



Create

Strategise, design, diagnose and define your SBC activities.



Overview



Diagnose



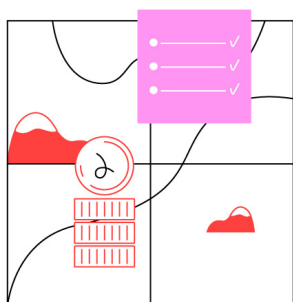
Define Success



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.¹

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*

¹ 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

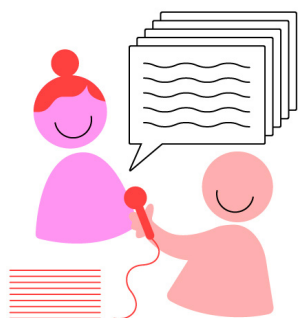
Iteration assumes a learning mindset. Ongoing improvements and adjustments to the project design based on new data is an expected and central part of strategy development.

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.

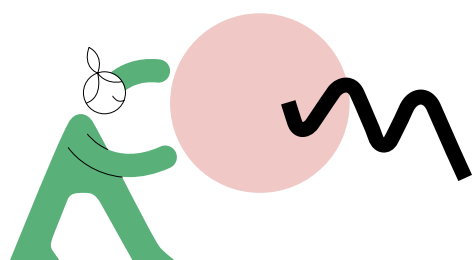
There are thousands of variables that influence people's choices, from context to culture and everything in between. The determinants of social phenomena are often even more complex.

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.

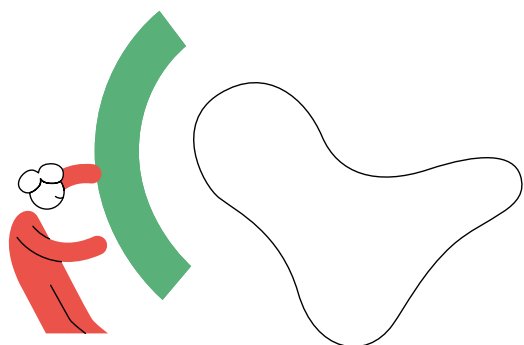
Why is experimentation useful?

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](#).

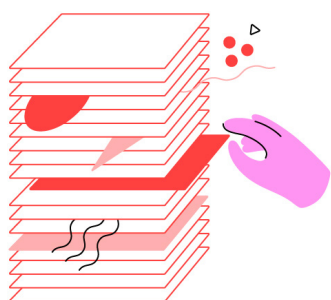
Resources

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](#)

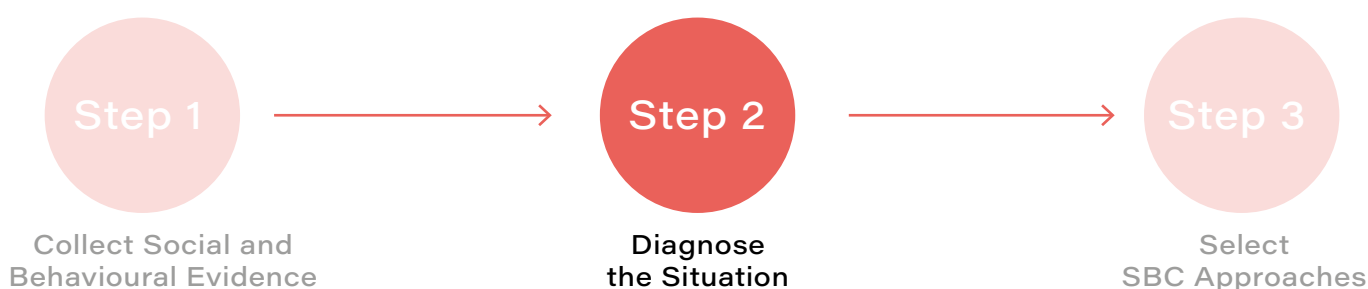
Tools for understanding different research methods

- [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"> ▪ Coding ▪ Research wall ▪ Mapping 	<p>Get to know the data</p> <ul style="list-style-type: none"> ▪ Spotting themes ▪ Understanding outliers 	<p>Forming a deep understanding of the situation</p> <ul style="list-style-type: none"> ▪ Triangulating research ▪ Finding the story 	<p>Articulating the contextual challenges and opportunities</p> <ul style="list-style-type: none"> ▪ Prioritizing insights ▪ Crafting statements

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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?*

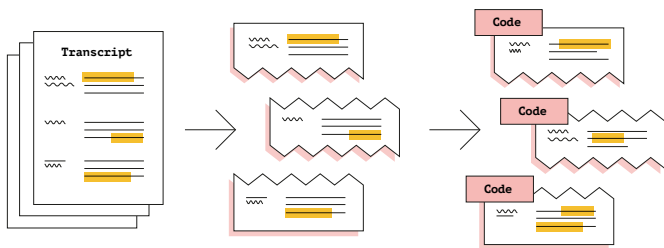
1 Organize Research

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.



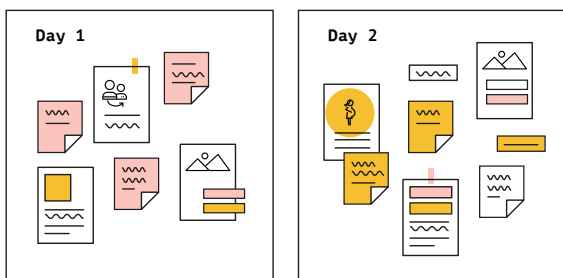
Coding

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.

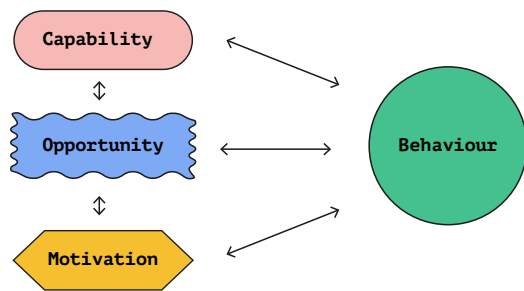


Research wall

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.

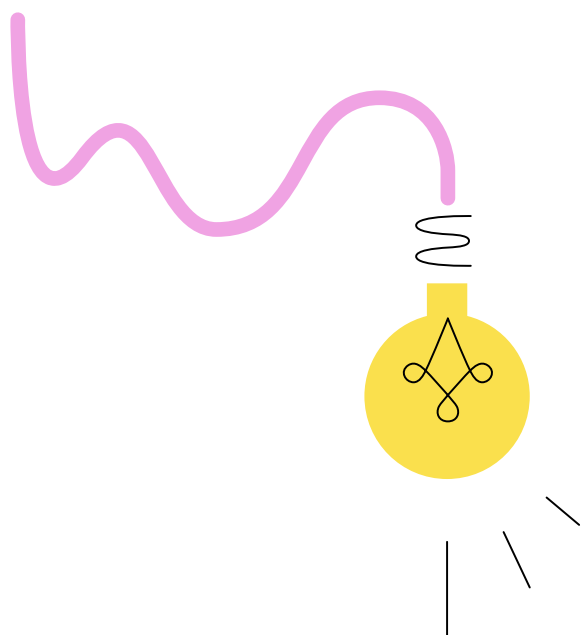
4 Create problem and opportunity statements

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**___.

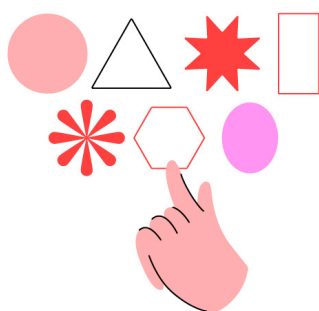
Examples

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

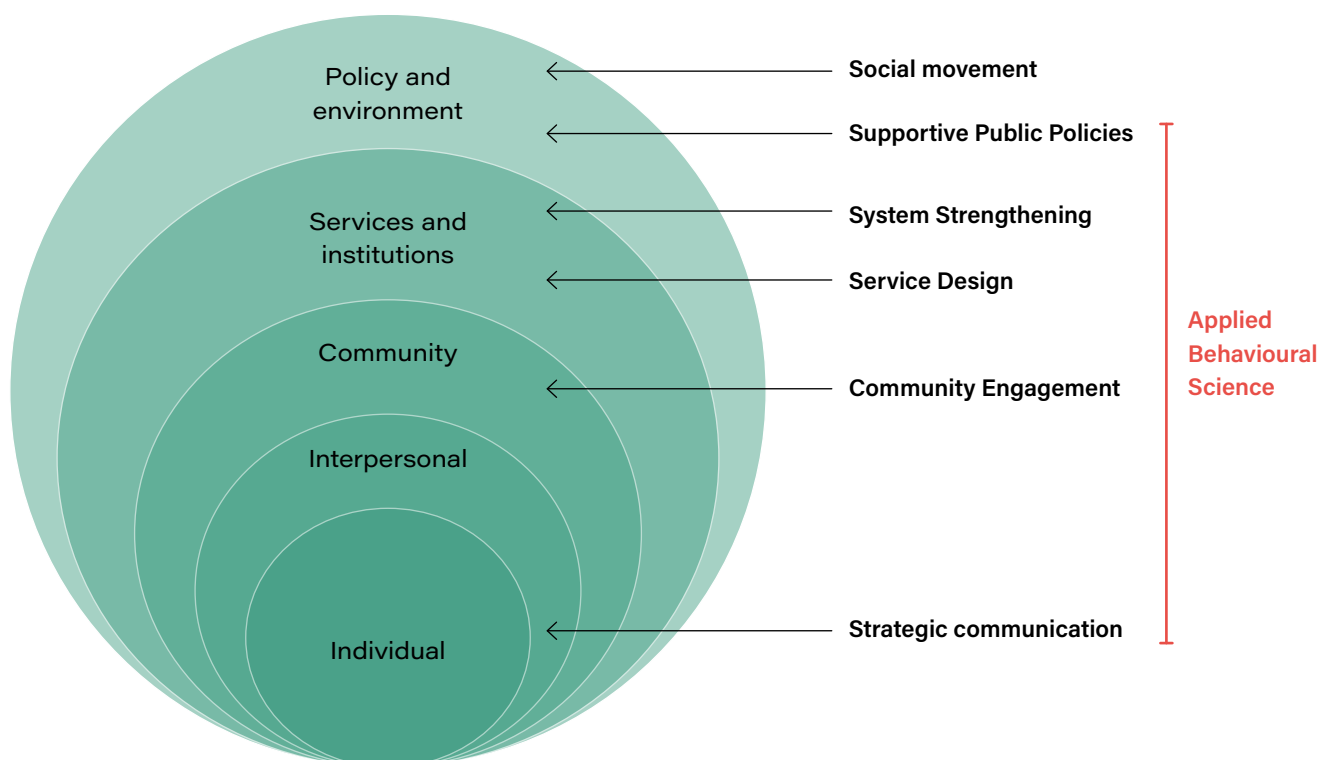
5. Supportive Public Policies: Changing the rules to enable positive change
6. Social movements: Supporting and nurturing social change processes
7. Applied Behavioural Science: Shaping contexts and designing processes and products to enable behaviour change

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.



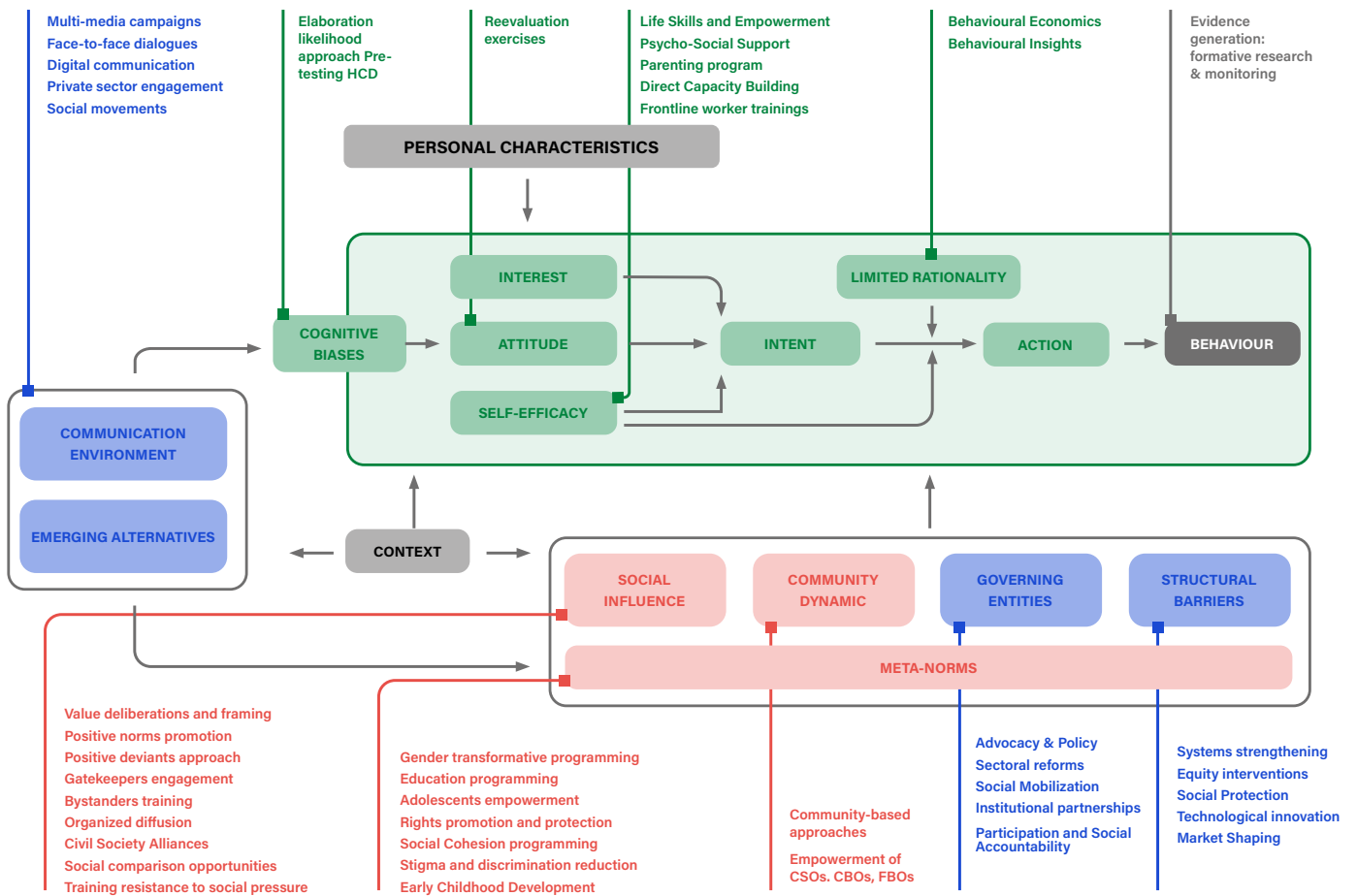
We use the socio-ecological model (SEM) to represent the 7 main approaches, simplifying and approximating what these strategies generally aim to influence, and with whom they are intended to be conducted or applied. The following map of approaches can guide strategy selection and link formative research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

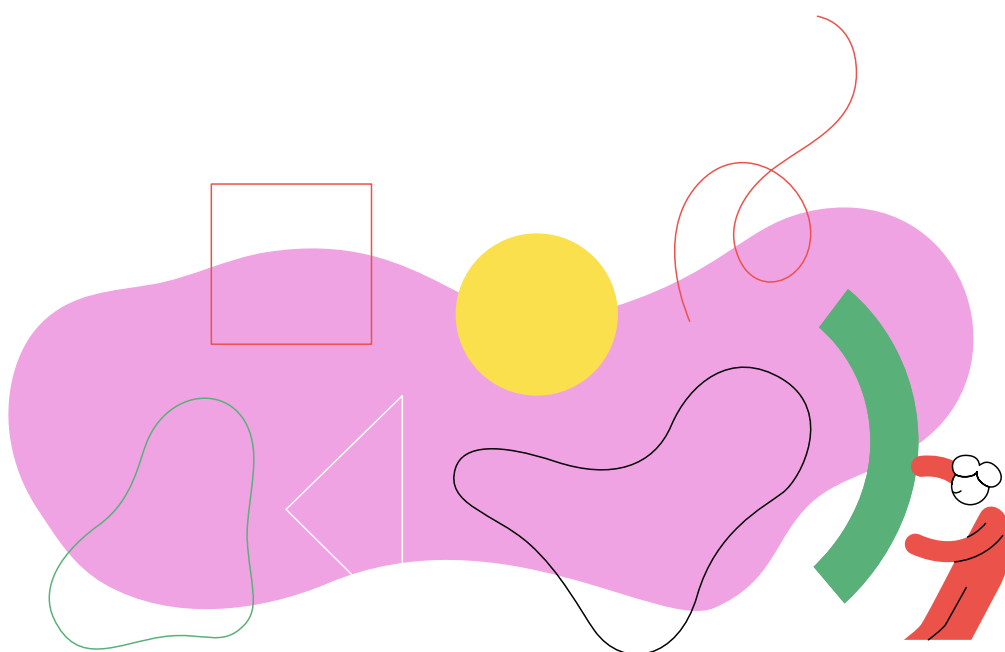
The figure below is an intervention map. It links and translates formative research results into interventions, by identifying techniques specifically designed to address a factor of interest.

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.

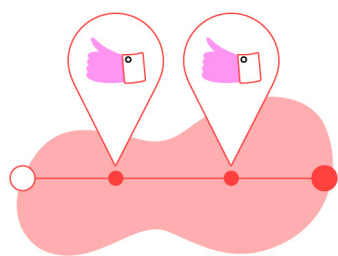
For any given behaviour, certain drivers will matter more than others. To develop interventions, it is critical to identify significant drivers and understand how they relate to each other and which are likely to change. In most cases, resources will be limited. Policy makers and programme designers 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:

Outcomes	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.
Intermediate Outcomes	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.
Outputs	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.
Activities	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

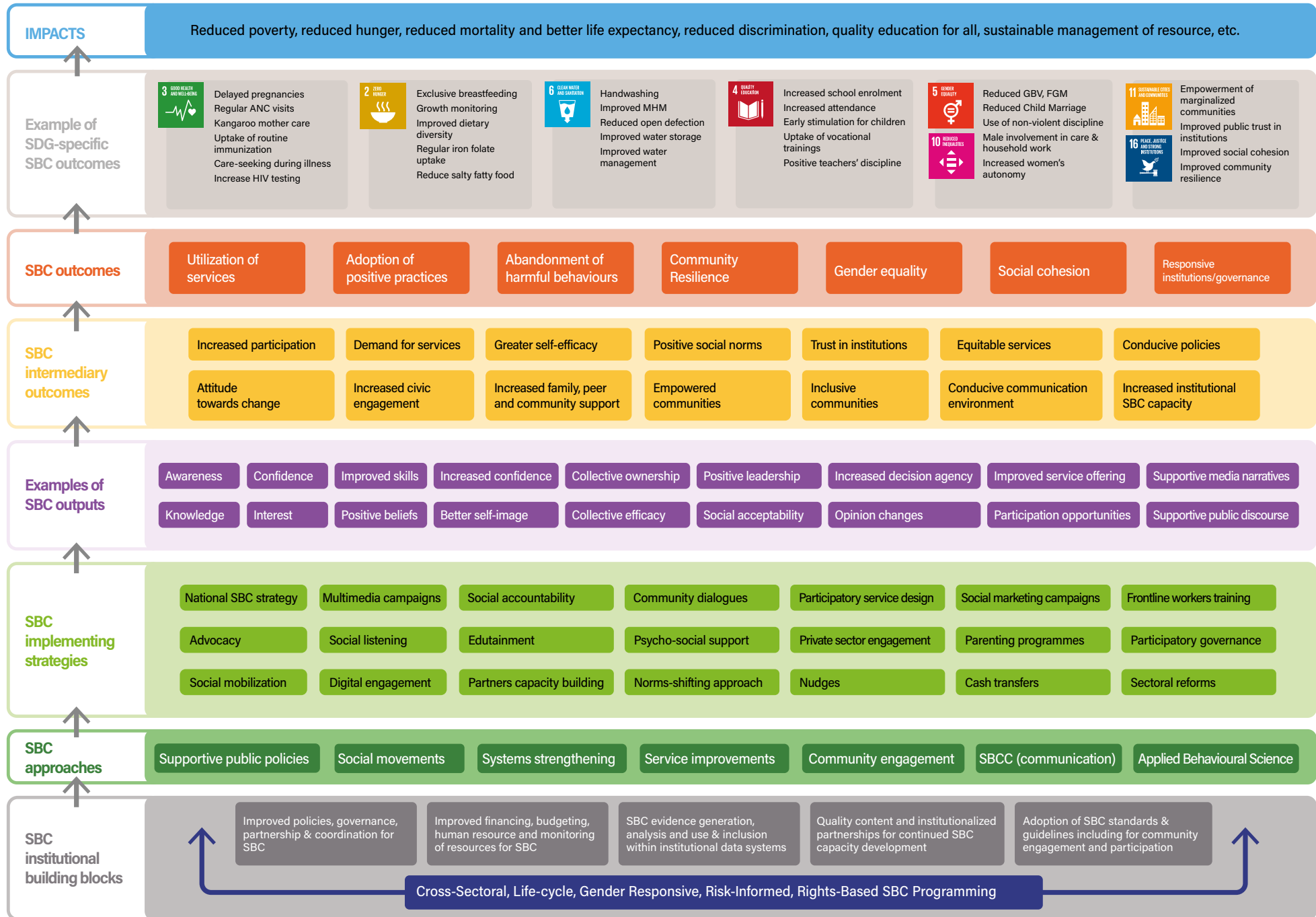
desired change that have been identified together with the appropriate rights holders and duty bearers.

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

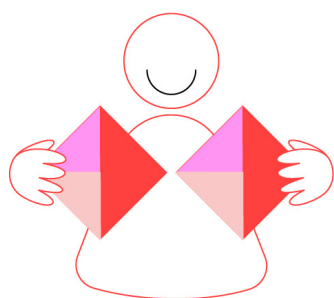
Community engagement is a critical and transformational aspect of SBC that requires particular attention during monitoring to ensure that standardized measures are being used to assess results. [Community Engagement \(CE\) Minimum Quality Standards and Indicators](#) is a guide to establishing an enabling

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?

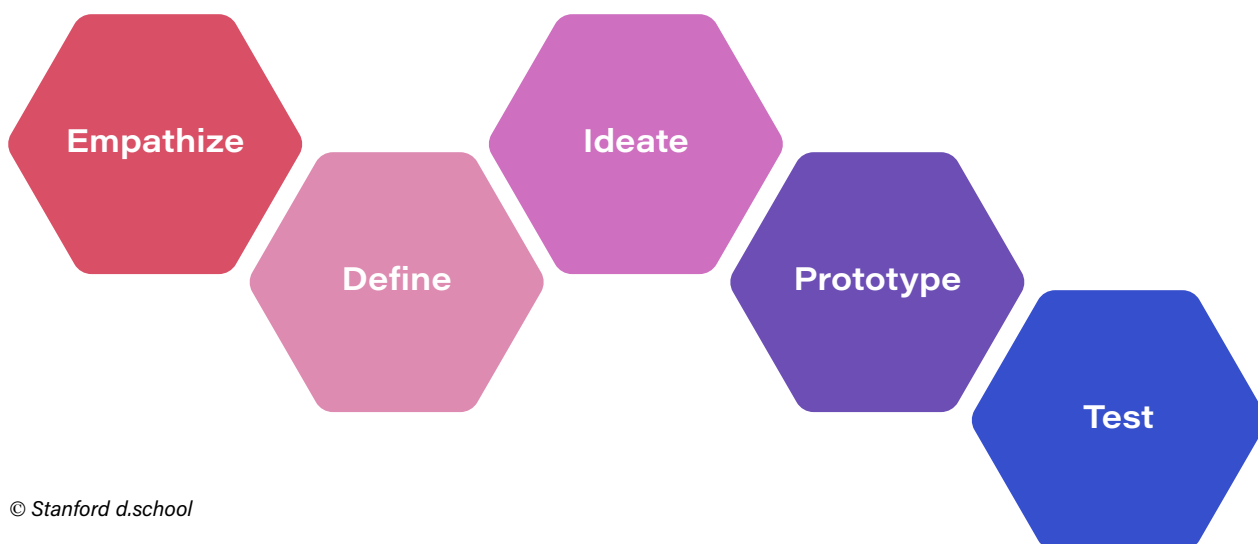
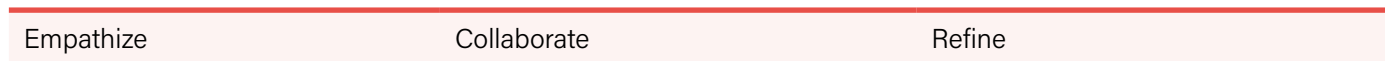
While each organization or designer may have their own particular approach, by and large HCD methodology entails a similar structure and process. To demonstrate, we are going to look at four in particular. Each one adopts similar methods and tools to achieve people-centred insights and results.

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.

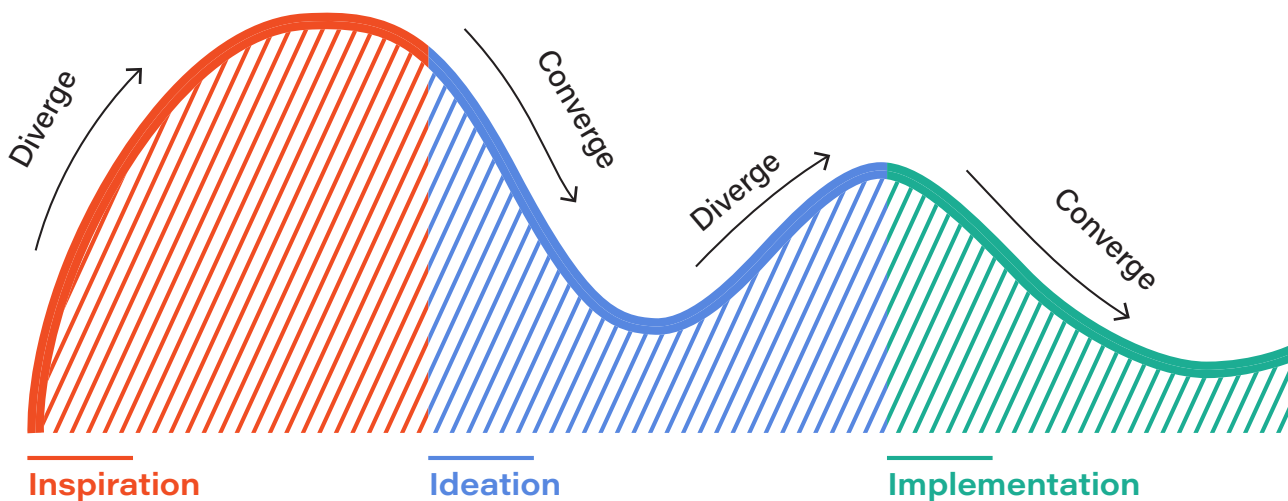
HCD is fundamentally about keeping the needs and voice of the people we are trying to reach at the centre of the entire process. In the following illustrations, you will see how those voices can be brought in using different methods and tools along the way.

Popular models for the HCD process

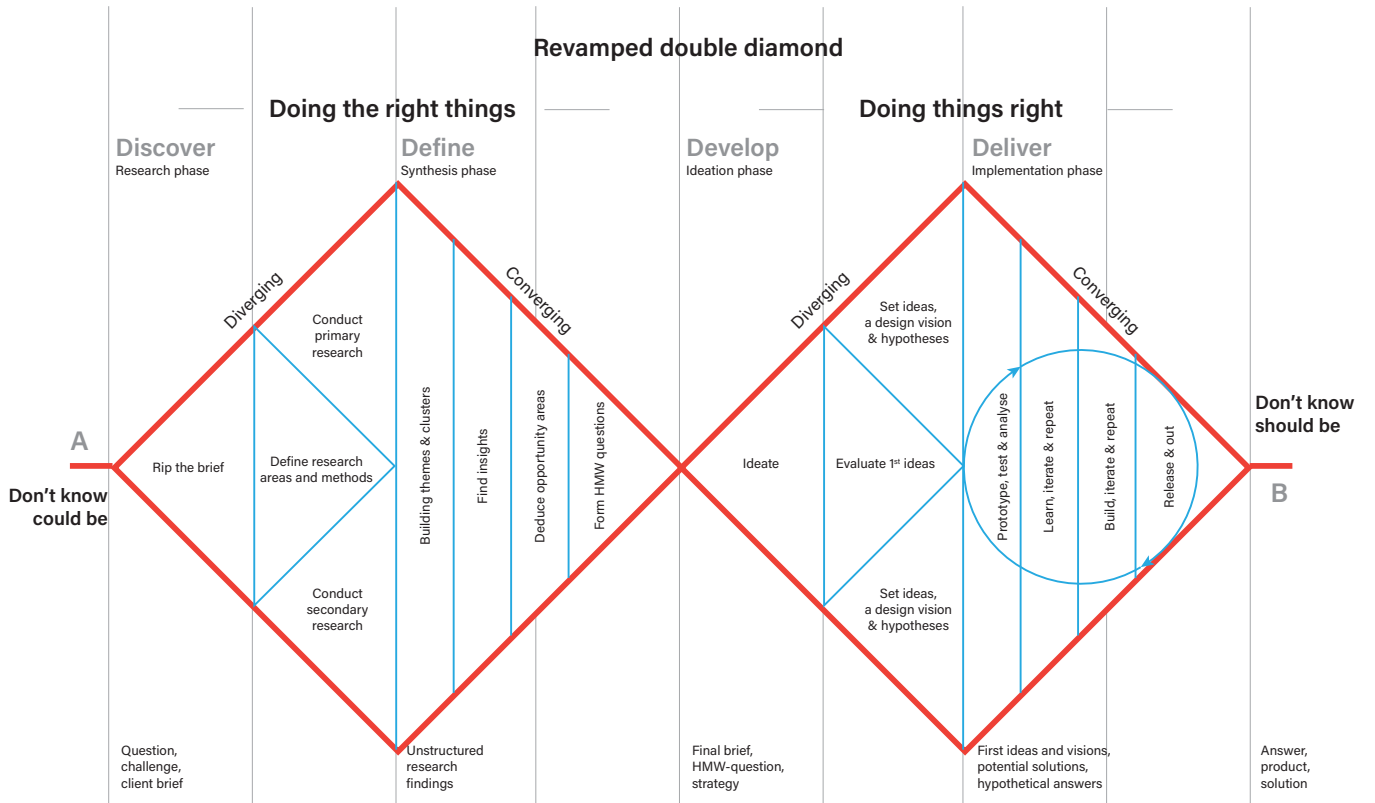
Stages



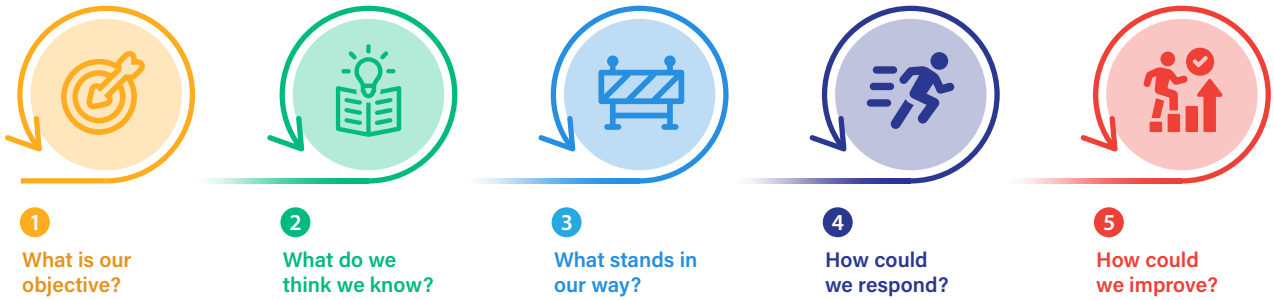
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© IDEO



© 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
Objective	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
Tools + methods	<ul style="list-style-type: none"> • IDIs/KIIs and focus groups • Design research • Participatory research • Immersion • Observation and tours • Journey mapping • Photo/video diaries <p><u>Tool: Behavioural insights</u></p> <p><u>Tool: Diagnosing the Situation</u></p>	<ul style="list-style-type: none"> • Participatory workshops • Hackathons • Participatory and co-creation methods • Storyboarding with collaborators • Using guides from the research – stories, personas, user journeys – as references throughout <p><u>UNICEF HCD Kit</u></p>	<ul style="list-style-type: none"> • Prototyping • User testing • Piloting concepts • Storytelling in the strategy – put people in the strategy, and make it human and emotive for implementers • Defining success <p><u>Tool: Measuring, Learning & Adapting</u></p>
Considerations	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 See the Spectrum of Participation below	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:

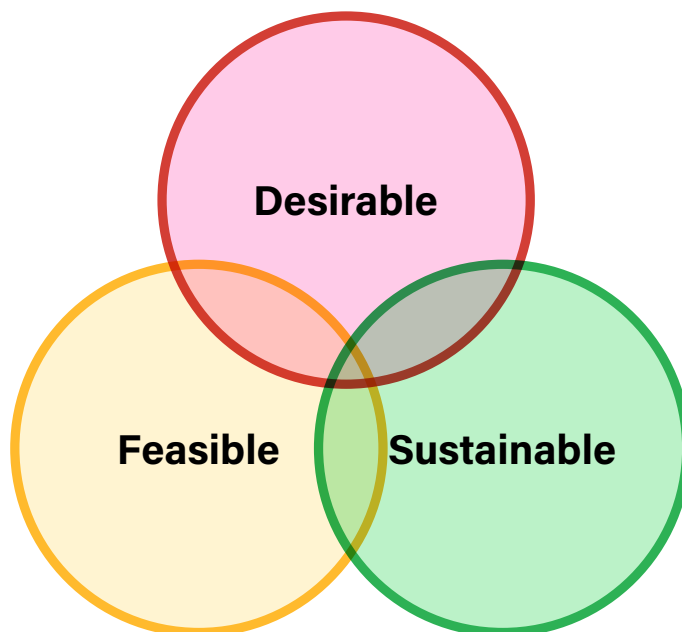
- Community leadership (this is a priority; how can you support this?)
- Environment (where the work will be done; where will the community be comfortable?)
- Materials (what ways of creating are natural to the community?)
- Language (how can you communicate the process and objectives in a way that resonates 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?
Desirable	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
Feasible	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
Sustainable	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 hackathons¹ 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.

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,

¹ 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

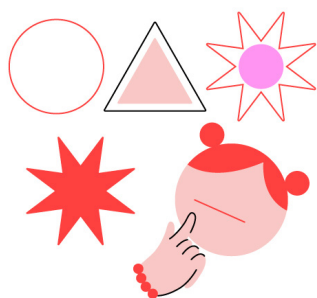
- [UNICEF HCD for Health](#) – This website includes information on the benefits of HCD and the UNICEF principles and process (as seen above), as well as a multitude of resources including field guides, worksheets, presentation kits, and facilitation and training tools. Content is available in English 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>Examples of co-design methods</p> <ul style="list-style-type: none"> Virtual or in-person co-creation workshops with a limited number of key stakeholders 	<p>Examples of co-design methods</p> <ul style="list-style-type: none"> 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
<p>Examples of prototyping methods</p> <ul style="list-style-type: none"> Low-fidelity builds of materials and tools needed to accompany a newly designed process, service, etc. Where possible, design multiple versions to test Rehearsal or staging of stakeholder engagement process or community-based approach with a limited number of representatives or leaders 	<p>Examples of prototyping methods</p> <ul style="list-style-type: none"> 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 Separately engage with different communities and marginalized groups to develop different versions of community-based approaches early on in the process
<p>Examples of testing methods</p> <ul style="list-style-type: none"> Semi-structured interviews (remote or in-person) to collect rapid feedback on design concepts from stakeholders and intended users Engagement experiments with a limited number of communities and facilities 	<p>Examples of testing methods</p> <ul style="list-style-type: none"> Live prototypes and pre-tests of ideas Semi-structured interviews and observations to gather feedback on low-to-medium-fidelity versions of interventions implemented in intended settings Iteration on ideas in the field Brief pilot/feasibility tests to collect qualitative and quantitative data on the feasibility, desirability and potential impact of interventions Community-based approaches carried out in various sample areas over a suitable period of time before reviewing the overall approach Software to measure uptake and use of designs for ICT solutions <p>Note: Ensure that both intended users and key stakeholders participate in all phases of testing</p>

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

Delivery and implementation

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

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>Examples of M&E</p> <ul style="list-style-type: none"> Secondary analysis of existing service statistics Regular quantitative data collection in small samples and/or a single location <p>Pros</p> <ul style="list-style-type: none"> High replicability <p>Cons</p> <ul style="list-style-type: none"> Less rigorous 	<p>Examples of M&E</p> <ul style="list-style-type: none"> Continuous monitoring using a mixed-methods approach – both qualitative and quantitative data analysis, as well as structured observations to track results over time Rigorous impact evaluation of interventions such as randomized controlled trials or quasi-experimental tests Impact evaluation of the intervention in multiple sites <p>Pros</p> <ul style="list-style-type: none"> The ability to assess an intervention’s impact on social and behavioural outcomes with greater confidence A deeper understanding of contextual differences in implementation <p>Cons</p> <ul style="list-style-type: none"> Time-consuming Higher initial and ongoing investment

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.