



Digital Engagement

Using technology to connect and interact with people

Introduction and definition

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

Benefits and social/ behavioural objectives

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

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

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

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

Implementation steps and checklist

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

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

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

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

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

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

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

Measurement

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

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

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

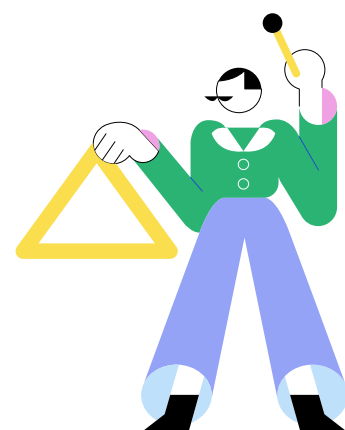
Partnerships

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

Case studies and

examples

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

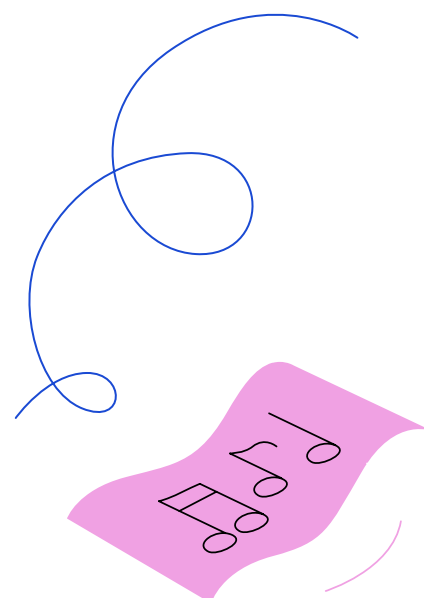


allowed for two-way communication between expecting mothers and health providers increased skilled delivery attendance by 13 percentage points.

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

Key resources

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





Social Listening

Taking the pulse of public opinion and responding to rumours

Introduction

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

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

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

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

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

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

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

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

Key definitions

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

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

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

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

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

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

Benefits

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

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

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

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

Implementation steps



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

1. Prepare

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

2. Listen

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

3. Understand

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

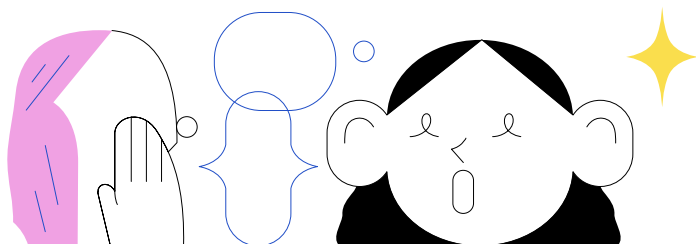
4. Engage

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

1. Prepare

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

Research methodologies for an information ecosystem analysis include:



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

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

2. Listen

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

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

High capacity and investment

Online

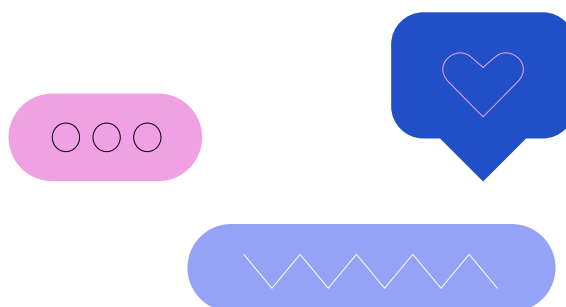
Engage with a data analytics company to apply artificial intelligence (AI), machine learning (ML) and natural language processing to track information across different social media platforms, assess trends in misinformation and disinformation and disseminate the insights among decision-makers and stakeholders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

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

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

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

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



Offline

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

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

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

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

Media monitoring agencies, where available, are a great asset for catching early signs of emerging community narratives. Where these are unavailable or cost-prohibitive, partnerships with Ministries of Information or Communication can be useful. In most countries, ministries are required to monitor local media.

→ *For example, the [Social Sciences Analytics Cell \(CASS\) in the Democratic Republic of Congo](#) is an operational team that provides rapid studies and real-time evidence to inform decision-making, strategies and interventions for public health emergencies. The CASS brings together multiple data sources in order to fully understand the underlying factors influencing an outbreak to support partners in their decision-making.*

Lower capacity and investment

Online

Assemble data analysts and researchers to conduct social listening activities that monitor online sources and dominant social media channels, download data and conduct thematic analyses. UNICEF has a global long-term agreement (LTA) with Talkwalker to produce weekly and monthly social listening reports on relevant topics. These are extremely useful when local infrastructure is unavailable. There are free and paid monitoring tools for tracking social and traditional media. The search queries should be informed by your research questions and specific to the focus community or geographic location.

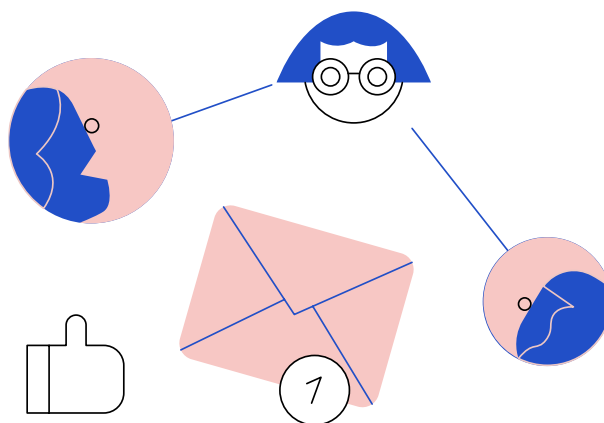
A dedicated team member should gather social listening data at regularly scheduled times, like once a day. Tools include Google Alerts, Hootsuite Insights, CrowdTangle, TweetDeck, Social Mention, Talkwalker, Meltwater, Cision, Awario and TVEyes. For more information, refer to this [guide](#) produced by ESARO.

Offline

Establish a system for people to send feedback, ask questions, express concerns and report rumours they have been exposed to offline (e.g., text-message reporting, helplines, U-Report, or IoGT).

3. Understand

At this stage, any false information detected needs to be further analysed to develop an effective response. The collected data needs to be organized in such a way that accurate, timely and actionable responses can be made.



For each piece of misinformation, you should seek to understand the:

1. **Provenance:** Is this the original content? Has it been modified or repurposed?
2. **Source:** Who created the content, account or post?
3. **Date:** When was it created? Has it been in circulation for a while? Is it new, or old and resurfacing? Why?
4. **Location:** Where was the account established or content created?
5. **Motivation:** What do we know about the motivation of the account, website or content creator?

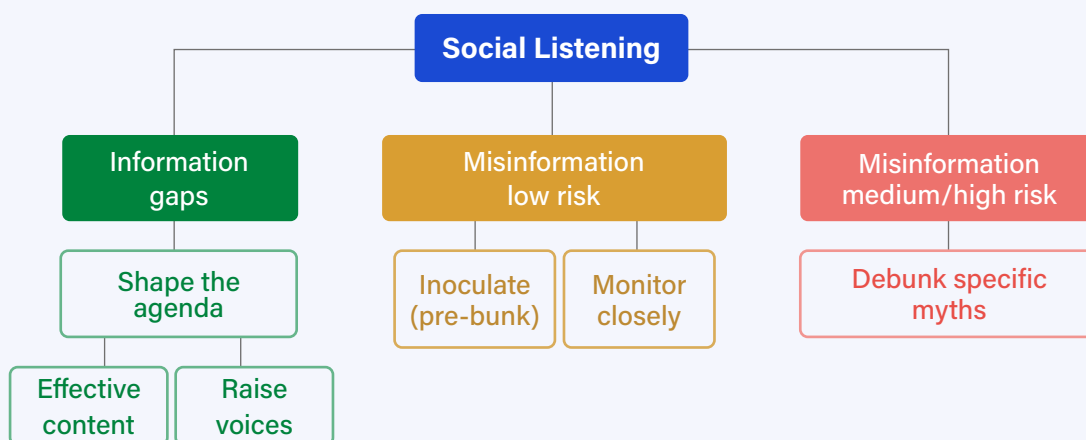
→ *The aim is to understand who is starting the rumour and have some sense of why they are spreading it.*

→ *Remember that not all misinformation is intentionally seeking to mislead or provide incorrect information. The response will depend on an assessment of the misinformations' potential damage to your programme.*

Consider the following questions:

- How widespread and influential is the rumour?
- Is it likely to spread further and escalate the situation?
- What is your capacity to respond?
- What happens if you do nothing?
- Will a response make things worse?
- Do you need additional expertise to make the assessment?

How to tackle rumors, deciding when to engage



Consideration of these factors helps you to convert Social Listening data into actionable recommendations. It is important to arrive at an objective definition for high-, medium- and low-risk rumours based on the questions above, to ensure an effective response can be implemented as soon as a rumour is categorized.

4. Engage

Always start with prevention. As with much of our work, prevention before a crisis can mitigate future challenges with misinformation management. Rumours thrive in an information vacuum. First, ensure there are trustworthy, reliable and correct information sources available for the curious and motivated to find.

Recruit trusted partners to build, maintain and connect these repositories and actively participate in online and offline conversations on the topic. This can build lasting relationships, familiarity and trust, which will contribute to a more effective rumour response strategy down the line.

Increasing media literacy and preparing people for potential rumours are proactive ways to minimise the impact of future misinformation and disinformation efforts. This can be achieved through the use of a central online hub, ideally hosted on a government website, such as that of the Ministry of Health, that provides verified information in a way that is easy to understand.

Eventually, this hub can become the primary resource for accurate information and provide additional confidence to the general public and journalists about the accuracy of shared information. This intervention requires considerable time and effort but can be a highly effective resource for misinformation prevention and response.

Categorizing the response

UNICEF's Vaccine Misinformation Management Guide gives three broad response categories to choose from based on your Social Listening findings:

1. To fill **information gaps**, classify the information and shape the narrative.
2. To address **low-risk misinformation**, begin careful monitoring or develop an inoculation strategy.
3. To address **high- and medium-risk misinformation**, directly debunk rumours.

With any response, carefully consider who is best placed to carry it out. The answer may not always be UNICEF, the government or international partners.

Credible and factual information and messengers may not be enough to overcome the public's concerns or their mistrust of official authorities. Build relationships with community leaders and social and traditional media influencers to better understand the rumours and their impact. You can also engage these players in developing an effective response.

Common responses to rumours and misinformation

- **Fill information gaps** by creating simple, understandable content. Information gaps occur when there is high demand for information about a specific topic and an inadequate supply of credible information. Where such data deficits exist, rumours,

speculation and misinformation are more likely to spread. Creating factual, verified and accessible content ensures that the need for information is met by facts.

- **Pre-bunk rumours.** The process of inoculation or 'pre-bunking' follows the biomedical analogy. Just as vaccination exposes recipients to a severely weakened dose of the virus, pre-bunking exposes audiences to a mild version of the techniques used in misinformation. By preemptively refuting rumours and misinformation, audiences can cultivate cognitive antibodies to detect and call out misinformation in the future.
- **Build media and data literacy skills.** Simply encouraging people to critically evaluate information can reduce their likelihood of consuming and sharing inaccurate information. Training or media campaigns can build skills to reduce the negative impacts of rumours.
- **Correct false, potentially harmful beliefs by debunking rumours.** While corrections may reduce one's belief in false information, a rumour can continue to influence people's thinking long after it has been refuted. On its own, a simple correction is unlikely to fully counteract the effects of misinformation.

The example framework below suggests that debunking is more likely to succeed when it includes four specific components¹:

Fact	Lead with the fact if it's clear, pithy, and sticky—make it simple, concrete, and plausible. It must "fit" with the story.
Warn about the myth	Warn beforehand that a myth is coming... mention it once only.
Explain fallacy	Explain how the myth misleads.
Fact	Finish by reinforcing the fact—multiple times if possible. Make sure it provides an alternative casual explanation.

→ *When debunking a rumour, be mindful not to single out a community or individual or bluntly refute a deeply held cultural or religious belief. Ignoring these sensitivities could vilify a community or put the trusted voices delivering these messages at risk. Effective misinformation response messaging reiterates facts without emotion and provides rationale for why the misinformation is incorrect in a way that is easy to understand.*

Measurement

QUANTITATIVE:

Use the tracking system created for Social Listening to track the patterns of rumours in the community after the intervention has been rolled out. You could also conduct a quantitative survey with a representative population (n=3,000 minimum) to assess opinions and rumours in the community before and after the intervention. A key indicator for misinformation management is the number of times and locations the same rumour has been identified. This core indicator must be part of every misinformation response activity. The same indicator can be used to measure the effectiveness of your response.

QUALITATIVE:

Conduct focus group discussions (n=6 groups of 5 participants each, at a minimum) to understand the rumours and the efficacy of the intervention in terms of increasing factual understanding and reducing the spread of the rumours.

Partnerships

Consider the following international partnerships:

- Data analytics or Social Listening tools such as Talkwalker or CrowdTangle. View [sample TORs](#) and complete the [AGORA course](#) to familiarise yourself with the platform
- Media companies, journalists, fact-checking companies and networks
- Social media platforms (Facebook, Twitter, YouTube, etc.)
- Alliances like the [African Infodemic Response Alliance \(AIRA\)](#), a group of local, regional and international partners, community leaders, volunteers, UN agencies, humanitarian organizations, civil society groups and media outlets. [Viral Facts](#) is the public-facing publishing arm of AIRA, working to translate fact-checking and misinformation literacy content into engaging and shareable social content backed by research and testing.
- A Misinformation Management Taskforce at the national level should be established in the context of a national Risk Communication and Community Engagement Working group. A dedicated taskforce is essential to respond to misinformation in an effective and timely manner. Ideally, this body brings together key partners, for example, from the national government (Ministries of Health, Information, Broadcasting, etc.), UNICEF and the WHO.
- Local partners including community networks and trusted community influencers and leaders

¹ The Debunking Handbook 2020

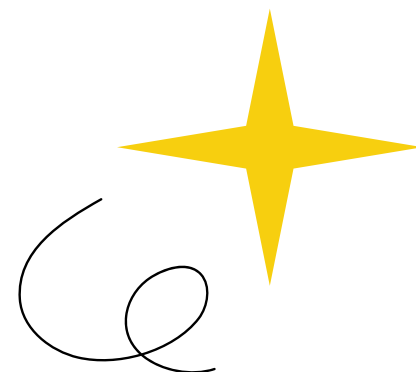
Case studies and examples

- **GLOBAL:** Stop The Spread is a global campaign to raise awareness about the risks of COVID-19 misinformation.
- **US:** Evidence suggests that part of the reason why people share false claims about COVID-19 is because they fail to think about whether the content is accurate or not. To address this, an intervention that nudges people to think about accuracy has been developed to improve choices about sharing on social media.
- **US AND INDIA:** A media literacy intervention improved discernment of false news headlines in the US by 26.5% and in India by 17.5%.
- **GLOBAL:** An inoculation intervention for climate change misinformation was effective in neutralizing adverse effects of misinformation.
- **GLOBAL:** Debunking reduces the effect of fair trade misinformation.
- **NETHERLANDS:** Using debunking in media campaigns, in conjunction with vaccine information and social norm modelling, is an effective way to combat the misinformation and distrust around vaccination in the elderly.
- **US AND INDIA:** A digital literacy intervention increases discernment between mainstream and false news.
- **AFRICA:** The African Infodemic Response Alliance/Viral Facts Africa is fighting health misinformation and information gaps by connecting a network of independent African fact-checkers with health experts to debunk myths, share fact checks and create engaging content that helps people spot and respond to health misinformation.
- **JORDAN:** Social Listening played an important role in countering the effects of the infodemic that came with the COVID-19 outbreak.
- **LIBERIA:** UNICEF worked with partners to conduct a multichannel response to combat widespread polio vaccine misinformation.

Key resources

- WHO: Managing the COVID-19 infodemic: call for action
- CDC's Rapid Community Assessment Tool and Social Listening and Monitoring Tools
- How behavioural sciences can promote truth, autonomy and democratic discourse online
- UNICEF's Misinformation Management Guide
- **Internews' Managing Misinformation in a Humanitarian Context Rumour Tracking Methodology:**
 - a. Part I: Context
 - b. Part II: Case Study
 - c. Part III: How-to Guide
- First Draft's Learning Courses
- Breakthrough ACTION's Creating a Real-Time Rumour Management System for COVID-19 and COVID-19 Rumours and Misinformation
- The Debunking Handbook 2020
- NATO Strategic Communications Centre for Excellence's Inoculation Theory and Misinformation
- CDAC Network's Rumour Has It: A Practical Guide to Working with Rumours
- HealthEnabled's Finding the Signal through the Noise landscape review and framework
- Public Data Lab's A Field Guide to Fake News and Other Information Disorders
- **Social Listening Reports**
 - a. UNICEF Social Listening report on COVID-19 Vaccines in MENA
 - b. UNICEF Social Listening report in ESA: COVID-19 and its impacts
 - c. UNICEF COVID-19 vaccine digital conversation in ESA
 - d. AIRA: COVID-19 infodemic trends in Africa

- Social Listening in Eastern and Southern Africa, a UNICEF Risk Communication and Community Engagement Strategy to address the COVID-19 infodemic
- Social Science in Humanitarian Action (SHAP): online information, mis- and disinformation in the context of COVID-19





Feedback and Accountability Systems

Improving services and governance with communities

Introduction and definition

Whether or not you are the kind of person who consistently leaves reviews or religiously reads them before deciding on dinner plans, you know that customer reviews have become an integral part of modern life. The client feedback mechanism does more than offer people useful information on where they might have an unforgettable meal. It provides transparency about services and holds service providers – whether they be chefs or shop owners or ministries – accountable to providing services that meet the needs and standards of those they are intended to serve. It also works to empower and offer choice to users and communities.

This tool offers useful tips on how to create offline and online accountability mechanisms that provide transparency and accountability from public service providers, especially those that serve the most vulnerable or respond to humanitarian crises. Fundamentally, feedback mechanisms aim to professionalize service delivery and treat communities as empowered citizens, partners or clients deserving of high quality, professional services.

Benefits and social/behavioural objectives

It would be difficult to find a strategic priority that does not involve the design of services in some way. The list below is just a sample of UNICEF priorities that can improve with community feedback:

- Educational enrolment and retention, particularly of girls
- Uptake of vaccination, maternal and child health services, or any other health services
- Birth and vital events registration
- Handwashing with soap
- Prevention of open defecation
- Exclusive breastfeeding, breastfeeding and nutritional support
- Registration/uptake of social safety net programmes

Implementation steps and checklist

Participatory approaches have long been a part of UNICEF's work, but we can sometimes forget to systematically ask for feedback or respond to it in meaningful ways. Here are a few steps, from UNICEF's [Accountability to Affected Populations Handbook](#), to keep in mind when designing and implementing your programmes.

Prepare to listen

Being accountable to affected populations means listening to and acting on feedback and complaints to ensure that programmes and responses are effective, relevant and do no harm. We need dedicated systems that allow communities to share their views and feedback safely and ensure that the information is collected, analysed and used correctly. It is critical that these mechanisms are implemented systematically. UNICEF and its partners should be open to receiving as much feedback as affected populations need to provide, through dedicated and informal mechanisms. Staff should be trained to welcome and respond to any view expressed. Feedback is an opportunity for advocacy, transparency and improvement.

It is important to note that giving and receiving feedback, particularly negative feedback, is not always common or socially acceptable in many cultures. In these cases, a feedback mechanism may be seen as artificial, imposed or inorganic. By understanding what works best for communities, we can establish appropriate mechanisms and build trust, familiarity and skills to amplify their use.

A well-functioning complaints and feedback mechanism provides insight on:

- Quality and relevance of services, projects or supplies
- Accessibility of services by affected populations
- User satisfaction
- Organizational performance, including the behaviour of staff and partners
- Responsiveness of programmes
- Types of rumours and misinformation affecting service uptake

By acting on the information provided by feedback mechanisms, we can become more accountable to affected populations. The stages for implementing an effective feedback mechanism are:

- Agree on the mechanism's key features, including protocols and channels to be used
- Establish the feedback management process
- Integrate feedback collection into regular monitoring and evaluation activities to inform programme design and implementation

Agree on key features

Establishing feedback mechanisms takes time. Below are key actions to take when developing a mechanism:

- Secure the support of leaders to ensure the mechanism is adequately resourced and promoted
- Sensitize staff so that everyone has ownership of the mechanism and understands their role
- Collaborate across sectors, to reduce duplication and confusion across different services (see [Chapter 13 in the AAP Handbook](#))
- Consult with affected populations on different features of the mechanism to make sure it is understood, accepted and trusted

- Choose communication channels that suit the socio-cultural context and preferences of the local population and consider the language(s) and communication styles (including written vs. verbal) of different groups, including children
- Consider barriers to access and how to overcome them
- Identify suitable tools for each stage of the feedback management cycle: data capture, management, analysis, visualization and reporting (see [Chapter 11 of the AAP Handbook](#))
- Develop operating guidelines and procedures for ethics, confidentiality and data handling
- Establish a robust, secure referral system for complaints related to sexual exploitation and abuse (SEA), gender-based violence (GBV) and fraud, and maintain an up-to-date list of local service providers, including services for both child and adult survivors of SEA
- Train staff in the required standard of behaviour when engaging with people
- Publicize the mechanism, so that people understand its purpose, how to access it and what to expect when they use it

Decide on communication channels

A single feedback channel cannot accommodate every group within the affected population. Use multiple communication channels, based on the population's context and preferences. It is also important to consider the availability, acceptability, trust and user-friendliness of different channels. A mixture of analogue and digital channels is recommended to increase the reach of your mechanisms. You should also consider the resource implications of the channels you use. For example, hotlines require trained staff to take calls and collect data on paper. The information is then transferred to a spreadsheet, which requires a significant time investment from volunteers.

Manage feedback and complaints

Receive and manage feedback

- Record feedback in a tool linked to a centralized database, using predefined categories (e.g., quality of services, complaints, perceptions, rumours)

- Address cases that can be dealt with immediately
- Refer those with sensitive feedback (SEA, fraud, corruption, etc.) to appropriate entities using the referral protocol and established pathways

Analyse and share data

- Clean the data to remove any corrupt or inaccurate records, as necessary
- Analyse and extract important trends from the data
- Visualize data using a real-time dashboard
- Identify issues and potential solutions
- Report the results, using visuals and a narrative for clarity
- Share the results with senior management regularly, ideally as a standing item at management meetings

Inform decision-making

- Discuss trends, issues and proposed solutions
- Agree on actions to respond to feedback, such as changing activities that are not working
- Allocate time, roles, responsibilities and timescales to ensure corrective actions take place in the short term
- Use the results to inform the next planning cycle
- Use the results as evidence in discussions with donors, governments and other stakeholders

Take action and close the loop

- Track how feedback has been addressed, including through referrals
- Track how programmes are adapted in response to feedback
- Communicate the actions taken to affected populations
- Evaluate the complaints and feedback mechanism, to ensure it accurately represents the target population and that all actions taken in response to feedback are appropriate

Establish protocols

Affected populations are likely to use the same channel to provide feedback and complaints. Therefore, a mechanism that is confidential, reliable and trusted is critical to ensure that complaints, particularly those

related to SEA or other sensitive matters, are addressed quickly. Mechanisms unable to address such complaints must be upgraded. Any feedback given by an affected person, whether it be positive, negative or neutral, should be listened to and acted upon. Complaints that express unhappiness, dissatisfaction and concern about something or someone, should be given particular attention.

Manage referral pathways

Feedback related to UNICEF can be handled directly by the relevant sector. In cases where feedback relates to the work of other agencies, there are robust referral systems between different sectors, organizations and governments to ensure nothing is overlooked. If you receive feedback that does not relate to programmes run directly by UNICEF, it is still important to listen to the person providing the feedback and close the feedback loop.

Be transparent and honest when a referral is not possible. Acknowledge the person's feedback and explain why it cannot be resolved at this time. While some feedback cannot be addressed directly, we can advocate for a solution from other partners or governments.

Protect personal data

Organizations with responsibility for handling personal data must ensure the safety and privacy of every person that provides feedback. The following steps help to ensure their security:

- Assign a trained and qualified data protection focal point, responsible for implementing, monitoring and evaluating data protection measures
- Conduct a privacy impact assessment to identify and minimize data protection risks
- Develop risk mitigation strategies
- Establish formal data protection agreements with partners and third parties
- Train staff and partners on data protection
- Raise awareness among affected populations on their rights in relation to personal data and informed consent
- Assign categories of consent to the different types of data collected, especially any data that requires a referral, to ensure that the most sensitive data is protected

Measurement

Where should you focus your monitoring efforts? Do you measure whether your programme has been effective and appreciated by the community? Or do you measure the success of your feedback systems?

The answer is both. According to UNICEF's Accountability to Affected Populations Handbook, you should be measuring:

1. The impact of your SBC interventions, as part of your overall programme's monitoring systems
2. Levels of community participation, feedback and transparency with respect to how the programme is delivered to ensure accountability to community standards

Specific things to measure about your feedback system include:

- Do people know about the service offered?
- Do people know how to provide feedback?
- Are feedback systems meeting response times?
- Were people consulted at the start of the programme?
- Do people feel they can participate in programme decisions?
- Are issues raised in community meetings documented and acted upon?

In order to measure programme and feedback efficacy, you will need a mix of formal monitoring data, informal feedback gathered through community meetings and discussions with community members or other stakeholders and comments posted on digital platforms like social media. Remember that the whole programme team is responsible for acting on monitoring and feedback data.

Partnerships

Consider recruiting community, digital, telecom and design partners to help you design feedback systems and loops. For example, CSOs, NGOs and volunteer groups like IFRC or National Societies collect offline feedback from communities formally and informally throughout a project cycle. Digital companies like Facebook or telecom companies like Vodafone and Orange can help you reach target groups with important questions. Human-centred design partners can help you design engaging processes that seek out and incorporate user feedback each step of the way.

Case studies and examples

LEBANON: [Feedback for education in emergencies](#)

UNICEF Lebanon developed a complaints and feedback mechanism for education in emergencies. A call centre staffed by UNICEF was supported by a hotline team of trained education partners able to respond to complicated cases promptly. An online portal and dashboard were established for real-time monitoring of different indicators. Feedback categories specific to girls and women provided data to address the low enrolment of girls and parental attitudes towards education. After implementing an intervention to improve enrolment rates, monitoring indicated a 40% increase in demand for education among the targeted communities. Feedback analysis became a key tool for senior managers to advocate for further educational resources, which led to funding for the call centre's work plan for the upcoming year. During the second phase, ownership of the complaints and feedback mechanism was transferred to the Ministry of Education.

SINGAPORE: [Feedback to improve an established service](#)

The Work Pass Division (WPD) processes work permits for foreign workers, who make up about 40% of the workforce. In order to address low customer satisfaction, the WPD teamed up with IDEO to unpack and restructure the customer experience. After changing how staff communicate with clients across the board, customer satisfaction ratings increased to 5.7/6. Additionally, the centre was able to process over 95% of visitors within 15 minutes. WPD concluded that improving the experience can also improve efficiency. Combining business process re-engineering and design thinking has made WPD a world leader in efficiency and customer experience.

SINGAPORE: [Feedback to shape changing community needs](#)

Over the next 15 years, Singapore plans to double its rail network and open over 100 new stations. Existing stations were designed with technical constraints as a starting point: What's the available land size? How many fire exits are required? This time, the engineering team asked a different question: How do you imagine a different future, using design? They learned that the stations needed to respond to community needs. Their designs included childcare centres, bike parking, spaces for community collaboration and more. This exploration led to key design archetypes for future stations that will guide the design process.

INDIA: [Using multi-component interventions including increased accountability from school communities to improve health and wellbeing](#)

A cluster-randomised trial in Bihar state, India, explored how promoting quality school social environments could offer a scalable opportunity to improve adolescent health and wellbeing. The study found that engaging the school community (i.e., adolescents, teachers, and parents) in school-level decision-making processes; promoting social skills among adolescents; providing access to factual knowledge about health and risk behaviours to the school community; and enhancing problem-solving skills among adolescents, had substantial beneficial effects on school climate and health-related outcomes when delivered by lay counsellors.

NIGERIA: [Adapting community conversations to promote more meaningful participatory interventions for child health in Nigeria](#)

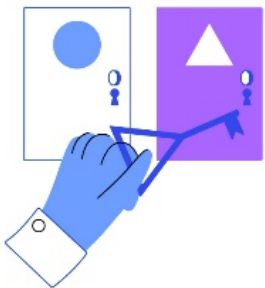
Formative research for a cluster randomised control trial in Jigawa State used 36 community conversations to generate debate and discussion around key social and relational processes that would influence the success of participatory groups and action around child health. The conversations gave communities the opportunity to explore and shape the pillars of the intervention. Researchers explained how the process will likely increase the sustainability of the intervention as it ensures local relevance to community groups prior to roll out and evaluation. The study found the need to increase the ownership that target communities have, not only over outcomes, but also process, to reduce the impact of tokenistic participation.

PAKISTAN: [Using community engagement to build accountability of religious leaders during COVID-19 in Pakistan](#)

Religious institutions and leaders who are trusted sources of information play a key role in promoting voluntary compliance with public health measures in the context of a health emergency. With an eye to investigating how communication from religious leaders may influence pro-social public health behaviour, an RCT in Pakistan measured the impact of one-on-one engagement with local religious leadership on the compliance of protocols (e.g., mask wearing) at their mosque. The study found that persuasive scripts can be used to increase accountability of these leaders, with those imams who received the persuasion scripts being 25% more likely to advise their congregants to wear a mask to prayers.

Key resources

- [A Red Cross Red Crescent Guide to Community Engagement and Accountability \(CEA\)](#)
- [UNICEF: Accountability to Affected Populations Handbook](#)
- [Designing for Public Service](#)
- [A Design Solution for Designing Better Customer Feedback: A blog post explaining why people may not respond to well-intentioned requests for feedback](#)
- [Designing Great Feedback Loops: An article discussing how to influence behaviour through well-crafted feedback loops.](#)



Behavioural Insights

Applying and testing solutions inspired by behavioural science

Introduction and definition

Applying evidence and methods from the behavioural sciences is critical to understanding and addressing the cognitive, social and environmental drivers of behaviours.

Using approaches from the behavioural sciences will help you develop focused and cost-effective behaviour change interventions. This tool explores how Behavioural Insights (BI), which describes the methods and insights derived from the behavioural sciences, can be applied to the design and testing of behaviourally informed solutions.

Objectives

Design evidence-based and contextually-relevant interventions informed by evidence from the social and behavioural sciences, which contribute to measurable behaviour change. Such interventions may boost intention by leveraging innate biases in judgement and decision-making, or help overcome intention-action gaps by reducing logistical and psychological friction in policies, processes and services.

Test solutions or interventions (also known as prototypes) to get a sense of a solution's potential impact and understand how it can be improved.

Biases and tactics commonly leveraged in BI approaches

The biases that affect the way people think can help explain why people make unexpected or undesirable choices. Understanding how and why people make judgements and choices allows us to design behavioural change interventions with greater impact.

A few common cognitive biases (of many!)

Loss aversion:

Losses feel more painful than equivalent gains. People are more motivated by the prospect of losing something than the opportunity to gain something.

Present bias:

When making a decision, people care more about immediate costs/benefits than future costs/benefits. For example, even if getting up early to exercise has long-term benefits, people tend to focus on the short-term cost of losing an hour of sleep.

Confirmation bias:

People are more likely to pay attention to information that confirms their pre-existing beliefs. For example a person who is against getting vaccinated is more likely to pay attention to information about rare, negative side effects of vaccines than to evidence on the benefits of vaccination.

Information avoidance ('ostriching'):

People tend to avoid seeking out important information when they expect it to be unpleasant, even when the process of acquiring it is free and simple. For example, people avoid free HIV testing out of fear of receiving positive results. People will avoid checking their bank account balance or stepping on the scale when they feel they won't like the number they see.

Hot-cold empathy gap:

When in a 'cold' state (e.g., when we are calm, happy, or satisfied), people often fail to predict how they will act in a visceral or 'hot' state (e.g., when we are hungry, tired, stressed, or sexually aroused). For example, people keep unhealthy snacks at home because they assume they will have the willpower to eat them sparingly. However, people often fail to consider that when they get tired, hungry or stressed, they are likely to reach for the convenient, unhealthy snack.

Restraint bias:

People have overconfidence in their self-control (particularly in a 'hot' state). For example, adolescents may avoid using modern contraceptives because they are overconfident in their ability to stay abstinent.

A few common behavioural tactics (of many!)

Once we understand certain biases, we can design interventions that take them into account. Here are some tactics that can be included in behaviourally-informed interventions:

Commitment devices:

Asking people to publicly pre-commit to a given action when they are most motivated to do so in order to encourage them to complete a specific behaviour. Commitment devices can help overcome procrastination and hot-cold empathy gaps. For example, by allowing farmers to restrict access to their accounts, [commitment-based savings accounts in Malawi](#) increased farm profits by \$133 in a single year.

Social comparison and benchmarking:

Showing people how their behaviour compares to that of their peers in order to motivate behaviour change. For example, [sending the residents of Belen, Costa Rica a social comparison notice](#) that compared their water usage to that of their neighbour's and helping them create a plan for how to use less water, decreased monthly water consumption by 4.5%.

Reminders:

Providing timely reminders to engage in a behaviour when people are able to complete it. For example, weekly SMS reminders sent to HIV patients in rural Kenya increased adherence to antiretroviral therapy (ART) by 13 percentage points.

Implementation intentions:

Encouraging people develop a specific plan for how they will complete an action that includes plans to overcome possible barriers that may arise ('if x, then y'). For example, redesigning savings programmes in the Philippines to include a printed savings plan increased savings balances by 37%.

Defaults:

Making the intended choice the standard for people to opt out of rather than opting into. For example, a mobile phone savings programme in Afghanistan that allowed people to automatically deposit a portion of their paycheck into a savings account increased savings rates by 40 percentage points.

Feedback:

Providing people with immediate feedback upon completion of a behaviour in order to make benefits/costs more salient. For example, playing a short game on HIV risks and receiving immediate feedback on correct versus incorrect answers reduced incorrect estimations of HIV risk among young people in South Africa by 28 percentage points.

Framing:

Presenting information in a manner that harnesses biases to shape decision-making (e.g., leveraging loss aversion to prompt people to consider the costs of inaction). For example, sending behaviourally informed text messages to parents in Uruguay about the potential losses children experience when they miss school, increased attendance by an average of 1.5 days per child during a 13-week intervention.

How do you apply and test solutions inspired by behavioural science?

Define behavioural outcomes

1. **Define the problem** you are trying to solve.: What and whose behaviour do you want to change? How can it be measured?

Collect behavioural insights

2. **Map every step** a person takes to make a decision and follow through on it.
3. **Hypothesize** where and how the context might impede or enable decision-making and behaviours, using an understanding of cognitive biases to This step will help you develop a rigorous qualitative research plan.
4. **Conduct in-depth qualitative research** and analyse observations to determine how the context influences behaviour. Keep in mind that people are not always consciously aware of what drives or impedes their behaviour. When possible, supplement observations and community insights with other methodologies to uncover factors that may be unconsciously influencing behaviour.
5. **Translate the data into usable insights.** Look for patterns and trends in the behaviour and assess whether data supports, contradicts or supplements your hypotheses.
6. **Translate the insights into user journeys or behavioural maps.** Outline the journey one takes to complete a behaviour, and how the context influences their decision-making at each step. This will help you identify potential touchpoints to design solutions for. Behavioural frameworks, such as the behavioural drivers model, can help you organize your insights.

Design behaviourally-informed solutions

7. **Co-design solutions** with end users to address behavioural barriers. Your solutions should make healthy behaviours easier and creating moments of contemplation before automatic, unhealthy actions. Specific behavioural techniques can be mapped to specific barriers. The Behavioural Change Wheel (Michie et al., 2011) identifies a number of behavioural change techniques that correspond to barriers identified through behavioural insights.
8. **Iterate on designs** based on feedback from users (e.g., clients, healthcare workers, or family members). Each iteration should feature a small, precise change. Test each solution with your intended users to see what resonates with them most.

Test, implement, learn and scale

9. **Test the impact** of your interventions in stages. Start with a feasibility test or pilot to understand the feasibility, acceptability and potential impact of designs.
10. **Iterate on designs** based on what you learn then conduct an experimental or quasi-experimental impact evaluation, using the most rigorous evaluation method available. When possible, conduct a randomized controlled trial (RCT). RCTs are the best way to find out what works.
11. **Continue to monitor** the implementation process after the intervention has been scaled up to systematically identify challenges.



Things to keep in mind

- **Change the context, not the person:**
Removing innate cognitive biases is impossible. Behaviourally-informed solutions should not attempt to overcome these biases but rather work with them to make it easy for people to follow through on their intentions.
- **Check your assumptions:**
Observe how people actually behave, not how you think they should behave. Designs should be rooted in evidence and insights.
- **Identify unconscious drivers:**
We are not always fully aware of what influences our choices and often fail to predict our future behaviour. Do not rely solely on self-reports of behavioural drivers. Supplement observations and self-reports with insights from the literature and other methods that can uncover unconscious drivers.
- **Iterate, iterate, iterate:**
Do not expect to get things right the first time. Revise hypotheses based on evidence and revise interventions based on feedback. Be sure to test different versions of designs.
- **Design for real people, not perfect people:**
Do not assume people will use something just because it is helpful. You should aim to make it as easy as possible for people to take their intended action.
- **Small changes can have a big impact:**
Test whether simple, low-cost solutions can have an outsized impact.
- **Get the evidence:**
Always test the feasibility and potential impact of solutions before scaling it up.

Measurement

Research type	Purpose	Methods
Formative research	Understand how context and the brain influence decision-making and behaviours, to identify barriers to overcome and opportunities to leverage.	Qualitative: Literature reviews, qualitative in-depth interviews, focus group discussions, vignettes, journaling and daily activity charts, card-sort activities, structured and unstructured observations, journey mapping, experience mapping, and ethnographic studies Quantitative: surveys coupled with multivariable analyses specifically designed to quantify the degree to which various factors influence choice or preference
User testing / prototyping	Observe how designs work within a given context and iterate on ideas based on user feedback.	Interviews and live user testing
Pilot / feasibility testing	Assess the feasibility, acceptability and potential impact of designs.	Structured questionnaires, structured observations
Impact evaluation	Rigorously measure changes in behaviour associated with exposure to the intervention for each subgroup	RCTs, quasi-experimental methods.
Continued learning and implementation research	Continuously monitor the implementation process to identify gaps and understand challenges with scaling and adapting to real-life settings.	Structured observations, surveys, qualitative interviews, quantitative and qualitative feedback systems.

When to use Behavioural Insights

In some cases, you may find that other tools in the Social and Behaviour Change toolbox may be more helpful than taking a BI approach. Here are questions to help you determine whether applying BI is a good fit for your situation:

Question	Yes	No	More info
1. Is the behaviour nudge-able?	<input type="radio"/>	<input type="radio"/>	+
2. Is the behaviour measurable?	<input type="radio"/>	<input type="radio"/>	+
3. Is there a large enough sample size?	<input type="radio"/>	<input type="radio"/>	+
4. Is the intervention scalable?	<input type="radio"/>	<input type="radio"/>	+
5. Is the pilot affordable?	<input type="radio"/>	<input type="radio"/>	+
6. Does the intervention have a reasonable chance for success?	<input type="radio"/>	<input type="radio"/>	+
7. Does the project address an organizational priority?	<input type="radio"/>	<input type="radio"/>	+

Key resources

Frameworks and approaches

- UNICEF’s [Applied Behavioural Science White Paper](#)
- Michie et. al’s [COM-B: Capability, Opportunity, Motivation](#)
- Behavioural Insight Team’s [MINDSPACE](#)
- Behavioural Insight Team’s [EAST Framework](#)
- [Friction and Fuel Framework](#)

How-to guides

- The OECD’s [BASIC Toolkit](#)
- BEAR’s [A Practitioner’s Guide to Nudging](#)
- [The Little Jab Book](#) for COVID-19 Vaccination
- The Surgo Foundation’s [The CUBES Toolkit](#)
- [The Behaviour Works Method](#)
- Test, Learn, Adapt: Developing Public Policy with Randomised Controlled Trials

Ethical considerations

- [Ethical Considerations When Applying Behavioural Science in Projects Focused on Children](#)
- FORGOOD Framework for Ethical Considerations When Nudging Behaviour

Further learning:

- UNICEF’s [Introduction to Behavioural Insights e-learning Course](#)
- The Behavioural Insights Research and Design (BIRD) Laboratory



Social Norms

Understanding, leveraging and addressing unwritten rules

Introduction and definition

Social norms are the perceived, informal and mostly unwritten rules that define acceptable and appropriate actions within a group or community.

Social norms are situated at the intersection between behaviour, beliefs and expectations. They encompass our own actions and our beliefs around what others do, approve of and expect of us.

A social norm exists when we do something because we believe that other community members or people like us do it. In this case, our behaviour is being driven by our desire to conform to the behaviour of others. This is known as a descriptive norm, or an empirical expectation. The group of people we model our behaviour to match is referred to as our reference group.

A social norm also exists when we do something because we believe that those who matter to us approve of it. In this case, our behaviour is being driven by our desire to conform to what we think others value or expect of us. This is known as an injunctive norm or a normative expectation.

In both cases, our actions are being influenced by how we think others will respond to our performance of a certain behaviour (or not). These expectations are known as outcome expectancies and can be positive (rewards) or negative (sanctions).

Why do social norms matter?

Social norms influence individual, community and institutional behaviours, which can have beneficial or harmful consequences for people's well-being. They are embedded in society and can dictate how a social order is produced and maintained. Social norms help communities function, binding them together and promoting collective behaviours. But in some cases, the social order and community behaviours being maintained may be harmful and reinforce unjust power dynamics, furthering discrimination and social and gender inequities.

By understanding social norms and how they influence behaviour, we can design Social and Behaviour Change interventions that go beyond individual activities to spark collective change. Uprooting harmful social norms and promoting positive norms increases the likelihood of lasting, positive change.

Benefits and social/behavioural objectives

Not all behaviours are driven by social norms. People may engage in unhealthy or harmful behaviours for a variety of reasons, including lack of knowledge, low risk perceptions, lack of access, personal or religious beliefs and emotions associated with the behaviour. These factors are not social norms, because they exist independently of what others think or do. Before designing an intervention, you should study the behaviour in question and its determinants to establish whether norms are at play.

If you have established that your target behaviour is driven by a social norm, SBC can help you to:

→ *The examples provided above are illustrative and are by no means the only approaches available to you. There are many different ways to achieve desired behavioural outcomes. Many of the examples are applicable to more than one social/behavioural outcome in this table.*

Social/behavioural outcomes	Example approaches
<p>Shift perceptions of what others do. This is relevant when people engage in a behaviour primarily because they think that others like them do so (a descriptive norm).</p>	<ul style="list-style-type: none"> • Show affected communities that peers and other people similar to them do not practise the behaviour in question, and explain why and what they do instead. • Share stories of people engaging in alternative behaviours, using a range of communication activities. • Provide opportunities for people to experiment with alternative behaviours.
<p>Shift perceptions about sanctions and rewards associated with participating in certain behaviours. This is relevant when people fear social sanctions if they do not conform (an injunctive norm)</p>	<ul style="list-style-type: none"> • Promote positive deviance to shift beliefs about what behaviours are socially rewarded or sanctioned. • Engage influential leaders, elders and key members of the affected group to show their support for those who do not conform to the norm. • Create dialogue groups for different members of the community to share and challenge their beliefs around sanctions and rewards associated with the behaviour.
<p>Support the diffusion of new positive norms. They should be visible and acceptable to the wider community to enable sustained, community-wide social and behaviour change</p>	<ul style="list-style-type: none"> • Engage with a strategically selected core group of positive deviants to introduce, model and diffuse new positive norms throughout the community. • Embed the new norm in compatible prevailing cultural values. • Showcase the benefits of engaging in the new behaviour through testimonials, interpersonal communication between positive deviants and their peers, local interviews and other channels.
<p>Amplify existing positive norms or introduce new ones.</p>	<ul style="list-style-type: none"> • Work with community leaders to identify and promote existing, positive norms that can replace harmful ones. For example, amplifying existing norms around nurturing, caring parents can counter norms of separating children from families suffering economic hardship.

Social/behavioural outcomes	Example approaches
Shift the attitudes of a core group to become agents of change.	<ul style="list-style-type: none"> Identify a core group of early adopters within the community and explore their beliefs and what has led to their adoption of your target behaviour. In communities where the behaviour has not been adopted, this group can consist of people who are more likely to change their attitudes around the target behaviour. Introduce tools and skills to support community members in adopting a new behaviour and resist conforming prevailing norms. Support early adopters in becoming champions of change, to discuss the norm and their new behaviours with others and showcase how this change has improved their wellbeing.
In cases of pluralistic ignorance, dismantle harmful social norms by showing that most people in the group hold the same personal attitude.	<ul style="list-style-type: none"> Provide opportunities for community members to share their beliefs and practices related to a given norm, and dismantle beliefs that most people engage in a certain behaviour (a descriptive norm). Community dialogue, declaration events, radio/television interviews, panel discussions and media campaigns are some ways to help individuals realise that their perceptions around community behaviour are incorrect.

Characteristics of successful norms-shifting interventions

According to *Theory and Practice of Social Norms Interventions: Eight Common Pitfalls*, effective social norm interventions do one or more of the following:

- Determine if norms are actually supporting and influencing the behaviour.** Social norms may be the behavioural rules, but they are not always the behaviour. Therefore, norms-shifting interventions should identify the specific norms that need to be addressed in order to achieve the desired behaviour change. For guidance on identifying relevant norms, visit the [Social Norms Exploration Tool \(SNET\)](#) and [Module 1 of the Getting Practical Tool](#).
- Uncover the relationship between attitudes and social norms.** Are community attitudes consistent with the norms? Determine whether most people are actually in favour of the norm and the desired behaviour.
- Identify and engage with reference groups.** Talk to community members to figure out whom they model their behaviour after and whose opinion matters most to them.
- Seek community-level change.** Norms-shifting interventions articulate community-level outcomes rather than changes to perceptions and attitudes at the individual level. Community-level change requires visibility of the new behaviour's social acceptance, public support for the new norm, and local services that support it (e.g., availability of adolescent-friendly services when trying to shift norms around the sexual and reproductive health of young people).
- Emphasize existing positive norms and practices. Norms are dynamic.** There are positive deviants and early adopters in every community or reference group. You should identify them and provide them with the space, information, tools and visibility to influence others. This increases the number of people discontinuing the norm which works towards community-level change.
- Use trusted, credible sources to promote new behaviours and existing, positive ones.** This is critical to building support for alternative norms and behaviours.
- Engage with multiple stakeholders at every level of the socio-ecological model.** Look at how norms influence individual choices and behaviours. Explore the norms at play within families, friend groups, communities, service providers, institutions and legal or policy frameworks.
- Engage communities as active participants in promoting critical reflection on existing and new norms.** These reflections should be creative, dynamic and engaging, and always occur within safe environments.
- Root the issue and any new norms in the community's value system and culture.** Leveraging community values and cultural elements are powerful ways to shift attitudes and increase the acceptance of a new norm.

- **Promote positive norms within a core group to facilitate their diffusion.** Identify positive deviants and early adopters to support in becoming agents of change. Give them the skills to engage with and influence others in their community to abandon harmful norms or adopt new ones. Ultimately, the community will reach a tipping point whereby a critical mass of people redefines dominant norms and changes collective behaviour.
- **Address power imbalances in cases where practices stem from inequities.** When behaviours are rooted in gender inequality, you should understand the gender norms at play and the power dynamics between men and women and boys and girls within the community. Use two-way engagement to discuss, challenge and explore gender norms throughout the intervention or approach.

Above all, norms-shifting interventions should never:

- Assume that social norms are the sole driver of a harmful practice, but rather try to uncover other determinants across the socio-ecological model.
- Focus on or highlight the negative behaviour, for example by publicizing statistics of how many women experience intimate partner violence, as this may unintentionally normalize the behaviour and further reinforce the norm.
- Impose ideas from the outside or in a top-down manner.

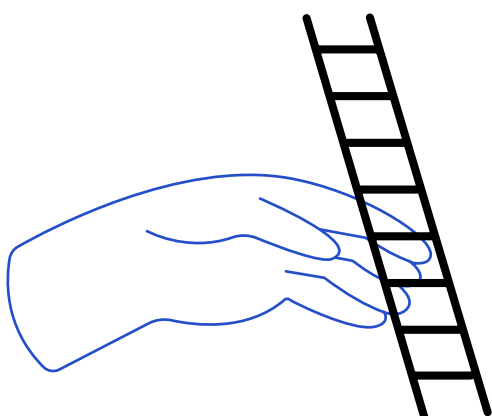
Measurement

Shifts in social norms can be tracked by measuring changes in the following areas:

1. **Perceived prevalence of a norm, or how common or pervasive a norm is (i.e., descriptive norms)**
 - a. How many people (within a given age group) in your community engage in behaviour X?
 - b. How many people do you personally know who have chosen not to engage in behaviour X?
2. **Perceived expectations to conform to the norm (i.e., injunctive norms)**
 - a. Do you think your immediate family expects you to continue or abandon practice X?
 - b. Do you think your friends and peers expect you to continue or abandon practice X?
3. **Perceived social support or backlash (positive and negative outcome expectancies) for behaving outside a norm, and by whom (i.e., outcome expectancies)**
 - a. In your opinion, what are the social sanctions (punishments) associated with abandoning practice X?
 - b. In your opinion, what are the social benefits (rewards) associated with abandoning practice X?
 - c. How likely are you to be sanctioned by others if you decided to abandon practice X?
4. **Possible disagreement about a norm**
 - a. Think about the last five years. Do you think the number of people (specify population) in your community who engage in practice X is now far fewer, somewhat fewer, about the same, a bit more, or far more than five years ago?
 - b. Think about five years from now. Do you think the number of people (specify population) in your community who engage in behaviour X will be far fewer, somewhat fewer, about the same, a bit more, or far more than now?

Social norms are typically just one of several factors influencing behaviour. Interventions should seek to monitor other drivers such as knowledge, attitudes, risk perception and self-efficacy. However, it is always important to explore the role that social norms play in driving a given behaviour, as well as what social networks and reference groups exist, as these will be key to defining your SBC intervention.

Efforts should be made to conduct rapid assessments, even when resources are scarce.



There are several stages of measuring social norms, including:

Stage	Purpose	Methods
Formative research	Identify possible social norms, sanctions, reference groups and social networks. Determine the prevalence of the behaviour and who practises it. Determine drivers of the behaviour to assess the extent to which social norms influence it.	Literature review, informal discussions with community, qualitative in-depth interviews, focus group discussions (FGDs), observations, and interviews or surveys with programme staff, local leaders and gatekeepers.
Baseline	<p>Measure prevalence of the norm and beliefs about:</p> <ul style="list-style-type: none"> Who and how many engage in the behaviour (descriptive norms), Rewards and sanctions associated with engaging or not engaging in the behaviour (outcome expectancies) Expectations to engage in the behaviour and by whom (injunctive norms and reference groups). Attitudes towards the behaviour and the relationship between attitudes and norms 	Quantitative surveys, qualitative interviews, vignettes in FGDs.
Monitoring	<p>Observe signs of norm change by tracking:</p> <ul style="list-style-type: none"> Beliefs about the prevalence of the behaviour (descriptive norms) Sanctions and rewards (outcome expectancies) Beliefs about being expected to conform to the norm and by whom (injunctive norms and reference groups) Reported, perceived and observed backlash for not conforming to the norm or engaging in the behaviour (outcome expectancies) 	Activity monitoring, observations, focus group discussions, surveys.
Endline	Track changes in social norms (descriptive norms, injunctive norms, outcome expectancies) in relation to changes in behaviours and attitudes.	Quantitative surveys, qualitative interviews, vignettes in FGDs

Partnerships

To support social norm interventions, partnerships should be considered across the socio-ecological model, from the household level all the way to the policy and social levels.

Potential partners include household members, local leaders (religious, traditional, official), service providers (health, education, justice), local groups and local organizations (including faith-based and community-based organizations), institutions, policy-makers and the media (local, national, digital).

Make sure that your partners are relevant to the context. Take time to get to know your communities and uncover their reference groups and social networks, to determine how best to reach them.

Work with communities to define partnerships across the socio-ecological model, to ensure that you are working within the cultural space that resonates with the affected population.

Case studies and examples

- **INDIA:** A cluster randomized trial in Odisha found that a social norms-based approach may help promote iron and folic acid consumption, through changes in descriptive norms (people's perceptions about how many other people take iron and folic acid) and injunctive norms (social pressures people feel to take iron and folic acid) and collective norms (actual levels of iron and folic acid consumption).
- **NEPAL:** An evaluation of the Change Starts at Home program found that community-based dialogues and trainings are effective in facilitating social norms change, by participants being effectively empowered to share their new knowledge with others in their networks.
- **UGANDA AND RWANDA:** Small group discussions improve the share of household chores between men and women, communication about sexual relationships and contraception, and young girls' perceptions of their ability to participate in daily life decisions.
- **MOZAMBIQUE:** Community dialogue changes norms around child marriage.
- **ERITREA:** Community engagement is used to end female genital mutilation (FGM).
- **SUDAN:** The Saleema Initiative creates a new positive social norm around remaining uncut, thereby reducing the norm of female genital cutting.
- **SENEGAL:** The Grandmother Project leverages the strong cultural value of grandmothers to create positive norms around the holistic development of young women and girls.

Key resources

General resources

- [Defining social norms and related concepts](#)
- [The Social Norms Atlas](#)
- [The Challenge Paper](#)
- [Agora Course on Social Norms and Social Change](#)

Social norms change theory

- [Using Social Norms Theory for Health Promotion in Low-Income Countries](#)
- [A Critical Appraisal of the Social Norms Approach as an Interventional Strategy for Health-Related Behavior and Attitude Change](#)

- [The Social Norms Learning Collaboratives' Social Norms Background Reader](#)

Moving from theory to application

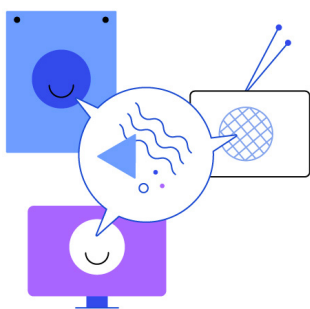
- [Mapping the Social-Norms Literature](#)
- [Theory and Practice of Social Norms Interventions: Eight common pitfalls](#)
- [Social Norms and Child Marriage in Cameroon: An application of the theory of normative spectrum](#)
- [Institute for Reproductive Health's Social Norms and AYSRH: Building a bridge from theory to program design](#)
- [CARE International's Applying Theory to Practice: CARE's journey piloting social norms measures for gender programming](#)
- [The Getting Practical toolkit](#)
- [Shifting social norms to tackle violence against women and girls](#)

How-To Guides

- Institute for Reproductive Health's [Social Norms Exploration Tool \(SNET\)](#)
- UNICEF's [Everybody Wants to Belong: A Practical Guide to Tackling and Leveraging Social Norms in Behaviour Change Programming](#)
- UNHCR's [Changing the Culture by Changing Norms](#)

Measurement

- UNICEF's [The ACT Framework Package: Measuring social norms around FGM](#)
- The Social Norms Learning Collaborative's [Monitoring Shifts in Social Norms: A Guidance Note for Program Implementers](#)
- [Participatory Research Toolkit for Social Norms Measurement](#)
- [Measuring Gender and Social Norms](#)
- [Measuring Social and Behavioural Drivers of Child Protection Issues](#)
- [Resources for Measuring Social Norms: A Practical Guide for Program Implementers](#)
- [Quantitative Measurement of Gendered Social Norms](#)



Campaigning

Designing impactful multi-channel communication plans

Introduction and definition

Whether you aim to inspire broader social change or individual behaviour change, communication approaches can help promote changes in knowledge, attitudes, norms, beliefs and behaviours. Such approaches are known as communication campaigns. Successful campaigns reach a spectrum of individuals and groups in a society, through a variety of channels.

A multi-channel communication campaign does not simply communicate one-way messages through a mix of channels and activities. It is a coordinated effort to encourage participation and engagement. It seeks to support and persuade the priority group to adopt, maintain, modify, abandon or accept attitudes, perceptions or behaviours that are beneficial to the individual or a larger social group.

UNICEF has a long history of successful campaigning. Recent global examples include advocating for vaccines for all, fighting against cyberbullying and promoting the reopening of schools during the Covid-19 pandemic. Campaigns like these help raise awareness about issues, lobby decision-makers for change, encourage public activism and promote positive change.

Not all communications efforts are campaigns. There will also be times when strategic communication will be a necessary part of your broader Social and Behaviour Change strategy. Raising awareness, encouraging an enabling policy environment and using multiple mass media channels to promote or reinforce large-scale change can bolster other elements of your work.

Whether you are conducting a campaign or using strategic communication as part of a broader SBC strategy, it is essential to coordinate with communication and advocacy teams. Coordination can help in identifying mutually reinforcing tactics, engaging the campaign's intended audience and determining the best way to partner with stakeholders.

All campaigns, regardless of scale and purpose, draw from a suite of communication tactics to address various challenges at national, sub-national and community levels. Generally, this includes face-to-face (events, meetings, trainings, social mobilization), earned media (any TV, radio, print and social media coverage that has not been paid for), owned media (blogs, websites, events and other channels we control), shared media (social media designed to encourage engagement) and paid media (advertising).

→ *Whatever mix of channels and tactics you decide on, keep in mind that the most impactful communication campaigns draw on multiple disciplines and channels to influence behaviour.*

Though it may include mass media and advertising, an effective campaign approach tackles much more than promotion. Successful campaigns help unpack the following questions: How easy is it to perform the behaviour? How can barriers be removed? What behaviour, service or product does the campaign focus on? What is the setting for change?

Benefits and social/behavioural objectives

Though they are rarely enough on their own, communication campaigns are always a valuable addition to a SBC plan due to their ability to reach a high number of people and respond to changing data and conditions quickly, and with ease. A well-designed campaign can be applied at local and national levels and is particularly effective when:

- 1. Trying to influence mass behaviour change.** Multi-channel communication campaigns can reach your priority groups in multiple ways and at large scale. An ecological approach to change targets the individual, community, social and political context. A comprehensive communication campaign should include actions at each of these levels.
- 2. Trying to influence behaviour change over a long period of time.** Communication campaigns are normally designed to take place over a number of years. This allows for different phases and the opportunity to adapt to changing circumstances.

- 3. You have sufficient human and financial resources.** Running a campaign over a number of years requires commitment, capacity and predictability. This does not mean that campaigns need to be expensive – they can be designed economically with creativity, commitment and localization. You should always confirm that you have the resources to plan and manage a communication campaign before launching it.
- 4. Seen as a way to engage with people, rather than as a top-down message delivery system.** Multi-channel communication campaigns are built on evidence and adapted frequently to respond to community feedback, data and changing contexts.

→ *Communication campaigns can have extensive reach and promote change across many different touchpoints, over a long period of time. However, they may not always be the most effective approach to social or behaviour change. They may be less successful when prioritizing small and unique groups, or when the desired change is sensitive or considered a private matter. In such cases, speaking to people in smaller gatherings or recruiting trusted influencers from the community may be more effective. Still, communication campaigns are valuable tools for modelling the desired behaviour at scale, reinforcing behaviour and providing additional touchpoints that promote the intended change.*

Case studies and examples

- NIGERIA** Using a multi-channel behaviour change communication campaign strategy resulted in a 17% increase in ITN usage overall and a 15% increase in intentions to use an ITN every night.
- UNITED STATES** The Parents Speak Up campaign improved parent-child communication amongst mothers and teenagers about sex.
- NEPAL** A novel behaviour change campaign including local rallies, games, rewards, storytelling, drama, competitions, and 'kitchen makeovers' improved uptake of five food hygiene behaviours.
- GHANA** A singular message that hands were not 'truly clean' (Hohoro Wonsa) unless washed with soap was distributed through community events and mass media such as TV, radio and printed materials (posters, billboards, stickers). Total exposure from all channels was 82%. Self-reported instances of handwashing at key moments including before child feeding, before eating and after toilet, significantly increased.

- **BURKINA FASO** A mass radio campaign in rural Burkina Faso led to significant increases in primary care consultations for the leading causes of child mortality including diarrhoea, lower respiratory infections, and malaria. The campaign led to an estimated 9.7% reduction in under-five mortality.
 - **UNITED STATES** A mass media HIV risk reduction campaign led to both increased knowledge about HIV and decreased stigma amongst Black adolescents in four American cities.
 - **MOZAMBIQUE** A multi-channel campaign, which included radio spots, community dramas, and in-person events led to widespread increases in consumption of Vitamin A amongst both women and children.
 - **UNITED STATES** A large-scale mobile phone-based messaging campaign targeting more than 50,000 American adults increased rates of influenza vaccination.
4. **Design your strategy.** What approach will you take throughout this campaign? What strategic insights will guide your tactics? Communication approaches can promote awareness, demonstrate solutions, model desired behaviours, influence social norms and address barriers directly. For example, you may want to support unwed mothers who are hesitant to register their children due to stigma by emphasizing the services that birth registration unlocks.
 5. **Select your tactics.** Tactics make the strategy tangible. Use your strategic insights to influence your intended audience at multiple touchpoints through a combination of methods and channels. Your tactics may include face-to-face engagement, as well as paid and earned media.
 6. **Design and test your messages.** Work with the priority populations you identified to ensure the messages are well-understood and resonate in the way in which they were intended.
 7. **Finalize an implementation plan.** Highlight key campaign phases and tactical changes over the lifespan of your strategy. Encourage moments of reflection and iteration to incorporate new insights.
 8. **Measure and monitor performance.** See the following section for more detail.

Implementation steps and checklist

There are several different ways to design a multi-channel communication campaign. However you go about it, be sure to:

1. **Analyse the situation.** Collect data, especially through participatory processes, to better understand the people, places and barriers that make up your behavioural objectives. Use this analysis to determine where to target your efforts (at the structural, social, community, family, or individual level) and how to address the issue through a traditional channel mix, using the Four P's: Product, Placement, Price and Promotion.
2. **Identify your audience.** Whose behaviour are you hoping to influence or amongst which groups are you hoping to promote social change? Segment your audience to design more customized, targeted strategies to reach them. Conduct a stakeholder analysis to better understand who has the power to influence whom.
3. **Identify the barriers to change.** It is important to find out what makes it difficult or unattractive for people to change their behaviours. How could a communications campaign make certain behaviours easier or more attractive to people? What is getting in the way of positive social change? Use interviews, surveys, focus groups or other methods to find answers to these questions.

Measurement

With any SBC approach, it is crucial to define success at the outset. Linking clear communication objectives to social and behavioural objectives is the foundation of any successful monitoring and outcome evaluation plan. This will help you prioritize resources and identify activities and tactics to measure.

→ *Remember: change is measured from a baseline. Changes in knowledge, attitudes and practices cannot be effectively measured only at the end of a campaign. Communication may influence the levers for change, but it is not enough to achieve all programme outcomes. Consider what can be attributed to your communication campaign and how it can be integrated with wider SBC and programmatic interventions. Measurement will rely on both quantitative and qualitative analysis.*

Some common indicators for measuring communication campaigns are:

Output indicators: Were the numbers and types of products, events, interventions produced or held as planned? For example:

- a. **Media coverage:** Tracking earned media mentions of your messaging through media monitoring, including the volume, quality and any changes to keyword mentions.
- b. **Social media engagement:** Tracking interactions with your social media posts, including likes, comments, shares, votes, links, retweets, video views, content embeds, etc.
- c. **Owned media engagement:** Tracking interactions with your website, blogs, newsletters, etc.
- d. **In-person engagement:** Tracking the number of events, meetings, workshops, and counselling sessions held, along with relevant demographic and attendance details.

Outcome indicators: Did you achieve your communication objectives? Were there measurable changes in the awareness, knowledge or behaviours of your intended audience? For example:

- e. **Audience understanding:** Measuring changes in the knowledge, beliefs and intentions of the priority audience through pre- and post-surveys, focus groups and interviews.
- f. **Post-intervention feedback:** Having discussions with participants following an event or other in-person intervention to determine how likely they are to adopt the proposed behaviour or social change
- g. **Sentiment analysis:** Tracking shifts in sentiment over the course of the campaign by monitoring media coverage and public opinion to note any change in positive, neutral or negative mentions in media coverage and public perception that align with your campaign goals.

Impact indicators: Were the programmatic goals achieved? The impact of your programme may depend on the communication campaign, but is typically the result of multiple interventions over a longer period of time. Still, understanding the specific impact of your communication efforts is important. For example, a campaign may have improved intention to perform a given action or shifted public perception on a challenging issue.

→ [See here for a sample M&E framework that connects Communication Objectives, Activities and Monitoring Questions to both Output and Outcome Indicators.](#)

Partnerships

Multi-channel communication campaigns can be complex due to the amount of stakeholders and partners involved. If no coordinating body exists, consider establishing one to unify these players. A unified strategy can help you pool resources, coordinate decision-making, more effectively respond to crises, avoid overlap and increase ownership.

Typically, partners will be defined by your campaign's objective. The objective will help determine the profile and location of the most important partnerships for a successful campaign. Below are some categories of potential partnerships:

- **Government:** Identify which government department is responsible for your issue. Is there an existing department for communication, media, information or education? Government counterparts can support your communication strategy design and facilitate access to important national media and advertising channels. Consider sub-national government bodies, not just national authorities.
- **Civil society:** Media, NGOs, community-based organizations and religious institutions are all invaluable resources for communication efforts. They can function as advisors, provide access to information and community structures, and serve as strategic influencers and messengers for the campaign.
- **Advertising, marketing, media planning and buying agencies:** Creative teams who understand the local context can create campaigns that effectively resonate with intended audiences and inform the research that shapes them. Look for partners who seek to understand the challenge and build creative insights from market research with the people most affected. Agencies should be able to identify and engage with influencers who can impact the specific views and behaviours you are seeking to change. You should look for support with design, social media, multimedia, messaging, market research and media buying and placement.

Key resources

- [The seven steps for successful advocacy messaging in The Advocacy Portal](#)
- [Glossary](#) of advocacy terms and concepts
- [UNICEF's Global Communication and Advocacy Strategy](#)



Edutainment

Leveraging popular entertainment for a cause

Introduction and definition

Perhaps it was Meena and Raju promoting the rights of girls through animation in South Asia, or maybe Sara and her pet monkey Zingo inspiring young girls in east and central Africa to stay safe and free of HIV and AIDS.

Maybe you've grown up loving Big Bird, singing along with Elmo and laughing at Oscar the Grouch. Whatever the memory, chances are good you grew up with and continue to be influenced by entertainment-education.

Entertainment for positive change harnesses the power of communication channels as a catalyst and an effective strategy to convey messages, create social cohesion

and promote social change. Research shows that children who watch Sesame Street, for example, improve their school performance. An independent, mid-term evaluation of the Sara project (which included animated videos, comic books and a radio series) provided evidence that girls were positively influenced by Sara to delay sex and avoid situations of sexual abuse and exploitation.

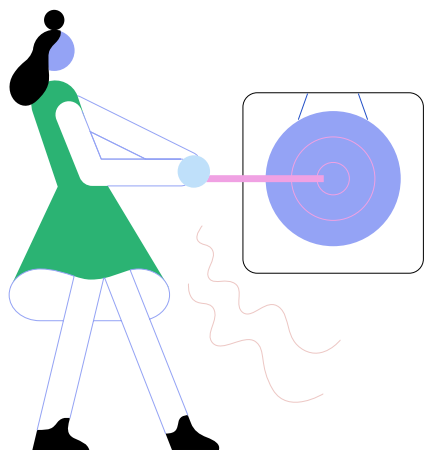
Initially dubbed 'education with a proven social benefit' by Mexican TV producer Miguel Sabido in the 1960s, edutainment, or entertainment-education as it is often called, "is the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience members' knowledge about an educational issue, create favourable

attitudes, and change overt behaviour” (Singhal & Rogers, 1999). Whether through music, heroic mythology, folktales or family history, human beings have always used the power of storytelling to help people learn and pass on life-saving knowledge, and to make these lessons relatable and memorable.

Entertainment-education is underpinned by the Social Learning Theory (Bandura, 1971), which posits that people learn not only from their own behaviour, but through the observation and modelling of the behaviour of others. The observation of and empathy with characters in entertainment-education programmes is a key trigger that stimulates deliberation and behaviour change among audiences. Entertainment-education can also make the behaviours seem achievable, stimulating feelings of self-efficacy by observing others overcome obstacles to perform the desired actions.

Often, the goal of these programmes is to allow people to learn from the mistakes and the success stories of characters with whom they have established an emotional link, rather than having to learn from their own experience. Popular culture can also be harnessed for social change, combining entertainment, journalism and talk shows with social media, social mobilization and policy advocacy. As part of an ecosystem, entertainment-education can be a powerful vehicle not only for individual change but to build social movements for large-scale change.

→ *Regardless of the scale of ambition, effective entertainment-education programmes are designed and developed from a rigorous evidence base. This could include desk and literature reviews, interviews with target audiences, focus groups, and regular engagement with audiences to measure message retention, behavioural impact and overall effectiveness of the effort. In practice, entertainment-education is most concerned with how resonant, relevant and motivating the work is to the audience. In other words, we are measuring not the entertainment value but whether the entertainment and the research-informed creative decisions are appropriate to our overall development goals.*



Today, media channels are ubiquitous and more available than ever. People consume and produce their own content far beyond television, radio and other tightly controlled channels. Social media, closed chat groups, podcasts and increasingly democratized and accessible means of entertainment production are the new norm. Entertainment-education is evolving alongside this, ensuring that multi-platform, multi-channel, user-generated content is considered in any strategy.

Benefits and social/behavioural objectives

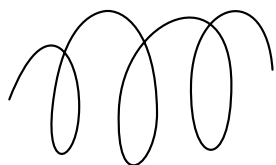
Entertainment-education has been used to achieve both social and behavioural outcomes, including:

- Encouraging national and local dialogue and community action for human rights (e.g., the Bell Bajao campaign encouraged local residents to ring the doorbell to interrupt domestic violence when they heard it. In one year, 160,000 men pledged to take action to end violence against women.)
- Direct changes in knowledge and cognitive development for children (e.g., improved literacy skills for children who watch Sesame Street)
- Changes in attitudes and norms related to harmful behaviours (e.g., changing perceptions around risky sex)
- Supporting social cohesion and community dialogue (e.g., La Pe' Ye Ta Kwe Ye Diari uses radio drama to increase tolerance between ethnic and religious communities in Myanmar.)
- Changes in social norms – both descriptive and injunctive – among the group exposed to the programme
- Behavioural changes which lead to long-term development and health outcomes (e.g., improved partner communication leading to reductions in intimate partner violence)

Case studies/examples

TV

- **INDIA** A TV drama tackles sanitation behaviours
- **NIGERIA** An MTV programme combats HIV-related risk behaviours
- **GLOBAL** Sesame Street improved children's learning around the world



- **INDIA** A long-running e-e TV show Kyunki was produced by UNICEF India between 2008 and 2011, covering different 'Facts for Life' areas
- **BANGLADESH** The Simsipur comedy series has increased literacy scores among those who watch by 67%

Radio

- **RWANDA** This interactive game is used to teach conflict resolution skills in youth
- **MALAWI** An interactive radio show opens communication about sexual health and prevents HIV/AIDS
- **MOZAMBIQUE** A long running e-e radio drama has been sparking change across different programme areas since 2015
- **BOTSWANA** A UNICEF Botswana adaptation of MTV Shuga addressed HIV- and SRH-related behaviours
- **PERU** The La Sangre Llama (Blood Relations) radio soap opera mobilizes communities to fight anaemia

Multichannel efforts

- **SOUTH AFRICA** A multimedia campaign encourages HIV prevention
- **SOUTH ASIA** The Meena Communication Initiative addresses common perceptions and behaviours that inhibit the ability of young girls to survive and thrive
- **SENEGAL** A serial story about birth spacing encourages uptake of postpartum family planning counselling

Implementation steps and checklist

How do you implement an entertainment-education initiative?

Research and planning

1. **Define your intended audience and the social and behavioural change** you are seeking. Messages and stories should be well targeted, relevant and inspirational to meet your specific audience's needs, desires and fears.
2. Conduct formative research to **understand baseline descriptive and injunctive norms** and relevant reference groups within a given community. Consider possible communication barriers and potential counter-arguments against key messages.
 - a. Suggested research methods: in-depth interviews and focus group discussions, literature review



Things to keep in mind

- **Content should be based on thorough research** and understanding of the local context and relevant challenges.
- **Content should be the right mix of educational and entertaining, but always led by evidence.** TV and radio shows or mobile messaging should contain realistic and interesting plotlines. Stories with multiple episodes should end on cliffhangers to keep audiences coming back. Using humour and comedy can help to engage audiences and ensure information is remembered.

3. **Select the channel(s) that will most effectively reach your intended audience.** Remember to collect quantitative and qualitative information on which channels your audiences regularly engage with. For example, a social media intervention will be ineffective among populations with low mobile phone penetration. A radio show intended for young men

will be ineffective if radio use is concentrated among older people and women.

- a. Where possible, move beyond single-channel messaging. Consider both online (e.g., TikTok, YouTube) and offline (e.g., facilitated conversations) engagement strategies.



Things to keep in mind

- **Consider gamification** (creating games or quizzes) to both engage audiences and help them to retain information.
- **Use a gender-transformative approach where possible.** Content should not propagate harmful gender norms or stereotypes.
- **Consider using different channels** to engage different audiences and ensure maximum impact and social change. Engage the community through local discussion groups, using plotlines to facilitate discussion and debate.
- **Pre-test content** before disseminating it to wider audiences.
- **Do not overwhelm the audience with too many key messages:** aim for 5-6 in total.
- **Consider partnering with pre-existing characters or local series** to tap into their influence and network.
- **Harmonize messages across channels** so as not to create confusion or contradiction, which damage message credibility and coherence.

Development

1. **Formulate key messages.** What do you want your audience to learn from this initiative? What do you want them to *know, feel and do*? Pre-test different ways of framing key messages to see what resonates most with your intended audience.
 - a. Suggested activities: message design workshop, creating a message brief
2. **Generate a culturally relevant narrative** in which realistic characters encounter common challenges or situations regularly faced by your intended audience. It can be helpful to showcase positive deviants and role models who give advice to friends

or family members and help them to navigate difficult decisions.

- a. Suggested activities: co-creation workshop, creating a series outline with key messages included

3. **Pre-test content, storylines and character appeal** to ensure that characters and situations resonate with your intended audience.

Production, implementation and promotion

1. **Partner with established production houses with a proven track record in producing high-quality media content.** UNICEF is rarely going to lead production or creative execution. Support them with technical guidance, but creative execution is best done with experts in storytelling, audio and video production and distribution. Your priority audience, influencers and community members can be invaluable advisors.
2. **Consider distribution early.** Where will your entertainment-education product be broadcast, shown and/or heard? Here again, working with professionals on segmenting your audience and targeting the channels and timings most effective for your target group is essential.
3. **Market and publicize content** early on to generate interest and increase viewership. Consider holding an official launch event to cement partnerships and generate media coverage. Again, local influencers and stakeholders can provide invaluable support for publicity and marketing efforts.

Evaluation

1. **Monitor day-to-day implementation of activities** to compare actual implementation of activities with planned implementation.
2. **Test the reach, engagement and impact** of your intervention (see below).

Measurement

Many edutainment-education initiatives have been rigorously evaluated to demonstrate evidence of impact. Evaluation of education-entertainment initiatives may focus on both *the effectiveness of specific delivery*

channels in delivering intended messages and the impact of communications on downstream social change. Illustrative indicators include:

Indicator	Description	Measurement techniques
Delivery mechanisms		
Reach and recall	How many people in your intended audience are receiving your content through each channel?	Quantitative surveys; DHS data (to measure potential reach); audience ratings (ARs); omnibus surveys with modules to track reach and recall
Engagement	To what extent is your intended audience meaningfully engaging with your content?	Collection of metadata including listen rates and watch rates, and clicks, likes, comments and shares (for social media)
Impact	<p>What social and behavioural changes exist among those who engage with edutainment-entertainment content, compared to those who do not (e.g., changes in 'know, feel, do')? Consider measuring changes (from baseline to endline) in:</p> <ul style="list-style-type: none"> Individual beliefs Normative expectations Perceived sanctions Readiness to act on beliefs Self-reported behaviours 	Randomized controlled trials; service data; structured questionnaires; qualitative interviews; focus group discussions; vignettes

Partnerships

If you are thinking about implementing an entertainment-education approach, it is important to engage with the following partners and local stakeholders.

- Production agencies:** As you are unlikely to have the capacity to produce high-quality media content in house, consider who will produce the material. Ensure that your budget supports hiring local actors/voice actors, illustrators, videographers and other artists who might be needed. Establishing the right partnerships with established production and creative agencies is critical to developing high-quality content.
- Edutainment-focused organizations:** There are numerous NGOs and agencies with vast experience in producing education-entertainment.
- Media gatekeepers:** Depending on the media channel you select, you will need to establish partnerships with local television stations, national or community radio stations, musical groups, etc. Finding the right media partner is essential to reaching your target audience. Working with companies experienced in media buying, audience research, and segmentation and placement can be a valuable support where budget allows.
- Local community-based organizations, faith-based organizations and government partners:** These organizations will be able to facilitate formative research, review content to ensure it is culturally relevant, and disseminate media to local audiences.

Key resources

Moving from theory to application

- [Bridging Theory and Practice in Entertainment Education: An Assessment of the Conceptualization and Design of Tsha Tsha in South Africa](#)
- [Entertainment-Education Behind the Scenes: Case Studies for Theory and Practice](#)

How-to guides

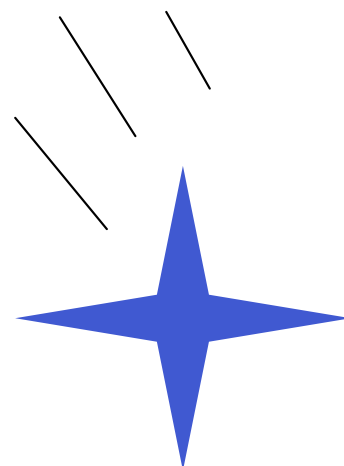
- [Soul City's Guide to Edutainment: Using Stories and Media for Social Action and Behaviour Change](#)

Measurement

- [Strengthening the Evidence to Scale up Entertainment Media in Development](#)

Reference organizations

- [Population Media Center](#)
- [BBC Media Action](#)
- [Johns Hopkins Center for Communication Programs](#)
- [Soul City](#)
- [Development Media International](#)
- [PCI Media Impact](#)
- [Sesame Workshop](#)





Media Partnerships

Working With the Media to Reach Communities

Introduction and definition

The media play a major role in generating public awareness and momentum for change, influencing how people perceive issues and think about possible courses of action. Our consumption of media influences how we live our lives, what we possess, how we are perceived and our social status. The media model behaviours and reinforce stereotypes and biases that shape individual and social expectations.

The media agenda (what is covered) lies at the intersection of the public agenda (what people think about) and the political agenda (regulatory or legislative actions). This interplay of agendas can be referred to as agenda dynamics. Social priorities largely determine what gets covered. The content is designed for

audiences to engage with and find meaning in. One way the media can forward the social agenda is through framing. Framing refers to how an issue is portrayed and how audiences interpret messages. The way news is framed can shape the parameters of public debates by promoting particular definitions of a problem, its causes and what should be done. In health campaigns, the same issue can be presented with a 'gain frame' (this is what you gain from quitting smoking) or a 'loss frame' (if you smoke, you will die).

The media can forward the political agenda through advocacy. Media advocacy is the process of using the media strategically to advance policy change for important public health and social justice issues. Groups promoting social change persuade the media, through various techniques, to cover their issues.

Media offers a significant opportunity to promote the right of children and young people to participate in the decisions that affect their lives. Media, particularly social

media, can facilitate participation and play a vital role in supporting public deliberation, debate and dialogue at scale – essential steps in the non-linear process of promoting Social and Behaviour Change.

Benefits and social/behavioural objectives

Partnering with the media is instrumental to increasing awareness in the short term. In the long term, media can change individual attitudes, perceptions of self-efficacy, behavioural intentions and gender and social norms to increase the adoption of certain behaviours.

Engaging media in the Social and Behaviour Change process has proven to be beneficial in enhancing knowledge, conversations and support around behaviours and their adoption. Objectives of engaging with the media include:

1. Enhancing knowledge
2. Sparking conversations
3. Supporting intention or adoption of behaviours

Case studies and examples

Using entertainment media to reach the SDGs

AFRICA: TV shows have produced impressive results, such as increasing willingness to seek and offer help in cases of domestic violence, HIV testing, and safer sex among teenagers. For example:

- a. SOUTH AFRICA: Soul City
- b. NIGERIA: MTV's Shuga
- c. For more information, check out the Education-Edutainment tool.

Soul City in South Africa and MTV's Shuga in Nigeria are TV shows that have produced impressive results, such as increasing willingness to seek and offer help in cases of domestic violence, HIV testing, and safer sex among teenagers. For more information, check out the Education-Edutainment tool.

BURKINA FASO: Using engaging content, 152 radio spots helped caregivers recognise symptoms of malaria, diarrhoea and pneumonia and seek prompt and affordable treatment at a health centre. In addition, interactive phone-ins used storytelling to help the community to engage with the content collectively. The results were dramatic. Diagnoses increased by up to 73% in the first year, child mortality decreased by an estimated 9.7% in the first year of the intervention and an estimated 2,967 lives were saved over the 3 years.

YEMEN: The Arabia Felix mobile games series was developed as a creative outlet for young people in Yemen to engage in the peacebuilding process of their country. One game at a time, the international Arabia Felix team listens to the needs of Yemeni people, to explore how they communicate and what truly engages them in the peacebuilding process of their country and to co-create fun and effective solutions together.

GLOBAL: Research conducted by the Unstereotype Alliance reveals that brands creating content that showcases diverse representation (race, ethnicity, creed, body size, sexual orientation, gender, ability) in roles that defy traditional stereotypes, are best positioned to strengthen their business performance and meet consumer expectations.

GLOBAL: Voices of Youth (VOY) is a platform that gives young people a voice on social issues, enhancing their participation in decision-making.

USA: A US-based RCT found that an internet-based platform with vaccine information and interactive social media components helped improve parents' vaccine-related attitudes. In addition to interaction with social media, the study found that online and in-person discussions with family and friends contributed to broader public discourse and helped define social norms regarding the importance of vaccination for disease prevention.

Implementation steps and checklist

When engaging media (mass, social and community-based) for Social and Behaviour Change, be prepared to coordinate engagement using different techniques and channels, invest in the co-creation of content and capitalize on what the media sector offers. You should also plan to shift from sharing information to supporting debate and dialogue at scale. The recommendations listed below are quite broad, as each form of media comes with its own specificities.

When engaging media for SBC, you should:

1. Focus on engaging mass and social media to spark discussion and debate.
2. Establish and support collaboration and co-creation of content, beyond dissemination of PSAs and news coverage.
3. Plan to reach and engage large numbers of people in multiple ways through a combination of different media and communication formats and platforms.
4. Invest in the development of content producer capacity to support behavioural change,

institutionalize policy guidelines, and work towards sustainability. For example, you could commit to reducing stereotypes by:

- depicting people as empowered actors
 - refraining from objectifying people
 - portraying progressive and multi-dimensional personalities.
5. Assess how media engagement can be most strategic in the change process, and coordinate with the enabling environment to support change (e.g., in policies, political agenda, services, etc.). By engaging the media, demand for services should increase. Thus, services need to be ready to respond in order for actual behavioural change to happen.
 6. Be ready to engage in non-linear processes over the medium or long term, including advocacy for media that covers:
 - a. solutions, not just problems
 - b. common good and collective responsibility, rather than individualism and personal responsibility
 - c. voices and perspectives from community members, beyond those of experts
 - d. dialogue facilitation, collective deliberation and social acceptance.
 7. Prioritize storytelling, an effective tool to influence behaviour change. Behavioural experts should work closely with expert storytellers for the best results.
 8. Determine your distribution plan at the beginning of the process if you engage in content production.
 9. Make sure that people without access to mass and social media are not left out.
 10. Evaluate the impact of media engagement on behaviour change and adapt your plans accordingly.

Measurement

Exposure to media has been shown to be effective for behavioural change, but demonstrating the direct attribution can be particularly challenging. It requires significant resources, tools and time. However, this investment enables you to optimize your engagement strategy.

Changes in knowledge, attitudes and beliefs are important outcomes to measure. Measuring intention or likeliness to change is a key intermediate result, as is measuring the number of people who have explicitly taken the desired action. Ideally, your assessment should assess outcomes at different levels, including the individual, social, and population levels.

Quantitative measurement methodologies such as structural equation modelling, regression analysis and randomized control trials can be applied. You may also choose to use qualitative measurement methodologies such as sentiment analysis, focus groups, rapid assessments and pre- and post-exposure questionnaires.

Partnerships

Looking at the media as partners rather than channels offers great potential for organic support of social and behavioural change. Here are some relevant stakeholders you may consider engaging with for effective social behavioural change:

- **Institutions regulating media**
These are essential to establishing minimum standards and policies around promoting children's rights, and protecting society, especially children, from potentially harmful content.
- **The advertisement and edutainment industry**
This sector engages with people every day, at scale. What they communicate and how they communicate it is key to supporting Social and Behaviour Change.
- **Journalists and news producers**
They play a big role in shaping the narrative that influences individual and collective behaviours. Therefore partnering with them is essential to activate change. Simple choices in the language or the type of information shared can trigger substantial shifts in individual and social perceptions.
- **NGOs and community-based networks**
Partnerships with these groups are essential to facilitating access by identifying stories that make community-led solutions visible to content producers and making content accessible to communities with less reliable access to media. They can also be instrumental in sustaining community dialogue triggered by media, through efforts such as viewing clubs.



Key resources

- **Media advocacy**
 - [Communicating for Change: Making the Case for Health with Media Advocacy](#)
 - [Getting started with media advocacy](#)
- **Framing:**
 - [Framing 101](#)
 - [3Ps Unstereotype Marketing Communications Framework](#)
 - [The Under Stereotype Metric](#)
- Also see the [Education-Edutainment Tool](#)



Community Networks

Strengthening local systems and leveraging trusted partners

Introduction

It is fundamental to put communities at the centre of their own solutions, giving people the essential knowledge, skills and resources needed to make informed decisions about their own lives, and the confidence to demand, own and drive social change.

Strengthening local governance systems and building ownership, both within government and within communities themselves, increases community participation, collaboration and voice, for more effective results.

A strong local system advocates for:

- Incorporating the voice of communities in the development of policies and in government decision-making;
- Putting processes in place to ensure meaningful participation and representation of community diversity in design, implementation and tracking of progress;
- Ensuring marginalized groups are identified and mechanisms for inclusion are implemented, such as two-way communication and feedback;
- Fostering forms of leadership and diverse voices in decision-making, to reduce power inequalities.

Community ownership setting up individuals who represent the aspirations of core families and kinsmen, neighbourhoods and other local structures to share resources and responsibilities, in order to help design and manage projects and programmes that matter to them. When they are active participants, there is greater potential for projects and interventions to be sustained, benefits equitably shared, and community capacity and confidence strengthened, increasing community readiness to tackle more relevant and complex challenges.

- *'Local system(s)' refers to the interconnected sets of local actors who influence or have a stake in a project, plan or development. These actors usually include diverse community members (all abilities, ages and identities), civil society organizations, the private sector, academia and government.*
- *'Local governance' refers to the way local decisions are made and implemented, including those related to the delivery of services for children, adolescents and their families.*

Benefits and social/behavioural objectives

Benefits

Strengthening local systems and leveraging trusted community partners is fundamental to the human rights-based approach, and to supporting results such as improving quality and utilization of services, making decision-making more accountable and transparent, increasing community diversity and representation in policy and practice design, empowering people and communities to have a voice in decisions that directly affect their lives, and supporting the equitable distribution of services. See [Community Engagement](#).

It is also essential to broader sectoral system strengthening, either as a part of the overall system or as two interacting systems that support one another. For example, increasing social accountability of sectoral systems through empowering community-based organizations and leaders to represent the most deprived; facilitating community participation in policy formation; improving the quality of services through improving community health worker capacity; and strengthening emergency response capacity through investing in community resilience and preparedness.

It is difficult to imagine any community-oriented project that would not benefit from sincere and long-term community systems strengthening and the leveraging of local strategic partners.

Social/behavioural objectives

- **Systemic commitment.** Establishing core engagement standards helps ensure that basic criteria and ethical standards are met. For example:
 - a. Ensuring sufficient inclusion – engagement not just with a few select individuals, but with all abilities, ages and identities within a community for adequately diverse and responsive services, including local decision-makers and traditional leaders (clan/kinship leaders and elders, administrators, religious leaders, youth and women leaders);
 - b. Instituting meaningful participation processes and representation of different community members in leadership and decision-making, to ensure marginalized voices are heard and to reduce power inequalities;
 - c. Setting expectations and standards for identifying and including marginalized groups, to ensure their needs are met;
 - d. Promoting two-way communication and broader feedback processes, to engage such groups and promote transparency, accountability and consistent collaboration;
 - e. Helping communities understand and claim their rights, to ensure that core standards for engagement are upheld throughout our systems.
- **Prioritizing community participation in design, implementation and assessment of programmes.** This means placing community needs at the forefront, by recruiting community organizations or representatives, documenting the issues that impact them most, and tying research and evaluation to community structures in an effort to foster collective ownership. In addition, investment in training and resources will support mobilizers and frontline workers in engaging with community members.
- **Integrating community engagement into wider systems strengthening approaches.** Aligning community engagement approaches with government frameworks, policies, strategies, operational guidance and accountability frameworks can ensure that engagement is a sustained priority, rather than a one-off. Carving out dedicated space for community engagement may require creating or strengthening units dedicated to community engagement, SBC and social mobilization at the ministry level and across multiple sectors, and/or establishing a partner coordination platform to optimize community engagement interventions.

- **Mobilizing resources for meaningful, long-term community engagement.** Thoughtful, long-term community engagement needs money and manpower. Well-resourced, capable staffing and management structures and policies are vital to support engagement activities. A percentage of the budget should be allocated to community engagement actions that align with national plans.

Example community engagement interventions

- In Yemen, community engagement interventions were used to sensitize the public to COVID-19 prevention practices and physical distancing guidelines. These included developing platforms for dialogue and awareness-raising by engaging religious leaders in mosques, organizing events, making H2H visits and strengthening feedback systems.
- In Syria, localized community engagement and risk communications approaches were used to support COVID-19 pandemic preparedness. These included collecting local social and behavioural insights, conducting RCCE training focusing on behavioural awareness-raising, creating a comprehensive toolkit with behavioural messages and locally produced IEC materials, and developing a public information campaign involving local influencers and networks.
- In rural Myanmar, accountability to communities was strengthened through disaster risk reduction activities. These included information provision, community participation in decision-making and two-way feedback mechanisms.
- In Ghana, religious leaders and community opinion leaders were trained in interpersonal communication skills. This led to 650,000 community members from 520 communities in 26 districts engaging in COVID-19 prevention conversations.
- Restless Development trains young volunteers to become Youth Accountability Advocates to identify priority issues in their communities, build coalitions and partnerships to tackle them, lead campaigns for local and national change, and hold decision-makers to account. In a company survey (2020), 98% of change agent volunteers in the community felt their volunteering had had a positive impact.

These programmes have all identified the real needs of the disadvantaged populations and figured how to involve them. Along the way, other challenges previously experienced by the same populations have been alleviated as mobile money transfers expand, solar systems increase and children are immunized.

Implementation steps and checklist

It is important to understand and respect cultures and communities – their structure, social-economic and legal systems, norms and values. It is within these systems that social and behavioural changes can be made and sustained. This understanding can help you avoid unplanned, unsupervised and unsupported behaviours that result in unexpected programme outcomes.

Step-by-step outline:

- Understanding the challenge from the user and community lens
- Mapping of key stakeholders/experts
- Understanding the community social network
- Leveraging trusted community members
- Co-creating solutions with the community
- Leveraging trusted community members as a channel for intervention, building capacity for driving ownership, and updating the intervention based on changing context

Tips for strengthening local systems, building ownership and leveraging trusted partners:

1. Select relevant partners
2. Establish and institutionalize feedback/listening mechanisms
3. Build on existing knowledge framework to develop community-based solution
4. Enhance institutional capacity for community dialogue and participation techniques
5. Activate peer-to-peer monitoring mechanisms
6. Build trust between relevant stakeholders at community level
7. Establish relevant and effective coordination mechanisms
8. Plan for local system engagement at policy level
9. Generate evidence to prove the effectiveness of local partner ownership and its capacity to organically adopt and promote behaviours

The table below guides you through an example process for community empowerment and the actions different actors can take at different levels.

Level	Example challenges	Example lessons learnt	Example solutions	Example responsibilities	Example outcome/ impact
Community (partners)	<ul style="list-style-type: none"> Has the disease No medicine Initial sceptical attitude towards the medicine or any interventions new to them 	<ul style="list-style-type: none"> Their way of solving the problem versus the programme way Through mobilization and education, understanding the treatment process 	<ul style="list-style-type: none"> Training community members to distribute the medicine Knowledge and confidence of the community/family members themselves 	<ul style="list-style-type: none"> Decisions on who, when, how and from where to distribute Reporting on performance and challenges Discussing and finding their own solutions at their level 	<ul style="list-style-type: none"> Community resources released for the programme Objectives of the programme are met The cost is shared There is satisfaction
Intermediate levels (partners)	<ul style="list-style-type: none"> Sceptical attitude towards community-directed treatment Shortage of staff Cost issues 	<ul style="list-style-type: none"> Understanding what communities know about the problem and how they have been solving it Understanding that they can't do it all alone and therefore need auxiliary workers from community members There are things that communities can do for themselves in almost every programme 	<ul style="list-style-type: none"> Training health workers and leaders Selection and training of adequate community selected and directed workers 	<ul style="list-style-type: none"> Coordination and supervision of programme activities in their areas of jurisdiction 	<ul style="list-style-type: none"> Increased number of personnel available for the programme Reduced period for implementation of activities Improved programme performance

Level	Example challenges	Example lessons learnt	Example solutions	Example responsibilities	Example outcome/ impact
National / district health services (partners)	<ul style="list-style-type: none"> ▪ Sceptical attitude towards community-directed treatment ▪ Shortage of staff ▪ Cost issues 	<ul style="list-style-type: none"> ▪ Understanding their role in sustaining programme activities ▪ Some local resources and solutions exist at these levels 	<ul style="list-style-type: none"> ▪ Identifying required internal resources at these levels ▪ Identifying required external resources 	<ul style="list-style-type: none"> ▪ Mobilizing and distributing these resources 	<ul style="list-style-type: none"> ▪ Improved resource distribution ▪ Improved programme performance ▪ Reduced period for implementation of activities
UN agencies (partners)	<ul style="list-style-type: none"> ▪ Sceptical attitude towards community-directed treatment ▪ Limited human resources ▪ Cost issues 	<ul style="list-style-type: none"> ▪ Knowledge of what communities can do for themselves ▪ Importance of community-directed interventions 	<ul style="list-style-type: none"> ▪ Improving advocacy for community-directed interventions ▪ Regular monitoring of the programme 	<ul style="list-style-type: none"> ▪ Training personnel at all levels in community-directed interventions ▪ Efficient distribution of required resources 	<ul style="list-style-type: none"> ▪ Improved community-directed programmes awareness within UNICEF ▪ Sustainability

Measurement

Evidence suggests that programmes or interventions that strengthen local relationships and build local capacity are more likely to be sustainable.

Measurement systems need to monitor and assess both outputs and outcomes of community interventions, as well as the conditions that allow community ownership and systems strengthening to occur.

Measurement systems entail:

- Expanding the conception of a result to include the key attributes of a well-functioning system, and the outputs and outcomes it produces.
- Developing reliable ways to measure those attributes. Adding measures of system durability and adaptability to existing indicators of project outcomes provides a more insightful basis for assessing the effectiveness of investments, and for reporting progress in meeting near-term targets and attaining longer-term sustainability.

For guidance on how to collect social and behavioural insights, see [this tool](#)

Partnerships

Partners should include all stakeholders at every level of the programme. This can include:

- **National/policy-level stakeholders, including government and UN agencies.** Responsible for aligning community engagement approaches with government frameworks, policies, strategies and operational guidance; advocating for the development of strategies that enforce community-level voices in government decision-making; and supporting the development of a partner coordination platform to optimize community engagement interventions
- **District and local government structures at systems level.** Responsible for putting processes in place to ensure meaningful participation and representation of community diversity in design, implementation and tracking of progress; and for mapping and contacting local partner organizations, traditional leaders and influencers during planning and preparation of interventions
- **National and international NGOs.** Responsible for advocating for the rights of communities and bringing diverse voices and perspectives to national and international audiences
- **Community-based organizations.** Responsible for identifying marginalized groups and implementing mechanisms for inclusion, such as two-way communication and broader feedback; fostering new leadership and diverse voices (including the most vulnerable) in decision-making, to reduce community-based power inequalities; and helping communities to know and claim their rights






Key resources

- [The Global Fund's Technical Brief: Community Systems Strengthening](#)
- [USAID's Guide to Strengthening Community Health Systems](#)
- [Make Me a Change Agent: A Multisectoral SBC Resource for Community Workers and Field Staff](#)
- [Local Systems: A Framework For Supporting Sustained Development](#)
- [UNDP's Guidance on Community systems strengthening for improved health outcomes](#)

Benefits and social/ behavioural objectives

Over the past few years, UNICEF’s engagement with the world of business has expanded in scope, incidence and impact, reflecting its commitment to maximize the multiple ways in which the private sector can support the child rights and social change agenda. The 2022-2025 Strategic Plan renews this commitment, by outlining business engagement as a key change strategy and creating the Business For Results (B4R) agenda. B4R is an organizational effort for UNICEF offices and teams to consider and integrate the role of business as a key programming strategy in more systematic ways.

Businesses offer a huge opportunity to maximize SBC results for children. They can support UNICEF SBC work through their ability to influence workplace and marketing practices and harness corporate resources, voices and expertise. UNICEF business engagement can be instrumental in achieving SBC objectives across all programming areas. The [UNICEF Programme Guidance on Engaging with Business](#) explores some of the ways that business can contribute to UNICEF work. The table below offers some examples relevant to SBC. Note that the business sector also plays an active role in the financing and innovation of programmes.

Role of business	Potential SBC linkage
 <p>BUSINESS AS PROVIDER OF GOODS AND SERVICES</p>	<ul style="list-style-type: none"> • Work towards more inclusive, non-stereotypical products and services • Help messages reach remote and hard-to-reach areas through products tailored for bottom-of-pyramid markets • Support the development of digital products/platforms that provide two-way communication/feedback
 <p>BUSINESS AS EMPLOYER</p>	<ul style="list-style-type: none"> • Strengthen family-friendly policies in the workplace and ensure that policies are applied equitably • Promote care-seeking behaviours and foster enabling environments (products, services) to support the adoption of positive behaviours and practices that support mental health and well-being (handwashing, sanitation, nutrition, etc.)
 <p>BUSINESS'S IMPACT ON COMMUNITIES AND ENVIRONMENT</p>	<ul style="list-style-type: none"> • Influence environmental practices in business through community and consumer capacity-building and engagement • Develop tools that aggregate community-sourced data to inform better community engagement • Advocate for messaging and policy around nutrition and healthy eating, and address issues linked to obesity and malnourishment
 <p>BUSINESS AS A SOURCE OF TECHNOLOGY, INNOVATION AND FINANCING</p>	<ul style="list-style-type: none"> • Strengthen advocacy and promotion of COVID-19 vaccinations and preventive measures, through messages pushed through mobile operators • Access data on reach/response to interventions, using geo-locating technology • Use shared value partnerships to leverage resources for SBC
 <p>THE VOICE AND INFLUENCE OF BUSINESS</p>	<ul style="list-style-type: none"> • Use social media, digital platforms and collaborations to engage with millions of unreached people • Influence SBC marketing and research private sector investment

Implementation steps and checklist

A number of considerations can help you explore if and how business can support progress towards SBC objectives. They can be summarized in 3 steps: the What, the Who, the How.

Step 1: The What

This is the link between business and the problem. Scope out business engagement with the identified SBC programme results and priorities, and consider potential interactions with the business sector. .

Key questions to ask include:

- How is this business contributing to the problem? Or is this business itself the problem?
- Can this business be part of the solution?

Remember that businesses can play various roles within UNICEF programme areas. Here are important documents that can help you identify intersections and aid in the country programme planning stage:

- [How to integrate the private sector into a situation analysis](#)
- [Situation analysis and the impact of business on children's rights](#)
- [B4R Theory of Change Format Nov 2021](#)

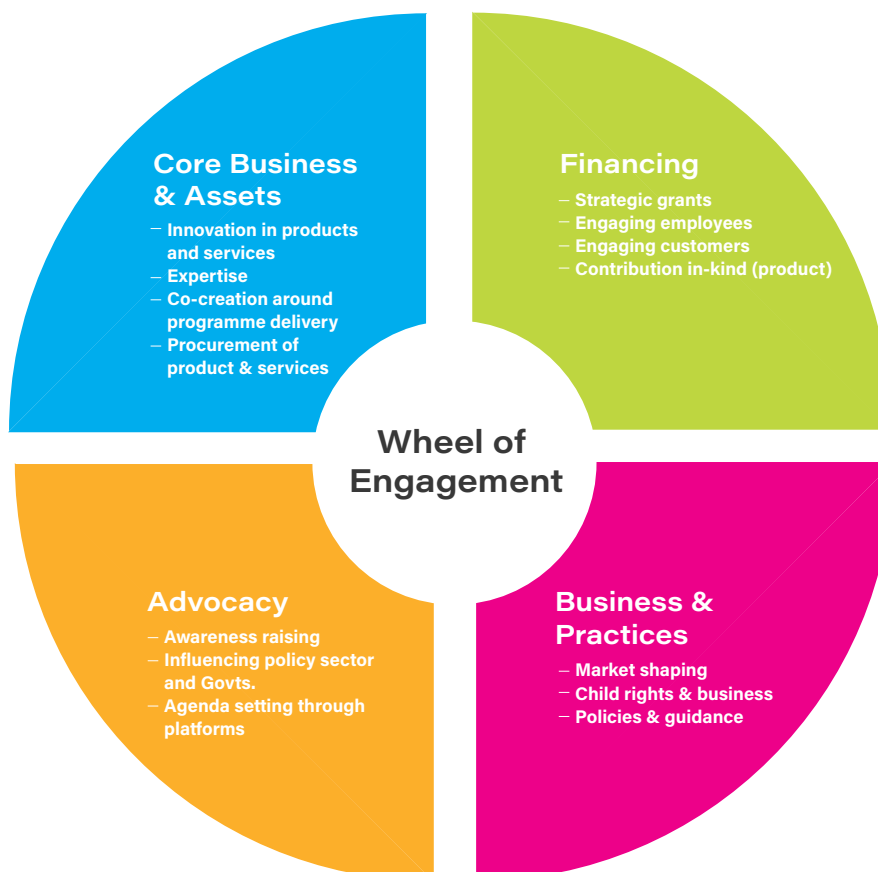
STEP 2: THE WHO

Once you have identified the programme areas where business has a significant impact, you should narrow them down to a priority list. Examine the external landscape, and identify the specific business sectors and stakeholders with the reach, influence, resources and assets to help you achieve these results.

The IMPACT prospecting methodology will help you make high-quality decisions. Your decisions should follow the UNICEF approach and criteria for selecting the right partners. Be sure to review the basic procedures for engagement with business to ensure you are aligned with critical parameters.

Step 3: The HOW

Whether you find a specific business to be part of a problem or a part of the solution, what is the best way to engage with it for social good? To help identify existing options, try using the Wheel of Engagement below. This tool will help you evaluate the most impactful and effective engagement approach. It is important to remember that not all options will be applicable to any specific output or result area, and in some cases, different options may be pursued simultaneously. While leveraging monetary resources can be done in parallel with other types of engagement, it can be less effective than using the reach, influence and core assets (goods and services) of businesses.



More information on the various modalities of the Wheel of Engagement can be found in [this document](#). The due diligence criteria and principles provide multiple documents with guidance on choosing the right type of engagement and some criteria for quality decision-making. Before reaching out to a business stakeholder, make sure to familiarize yourself with UNICEF's [Principles for engagement with business and foundations](#). You can also reach out to your Private Sector Engagement and Partnerships colleagues at the Country Office, Regional Office or even Programme Group. These measures will help you arrive at a shorter, more specific list of potential business sector partners. You can then initiate conversations with them, going through appropriate focal points or colleagues.

Measurement

Harnessing the power of business and brands is a strategy to achieve programmatic results through SBC. It is important to distinguish between measuring changes in outputs – such as ‘number of children reached with awareness raising and communication campaigns’ – and changes in outcomes such as ‘90% of children wash their hands after using the toilet’. The private sector tends to privilege quantitative and activity-based metrics (number of campaigns delivered, number of messages sent, number of young people accessing U-Report). When engaging with private-sector behavioural science experts, it may be helpful to develop project-specific metrics to measure activity-level or output-level results that contribute to the larger outcome or goal.

In the current Strategic Plan, UNICEF has made concerted efforts to expand and institutionalize its engagement with the business sector to achieve programmatic results for children.

Partnerships

While following the provided methodology will help you identify specific sectors or potential partners, there are some industries and sectors with high potential that already interface with UNICEF's SBC goals in various programmatic goal areas. These partners include local companies and big international firms. Industries and sectors potentially more pertinent to SBC include:

- Entertainment, media and film
- Social media and other digital platforms
- Food and beverage
- Beauty and consumer healthcare
- Behavioural research entities and private-sector SBC experts
- Fast-moving consumer goods (FMCG) and retail

It is important to consider the shared values and objectives from an SBC perspective when initiating new

partnerships. Assess each potential partner according to 4 core dimensions: financial, business practices, advocacy and core business/assets. This will help you see partners beyond their financial benefits to leverage influence and technical collaboration. Work with your partners to conceptualize and align on shared values and objectives, contributions, responsibilities and how the quality of SBC initiatives are measured. For guidance, use the funding institution checklist in the [Community Engagement Minimum Standards – Annex 2](#).

Case studies and examples

Both the Business For Results (B4R) platform and the UNICEF [Programme Guidance on Engaging with Business](#) offer examples of how UNICEF works to leverage business resources, expertise and assets in support of SBC programming. Here are a few examples:

Leveraging product innovation and market development to promote behavioural change around handwashing

- **GLOBAL:** UNICEF partnered with LIXIL to [provide basic sanitation for 250 million people](#)
- **GLOBAL:** UNICEF worked with Unilever to [provide access to both improved sanitation and education in Viet Nam, Brazil and India](#)

Influencing business workplace practices expertise to improve childcare practices and parenting and address stereotypes

- **BANGLADESH:** UNICEF worked directly with ready-made garment factories in Bangladesh to [promote optimal breastfeeding practices](#)
- **GLOBAL:** UNICEF worked with the LEGO Group to [dismantle stereotypes and ensure inclusivity within products, communication, marketing and experiences](#)

Engaging business sector around nutrition

- **GLOBAL:** [Compendium of case studies on engaging the business sector around nutrition](#)

Steering business expertise and analytics in emergencies

- **BRAZIL:** UNICEF Brazil partnered with Facebook to [better understand public awareness about the Zika virus](#). The impact of using these insights to drive the information campaign was profound: 82 per cent of those reached reported acting to protect themselves from Zika.

Fostering positive messaging and action, and addressing misinformation, by leveraging private-sector reach and influence

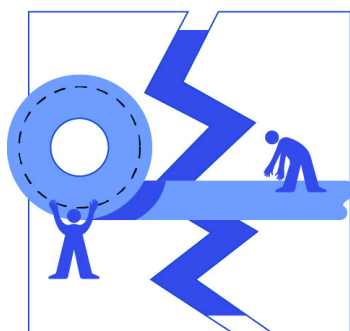
- **LEBANON:** The Ministry of Information partnered with WHO, UNICEF and UNDP to stop fake news by flooding media and social media with facts and science - reaching an estimated audience of 8,383,326.
- **SWEDEN:** Baby Talk For Dads - UNICEF Sweden partnered with the H&M Foundation to develop a campaign for parents and caregivers, particularly fathers, to encourage positive ECD practices. An estimated 281 million individuals were exposed to the campaign.

Key resources (summary)

- [Programme guidance for country offices looking to engage with the private sector](#)
- [Guidance and tools for prospecting and engaging with platforms](#)
- [Principles for engagement with business and foundations](#)
- [How to integrate the private sector in a situation analysis](#)
- [Child rights and business in programme strategy notes](#)
- [UNICEF criteria and due diligence processes for private-sector partnerships](#)
- [Management of risks related to private-sector fundraising and engagement in country offices](#)
- [Developing partnerships with foundations](#)
- [Partnering with multi-stakeholder platforms](#)
- [Working with major donors](#)



Do **SBC in Emergency settings**



SBC in the Humanitarian Cycle

Using the Community Engagement in Humanitarian Action Toolkit (CHAT)

Introduction

The Community Engagement in Humanitarian Action Toolkit (CHAT) is an effort to holistically address communication and community engagement (CE) needs in the event of natural hazards, conflicts, disease outbreaks and epidemics, and complex emergencies.

A compendium of guidance and practical tools, CHAT aligns with the latest global frameworks, policies and standards, and builds on existing CE resources, guidance and tools. It helps countries and stakeholders organize contextualised, humanitarian preparedness and response efforts, gradually building local capacity to mitigate the impact of disasters on people's lives, health and well-being as they grapple with complex social and economic factors.

New elements of CHAT

Updated for the first time since 2015, the 2022 CHAT aligns CE programming to humanitarian programming and systematically advocates for risk prevention, building social cohesion and promoting resilience. It also increases the role of local communities and civil society in emergency response and preparedness.

The new elements in the 2022 version of CHAT include:

- 1. Comprehensive guidance with tools for high-quality community engagement for Social and Behaviour Change in humanitarian action.**

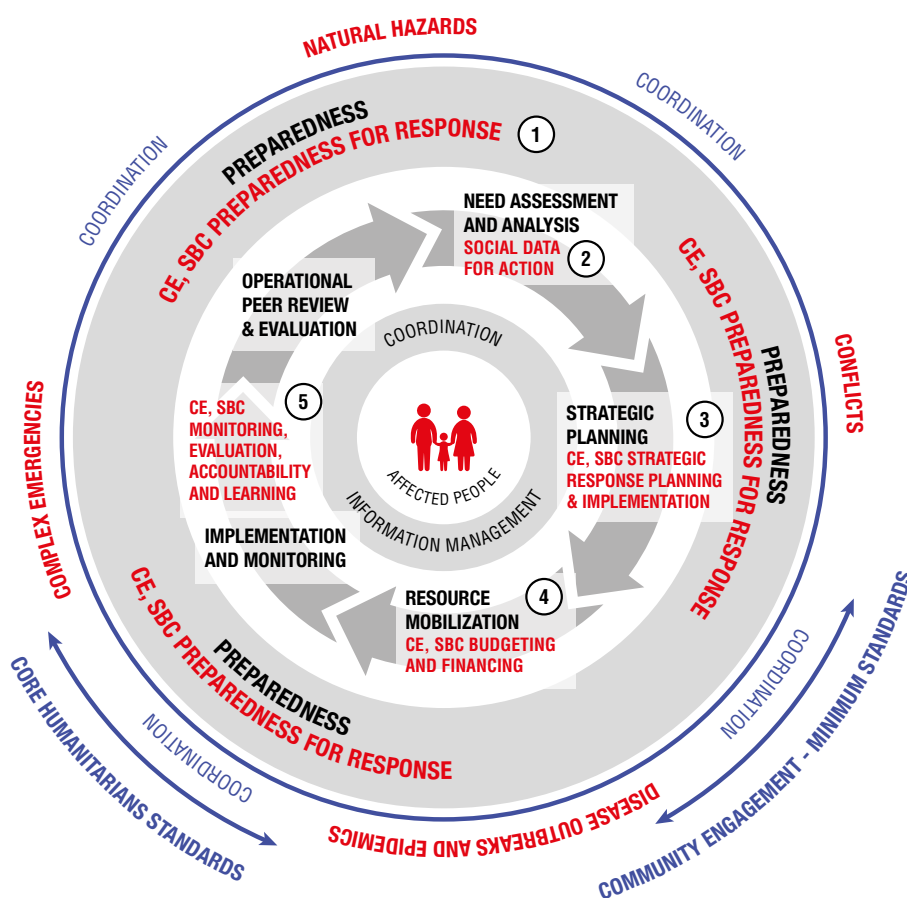
It includes a renewed focus on scaling-up CE, and SBC within humanitarian action. The toolkit provides specific, tailored and comprehensive CE, SBC guidance for relevant, timely, people-centred interventions for natural hazards, armed conflicts and disease outbreak and epidemic.

2. Alignment with global community engagement minimum standard guidance and Core Humanitarian Standards (CHS).

The toolkit brings understanding and interoperability between standards, legal frameworks and humanitarian programming guidance (Sphere Standards, Core Commitment of Children in Humanitarian Action) to define CE actions. It highlights clear linkages with CHS and Community Engagement Minimum Standards (CEMS) and includes a joint advocacy agenda for partners to improve community engagement practices at scale by linking to the humanitarian-development nexus.

3. CHAT mainstreams CE, SBC actions throughout the Humanitarian Programming Cycle (HPC).

It includes a Collective Action Framework that provides interactive resources, tools and guidance linking CE actions for all elements of HPC. It includes needs assessment and analysis, strategic response planning, resource mobilization, implementation and monitoring, operational review and evaluation. It provides guidance for applicability across sectors to address the needs of communities affected by crisis. This ensures that community engagement is well integrated within the humanitarian architecture and not seen as an afterthought.



CE, SBC MINIMUM ACTIONS BASED ON CHS AND COMMUNITY ENGAGEMENT MINIMUM STANDARDS

1 Key Action: Understanding humanitarian context, Inter-Agency Advocacy for Institutionalisation of CE, SBC for preparedness including establishing a National Coordination Mechanism for CE, SBC for humanitarian Action and Contingency Planning

2 Key Action: Community Engagement Component for Risk Analysis, Need Assessment and Needs Overview Analysis.

3 Key Action: SE, SBC Response Plan with sectoral and cross-sectoral application; and tracking implementation of planned activities.

4 Key Action: HPC stages based CE, CBS budgeting and forecasting of resources, resource mobilization plan, dissemination of the plan and donor engagement & CE Fund Management Dashboard.

5 Key Action: CE, SBC Content Specific Theory of Change, Response Monitoring and Reporting and KM Plan.

4. Guidance for systematic use of social data for action.

Social science has become an important and critical component of CE in crises. CHAT provides extensive guidance and tools to harness community feedback and improve insights and analysis, with an explicit focus on social, cultural and structural behavioural determinants. It provides resources for using evidence to influence policies and make humanitarian interventions more accountable to the communities they serve.

5. A resource of good practices.

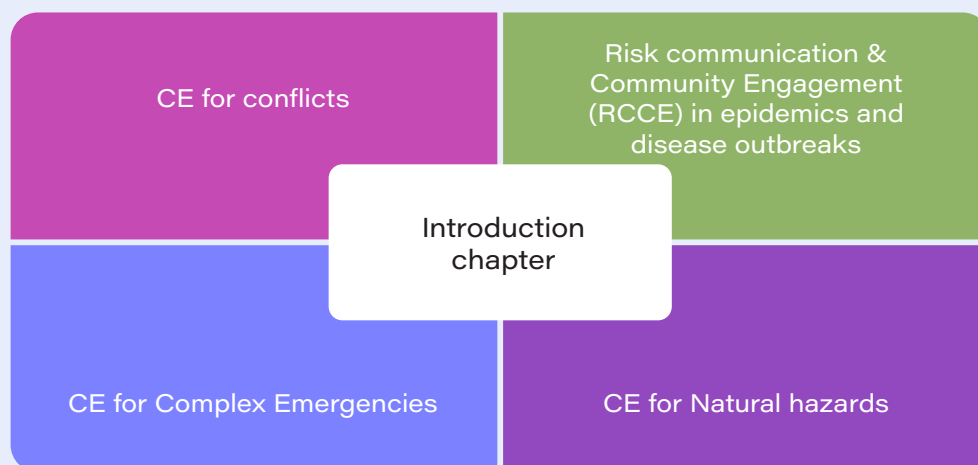
CHAT includes country examples that demonstrate successful application of CE and important lessons from different crisis contexts. It is designed as an evolving document that will continue to build on these resources and experiences, based on the regular input of partners working in the CE, SBC area.

Key users

CHAT provides guidance to scale up contextualized and localized CE, SBC actions during a crisis. It is intended to be used by:

- Humanitarian practitioners within national governments and civil society organizations;
- Experts leading and working on CE, SBC interventions;
- Leaders of humanitarian organizations and heads of humanitarian programmes and inter-agency networks building capacity at the individual and organizational level;
- Donors.

The CHAT toolkit is divided into five sections:



Application and implementation

CHAT is designed to comprehensively address CE, SBC needs in humanitarian action. The current humanitarian context continues to be challenging, making it difficult to properly plan, implement, monitor and document CE interventions. The CHAT toolkit provides a rich repertoire

of resources, guidance and tools that can be adapted to most humanitarian settings. It is an easy-to-use, navigable toolkit that comes in a tabulated-pull-out format.

1. Overview and Introduction

Start here to learn more about CHAT, CE, SBC and its role in humanitarian action and in accountability to affected populations. It outlines global policies, frameworks and standards to which CHAT has been aligned and presents a CE, SBC Common Action Framework based on Community Engagement Minimum Standards and CHS.

2. Community Engagement for Natural Hazards

Here you'll find a comprehensive package that covers CE, SBC resources, tools and guidance to address geo-physical, hydro-meteorological and climate-related hazards.

3. Community Engagement for Conflicts

This section provides guidance on CE and armed conflict and provides resources, tools and guidance to mainstream community engagement for peacebuilding.

4. Risk Communication and Community Engagement (RCCE) for disease outbreaks and epidemics

Here you'll find resources, tools and guidance for disease outbreaks and epidemic management, including

managing Infodemics, RCCE mechanisms and risk communication. It explains 15 deadly diseases of the last century and reinforces preparedness and response around prioritized risks.

5. Community Engagement for complex emergencies

Section 5 explains complex emergencies and their characteristics with several 'how-to' tools. It covers issues such as migration crises where CE, SBC can play an important role.

6. Integrating CE, SBC and HPC within UNICEF Country Programme Planning and Analysis

Section 6 brings it all together, setting the foundation for an organization-wide, standardized set of steps that can align with CE, SBC actions as outlined in the Humanitarian Programme Cycle (HPC) with UNICEF Country Programme Planning and Analysis processes.

The CE, SBC Collective Action Framework has been used as a template to guide the structure of the sections of the CHAT, with the exception of RCCE. The structure is illustrated below.

A 10-step process for using the CHAT toolkit

The CHAT toolkit includes a practical 10-Step plan for CE, SBC for Humanitarian Action.

Steps 1-4: CE preparedness for response

Step 1	Familiarise yourself with Section 1 of the Toolkit to better understand the structure of CHAT, the role of CE, SBC, linkages with AAP, overall standards, frameworks and a common intervention framework. Select the most appropriate section based on the humanitarian challenge in your country context.
Step 2	Understand the humanitarian context and prepare. Seek more context-specific details to guide standards, programme framework and linkages with CE, SBC. Plan and prepare for CE, SBC based on a common action framework before an emergency or disaster occurs. Include a contingency plan to help stakeholders reach a high level of preparedness for specific humanitarian contexts.
Step 3	Advocate for the institutionalization of CE, SBC/RCCE. Ensure timely advocacy and building of CE, SBC systems so that they are integrated into the mainstream across all phases of humanitarian programming.
Step 4	Establish a government-backed CE, SBC/RCCE national coordination mechanism. Include UN agencies, NGOs, in-country donor organizations and humanitarian agencies. Include civil society organizations to represent marginalized and vulnerable groups. Arrange for sustained collaboration among key stakeholders.

Step 5: CE, SBC data for action

Step 5 Collect and analyse robust CE,SBC data for action, including community feedback. Use the data to inform CE, SBC interventions across the HPC. Make every effort to include the most deprived communities.

Steps 6 & 7: Strategic CE response planning & implementation

Step 6 Develop a CE, SBC plan that caters to the Humanitarian Programme Cycle (HPC). Follow guidance to develop a comprehensive plan in

Note: Implementation should focus on providing life-saving information, promoting critical behaviours and re-establishing positive/new social and cultural values. The implementation of the plan must be guided by CHS and Community Engagement Minimum Standards. A mixed-channel approach will ensure that no one is left behind.

Step 7 Collaborate and ally with media from the start. This will build trust and relationships with institutions during peacetime. A healthy relationship will help mitigate false information, misconceptions and myths that can be detrimental to any humanitarian crisis.

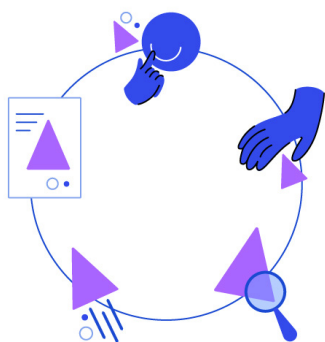
Step 8: Budgeting for CE

Step 8 Budget for CE, SBC resources as soon as preparedness measures and contingency plans are ready. Based on CE preparedness and response planning, develop a resource mobilization plan and strategically invest to deliver on collective CE, SBC results. At the onset of a crisis, share the mobilization plan with partners. Disseminate the plan after making adjustments. Set up collective fund tracking mechanisms under the national coordination group to ensure judicious use of resources and management of field interventions.

Steps 9 & 10: Monitoring, evaluation, accountability and learning

Step 9 Establish CE, SBC monitoring, evaluation, accountability and learning systems to frame evidence-generation activities as part of preparedness measures and the response planning and implementation process. Regular monitoring and evaluation of CE, SBC indicators is required even if circumstances surrounding the crisis are grave and complex. Monitoring efforts help to assess CE interventions' links to humanitarian actions and whether actions support the achievement of behavioural results such as protective practices and service-seeking behaviours. Continued monitoring also provides critical information on behavioural determinants and drivers that must be taken into account when developing CE, SBC humanitarian programmes, so that they remain adaptable and agile for sectors/clusters. Ensure that the M&E approach is inclusive and actively engages affected communities to ensure that perspectives from various age groups, gender identities and abilities are an integral part of results. Roll out a knowledge management plan with allocated resources, followed by documentation of lessons learned to guide future CE, SBC preparedness and response.

Step 10 Use the checklist provided at the end of the sections to track CE, SBC programme actions and use of relevant tools, to ensure high-quality programming.



M&E in Emergencies

Measuring change in times of crisis

Introduction

We live in a fast-evolving field of humanitarian action. Natural hazards, conflicts, disease outbreaks, epidemics and complex emergencies require quality Community Engagement (CE) and evidence-informed Social and Behaviour Change (SBC) programming to achieve sectoral results. CE, SBC is an important part of national humanitarian commitments, including results targeted through Humanitarian Response Plans.

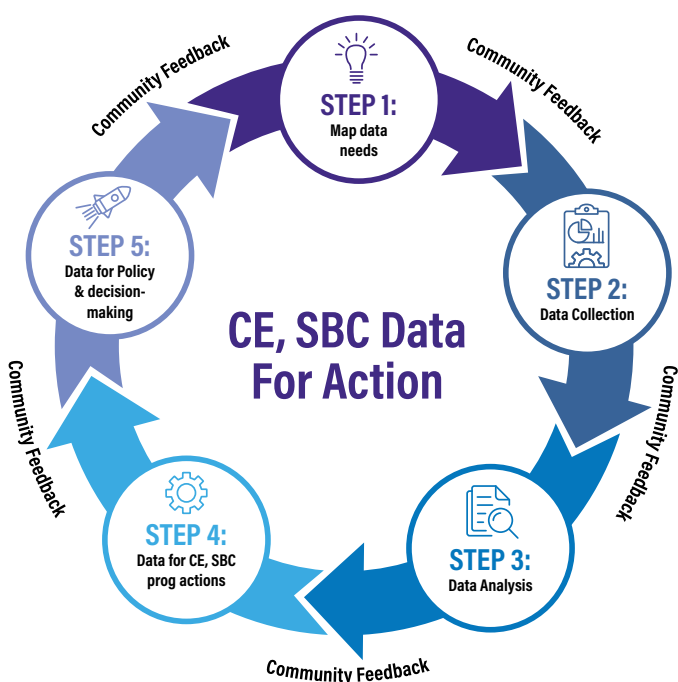
People-centred approaches are fundamental to achieving the SDGs and other humanitarian mandates ([Grand Bargain Commitments 2.0](#), [Sendai Framework](#), [UN TWIN Resolution for Peacebuilding](#), [Sphere Standards](#), [Core Humanitarian Standards](#), [International Health Regulations](#)).

This guidance presents a set of foundational actions with the potential to advance a measurable people-centred agenda. It guides implementing programmes so that they can engage and empower communities as well as influence attitudes, values and collective actions adapted to specific humanitarian contexts. It further establishes a global yardstick to assess, plan, report and monitor the quality of CE interventions in service of wider SBC programming.

UNICEF, the WHO, the International Federation of Red Cross and Red Crescent Societies (IFRC) are core partners within the Collective Service platform, a global coordination mechanism engaged in global COVID-19 response. The platform aims to deliver structures and mechanisms for a coordinated people-centred approach to risk communication and community engagement (RCCE) across public health, humanitarian and development response. Through consultation and coordination, a global Social and Behavioural Change results framework for COVID-19 response has been developed to strengthen RCCE around six dimensions: information, perceptions, knowledge, practice, social variables and structural variables on the uptake of positive health behaviours.

Results-based management for CE, SBC initiatives in humanitarian action

Results-based management (RBM) is a management strategy that emphasizes the achievement of results and their impact. It involves analysing the context to better plan and prioritize actions, implementing a plan, monitoring and evaluating results to adjust the plan. Then the cycle begins again, gradually approaching more ambitious outcomes, as shown in the figure below.



Evidence from different humanitarian contexts has repeatedly shown that providing individuals, families and communities with the right information alone rarely translates into optimal decision-making. Affected communities and vulnerable groups are influenced by their environment, the people who matter to them and the people they interact with. CE, SBC strategies and interventions that focus merely on reaching communities with messages and increasing their knowledge and awareness of certain practices tend to be ineffective without support from other interventions.

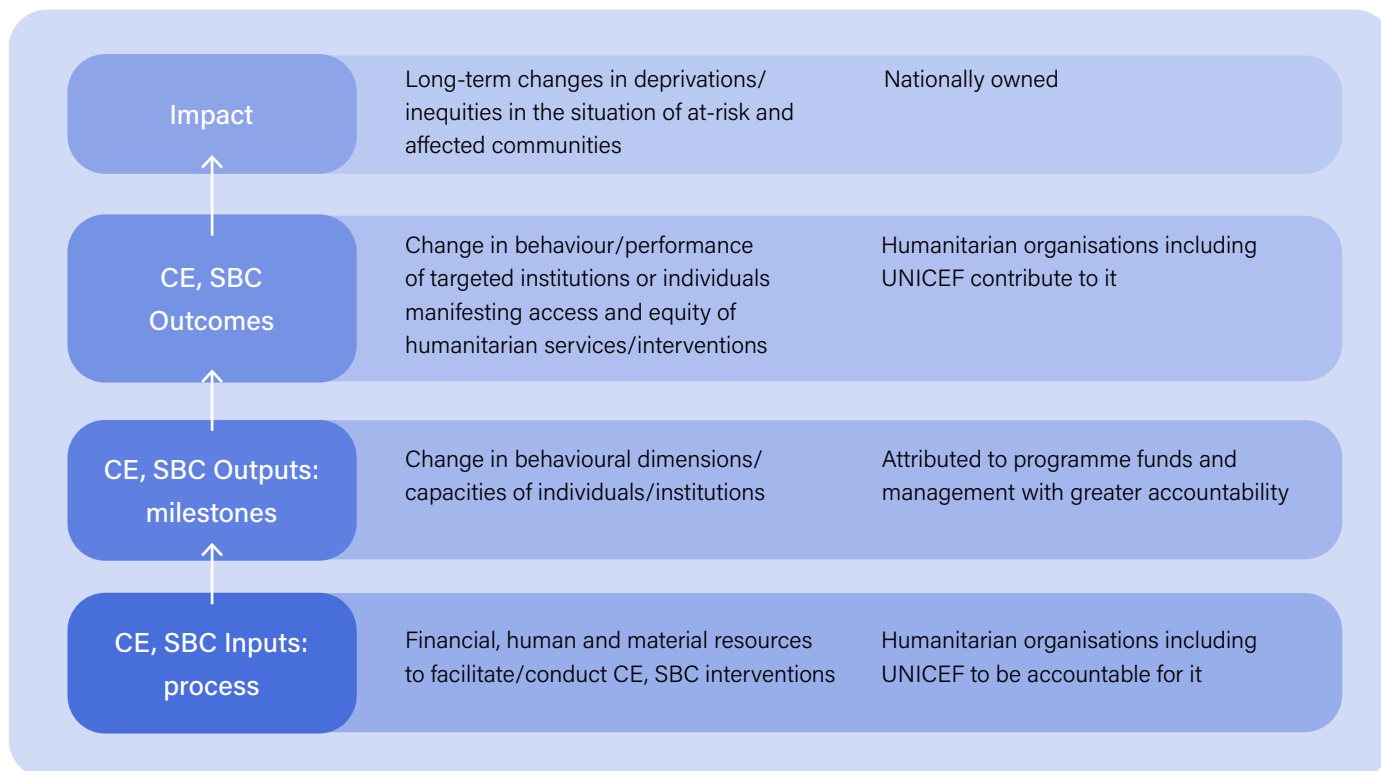
For humanitarian programmes to achieve social and behavioural results, there must be evidence-generation activities related to CE, SBC to inform humanitarian actions. These activities should support the achievement of behavioural outcomes, such as service-seeking behaviours and protective practices. Prioritizing behavioural determinants and factors is instrumental in developing humanitarian programmes and creating robust mechanisms to collect, analyse and use quantitative and qualitative data is critical in humanitarian contexts. Instead of capturing immediate activity-level data, which current results tend to focus on, SBC measurement should focus on long-term sustained engagement and resources to achieve results.

For any given crisis, RBM-based CE, SBC programming should align with Country Humanitarian Response Plans (HRPs) or Humanitarian Programme Cycles (HPC).¹ These include context and situation analysis to identify key drivers of a specific behaviour or practice. Strategic prioritization and planning will help to define key objectives and interventions for implementation. Indicators developed around key objectives will be monitored through a baseline and regular evidence-generation activities throughout the course of a programme.

¹ CE, SBC actions outlined for the Humanitarian Programming Cycle can be applied to natural hazards, crises or conflicts. For public health emergencies, especially disease outbreaks and epidemics, apply Risk Communication and Community Engagement (RCCE) actions outlined for each phase of epidemic management.

Measuring with quality

A quality CE, SBC programme should be guided by a comprehensive results framework and M&E plan. Measurement must be guided by a hierarchy of CE, SBC results including impact, outcomes, outputs/milestones and inputs/process monitoring.



Hierarchy of Results, Adapted from ESARO C4D M&E Framework, 2021

Consider the following when formulating results

CLARITY REGARDING THE LEVEL OF MEASUREMENT

Output, outcome or impact

ACCOUNTABILITIES

Who is responsible for collecting, analysing, reporting and using data. CE, SBC systems should be led by government institutions or supported by Humanitarian Coordination Committees when governments have limited function

SMARTER RESULTS

Strategic, Measurable, Aligned, Realistic, Transformative, Empowering, Reportable

COHERENT RESULT CHAINS

Clear links between the achievement of results at multiple levels

THE USE OF CHANGE LANGUAGE

The subject of change should be emphasized

LEAVE NO ONE BEHIND

Focus on equity, human rights, gender, determinants and risks

CLEAR RELATIONSHIP WITH ISSUES IDENTIFIED IN THE SITAN

Results should be relevant to local context and based on up-to-date evidence and analysis

Quantifying the measurable: CE, SBC initiatives in humanitarian action

All humanitarian programmes must include CE, SBC that engage and encourage participation from members of affected and at-risk communities. A set of quality CE, SBC benchmarks and indicators has been developed to measure the quality of community engagement programmes and interventions across humanitarian contexts.

The first of its kind, this set of benchmarks and indicators are both quantitative and qualitative, and include additional information from detailed sectoral data and situation reports.

There are two indicators to ensure quality CE, SBC in humanitarian action:

INSTITUTIONALIZATION OF COMMUNITY ENGAGEMENT MECHANISMS

UNICEF and other humanitarian actors help countries institutionalize CE mechanisms for participatory planning, implementation and monitoring. Mechanisms can be government or community led, and should facilitate social accountability and accountability to affected populations. Through consistent advocacy and support, these mechanisms can be integrated and normalized within humanitarian organizations and in their national institutions (sectoral and disaster management authorities). This increases their scale and sustainability, which allows for increased ownership and accountability from national stakeholders. The institutionalization of CE mechanisms is supported through the following quality benchmarks:

1. CE, SBC coordination mechanism(s) at national and sub-national/local levels that work together to advance a people-centred agenda
2. CE, SBC budgeting and human resourcing, to facilitate institutionalization in national programmes and plans
3. Two-way community engagement mechanisms and feedback
4. Wide-scale community engagement and participation in planning, monitoring, feedback and accountability, especially with marginalized and underserved populations

These benchmarks enable countries to report and track progress on building/strengthening systems, based on guidance outlined through CE minimum standards.

CORE COMMITMENTS FOR CHILDREN IN HUMANITARIAN ACTION

The CCCs are part of UNICEF's core policy and framework for humanitarian action. Grounded in global humanitarian norms and standards, the CCCs provide mandatory sectoral and cross-sectoral strategic results for coverage, quality and equity during humanitarian action and advocacy undertaken by UNICEF and partners. CE, SBC is now an integral part of the CCCs' commitments and benchmarks, guiding the selection of indicators and targets included in country preparedness and response plans. This enables better measurement and reporting on the performance of UNICEF and its partners. Indicators at outcome and output level are provided for the following sectors and cross-cutting priorities:

1. Health
2. Nutrition
3. WASH
4. Education
5. Child Protection
6. HIV
7. CE, SBC
8. Social Protection
9. Public Health Emergencies/RCCE
10. Gender Equality
11. Accountability to Affected Populations (AAP)
12. Disability
13. Adolescent Development and Participation

Each sector and cross-sectoral area under the CCCs has a set of core quantifiable indicators based on CE, SBC commitments. Each indicator includes guidance at outcome and output level to track the quality of CE programmes implemented for emergencies and SBC attained throughout the emergency and development programming.

Meta-guidance for measuring indicators in CCCs

Use a mixed-method approach to collect and report on CCC indicators. Data collection should align with existing humanitarian data systems followed by sectors or national institutions. Consult with sectors (or clusters) to decide which indicator to adopt and how the different data sets are used. Data may be presented through complete enumeration, including the entire target population, or through sampling, where information from a representative sample is extrapolated to the entire group.

Implementation stages

Each implementation stage must align CE, SBC actions to the Humanitarian Programme Cycle (HPC) and contribute to a country's Humanitarian Response Plans (HRPs). All CE, SBC policies, strategies and programmes

should adopt a community-led and people-centred perspective that considers social data, co-creation, participation and accountability.

HPC stage	CE, SBC actions in HPC	Steps	Roles and responsibilities
Stage 1: Emergency preparedness for response	CE, SBC preparedness for response	<p>Establish a CE, SBC M&E system: Time constraints, limited resources and panic all affect the ability of humanitarian actors to respond to emergencies in an effective and timely manner. As part of CE, SBC preparedness, M&E systems must support activities through all phases of HPC.</p> <p>Key actions:</p> <ol style="list-style-type: none"> i. Identify partners for M&E ii. Define coordination mechanisms, roles and responsibilities for M&E, should an emergency occur. Establish reporting structures/feedback loops that enable regular communication between national and sub-national levels. iii. Validate outcome/output-level indicators and reporting forms to assist with initial monitoring, where known emergencies are likely to occur. These must be adjustable based on the nature of the crisis. 	<p>Programme staff collaboration with partners including humanitarian actors, national institutions and academia</p>
Stage 2: Needs assessment	Social data for action	<p>Conduct CE, SBC analysis as part of country risk analysis: Conduct systematic mapping and assessment of needs, vulnerabilities and behavioural gaps of the at-risk and affected populations. Include operational problems and underlying causes, as well as an assessment of capacities, resources and gaps of implementing organizations to inform CE, SBC strategies for sector/cross programmes</p>	<p>Civil society organizations and research institutions, in collaboration with programme staff and national institutions</p>
Stage 3: Strategic response planning	CE, SBC strategic response plan & implementation	<p>Formulate CE, SBC results to inform HRP objectives: Identify and prioritize expected results that contribute to agreed HRP objectives and programmes, processes and financial/human resources. Prioritize results to address gaps in UNICEF and humanitarian organizations, as part of CE, SBC programmes. Use established results and interventions to build synergy and a shared vision while leveraging areas of mutual benefit with organizations, groups and individuals who maintain active interest in CE, SBC programming for humanitarian action.</p> <p>Let this guide the implementation of your plans.</p>	<p>Humanitarian organizations in collaboration with clusters/sectors</p>

<p>Stage 4: Implementation and monitoring</p>	<p>Monitoring, evaluation and learning</p>	<p>Engage in CE monitoring, evaluation and learning: Align ongoing monitoring, performance and impact assessment, with standards and indicators to track whether interventions have the desired impact and are proceeding according to the CE, SBC plan. Use these findings to make systematic adjustments to CE, SBC interventions and programmes, targeted groups, costs, etc. Integrate key insights into future planning. .</p>	<p>Programme staff collaboration with partners including humanitarian actors, national institutions and academia</p>
<p>Stage 6: Operational peer review & evaluation</p>	<p>Help humanitarian organizations remain accountable to communities, by continuing to collect continuous feedback from affected and at-risk communities.</p>		

Partnerships

Partnerships should:

- Plan and budget the M&E component for CE, SBC across the HPC, based on the country context. This will ensure that these processes are in place before the onset of a humanitarian crisis. M&E should focus on developing a common vision among partners with flexible systems that can adjust to the changing context and available resources.
- Use existing CE, SBC coordination mechanisms (within the specific context)for M&E activities. Coordinate with cluster-supported mechanisms to inform sectoral commitments and accountability.
- Coordinate with all key stakeholders facilitating results-based programming for CE, SBC early on in the preparedness and planning process. Clarify roles for M&E personnel, research and programme staff from humanitarian organizations and government institutions with respect to data collection, analysis and use. All relevant stakeholders must be included to facilitate results-based programming for CE, SBC.

Key resources

- [Community Engagement Minimum Standards](#)
- [Meta-guidance and indicators for CCCs](#)
- [How to formulate SBCC results and indicators \(Page 18-23, Measuring Results in SBC Communication Programming\)](#)
- [SBC in the Humanitarian Cycle: Using the Community Engagement in Humanitarian Action Toolkit \(CHAT\)](#)
- [COVID-19 RCCE M&E Guidance, Collective Service](#)

Government: National and sub-national/ local institutions especially supporting sector interventions and Disaster Management Authorities

Community-led organizations: INGOs, NGOs, CSOs, private sector

Academic institutions or professional academic networks/associations



Do
**Build capacity and
supportive systems**



Capacity of Partners

Creating SBC expertise within government, CSOs and academic institutions

Introduction and definition

Impactful, cost-effective and sustainable SBC programmes are often led by those closest to the communities being served and supported by regional and national leadership and policy-makers. It is critical that UNICEF support efforts to build capacity among civil society organizations (CSOs), governments and academic institutions. Staff, faculty and students have the potential to become key SBC practitioners both now and in the future.

Historically, capacity-building efforts for each of these institutions have focused on technical capacity in education, health and other programmatic areas. In order to achieve results at scale, it is important that UNICEF, stakeholders and partners build their capacity around planning, implementation and ensuring ownership of SBC efforts. This entails building a shared language around what SBC is and defining a toolkit of SBC approaches. With sustained capacity-building initiatives, we can create an enabling environment where SBC is understood, appreciated and owned by national and community-level leadership.

Benefits of SBC capacity-building

When CSOs and governments have the drive and capacity to support existing programmes with strong SBC efforts, it results in:

- Higher-quality research on the social and behavioural determinants of health and well-being to support UNICEF's vision to realize the rights of all children
- A policy environment that supports collaboration between key government stakeholders, UNICEF and others to implement SBC programmes that complement service delivery initiatives
- Increased advocacy for SBC programming and resources at the country and regional level by UNICEF and other stakeholders
- Effective, sustainable and evidence-based SBC programmes in which research and evaluation is planned for and included from the beginning of projects
- Accelerated progress towards behavioural and programmatic objectives
- Improved capacity to scale up implementation of initiatives that build demand for services, support sustained community engagement and participation and amplify local voices across a range of behaviours

Implementation steps and checklist

1. Work with partners to develop a shared vision for success and an understanding of current capacity, interests and needs. Capacity assessments can be conducted through site visits, surveys, interviews and reviews of existing materials. Questions to consider include:
 - a. To what extent does the partner already implement SBC efforts? If SBC programmes are currently being implemented, what are the goals?
 - b. Which SBC approaches and tools does the partner currently use? What has been the most/least successful? What additional skills or tools might they need to more effectively implement each approach?
 - c. What types of research is the partner already doing? To what extent does the existing research it measure social and behavioural outcomes? What types of qualitative and quantitative research tools are being used?
- d. What outcomes is the partner trying to achieve? Can effective SBC programming accelerate progress towards these outcomes? Are there specific SBC tools or approaches that can help achieve these outcomes?
- e. Who in the organization is responsible for work related to SBC? Does the institution/partner have dedicated staff or personnel working on SBC or SBC-related projects? What level of awareness and understanding do staff have about SBC? Do they have access to internal or external expertise?
2. Work with partners to co-design capacity building efforts informed by the needs, desired outcomes and constraints of the partner. A variety of approaches can be used to build capacity, such as workshops or one-off trainings. Sustained capacity-building efforts include:
 - a. Online learning sessions and modules (through [Agora](#), for example)
 - b. Ongoing academic modules situated within existing courses at universities or other institutions
 - c. Participatory learning opportunities including shadowing, fellowships and joint research or design activities
 - d. SBC modules integrated within government training programmes for key service providers (social service workers, health workers, teachers, etc.)
 - e. Systems-strengthening activities such as the establishment of teams, processes and structures to sustain, integrate and access SBC expertise
3. Work with partners to co-design an evaluation plan for capacity-building activities. This plan should track completed activities and any associated practices and outcomes (e.g., more targeted research, more cost-effective programme implementation, accelerated progress towards behavioural objectives, etc.)
4. Work with partners to implement and monitor the capacity-building plan. With any SBC programme, progress should be continuously monitored. Continue to iterate upon capacity-building activities in order to tailor them to the partner's needs and objectives.
5. Assess outcomes of capacity-building efforts using the evaluation plan developed during inception. Evaluation should take place 1-2 years after the start of the programme. Revise, expand and/or scale up capacity-building efforts based on evaluation results.

Measurement

Capacity-building efforts should be measured before, during and after activities. Before implementation, work with partners to conduct a capacity/needs assessment (as described above). Capacity-building activities should be continuously monitored. Following the completion of activities, an evaluation of the process and the associated impact should occur.

Research methodologies may include:

Capacity/needs assessment: surveys, interviews, document or programmatic material reviews, site visits

Process evaluation: databases to capture activity completion and participation, pre-post surveys, interviews

Impact evaluation: structured questionnaires, analysis of service statistics, review of external evaluations of programmes

Measurement of outcomes may vary across institutions and stages of capacity development. This table offers suggested outcomes for CSOs, governments, and academic institutions as each stage:

Stage	CSOs	Governments	Academic institutions
Capacity/needs assessment	<ul style="list-style-type: none"> Existing SBC implementation capacity Human resources to implement and monitor SBC programmes 	<ul style="list-style-type: none"> Capacity (including systems capacity) to support SBC programmes Existing SBC advocacy 	<ul style="list-style-type: none"> Existing SBC research capacity Course/programme offerings related to SBC Previous dissemination of SBC research results
	Programmatic objectives related to SBC (and progress towards those outcomes)		
Process evaluation	<ul style="list-style-type: none"> Number of staff trained in SBC research, implementation and/or advocacy Number of internal SBC capacity-building or training efforts developed (to train replacements) Number of new SBC initiatives developed or supported 	<ul style="list-style-type: none"> Number of staff trained in SBC research, implementation and/or advocacy Number of SBC champions/advocates identified within government Number of new SBC initiatives developed or supported Existence of supportive structures/mechanisms for SBC within government Number of SBC research centres or centres of excellence established 	<ul style="list-style-type: none"> Number of faculty trained in SBC research and/or implementation Number of SBC-related courses developed and offered within curricula Number of students participating in SBC-related courses Number of faculty undertaking SBC-related research Number of students undertaking SBC-related research Number of SBC research centres or centres of excellence established
Outcome evaluation	<ul style="list-style-type: none"> Number of capacity-building efforts completed and level of participation in each Trainee satisfaction with capacity-building efforts Perceived change in SBC knowledge (ability to lead or support SBC programmes) Perceived change in attitudes towards SBC (willingness to participate in advocacy) Number of SBC teams, policies and processes among partners and stakeholders involved in SBC-related programming 		
Impact evaluation	Social and behavioural outcomes should be pre-defined by partners. Measure progress made towards achieving these outcomes following completion of capacity-building efforts		

Partnerships

It is important to note that some organizations may function as both participants and partners in capacity-building efforts.

Participants in capacity-building efforts may include:

- Civil society and community-based organizations
- Universities and other higher education institutions, including schools of education, public health, policy and communications
- Government partners including Ministries of Health, Education and Social Development at the national and sub-national levels
- Service organizations, such as Rotary Club
- Social service workforce systems
- Community-based organizations and networks

Partners who can provide support or a platform for capacity-building efforts may include:

- Universities and other higher education institutions
- Public and private research institutes
- Service organizations, such as Rotary Club
- Social service workforce systems
- Community-based organizations and networks

Case studies and examples

GHANA: Using a collaborative approach to build SBC capacity

NIGERIA: Institutionalizing state-led capacity strengthening for SBC

MALAWI: Using a Participatory Approach to Strengthen C4D Capacity vs Link - Towards horizontal capacity building: UNICEF Malawi's C4D Learning Labs

YEMEN: Building the C4D capacity of UNICEF partners

TIMOR-LESTE: Providing technical support for designing a parenting programme

BANGLADESH: Building University Capacity to Teach SBC Courses in tool vs in link Applying a Socio-Ecological Approach to Institutionalise C4D Curriculum

Key resources

Theory

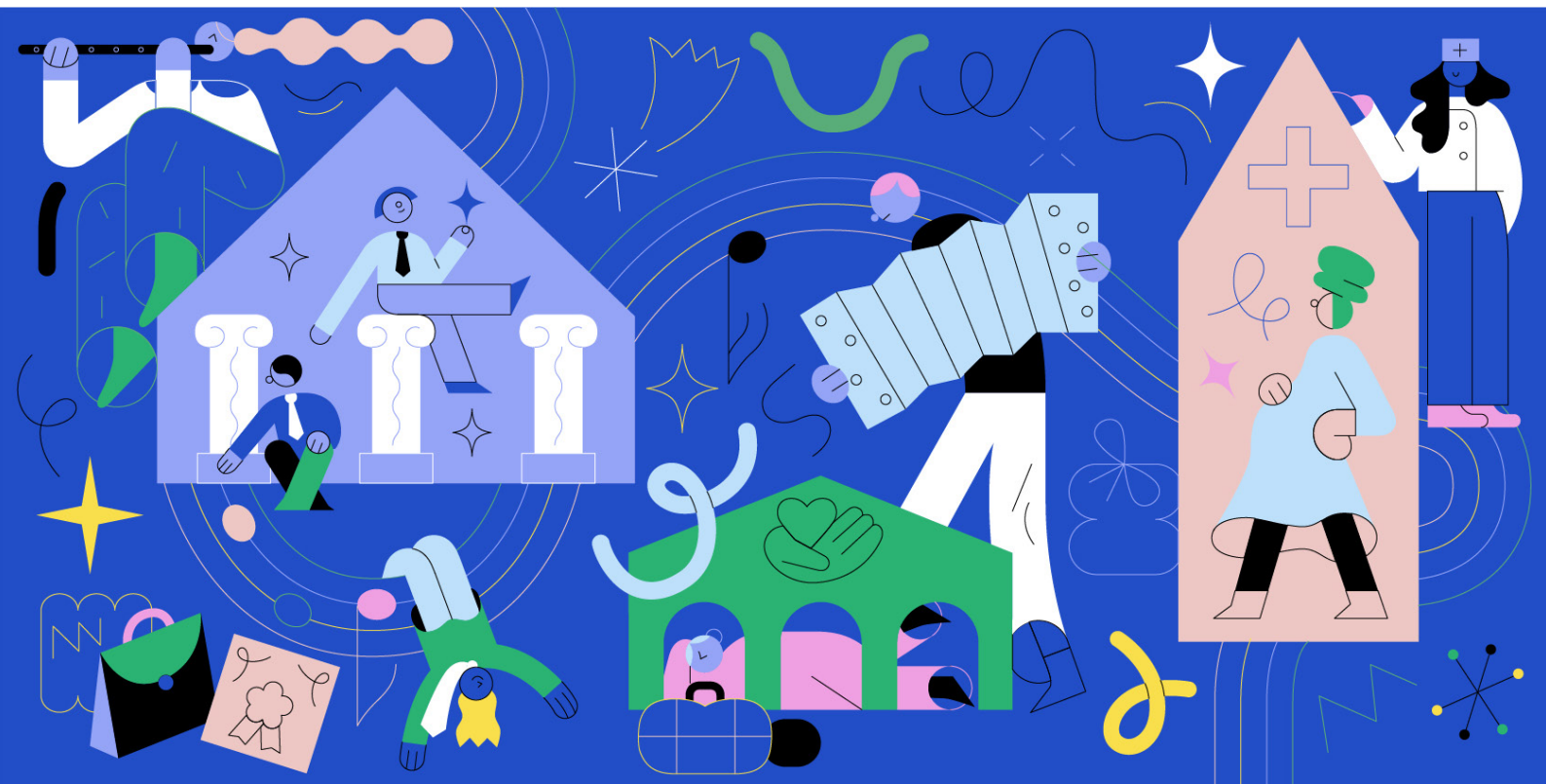
- Eight Principles for Strengthening Public Sector Social and Behaviour Change Capacity
- The SBCC Capacity Ecosystem: A Model for SBCC Capacity Strengthening
- Evaluating capacity strengthening for social and behaviour change communication: A systematic review (Awantang, G.N., Helland, A., Velu, S., Gurman, T., 2021)

Application

- Training in Qualitative Research Methods: Building the capacity of PVO, NGO and MOH partners
- Communication for Development: An evaluation of UNICEF'S capacity and action, Ethiopia country case study evaluation report

Tools

- FHI's SBC Quality Assessment Tool
- Measuring capacity building (Brown L., LaFond A. K., Macintyre K. 2001)
- Indicators to Help with Capacity Building in Health Promotion (Hawe P., King L., Noort M., Jordens C., Lloyd B., 2000)



Social Service Workforce

Understanding how frontline workers can protect children and vulnerable groups

Introduction

Think about a time when you received a service. You may have gone to a health clinic to get your child vaccinated or registered your marriage at a government office. To access these services, you most likely interacted with another person – a healthcare worker, a social worker, a social protection administrator, etc.

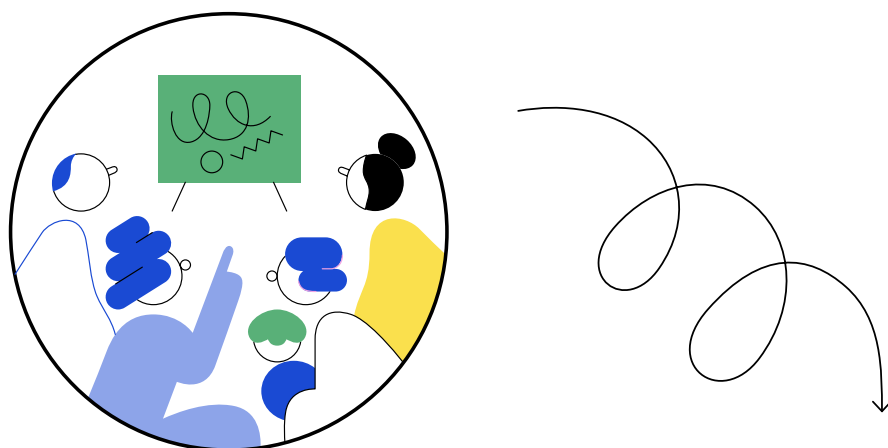
These people are known as front line workers. They are professionals who interface with people daily to provide goods and services. In a world where attention is limited and information is abundant, their interactions with individuals, families and communities have the power to shape attitudes, and ultimately behaviours. Frontline workers come from many professional backgrounds and are central players in Social and Behaviour Change.

We will focus on one important group of frontline workers: social workers. They are often the first line of response for children in harm's way. They work closely

with children and families to identify and manage risks that children may be exposed to within and outside of the home, especially those related to violence, abuse, exploitation, neglect, discrimination and poverty. They promote children's physical and psychological well-being by providing and connecting them to critical social services such as healthcare, education and social protection. Social workers also challenge harmful norms that may violate a child's rights.

These workers have the opportunity to promote positive roles, norms and practices in relation to gender, disability, ethnicity and other areas vulnerable to discrimination. They have the power to secure healthier relationships, social inclusion and positive outcomes for community members.

Evidence suggests that interventions that do not engage social workers are more likely to encounter



resistance, disengagement, apathy or disinvestment at the community level. The capacity of the social service workforce to mobilize communities and proactively communicate with families and groups is critical to achieving positive and sustainable change at the individual, family and community level.

The purpose of this tool is to provide guidance on designing and evaluating capacity-building programmes for social workers. For further support, we have included links to case studies and additional resources.

Benefits and social/behavioural objectives

BUILDING TRUST

Social workers hold a uniquely trusted position within communities. Beyond their ability to connect with community members through shared language, social workers are often related to or have a strong connection with the communities they serve. They use their skills and knowledge of the community to build rapport and engage opinion leaders (religious leaders, community leaders, teachers, traditional healers, nomadic leaders) who play a crucial role in engaging unmotivated and/or hard to reach individuals.

CHANGE BEHAVIOUR

Social workers are trained to consider problems and solutions through a multi-level framework and a contextual lens. They must account for the challenges, social norms, communication barriers and other protective and risk factors relevant to the communities they serve. Their enhanced knowledge and ability to work collaboratively with communities, individuals and families help in the design of solutions that are more likely to change behaviour.

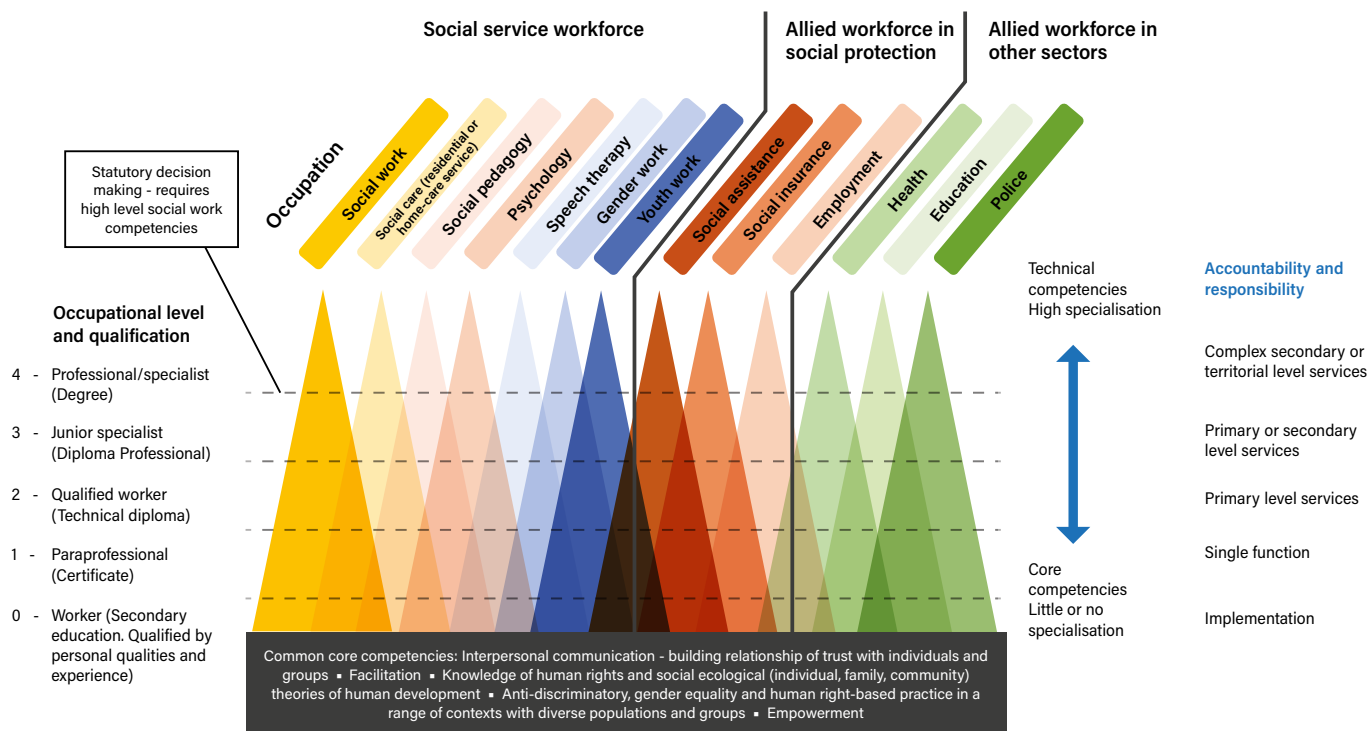
COLLECTING RAPID INSIGHTS

In addition to working on the frontline, social workers often function as a community's eyes and ears. They act as a bridge between the system, services and local needs, by providing critical feedback, advocacy and insight from the community to inform service and policy design. Social workers are incredibly valuable for crafting SBC interventions and additional research, and helping communities hold key stakeholders accountable to change.

ENSURING PROGRAMME SUSTAINABILITY

Social workers are trained in community engagement, and act as an advocate/promoter for the communities they serve. They contribute significantly to the achievement of UNICEF's programme goals by empowering communities through a strength-based approach to community needs and directions. Additionally, they play a key supervisory role, providing development and mentoring support to advance and sustain the core competencies required to build an effective workforce. Developing a localized or regional community of practice to promote collective or shared peer learning can improve capacity-building for training and supervision.

Figure 1: The social services and allied workforces: competencies framework



Source: UNICEF (2018) Call to action on social service workforce strengthening in the ECA region, Geneva

Implementation steps

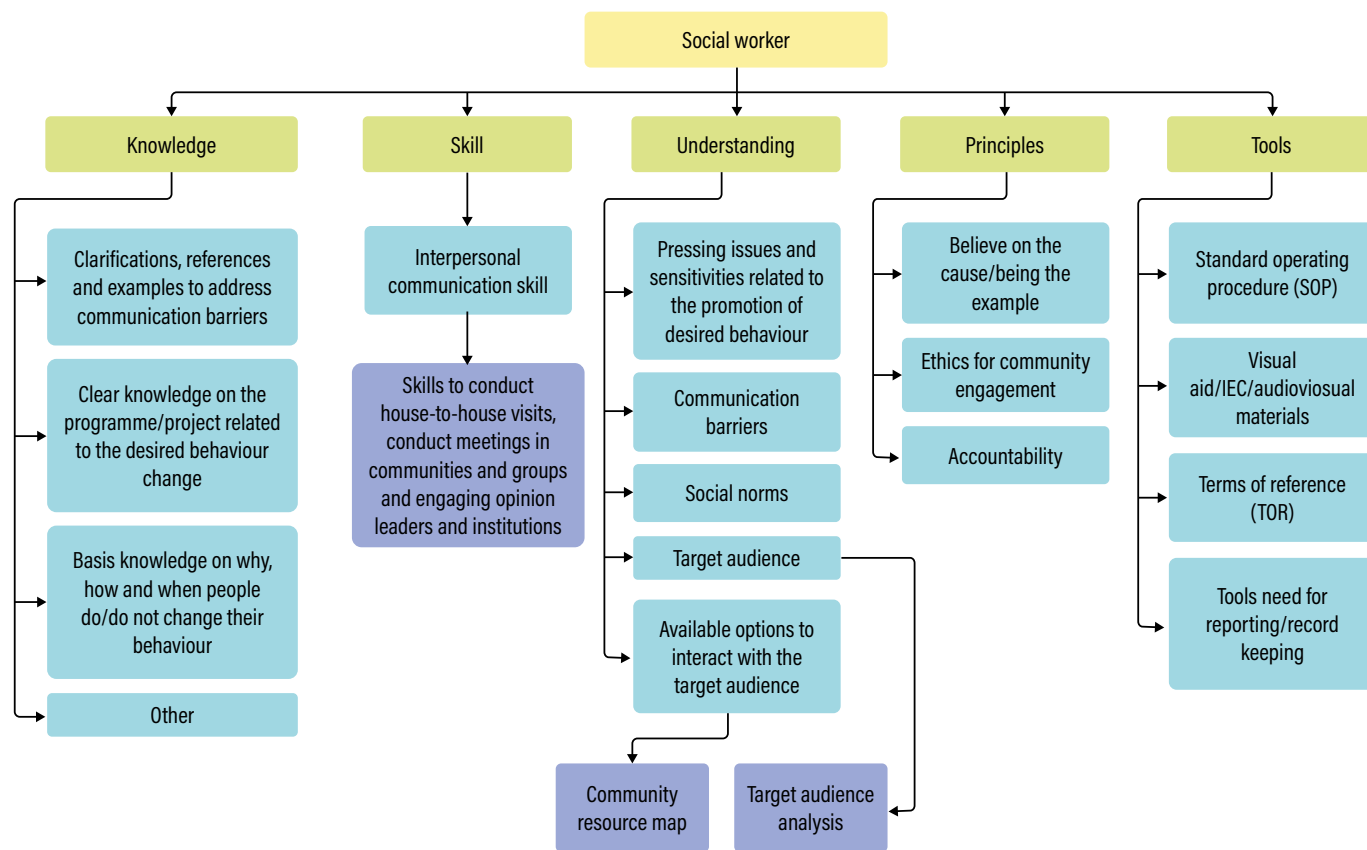
As Figure 1 illustrates, there are knowledge and skill sets that are useful for a variety of different social service occupations (at levels 2 and 3). There are also competencies that are fundamental to a range of social service occupations (at level 1). Level 1 competencies include:

- Knowledge of social-ecological models of human development, including the bio-psycho-social model of disability
- Human rights and people-centred approaches
- Interpersonal communication
- An understanding of helping and empowerment processes
- The ability to mobilize groups, families and communities towards SBC in a variety of settings without discrimination or judgement

In order to develop capacity-building training for the social service workforce, it is important to understand their perspective and the environment they operate in. A social worker should be equipped with five key

things: (i) knowledge, (ii) understanding, (iii) skill, (iv) principles, and (v) tools. As with any workforce, proper practice and on-the-job training is recommended to build competencies and ensure high-quality service. Therefore, it is vital to incorporate ample scope for practice and learning through role-playing, self-reflection and analysis of case studies during training sessions. Upon recruitment, formal training is required to equip social workers with the necessary understanding, knowledge, skills, principles and tools to succeed. Periodic on-the-job refresher trainings can complement academic achievements and supportive supervision, to further strengthen their skills, understanding and use of tools. The duration of formal training will depend on the qualification of the workforce, country context, skill level of trainers and time and budget constraints.

Figure 2: Mind map outlining the knowledge, understanding, skills, principles and tools that a social worker needs to work effectively

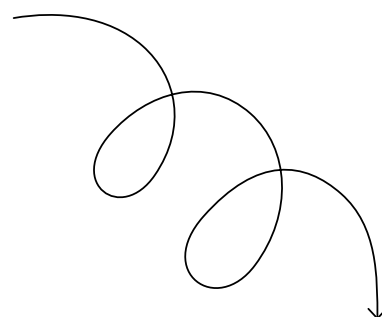


Above all, the number and variety of role-playing activities and case studies should be maximized, so that participants can learn by practising their techniques in real life. Below is a table that provides example topics and methodologies for each of the five key modules.

Table 1: Example topics and methodologies for each of the five key modules

Module	Programme-specific content	Generic content	Example methodologies
Principles	<ul style="list-style-type: none"> Ethics of community engagement to reduce female genital mutilation (FGM) 	<ul style="list-style-type: none"> Ethics of community engagement Ethical standards and principles of social work Do's and don'ts of behaviour change at the community level 	<ul style="list-style-type: none"> Presentation Group work Case studies Q&A session Open discussion Role-playing Plenary
Understanding	<ul style="list-style-type: none"> Profiling caregivers for immunization Answers to frequently asked questions by caregivers to the immunization programme 	<ul style="list-style-type: none"> Why, how and when people change their behaviour, and how to ignite and sustain the change Profiling caregivers/intended audience Concepts and approaches for working with communities to change behaviour Community resource mapping 	<ul style="list-style-type: none"> Presentation Group work Case studies Q&A session Open discussion Pre and post training assessments

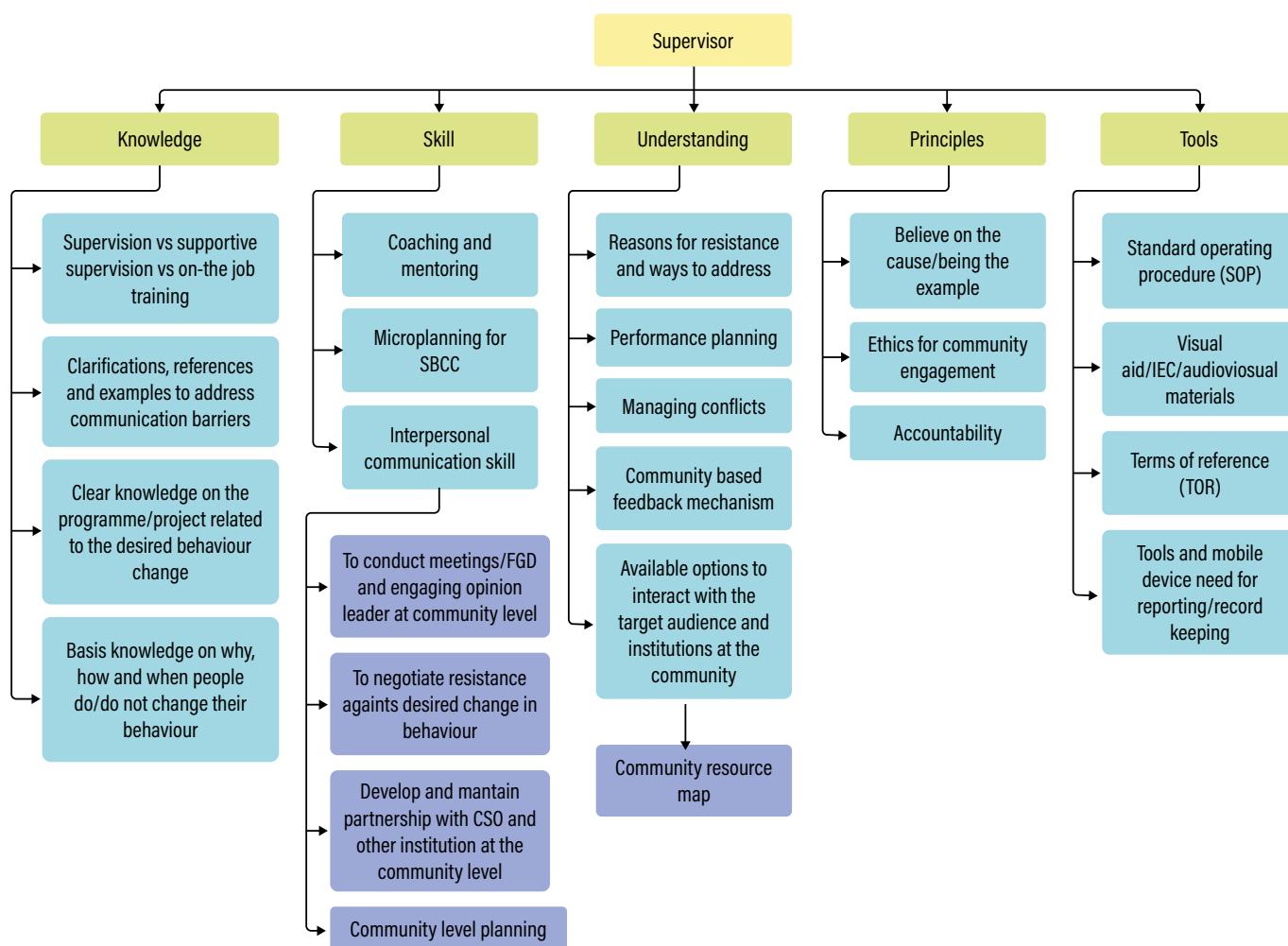
Module	Programme-specific content	Generic content	Example methodologies
Knowledge	<ul style="list-style-type: none"> ▪ Key messaging for routine immunization uptake ▪ Key messaging for oral polio vaccine uptake ▪ Key messaging for risk communication and community engagement for COVID-19 ▪ Vaccine-preventable diseases 	<ul style="list-style-type: none"> ▪ Key messaging for programme-specific behavioural goals ▪ Facts for life 	<ul style="list-style-type: none"> ▪ Presentation ▪ Q&A session ▪ Polls ▪ Open discussion ▪ Group work ▪ Marketplace ▪ Pre-test, post-test
Skills	<ul style="list-style-type: none"> ▪ Interpersonal communication for immunization ▪ Effective interpersonal communication practices for routine immunization uptake ▪ Framing and positioning choices to influence behaviour 	<ul style="list-style-type: none"> ▪ Interpersonal communication ▪ Skills for effective interpersonal communication 	<ul style="list-style-type: none"> ▪ Presentation ▪ Group discussion ▪ Open discussion ▪ Video and trainer modelling ▪ Role-playing ▪ Plenary
Tools	<ul style="list-style-type: none"> ▪ Interpersonal communication for immunization (IPC reference card) ▪ Infant and Young Child Feeding Programme (flip chart for house-to-house counselling sessions) 	<ul style="list-style-type: none"> ▪ Job description ▪ Standard operating procedure for community-level activities: house-to-house visits, meetings ▪ Information, education and communication materials in print and audiovisual media, including flipcharts ▪ User journeys (checklists to assess and evaluate the user journey) ▪ Reporting (registration, forms, mobile devices) ▪ Safety equipment (masks, sanitizers) 	<ul style="list-style-type: none"> ▪ Presentation ▪ Group discussion ▪ Sharing of print and audiovisual materials ▪ Role play, preferably in the community ▪ Plenary



While training social workers is essential to facilitate SBC at the community level, supervisors should also be equipped with the necessary skills and tools to empower them to fulfil their roles. The mind map below outlines

the knowledge, understanding, skills, principles and tools that a supervisor at the frontline must be equipped with for programmes to function optimally.

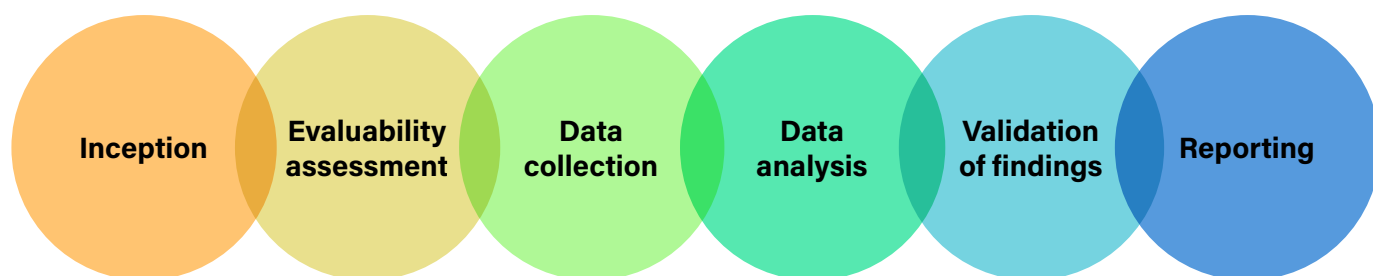
Figure 3: Mind map outlining the knowledge, understanding, skills, principles and tools that a supervisor at the frontline must be equipped with for programmes to function optimally



To better grasp their roles and responsibilities, supervisors should ideally have training in social work or another social service profession. Such training can be leveraged to better understand the context as well as the knowledge and skill level of their staff, enabling them to be a model and resource for them. While supervisory training modules should resemble the contents of the table above, formal training should also include core standards and address the following topics:

- The purpose of supportive supervision and on-the-job training
- Improving programme/project/service awareness through SBC communication
- Communication skills for supportive and flexible supervision
- Coaching and mentoring by building a reflective practice
- Enhancing motivation via nudges and boosts
- Leading SBC quality improvement
- Workplace harmony and stress management
- Supervising frontline workers
- Self-assessment for supportive supervision

Figure 4: The six step evaluation process for capacity building effort



Measurement

When measuring the effectiveness of training or capacity-building, there are three major questions to consider:

- 1. Did people complete the training?** Low completion rates signal the need to make changes to the training, enhance understanding of trainee expectations and improve engagement. They also provide an understanding of how long it takes to complete the training, allowing designers to assess whether it aligns with their goals. This assessment may reveal unanticipated areas of difficulty. Be sure to measure the:
 - a. % of people who complete the training
 - b. Time needed to complete the training
 - c. Areas of training drop-off
- 2. Are there differences in learning and confidence before and after the training?** Test the knowledge of participants prior to training to establish a baseline, then test again after training. Higher scores suggest that the training is effective.
- 3. Are people satisfied with the training?** Qualitative feedback is always valuable. Feedback can be used to improve training delivery to better serve future trainees. Qualitative feedback can be collected regularly throughout the training, and at the conclusion. Feedback surveys may include the following questions:
 - a. How satisfied are you with the training on a scale of 1 (not satisfied) to 5 (extremely satisfied)
 - b. Did you learn anything new?
 - c. Was the objective of the training met?
 - d. How can this training be improved?
 - e. What did you like/dislike about the training?

To assess training and capacity-building interventions as a whole, a more methodical and holistic approach is required. Your approach depends on various factors, such as time, budget, data and technical expertise. Using a six step evaluation process (including other capacity-building efforts such as on-the-job training, supportive supervision, etc.) is highly recommended. These six steps are outlined in Figure 3 and described below.

- 1. Inception:** The entire evaluation process is conceptualized at this stage, starting with an objective for the evaluation. When designing the methodology for evaluation the following indicators/ areas should be considered for data collection:
 - a. A training programme with a clear goal
 - b. A comprehensive training database
 - c. A comprehensive trainee database
 - d. A Theory of Change aligned with training and other capacity-building efforts
 - e. Programmatic and operational relevance
 - f. Effectiveness and efficiency
 - g. Training curriculum and content aligned with accepted technical standards and academic texts
 - h. Sustainability of lessons and skills learned
 - i. Incorporation of cross-cutting issues and evidence-based practice
 - j. Provision of practice and application in real life
- 2. Evaluability assessment:** When designing tools for data collection, different indicators will be considered. It is important that the amount of collected data be statistically representative of the real-life scenario. Whenever possible, incorporate standardized measurements in order to be able to generalize outcomes more broadly.

3. **Data collection:** Your data collection methods will depend on time, budget, logistics and scale. Combining methods is highly recommended, to increase the likelihood of all relevant perspectives being collected. Common methods include:
 - a. Document review
 - b. Interview
 - c. Focus group discussion
 - d. Questionnaire (physical or digital)
4. **Data analysis:** A well-designed evaluation should collect qualitative and quantitative data for analysis. Software such as Microsoft Power BI, Microsoft Excel and SPSS is popular for quantitative data analysis. Excel is a very powerful tool for data cleaning, and a prerequisite for quantitative data analysis. Common theoretical approaches to evaluating qualitative data include:
 - a. OECD-DAC evaluation criteria
 - b. Kirkpatrick evaluation model
 - c. Creswell research designs
5. **Validation of findings:** After the data has been analysed and interpreted, the findings are often summarized in a document or presentation format to share the findings widely and arrive at a consensus. It is highly recommended to host a workshop or webinar to discuss and validate findings shared beforehand or during a Community of Practice meeting. This step is essential to triangulate collected data.
6. **Reporting:** After validation, a narrative report with visual presentation of data is prepared. This report can be shared online or through printed publications, briefs or presentations. The report should be shared in every possible way.

Partnerships

Partnerships can contribute to the success of many aspects of capacity-building for social workers. The partnerships you pursue will depend on the context and need. Partnerships can be formed with organizations such as specialized government agencies, INGOs/NGOs with capacity and infrastructure to support training, specialized training organizations, government agencies, UN agencies (including the UNHCR, the IOM), research agencies and academic institutions.

Case studies and examples

THE NETHERLANDS: Frontline workers can play an important role in helping women (and their partners) to be aware of IPV, to identify abusive relationships and to make them aware of the consequences of abuse for the child.

UZBEKISTAN: USWEEP has been designed to assess the current state of the social service workforce (SSW) and strengthen social work education and practice through sustainable approaches.

BANGLADESH: Intensive interpersonal communication of frontline workers, when combined with a nationwide mass media campaign and community mobilization, helped increase complementary feeding practices.

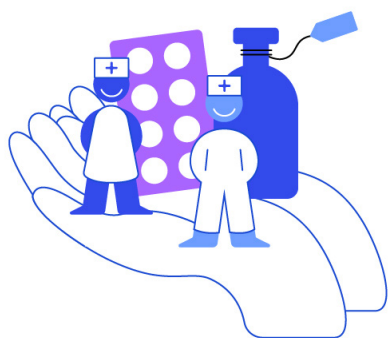
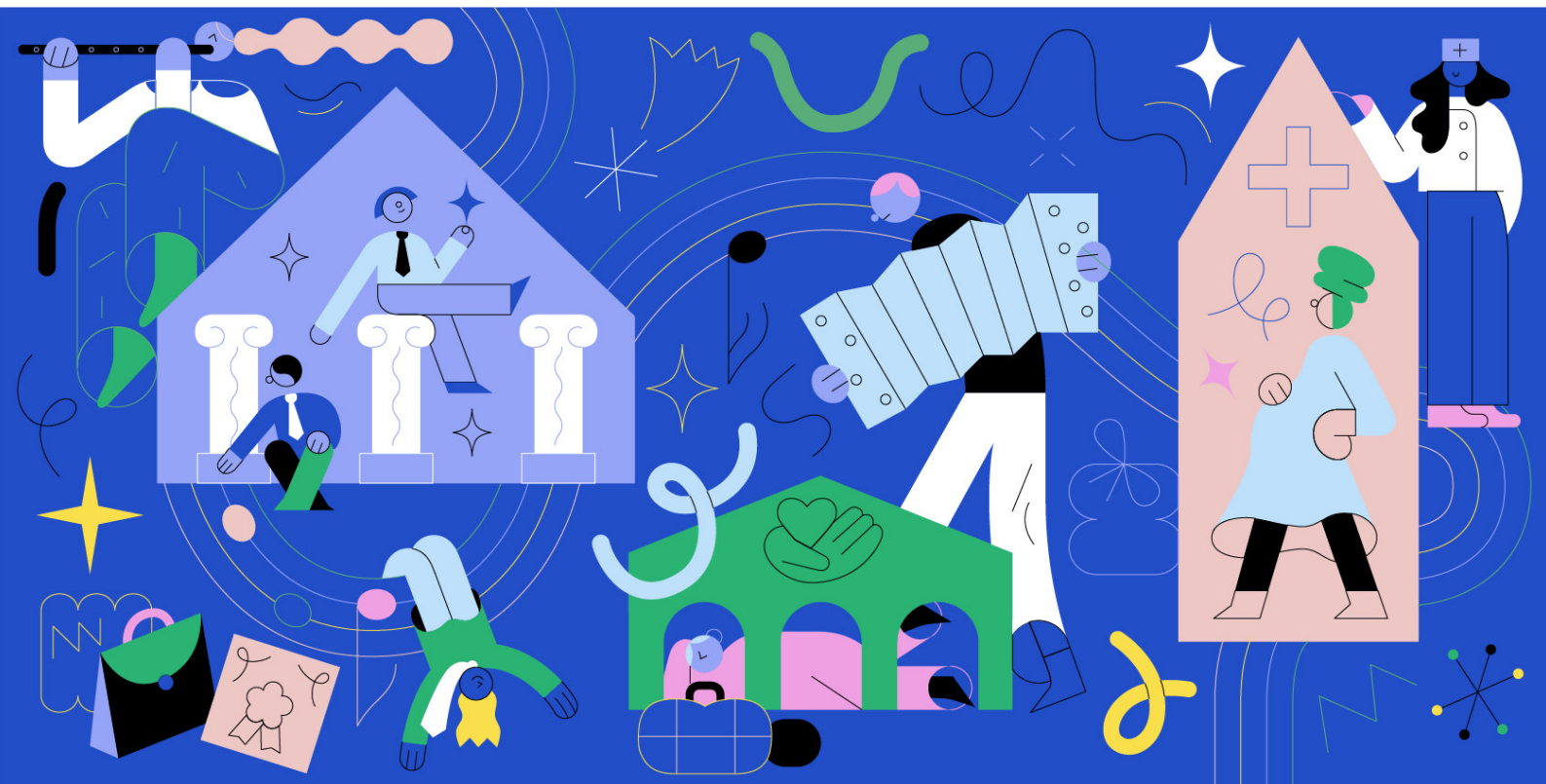
BANGLADESH: Secure Digital (SD) cards are being used by frontline workers. The SD cards store content such as job aids/tools/patient materials, for easy access via mobile phone during interpersonal counselling sessions. They have greatly reduced the physical demands placed on frontline workers who traditionally have had to hand-carry heavy items such as flipcharts and projectors.

NIGERIA: An independent evaluation identifies key shortcomings in training efforts

EUROPE AND CENTRAL ASIA: Building Competencies for the Social Service Workforce on Community Engagement and Interpersonal Communication in Europe and Central Asia Region: Inception Report; Final Report

Key resources

- [Interpersonal communication for immunization: Reference cards](#)
- [Risk Communication: A handbook for communicating environmental, safety and health risks, Fifth Edition, Regina E Lundgreen and Andrea H. McMakin](#)
- [Materials from the University of Michigan's online course "Community Engagement: Collaborating for Change"](#)
- [Materials from the National University of Singapore's online course "Understanding and communicating risk"](#)
- [People in Need's Behaviour Change Toolkit for international Development practitioners \(2017\)](#)
- [Supportive Supervision: A manual for supervisors of frontline workers in immunization, 2019, UNICEF-NYHQ](#)
- [Trainers' facilitation guide: Interpersonal communication for immunization package, 2019, UNICEF-NYHQ](#)
- [Practical guidance for risk communication and community engagement \(RCCE\) for refugees, internally displaced persons \(IDPs\), migrants and host communities particularly vulnerable to COVID-19 pandemic, UNICEF-IOM-UNHCR-WHO-IFRC, UNODC-John Hopkins, Center for Communication Programs](#)
- [Pan American Health Organization's Zika Virus Infection: Step by step guide on risk communications and community engagement \(2016\)](#)
- [Expanding the Field of Social Work in Europe and Central Asia](#)



Health Systems Strengthening

An example of integrating SBC into a sector

What is it and why is it important?

We cannot achieve SBC objectives without equipping the sectoral system to be geared towards making SBC achievable and sustainable.

This requires strengthening sectoral systems (education, child protection, health) with adequate human resources, financial systems, transparent and accountable information systems, supportive public policies, empowered community structures, high-quality services and strong governance.

This tool demonstrates how systems strengthening approaches have been applied in various contexts across the world. Whilst this document focuses on the health sector, the approaches and lessons detailed below are transferable to other sectors.

What is a well-functioning health system?

A well-functioning health system relies on (i) trained and motivated health workers, (ii) well-maintained, accessible infrastructure (iii) a reliable supply of medicines and technologies, backed by (iv) adequate funding, strong health plans and evidence-based policies, and v) a demand system, including community platforms to mobilize affected communities and solicit feedback on service delivery. At the same time, our globalized world needs health systems that have (vi) the capacity to control and address global public health threats such as epidemics, disasters and other severe events.

These core building blocks are similar to those in the education and child protection sectors. For more information on the overall approach to strengthening sectoral systems, see the [‘Systems Strengthening: Strengthening sectoral systems to achieve SBC objectives’ tool](#).

How health systems make SBC achievable and sustainable

Countries and communities can equip their health systems to facilitate achievable and sustainable SBC by:

1. Building capacity
2. Ensuring quality, human-centred programming
3. Building/maintaining transparent information systems and technologies
4. Strengthening supportive institutions, governance and leadership
5. Supporting sectoral system financing for SBC actions
6. Building mechanisms to engage communities and help them practise healthy household behaviours

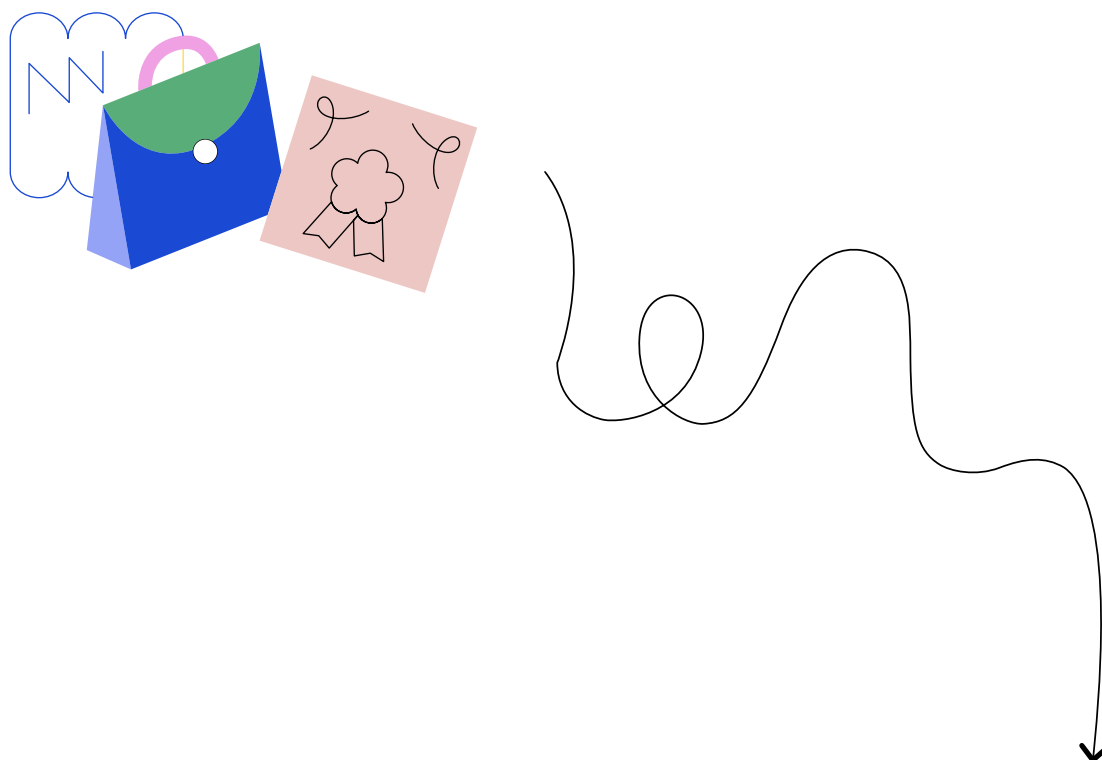
Health system component	Action	Example
Building capacity	Improving, implementing and maintaining competency frameworks and capacity development mechanisms for HR	<p>INDIA: Building frontline worker capacity for Measles Rubella control</p> <p>Health system strengthening interventions have resulted in a pool of 3,500 master trainers, building IPC capacity of 400,000 frontline workers for the Measles Rubella (MR) campaign (including routine immunization) and a budget of around \$18 million. This initiative has been effective despite the ongoing pandemic and new vaccine introductions.</p>
		<p>PACIFIC ISLANDS: Improving the quality and standards of health professionals through the Pacific Open Health Learning Net (POLHN)</p> <p>Established in 2003, POLHN aims to improve the quality and standard of practice of health professionals in the Pacific, through an e-learning network of academic institutions such as Fiji National University, Pacific Paramedical Training Centre and Penn Foster. POLHN provides a fully-equipped, Internet-linked network of more than 47 centres in 14 Pacific island countries, enabling health professionals to upgrade their knowledge and skills without leaving their communities.</p>

Health system component	Action	Example
		<p>EUROPE AND CENTRAL ASIA: UNICEF and partners developed a training package to incorporate country-specific recommendations regarding social service workforce competencies</p> <p>ECARO has developed a 3-5-year regional road map to strengthen the core competencies of the social service workforce. Activities and inputs required to achieve the proposed goals and outcomes are presented as options that governments, national academic institutions, and training and education service providers can implement with support from UNICEF.</p> <p>INDIA: Integrating an interpersonal communication training module in government health systems</p> <p>UNICEF India developed a Boosting Routine Immunization Demand Generation (BRIDGE) Interpersonal Communication (IPC) skills training programme endorsed by the Ministry of Health and Family Welfare. BRIDGE IPC training has been implemented across India since August 2017, using a cascading Training of Trainers model with national trainers training district trainers, who train over 1 million FLWs to address myths and misinformation on immunization. For more details, see the Communication Initiative Network’s Evaluation of BRIDGE IPC Training Programme.</p>
	<p>Developing and implementing training plans for the health workforce</p>	<p>LAO PEOPLE’S DEMOCRATIC REPUBLIC: Scaling up the health workforce through health sector reform</p> <p>A WHO WPRO report published in 2016 found fewer than 2.3 doctors, nurses and midwives per 1,000 people in Laos PDR. To address the health workforce crisis, The Health Sector Reform Framework to 2025 prioritized scaling up the health workforce. As a result of high-level commitment and advocacy, the Ministry of Home Affairs allocated 4,000 staff posts to the health sector in 2014, compared to only 1,045 in 2013. Approximately 3,000 posts were allocated to health centres and district-level facilities to improve access to health services in remote and rural areas.</p>
	<p>Enhancing capacity to provide people-centred care and information</p>	<p>CAMBODIA: Fostering respectful care during deliveries through cross-country partnerships (PDF) Universal Health Coverage, page 32)</p> <p>A project on improving maternal and newborn care through Midwifery Capacity Development (2010-2015) led by the Cambodian Ministry of Health and the Japan International Cooperation Agency (JICA) promoted respectful care at the National Maternal and Child Health Centre (NMCHC) in Phnom Penh and the Provincial Hospital in Kampong Cham. According to a JICA survey, 77% of trained midwives encourage family members to accompany pregnant women in the delivery room; 68% encourage women to drink or eat during labour; and 86% provide support to help women find their most comfortable position during labour. Exit interviews reveal that 95% of mothers felt secure and safe during delivery.</p>

Health system component	Action	Example
	Improving the availability and capacity of health workers in remote and rural areas	<p>JAPAN: Reducing health worker disparities (PDF) Universal Health Coverage, page 30 The Ministry of Health, Labour and Welfare has been working to reduce disparities in health care access across regions with a range of strategies, such as encouraging more doctors to work in remote regions. Each prefecture offers a unique scholarship, sponsoring the education of students who commit to work at a specific facility in their home prefecture for nine years. This programme scholarship scheme has proven to be successful at increasing the healthcare workforce.</p>
	Strengthening human resource capacity for evidence-based policy-making	<p>WESTERN PACIFIC: Strengthening domestic research capacity to generate evidence for policy-making (PDF) Universal Health Coverage, page 42 The Ministry of Health in Viet Nam established the Health Strategy and Policy Institute in 1998, while Malaysia established the Institute for Health Systems Research in 2002. Between 1997-2002 national institutes of public health were set up in Cambodia and Lao PDR, with divisions for Health Service Development and Support and Health Systems Research. China's National Health Development Research Centre is a national think-tank that provides technical consultancy to health policy-makers.</p>
Ensuring quality, human-centred programming	Training health workers to provide people-centred care, through improved interpersonal communication (IPC)	<p>GLOBAL: Interpersonal Communication (IPC) resources UNICEF has developed materials to support health workers to engage with respectful and culturally appropriate communication when adhering to patient needs. For example, tools produced by the Ministry of Health in Angola include manuals prepared for vaccinators and social mobilizers.</p> <p>INDIA: Building SBC capacity of frontline health workers and health officials on Social and Behaviour Change Communications (SBCC), and sensitizing community and faith leaders to increase routine immunization In the state of Chhattisgarh, the Department of Health and Family Welfare (DoHFW) partnered with UNICEF SBC to develop and implement a communication strategy aimed at improving routine immunization (RI). During the project, UNICEF identified the need to target social norms that hindered the promotion of RI. Capacity-building, sensitization of community and faith leaders, and an RI drive increased demand for healthcare services in the community, improved immunization rates, built FLW capacity, created a skilled resource pool and motivated frontline workers.</p> <p>INDIA: Branding initiatives for health facilities Over 1,250 public health facilities in Uttar Pradesh sought to improve utilization of health services through better service provider-client interaction and overall demand generation. The results were impressive: six out of ten clients recalled the RI messages, and 98% of clients were satisfied with staff behaviour and with interactions with doctors and service providers. More information can be found here and here.</p>

Health system component	Action	Example
	Developing policy and guidelines to support safe service delivery	<p>KIRIBATI: Promoting rational use of antimicrobials (PDF) Universal Health Coverage, page 23 Kiribati has aligned the Essential Medicines List to the nation's first Antibiotic Guidelines, to guide procurement and distribution of medicines to health facilities. The Ministry of Health and Medical Services has also distributed the guidelines to health facilities in the country to ensure that antimicrobials are prescribed only when needed, in correct doses for the right duration.</p>
	Supporting increased community participation in decision-making	<p>NEW ZEALAND: Institutionalizing community participation in health-care decision-making (PDF) Universal Health Coverage, page 39 In order to recognize the principles of the Treaty of Waitangi, between Māori and the Crown, New Zealand has institutionalized community participation in the health sector. This acknowledges the importance of the social and cultural acceptability of health services in improving health outcomes. The New Zealand Public Health and Disability Act 2000 requires that district health boards involve Māori and other population groups in decision-making, planning and delivery of health and disability services. All district health and primary health organization boards have community representatives, including Māori, that consult community groups on their health needs.</p> <p>SAMOA: Engaging communities in health promotion, nutrition and disaster risk management Led by the Ministry of Health, the Samoa Outreach Nutrition Pilot Project is a sector-wide initiative that aims to strengthen primary health-care services in nutrition and growth monitoring, and raise awareness of their importance at the village level. Key partners include the National Health Service and Ministry of Women, Community and Social Development (MWCSD). Supported by the Ministry of Health, the MWCSD also works with the Community Women's Committee to organize household sanitary inspections to raise awareness of health promotion of basic hygiene and preparedness during natural disasters.</p>
	Developing community monitoring mechanisms	<p>SRI LANKA: Connecting midwives with patients and the community to monitor and implement primary healthcare services The community-based Medical Officer of Health (MOH) system brings health and health education to the front door, enabling 99% of children to receive timely, high-quality and people-centred vaccination services. As a result, positive health-seeking behaviour, good health literacy and strong public demand for high-quality, safely delivered vaccines has become commonplace.</p>

Health system component	Action	Example
Empowering patients, people and communities to improve the quality and safety of health care	<p><u>MALAYSIA: Developing a National Patient Safety Council to promote patient-provider partnerships</u> Malaysia has used several approaches to engage patients. In 2003, a national Patient Safety Council with community representatives was established. In 2014, a national Patient for Patient Safety Initiative was launched to enhance patient safety by promoting partnership between patients, health-care providers and consumers. Other efforts include Together for Safety, a national media campaign on patient safety, and a 2013 administrative order to establish patient safety committees in health facilities.</p> <p><u>ANGOLA: Building capacity for families through the 'Happiness Recipe'</u> The government and UNICEF worked together to create the 'Happiness Recipe,' a national communication strategy to promote the health, education and protection of children up to five years old. This teaches families, in particular those with pregnant women and children under five, the 12 simple behaviours to prevent and treat various problems that afflict children.</p> <p><u>SRI LANKA: Empowering mothers to advocate for better health</u> Mother support groups have been established at community level to advocate for essential health services, including vaccination, pre- and antenatal care, and nutrition.</p>	



Health system component	Action	Example
Building/ maintaining transparent information systems and technologies	Creating a culture of evidence-based decision-making, influencing policy dialogues, reforms, implementation guidance, etc.	<p>BANGLADESH: A quiet revolution in health information Strengthening the routine health information system through the implementation of DHIS2 has connected central, divisional and district levels with sub-district health facilities and over 13,000 community clinics. Through capacity building support and positive rewards for data input and use, health workers are changing their behaviour to input, analyse and use real-time data for timely, responsive, evidence-based decision-making.</p> <p>FIJI: Strengthening health information systems and use of ICT (PDF) <i>Universal Health Coverage</i>, page 25) Fiji has a fully-integrated system for collecting core public health data that links a unique national health number to electronic patient records. This serves as the basis for a womb-to-tomb, patient-focused, web-based medical record system supporting comprehensive continuity of care. The patient information system application is web based, with the Consolidated Monthly Returns Information System including both the public health information system and hospital maternal and child health monthly returns.</p> <p>KOREA: Developing the health information system and public reporting (PDF) <i>Universal Health Coverage</i>, page 41) Korea has developed and implemented various health-related surveys and panel studies. The National Health Insurance claims database is one of its unique features, requiring health-care providers to report claims. As the government has increased disclosure of public information, many public databases have become accessible. This makes health information such as operational details of daycare facilities, information on hospitals, and overdue payments or state health insurance available to the public.</p> <p>GLOBAL: Implementing innovative dashboards for monitoring universal health coverage (PDF) <i>Universal Health Coverage</i>, page 53) National Universal Health Coverage (UHC) monitoring dashboards are being developed across the world. In Cambodia, the dashboard is based on a web-based health management information system, demographic and health surveys, and socioeconomic surveys. In the Lao PDR a dashboard will be featured in the new District Health Information System. The Philippines launched a UHC dashboard in 2013, with a core set of 19 UHC indicators to track financial risk protection, equity, service quality and coverage, and infrastructure improvements. Setting targets and visualizing progress towards UHC using the WHO Western-Pacific regional monitoring framework, core indicators and monitoring dashboards helps countries target and implement health interventions.</p>

Health system component	Action	Example
Strengthening of supportive institutions, governance and leadership	Supporting the government to integrate and build capacity for demand generation for vaccination	<p>KYRGYZ REPUBLIC: Mapping institutional needs for increasing demand for vaccination</p> <p>To help mainstream demand generation in national immunization policies, programmes and budgets, UNICEF worked with Oxford Policy Management and Curatio International Foundation in 2020 to outline institutional capacity needs and areas for institutional strengthening. An operational framework assessed mainstreaming of demand generation across five areas; (i) policy and budget integration, (ii) adequate human and financial resources; (iii) supportive organisational structures with the relevant expertise and capacity is available and utilised, (iv) data-driven demand generation interventions being prioritised, targeted, and tailored effectively to reach under-immunised communities, and (v) capacity to oversee M&E. The assessment and set key recommendations for mainstreaming demand generation within national systems.</p>
	Supporting the government to build leadership and management capacities at the sub-regional and community level	<p>WESTERN PACIFIC: Strengthening leadership in health promotion (PDF Universal Health Coverage, page 36)</p> <p>In 2004, The WHO Regional Office for the Western Pacific initiated ProLead, a health promotion leadership training designed to create a critical mass of health promotion leaders to advocate for global best practices and adapt them to their local context. As a result, leaders have emerged across the region and financing for health promotion has been secured. Lao PDR, Malaysia, Mongolia, Samoa, Tonga and Viet Nam have established health promotion foundations or tobacco control funds to mobilize more funding for health while reducing demand for tobacco. Samoa recently passed its Health Promotion Foundation bill while other countries continue to advocate for tobacco and alcohol taxes.</p>
		<p>INDIA: Building systems at state level through SBCC cells/ centres of excellence</p> <p>15 states have established SBCC cells, Centres of Excellence of Communication or Communication Resource Units to facilitate integrated planning, implementation and monitoring of social mobilization and demand generation activities. View the SOPs and the evaluation for more information on how this provides holistic support to SBC.</p>
	Building civil society/ community capacity to amplify voices and improve advocacy	<p>NEPAL: Instituting Platforms for adolescent participation</p> <p>Strategic advocacy and collaboration between CSOs and the government has led to positive trends in support of child clubs within schools and communities as well as adolescent involvement in local governance, health and school management committees and citizens' forums. The Child-friendly Local Governance strategy has institutionalized adolescent participation through consultations known as 'bal bhela.' Through systematic, creative methodologies (risk-mapping, visioning), adolescents are consulted about their needs to ensure that their concerns are reflected in local municipal planning.</p>

Health system component	Action	Example
Supporting sectoral system financing for SBC actions	Ensuring sufficient funding for core public health functions	<p>CHINA: Designing a national public health service package (PDF <u>Universal Health Coverage</u>, page 19)</p> <p>A national public health service package developed in 2009 by the Ministry of Health, has grown to include public health interventions and primary services, resident health record management, health education, immunization, maternal and child healthcare, infectious disease reporting, NCD management and mental health management. Subnational authorities can add additional services based on their local public health needs. With funding from central and local governments, this package is provided for free at township hospitals and village health centres in rural areas and at community health centres in urban areas.</p>
	Developing financial systems for equitable access to healthcare	<p>Approaches to financial protection in the Western Pacific</p> <ul style="list-style-type: none"> • Health equity funds (HEF): Started in 2000 in Cambodia, and later introduced in Lao PDR, HEFs are autonomous, district-based schemes that reimburse health facilities for the cost of free care provided to poor individuals, and subsidize the cost of transportation and food. In 2014, HEFs covered 90% of poor Cambodians. The government is committed to increasing domestic funding to sustain HEF and reduce reliance on development partners. • Subsidized insurance: China's government subsidizes about 80% of the rural population's health insurance premium. In Japan, central and local governments subsidize premiums for vulnerable populations, including people from low-income households and older people. The Republic of Korea has a Medical Aid programme for the poor. The Philippines subsidizes households from the poorest income quintile to enroll in the national health insurance programme. Viet Nam pays the full social health insurance premium for people below the poverty line and partial premiums for others. • Free high-priority public health services at point of care: Lao PDR developed a national policy for free maternal and child health services for all mothers and children under five, with funding from the government and external partners. China provides a free basic health-care package to all residents. • Publicly funded health insurance scheme: Australia's Medicare provides access to medical and hospital services for all Australian residents and certain visitors, subsidized treatment for medical practitioners, midwives, nurse practitioners and allied health professionals, and free treatment in public hospitals. Similar mechanisms exist in New Zealand.
	Providing financial incentives for appropriate patient behaviours	<p>PHILIPPINES: Increasing maternal and child health service coverage (PDF <u>Universal Health Coverage</u>, page 28)</p> <p>The government is reducing health inequities by using targeted approaches to increase access to health services for vulnerable populations. In 2009, PhilHealth, the national social health insurance agency, started reimbursing maternal care and newborn care packages. Premiums for the poor were subsidized in an effort to increase membership. From 2008 to 2013, the proportion of births in health facilities increased from 44% to 61%.</p>