and due diligence processes for private-sector partnerships](#)
- [Management of risks related to private-sector fundraising and engagement in country offices](#)
- [Developing partnerships with foundations](#)
- [Partnering with multi-stakeholder platforms](#)
- [Working with major donors](#)



# Do **SBC in Emergency settings**



# SBC in the Humanitarian Cycle

Using the Community Engagement in Humanitarian Action Toolkit (CHAT)

## Introduction

The Community Engagement in Humanitarian Action Toolkit (CHAT) is an effort to holistically address communication and community engagement (CE) needs in the event of natural hazards, conflicts, disease outbreaks and epidemics, and complex emergencies.

A compendium of guidance and practical tools, CHAT aligns with the latest global frameworks, policies and standards, and builds on existing CE resources, guidance and tools. It helps countries and stakeholders organize contextualised, humanitarian preparedness and response efforts, gradually building local capacity to mitigate the impact of disasters on people's lives, health and well-being as they grapple with complex social and economic factors.

## New elements of CHAT

Updated for the first time since 2015, the 2022 CHAT aligns CE programming to humanitarian programming and systematically advocates for risk prevention, building social cohesion and promoting resilience. It also increases the role of local communities and civil society in emergency response and preparedness.

The new elements in the 2022 version of CHAT include:

- 1. Comprehensive guidance with tools for high-quality community engagement for Social and Behaviour Change in humanitarian action.**

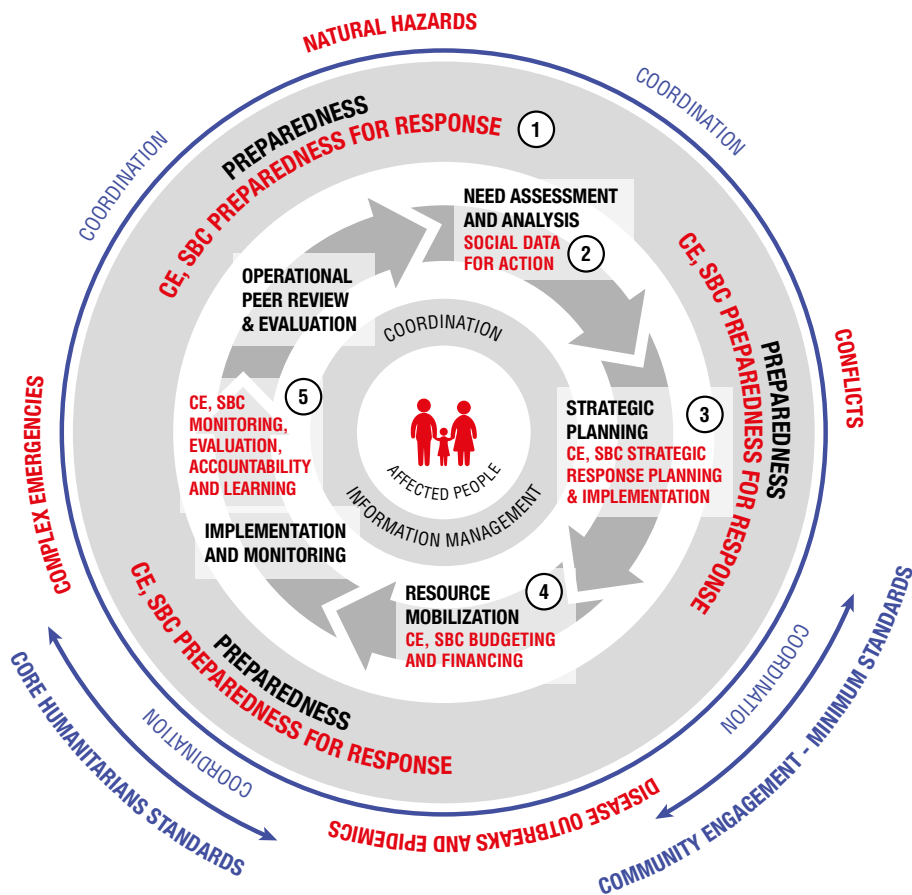
It includes a renewed focus on scaling-up CE, and SBC within humanitarian action. The toolkit provides specific, tailored and comprehensive CE, SBC guidance for relevant, timely, people-centred interventions for natural hazards, armed conflicts and disease outbreak and epidemic.

**2. Alignment with global community engagement minimum standard guidance and Core Humanitarian Standards (CHS).**

The toolkit brings understanding and interoperability between standards, legal frameworks and humanitarian programming guidance (Sphere Standards, Core Commitment of Children in Humanitarian Action) to define CE actions. It highlights clear linkages with CHS and Community Engagement Minimum Standards (CEMS) and includes a joint advocacy agenda for partners to improve community engagement practices at scale by linking to the humanitarian-development nexus.

**3. CHAT mainstreams CE, SBC actions throughout the Humanitarian Programming Cycle (HPC).**

It includes a Collective Action Framework that provides interactive resources, tools and guidance linking CE actions for all elements of HPC. It includes needs assessment and analysis, strategic response planning, resource mobilization, implementation and monitoring, operational review and evaluation. It provides guidance for applicability across sectors to address the needs of communities affected by crisis. This ensures that community engagement is well integrated within the humanitarian architecture and not seen as an afterthought.



**CE, SBC MINIMUM ACTIONS BASED ON CHS AND COMMUNITY ENGAGEMENT MINIMUM STANDARDS**

**1 Key Action:** Understanding humanitarian context, Inter-Agency Advocacy for Institutionalisation of CE, SBC for preparedness including establishing a National Coordination Mechanism for CE, SBC for humanitarian Action and Contingency Planning

**2 Key Action:** Community Engagement Component for Risk Analysis, Need Assessment and Needs Overview Analysis.

**3 Key Action:** SE, SBC Response Plan with sectoral and cross-sectoral application; and tracking implementation of planned activities.

**4 Key Action:** HPC stages based CE, CBS budgeting and forecasting of resources, resource mobilization plan, dissemination of the plan and donor engagement & CE Fund Management Dashboard.

**5 Key Action:** CE, SBC Content Specific Theory of Change, Response Monitoring and Reporting and KM Plan.



#### 4. Guidance for systematic use of social data for action.

Social science has become an important and critical component of CE in crises. CHAT provides extensive guidance and tools to harness community feedback and improve insights and analysis, with an explicit focus on social, cultural and structural behavioural determinants. It provides resources for using evidence to influence policies and make humanitarian interventions more accountable to the communities they serve.

#### 5. A resource of good practices.

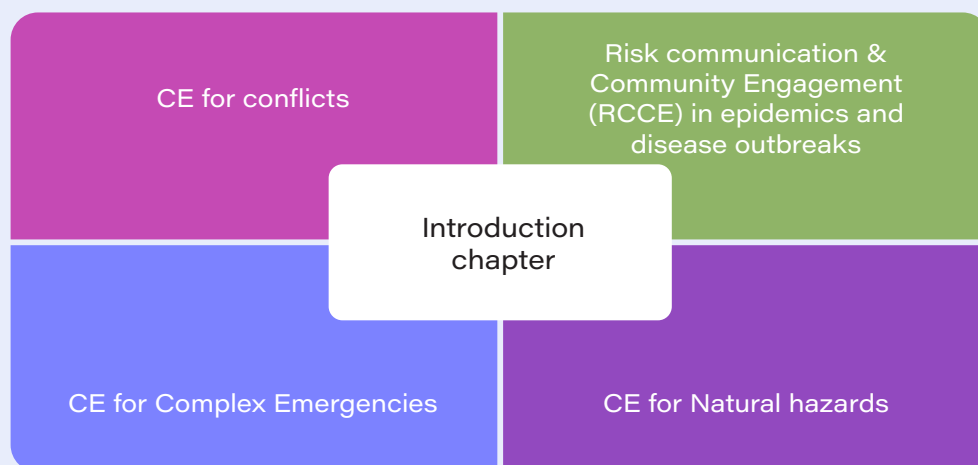
CHAT includes country examples that demonstrate successful application of CE and important lessons from different crisis contexts. It is designed as an evolving document that will continue to build on these resources and experiences, based on the regular input of partners working in the CE, SBC area.

## Key users

CHAT provides guidance to scale up contextualized and localized CE, SBC actions during a crisis. It is intended to be used by:

- Humanitarian practitioners within national governments and civil society organizations;
- Experts leading and working on CE, SBC interventions;
- Leaders of humanitarian organizations and heads of humanitarian programmes and inter-agency networks building capacity at the individual and organizational level;
- Donors.

### The CHAT toolkit is divided into five sections:



## Application and implementation

CHAT is designed to comprehensively address CE, SBC needs in humanitarian action. The current humanitarian context continues to be challenging, making it difficult to properly plan, implement, monitor and document CE interventions. The CHAT toolkit provides a rich repertoire

of resources, guidance and tools that can be adapted to most humanitarian settings. It is an easy-to-use, navigable toolkit that comes in a tabulated-pull-out format.

## 1. Overview and Introduction

Start here to learn more about CHAT, CE, SBC and its role in humanitarian action and in accountability to affected populations. It outlines global policies, frameworks and standards to which CHAT has been aligned and presents a CE, SBC Common Action Framework based on Community Engagement Minimum Standards and CHS.

## 2. Community Engagement for Natural Hazards

Here you'll find a comprehensive package that covers CE, SBC resources, tools and guidance to address geo-physical, hydro-meteorological and climate-related hazards.

## 3. Community Engagement for Conflicts

This section provides guidance on CE and armed conflict and provides resources, tools and guidance to mainstream community engagement for peacebuilding.

## 4. Risk Communication and Community Engagement (RCCE) for disease outbreaks and epidemics

Here you'll find resources, tools and guidance for disease outbreaks and epidemic management, including

managing Infodemics, RCCE mechanisms and risk communication. It explains 15 deadly diseases of the last century and reinforces preparedness and response around prioritized risks.

## 5. Community Engagement for complex emergencies

Section 5 explains complex emergencies and their characteristics with several 'how-to' tools. It covers issues such as migration crises where CE, SBC can play an important role.

## 6. Integrating CE, SBC and HPC within UNICEF Country Programme Planning and Analysis

Section 6 brings it all together, setting the foundation for an organization-wide, standardized set of steps that can align with CE, SBC actions as outlined in the Humanitarian Programme Cycle (HPC) with UNICEF Country Programme Planning and Analysis processes.

The CE, SBC Collective Action Framework has been used as a template to guide the structure of the sections of the CHAT, with the exception of RCCE. The structure is illustrated below.

# A 10-step process for using the CHAT toolkit

The CHAT toolkit includes a practical 10-Step plan for CE, SBC for Humanitarian Action.

## Steps 1-4: CE preparedness for response

<b>Step 1</b>	Familiarise yourself with Section 1 of the Toolkit to better understand the structure of CHAT, the role of CE, SBC, linkages with AAP, overall standards, frameworks and a common intervention framework. Select the most appropriate section based on the humanitarian challenge in your country context.
<b>Step 2</b>	Understand the humanitarian context and prepare. Seek more context-specific details to guide standards, programme framework and linkages with CE, SBC. Plan and prepare for CE, SBC based on a common action framework before an emergency or disaster occurs. Include a contingency plan to help stakeholders reach a high level of preparedness for specific humanitarian contexts.
<b>Step 3</b>	Advocate for the institutionalization of CE, SBC/RCCE. Ensure timely advocacy and building of CE, SBC systems so that they are integrated into the mainstream across all phases of humanitarian programming.
<b>Step 4</b>	Establish a government-backed CE, SBC/RCCE national coordination mechanism. Include UN agencies, NGOs, in-country donor organizations and humanitarian agencies. Include civil society organizations to represent marginalized and vulnerable groups. Arrange for sustained collaboration among key stakeholders.

## Step 5: CE, SBC data for action

- Step 5** Collect and analyse robust CE,SBC data for action, including community feedback. Use the data to inform CE, SBC interventions across the HPC. Make every effort to include the most deprived communities.

## Steps 6 & 7: Strategic CE response planning & implementation

- Step 6** Develop a CE, SBC plan that caters to the Humanitarian Programme Cycle (HPC). Follow guidance to develop a comprehensive plan in

**Note:** Implementation should focus on providing life-saving information, promoting critical behaviours and re-establishing positive/new social and cultural values. The implementation of the plan must be guided by CHS and Community Engagement Minimum Standards. A mixed-channel approach will ensure that no one is left behind.

- Step 7** Collaborate and ally with media from the start. This will build trust and relationships with institutions during peacetime. A healthy relationship will help mitigate false information, misconceptions and myths that can be detrimental to any humanitarian crisis.

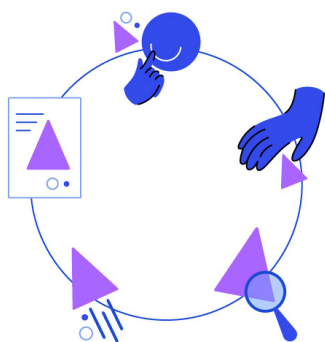
## Step 8: Budgeting for CE

- Step 8** Budget for CE, SBC resources as soon as preparedness measures and contingency plans are ready. Based on CE preparedness and response planning, develop a resource mobilization plan and strategically invest to deliver on collective CE, SBC results. At the onset of a crisis, share the mobilization plan with partners. Disseminate the plan after making adjustments. Set up collective fund tracking mechanisms under the national coordination group to ensure judicious use of resources and management of field interventions.

## Steps 9 & 10: Monitoring, evaluation, accountability and learning

- Step 9** Establish CE, SBC monitoring, evaluation, accountability and learning systems to frame evidence-generation activities as part of preparedness measures and the response planning and implementation process. Regular monitoring and evaluation of CE, SBC indicators is required even if circumstances surrounding the crisis are grave and complex. Monitoring efforts help to assess CE interventions' links to humanitarian actions and whether actions support the achievement of behavioural results such as protective practices and service-seeking behaviours. Continued monitoring also provides critical information on behavioural determinants and drivers that must be taken into account when developing CE, SBC humanitarian programmes, so that they remain adaptable and agile for sectors/clusters. Ensure that the M&E approach is inclusive and actively engages affected communities to ensure that perspectives from various age groups, gender identities and abilities are an integral part of results. Roll out a knowledge management plan with allocated resources, followed by documentation of lessons learned to guide future CE, SBC preparedness and response.

- Step 10** Use the checklist provided at the end of the sections to track CE, SBC programme actions and use of relevant tools, to ensure high-quality programming.



# M&E in Emergencies

Measuring change in times of crisis

## Introduction

We live in a fast-evolving field of humanitarian action. Natural hazards, conflicts, disease outbreaks, epidemics and complex emergencies require quality Community Engagement (CE) and evidence-informed Social and Behaviour Change (SBC) programming to achieve sectoral results. CE, SBC is an important part of national humanitarian commitments, including results targeted through Humanitarian Response Plans.

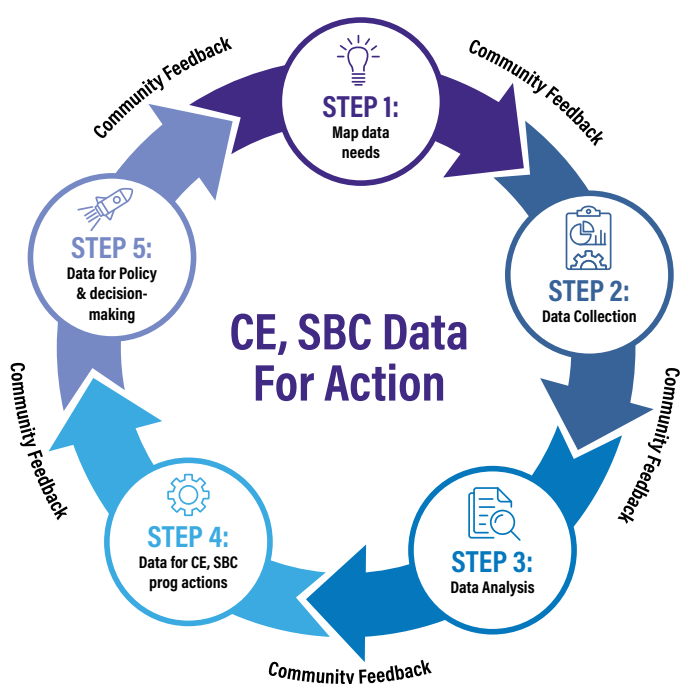
People-centred approaches are fundamental to achieving the SDGs and other humanitarian mandates ([Grand Bargain Commitments 2.0](#), [Sendai Framework](#), [UN TWIN Resolution for Peacebuilding](#), [Sphere Standards](#), [Core Humanitarian Standards](#), [International Health Regulations](#)).

This guidance presents a set of foundational actions with the potential to advance a measurable people-centred agenda. It guides implementing programmes so that they can engage and empower communities as well as influence attitudes, values and collective actions adapted to specific humanitarian contexts. It further establishes a global yardstick to assess, plan, report and monitor the quality of CE interventions in service of wider SBC programming.

UNICEF, the WHO, the International Federation of Red Cross and Red Crescent Societies (IFRC) are core partners within the Collective Service platform, a global coordination mechanism engaged in global COVID-19 response. The platform aims to deliver structures and mechanisms for a coordinated people-centred approach to risk communication and community engagement (RCCE) across public health, humanitarian and development response. Through consultation and coordination, a global Social and Behavioural Change results framework for COVID-19 response has been developed to strengthen RCCE around six dimensions: information, perceptions, knowledge, practice, social variables and structural variables on the uptake of positive health behaviours.

## Results-based management for CE, SBC initiatives in humanitarian action

Results-based management (RBM) is a management strategy that emphasizes the achievement of results and their impact. It involves analysing the context to better plan and prioritize actions, implementing a plan, monitoring and evaluating results to adjust the plan. Then the cycle begins again, gradually approaching more ambitious outcomes, as shown in the figure below.



**Evidence from different humanitarian contexts has repeatedly shown that providing individuals, families and communities with the right information alone rarely translates into optimal decision-making.** Affected communities and vulnerable groups are influenced by their environment, the people who matter to them and the people they interact with. CE, SBC strategies and interventions that focus merely on reaching communities with messages and increasing their knowledge and awareness of certain practices tend to be ineffective without support from other interventions.

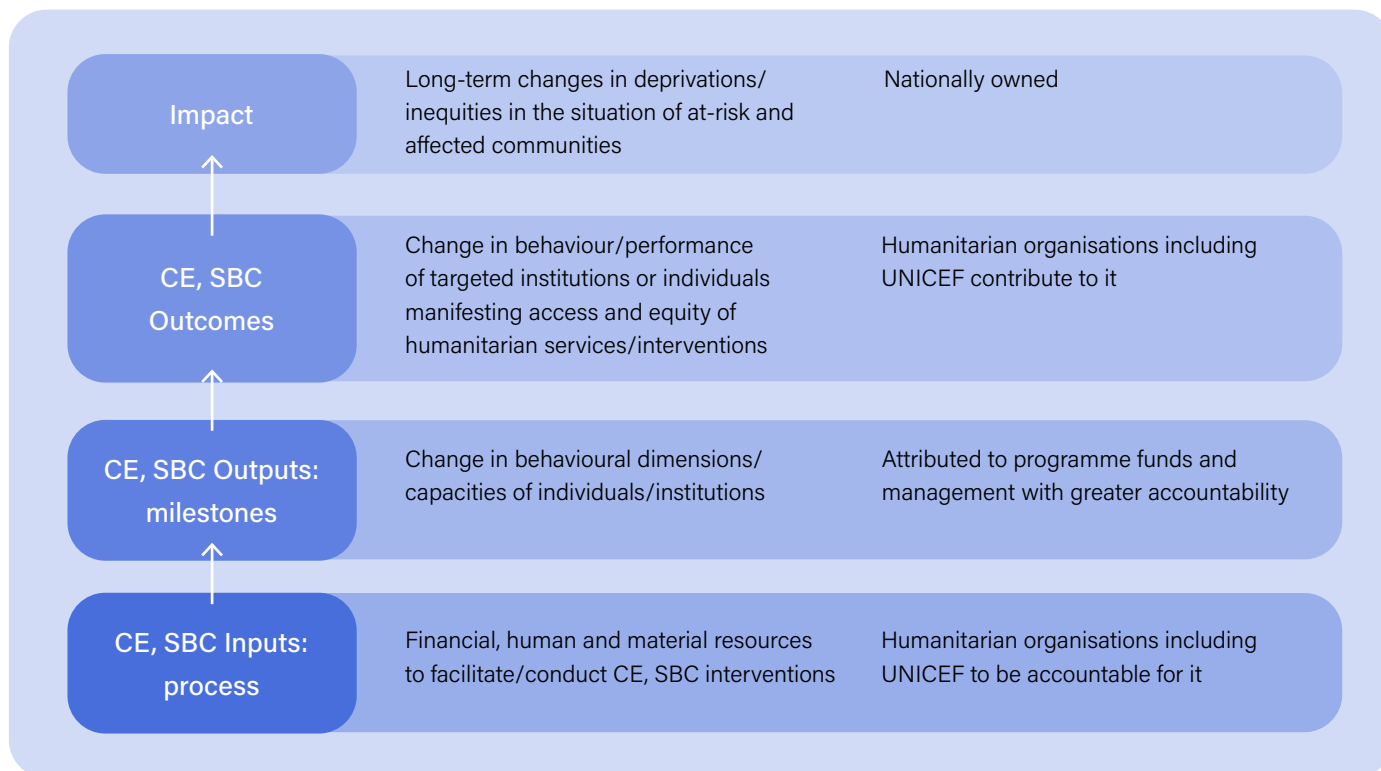
**For humanitarian programmes to achieve social and behavioural results, there must be evidence-generation activities related to CE, SBC to inform humanitarian actions.** These activities should support the achievement of behavioural outcomes, such as service-seeking behaviours and protective practices. Prioritizing behavioural determinants and factors is instrumental in developing humanitarian programmes and creating robust mechanisms to collect, analyse and use quantitative and qualitative data is critical in humanitarian contexts. Instead of capturing immediate activity-level data, which current results tend to focus on, SBC measurement should focus on long-term sustained engagement and resources to achieve results.

**For any given crisis, RBM-based CE, SBC programming should align with Country Humanitarian Response Plans (HRPs) or Humanitarian Programme Cycles (HPC).<sup>1</sup>** These include context and situation analysis to identify key drivers of a specific behaviour or practice. Strategic prioritization and planning will help to define key objectives and interventions for implementation. Indicators developed around key objectives will be monitored through a baseline and regular evidence-generation activities throughout the course of a programme.

<sup>1</sup> CE, SBC actions outlined for the Humanitarian Programming Cycle can be applied to natural hazards, crises or conflicts. For public health emergencies, especially disease outbreaks and epidemics, apply Risk Communication and Community Engagement (RCCE) actions outlined for each phase of epidemic management.

## Measuring with quality

A quality CE, SBC programme should be guided by a comprehensive results framework and M&E plan. Measurement must be guided by a hierarchy of CE, SBC results including impact, outcomes, outputs/milestones and inputs/process monitoring.



*Hierarchy of Results, Adapted from ESARO C4D M&E Framework, 2021*

## Consider the following when formulating results

### CLARITY REGARDING THE LEVEL OF MEASUREMENT

Output, outcome or impact

### ACCOUNTABILITIES

Who is responsible for collecting, analysing, reporting and using data. CE, SBC systems should be led by government institutions or supported by Humanitarian Coordination Committees when governments have limited function

### SMARTER RESULTS

Strategic, Measurable, Aligned, Realistic, Transformative, Empowering, Reportable

### COHERENT RESULT CHAINS

Clear links between the achievement of results at multiple levels

### THE USE OF CHANGE LANGUAGE

The subject of change should be emphasized

### LEAVE NO ONE BEHIND

Focus on equity, human rights, gender, determinants and risks

### CLEAR RELATIONSHIP WITH ISSUES IDENTIFIED IN THE SITAN

Results should be relevant to local context and based on up-to-date evidence and analysis

## Quantifying the measurable: CE, SBC initiatives in humanitarian action

All humanitarian programmes must include CE, SBC that engage and encourage participation from members of affected and at-risk communities. A set of quality CE, SBC benchmarks and indicators has been developed to measure the quality of community engagement programmes and interventions across humanitarian contexts.

The first of its kind, this set of benchmarks and indicators are both quantitative and qualitative, and include additional information from detailed sectoral data and situation reports.

There are two indicators to ensure quality CE, SBC in humanitarian action:

### INSTITUTIONALIZATION OF COMMUNITY ENGAGEMENT MECHANISMS

UNICEF and other humanitarian actors help countries institutionalize CE mechanisms for participatory planning, implementation and monitoring. Mechanisms can be government or community led, and should facilitate social accountability and accountability to affected populations. Through consistent advocacy and support, these mechanisms can be integrated and normalized within humanitarian organizations and in their national institutions (sectoral and disaster management authorities). This increases their scale and sustainability, which allows for increased ownership and accountability from national stakeholders. The institutionalization of CE mechanisms is supported through the following quality benchmarks:

1. CE, SBC coordination mechanism(s) at national and sub-national/local levels that work together to advance a people-centred agenda
2. CE, SBC budgeting and human resourcing, to facilitate institutionalization in national programmes and plans
3. Two-way community engagement mechanisms and feedback
4. Wide-scale community engagement and participation in planning, monitoring, feedback and accountability, especially with marginalized and underserved populations

These benchmarks enable countries to report and track progress on building/strengthening systems, based on guidance outlined through CE minimum standards.

### CORE COMMITMENTS FOR CHILDREN IN HUMANITARIAN ACTION

The CCCs are part of UNICEF's core policy and framework for humanitarian action. Grounded in global humanitarian norms and standards, the CCCs provide mandatory sectoral and cross-sectoral strategic results for coverage, quality and equity during humanitarian action and advocacy undertaken by UNICEF and partners. CE, SBC is now an integral part of the CCCs' commitments and benchmarks, guiding the selection of indicators and targets included in country preparedness and response plans. This enables better measurement and reporting on the performance of UNICEF and its partners. Indicators at outcome and output level are provided for the following sectors and cross-cutting priorities:

1. Health
2. Nutrition
3. WASH
4. Education
5. Child Protection
6. HIV
7. CE, SBC
8. Social Protection
9. Public Health Emergencies/RCCE
10. Gender Equality
11. Accountability to Affected Populations (AAP)
12. Disability
13. Adolescent Development and Participation

Each sector and cross-sectoral area under the CCCs has a set of core quantifiable indicators based on CE, SBC commitments. Each indicator includes guidance at outcome and output level to track the quality of CE programmes implemented for emergencies and SBC attained throughout the emergency and development programming.

### Meta-guidance for measuring indicators in CCCs

Use a mixed-method approach to collect and report on CCC indicators. Data collection should align with existing humanitarian data systems followed by sectors or national institutions. Consult with sectors (or clusters) to decide which indicator to adopt and how the different data sets are used. Data may be presented through complete enumeration, including the entire target population, or through sampling, where information from a representative sample is extrapolated to the entire group.

## Implementation stages

Each implementation stage must align CE, SBC actions to the Humanitarian Programme Cycle (HPC) and contribute to a country's Humanitarian Response Plans (HRPs). All CE, SBC policies, strategies and programmes

should adopt a community-led and people-centred perspective that considers social data, co-creation, participation and accountability.

HPC stage	CE, SBC actions in HPC	Steps	Roles and responsibilities
Stage 1: <b>Emergency preparedness for response</b>	CE, SBC preparedness for response	<p>Establish a CE, SBC M&amp;E system: Time constraints, limited resources and panic all affect the ability of humanitarian actors to respond to emergencies in an effective and timely manner. As part of CE, SBC preparedness, M&amp;E systems must support activities through all phases of HPC.</p> <p>Key actions:</p> <ol style="list-style-type: none"> <li>i. Identify partners for M&amp;E</li> <li>ii. Define coordination mechanisms, roles and responsibilities for M&amp;E, should an emergency occur. Establish reporting structures/feedback loops that enable regular communication between national and sub-national levels.</li> <li>iii. Validate outcome/output-level indicators and reporting forms to assist with initial monitoring, where known emergencies are likely to occur. These must be adjustable based on the nature of the crisis.</li> </ol>	<p>Programme staff collaboration with partners including humanitarian actors, national institutions and academia</p>
Stage 2: <b>Needs assessment</b>	Social data for action	<p>Conduct CE, SBC analysis as part of country risk analysis: Conduct systematic mapping and assessment of needs, vulnerabilities and behavioural gaps of the at-risk and affected populations. Include operational problems and underlying causes, as well as an assessment of capacities, resources and gaps of implementing organizations to inform CE, SBC strategies for sector/cross programmes</p>	<p>Civil society organizations and research institutions, in collaboration with programme staff and national institutions</p>
Stage 3: <b>Strategic response planning</b>	CE, SBC strategic response plan & implementation	<p>Formulate CE, SBC results to inform HRP objectives: Identify and prioritize expected results that contribute to agreed HRP objectives and programmes, processes and financial/human resources. Prioritize results to address gaps in UNICEF and humanitarian organizations, as part of CE, SBC programmes. Use established results and interventions to build synergy and a shared vision while leveraging areas of mutual benefit with organizations, groups and individuals who maintain active interest in CE, SBC programming for humanitarian action.</p> <p>Let this guide the implementation of your plans.</p>	<p>Humanitarian organizations in collaboration with clusters/sectors</p>



Stage 4: <b>Implementation and monitoring</b>	Monitoring, evaluation and learning	Engage in CE monitoring, evaluation and learning: Align ongoing monitoring, performance and impact assessment, with standards and indicators to track whether interventions have the desired impact and are proceeding according to the CE, SBC plan. Use these findings to make systematic adjustments to CE, SBC interventions and programmes, targeted groups, costs, etc. Integrate key insights into future planning. .	<a href="#">Programme staff collaboration with partners including humanitarian actors, national institutions and academia</a>
Stage 6: <b>Operational peer review &amp; evaluation</b>	Help humanitarian organizations remain accountable to communities, by continuing to collect continuous feedback from affected and at-risk communities.		

## Partnerships

Partnerships should:

- Plan and budget the M&E component for CE, SBC across the HPC, based on the country context. This will ensure that these processes are in place before the onset of a humanitarian crisis. M&E should focus on developing a common vision among partners with flexible systems that can adjust to the changing context and available resources.
- Use existing CE, SBC coordination mechanisms (within the specific context )for M&E activities. Coordinate with cluster-supported mechanisms to inform sectoral commitments and accountability.
- Coordinate with all key stakeholders facilitating results-based programming for CE, SBC early on in the preparedness and planning process. Clarify roles for M&E personnel, research and programme staff from humanitarian organizations and government institutions with respect to data collection, analysis and use. All relevant stakeholders must be included to facilitate results-based programming for CE, SBC.

## Key resources

- [Community Engagement Minimum Standards](#)
- [Meta-guidance and indicators for CCCs](#)
- [How to formulate SBCC results and indicators \(Page 18-23, Measuring Results in SBC Communication Programming\)](#)
- [SBC in the Humanitarian Cycle: Using the Community Engagement in Humanitarian Action Toolkit \(CHAT\)](#)
- [COVID-19 RCCE M&E Guidance, Collective Service](#)

**Government:** National and sub-national/ local institutions especially supporting sector interventions and Disaster Management Authorities

**Community-led organizations:** INGOs, NGOs, CSOs, private sector

**Academic institutions or professional academic networks/associations**



Do  
**Build capacity and  
supportive systems**



# Capacity of Partners

Creating SBC expertise within government, CSOs and academic institutions

## Introduction and definition

Impactful, cost-effective and sustainable SBC programmes are often led by those closest to the communities being served and supported by regional and national leadership and policy-makers. It is critical that UNICEF support efforts to build capacity among civil society organizations (CSOs), governments and academic institutions. Staff, faculty and students have the potential to become key SBC practitioners both now and in the future.

Historically, capacity-building efforts for each of these institutions have focused on technical capacity in education, health and other programmatic areas. In order to achieve results at scale, it is important that UNICEF, stakeholders and partners build their capacity around planning, implementation and ensuring ownership of SBC efforts. This entails building a shared language around what SBC is and defining a toolkit of SBC approaches. With sustained capacity-building initiatives, we can create an enabling environment where SBC is understood, appreciated and owned by national and community-level leadership.

## Benefits of SBC capacity-building

When CSOs and governments have the drive and capacity to support existing programmes with strong SBC efforts, it results in:

- Higher-quality research on the social and behavioural determinants of health and well-being to support UNICEF's vision to realize the rights of all children
- A policy environment that supports collaboration between key government stakeholders, UNICEF and others to implement SBC programmes that complement service delivery initiatives
- Increased advocacy for SBC programming and resources at the country and regional level by UNICEF and other stakeholders
- Effective, sustainable and evidence-based SBC programmes in which research and evaluation is planned for and included from the beginning of projects
- Accelerated progress towards behavioural and programmatic objectives
- Improved capacity to scale up implementation of initiatives that build demand for services, support sustained community engagement and participation and amplify local voices across a range of behaviours

## Implementation steps and checklist

1. Work with partners to develop a shared vision for success and an understanding of current capacity, interests and needs. Capacity assessments can be conducted through site visits, surveys, interviews and reviews of existing materials. Questions to consider include:
  - a. To what extent does the partner already implement SBC efforts? If SBC programmes are currently being implemented, what are the goals?
  - b. Which SBC approaches and tools does the partner currently use? What has been the most/least successful? What additional skills or tools might they need to more effectively implement each approach?
  - c. What types of research is the partner already doing? To what extent does the existing research it measure social and behavioural outcomes? What types of qualitative and quantitative research tools are being used?
- d. What outcomes is the partner trying to achieve? Can effective SBC programming accelerate progress towards these outcomes? Are there specific SBC tools or approaches that can help achieve these outcomes?
- e. Who in the organization is responsible for work related to SBC? Does the institution/partner have dedicated staff or personnel working on SBC or SBC-related projects? What level of awareness and understanding do staff have about SBC? Do they have access to internal or external expertise?
2. Work with partners to co-design capacity building efforts informed by the needs, desired outcomes and constraints of the partner. A variety of approaches can be used to build capacity, such as workshops or one-off trainings. Sustained capacity-building efforts include:
  - a. Online learning sessions and modules (through [Agora](#), for example)
  - b. Ongoing academic modules situated within existing courses at universities or other institutions
  - c. Participatory learning opportunities including shadowing, fellowships and joint research or design activities
  - d. SBC modules integrated within government training programmes for key service providers (social service workers, health workers, teachers, etc.)
  - e. Systems-strengthening activities such as the establishment of teams, processes and structures to sustain, integrate and access SBC expertise
3. Work with partners to co-design an evaluation plan for capacity-building activities. This plan should track completed activities and any associated practices and outcomes (e.g., more targeted research, more cost-effective programme implementation, accelerated progress towards behavioural objectives, etc.)
4. Work with partners to implement and monitor the capacity-building plan. With any SBC programme, progress should be continuously monitored. Continue to iterate upon capacity-building activities in order to tailor them to the partner's needs and objectives.
5. Assess outcomes of capacity-building efforts using the evaluation plan developed during inception. Evaluation should take place 1-2 years after the start of the programme. Revise, expand and/or scale up capacity-building efforts based on evaluation results.

# Measurement

Capacity-building efforts should be measured before, during and after activities. Before implementation, work with partners to conduct a capacity/needs assessment (as described above). Capacity-building activities should be continuously monitored. Following the completion of activities, an evaluation of the process and the associated impact should occur.

**Research methodologies may include:**

**Capacity/needs assessment:** surveys, interviews, document or programmatic material reviews, site visits

**Process evaluation:** databases to capture activity completion and participation, pre-post surveys, interviews

**Impact evaluation:** structured questionnaires, analysis of service statistics, review of external evaluations of programmes

Measurement of outcomes may vary across institutions and stages of capacity development. This table offers suggested outcomes for CSOs, governments, and academic institutions as each stage:

Stage	CSOs	Governments	Academic institutions
<b>Capacity/needs assessment</b>	<ul style="list-style-type: none"> <li>Existing SBC implementation capacity</li> <li>Human resources to implement and monitor SBC programmes</li> </ul>	<ul style="list-style-type: none"> <li>Capacity (including systems capacity) to support SBC programmes</li> <li>Existing SBC advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Existing SBC research capacity</li> <li>Course/programme offerings related to SBC</li> <li>Previous dissemination of SBC research results</li> </ul>
	Programmatic objectives related to SBC (and progress towards those outcomes)		
<b>Process evaluation</b>	<ul style="list-style-type: none"> <li>Number of staff trained in SBC research, implementation and/or advocacy</li> <li>Number of internal SBC capacity-building or training efforts developed (to train replacements)</li> <li>Number of new SBC initiatives developed or supported</li> </ul>	<ul style="list-style-type: none"> <li>Number of staff trained in SBC research, implementation and/or advocacy</li> <li>Number of SBC champions/advocates identified within government</li> <li>Number of new SBC initiatives developed or supported</li> <li>Existence of supportive structures/mechanisms for SBC within government</li> <li>Number of SBC research centres or centres of excellence established</li> </ul>	<ul style="list-style-type: none"> <li>Number of faculty trained in SBC research and/or implementation</li> <li>Number of SBC-related courses developed and offered within curricula</li> <li>Number of students participating in SBC-related courses</li> <li>Number of faculty undertaking SBC-related research</li> <li>Number of students undertaking SBC-related research</li> <li>Number of SBC research centres or centres of excellence established</li> </ul>
<b>Outcome evaluation</b>	<ul style="list-style-type: none"> <li>Number of capacity-building efforts completed and level of participation in each</li> <li>Trainee satisfaction with capacity-building efforts</li> <li>Perceived change in SBC knowledge (ability to lead or support SBC programmes)</li> <li>Perceived change in attitudes towards SBC (willingness to participate in advocacy)</li> <li>Number of SBC teams, policies and processes among partners and stakeholders involved in SBC-related programming</li> </ul>		
<b>Impact evaluation</b>	Social and behavioural outcomes should be pre-defined by partners. Measure progress made towards achieving these outcomes following completion of capacity-building efforts		

## Partnerships

It is important to note that some organizations may function as both participants and partners in capacity-building efforts.

Participants in capacity-building efforts may include:

- Civil society and community-based organizations
- Universities and other higher education institutions, including schools of education, public health, policy and communications
- Government partners including Ministries of Health, Education and Social Development at the national and sub-national levels
- Service organizations, such as Rotary Club
- Social service workforce systems
- Community-based organizations and networks

Partners who can provide support or a platform for capacity-building efforts may include:

- Universities and other higher education institutions
- Public and private research institutes
- Service organizations, such as Rotary Club
- Social service workforce systems
- Community-based organizations and networks

### Case studies and examples

**GHANA:** Using a collaborative approach to build SBC capacity

**NIGERIA:** Institutionalizing state-led capacity strengthening for SBC

**MALAWI:** Using a Participatory Approach to Strengthen C4D Capacity vs Link - Towards horizontal capacity building: UNICEF Malawi's C4D Learning Labs

**YEMEN:** Building the C4D capacity of UNICEF partners

**TIMOR-LESTE:** Providing technical support for designing a parenting programme

**BANGLADESH:** Building University Capacity to Teach SBC Courses in tool vs in link Applying a Socio-Ecological Approach to Institutionalise C4D Curriculum

## Key resources

### Theory

- Eight Principles for Strengthening Public Sector Social and Behaviour Change Capacity
- The SBCC Capacity Ecosystem: A Model for SBCC Capacity Strengthening
- Evaluating capacity strengthening for social and behaviour change communication: A systematic review (Awantang, G.N., Helland, A., Velu, S., Gurman, T., 2021)

### Application

- Training in Qualitative Research Methods: Building the capacity of PVO, NGO and MOH partners
- Communication for Development: An evaluation of UNICEF'S capacity and action, Ethiopia country case study evaluation report

### Tools

- FHI's SBC Quality Assessment Tool
- Measuring capacity building (Brown L., LaFond A. K., Macintyre K. 2001)
- Indicators to Help with Capacity Building in Health Promotion (Hawe P., King L., Noort M., Jordens C., Lloyd B., 2000)



# Social Service Workforce

Understanding how frontline workers can protect children and vulnerable groups

## Introduction

Think about a time when you received a service. You may have gone to a health clinic to get your child vaccinated or registered your marriage at a government office. To access these services, you most likely interacted with another person – a healthcare worker, a social worker, a social protection administrator, etc.

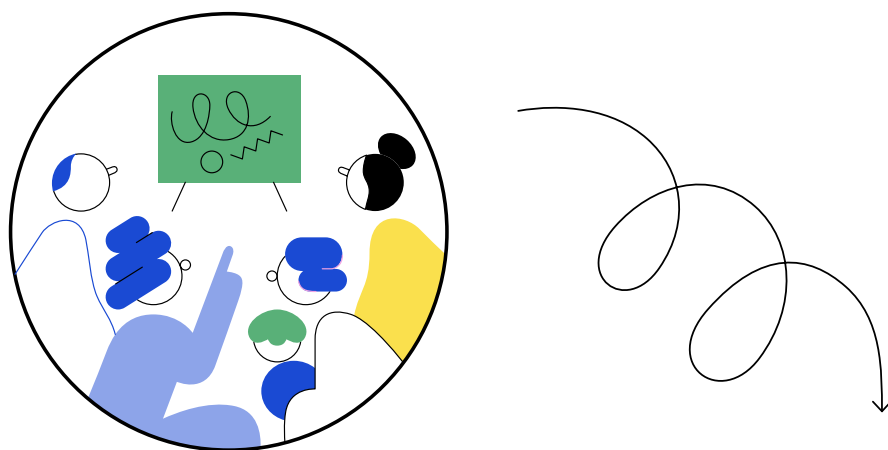
These people are known as front line workers. They are professionals who interface with people daily to provide goods and services. In a world where attention is limited and information is abundant, their interactions with individuals, families and communities have the power to shape attitudes, and ultimately behaviours. Frontline workers come from many professional backgrounds and are central players in Social and Behaviour Change.

**We will focus on one important group of frontline workers: social workers.** They are often the first line of response for children in harm's way. They work closely

with children and families to identify and manage risks that children may be exposed to within and outside of the home, especially those related to violence, abuse, exploitation, neglect, discrimination and poverty. They promote children's physical and psychological well-being by providing and connecting them to critical social services such as healthcare, education and social protection. Social workers also challenge harmful norms that may violate a child's rights.

These workers have the opportunity to promote positive roles, norms and practices in relation to gender, disability, ethnicity and other areas vulnerable to discrimination. They have the power to secure healthier relationships, social inclusion and positive outcomes for community members.

Evidence suggests that interventions that do not engage social workers are more likely to encounter



resistance, disengagement, apathy or disinvestment at the community level. The capacity of the social service workforce to mobilize communities and proactively communicate with families and groups is critical to achieving positive and sustainable change at the individual, family and community level.

**The purpose of this tool is to provide guidance on designing and evaluating capacity-building programmes for social workers.** For further support, we have included links to case studies and additional resources.

## Benefits and social/behavioural objectives

### BUILDING TRUST

Social workers hold a uniquely trusted position within communities. Beyond their ability to connect with community members through shared language, social workers are often related to or have a strong connection with the communities they serve. They use their skills and knowledge of the community to build rapport and engage opinion leaders (religious leaders, community leaders, teachers, traditional healers, nomadic leaders) who play a crucial role in engaging unmotivated and/or hard to reach individuals.

### CHANGE BEHAVIOUR

Social workers are trained to consider problems and solutions through a multi-level framework and a contextual lens. They must account for the challenges, social norms, communication barriers and other protective and risk factors relevant to the communities they serve. Their enhanced knowledge and ability to work collaboratively with communities, individuals and families help in the design of solutions that are more likely to change behaviour.

### COLLECTING RAPID INSIGHTS

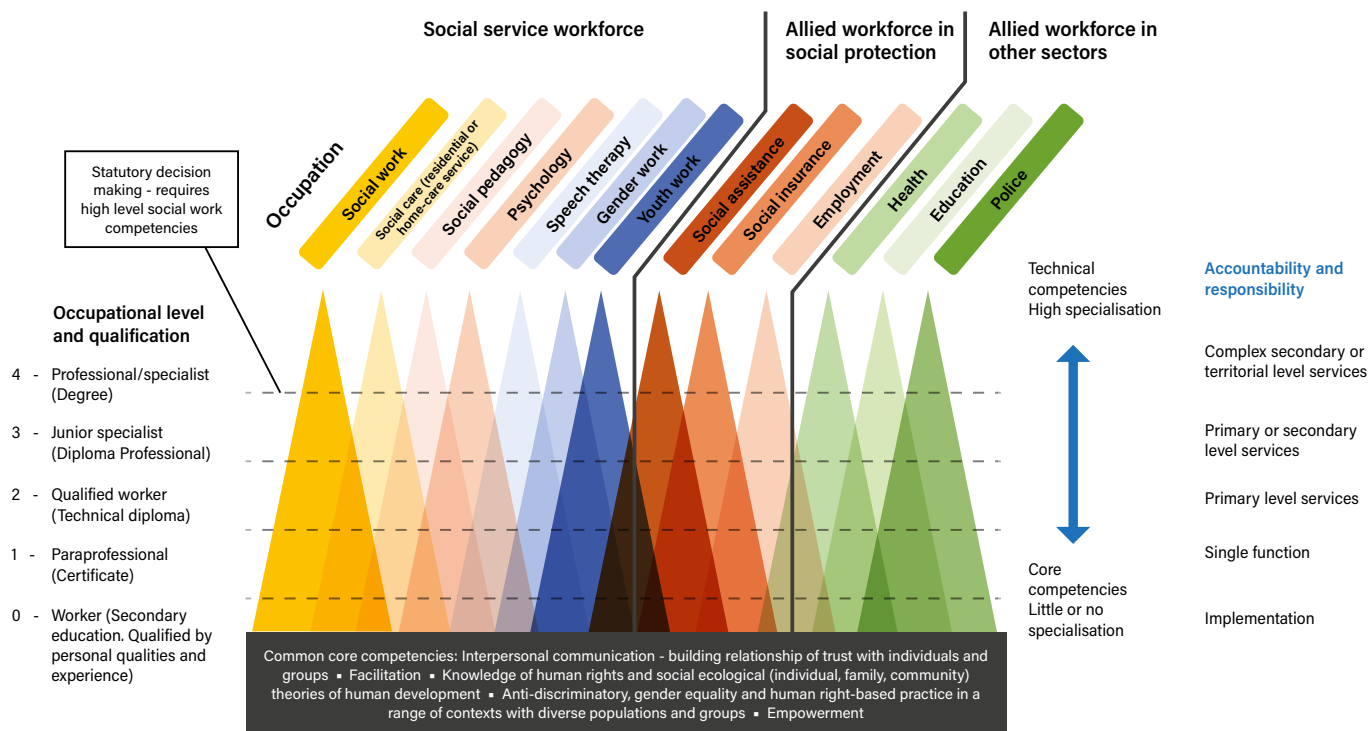
In addition to working on the frontline, social workers often function as a community's eyes and ears. They act as a bridge between the system, services and local needs, by providing critical feedback, advocacy and insight from the community to inform service and policy design. Social workers are incredibly valuable for crafting SBC interventions and additional research, and helping communities hold key stakeholders accountable to change.

### ENSURING PROGRAMME SUSTAINABILITY

Social workers are trained in community engagement, and act as an advocate/promoter for the communities they serve. They contribute significantly to the achievement of UNICEF's programme goals by empowering communities through a strength-based approach to community needs and directions. Additionally, they play a key supervisory role, providing development and mentoring support to advance and sustain the core competencies required to build an effective workforce. Developing a localized or regional community of practice to promote collective or shared peer learning can improve capacity-building for training and supervision.



Figure 1: The social services and allied workforces: competencies framework



Source: UNICEF (2018) Call to action on social service workforce strengthening in the ECA region, Geneva

## Implementation steps

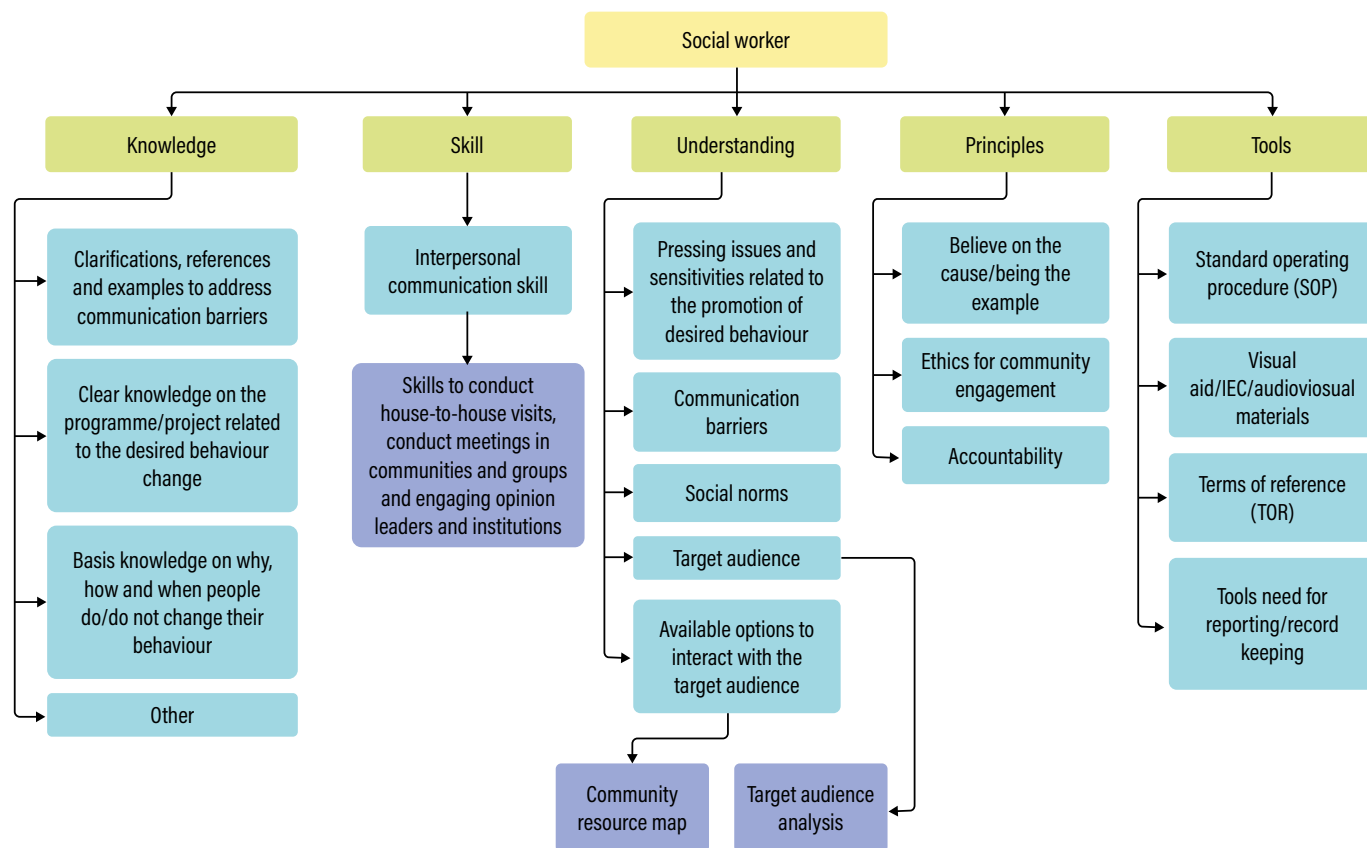
As Figure 1 illustrates, there are knowledge and skill sets that are useful for a variety of different social service occupations (at levels 2 and 3). There are also competencies that are fundamental to a range of social service occupations (at level 1). Level 1 competencies include:

- Knowledge of social-ecological models of human development, including the bio-psycho-social model of disability
- Human rights and people-centred approaches
- Interpersonal communication
- An understanding of helping and empowerment processes
- The ability to mobilize groups, families and communities towards SBC in a variety of settings without discrimination or judgement

In order to develop capacity-building training for the social service workforce, it is important to understand their perspective and the environment they operate in. A social worker should be equipped with five key

things: (i) knowledge, (ii) understanding, (iii) skill, (iv) principles, and (v) tools. As with any workforce, proper practice and on-the-job training is recommended to build competencies and ensure high-quality service. Therefore, it is vital to incorporate ample scope for practice and learning through role-playing, self-reflection and analysis of case studies during training sessions. Upon recruitment, formal training is required to equip social workers with the necessary understanding, knowledge, skills, principles and tools to succeed. Periodic on-the-job refresher trainings can complement academic achievements and supportive supervision, to further strengthen their skills, understanding and use of tools. The duration of formal training will depend on the qualification of the workforce, country context, skill level of trainers and time and budget constraints.

Figure 2: Mind map outlining the knowledge, understanding, skills, principles and tools that a social worker needs to work effectively

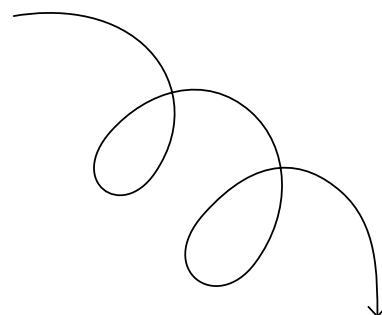


Above all, the number and variety of role-playing activities and case studies should be maximized, so that participants can learn by practising their techniques in real life. Below is a table that provides example topics and methodologies for each of the five key modules.

Table 1: Example topics and methodologies for each of the five key modules

Module	Programme-specific content	Generic content	Example methodologies
<b>Principles</b>	<ul style="list-style-type: none"> <li>Ethics of community engagement to reduce female genital mutilation (FGM)</li> </ul>	<ul style="list-style-type: none"> <li>Ethics of community engagement</li> <li>Ethical standards and principles of social work</li> <li>Do's and don'ts of behaviour change at the community level</li> </ul>	<ul style="list-style-type: none"> <li>Presentation</li> <li>Group work</li> <li>Case studies</li> <li>Q&amp;A session</li> <li>Open discussion</li> <li>Role-playing</li> <li>Plenary</li> </ul>
<b>Understanding</b>	<ul style="list-style-type: none"> <li>Profiling caregivers for immunization</li> <li>Answers to frequently asked questions by caregivers to the immunization programme</li> </ul>	<ul style="list-style-type: none"> <li>Why, how and when people change their behaviour, and how to ignite and sustain the change</li> <li>Profiling caregivers/intended audience</li> <li>Concepts and approaches for working with communities to change behaviour</li> <li>Community resource mapping</li> </ul>	<ul style="list-style-type: none"> <li>Presentation</li> <li>Group work</li> <li>Case studies</li> <li>Q&amp;A session</li> <li>Open discussion</li> <li>Pre and post training assessments</li> </ul>

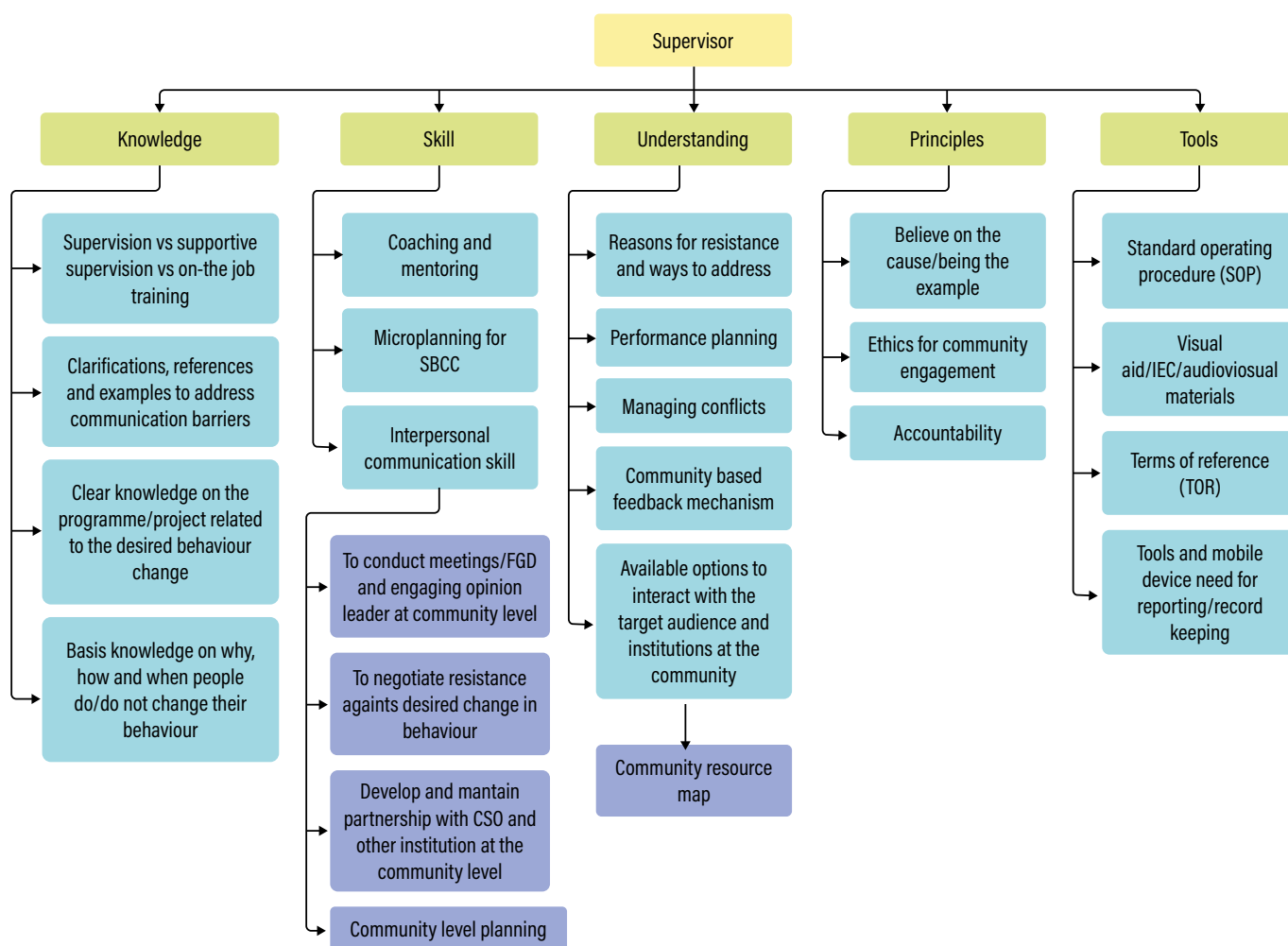
Module	Programme-specific content	Generic content	Example methodologies
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>▪ Key messaging for routine immunization uptake</li> <li>▪ Key messaging for oral polio vaccine uptake</li> <li>▪ Key messaging for risk communication and community engagement for COVID-19</li> <li>▪ Vaccine-preventable diseases</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key messaging for programme-specific behavioural goals</li> <li>▪ Facts for life</li> </ul>	<ul style="list-style-type: none"> <li>▪ Presentation</li> <li>▪ Q&amp;A session</li> <li>▪ Polls</li> <li>▪ Open discussion</li> <li>▪ Group work</li> <li>▪ Marketplace</li> <li>▪ Pre-test, post-test</li> </ul>
<b>Skills</b>	<ul style="list-style-type: none"> <li>▪ Interpersonal communication for immunization</li> <li>▪ Effective interpersonal communication practices for routine immunization uptake</li> <li>▪ Framing and positioning choices to influence behaviour</li> </ul>	<ul style="list-style-type: none"> <li>▪ Interpersonal communication</li> <li>▪ Skills for effective interpersonal communication</li> </ul>	<ul style="list-style-type: none"> <li>▪ Presentation</li> <li>▪ Group discussion</li> <li>▪ Open discussion</li> <li>▪ Video and trainer modelling</li> <li>▪ Role-playing</li> <li>▪ Plenary</li> </ul>
<b>Tools</b>	<ul style="list-style-type: none"> <li>▪ Interpersonal communication for immunization (IPC reference card)</li> <li>▪ Infant and Young Child Feeding Programme (flip chart for house-to-house counselling sessions)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Job description</li> <li>▪ Standard operating procedure for community-level activities: house-to-house visits, meetings</li> <li>▪ Information, education and communication materials in print and audiovisual media, including flipcharts</li> <li>▪ User journeys (checklists to assess and evaluate the user journey)</li> <li>▪ Reporting (registration, forms, mobile devices)</li> <li>▪ Safety equipment (masks, sanitizers)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Presentation</li> <li>▪ Group discussion</li> <li>▪ Sharing of print and audiovisual materials</li> <li>▪ Role play, preferably in the community</li> <li>▪ Plenary</li> </ul>



While training social workers is essential to facilitate SBC at the community level, supervisors should also be equipped with the necessary skills and tools to empower them to fulfil their roles. The mind map below outlines

the knowledge, understanding, skills, principles and tools that a supervisor at the frontline must be equipped with for programmes to function optimally.

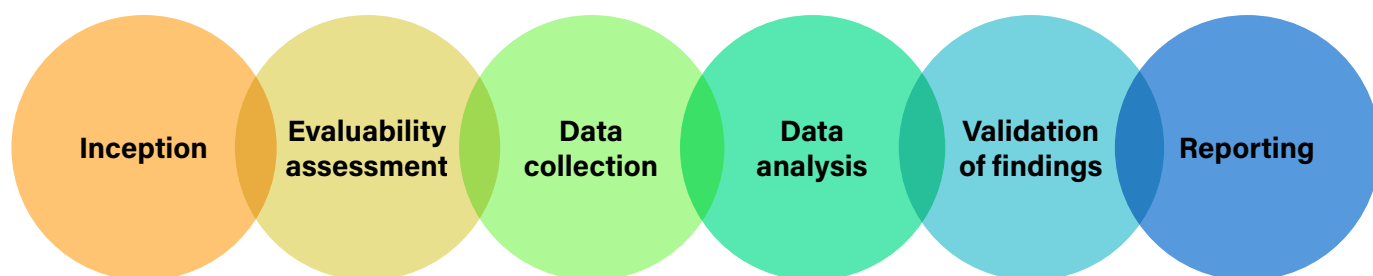
Figure 3: Mind map outlining the knowledge, understanding, skills, principles and tools that a supervisor at the frontline must be equipped with for programmes to function optimally



To better grasp their roles and responsibilities, supervisors should ideally have training in social work or another social service profession. Such training can be leveraged to better understand the context as well as the knowledge and skill level of their staff, enabling them to be a model and resource for them. While supervisory training modules should resemble the contents of the table above, formal training should also include core standards and address the following topics:

- The purpose of supportive supervision and on-the-job training
- Improving programme/project/service awareness through SBC communication
- Communication skills for supportive and flexible supervision
- Coaching and mentoring by building a reflective practice
- Enhancing motivation via nudges and boosts
- Leading SBC quality improvement
- Workplace harmony and stress management
- Supervising frontline workers
- Self-assessment for supportive supervision

Figure 4: The six step evaluation process for capacity building effort



## Measurement

When measuring the effectiveness of training or capacity-building, there are three major questions to consider:

- 1. Did people complete the training?** Low completion rates signal the need to make changes to the training, enhance understanding of trainee expectations and improve engagement. They also provide an understanding of how long it takes to complete the training, allowing designers to assess whether it aligns with their goals. This assessment may reveal unanticipated areas of difficulty. Be sure to measure the:
  - a. % of people who complete the training
  - b. Time needed to complete the training
  - c. Areas of training drop-off
- 2. Are there differences in learning and confidence before and after the training?** Test the knowledge of participants prior to training to establish a baseline, then test again after training. Higher scores suggest that the training is effective.
- 3. Are people satisfied with the training?** Qualitative feedback is always valuable. Feedback can be used to improve training delivery to better serve future trainees. Qualitative feedback can be collected regularly throughout the training, and at the conclusion. Feedback surveys may include the following questions:
  - a. How satisfied are you with the training on a scale of 1 (not satisfied) to 5 (extremely satisfied)
  - b. Did you learn anything new?
  - c. Was the objective of the training met?
  - d. How can this training be improved?
  - e. What did you like/dislike about the training?

To assess training and capacity-building interventions as a whole, a more methodical and holistic approach is required. Your approach depends on various factors, such as time, budget, data and technical expertise. Using a six step evaluation process (including other capacity-building efforts such as on-the-job training, supportive supervision, etc.) is highly recommended. These six steps are outlined in Figure 3 and described below.

- 1. Inception:** The entire evaluation process is conceptualized at this stage, starting with an objective for the evaluation. When designing the methodology for evaluation the following indicators/ areas should be considered for data collection:
  - a. A training programme with a clear goal
  - b. A comprehensive training database
  - c. A comprehensive trainee database
  - d. A Theory of Change aligned with training and other capacity-building efforts
  - e. Programmatic and operational relevance
  - f. Effectiveness and efficiency
  - g. Training curriculum and content aligned with accepted technical standards and academic texts
  - h. Sustainability of lessons and skills learned
  - i. Incorporation of cross-cutting issues and evidence-based practice
  - j. Provision of practice and application in real life
- 2. Evaluability assessment:** When designing tools for data collection, different indicators will be considered. It is important that the amount of collected data be statistically representative of the real-life scenario. Whenever possible, incorporate standardized measurements in order to be able to generalize outcomes more broadly.

3. **Data collection:** Your data collection methods will depend on time, budget, logistics and scale. Combining methods is highly recommended, to increase the likelihood of all relevant perspectives being collected. Common methods include:
  - a. Document review
  - b. Interview
  - c. Focus group discussion
  - d. Questionnaire (physical or digital)
4. **Data analysis:** A well-designed evaluation should collect qualitative and quantitative data for analysis. Software such as Microsoft Power BI, Microsoft Excel and SPSS is popular for quantitative data analysis. Excel is a very powerful tool for data cleaning, and a prerequisite for quantitative data analysis. Common theoretical approaches to evaluating qualitative data include:
  - a. OECD-DAC evaluation criteria
  - b. Kirkpatrick evaluation model
  - c. Creswell research designs
5. **Validation of findings:** After the data has been analysed and interpreted, the findings are often summarized in a document or presentation format to share the findings widely and arrive at a consensus. It is highly recommended to host a workshop or webinar to discuss and validate findings shared beforehand or during a Community of Practice meeting. This step is essential to triangulate collected data.
6. **Reporting:** After validation, a narrative report with visual presentation of data is prepared. This report can be shared online or through printed publications, briefs or presentations. The report should be shared in every possible way.

## Partnerships

Partnerships can contribute to the success of many aspects of capacity-building for social workers. The partnerships you pursue will depend on the context and need. Partnerships can be formed with organizations such as specialized government agencies, INGOs/NGOs with capacity and infrastructure to support training, specialized training organizations, government agencies, UN agencies (including the UNHCR, the IOM), research agencies and academic institutions.

### Case studies and examples

**THE NETHERLANDS:** Frontline workers can play an important role in helping women (and their partners) to be aware of IPV, to identify abusive relationships and to make them aware of the consequences of abuse for the child.

**UZBEKISTAN:** USWEEP has been designed to assess the current state of the social service workforce (SSW) and strengthen social work education and practice through sustainable approaches.

**BANGLADESH:** Intensive interpersonal communication of frontline workers, when combined with a nationwide mass media campaign and community mobilization, helped increase complementary feeding practices.

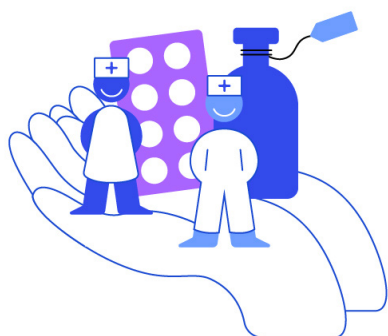
**BANGLADESH:** Secure Digital (SD) cards are being used by frontline workers. The SD cards store content such as job aids/tools/patient materials, for easy access via mobile phone during interpersonal counselling sessions. They have greatly reduced the physical demands placed on frontline workers who traditionally have had to hand-carry heavy items such as flipcharts and projectors.

**NIGERIA:** An independent evaluation identifies key shortcomings in training efforts

**EUROPE AND CENTRAL ASIA:** Building Competencies for the Social Service Workforce on Community Engagement and Interpersonal Communication in Europe and Central Asia Region: Inception Report; Final Report

## Key resources

- [Interpersonal communication for immunization: Reference cards](#)
- [Risk Communication: A handbook for communicating environmental, safety and health risks, Fifth Edition, Regina E Lundgreen and Andrea H. McMakin](#)
- [Materials from the University of Michigan's online course "Community Engagement: Collaborating for Change"](#)
- [Materials from the National University of Singapore's online course "Understanding and communicating risk"](#)
- [People in Need's Behaviour Change Toolkit for international Development practitioners \(2017\)](#)
- [Supportive Supervision: A manual for supervisors of frontline workers in immunization, 2019, UNICEF-NYHQ](#)
- [Trainers' facilitation guide: Interpersonal communication for immunization package, 2019, UNICEF-NYHQ](#)
- [Practical guidance for risk communication and community engagement \(RCCE\) for refugees, internally displaced persons \(IDPs\), migrants and host communities particularly vulnerable to COVID-19 pandemic, UNICEF-IOM-UNHCR-WHO-IFRC, UNODC-John Hopkins, Center for Communication Programs](#)
- [Pan American Health Organization's Zika Virus Infection: Step by step guide on risk communications and community engagement \(2016\)](#)
- [Expanding the Field of Social Work in Europe and Central Asia](#)



# Health Systems Strengthening

An example of integrating SBC into a sector

## What is it and why is it important?

**We cannot achieve SBC objectives without equipping the sectoral system to be geared towards making SBC achievable and sustainable.**

This requires strengthening sectoral systems (education, child protection, health) with adequate human resources, financial systems, transparent and accountable information systems, supportive public policies, empowered community structures, high-quality services and strong governance.

This tool demonstrates how systems strengthening approaches have been applied in various contexts across the world. Whilst this document focuses on the health sector, the approaches and lessons detailed below are transferable to other sectors.



## What is a well-functioning health system?

A well-functioning health system relies on (i) trained and motivated health workers, (ii) well-maintained, accessible infrastructure (iii) a reliable supply of medicines and technologies, backed by (iv) adequate funding, strong health plans and evidence-based policies, and v) a demand system, including community platforms to mobilize affected communities and solicit feedback on service delivery. At the same time, our globalized world needs health systems that have (vi) the capacity to control and address global public health threats such as epidemics, disasters and other severe events.

These core building blocks are similar to those in the education and child protection sectors. For more information on the overall approach to strengthening sectoral systems, see the [‘Systems Strengthening: Strengthening sectoral systems to achieve SBC objectives’ tool](#).

## How health systems make SBC achievable and sustainable

Countries and communities can equip their health systems to facilitate achievable and sustainable SBC by:

1. Building capacity
2. Ensuring quality, human-centred programming
3. Building/maintaining transparent information systems and technologies
4. Strengthening supportive institutions, governance and leadership
5. Supporting sectoral system financing for SBC actions
6. Building mechanisms to engage communities and help them practise healthy household behaviours

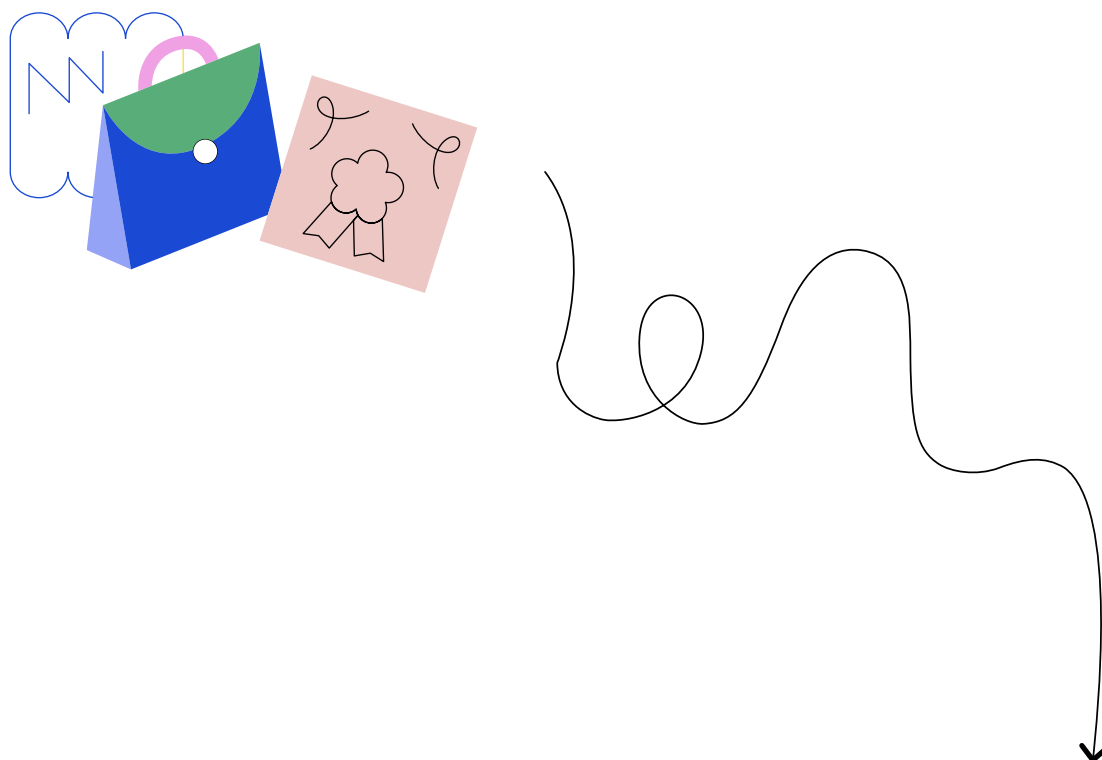
Health system component	Action	Example
Building capacity	Improving, implementing and maintaining competency frameworks and capacity development mechanisms for HR	<p><b>INDIA: Building frontline worker capacity for Measles Rubella control</b></p> <p>Health system strengthening interventions have resulted in a pool of 3,500 master trainers, building IPC capacity of 400,000 frontline workers for the Measles Rubella (MR) campaign (including routine immunization) and a budget of around \$18 million. This initiative has been effective despite the ongoing pandemic and new vaccine introductions.</p>
		<p><b>PACIFIC ISLANDS: Improving the quality and standards of health professionals through the Pacific Open Health Learning Net (POLHN)</b></p> <p>Established in 2003, POLHN aims to improve the quality and standard of practice of health professionals in the Pacific, through an e-learning network of academic institutions such as Fiji National University, Pacific Paramedical Training Centre and Penn Foster. POLHN provides a fully-equipped, Internet-linked network of more than 47 centres in 14 Pacific island countries, enabling health professionals to upgrade their knowledge and skills without leaving their communities.</p>

Health system component	Action	Example
		<p><b>EUROPE AND CENTRAL ASIA: UNICEF and partners developed a training package to incorporate country-specific recommendations regarding social service workforce competencies</b></p> <p>ECARO has developed a 3-5-year regional road map to strengthen the core competencies of the social service workforce. Activities and inputs required to achieve the proposed goals and outcomes are presented as options that governments, national academic institutions, and training and education service providers can implement with support from UNICEF.</p> <p><b>INDIA: Integrating an interpersonal communication training module in government health systems</b></p> <p>UNICEF India developed a Boosting Routine Immunization Demand Generation (BRIDGE) Interpersonal Communication (IPC) skills training programme endorsed by the Ministry of Health and Family Welfare. BRIDGE IPC training has been implemented across India since August 2017, using a cascading Training of Trainers model with national trainers training district trainers, who train over 1 million FLWs to address myths and misinformation on immunization. For more details, see the Communication Initiative Network’s <a href="#">Evaluation of BRIDGE IPC Training Programme</a>.</p>
	Developing and implementing training plans for the health workforce	<p><b>LAO PEOPLE’S DEMOCRATIC REPUBLIC: <a href="#">Scaling up the health workforce through health sector reform</a></b></p> <p>A WHO WPRO report published in 2016 found fewer than 2.3 doctors, nurses and midwives per 1,000 people in Laos PDR. To address the health workforce crisis, The Health Sector Reform Framework to 2025 prioritized scaling up the health workforce. As a result of high-level commitment and advocacy, the Ministry of Home Affairs allocated 4,000 staff posts to the health sector in 2014, compared to only 1,045 in 2013. Approximately 3,000 posts were allocated to health centres and district-level facilities to improve access to health services in remote and rural areas.</p>
	Enhancing capacity to provide people-centred care and information	<p><b>CAMBODIA: <a href="#">Fostering respectful care during deliveries through cross-country partnerships</a></b> (<a href="#">PDF</a>) <a href="#">Universal Health Coverage</a>, page 32)</p> <p>A project on improving maternal and newborn care through Midwifery Capacity Development (2010-2015) led by the Cambodian Ministry of Health and the Japan International Cooperation Agency (JICA) promoted respectful care at the National Maternal and Child Health Centre (NMCHC) in Phnom Penh and the Provincial Hospital in Kampong Cham. According to a JICA survey, 77% of trained midwives encourage family members to accompany pregnant women in the delivery room; 68% encourage women to drink or eat during labour; and 86% provide support to help women find their most comfortable position during labour. Exit interviews reveal that 95% of mothers felt secure and safe during delivery.</p>

Health system component	Action	Example
	Improving the availability and capacity of health workers in remote and rural areas	<p><b>JAPAN: Reducing health worker disparities</b>  <a href="#">(PDF) Universal Health Coverage, page 30</a>                      The Ministry of Health, Labour and Welfare has been working to reduce disparities in health care access across regions with a range of strategies, such as encouraging more doctors to work in remote regions. Each prefecture offers a unique scholarship, sponsoring the education of students who commit to work at a specific facility in their home prefecture for nine years. This programme scholarship scheme has proven to be successful at increasing the healthcare workforce.</p>
	Strengthening human resource capacity for evidence-based policy-making	<p><b>WESTERN PACIFIC: Strengthening domestic research capacity to generate evidence for policy-making</b>  <a href="#">(PDF) Universal Health Coverage, page 42</a>                      The Ministry of Health in Viet Nam established the Health Strategy and Policy Institute in 1998, while Malaysia established the Institute for Health Systems Research in 2002. Between 1997-2002 national institutes of public health were set up in Cambodia and Lao PDR, with divisions for Health Service Development and Support and Health Systems Research. China's National Health Development Research Centre is a national think-tank that provides technical consultancy to health policy-makers.</p>
Ensuring quality, human-centred programming	Training health workers to provide people-centred care, through improved interpersonal communication (IPC)	<p><b>GLOBAL: Interpersonal Communication (IPC) resources</b>                      UNICEF has developed materials to support health workers to engage with respectful and culturally appropriate communication when adhering to patient needs. For example, <a href="#">tools</a> produced by the Ministry of Health in Angola include manuals prepared for vaccinators and social mobilizers.</p> <p><b>INDIA: Building SBC capacity of frontline health workers and health officials on Social and Behaviour Change Communications (SBCC), and sensitizing community and faith leaders to increase routine immunization</b>                      In the state of Chhattisgarh, the Department of Health and Family Welfare (DoHFW) partnered with UNICEF SBC to develop and implement a communication strategy aimed at improving routine immunization (RI). During the project, UNICEF identified the need to target social norms that hindered the promotion of RI. Capacity-building, sensitization of community and faith leaders, and an RI drive increased demand for healthcare services in the community, improved immunization rates, built FLW capacity, created a skilled resource pool and motivated frontline workers.</p> <p><b>INDIA: Branding initiatives for health facilities</b>                      Over 1,250 public health facilities in Uttar Pradesh sought to improve utilization of health services through better service provider-client interaction and overall demand generation. The results were impressive: six out of ten clients recalled the RI messages, and 98% of clients were satisfied with staff behaviour and with interactions with doctors and service providers. More information can be found <a href="#">here</a> and <a href="#">here</a>.</p>

Health system component	Action	Example
	Developing policy and guidelines to support safe service delivery	<p><b>KIRIBATI: Promoting rational use of antimicrobials</b>  <a href="#">(PDF) Universal Health Coverage, page 23</a>                      Kiribati has aligned the Essential Medicines List to the nation's first Antibiotic Guidelines, to guide procurement and distribution of medicines to health facilities. The Ministry of Health and Medical Services has also distributed the guidelines to health facilities in the country to ensure that antimicrobials are prescribed only when needed, in correct doses for the right duration.</p>
	Supporting increased community participation in decision-making	<p><b>NEW ZEALAND: Institutionalizing community participation in health-care decision-making</b>  <a href="#">(PDF) Universal Health Coverage, page 39</a>                      In order to recognize the principles of the Treaty of Waitangi, between Māori and the Crown, New Zealand has institutionalized community participation in the health sector. This acknowledges the importance of the social and cultural acceptability of health services in improving health outcomes. The New Zealand Public Health and Disability Act 2000 requires that district health boards involve Māori and other population groups in decision-making, planning and delivery of health and disability services. All district health and primary health organization boards have community representatives, including Māori, that consult community groups on their health needs.</p>
		<p><b>SAMOA: Engaging communities in health promotion, nutrition and disaster risk management</b>                      Led by the Ministry of Health, the Samoa Outreach Nutrition Pilot Project is a sector-wide initiative that aims to strengthen primary health-care services in nutrition and growth monitoring, and raise awareness of their importance at the village level. Key partners include the National Health Service and Ministry of Women, Community and Social Development (MWCSD). Supported by the Ministry of Health, the MWCSD also works with the Community Women's Committee to organize household sanitary inspections to raise awareness of health promotion of basic hygiene and preparedness during natural disasters.</p>
	Developing community monitoring mechanisms	<p><b>SRI LANKA: Connecting midwives with patients and the community to monitor and implement primary healthcare services</b>                      The community-based Medical Officer of Health (MOH) system brings health and health education to the front door, enabling 99% of children to receive timely, high-quality and people-centred vaccination services. As a result, positive health-seeking behaviour, good health literacy and strong public demand for high-quality, safely delivered vaccines has become commonplace.</p>

Health system component	Action	Example
Empowering patients, people and communities to improve the quality and safety of health care		<p><b><u>MALAYSIA: Developing a National Patient Safety Council to promote patient-provider partnerships</u></b>                      Malaysia has used several approaches to engage patients. In 2003, a national Patient Safety Council with community representatives was established. In 2014, a national Patient for Patient Safety Initiative was launched to enhance patient safety by promoting partnership between patients, health-care providers and consumers. Other efforts include Together for Safety, a national media campaign on patient safety, and a 2013 administrative order to establish patient safety committees in health facilities.</p> <p><b><u>ANGOLA: Building capacity for families through the 'Happiness Recipe'</u></b>                      The government and UNICEF worked together to create the 'Happiness Recipe,' a national communication strategy to promote the health, education and protection of children up to five years old. This teaches families, in particular those with pregnant women and children under five, the 12 simple behaviours to prevent and treat various problems that afflict children.</p> <p><b><u>SRI LANKA: Empowering mothers to advocate for better health</u></b>                      Mother support groups have been established at community level to advocate for essential health services, including vaccination, pre- and antenatal care, and nutrition.</p>



Health system component	Action	Example
<b>Building/ maintaining transparent information systems and technologies</b>	Creating a culture of evidence-based decision-making, influencing policy dialogues, reforms, implementation guidance, etc.	<p><b>BANGLADESH: A quiet revolution in health information</b> Strengthening the routine health information system through the implementation of DHIS2 has connected central, divisional and district levels with sub-district health facilities and over 13,000 community clinics. Through capacity building support and positive rewards for data input and use, health workers are changing their behaviour to input, analyse and use real-time data for timely, responsive, evidence-based decision-making.</p> <p><b>FIJI: Strengthening health information systems and use of ICT</b> (<a href="#">PDF</a>) Universal Health Coverage, page 25) Fiji has a fully-integrated system for collecting core public health data that links a unique national health number to electronic patient records. This serves as the basis for a womb-to-tomb, patient-focused, web-based medical record system supporting comprehensive continuity of care. The patient information system application is web based, with the Consolidated Monthly Returns Information System including both the public health information system and hospital maternal and child health monthly returns.</p> <p><b>KOREA: Developing the health information system and public reporting</b> (<a href="#">PDF</a>) Universal Health Coverage, page 41) Korea has developed and implemented various health-related surveys and panel studies. The National Health Insurance claims database is one of its unique features, requiring health-care providers to report claims. As the government has increased disclosure of public information, many public databases have become accessible. This makes health information such as operational details of daycare facilities, information on hospitals, and overdue payments or state health insurance available to the public.</p> <p><b>GLOBAL: Implementing innovative dashboards for monitoring universal health coverage</b> (<a href="#">PDF</a>) Universal Health Coverage, page 53) National Universal Health Coverage (UHC) monitoring dashboards are being developed across the world. In Cambodia, the dashboard is based on a web-based health management information system, demographic and health surveys, and socioeconomic surveys. In the Lao PDR a dashboard will be featured in the new District Health Information System. The Philippines launched a UHC dashboard in 2013, with a core set of 19 UHC indicators to track financial risk protection, equity, service quality and coverage, and infrastructure improvements. Setting targets and visualizing progress towards UHC using the WHO Western-Pacific regional monitoring framework, core indicators and monitoring dashboards helps countries target and implement health interventions.</p>

Health system component	Action	Example
<b>Strengthening of supportive institutions, governance and leadership</b>	Supporting the government to integrate and build capacity for demand generation for vaccination	<p><b>KYRGYZ REPUBLIC: Mapping institutional needs for increasing demand for vaccination</b></p> <p>To help mainstream demand generation in national immunization policies, programmes and budgets, UNICEF worked with Oxford Policy Management and Curatio International Foundation in 2020 to outline institutional capacity needs and areas for institutional strengthening. An operational framework assessed mainstreaming of demand generation across five areas; (i) policy and budget integration, (ii) adequate human and financial resources; (iii) supportive organisational structures with the relevant expertise and capacity is available and utilised, (iv) data-driven demand generation interventions being prioritised, targeted, and tailored effectively to reach under-immunised communities, and (v) capacity to oversee M&amp;E. The assessment and set key recommendations for mainstreaming demand generation within national systems.</p>
	Supporting the government to build leadership and management capacities at the sub-regional and community level	<p><b>WESTERN PACIFIC: Strengthening leadership in health promotion</b> (<a href="#">PDF</a> <a href="#">Universal Health Coverage</a>, page 36)</p> <p>In 2004, The WHO Regional Office for the Western Pacific initiated ProLead, a health promotion leadership training designed to create a critical mass of health promotion leaders to advocate for global best practices and adapt them to their local context. As a result, leaders have emerged across the region and financing for health promotion has been secured. Lao PDR, Malaysia, Mongolia, Samoa, Tonga and Viet Nam have established health promotion foundations or tobacco control funds to mobilize more funding for health while reducing demand for tobacco. Samoa recently passed its Health Promotion Foundation bill while other countries continue to advocate for tobacco and alcohol taxes.</p>
		<p><b>INDIA: Building systems at state level through SBCC cells/ centres of excellence</b></p> <p>15 states have established SBCC cells, Centres of Excellence of Communication or Communication Resource Units to facilitate integrated planning, implementation and monitoring of social mobilization and demand generation activities. View the <a href="#">SOPs</a> and <a href="#">the evaluation</a> for more information on how this provides holistic support to SBC.</p>
	Building civil society/ community capacity to amplify voices and improve advocacy	<p><b>NEPAL: Instituting Platforms for adolescent participation</b></p> <p>Strategic advocacy and collaboration between CSOs and the government has led to positive trends in support of child clubs within schools and communities as well as adolescent involvement in local governance, health and school management committees and citizens' forums. The Child-friendly Local Governance strategy has institutionalized adolescent participation through consultations known as 'bal bhela.' Through systematic, creative methodologies (risk-mapping, visioning), adolescents are consulted about their needs to ensure that their concerns are reflected in local municipal planning.</p>

Health system component	Action	Example
Supporting sectoral system financing for SBC actions	Ensuring sufficient funding for core public health functions	<p><b>CHINA: Designing a national public health service package</b> (<a href="#">PDF</a> <u>Universal Health Coverage</u>, page 19)</p> <p>A national public health service package developed in 2009 by the Ministry of Health, has grown to include public health interventions and primary services, resident health record management, health education, immunization, maternal and child healthcare, infectious disease reporting, NCD management and mental health management. Subnational authorities can add additional services based on their local public health needs. With funding from central and local governments, this package is provided for free at township hospitals and village health centres in rural areas and at community health centres in urban areas.</p>
	Developing financial systems for equitable access to healthcare	<p><b>Approaches to financial protection in the Western Pacific</b></p> <ul style="list-style-type: none"> <li>• <b>Health equity funds (HEF):</b> Started in 2000 in Cambodia, and later introduced in Lao PDR, HEFs are autonomous, district-based schemes that reimburse health facilities for the cost of free care provided to poor individuals, and subsidize the cost of transportation and food. In 2014, HEFs covered 90% of poor Cambodians. The government is committed to increasing domestic funding to sustain HEF and reduce reliance on development partners.</li> <li>• <b>Subsidized insurance:</b> China's government subsidizes about 80% of the rural population's health insurance premium. In Japan, central and local governments subsidize premiums for vulnerable populations, including people from low-income households and older people. The Republic of Korea has a Medical Aid programme for the poor. The Philippines subsidizes households from the poorest income quintile to enroll in the national health insurance programme. Viet Nam pays the full social health insurance premium for people below the poverty line and partial premiums for others.</li> <li>• <b>Free high-priority public health services at point of care:</b> Lao PDR developed a national policy for free maternal and child health services for all mothers and children under five, with funding from the government and external partners. China provides a free basic health-care package to all residents.</li> <li>• <b>Publicly funded health insurance scheme:</b> Australia's Medicare provides access to medical and hospital services for all Australian residents and certain visitors, subsidized treatment for medical practitioners, midwives, nurse practitioners and allied health professionals, and free treatment in public hospitals. Similar mechanisms exist in New Zealand.</li> </ul>
	Providing financial incentives for appropriate patient behaviours	<p><b>PHILIPPINES: Increasing maternal and child health service coverage</b> (<a href="#">PDF</a> <u>Universal Health Coverage</u>, page 28)</p> <p>The government is reducing health inequities by using targeted approaches to increase access to health services for vulnerable populations. In 2009, PhilHealth, the national social health insurance agency, started reimbursing maternal care and newborn care packages. Premiums for the poor were subsidized in an effort to increase membership. From 2008 to 2013, the proportion of births in health facilities increased from 44% to 61%.</p>