Understanding social norms and programming for behaviour change

Welcome

Introductions and getting to know each other

Outline of what to expect…

What is the journey we are going to go on together?

PRE-COURSE ENGAGEMENT

MODULE 1
BUILDING THE FOUNDATIONS

Session 1.1: setting expectations and understanding the fundamentals of social norms

Session 1.2: understanding how social norms influence the world around us, and why they are important

Session 1.3: building confidence and understanding how social norms impact our work

POST-COURSE ENGAGEMENT

MODULE 3
ROLLING UP OUR SLEEVES

MODULE 2
MAKING IT PRACTICAL

Session 3.1: implementing social norms change programmes, and what they look like in practice

Session 3.2: building on case examples and designing for change

Session 3.3: understanding how to measure and track social norms change

Session 2.1: understanding behavioural drivers in practice

Session 2.2: learning how to shift social norms and drawing on best-practice

Session 2.3: creating successful social norms programmes

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Outline of what to expect…
What are the learning intentions?

1. Diagnose:

I will be able to identify social norms

2. Design & implement:

I will know how to create a programme for social norm change

3. Measure:

I will know how to measure social norm change

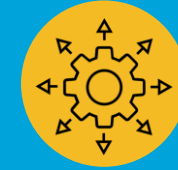# Understanding the fundamentals of social norms

SESSION 1.1

Overview of session 1.1

What are we going to cover in this session?

The topics that will be covered in this session are:

✔ Outline and expectations

✔ Presentation: How do people make decisions?

Session 1.1 Learning Outcomes

- Participants develop a basic understanding of the theoretical frameworks and concepts that underpin social norms and inform behaviour change, and recognise their importance

How people make decisions
How social norms influence the world

Behaviour change interventions usually revolve around messaging campaigns, and can be mapped out like this:

EXISTING BEHAVIOUR — PROMOTED BEHAVIOUR → AWARENESS RAISING → NEW BEHAVIOUR
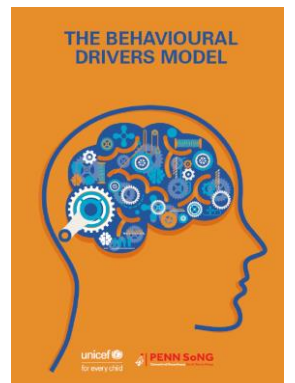
Question n. 1

Let's Quiz

True or false, in order to adopt a new behaviour, having correct knowledge and positive attitudes is sufficient?

- **True**

- **False**

Let's Quiz

True or false, in order to ensure adoption of new behaviours, we need to focus on the psychology of individuals?

- **True**

- **False**

How people make decisions
How social norms influence the world

THE BEHAVIOURAL
DRIVERS MODEL

A more realistic and comprehensive framework for behaviour change should start by considering three broad categories of drivers:
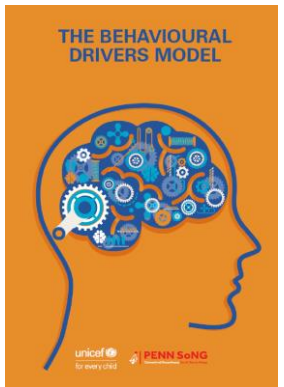
PSYCHOLOGY

ATTITUDE

INTEREST

SELF-EFFICACY

INTENT

COGNITIVE BIASES

LIMITED RATIONALITY

SOCIOLOGY
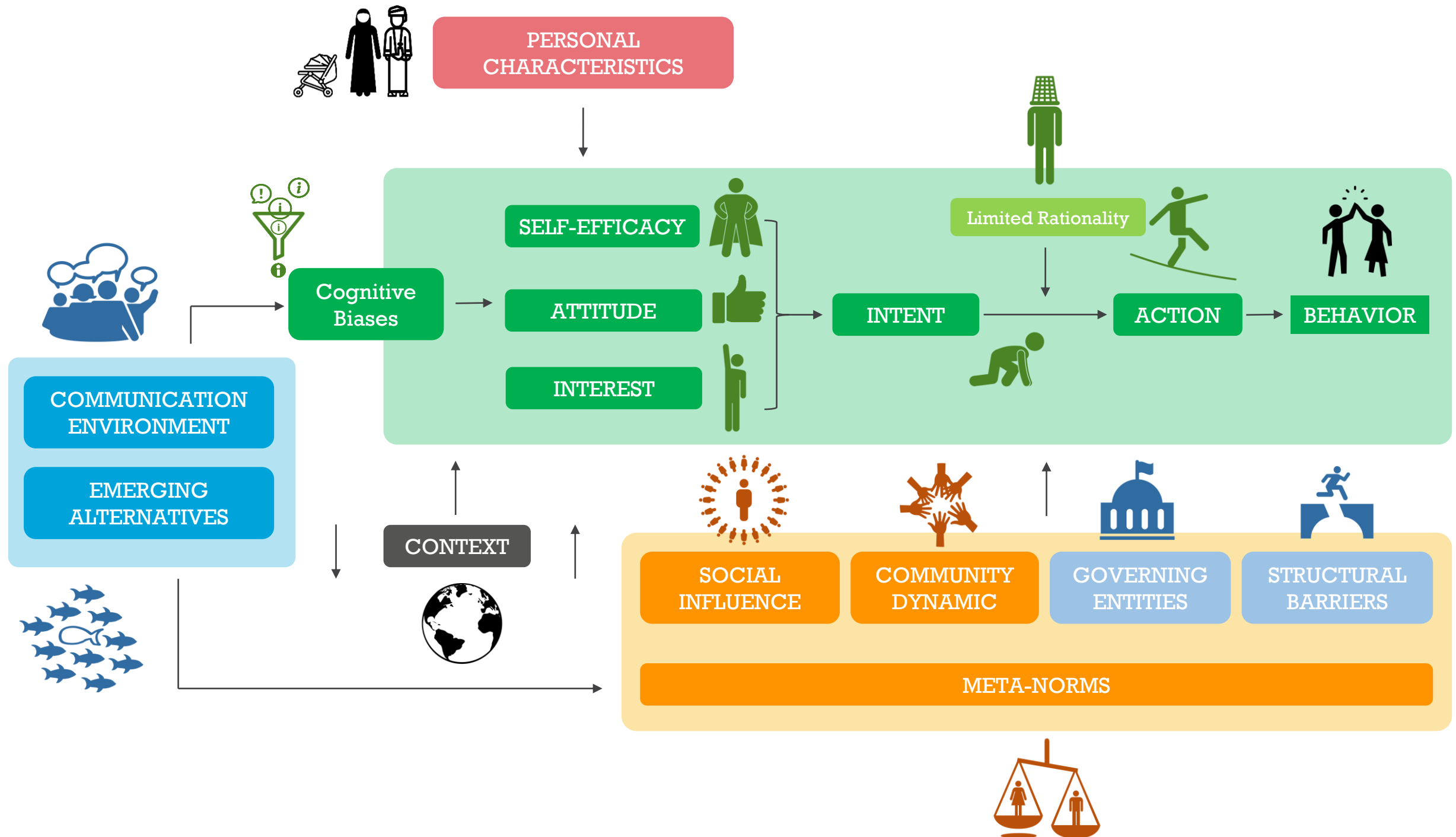
SOCIAL INFLUENCE

COMMUNITY DYNAMIC

META NORMS

ENVIRONMENT

COMMUNICATION ENVIRONMENT

EMERGING ALTERNATIVES

GOVERNING ENTITIES

STRUCTURAL BARRIERS

How people make decisions
How social norms influence the world

The Behavioural Driver Model (BDM):

How people make decisions
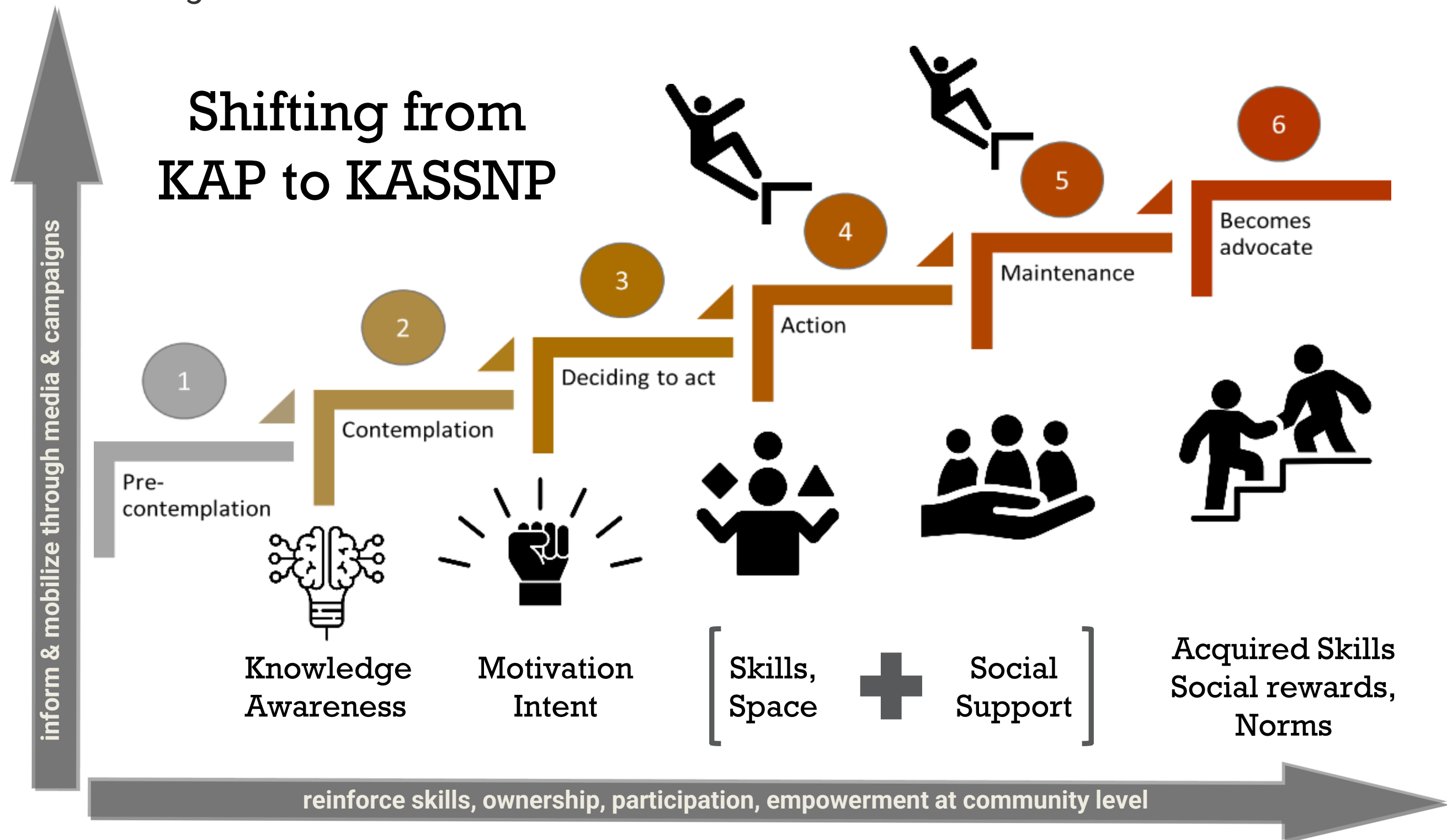## How social norms influence the world

Let's Quiz

Can you think of an example of a behaviour that you know is bad for you, but that you continue to do anyway?

How people make decisions
How social norms influence the world

The Stages of Change model describes in more detail the process of decision making:

Thank you!

Please feel free to say if you have any additional questions

Understanding how social norms influence the world around us, and why they are important

SESSION 1.2

Overview of session 1.2
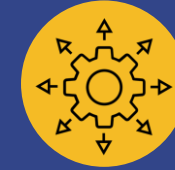
What will we cover in this session?

The topics that will be covered in this session are:

✔ **Presentation** : What are social norms?

✔ **Activity:** How do social norms impact us?

✔ **Close and reflect**

Session 1.2 Learning Outcomes

- Participants develop a basic understanding of social norms, why they are important, and how they impact everyday life

What are Social Norms?

Definition of social norms

What are social norms?

Social norms:

the perceived informal, mostly unwritten, rules that **define acceptable and appropriate actions** within a given group or community, thus guiding human behaviour.

They consist of what we do, what we believe others do, and what we believe others approve of and expect us to do. Social norms are therefore situated at the **interplay between behaviour, beliefs and expectations**.

Types of norms and related concepts
What are social norms?

Descriptive Norms: *"what*

Injunctive Norms: *"wh*

Outcome Expectancies: *"how*

behaviour" (sanctions and rewards

"I will get married by age 16 because all girls in my village marry shortly after reaching puberty."

I will perform FGM on my daughter because the elders in my community say that FGM is part of our tradition and that good parents ensure their daughters are cut before they reach puberty so that they can be married according to our custom.

Once my daughter has undergone FGM, I will be a respected mother and member of the community"

Q: *Can you think of any examples of these types of norms?*

Types of norms and related concepts
What are social norms?

Reference Group

Moral Norms: *"wha*

Gender Norms: *"what*

my gender and the gender of tho *around me*

"Children should be children for as long as they can. Marrying them before 18 is wrong and I will not marry d

We will prioritise educating our son because it is important for boys to learn, while our daughter should marry early because that is her role."

Q: *Can you think of any examples of these types of norms?*

Question n. 1

Let's Quiz

True or false, if a practice is widespread, then it must be a social norm?

- **True**

- **False**

True or false, if an individual practices FGM because of the religion they are being influenced by a social norm
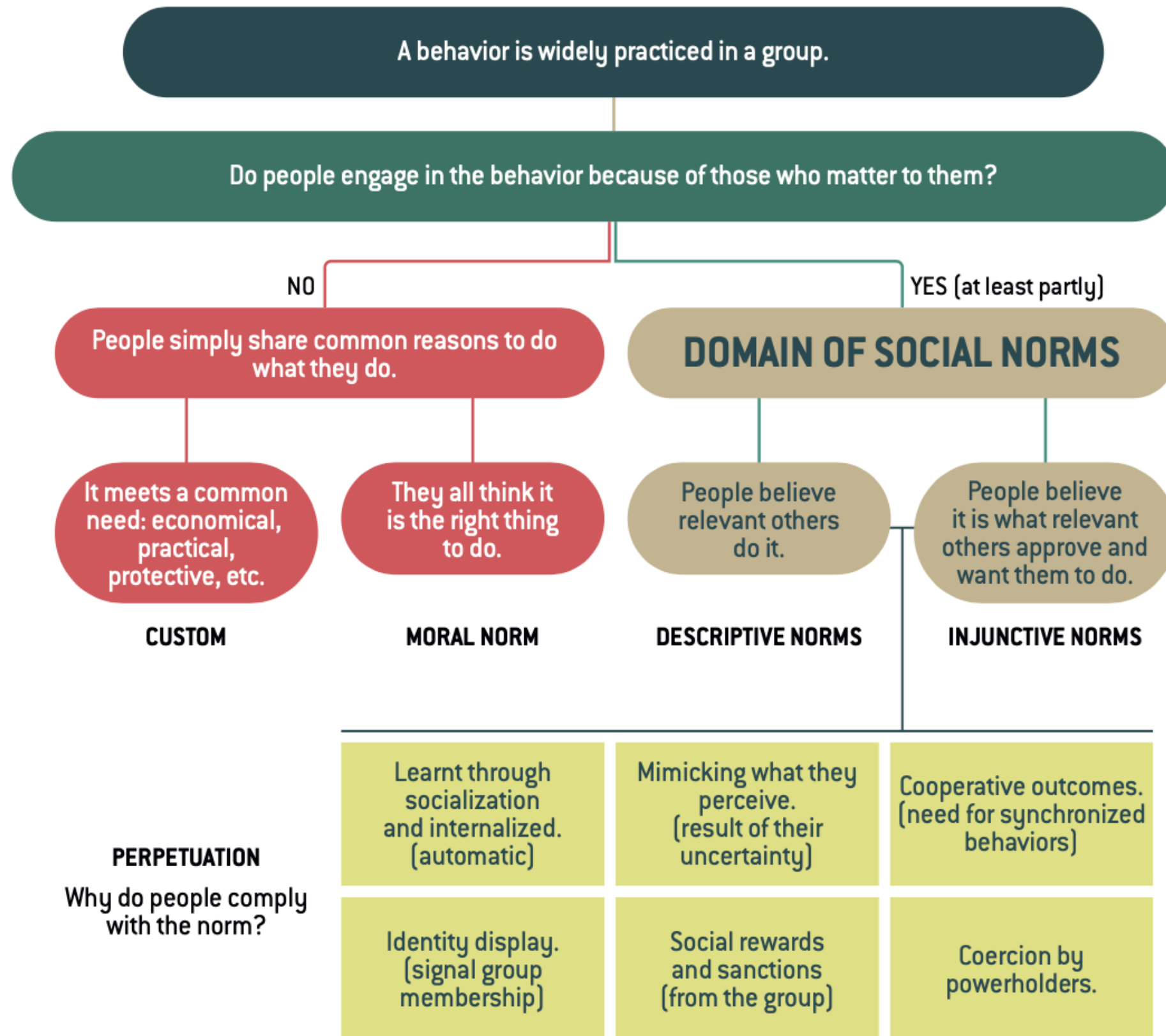
- **True**

- **False**

EVERYBODY
WANTS
TO
BELONG

A PRACTICAL GUIDE TO TACKLING AND LEVERAGING SOCIAL NORMS
IN BEHAVIOR CHANGE PROGRAMMING

MAY, 2019   PENN SoNG   unicef

What is a behaviour and what is a norm?

What are social norms?

Not all collective practices are norms: **how to identify if norms are at play or not**?

A behavior is widely practiced in a group.

Do people engage in the behavior because of those who matter to them?

NO

YES (at least partly)

People simply share common reasons to do what they do.

DOMAIN OF SOCIAL NORMS

It meets a common need: economical, practical, protective, etc.

They all think it is the right thing to do.

People believe relevant others do it.

People believe it is what relevant others approve and want them to do.

CUSTOM

MORAL NORM

DESCRIPTIVE NORMS

INJUNCTIVE NORMS

PERPETUATION

Why do people comply with the norm?

Learnt through socialization and internalized. (automatic)	Mimicking what they perceive. (result of their uncertainty)	Cooperative outcomes. (need for synchronized behaviors)
Identity display. (signal group membership)	Social rewards and sanctions (from the group)	Coercion by powerholders.

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Types of norms and related concepts
What are social norms?

Social norms are often conflated with **attitudes**,

but while attitudes can influence social norms,

they are not social norms.

Types of norms and related concepts
What are norms?

Attitudes:

✓ Refer to what **an individual thinks and feels about a behaviour** or practice, and whether he or she judges it favourably or unfavourably.

✓ While social norms are socially motivated, attitudes are individually motivated, and **focus on individual beliefs**.

✓ Can be aligned to prevailing norms, but they can also be in opposition to them. The strength of the norm will determine to what extent a person will engage in a practice that is not aligned to their attitude. **Attitudes can influence whether a person conforms to a norm or not**, however they are not in and of themselves norms.

Types of norms and related concepts
What are social norms?

When the attitude is aligned with the norm:

Attitude: I think that girls should be married as soon as they reach puberty.

Norm: I think parents in my village marry their daughters as soon as they reach puberty.

When the attitude is not aligned with the norm:

Attitude: I think corporal punishment is harmful and parents should talk to their children instead.

Norm: People around me use corporal punishment to discipline their children and expect me to do the same.

Revising the main concepts
What are social norms?

- **Social Norms**

- **Descriptive Norms**

- **Injunctive Norms**

- **Outcome Expectancies**

- **Sanctions & Rewards**

- **Reference Groups**

- **Moral Norms**

- **Gender Norms**

- **Attitudes**

Quick revision of some of the concepts

Identify some of the concepts we've just looked at

Sarina is about to get married, and she is very happy. In her community brides normally wear white, but she wants to get married wearing red, which is her favourite colour. Sarina, loves red and she thinks that she should get married wearing the colour that she chooses. The choice is difficult for her because she believes that her family and friends, whose opinion matters to her, expect her to marry in a white dress and might criticize her for not doing so.

Q: *Which of the concepts we have looked at so far can you see in this scenario?*

Quick revision of some of the concepts
Identify some of the concepts we've just looked at

Joseph thinks that children should be children, and enjoy their childhood. He thinks that child marriage is wrong, even if it is still commonly practiced in his community. He knows that his father expects him to marry his daughter once she reaches puberty, which is when most girls in the community get married.

Q: *Which of the concepts we have looked at so far can you see in this scenario?*

Quick revision of some of the concepts

Identify some of the concepts we've just looked at

Marina goes to secondary school in another village. Most girls from her village do not go to secondary school and stay home to help with the household chores and prepare for marriage. The village associates going to secondary school with promiscuity as that's where girls start mixing with boys and some even become pregnant. Pregnancy out of wedlock is considered wrong and shameful in the community. For this reason, most people in the community believe that Marina's parents are irresponsible, especially considering that girls do not get paid jobs to contribute to the family income.

Q: *Which of the concepts we have looked at so far can you see in this scenario?*

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Meta norms and why they are important
What are norms?

Meta norms:

Most harmful practices have deeper causes. The most influential meta norms are:
- The overall socialization process
- Gender ideologies leading to discriminatory practices
- Power dynamics and relationships
- Family roles, communication and decision-making patterns
- Perception of who a child is, what are child-specific needs and rights
- Legal compliance (rule of law as a norm)
- The way conflicts are resolved

Q *Why do you think it is important to consider meta norms when trying to influence social norms?*

Thank you!

Please feel free to say if you have any additional questions

Building confidence and understanding how social norms impact our work

SESSION 1.3

Overview of Session 1.3
What will we cover?

The topics that will be covered in this session are:

✔ **Quick revision**: Social Norms Fundamentals

✔ **Presentation:** Why social norms matter

✔ **Activity**: FGM & Pluralistic Ignorance

Session 1.3 Learning Outcomes

- Participants deeply understand the theoretical frameworks and principles that inform social norms

Let's recap:
What are social norms?

Definition of Social norms:

the perceived informal, mostly unwritten, rules that **define acceptable and appropriate actions** within a given group or community, thus guiding human behaviour.

They consist of what we do, what we believe others do, and what we believe others approve of and expect us to do. Social norms are therefore situated at the **interplay between behaviour, beliefs and expectations**.

Why are social norms important?
Why social norms matter

- Social norms help communities and societies function, binding them together and promoting collective behaviours

- At times the social order and community behaviours being maintained may be harmful and social norms can reinforce existing power dynamics, including discrimination and social and gender inequities

What is an attitude and what is a norm?
What are social norms?

Attitudes refer to what an individual thinks and feels about a behaviour or practice, and whether he or she judges it favourably or unfavourably. While social norms are socially motivated, attitudes are individually motivated, and focus on individual beliefs.

Quick revision of some of the concepts
Identify some of the concepts we've just looked at

In Iloko's community some people still defecate in public. There have been many campaigns to try to stop this practice, but while some people now use latrines, many find it easier to defecate in public. Although Iloko mostly uses latrines, she also sometimes defecates in the open which is more practical for her. Nobody seems to mind either way.

Q: *Which type of norm we have looked at so far can you see in this scenario?*

Quick revision of some of the concepts
Identify some of the concepts we've just looked at

In Jimmy's community there are many fruits that grow on trees. His friends love eating the fruits, and they always stop by the fruit trees on their way back from school to pick the fruits and eat them. Jimmy doesn't like fruit very much, but he always joins in the activity and eats the fruits with his friends even if he would rather eat something else.

Q: *Which type of norm we have looked at so far can you see in this scenario?*

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Quick revision of some of the concepts
Identify some of the concepts we've just looked at

Fatima is determined to perform FGM on her daughter. She knows that FGM is no longer a requirement for marriage in her community, and she knows that there are increasingly more girls who have not undergone the practice. However, Fatima believes that the Holy Book requires her to ensure that her daughter will be cut at the appropriate age. She feel that this is her duty as a mother according to the Holy Book, and is already arranging the procedure with the local circumciser.

Q: *Which type of norm we have looked at so far can you see in this scenario?*

Quick revision of some of the concepts
Identify some of the concepts we've just looked at

Oskar enjoys time with his 3 year old daughter, even when she is hard work. Recently he attended some parenting classes in his village where he learnt about positive discipline. Sometimes his daughter misbehaves and he wants to practice some of the techniques from parenting classes. However, he knows that the neighbours are watching and they would not approve of him talking to his daughter instead of giving her a good scolding. So, even without wanting to, he finds himself reverting to more violent approaches to discipline his daughter.

Q: *Which type of norm we have looked at so far can you see in this scenario?*

Reference groups

are made up of people whose opinions matter to me

- To exist, social norms require a reference group

- Reference groups may not be obvious at first, especially to an outsider

Pluralistic Ignorance

- People conform to social norms because of their perception of what is approved of and expected (_____)

- Or because of their perception of what others do (_____)

These perceptions however may be incorrect.

Pluralistic ignorance happens when there is **a dissonance** between the perceived norm and the reality.

Understanding how social norms impact our work
Determining the strength of a norm

When we consider norms, we also need to consider the '**strength**' of a norm, the **impact** that a norm could have on the actions of an individual in different circumstances, or the relationship a norm has with an individual's personal attitudes.

The strength of a norm can be influenced by:

- The proportion of the population who adhere to the norm

- The strength of the consequences for non-compliance

Case example: FGM & pluralistic ignorance
How social norms influence the world

At least 200 million girls and women alive today living in 30 countries have undergone Female Genital Mutilation (FGM). However, there are some surprising facts around FGM:

- Boys and men state strong support for stopping the practice. It's often presumed that men condone FGM and that it is one of the ways that they keep women subservient. This appears not to be the case. For example, in Guinea and Sierra Leone, boys and men are more likely to oppose the practice than girls and women.
- Girls and women consistently underestimate the proportion of boys and men who want FGM to end. In many countries, a large percentages of both women and men are unaware of what the opposite sex thinks about FGM.
- Girls' and women's attitudes about FGM vary widely across countries. The highest levels of support can be found in Mali, Sierra Leone, Guinea, the Gambia, Somalia and Egypt where more than half of the female population thinks the practice should continue. However, in most countries in Africa and the Middle East with representative data on attitudes (23 out of 30), the majority of girls and women think it should end.
- The need to gain social acceptance is the most frequently stated reason for supporting the continuation of FGM. Social acceptance trumps other reasons like better marriage prospects, preserving virginity, more sexual pleasure for the man, religious necessity and cleanliness/hygiene.
- Many girls who are cut have mothers who are against the practice. Though a daughter's likelihood of being cut is much higher when her mother thinks the practice should continue, many cut girls have mothers who actually oppose FGM. Some mothers may thus have their daughters cut despite their personal feelings about the practice.

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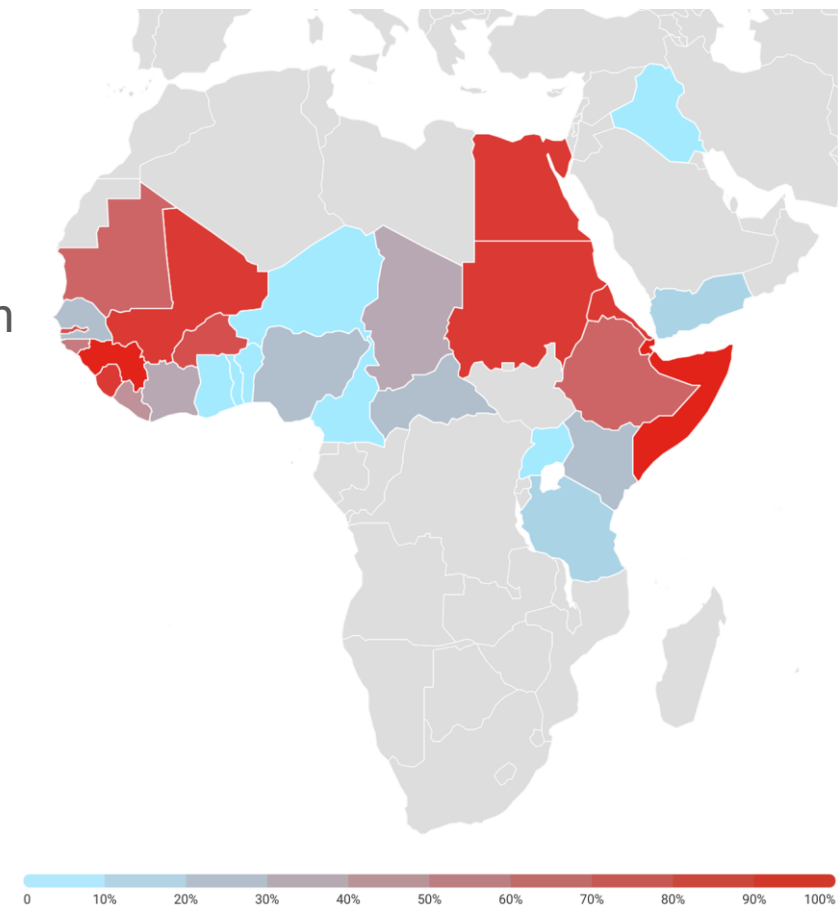
Activity: identifying and understanding pluralistic ignorance
Identifying and understanding pluralistic ignorance

Q: Using the case study provided map:

- Is the norm in this scenario strong or weak? What determines this?

- How is FGM impacted by meta-norms?

- How is pluralistic ignorance at play in this scenario?

- Can you think of an experience you have had in your programming which had elements of pluralistic ignorance?

Please identify a rapporteur for your group. We will come back together as a group to discuss your answers.

Reflection

Do you have any questions?

Reflect on….

- After taking part in today's session what is something you are confident you know?

- What is something you do not yet understand?

- What would you like to achieve during the next session?

Thank you!

Please feel free to say if you have any additional questions

Understanding behavioural drivers in practice

SESSION 2.1

Overview of Session 2.1

What are we going to cover?

The topics that will be covered in this session are:

- **Presentation**: understanding the factors that influence the behaviours we want to change

- **Activity:** the BDM in practice

- **Video:** Six degrees of separation

- **Presentation:** Mapping reference groups

- **Activity:** Mapping reference groups

- **Presentation**: defining the objectives of our programme

- **Presentation**: defining the main approaches

- **Close and reflect**

Session 2.1 Learning Outcomes

- Participants understand the importance of formative research

- Can map reference groups and influencers

- Can define programme objectives

- Can select the right approaches to changing norms

Understanding behavioural drivers in practice
Understanding the factors that influence behaviour

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Understanding behavioural drivers in practice
Understanding the factors that influence behaviour

This is Grace, Alessia's friend.
She is financially broke.
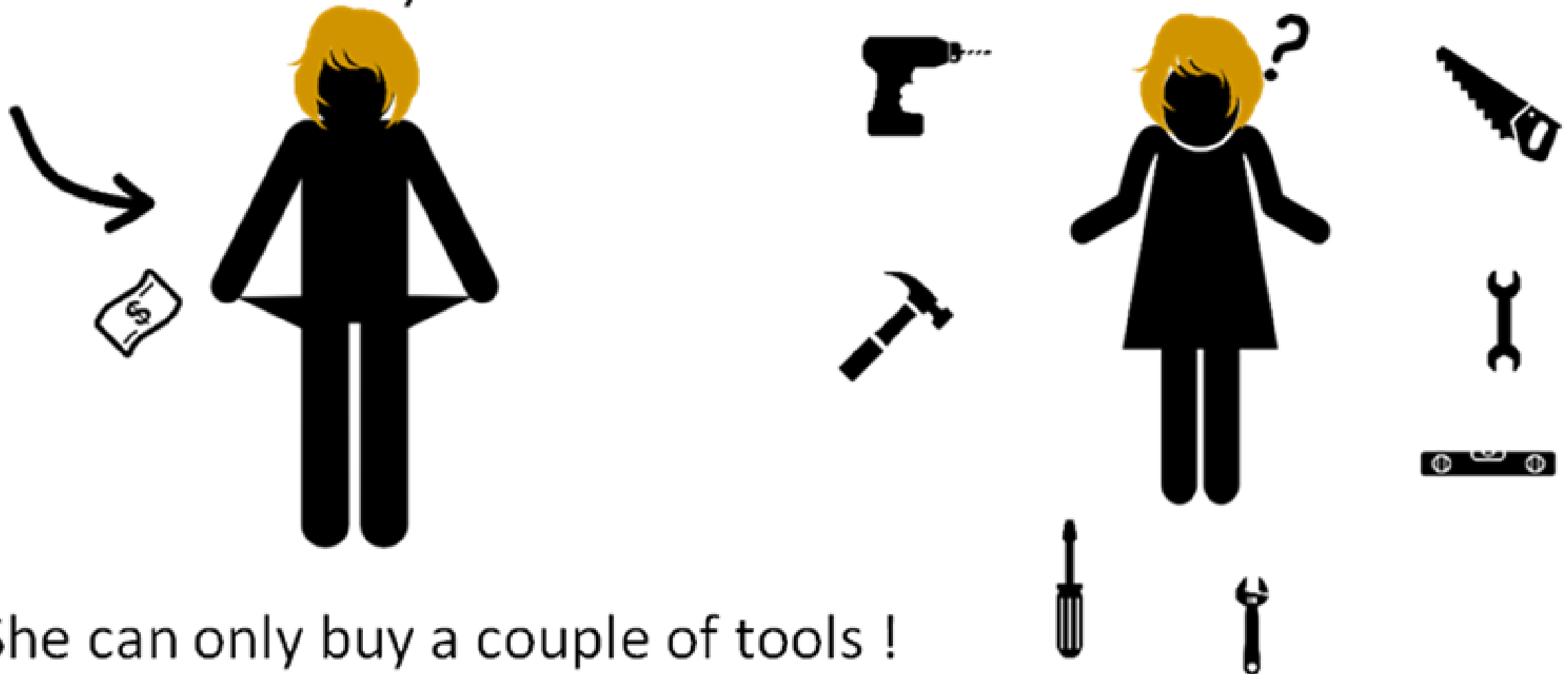
She can only buy a couple of tools !

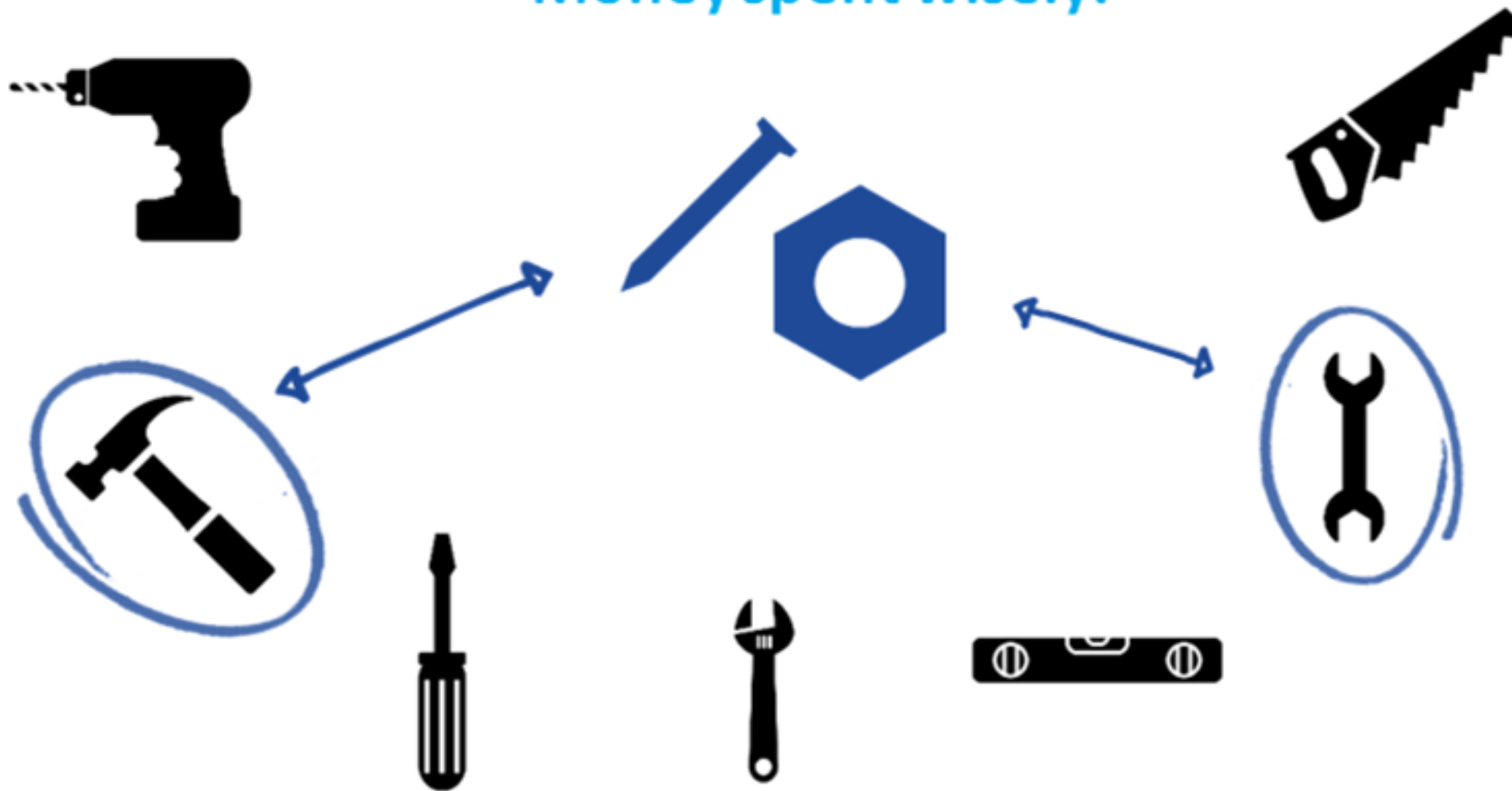# Understanding behavioural drivers in practice
Understanding the factors that influence behaviour

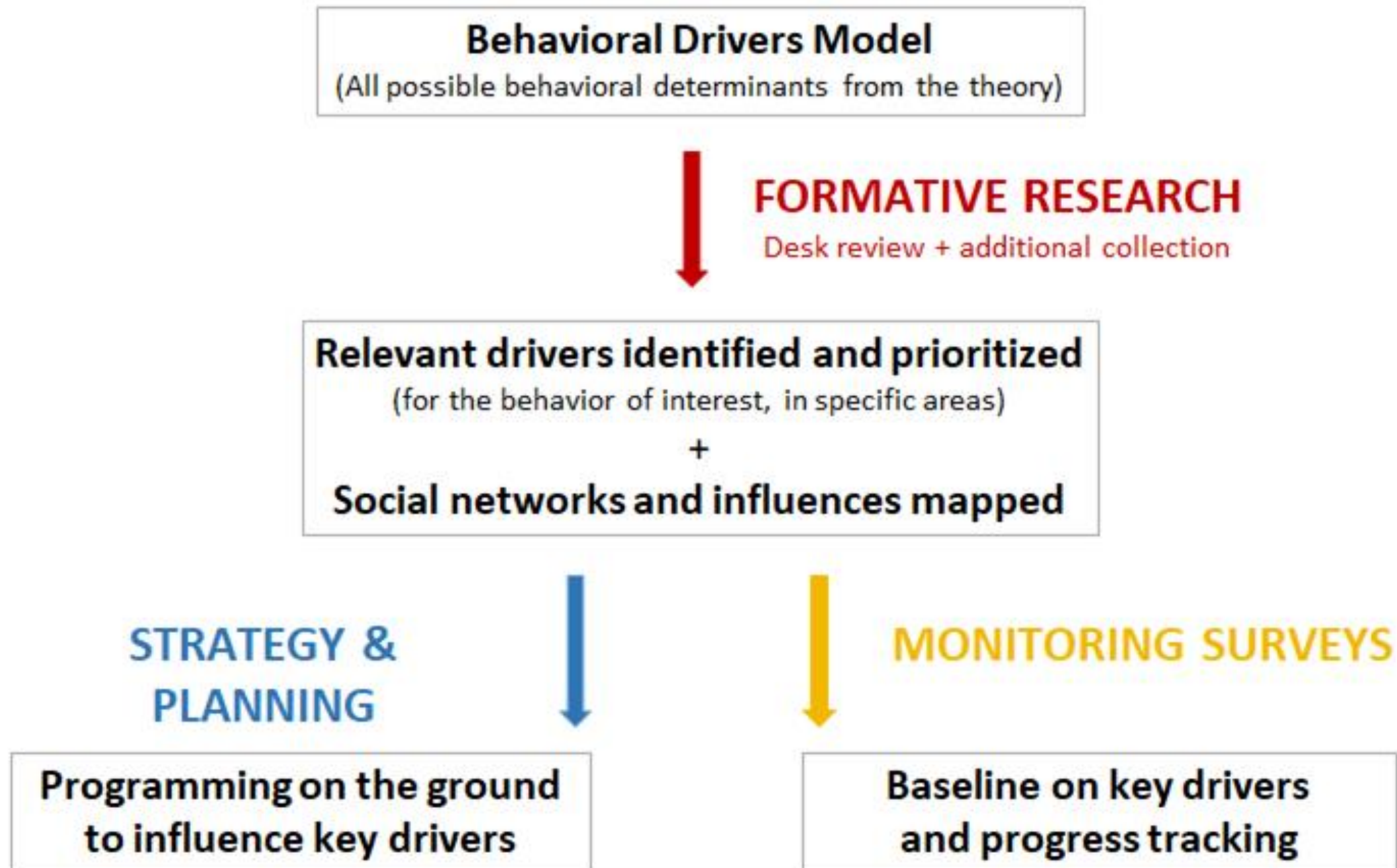# Understanding behavioural drivers in practice
Understanding the factors that influence behaviour

Understanding behavioural drivers in practice
Understanding the factors that influence behaviour

Behavioral Drivers Model
(All possible behavioral determinants from the theory)

FORMATIVE RESEARCH
Desk review + additional collection

Relevant drivers identified and prioritized
(for the behavior of interest, in specific areas)
+
Social networks and influences mapped

STRATEGY & PLANNING

Programming on the ground
to influence key drivers

MONITORING SURVEYS

Baseline on key drivers
and progress tracking

Activity: the BDM in practice

An example from Lebanon

Community-based sessions have been organised in Lebanon. Conducted in small group settings through open discussions, the sessions revolved around the following steps:

1 Identify the main drivers of the behavior according to the participants ("factors" in the Behavioral Drivers Model – T2): conduct a Problem Tree exercise, using a 5 WHYs approach when drawing the roots. This elicits key drivers but also their causal relationships.

2 Explore if important factors might have been omitted, consciously (taboo) or not: ask light probing questions (to avoid desirability biases) for each factor which has not been mentioned.

3 Among all factors identified at this stage, define which are the most important ones according to the group: conduct a prioritization exercise (each participant can vote for her/his top 3) and cumulate the scores to elicit the "weight" of each factor.

4 Unpack the top 2-3 factors (exploring their "dimensions" according to the Behavioral Drivers Model): conduct deep dive discussions.

5 Regardless of the drivers identified, gather key social information: define reference networks, ask questions on gender-related influences, decision making processes in families, community dynamic and power relationships.

Activity: the BDM in practice
Formative Research: An example from Lebanon

MINIMIZE BIASES

Using vignettes to minimise bias

EXTRACTS FROM A VIGNETTE USED IN LEBANON, FOCUSED ON PEER INFLUENCE ON CHILD MARRIAGE

I will tell you the story of a girl I will call Sarah. This is not a real story and we are not using real names. Sarah is a 15 year-old adolescent girl who lives with her parents. She attends school and helps her mother with household chores. One day Dina, Sarah's cousin and friend who is 16, comes over to visit the family. Dina announces that she is getting engaged and will be married in a month's time. Dina says she is happy to get married to someone her father knows and trusts. She is excited to have her own place, her own phone, and be able to visit shops, markets and go out with her new husband. She encourages Sarah to find a husband too and not become a spinster like her aunt. She says Sarah should focus on marriage more than school as a woman's true role is to take care of her house, husband and children.

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Activity: the BDM in practice
## Formative Research: An example from Lebanon

Q: reflect on the following questions:

- In your opinion what drivers does this vignette allow us to explore?

- In your opinion, would Sarah's preference regarding marriage be influenced by what Dina is doing?

- What would most other girls expect Sarah to do in this situation?

- What would most girls do in this situation?

- If Sarah decided to get married but her mother refuses, what can she do to convince her?

- Who in the community would refuse Sarah's marriage? Why?

Network Mapping: searching for reference groups and influencers
Social Network Analysis
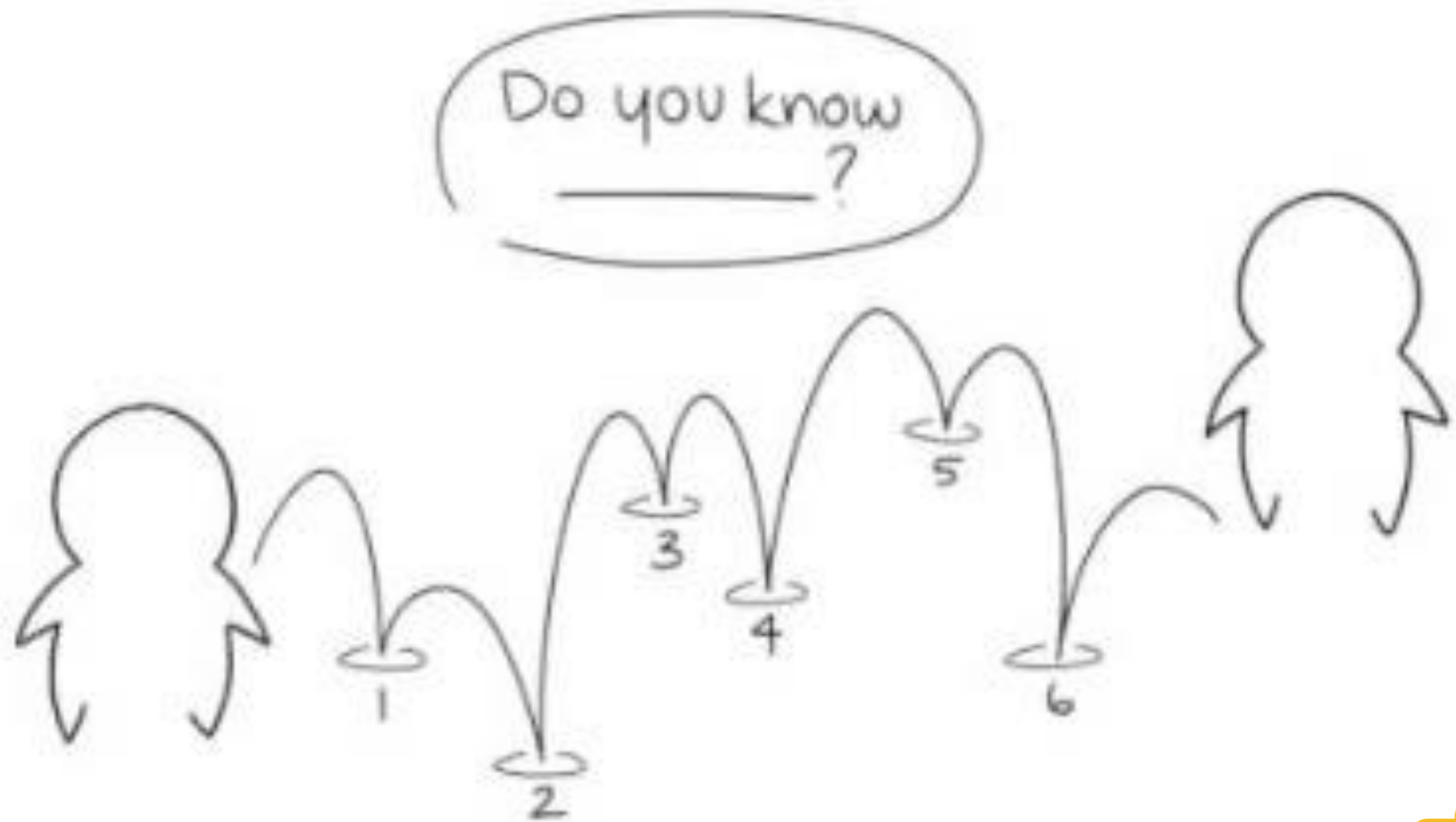

VISUAL EXAMPLE OF A NETWORK MAP

THE FRIEND   OF MY FRIEND   IS MY FRIEND
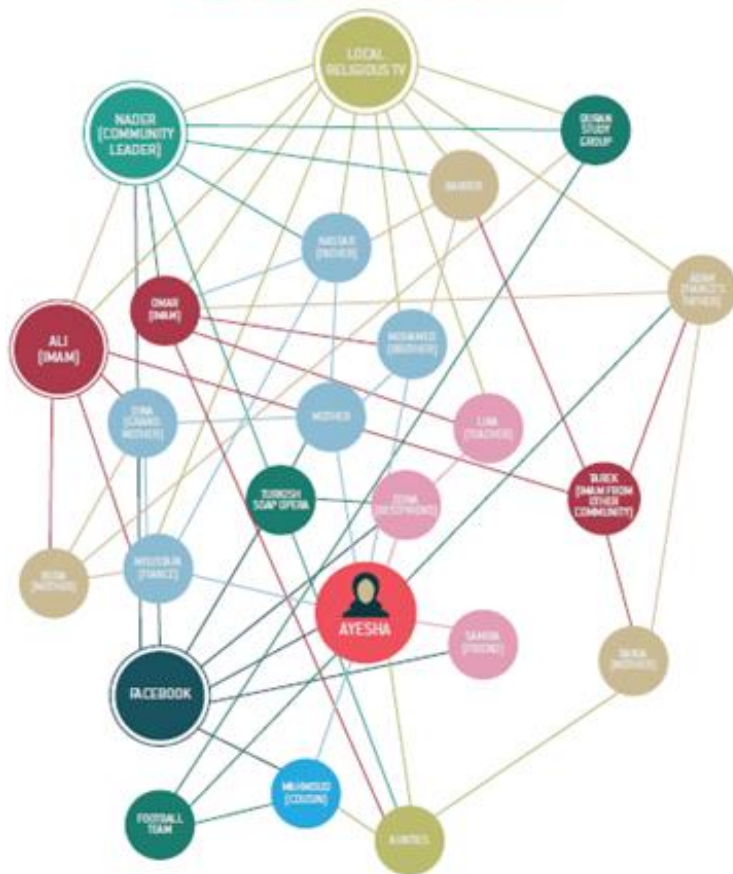
Q: *If we think about Child Marriage in your country, which type of individuals influence caregivers' decision making?*

Mapping reference groups
Network mapping

Q: How do you think this theory would impact social norms in practice?

Mapping reference groups

Reference Group:

the people whose opinions matter to me
-UNICEF HQ: Defining Social Norms and related Concepts

✓ The people whose thoughts and opinions we care about

✓ The people we look to when deciding what to think or do

✓ The people we compare ourselves and our behaviour to

Mapping reference groups
Network mapping

Explore these important relationships by asking:

Which group do people feel they belong to (community, village, ethnic group, tribe, etc.)? Look for a sense of common identity.

Who trusts whom?

Whose advice is being sought on different issues? Whose advice is taken seriously?

Who interacts the most with others within the group?

Who dislikes whom? Which people are stigmatized?

Who do people see frequently or interact with on a daily or weekly basis?

Who do people look up to? Who is perceived as a role model?

Who spreads information, 'gossip' or rumors?

Who is friends with whom? Who do people share interests with?

Who is married to whom? Who are neighbors with whom?

Mapping reference groups
Network mapping

Keep in mind that interdependence takes shape in many forms

SOCIAL ROLES

e.g. friend of, teacher of, leader of.

AFFECT

e.g. likes, loves, idolizes, hates.

TRANSFERS

e.g. pays, buys from, lends money to, marries.

ACTS

e.g. eats with, works with, plays with, studies with.

CO-OCCURRENCE

TAXI

uses same… water as, taxi as, barber as.

Understanding these relationships also helps us discern whether two distinct groups are comparable and if there are enough similarities to allow for an intervention to be replicated or scaled up in other communities, regions, or countries.
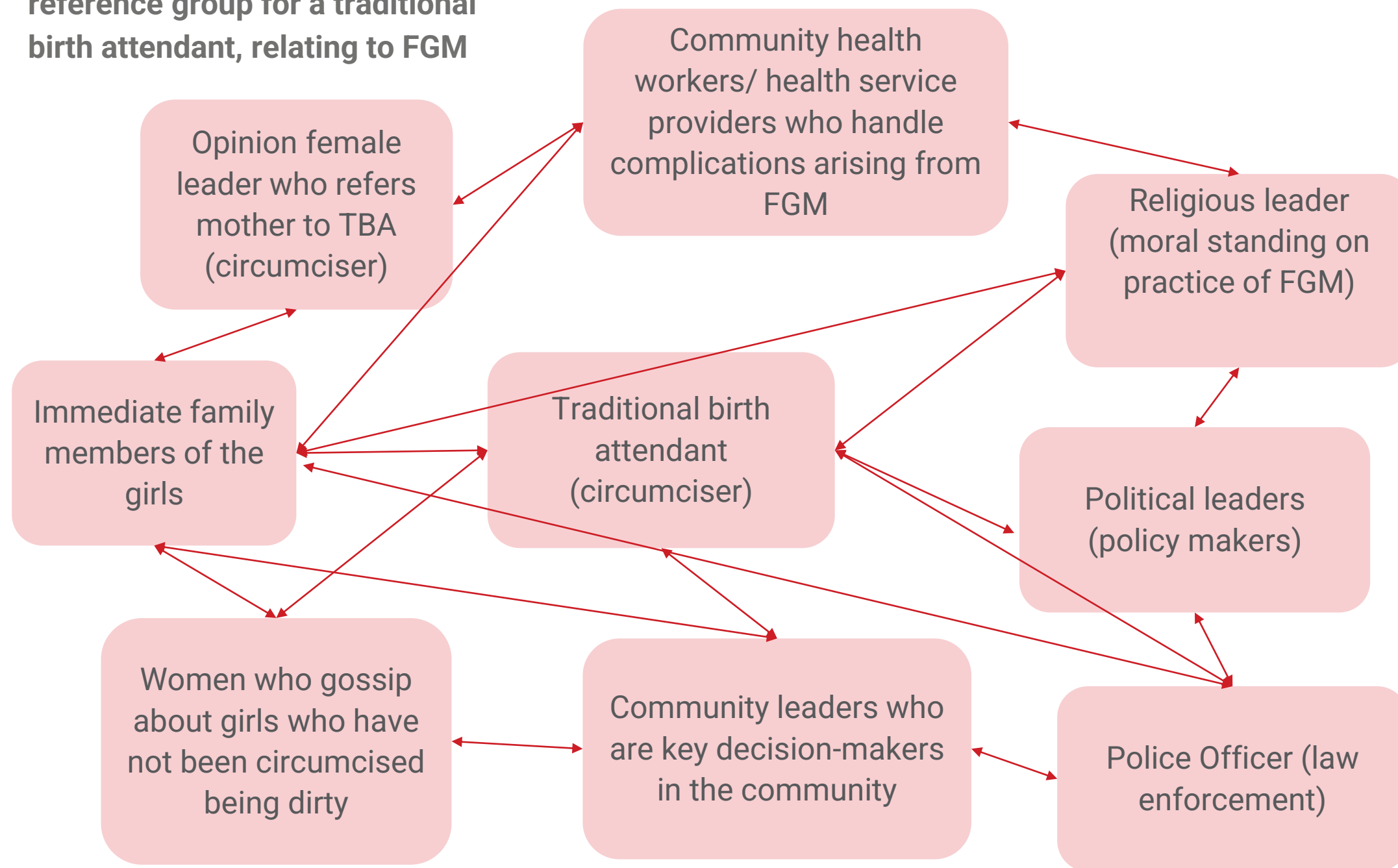
Q: *Can you think of an example of interdependent reference groups? What types of dynamics does this create?*

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Example: mapping reference groups
How to map reference groups

Reference Group Map Example: reference group for a traditional birth attendant, relating to FGM

Opinion female leader who refers mother to TBA (circumciser)

Community health workers/ health service providers who handle complications arising from FGM

Religious leader (moral standing on practice of FGM)

Immediate family members of the girls

Traditional birth attendant (circumciser)

Political leaders (policy makers)

Women who gossip about girls who have not been circumcised being dirty

Community leaders who are key decision-makers in the community

Police Officer (law enforcement)

Activity: mapping reference groups
How to map reference groups

Violent discipline

Oskar enjoys time with his 3 year old daughter, even when she is hard work. Recently he attended some parenting classes in his village where he learnt about positive discipline. Sometimes his daughter misbehaves and he wants to practice some of the techniques from parenting classes. However, he knows that the neighbours are watching and they would not approve of him talking to his daughter instead of giving her a good scolding. So, even without wanting to, he finds himself reverting to more violent approaches to discipline his daughter. Sarah, the mother, is also against corporal punishment, however she dares not say anything to her husband. She is a member of a women group; when she consulted the group members, most of them agreed that she should not interfere with her husband decisions.

Activity: mapping reference groups
How to map reference groups

Please use the case study content provided, and work through the questions:

1. Draw a circle in the middle of a sheet of paper (or on the Mural board) and put the name of a person who displays a harmful behaviour you seek to change.

2. Think of family members, friends, leaders and other important sources of influence in this person's life. Select 5 of the most important ones, write their names around the central person and then draw lines connecting them to her / him.

3. Are any of these people connected to each other without a connection through the central individual? If yes, draw a line connecting them.

4. Think of 5 other people who are not as important, but still influential (perhaps some of those who didn't make the first list). Write their names on the paper further outside the circle and add lines connecting them to the circle, to each other if relevant, or to people in the first group.

5. Back to the first group, the close ones. Are there any people important to them who the central person does not know (co-workers, extended family, people within the community such as a barber or baker)? If so, put them on paper and draw lines between them.

6. Highlight visually (colour code, extra circle, etc.) those within this network who the community considers most influential (cross-reference this same exercise between multiple people and/or ask a group), as well as those who constitute 'nodes and hubs' (with many connecting lines).

Activity: mapping reference groups
How to map reference groups

In the remaining time, reflect on:

- Which stakeholders mapped do you think would be the most influential in decision making? Why?

- What connections would need to be considered? Are there linkages between networks that should be considered?

Mapping reference groups
Selecting members who will be engaged in a programme

Experience working with the community:
- What is their role in the community?
- How do they interact with the community on a daily basis?
- Have they ever spoken out publicly against sensitive/hidden topics?

Gender/Open-mindedness:
- Do they think there is any difference working together with a man or with a woman? What is the difference for them? How do they handle those differences?
- Do they think some social norms are harmful and cause/contribute problem in the community?)

Commitment:
- Do they see/belief themselves as a champion for change?
- Ready to explore the possibilities of changing harmful norms and breaking the silence about sensitive/hidden norms in the community?
- How interested are they? What are their motivations?

Defining the program objective
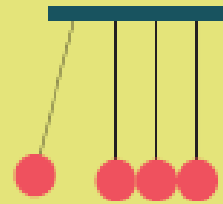
PROGRAMME IMPACT
long-term consequences on mortality, depravations, well-being, etc.

SBC GOAL
Changing behaviors. E.g.: reduction of the practice of FGM.

SBC OUTCOMES
Influencing the FACTORS driving the behavior. E.g.: changes you seek to achieve in terms of building supportive social norms, overall community dynamic, but also participants attitudes, interest (appeal of new behavior), self-efficacy and intent (readiness to make the change).

SBC OUTPUTS
(Lower level results, "milestones"): influencing the DIMENSIONS which compose the factors. E.g. to create a supportive community dynamic: improve the collective recognition of the problem, the sense of ownership of the community process, the equity of participation in deliberations, the quality and supportiveness of community leadership, the frequency of public commitment to change, etc.

Defining the main approaches

From the Global Programme to End Child Marriage Results Framework:

Outcome:

" *Adolescent boys, families, traditional and religious leaders, community groups, and other influencers demonstrate more gender equitable attitudes and support for girls' rights".*
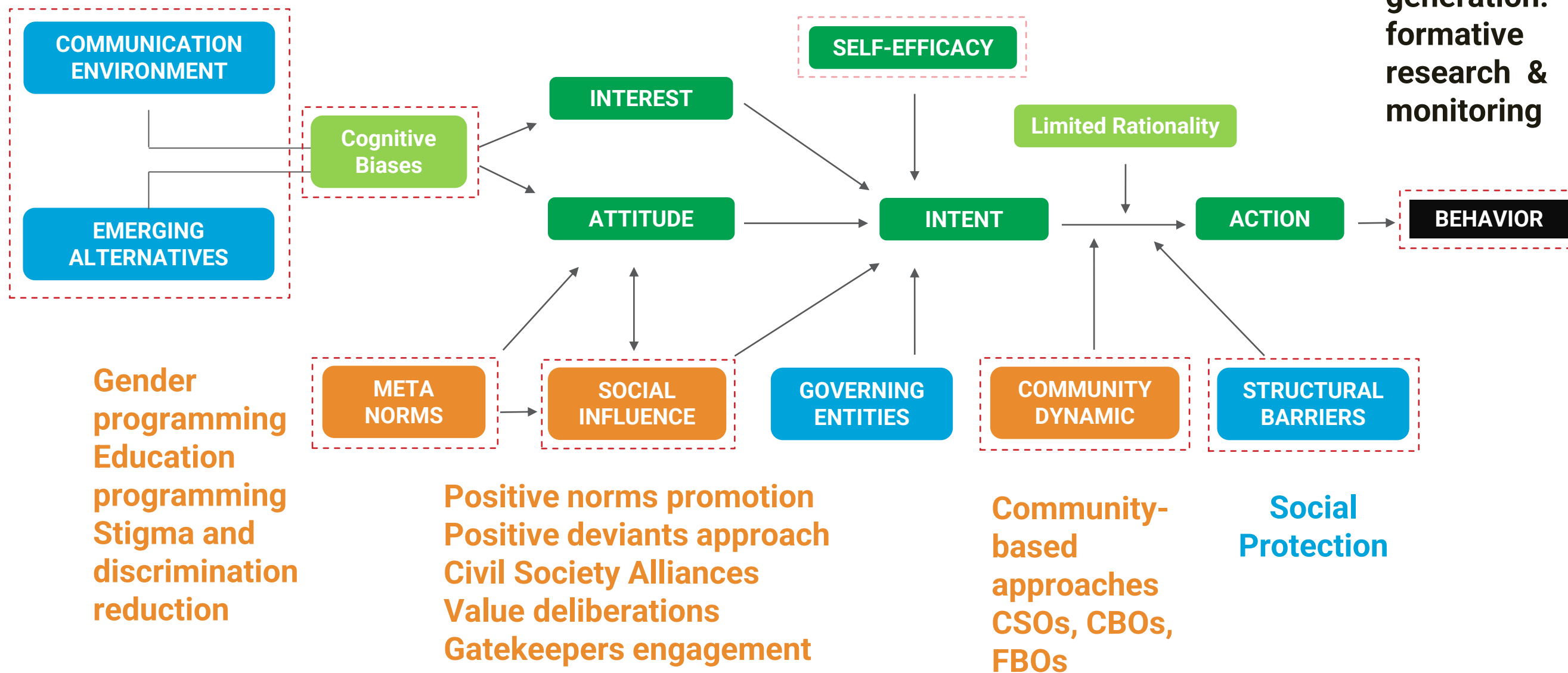
Output:

" *Families, communities, traditional and religious leaders, and other influencers are engaged in dialogue and consensus-building on alternatives to child marriage (including education), the rights of adolescent girls, and gender equality".*

Defining programme objectives

Multi-media campaigns
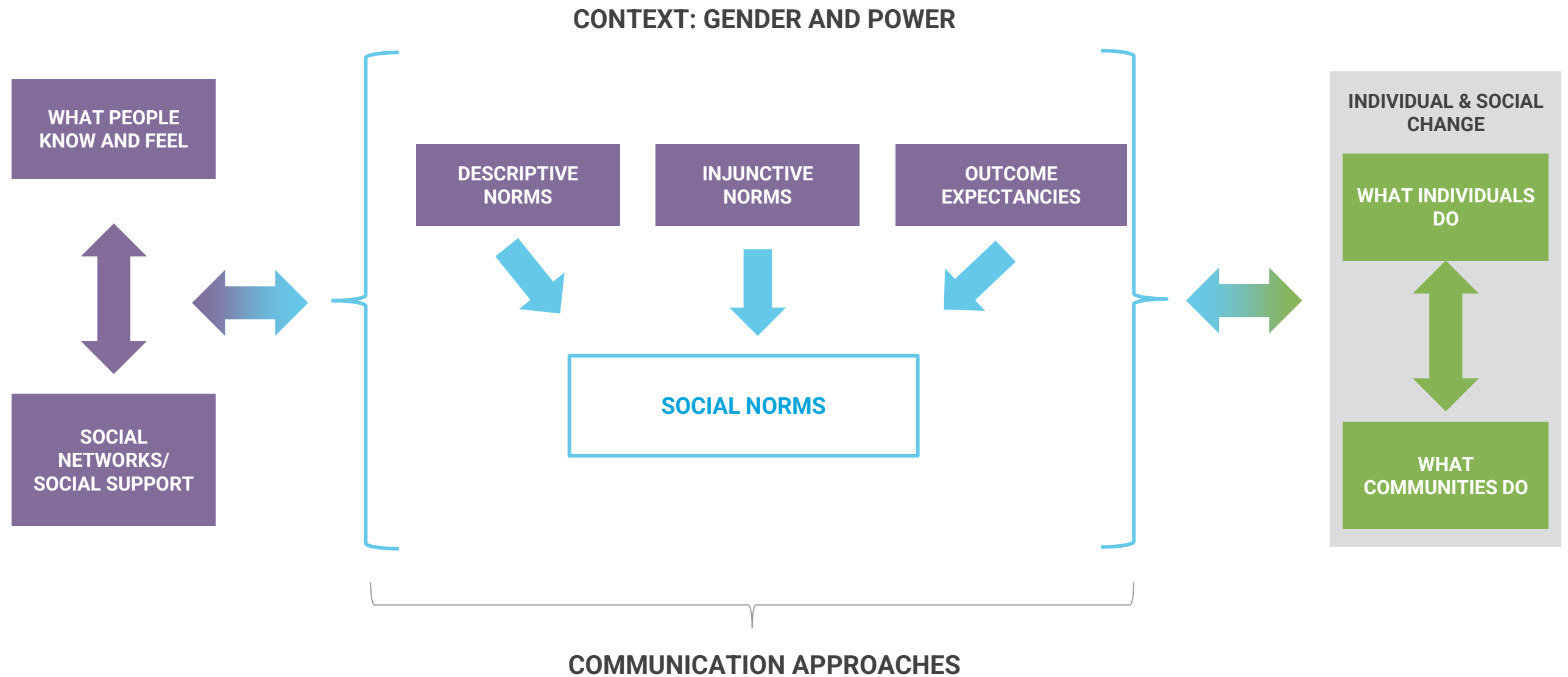**Digital communication**
Face-to-face dialogues

Life Skills and Empowerment
Psycho-Social Support
Capacity Building (e.g. Parenting programs, frontline workers trainings)

Evidence generation: formative research & monitoring

Gender programming
Education programming
Stigma and discrimination reduction

Positive norms promotion
Positive deviants approach
Civil Society Alliances
Value deliberations
Gatekeepers engagement

Community-based approaches CSOs, CBOs, FBOs

Social Protection

Reflection
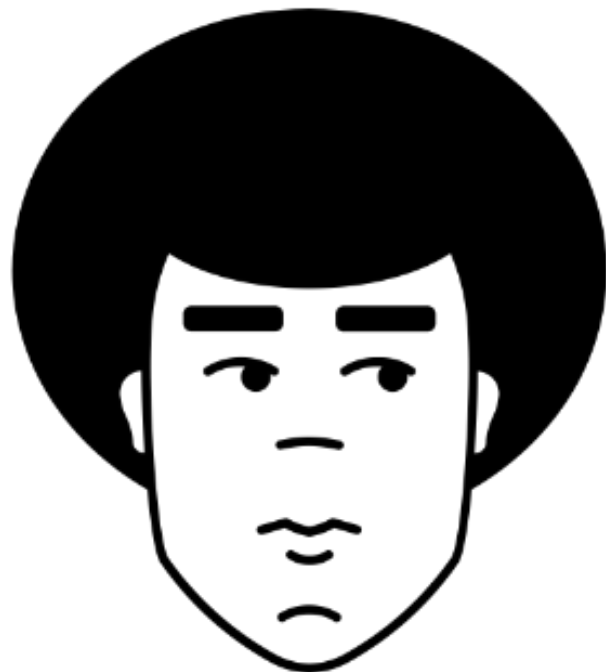A quick review

Question

Let's Quiz

True or false, in order to change social norms, change has to be public? Why?

Reflection
A quick review

I'm only doing it if she goes first

Mmmm.... Let's see what he does before deciding

Reflection
Session 2.1

Do you have any questions?

Reflect on....

- After taking part in this session what is something you are confident you know?

- What is something you do not yet understand?

- What would you like to achieve during the next session?

Thank you!

Please feel free to say if you have any additional questions

Learning how to shift social norms and drawing on best-practice

SESSION 2.2

Overview of Session 2.2

What are we going to cover?

The topics that will be covered in this session are:

- **Presentation**: Creating space to shift social norms
- **Presentation**: Learning from the best: Normative shift using Saleema
- **Activity**: FGM in Somalia

Session 2.2 Learning Outcomes

- Participants can design an approach to shift social norms
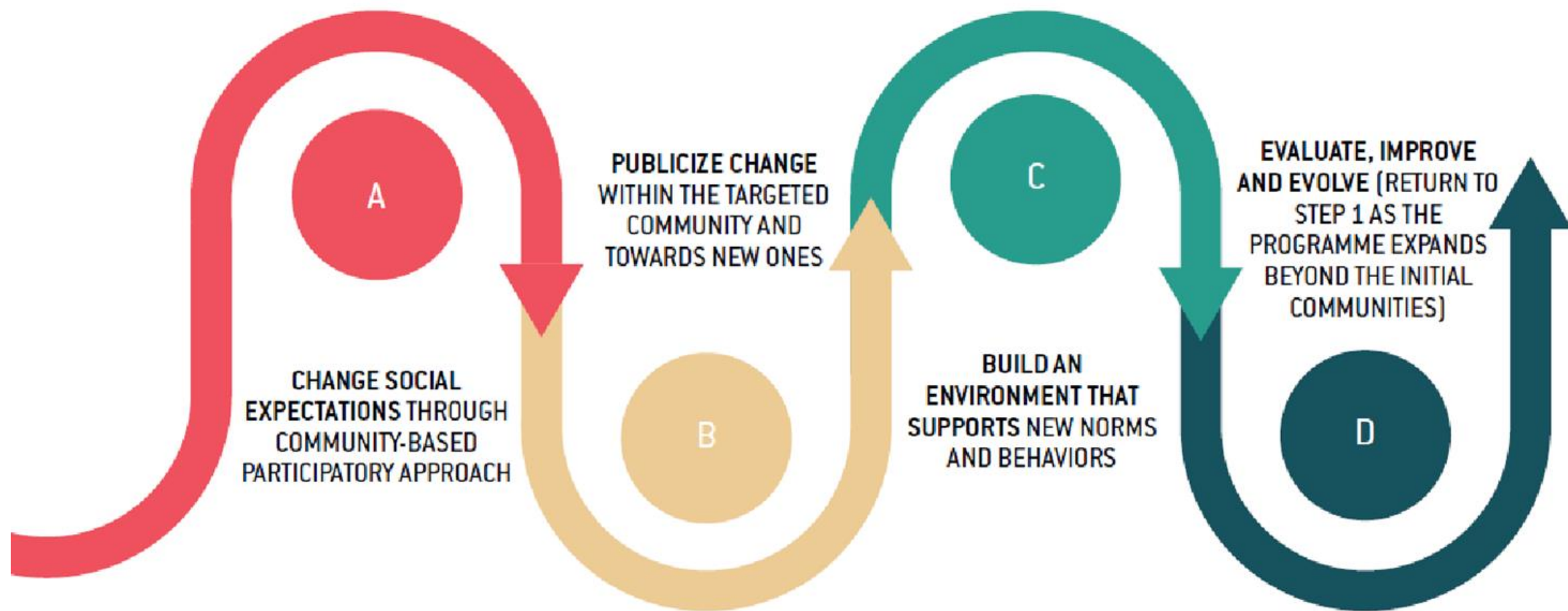
Question

Quick Review

What is the first step to change social norms?

- **Build an environment that supports new norms and behaviours**
- **Publicise change within the targeted communities**
- **Change social expectations through community based participatory approaches**

Creating space to shift social norms
Four-stage approach to change social norms

A

CHANGE SOCIAL EXPECTATIONS THROUGH COMMUNITY-BASED PARTICIPATORY APPROACH

PUBLICIZE CHANGE WITHIN THE TARGETED COMMUNITY AND TOWARDS NEW ONES

B

C

BUILD AN ENVIRONMENT THAT SUPPORTS NEW NORMS AND BEHAVIORS

EVALUATE, IMPROVE AND EVOLVE (RETURN TO STEP 1 AS THE PROGRAMME EXPANDS BEYOND THE INITIAL COMMUNITIES)

D

Creating space to shift social norms
Dimensions for a successful social norm change intervention

ACCURATELY ASSESSES THE NORMS

SEEKS COMMUNITY-LEVEL CHANGE

ENABLES COMMUNITY LEADERSHIP

ENGAGES PEOPLE AT MULTIPLE LEVELS

CORRECTS MISPERCEPTIONS AND PRESENTS THE ACTUAL NORM

ADRESSES POWER IMBALANCES AND MARGINALIZATION

CREATES SAFE SPACES FOR CRITICAL REFLECTION

CREATES NEW NORMS AND LEVERAGES POSITIVE ONES

ROOTS THE ISSUE WITHIN COMMUNITY'S OWN VALUE SYSTEMS

WORKS WITH "POSITIVE DEVIANTS"

USES "ORGANIZED DIFFUSION"

ADDRESSES ETHICAL CONSIDERATIONS AND SAFETY CONCERNS

Creating space to shift social norms

If we want people to abandon a practice, we need them to **reach the conclusion on their own**. Sometimes, programming is about engineering the space for them to do so.

Learning from the best
Normative shift using Saleema

The Saleema programme was launched in 2008. It shifted the narrative around FGM by promoting the use of positive terminology to describe the natural bodies of girls and women.

It grew out of recognition of a critical language gap in Sudanese colloquial Arabic. There was no positive term to refer to an uncircumcised girl.

The initiative started by shifting from describing girls as "ghalfa" – a negative and shameful terminology - to "saleema" which means healthy, pristine, complete and wholly as God created her.

The initiative aimed to change descriptive and injunctive norms about FGM by promoting positive terminology.

Learning from the best

Normative shift using Saleema

How did they do it?

Top-down messaging is avoided in favour of co-design and participation in the construction of relevant meanings. A key aim is to stimulate inter-personal discussion. Religious debates to find answers to accept "saleema" in religion.

Health advantages of a full female genitalia becomes the focus of learning and debate much more than the focus on problems of cutting.

In "Saleema", change is always situated in raising a range of voices belonging to women, men, and children at different stages of the change process.
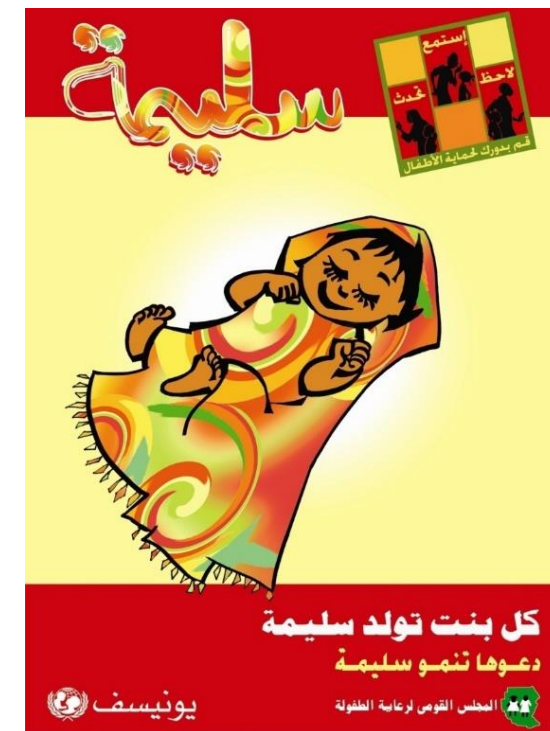
Learning from the best
Normative shift using Saleema

Moments of shifting to the new norm

When a social norm is in place, an initial divergence between attitudinal and behavioural change is to be expected. But when the "tipping point" is reached, behaviour change can be quite sudden.

The norm created is that wearing Saleema colours indicates joining the movement irrespective of being cut or not.

Community leaderships on top of public collective declarations committing to abandonment including religious scholars Saleema nominated a diverse group of celebrities and public figures to be ambassadors for the cause ("Sufara'a Saleema").

Activity: norms, influencers, and approaches
How social norms influence the world

Pre-Wedding Misery

Early in April 2017, I was really happy, as I was getting married. However, something very strange happened. One morning, I was called by my mother and other women who told me I needed to get prepared before my marriage. I got excited, as I thought it would be a happy day, but it turned out to be very horrible.

I was young, less than 10 years old, when I had undergone FGM—and had been mutilated in a terrible way. When I was cut, they sewed up my entire private part, leaving a small hole that barely allowed urine to pass through.

When my mother and the other women had told me that I needed to get prepared for my wedding, they meant opening up the sewed parts of my vagina, which they did. I could not understand the problems that such a procedure would bring me. When they opened the sewed part, I got infected, and the healing process took a long time—in fact, it took such a long time that I missed the designated day of my wedding. I eventually got married, but the experience made me very depressed, and I do not want my daughter to have the same horrible experience. But in this patriarchic culture, I am really powerless, and I fear that my daughter will eventually get mutilated.

Unfortunately, people think that if a girl is not mutilated, she will grow up and develop some uncontrollable sexual desires. But that is a myth that has no truthful basis, because there are many girls who have never undergone FGM and they are fine. As a society, we need to increase our awareness campaigns to debunk all the misconceptions and myths about FGM.

Blinded by Harmful Traditions

I am Asli Salad, from Garowe. My mother died when I was two years old and I was raised by my grandmother, who also died when I was 11. My aunt took on the responsibility of raising me and due to the change of my guardians, I was lucky enough not to undergo FGM. This was unusual, because most of the girls in our neighborhood were required to undergo this harmful traditional practice.

In August 2016, I got engaged, and was about to get married, but the mother of my fiancée demanded that before the wedding took place, I needed to be inspected to see if I was circumcised or not. I felt this was very odd behaviour, and actually I felt I was being disrespected. I had never heard of girls or women being inspected to verify if they had undergone the cut. This was an unexpected move for me. At first, I was unwilling to undergo the so-called inspection, but due to pressure, I was convinced to agree to this nonsensical behaviour.

During the 'inspection', the boy's mother discovered that I was not circumcised—she was shocked. She instantly started a campaign to disparage me and my character and informed her son that she will not allow him to marry me because I had not been circumcised. She forced him to cancel the wedding plans with immediate effect.

Desperate to save the wedding plans, I had to agree to be cut before the marriage, but my idea fell on deaf ears, as the boy's mother had already formed a preconceived opinion that since I was not cut, I used to have uncontrolled sexual desires that may have included having sex before marriage. This was completely incorrect—a narrative made up by the mother who eventually convinced her son not to marry me. When I look back, I realize that, in essence, this was a blessing in disguise for me, because I did not have to undergo the inhumane treatment of FGM.

Case studies adapted from 'Beyond the Scars: personal stories of survivors of female genital mutilation in Somalia'. Prepared by UNFPA in 2020. (link)

Activity: norms, influencers, and approaches
How social norms influence the world

Q: Working through the case studies map:

- Who is the main influencer promoting the practice?

- What norms can you identify? How might you go about prioritizing them?

- What type of approaches you would prioritise?

Quick recap
How social norms influence the world

- Fundamentally, norms shift at group level. We need safe spaces for deliberations and debates, and community-led processes. Change has to be public.

- Leverage protective norms and positive values. Reframe the issue to avoid fighting local traditions. Inspire people by discussing what's great in their society and culture.

- Build on the reasons of those who don't practice FGM, CM, etc

- Invest in measurement

Thank you!

Please feel free to say if you have any additional questions

Creating successful social norms programme

SESSION 2.3

Overview of Session 2.3

What are we going to do today?

The topics that will be covered in this session are:

- **Presentation**: creating a successful social norm change programme

- **Reflection:** Moment of Impact
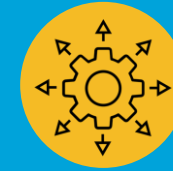
Session 2.3 Learning Outcomes

- Participants understand the elements that make a social norm change programme successful

Creating a successful social norm change programme
The rationale for a phased approach

Creating a successful social norm change programme
The rationale for a phased approach
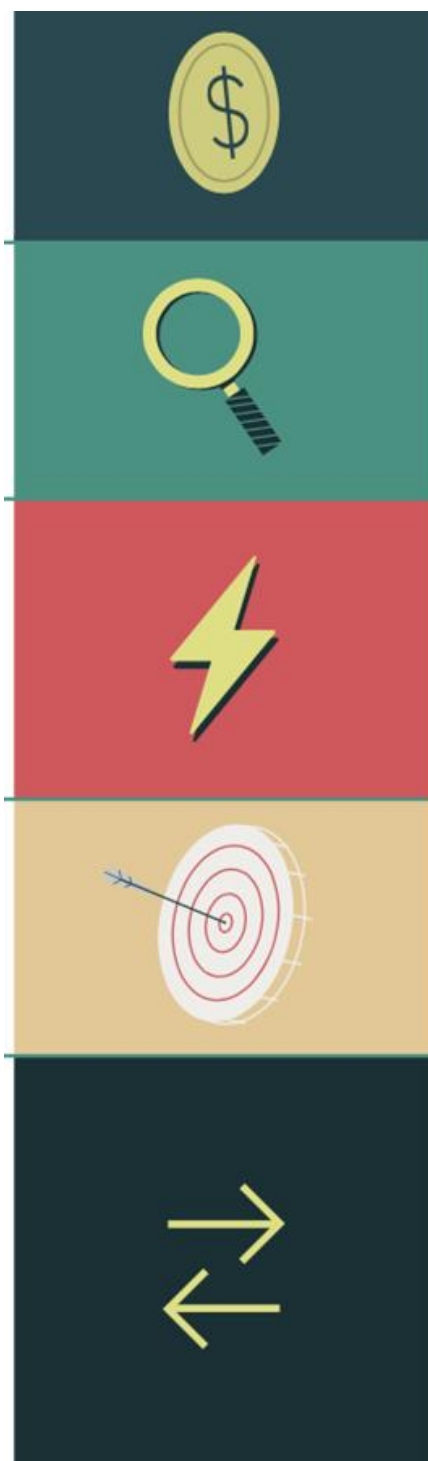
Cost: limited funds available for state-of-the-art SBCC programming, which can be resource intensive

Exploration: incremental approaches are best because change is locally specific

Intensity: more substantial investments can be made locally to increase chances of target audience's reflection and change

Precision: smaller-scale interventions offer an opportunity for greater control, flexibility and adaptability

Horizontal transfer: success in a specific geography makes it easier and quicker to spread change rather than start all over, from scratch

Creating a successful social norm change programme
The rationale for a phased approach
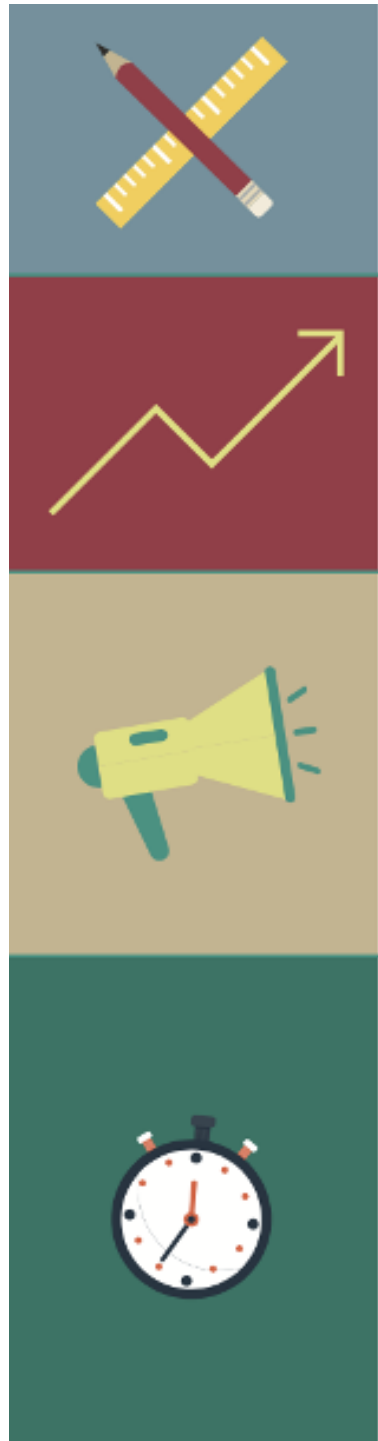
Skills: provides opportunity to build capacity in implementing interventions, prior to scaling up

Measurement: offers opportunity to more easily conduct statistically representative assessments

Advocacy: Helps demonstrate efficiency of the approach and can convince donors of the value to further develop the programme

Pace: changing norms at scale can take many years and requires continuous testing, iteration and optimization

Creating a successful social norm change programme
Lessons learnt during pilot phase that contributes to a successful scale-up

- Mixed groups generated more heated debates and richer contributions from members compared to homogenous groups (men only, service providers, TBAs only, police).

- Having a clear vision and common understanding on the programme (from junior to senior staff) is more sustainable; all staff should be trained to avoid interruption of activities in the case of staff turnover.

- It is not enough to involve the government officials; they need to be trained on the theory of social norms change for buy-in, support during implementation, and sustainability after programme completion.

Creating a successful social norm change programme

Lessons learnt during pilot phase that contributes to a successful scale-up

- The assumption that existing leaders are most influential when it comes to decision-making by the community is not always the case; the social networking theory is more effective in identification of the most influential reference groups in the community.

- Engaging community discussion leaders who are already agents of change in their community and are committed to the initiative is more effective in building strong community groups with a higher retention and success rate (sustainable).

- Having a standardized budget for the programme is more effective to avoid under planning or overestimation of activities.

Reflection
Moment of Impact

- How are the new skills changing your perspectives on programming?
- What is different from what you used to do before?
- What might be the challenges of implementing this type of programme design?
- What might be the benefits?

Thank you!

Please feel free to stay if you have any additional questions

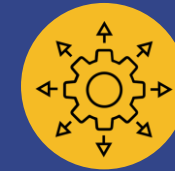# Implementing social norm change programmes and what they look like in practice

Session 3.1

Overview of session 3.1

What are we going to do today?

The topics that will be covered in this session are:

- **Presentation**: Implementing social norm change programmes: Communities Care Approach

- **Presentation**: Designing community conversations: Role Model Academy

- Close

Session 3.1 Learning Outcomes

- Participants will understand

- - how Community Conversations work, the pathway to change, and how they can affect change

- - what is required to implement a successful social norm change programme

Implementing social norm change programmes
Norms-focused community-based approaches

- **Who and how many people must be engaged to shift a normative behaviour?** It depends on which stakeholders and relationships guide the compliance with the norm: look at your formative research - the higher the risk of sanctions, the higher the need to coordinate the change within the right group of participants.

- **Are norms specific to people and places?** Some people may practice the same behaviour for distinct reasons. Look at how drivers differ by sub-groups.

Implementing social norm change programmes
Norms-focused community-based approaches

When developing community engagement intervention, it is important to consider the following:

- **Bring in the targeted community**: it is important for communities to own the process of change.

- **Choose the right facilitator**: ideally, the facilitator should be selected from the targeted community.

- **Create balanced dialogues**: balance the transmission of learnings from outside, with dialogue and deliberations from the community itself.

- **Bring in the voices that are often unheard**: include women, adolescent girls, children, people with disabilities and marginalised groups.

- **Bring in the 'game changers'**: these are the people who are more receptive to new information or ready to take the risk of deviating from the norm.
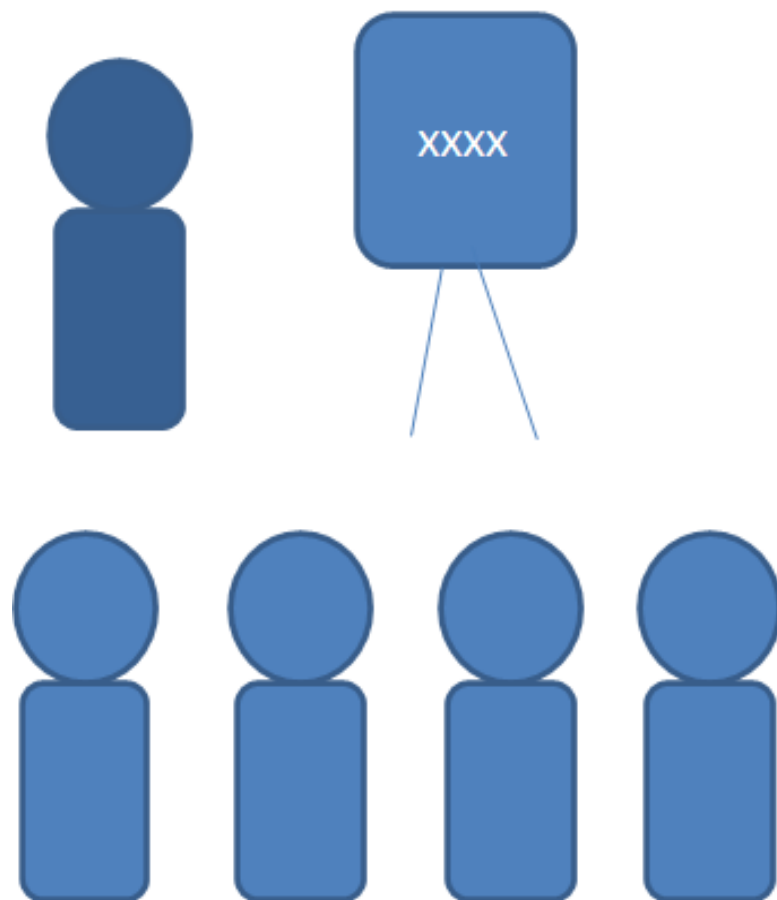
Implementing social norm change programmes
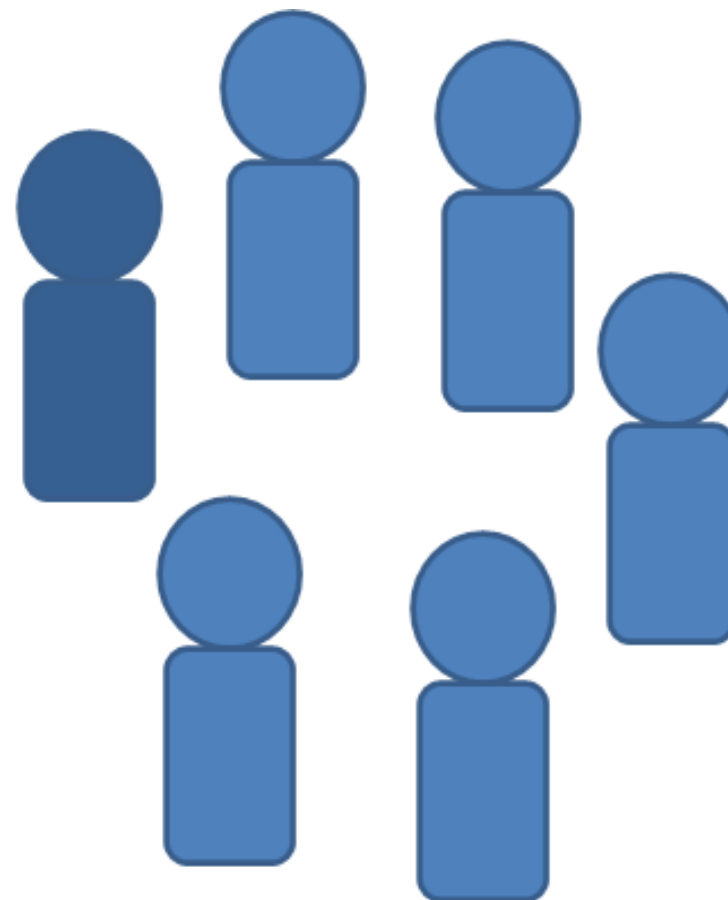## Norms-focused community-based approaches

Implementing social norm change programmes
Case example – Communities Care Programme

When thinking about facilitating a group conversation, there are two elements that need to be considered. These are:

1. **Group content**, which describes what the group is talking about. This includes the topics that the facilitator raises, the topics that the group organically raise, as well as the ideas that they are sharing, and individual and collective goals they are working towards.

1. **Group processes**, which describe how the group is working together. This relates to how the group is communicating, how people are relating to each other, and dynamics between individuals in the room

3.1 Implementing social norm change programmes and what they look like in practice

Implementing social norm change programmes
Case example – Communities Care Programme

Preparation Stage

- Conduct a social norms assessment to identify prevailing social norms to be addressed
- Develop a comprehensive community discussions training guide – adopted the UNICEF CC guide to the local context; including translations in simple Somali
- Develop the tools used to plan and monitor activity implementation (live documents) - also included in the guide
- Mapping of GBV/CP service providers in the areas of implementation (to also identify capacity needs and gaps in service delivery)
- Establishing referral pathways and disseminating information to key stakeholders and program staff

Implementing social norm change programmes
Case example – Communities Care Programme

Implementation Stage: key CC activities and timelines

- Capacity strengthening of service providers (CHW, education, PSS) and law enforcement (police) on survivor-centered approaches *(1 week)*
- Recruitment of community discussion leaders (CDLs) *(1 week)*
- Training of Research Assistants on research protocol & data collection procedures (ToT by JHU) *(2 weeks)*
- Baseline research targeting CDLs and the wider community *(5 days, done before any CC activity implementation)*
- Training of CDLs on social norms, self-awareness, sexual violence and facilitation skills *(2 weeks of training)*

Implementing social norm change programmes
Case example – Communities Care Programme

Implementation Stage: key CC activities and timelines (cont.)

- Selection of community discussion participants by CDLs *(1 week)*
- Baseline research for the selected group discussion participants *(5 days)*
- Personal beliefs assessment (process monitoring at the start, middle and end)
- Facilitate community-led dialogues among key groups in the community on harmful beliefs and norms *(13 weeks, with 2 sessions per week)*
- Public declaration event *(at the end of the 13 weeks of dialogue sessions)*
- Action plan implementations *(6 weeks)*
- Impact evaluation: collection of stories from dialogue participants and invited people during the public declaration *(immediately after public declaration)*
- Endline research targeting dialogue participants (CDLS and Group members) and the general community *(at least 8 weeks after the action plan implementation)*

Implementing social norm change programmes
Case example – Communities Care Programme

It is so important to use community-specific language and examples. Some general principles to consider when tackling attitudes towards the harmful behaviour:

- *Address inaccurate beliefs.* address inaccurate beliefs that the practice is supported and carried out by the majority of the community.

- *Provide examples* of the harm or negative effect that the current practice causes participants.

- *Reframe the discussion*. Find ways to describe deviant behaviours positively.

- *Highlight how local value systems seem to point to alternative behaviours.* For example, how current practices may contradict other religious or moral norms.

- *Recognise that individuals have the right for autonomy and self-determination* if the engagement remains ''unsuccessful' from your perspective.

Implementing social norm change programmes
Case example – Communities Care Programme

Public declaration: communicating change to others:

- As we learnt earlier, public signals of change are an important element of any programme seeking to shift social norms.

- For this programme of work, individuals were asked to make public declarations of changed behaviour.

Implementing social norm change programmes
Case example – Communities Care Programme

Public declarations

Implementing social norm change programmes
Case example – Communities Care Programme

Public declarations

Implementing social norm change programmes
Case example – Communities Care Programme

Public declarations

Implementing social norm change programmes
Case example – Communities Care Programme

Public declarations

Stories of Change - Kenya Example - Process in Garashi (Magarini District - Kilifi)

Implementing social norm change programmes
Case example – Communities Care Programme

Stories of Change - Kenya Example - Process in Garashi (Magarini District - Kilifi)

Implementing social norm change programmes
Case example – Communities Care Programme

Stories of Change - Kenya Example - Process in Garashi (Magarini District - Kilifi)

Implementing social norm change programmes
Case example – Communities Care Programme

Community Action plan implementation

Done over a six-week period within the community. It includes but is not limited to community-led interventions such as:

- Door to door engagement
- Theatre
- Songs
- Sports for youth
- Media

End-line survey

To capture the impact of the communities care activities.

Implementing social norm change programmes
Case example – Communities Care Programme

Lesson Learnt: Effective Monitoring of community discussion sessions is key for effectiveness of the intervention

Continuous mentoring:
It is necessary throughout the community discussion process to ensure quality data collection, reporting, and impact evaluation. Facilitators of police officers and community elders' groups needed extra mentoring and supervision since members were not comfortable to discuss about sexual violence, especially on intimate partner violence. Members felt it is a taboo to discuss the topic in public.

Include Religious leaders in most of the groups:
Groups resolved to invite religious leaders (Sheikhs) to shed more light on how religion and culture uphold human dignity and do not support discrimination of girls and women, and harmful practices such as FGM.

Question

Let's Quiz

Share a success story that has resulted from an intervention

Reflection

Do you have any questions?

Reflect on….

- After taking part in today's session what is something you are confident you know?

- What is something you do not yet understand?

- What would you like to achieve during the next session?

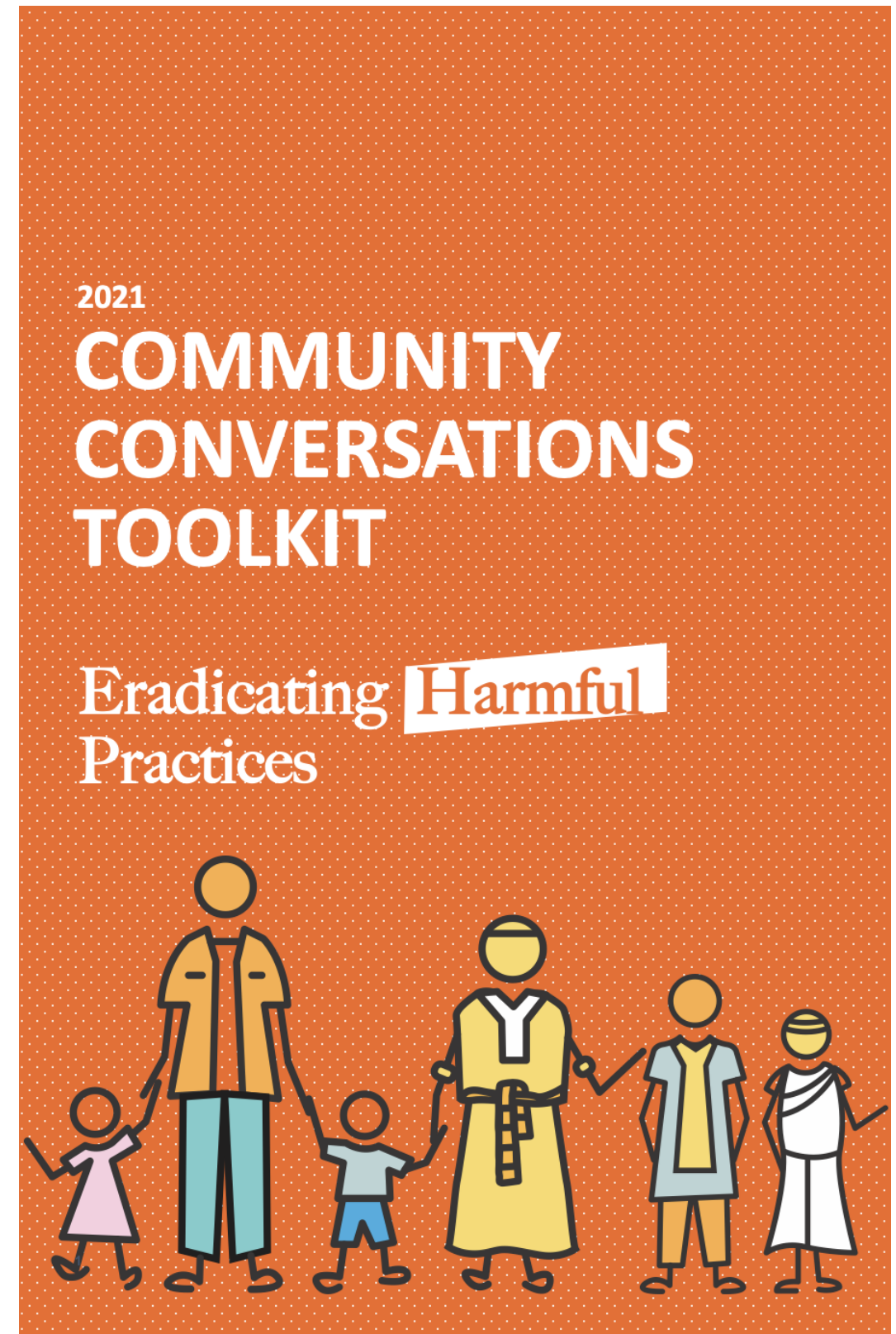# Implementing social norm change programmes
Community Conversations

Community conversations (CCs) can happen anywhere but **local context is key.**

CCs ensure that communities are given space to identify concerns, reflect on shared challenges, deliberate on solutions and map out courses of action around HPs, gender equality and violence against women and children.

They are determined and conducted by the community and help to offer community owned solutions across age, gender and values and are ultimately intended to both educate participants and shift social norms.

"...The community conversation taught many of us about the consequences of FGM and the community has shown a lot of progress. There are no circumcisers in our area. We report if we see and/or hear anything related to cutting or cutting arrangements which is against what we discuss here." -Female CC attendee, Ethiopia (2016)

2021
COMMUNITY CONVERSATIONS TOOLKIT

Eradicating Harmful **Practices**

Implementing social norm change programmes
Community Conversations

Through conversation and reflection, the community will develop a deeper understanding of the prevalence of FGM and CM in their own community (and it's connections to VAC/VAW and gender inequality), the harm that they both (respectively) bring about; and by helping to deeply understand and embrace the social and behavioural changes to prevent them. Key outcomes of community conversation include:

- The conversations will encourage the community to be empowered to meet their challenges around these issues by applying their values and the practices recommended in their action plan.
- The community will have an increased sense of ownership over local FGM and CM prevention and elimination.
- In the case of FGM and CM being discussed, the community's capacity to plan, implement and follow-up CM/FGM interventions will be strengthened.
- The community will have a better understanding of the means available to them to prevent and report FGM & CM, as well as knowledge of children's rights and gender equality

Involvement of Community Conversations

Community Conversations

Community
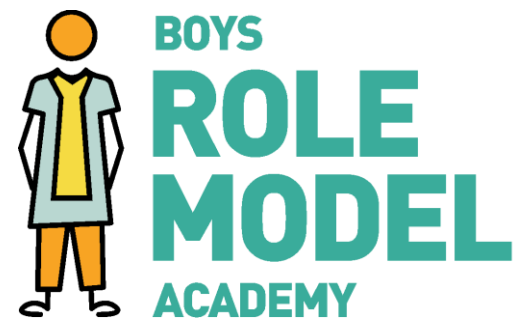
Implementing social norm change programmes
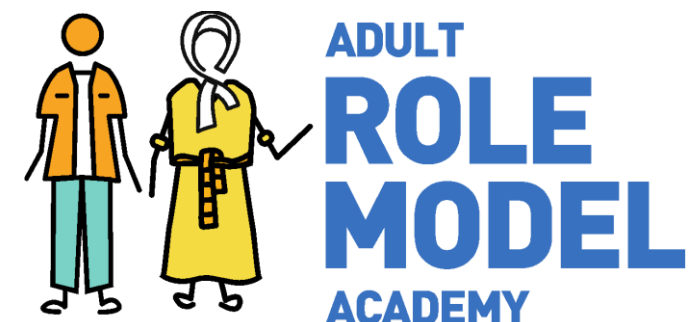## The Role Model Academy

GIRLS ROLE MODEL ACADEMY
A Community Conversations Initiative

BOYS ROLE MODEL ACADEMY
A Community Conversations Initiative

ADULT ROLE MODEL ACADEMY
A Community Conversations Initiative

Critical reflection, empathetic conversations and personal development

For adolescents, the academy experience is intended to provide a 'safe space' for honest, open dialogue about what matters to them and where they are seeking personal growth.

The goal is to delay marriage until adulthood (by introducing key milestones in maturity and adulthood prior to marriage) and to interrogate social expectations around purity and 'ideal marriages' to avoid practicing FGM and CM for adolescent boys and girls.

Problem-solving, open dialogue between couples and action planning to eradicate harmful practices

For adults, the academy experience is intended to promote open, supportive conversations and action about difficult or sensitive topics.

The goal is to build mutual empathy between partners and to help understand hopes and fears and create open dialogue to help increase child welfare and decrease the pressures for FGM and child marriage.

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Implementing social norm change programmes
The Role Model Academy

01 Conversations leverage large, mixed groups (per the existing CC model) but also make space for more intimate, smaller conversations that offer 'safe spaces' to discuss hopes, fears, aspirations and pressures that boys, girls men and women face especially in regards to FGM and CM.

02 Building upon best practices for facilitation, sessions are structured according to:

**Info > Stimuli > Group reflection & discussion > takeaway > action.**

In this way, each series of sessions follows a similar model to diffuse information, offer reflection, foster encouragement and action.

03 Attendees graduate from one level as adolescents to another as adults, with all sessions building on the last and offering challenges to be completed outside of sessions.

06 The model is guided by a Change Pathway, which includes key checkpoints for behaviour change and norm shift (and thereby supports measurement of these changes).
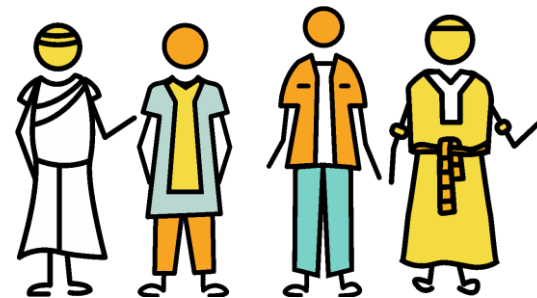
05 Sessions are built around specific themes and key messages, but also include proven behavioural tactics which can catalyse the action we expect as part of the Change Pathway.

04 Social network analysis is used when the CC groups are established, to support the deliberate diffusion of the key messages to the broader community from the outset

Implementing social norm change programmes
The Role Model Academy

The following "core pathway" is the theoretical basis for the design of the Role Model Academy sessions:

1. **Motivation |** *Targeting evaluations (of risk, of cost and benefit), wants & needs*
2. **Self-awareness |** *Building awareness*
3. **Self-efficacy |** *Personal belief in the behaviour and in practicing the behaviour, which is facilitated through a community environment which reinforces/rewards that behaviour*
4. **Advocacy |** *Promoting the desired norm*

Comprehension → Motivation → Value → Self-Awareness → Shift → Self-Efficacy → Maintain → Advocacy
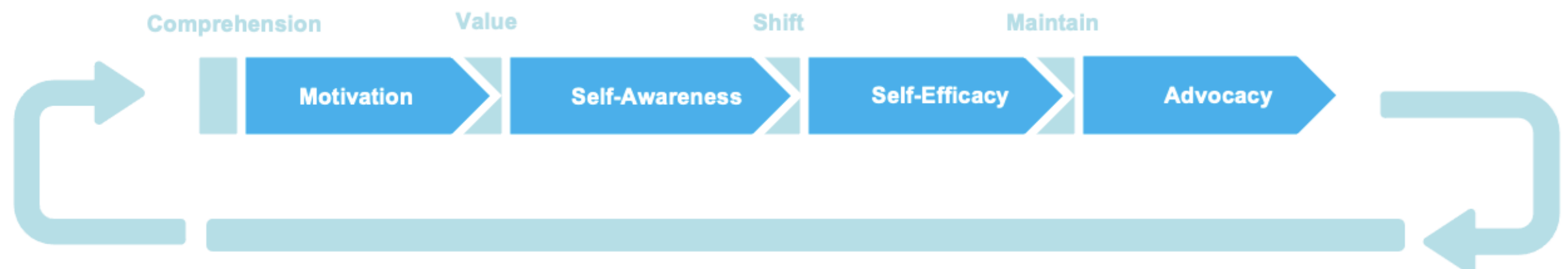
Implementing social norm change programmes
The Role Model Academy

ADOLESCENTS

ADULTS
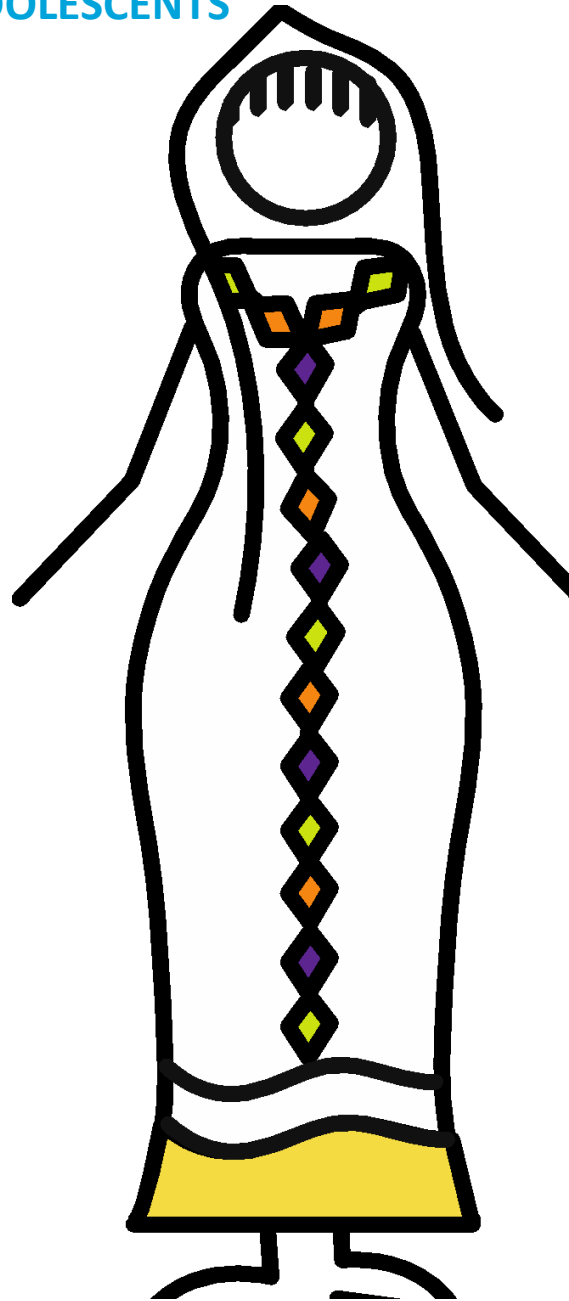
Adolescents	Adults
Act like a boy / girl - gender empathy & sensitisation	Understanding VAC - empathy exercises
Cross the line: assessing community values (FGM& CM)	Storytelling
Sapir-Whorf: redefining marriage	Understanding barriers
Guest speakers: local facts about FGM / CM	Action planning
Graduation	Graduation

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Quick recap:

The most important things to remember about community conversations are:

- Community conversations are an effective tool for education and social norms change as part of a longer term, structured programme.
- Community ownership is key, so local contextualisation through ensuring adaptability for local norms and cultural and religious considerations is essential.
- Community dialogue approaches begin with the involvement of facilitators and ideally evolve towards more community-led, sustainable footing.
- Engineering as many opportunities for cross-over sessions (in smaller and larger groups) between ages and genders is highly beneficial.

Activity: local contextualisation

Community conversations & social norms change

Community conversations are most successful when they consider local circumstances including religion, education level, economic status, HP prevalence, permanency of community, security situation and beyond. In Ethiopia, contextualization has been done across 6 regions alongside the overall geopolitical situation.

What games or activities have been successful for you in the past for CC style gatherings?

What are the key criteria to consider in finding a local facilitator?

What issues would your CC focus on most (VAW/VAC, FGM etc)?

Are there any local groups you need to leverage in order o support rolling out community conversations?

Thank you!

Please feel free to stay if you have any final questions

Building on case examples and designing for change
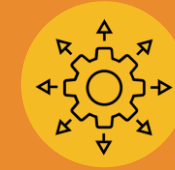
Session 3.2

Overview of Session 3.2

What are we going to do today?

The topics that will be covered in this session are:

- **Presentation:** The global ACT M&E framework on FGM
- **Reflection**

Session 3.2 Learning Outcomes

- Participants understand the ACT M&E framework, and can apply it using case studies

- Participants can select the most important SBC indicators from the ACT

- Participants can select appropriate survey questions to understand indicators

Questions

Let's Quiz

Q1: When you think about monitoring or measurement in programming, what comes to mind? What types of activities? What is the process like?

Q2: On a scale of one to ten, how confident are you with measuring behaviour change? What about monitoring?

Q3: Are there any topics associated with measurement and monitoring that you would like to find out more about? Are there any areas that you find hard?

Overview of measurement
Measuring behaviour change

We are familiar with the Sustainable Development Goals.When we think about the goals we often think about the targets that have been set, such as the

SDG target 5.3: 'to eliminate all harmful practices such as child, early and forced marriage and FGM'.

We might even talk about the indicators, which is the goal we are working towards. For example:

SDG indicator: 'percentage of girls and women aged between 15 and 49 who have undergone FGM'.

However, the thing that is often missing from our thinking is:

- How do we move in the right direction, which relates to the programming and the social norms change that we have been talking about during the course?

- **How do we measure change at intermediate-outcome level** (for example: change in beliefs, attitudes and norms)?

Overview of measurement
Traditional approaches to measurement

In our harmful practice example, we can look at the ways in which progress towards SDG target 5.3 have been measured so far. Traditionally, indicators used include:

- Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), which look at prevalence of FGM and child marriage across communities. The way in which this is determined varies between locations and surveys.
- Support for the continuation of FGM and child marriage

Outcome	Indicators
A majority of individuals, families and communities in programme areas accept the norm of eliminating FGM	Number of communities making public declarations of abandonment of FGM
	Degree of shift in the social norm upholding FGM in programme areas, composite indicator composed of: 1. % of individuals not supporting continuation 2. % of individuals who believe others will cut and 3. % of individuals who believe they will be sanctioned if they do not cut.

Overview of measurement
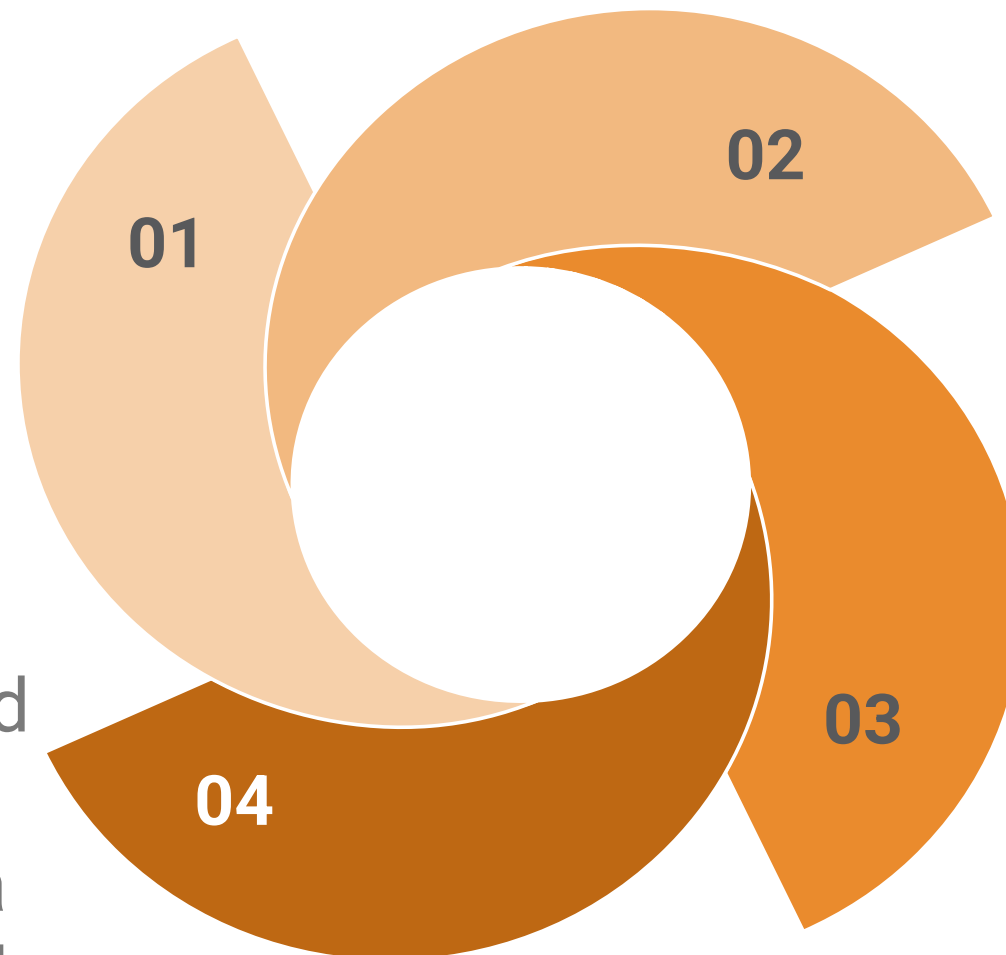
Measuring behaviour change

Let's Quiz

What do you think some of the challenges relating to these approaches are, specifically when we think about measuring behaviour change?

Overview of measurement

Challenges of traditional approaches

DHS/MICS: periodicity, time it takes to capture changes, geographical coverage

Public declarations: not the ultimate reflection of a changed social norm. Social expectations may begin to change before collective declarations or before a drop in prevalence rates

01

02

03

04

Different approaches tested to measure shifts and need to find a commonly agreed and tested methodology that can be scaled up

These approaches tend to be resource-intensive. They require a lot of manpower, significant technical capability, and a huge financial investment.

Overview of measurement

Approaches to shifting and measuring trends in norms related to FGM

Abandonment

Replacement

The abandonment of the FGM norm

Introduction of an innovation associated with a separate set of practices

M&E would consist of tracking maintenance of its absence and preventing re-emergence

M&E on uptake of the new practices

3.2: BUILDING ON CASE EXAMPLES AND DESIGNING FOR CHANGE

Overview of measurement
Why prevalence is not enough

Overview of measurement

Using indicators

Behavioural drivers → Indicators → Survey questions

ACT M&E Framework Package on FGM

Overview of the ACT Framework

A
- Assess what people know, feel and do
- Ascertain normative factors: descriptive norms, injunctive norms and outcome expectancies

C
- Consider context, specifically gender and power
- Collect information on social support and networks

T
- Track individual and social change over time
- Triangulate all data and analysis

ACT M&E Framework Package on FGM

What are the components of the package?

ACT Framework

- Explains the framework
- Describes the indicators included in the framework
- Provides guidelines for implementation of the framework

ACT Instruments

- Contains the quantitative and qualitative data collection instruments (Structured Interview Questionnaire, Focus Group Discussion Guide, & In-Depth Interview Guide)
- Includes notes on preparing the instruments for use, pretesting questions, and training data collectors

ACT Implementation Templates

- Offers adaptable templates such as TORS, sampling protocols, etc. that give additional support to programs for implementing the framework.

ACT M&E Framework Package on FGM
A

A

- Assess what people know, feel and do

KNOW (cognition)

- Risks of FGM (physical and psychosocial)
- The degree to which legal, religious and moral norms associated with FGM are harmonized

FEEL (emotion)

- Reasons why FGM exists
- Positive beliefs about abandoning FGM
- Support for abandoning FGM
- Intention not to cut daughter
- Willingness to marry women who have not been cut
- Self-efficacy to abandon FGM

DO (behaviour)

- Prevalence of FGM
- Proportion of households showing readiness to change (moving along the change continuum)

ACT M&E Framework Package on FGM

A

A

- Ascertain normative factors: descriptive norms, injunctive norms and outcome expectancies

Descriptive Norms/Empirical Expectations

- Beliefs about what people do

Injunctive Norms/Normative Expectations

- Beliefs about what others approve of/think people should do

Outcome Expectancies-Positive

- Beliefs about the perceived benefits/rewards

Outcome Expectancies-Negative

- Beliefs about the perceived punishments/sanctions
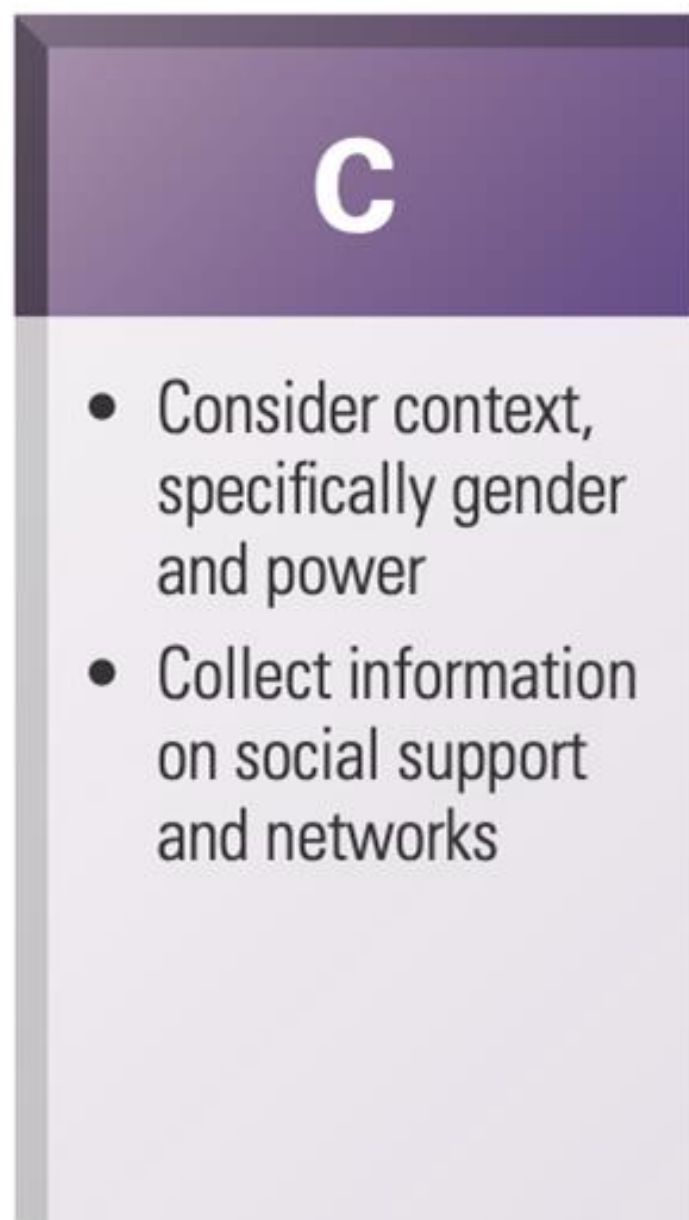
ACT M&E Framework Package on FGM

C

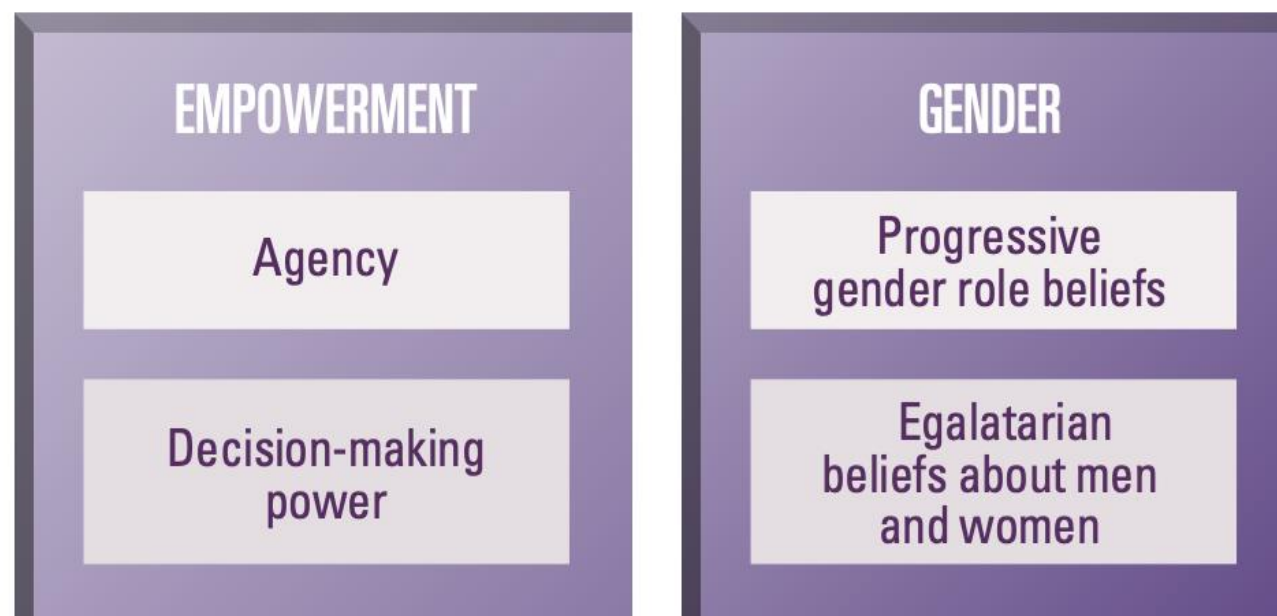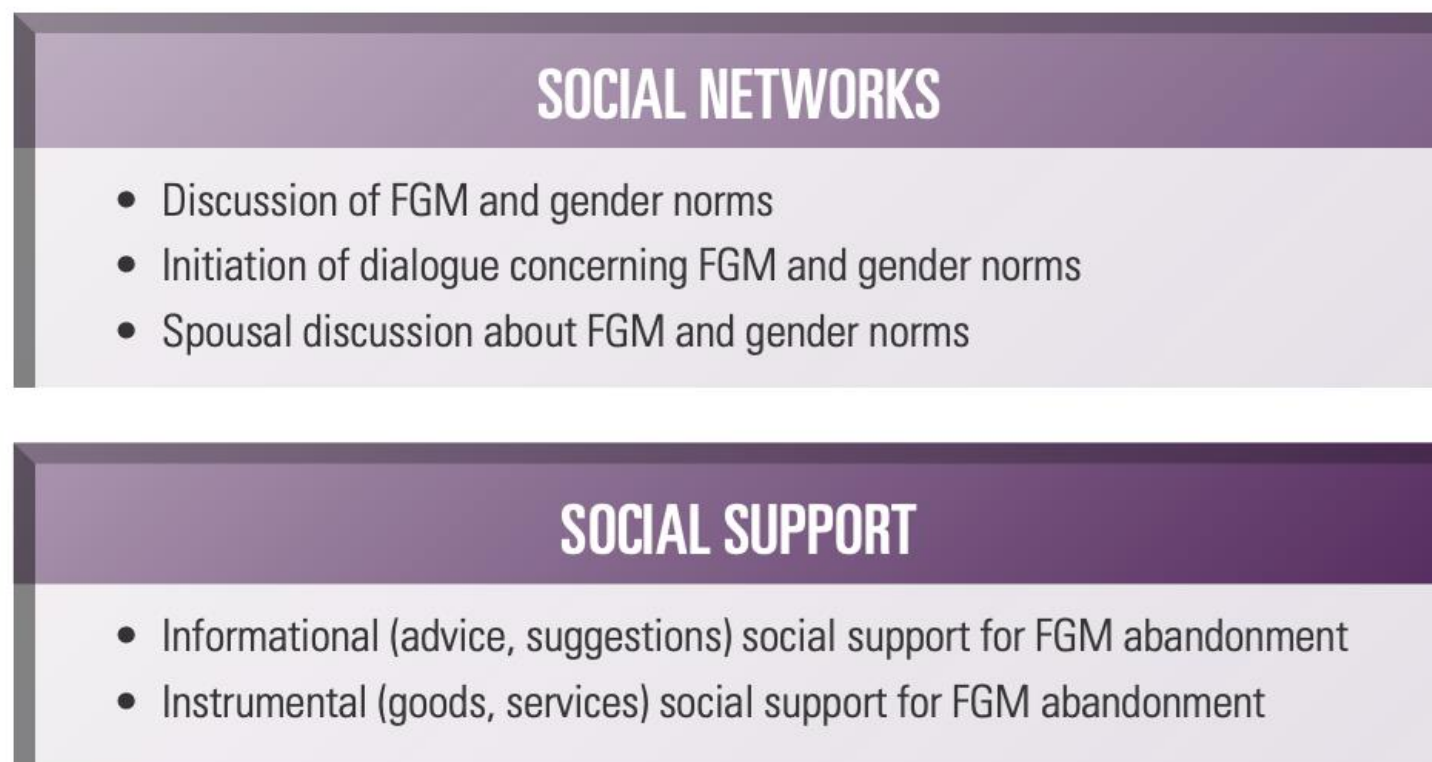**FIGURE 4:** TOPICS FOR "CONSIDER THE CONTEXT"

EMPOWERMENT	GENDER
Agency	Progressive gender role beliefs
Decision-making power	Egalatarian beliefs about men and women

C

- Consider context, specifically gender and power
- Collect information on social support and networks
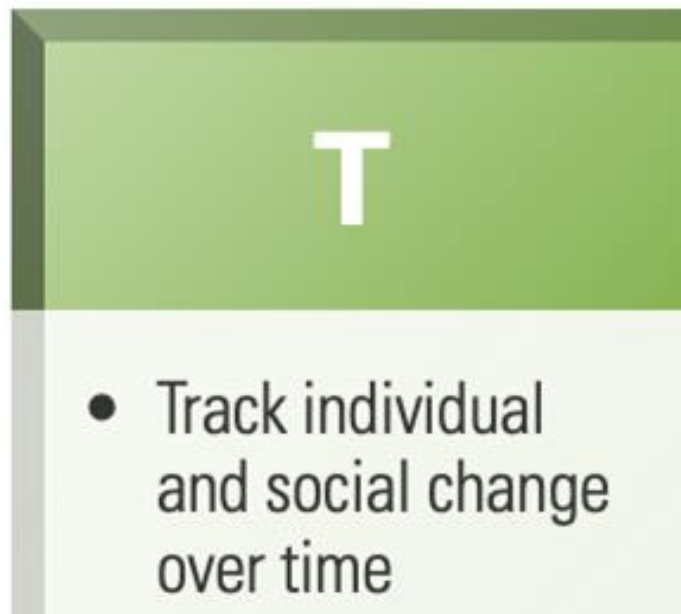
FIGURE 5: TOPICS FOR COLLECT INFORMATION ON SOCIAL NETWORKS AND SOCIAL SUPPORT

SOCIAL NETWORKS

- Discussion of FGM and gender norms
- Initiation of dialogue concerning FGM and gender norms
- Spousal discussion about FGM and gender norms

SOCIAL SUPPORT

- Informational (advice, suggestions) social support for FGM abandonment
- Instrumental (goods, services) social support for FGM abandonment

ACT M&E Framework Package on FGM

T

Outputs

- Track individual and social change over time

▪ **C4D activity outputs (e.g., # of radio spots created, # of radio spots aired)**
▪ **Participation in C4D activities**

Short-term Outcomes

▪ **Advocacy**
▪ **Participation in public activities**
▪ **Public declarations/ pledges**
▪ **Household classification along readiness to change**

Exposure

▪ **Exposure**
▪ **Dose**
▪ **Recall**

Methods
- **Content Analysis**
- **Fidelity Monitoring**

Methods
- **Questionnaire**
- **Fidelity Monitoring**
- **Photovoice**
- **Most Significant Change**
- **Community mapping**
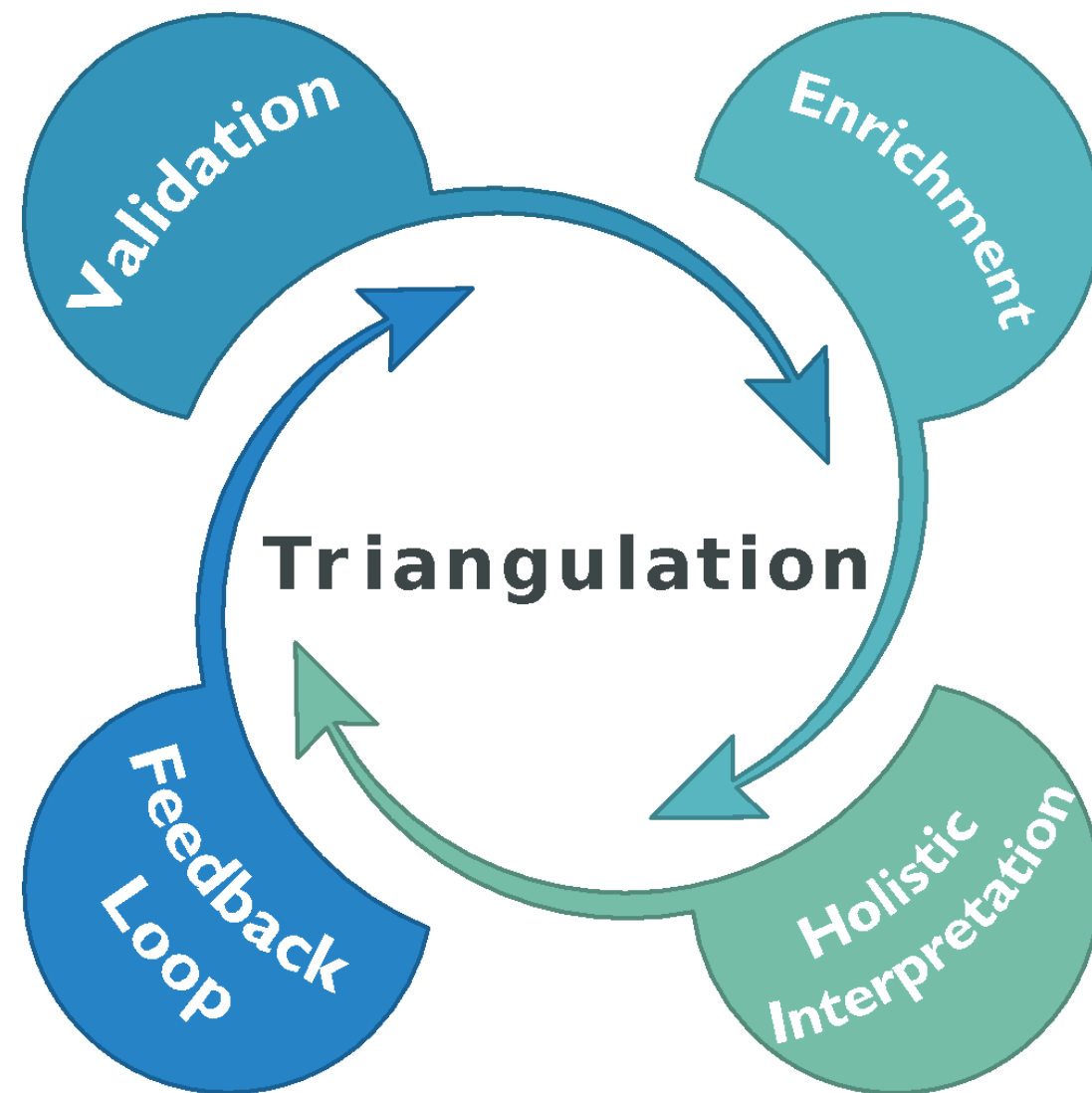- **Community-level case studies**

Methods
- **Questionnaire**
- **Rapid Assessment Survey**

ACT M&E Framework Package on FGM
C

T

- Triangulate all data and analysis

ACT M&E Framework Package on FGM

Measuring change

AGGREGATED ACT MEASURES/INDICATORS		
COMPONENT OF THE ACT FRAMEWORK	**SOCIAL NORMS CONSTRUCT/CONCEPT**	**AGGREGATED MEASURE/INDICATOR**
Assess what people know, feel and do	Know	Change over time in knowledge of FGM
	Feel	Change over time in beliefs about FGM
		Change over time in intentions not to practise FGM
	Do	Proportion of girls and women who have undergone FGM
		Proportion of households moving along the continuum of change
Ascertain normative factors	Descriptive norms	Change over time in perceived prevalence of FGM
	Injunctive norms	Change over time in the approval of FGM by self and others
	Outcome expectancies	Change over time in individuals' identification of benefits and sanctions related to FGM
		Change over time in intention to give rewards and impose sanctions related to FGM
Consider context	Empowerment	Change over time in agency
		Change over time in decision-making power
	Gender	Change over time in gender role beliefs
		Change over time in egalitarian beliefs about men and women
Collect information on social support and networks	Social Networks	Change over time in interpersonal communication about FGM
		Change over time in spousal communication about FGM
	Social support	Change over time in informational social support for FGM abandonment
		Change over time in instrumental social support for FGM abandonment
Track individual and social change over time	Individual and social change	Proportion of the intended audience participating in individual and social change communication programming on FGM abandonment
		Proportion of the intended audience exhibiting encoded exposure to individual and social change communication programming on FGM abandonment

Activity: Selecting indicators from the ACT

Norms shifting using Saleema

Saleema is a programme that was launched in 2008 by the Sudanese National Council for Child Welfare (NCCW) in collaboration with UNICEF Sudan. Saleema effectively shifted the narrative around FGM by promoting the use of positive terminology to describe the natural bodies of girls and women, recognising the significance of the local culture through its language.

At the heart of the Saleema initiative is an understanding of the power of words in shaping perceptions. The initiative grew out of the recognition of a critical language gap in Sudanese colloquial Arabic. Despite 30 years of activism to increase awareness of the harm caused by FGM, there was still no positive term in common usage to refer to an uncircumcised girl.

The initiative started with a campaign to move from describing girls as "ghalfa", which is a negative and shameful terminology, to "Saleema". Saleema means healthy, pristine, complete and wholly as God created her. It is also a girl's name.

The initiative aimed to change the descriptive and injunctive norms about FGM by promoting wide usage of new positive terminology to describe the natural bodies and social status of girls and women.

Activity: Selecting indicators from the ACT
Norms shifting using Saleema

AGGREGATED ACT MEASURES/INDICATORS		
COMPONENT OF THE ACT FRAMEWORK	**SOCIAL NORMS CONSTRUCT/CONCEPT**	**AGGREGATED MEASURE/INDICATOR**
Assess what people know, feel and do	Know	Change over time in knowledge of FGM
	Feel	Change over time in beliefs about FGM
		Change over time in intentions not to practise FGM
	Do	Proportion of girls and women who have undergone FGM
		Proportion of households moving along the continuum of change
Ascertain normative factors	Descriptive norms	Change over time in perceived prevalence of FGM
	Injunctive norms	Change over time in the approval of FGM by self and others
	Outcome expectancies	Change over time in individuals' identification of benefits and sanctions related to FGM
		Change over time in intention to give rewards and impose sanctions related to FGM
Consider context	Empowerment	Change over time in agency
		Change over time in decision-making power
	Gender	Change over time in gender role beliefs
		Change over time in egalitarian beliefs about men and women
Collect information on social support and networks	Social Networks	Change over time in interpersonal communication about FGM
		Change over time in spousal communication about FGM
	Social support	Change over time in informational social support for FGM abandonment
		Change over time in instrumental social support for FGM abandonment
Track individual and social change over time	Individual and social change	Proportion of the intended audience participating in individual and social change communication programming on FGM abandonment
		Proportion of the intended audience exhibiting encoded exposure to individual and social change communication programming on FGM abandonment

Activity: Selecting indicators from the ACT
Norms shifting using Saleema

- What are the drivers influencing FGM in Sudan?

- Drawing from your learnings on measurement indicators, what would you say are the most important SBC indicators to measure in this case?

- What type of metrics do you feel would be important to measure? Use the 'know, feel and do' constructs to categorise your answers.

Activity: Selecting indicators from the ACT
Reflection

- What is the biggest thing you have learnt during this session?

- How are you feeling after the session?

- What would you like to achieve during the next session?

Thank you!

Please feel free to say if you have any final questions

Understanding how to measure and track the impact of social norm change

Session 3.3

Overview of Session 3.3

What are we going to do today?

The topics that will be covered in this session are:

- **Presentation:** The global ACT M&E framework: behavioral change measurement

- **Activity:** Participatory Activities

- **Presentation**: Deep-dive into measurement – Communities Care example

- Reflection

- Close & next steps

Session 3.3 Learning Outcomes

- Participants can use participatory activities to assess impact of social norm interventions

- Participants can select appropriate survey questions to understand indicators

- Participants can create indicators for change

- Participants can measure change over time

Behavioural monitoring according to the ACT Framework
Behavioural monitoring

Monitoring: is a systematic and purposeful process of data collection to check if programme activities are being implemented as planned, and in particular what is the programme doing throughout its implementation.

Evaluation (or measurement): attempting to determine the relevance, effectiveness, and impact of activities, and in particular the extent to which changes in behaviour can be attributed to programme activities
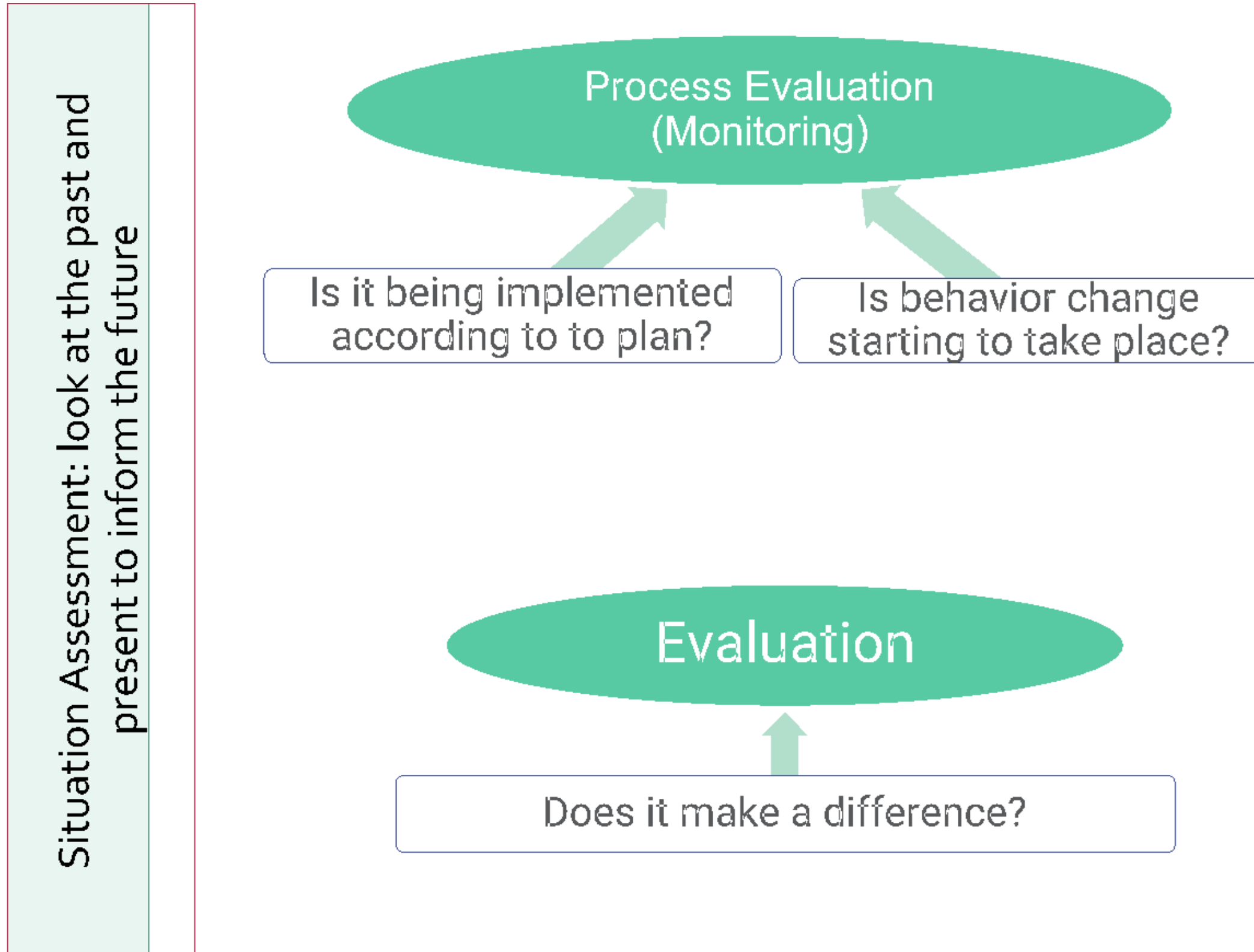
Behavioural monitoring according to the ACT Framework

Behavioural monitoring

Monitoring	Evaluation (or Measurement)
- Are the programme activities being implemented as planned? - Is the quality of implementation acceptable? - Are the materials, channels, and processes being used culturally acceptable and effective? - Have the activities started to produce initial shifts in some of the drivers influencing the behaviour (for example: knowledge, attitudes, intent, etc.)?	- Have the interventions achieved their objectives of changing behaviour and/or other outcome indicators? - Has the programme addressed or reduced the barriers to behaviour change? - What is the extent to which change can be sustained, is economically viable, and can be scaled up?

Behavioural monitoring according to the ACT Framework

Behavioural monitoring

Situation Assessment: look at the past and present to inform the future

Process Evaluation
(Monitoring)

Is it being implemented according to to plan?

Is behavior change starting to take place?

Evaluation

Does it make a difference?

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Behavioural monitoring according to the ACT Framework

Adapting the ACT - designing indicators for measurement

ACT Construct	Subconstructs		# of Indicators	# of Questions
What People Know	Awareness of FGM		1	4
	Awareness of FGM as a harmful traditional practice		1	1
	Knowledge of Types of FGM		1	1
	Knowledge of Risks of FGMC		1	3
	Knowledge of Laws of FGM		4	4
What People Feel	Beliefs about FGM	As a function of gender, power, control	1	10
		As a function of identity	1	3
		As a function of religion	1	6
		As a function of health	1	8
		As a function of human rights	1	3
	Attitudes toward those without cutting (both girls and communities)		2	16
	Support for FGM abandonment	Personal Support for FGM abandonment	1	1
		Beliefs about social network's support for FGM	1	7
	Sense of ownership in eliminating FGM		1	1
	Willingness to support those who abandon FGM		1	1
	Behavioural Intent	Intention to cut	1	1
		Willingness of boys and men to marry uncut girls	1	1
	Self-Efficacy to abandon FGM		1	5
	Prevalence of FGM			

Behavioural monitoring according to the ACT Framework

Adapting the ACT - designing indicators for measurement

	Self-Efficacy to abandon FGM		1	5
What People Do	Prevalence of FGM		2	6
	Behaviour shift toward abandoning FGM		1	2
	FGM Decision-making		1	4
	Public support of those who abandon FGM		1	1
Social Norms	Descriptive Norms/ Empirical expectations	Perceived Prevalence	1	3
		Perceived change in prevalence	1	2
	Injunctive Norms/ Normative Expectations	Perceptions of "others" expectations	1	6
	Overall Social Norms	Composite score for strength of social norms	1	9
	Outcome expectancies	Existence of rewards and sanctions	2	2
		Willingness to reward and sanction others	2	2
		Expectation of experiencing rewards and sanctions	2	2
Consider Context	Female Agency	Female Mobility	1	5
		Financial Control	1	2
	Female Decision-Making Power		1	7
	Gender Role Beliefs	Violence toward Women	1	1
		Gender equality	1	8
Social Networks & Social Support	Discussion about FGM		3	3
	Spousal Communication about FGM		3	3
	Social Support	Instrumental Support	1	2
		Informational Support	1	2
Track Change over Time	Engagement in programme activities (e.g. community based, interpersonal, etc)	1 per type of activity		3 per type of activity
	Reach of programme messages		1	4 per type of platform
	Encouraging others to abandon FGM		1	3
	Self-reported outcome of interest	1 per type of activity		2 per type of activity

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Deep-dive into measurement
Applying the ACT Framework

ACT Concept

Measurement of ACT Concept

Know
- Knowledge questions
- Score on knowledge

Feel
- Personal Beliefs
- Scale score

Do
- Prevalence
- Practices
- Intentions

Deep-dive into measurement
Applying the ACT Framework

Know
- Knowledge questions
- Score on knowledge

K1. When FGM is performed girls may have part of their genitals removed	☐ Yes	☐ No	☐ I don't know
K2. When FGM is performed girls may have part of their genital area sewn closed	☐ Yes	☐ No	☐ I don't know
K3. When FGM is performed girls genitals are nicked or pricked	☐ Yes	☐ No	☐ I don't know
K4. Sometimes excessive bleeding can occur during FGM	☐ Yes	☐ No	☐ I don't know
K5. Sometimes girls can get an infection from FGM	☐ Yes	☐ No	☐ I don't know

Deep-dive into measurement

Applying the ACT Framework

| Feel | • Personal Beliefs • Scale score | |

PB1. It is okay for girls to be pricked or nicked for FGM (Type I)	1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree
PB2. It is okay for girls to have some part of the genital area removed during FGM (Type II)	1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree
PB3. It is okay for girls to have her flesh removed and sewn closed during FGM (Type III)	1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree
PB4. It is unethical for health professionals to perform FGM	1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree
PB5. It is unethical for traditional cutters/circumcisers to perform FGM	1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree

Deep-dive into measurement
Applying the ACT Framework

Do

- Prevalence
- Practices
- Intentions
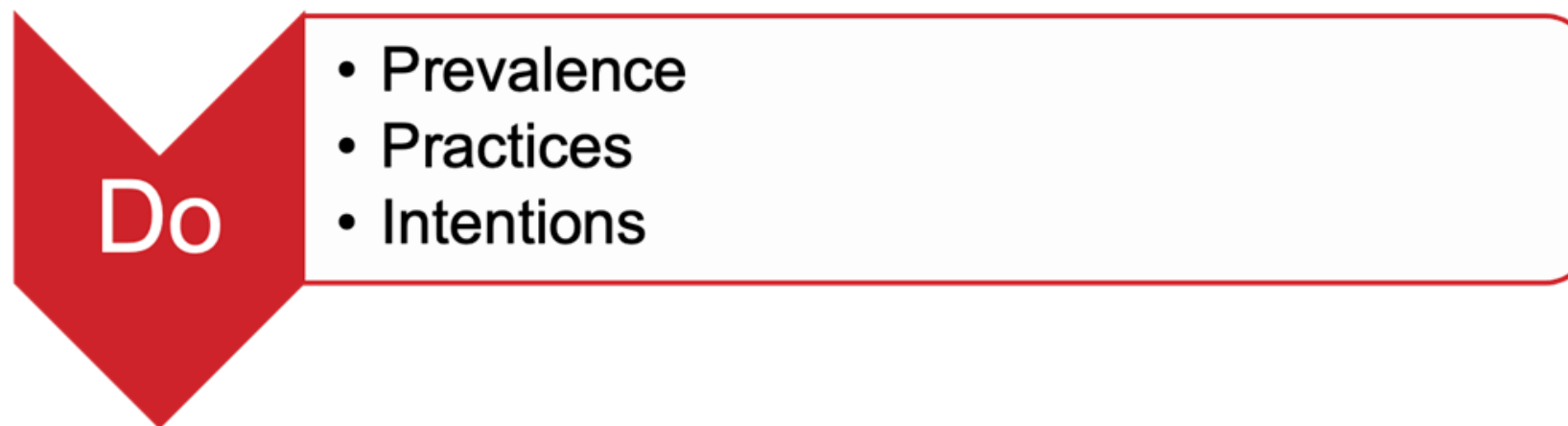
How likely would you be to do the following:	
PRACTICES 1. If I had a daughter, I would have her pricked or nicked during FGC (Type I)	1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely
PRACTICES 2. If I had a daughter, I would have some part of her genital area removed during FGC (Type II)	1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely
PRACTICES 3. If I had a daughter, I would have her flesh removed and sewn closed during FGC (Type III)	1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely
PRACTICES 4. If I had a daughter, I would only have her undergo FGM so that she will be accepted by the community	1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely
PRACTICES5. I would feel comfortable speaking out to eliminate/abandon FGM	1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely

Behavioural monitoring according to the ACT Framework

Adapting the ACT - designing tools to measure indicators

Indicator	Structured Interview Questions
Average Overall Social Norms Score	N.1 Using a scale from 0 to 10 where 0 is none and 10 is all, about how many girls 10-14 years in your community are currently cut? N.2 Using a scale from 0 to 10 where 0 is none and 10 is all, about how many girls 15-19 years in your community are currently cut? N.3 Using a scale from 0 to 10 where 0 is none and 10 is all, about how many women in your community are currently cut? N.5 Do you think your immediate family expects you to continue or abandon FGM? N.6 Do you think your extended family expects you to continue or abandon FGM? N.7 Do you think your friends and peers expect you to continue or abandon FGM? N.8 Do you think your community expects you to continue or abandon FGM? N.9 Do you think "others" whose opinions are important to you expect you to continue or abandon FGM? N.10 Do you think society in general expects you to continue or abandon FGM?

Behavioural monitoring according to the ACT Framework

Ultimately, behavioural monitoring helps us to:

- Determine if social and behaviour change efforts are working or not, and make changes if needed

- Determine if the program is empowering the community members with skills and knowledge through the use of participatory methods

Activity: understanding investment in measurement and monitoring
A case study from Mozambique

The issue

Mozambique has one of the highest child marriage rates in the world: 48 per cent of women between 20 and 24 years old were married by the age of 18, and 14 per cent of women in the same age group were married before the age of 15. Besides poverty, child marriage is also caused by deep- rooted gender norms that tend to perpetrate gender discrimination and male supremacy, as well as promoting patriarchal structures. Existing social norms about the appropriate time (not necessarily age) to marry also force girls to go through initiation rites at a very young age, in order to prepare them for marriage or a domestic union. These persistent norms and traditions mean girls have little to no agency to make decisions about their own lives, thereby leaving them stuck in a cycle of intergenerational poverty and discrimination, with many different forms of violence endured daily.

The action

The national Communication for Development (C4D) strategy on child marriage was developed in 2017 to prevent and respond to child marriage and violence against children. Although an integrated package of C4D approaches and interventions was designed, community dialogues were selected as one of the core C4D interventions to be implemented at community level as part of UNICEF's strategy starting in 2018. To operationalise the community-based interventions to prevent child marriage, UNICEF established a partnership with N'weti, a national non-governmental organisation with both solid experience and a successful track record in implementing community dialogues to address gender and health issues. N'weti had previously collaborated with UNICEF to conduct the formative research on child marriage and subsequently develop the national C4D strategy. Hence, there was an added value in continuing to provide support for the implementation of the community-based component, through the roll-out of the community dialogues in localities with high rates of child marriage in Nampula. For the community dialogues, various groups of community members gather for a series of six to eight sessions (each approximately two hours long) led by a trained pair of facilitators (male and female) from their own community. The dialogues are conducted separately for adults and adolescents; when considered appropriate to guarantee a safe space, they are also split by gender. Depending on the project and subject, specific target groups will be invited to participate. For example, couples can be invited to discuss reproductive health and family planning issues, parents of adolescents to discuss issues of violence, mothers with infants to discuss nutrition, and so forth. The community dialogue methodology also foresees a high level of exposure for a period of weeks, so that participants have enough time to debate the issues at stake and develop action plans that will be monitored by the group itself. Different community groups meet in separate sessions simultaneously. They can continue the conversation outside of the sessions and extend it to community members who are not necessarily part of the structured dialogues. Tests are conducted at the beginning and end of the community dialogue cycles to assess changes in knowledge, attitudes, intent and commitment to change.

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Activity: understanding investment in measurement and monitoring
A case study from Mozambique

- In this example, what could be the outcome level results that UNICEF Mozambique is trying to achieve through the community dialogues?

- Looking at both the case study and the ACT conceptual framework, which domains are being assessed through the behavioural monitoring steps described ?

- Which elements would require additional measurement efforts to be captured?

Case Example: Communities Care Programme
How do we measure if the Communities Care programme is working?

COMMUNITIES CARE (CC) Transforming Lives and Preventing Violence — *Somalia* —

unicef

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Case Example: Communities Care Programme

How do we measure if the Communities Care programme is working?

Questions

Let's Quiz

Why do you think it might be important to include a range of ages, participant types, and genders in these discussions?

Case Example: Communities Care Programme
How do we measure if the Communities Care programme is working?

Program Goal: Create safer communities for women and girls through transforming harmful social norms that contribute to gender-based violence (GBV) into positive social norms, that uphold women and girls' equality, safety, and dignity.

Measurement Goal: measure the change of social norms related to sexual violence in the context of Somalia

Case Example: Communities Care Programme

How do we measure if the Communities Care programme is working?

Measurement process

- First step was to understand what the **social norms** are in the specific context: The best way is to talk with people in the community
- Focus group discussions were analyzed to uncover **most common themes** (or drivers) relating to GBV.
- For each theme, a **list of items** (statements/questions) that would reflect the theme were drawn up.
- A **measurement scale** was defined to measure the adherence of the interviewers to each theme (examples: 0-4 where higher scores mean more negative social norms)
- Themes and items were then reviewed to ensure that measures remained culturally appropriate and relevant.

Case Example: Communities Care Programme
How do we measure if the Communities Care programme is working?

Themes

The themes selected for measuring the change in Social Norms and Beliefs about GBV in Somalia were the following:

- Protecting Family Honour and Preventing Stigma (5 items)
- Husbands' Right to Use Violence with his Wife (4 items)
- Response to Sexual Violence (6 items)
- Gender Equality
- FGM

Case Example: Communities Care Programme
How do we measure if the Communities Care programme is working?

Outcomes to be measured

- Perceptions about sexual violence have changed over time
- People are hearing more messages about gender-based violence (GBV) over time
- Discussion in the community about GBV has increased over time
- Community's attitudes and reactions to GBV have improved over time
- Personal beliefs about GBV have improved over time
- Social norms about GBV have improved over time
- Confidence in service providers to care for survivors of GBV has improved over time

Case Example: Communities Care Programme
How do we measure if the Communities Care programme is working?

Data collection methods

To conduct the behavioral change measurement, a wide range of methods were used, including:

- Surveys with community dialogue participants.
- Surveys with people who were randomly sampled from the general community.

Case Example: Communities Care Programme

Baseline and endline survey results

	Barawe	Marka	Kismayo	Belethawo	Beledweyne	Baidoa	Galkayo	Guriceel	Mogadishu
Thinks sexual violence in a problem		✓	✓	✓	✓	✓	✓	✓	
People speak out against sexual violence				✓	✓	✓			
Heard messages about GBV			✓	✓		✓	✓	✓	✓
More discussion about GBV			✓	✓		✓			
Attitudes about GBV improved			✓	✓	✓		✓		
Personal Beliefs									
Response to sexual violence		✓	✓	✓		✓	✓	✓	✓
Husband's Right to Use Violence	✓	✓	✓	✓		✓	✓	✓	✓
Protecting Family Honor	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gender Equality		✓	✓	✓		✓			
FGM		✓	✓	✓	✓	✓	✓		✓

✓ Means there was an improvement at endline compared to baseline data

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Case Example: Communities Care Programme
Baseline and endline survey results

	Barawe	Marka	Kismayo	Belethawo	Beledweyne	Baidoa	Galkayo	Guriceel	Mogadishu
Social Norms									
Response to sexual violence		✓	✓	✓		✓			✓
Husband's Right to Use Violence		✓	✓	✓		✓			✓
Protecting Family Honor	✓	✓	✓	✓		✓		✓	✓
Gender Equality		✓	✓			✓			
FGM		✓	✓	✓	✓	✓	✓	✓	✓
Confidence in Service Providers									
Police		✓	✓	✓	✓	✓		✓	✓
Justice system			✓	✓	✓	✓		✓	✓
Elders			✓	✓	✓		✓	✓	
Healthcare providers	✓	✓	✓	✓	✓	✓		✓	✓
Community health workers		✓	✓	✓	✓	✓		✓	✓
Psychosocial providers		✓	✓	✓	✓		✓	✓	✓

✓ Means there was an improvement at endline compared to baseline data
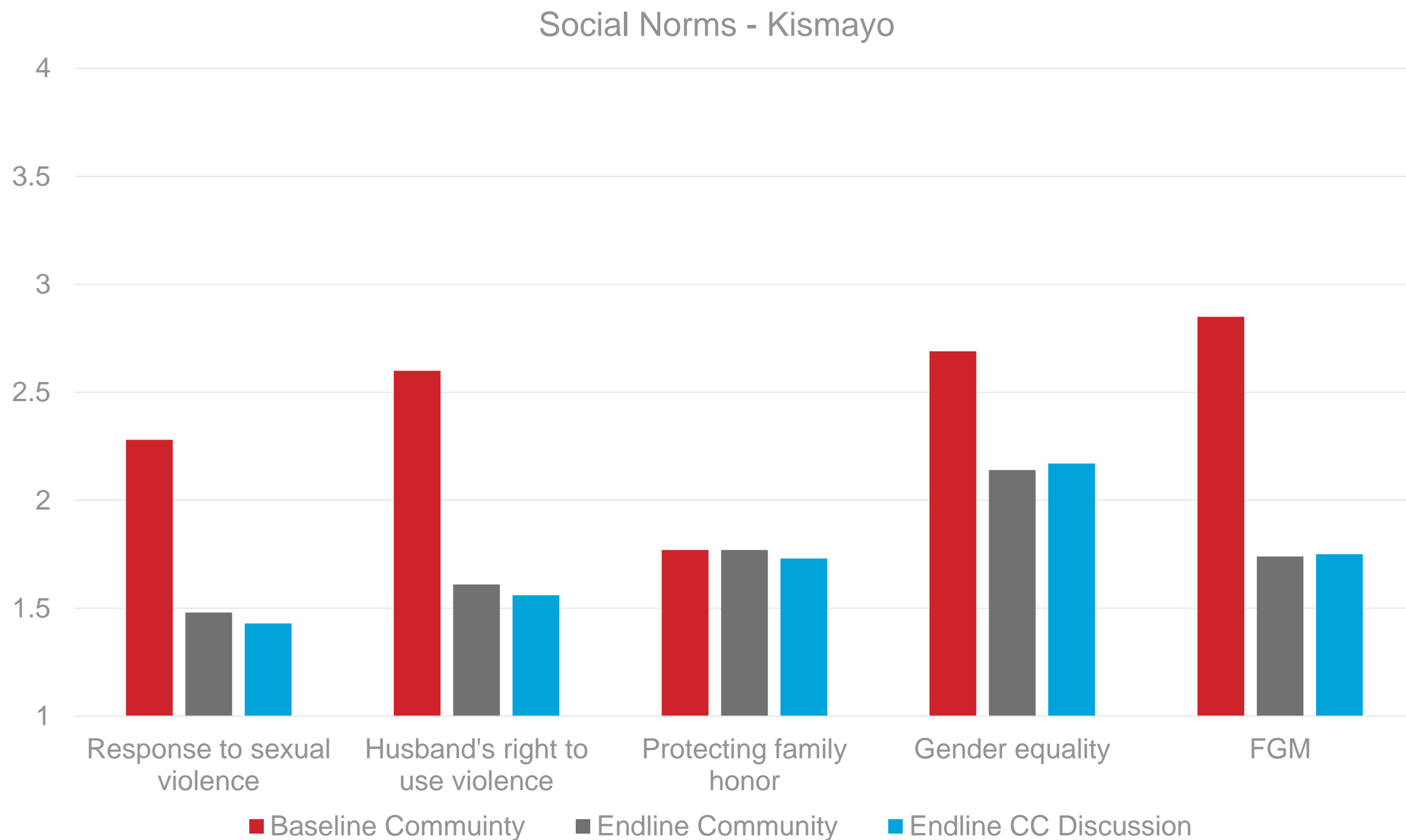
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Case Example: Communities Care Programme

Baseline and endline survey results KISMAYO

	Baseline Community	Endline Community	Endline CC Discussion
Social Norms (1-none of them to 4-all of them)			
Response to sexual violence	2.28 (0.62)	1.48 (0.37)*	1.43 (0.43)*
Husband's Right to Use Violence	2.60 (0.78)	1.61 (0.45)*	1.56 (0.45)*
Protecting Family Honor	1.77 (0.53)	1.77 (0.53)*	1.73 (0.48)*
Gender Equality	2.69 (0.81)	2.14 (0.51)*	2.17 (0.58)*
FGM	2.85 (0.83)	1.74 (0.62)*	1.75 (0.62)*

- Gender Based Violence scale vary from 1 to 4
- Higher scores (max 4) mean more negative social norms
- Errors are indicated in ()

Case Example: Communities Care Programme
Baseline and endline survey results

Social Norms - Kismayo

Legend: ■ Baseline Commuinty ■ Endline Community ■ Endline CC Discussion

Categories: Response to sexual violence, Husband's right to use violence, Protecting family honor, Gender equality, FGM

Case Example: Communities Care Programme

Summary

- It is important to consider what and how you are going to measure your indicators

- Having indicators with good measurement properties (reliability, validity, sensitive to change) will lead to a more successful evaluation

- Creating new indicators may require early work with focus groups to understand the concept your are measuring within the context

- The evaluation plan should be able to illustrate change that occurred because of the program
    - Pre and post program data collection
    - Analyses to examine changes over time

- It is important to train and mentor the data collectors

Activity: measurement Q&A
Q&A Session

Questions

Let's Quiz

What questions do you have around measurement?

Q&A Session

Questions

Let's Quiz

Why is measurement important?

Designing our social norms change intervention
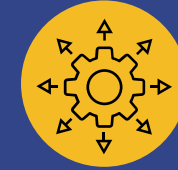
Session 4

Overview of session 4

What are we going to do today?

The topics that will be covered in this session are:

- **Activity:** Case competition

Session 4. Learning Outcomes

- Participants will start developing their own intervention that aims at triggering change of harmful social norms in their target areas.

Activity: Designing our social norms change intervention

Activity: Case competition

Instructions (1): What is the purpose of the competition?

To design the best social norms change intervention that responds to a specific harmful behaviour occurring in one of your target community.

Activity: Designing our social norms change intervention

Activity: Case competition

Instructions (2): How is the case competition structured?

1. Learners to split into small groups (Facilitators will define the group's composition: Each group should be formed by people working together/ collaborating in the same area).
2. Groups will be given 4 tasks with a fixed time for reflection.
3. After tasks 2 and 3, each group will be paired with another group, which will ask questions and provide feedback – peer learning.
4. Each group will present and justify their intervention.
5. Each learner will secretly vote for the intervention they liked most.

Activity: Designing our social norms change intervention

Activity: Case competition

Instructions (3): What are we going to work on?

Each group will go through the following tasks:

1. **Identify an harmful behaviour**: agree on a typical scenario in your target community characterized by a harmful behaviour that is justified by social norms.

2. **Formative research:** analyse the drivers (norms and attitudes) of the identified harmful behaviour and the reference groups that have an influence on it.

3. **Create the intervention(s):** design an intervention that may trigger change of the harmful practice

4. **Design the measurement system**: define the indicators of your intervention and explain how you are going to measure them.

Activity: Designing our social norms change intervention

Activity: Case competition

Instructions (4): How is it organized?

Task n	What are we going to do?	How long does it take?
1	**Group work:** each group will work on task 1 *Identify an harmful behaviour* and task 2 *Formative research*	1 hour
2	**Work in pairs of groups:** each group will ask questions to the other group on tasks 1&2 (20 minutes), will the provide 5 comments & suggestions (10 minutes)	1 hour (each group will have 30 minutes)
3	**Group work**: each group will adjust their intervention based on feedback; will work on task 3 *Create the intervention*.	1 hour
4	**Work in pairs of groups:** each group will ask questions to the other group on task 3 (20 minutes), will the provide 5 comments/suggestions (10 minutes)	1 hour (each group will have 30 minutes)
5	**Group work**: each group will adjust their intervention based on feedback; will work on task 4 *Design the measurement system*	1 hour
6	**Presentation:** Each group presents the designed intervention	1 hour (or max 10 minutes each)
7	**Vote:** Each participant will vote the group they liked most. Celebrations will follow!	30 minutes

Activity: Designing our social norms change intervention

Activity: Case competition

Instructions (5): How do we complete the tasks?

You will be provided with a set of tools to accomplish your tasks.
You will be provided with flipcharts to present your intervention.

Activity: Designing our social norms change intervention

Activity: Case competition

Instructions (5): How do we complete the tasks?

You will be provided with a set of tools to accomplish your tasks.
You will be provided with flipcharts to present your intervention.

Thank you!

Please feel free to say if you have any final questions

Close
Final reflection

- How are you feeling after the training?
- What would you like to achieve over the next three months? Six months? 12 months?
- How are you going to know if you have been successful?
- Which of your peers will you stay connected with? Who is going to hold you accountable?

Congratulations!

Thank you!

Please feel free to say if you have any final questions