Understanding social norms and programming for behaviour change
Setting expectations and understanding the fundamentals of social norms

SESSION 1.1
Welcome
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

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

MODULE 2
MAKING IT PRACTICAL

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
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
Outline of what to expect...
What do you need to do in order to be successful?

Reframe your expectations
Commit time and energy to learning
Recognise the value and importance
Connect with your peers
Outline of what to expect...

Goal setting

- *The thing I want to learn the most through this course is...*

- *The thing I am most nervous about in this course is...*

- *I will know I have been successful in this course if in six months I am...*
Overview of session 1.1
What are we going to cover in this session?

The topics that will be covered in this session are:

✔ Introductions and getting to know each other
✔ 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.
Break
10 mins
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:
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
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

Under the three categories of psychology, sociology and environment, the main driving factors to consider are the following:
How people make decisions
How social norms influence the world

The Behavioural Driver Model (BDM):

- **PERSONAL CHARACTERISTICS**
  - Limited Rationality

- **COMMUNICATION ENVIRONMENT**
  - Emerging Alternatives

- **COMMUNICATION ENVIRONMENT**
  - Cognitive Biases
    - Self-Efficacy
    - Attitude
    - Interest

- **CONTEXT**
  - Social Influence
  - Community Dynamic
  - Governing Entities
  - Structural Barriers

- **META-NORMS**

**SESSION 1.1: UNDERSTANDING THE FUNDAMENTALS OF SOCIAL NORMS**

The Behavioural Driver Model (BDM):

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

Invisible Influence
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:

Shifting from KAP to KASSNP

1. Pre-contemplation
   - Knowledge Awareness
   - Motivation Intent

2. Contemplation

3. Deciding to act

4. Action
   - Skills, Space
   - Social Support

5. Maintenance
   - Acquired Skills
   - Social rewards, Norms

6. Becomes advocate

inform & mobilize through media & campaigns

reinforce skills, ownership, participation, empowerment at community level
Thank you!

Please feel free to stay 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:

- ✔ Outline and expectations
- ✔ 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 I think others do”

**Injunctive Norms:** “what I think others approve of”

**Outcome Expectancies:** “how I think people will respond to my behaviour” (sanctions and rewards)

Can you think of any examples of these types of norms?

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

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.

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

Q:
Types of norms and related concepts

What are social norms?

Reference Group: “the people whose opinion matters to me”

Moral Norms: “what I think is the right thing to do”

Gender Norms: “what I think it the right thing to do based on my gender and the gender of those around me”

“Children should be children for as long as they can. Marrying them before 18 is wrong and I will not marry my daughter.”

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.”

Can you think of any examples of these types of norms?
Let’s Quiz

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

- True
- False
What is a behaviour and what is a norm?

What are social norms?

A behavior is widely practiced in a group.

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

**NO**
- People simply share common reasons to do what they do.

  - It meets a common need: economical, practical, protective, etc.
  - They all think it is the right thing to do.

**CUSTOM**

**MORAL NORM**

**DESCRIPTIVE NORMS**

**INJUNCTIVE NORMS**

**DOMAIN OF SOCIAL 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.
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 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.

Attitudes 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

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

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?
Meta norms and why they are important

What are 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

Why do you think it is important to consider meta norms when trying to influence social norms?
Activity
How do social norms impact us?

Q: Working in pairs, discuss a social challenge which you believe has an aspect of social norms. The challenge could relate to a programme of work (for example: how social norms should be considered in order to make community interventions more effective), or related to an organizational challenge (for example: a challenge your team is working through with the return to working in-person or continued online engagement).

For that social phenomenon, try to understand:

- Where did it start?
- What maintains it?
- How is it changing?
- What decisions does it influence that we would like to change?

Note down your answers to these questions.
Reflection
Session 1.2

Do you have any questions?

Reflect on....

• 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 stay if you have any additional questions
SESSION 1.3

Building confidence and understanding how social norms impact our work
Reflections and expectations
How social norms impact our work

Take the next five minutes to reflect on the below questions:

● What was your main takeaway from the last session?
● How are you finding the course so far?
● What is something you are confident you know?
● What is something you do not yet understand?
Overview of Session 1.3
What will we cover?

The topics that will be covered in this session are:

✔ Reflections and expectations

✔ Quick revision: Social Norms Fundamentals

✔ 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?
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 feels 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?
Understanding how social norms impact our work

Why social norms matter

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
Understanding how social norms impact our work

Why social norms matter

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.
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.
Thank you!

Please feel free to stay 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
- **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
- Participants can map reference groups and influencers
- Participants can define programme objectives
- Participants can select the right approaches to changing norms
Understanding behavioural drivers in practice

Understanding the factors that influence behaviour

Let’s Quiz

How do we know which factors are influencing the behaviours we want to change or promote?
Understanding behavioural drivers in practice
Understanding the factors that influence behaviour

My favorite piece of furniture is broken, can you please help me fix it?

This is Alessia, our best friend

Let’s call Grace, her peer!
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

Hey Alessia, what is the problem exactly?
Understanding behavioural drivers in practice
Understanding the factors that influence behaviour

Money spent wisely.
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
Network Mapping: searching for reference groups and influencers
Social Network Analysis

If we think about FGM in your country, which type of individuals influence caregivers’ decision making?
Activity: the BDM in practice
An example from Lebanon

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
An example from Lebanon

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.
Activity: the BDM in practice
An example from Lebanon

PROGRAMME IMPACT
long-term consequences on mortality, deprivations, 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).

INDICATOR
% of respondents who arranged to marry at least one of their children before they turned 18 years old.

% of respondents who think that most people in their community support child marriage.

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.

INDICATOR
% of respondents who believe that a girl is ready for marriage based on physical appearance and/or development.
Activity: the BDM in practice
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?
Defining the main approaches
Formative research

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
The BDM and ACT in practice

- 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)

COMMUNICATION ENVIRONMENT
- Cognitive Biases
- Interest
- Self-Efficacy

EMERGING ALTERNATIVES
- Limited Rationality
- Meta Norms
- Social Influence
- Governing Entities

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

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

STRUCTURAL BARRIERS
- Community-based approaches
  - CSOs, CBOs, FBOs
- Social Protection

EVIDENCE GENERATION:
- Formative research & monitoring
The BDM Model and ACT Framework in practice
Defining programme objectives

CONTEXT: GENDER AND POWER

WHAT PEOPLE KNOW AND FEEL

SOCIAL NETWORKS/SOCIAL SUPPORT

COMMUNICATION APPROACHES

INDIVIDUAL & SOCIAL CHANGE

WHAT INDIVIDUALS DO

WHAT COMMUNITIES DO

DESCRIPTION NORMS

INJUNCTIVE NORMS

OUTCOME EXPECTANCIES

SOCIAL NORMS
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….

• 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 stay if you have any additional questions
Learning how to shift social norms and drawing on best-practice

SESSION 2.2
Reflections and expectations
Learning how to shift social norms

Take the next five minutes to reflect on the below questions:

- What was your main takeaway from the last session?
- How are you finding the course so far?
- What is something you are confident you know?
- What is something you do not yet understand?
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
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
- **B**: Publicize change within the targeted community and towards new ones
- **C**: Build an environment that supports new norms and behaviors
- **D**: Evaluate, improve and evolve (return to step 1 as the programme expands beyond the initial communities)
Creating space to shift social norms
Dimensions for a successful social norm change intervention
Creating space to shift social norms

Thinking about norm shifting

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.
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.

Uncut is described by “ghalfa” which is a negative and shameful terminology.
Learning from the best
Normative shift using Saleema

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

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 stay 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:

- **Video**: Six degrees of separation
- **Presentation**: Mapping reference groups
- **Activity**: Mapping reference groups
- **Presentation**: creating a successful social norm change programme
- **Reflection**: Moment of Impact

**Session 2.3**
**Learning Outcomes**

- Participants can map reference groups and understand how reference groups influence individual behaviour
- Participants understand the elements that make a social norm change programme successful
Mapping reference groups

Network mapping

Q: How do you think this theory would impact social norms in practice?
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**
  - 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?
Activity: mapping reference groups

How to map reference groups

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.
Activity: 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)
- Immediate family members of the girls
- Women who gossip about girls who have not been circumcised being dirty
- Traditional birth attendant (circumciser)
- Community health workers/health service providers who handle complications arising from FGM
- Religious leader (moral standing on practice of FGM)
- Political leaders (policy makers)
- Community leaders who are key decision-makers in the community
- Police Officer (law enforcement)
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?

- How do the people around you contribute to the social norms you abide by? Which norms do you think would be easy to change? Which ones would be harder?
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.
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?
Thinking about the activity that we just completed, which of the members of the reference group would be most effective to engage when trying to reduce child labour? Why?
Creating a successful social norm change programme
The rationale for a phased approach

PRACTICE MAKES PERFECT
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
Welcome
Coffee date
Getting to know each other

Work with a partner and discuss:

- What have you always wanted to do but were afraid to try?
- Where do you want to be in five years? What about 10 years?
- How are you going to implement what you have learnt so far in this course? What would like to achieve in the next three months? How can this be captured in a set of goals?
Overview of session 3.1
What are we going to do today?

The topics that will be covered in this session are:

- **Introduction**: Recap of participants’ personal plans

- **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
- Participants will understand 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 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.

- Norms are also specific to people and places: some 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

Q: Which image shows the way people normally communicate and work in communities?

Scenario 1

Scenario 2

Use a single word to describe what is happening...

What feelings do you think people have...
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.

2. 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.
Implementing social norm change programmes
Case example – Communities Care Programme

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

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.
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.
Implementing social norm change programmes
Case example – Communities Care Programme

Let’s Quiz

Share a success story that has resulted from an intervention
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)
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 its 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.
Implementing social norm change programmes
The Role Model Academy

**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.
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.

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.

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.

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).
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
Implementing social norm change programmes
The Role Model Academy

**ADOLESCENTS**
- Act like a boy / girl - gender empathy & sensitisation
- Cross the line: assessing community values (FGM & CM)
- Sapir-Whorf: redefining marriage
- Guest speakers: local facts about FGM / CM
- Graduation

**ADULTS**
- Understanding VAC - empathy exercises
- Storytelling
- Understanding barriers
- Action planning
- Graduation
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 to 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:

- **Activity**: Case competition
- **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
Case competition

50 mins
Rolling out an intervention
Activity: Case competition

Instructions

● Learners to split into small groups. (Facilitator to define group composition)

● Review the provided scenario describing a harmful practice.

● Create intervention(s) and a work plan to eliminate the harmful practice.

● Use space (either in the room or virtual) to work through the scenario.

● Describe the interventions that could be used to change some of the social norms.

● Explain and justify why they have selected these interventions.

● Present back to the group.
Rolling out an intervention
Activity: Case competition

The Scenario : Fadi’s Story

15-year-old Fadi comes from Dosso, in Niger. She likes school and is doing well in class - she even has the best average in her class. Things might not have turned out like this for Fadi.

When she was in sixth grade, Fadi was attending school in the capital of the municipality, Golle, where she lived with her grandmother. Her biggest wish was to succeed in school and have a career like the girls and women she saw in the city. Fadi would watch the older girls in Golle who had jobs and could buy clothes, and talk with her school friends about how sophisticated they were.

During the summer holidays, Fadi would return to her village to see her parents, who used to warn Fadi about talking too much about her future career prospects. They were worried that other families would judge them for having a daughter who did not want to return home and remain in their community. Fadi’s parents would talk about the other girls in Dosso, who were getting married and becoming mothers. They began to become worried that no one would want to marry Fadi if they waited for too long, and questioned the value of keeping her in school given that none of the other girls in the community had stayed. They also worried about what neighbors would think of their family if they had a daughter who was unmarried.

In 2014, during the school holidays, Fadi noticed a man who visited her parents quite often. She thought she was simply visiting her father who had just returned from a trip. Until one day, she overheard her parents talking about a marriage. Intrigued, she wanted to understand what it was about. To her surprise, Fadi realised that her parents were talking about marrying her to the stranger who often visited them. This man, who Fadi did not know and had never talked to. Nobody tried to inform her about the situation. Later, Fadi found out the whole village knew about her wedding, and had been commenting that at last she would be married. The only person who did not know, was her.
Overview of measurement
Measuring behaviour change

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

When we think about the goals we often think about the targets that have been set, such as target 5.3 which is 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. In this case, one of them is the 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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>A majority of individuals, families and communities in programme areas accept the norm of eliminating FGM</td>
<td>Number of communities making public declarations of abandonment of FGM</td>
</tr>
<tr>
<td></td>
<td>Degree of shift in the social norm upholding FGM in programme areas, composite indicator composed of:</td>
</tr>
<tr>
<td></td>
<td>1. % of individuals not supporting continuation</td>
</tr>
<tr>
<td></td>
<td>2. % of individuals who believe others will cut and</td>
</tr>
<tr>
<td></td>
<td>3. % of individuals who believe they will be sanctioned if they do not cut.</td>
</tr>
</tbody>
</table>
Overview of measurement
Measuring behaviour change

Questions

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

01

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

03

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

02

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

04
Overview of measurement
Approaches to shifting and measuring trends in norms related to FGM

Abandonment

The abandonment of the FGM norm

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

Replacement

Introduction of an innovation associated with a separate set of practices

M&E on uptake of the new practices
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

3.2: BUILDING ON CASE EXAMPLES AND DESIGNING FOR CHANGE

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**

- Ascertained 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

3.2: BUILDING ON CASE EXAMPLES AND DESIGNING FOR CHANGE

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

**FIGURE 4: TOPICS FOR “CONSIDER THE CONTEXT”**

**EMPOWERMENT**
- Agency
- Decision-making power

**GENDER**
- Progressive gender role beliefs
- Egalitarian beliefs about men and women

**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

### Outputs
- 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
- **Outputs**
  - Content Analysis
  - Fidelity Monitoring
- **Short-term Outcomes**
  - Questionnaire
  - Fidelity Monitoring
  - Photovoice
  - Most Significant Change
  - Community mapping
  - Community-level case studies
- **Exposure**
  - Questionnaire
  - Rapid Assessment Survey

---

- Track individual and social change over time
ACT M&E Framework Package on FGM

T
- Triangulate all data and analysis

Diagram:
- Triangulation
- Validation
- Enrichment
- Feedback Loop
- Holistic Interpretation
### ACT M&E Framework Package on FGM

**Measuring change**

<table>
<thead>
<tr>
<th>AGGREGATED ACT MEASURES/INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMPONENT OF THE ACT FRAMEWORK</strong></td>
</tr>
<tr>
<td><strong>SOCIAL NORMS CONSTRUCT/CONCEPT</strong></td>
</tr>
<tr>
<td><strong>AGGREGATED MEASURE/INDICATOR</strong></td>
</tr>
</tbody>
</table>

#### 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
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

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

Personal missions

Work in pairs and reflect on:

1. Why are you here today? What has driven you to continue participating in this course?
2. What are the career-related values that you hold most near to your heart?
3. What is it you are most passionate about when it comes to your work?
4. What change do you hope to see once you complete the training?
Thank you!

Please feel free to stay 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
Behavioral monitoring according to the ACT Framework

Behavioral monitoring

**Measurement:** a systematic and purposeful process of data collection to check if programme activities are being implemented as planned

**Monitoring:** a continuous process of checking and analysing that is done throughout implementation
# Behavioural monitoring according to the ACT Framework

## Behavioural monitoring

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Monitoring</th>
</tr>
</thead>
</table>
| ● 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

## Adapting the ACT - designing indicators for measurement

<table>
<thead>
<tr>
<th>ACT Construct</th>
<th>Subconstructs</th>
<th># of Indicators</th>
<th># of Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What People Know</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Awareness of FGM</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Awareness of FGM as a harmful traditional practice</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Knowledge of Types of FGM</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Knowledge of Risks of FGM</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Knowledge of Laws of FGM</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Beliefs about FGM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>As a function of gender, power, control</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>As a function of identity</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>As a function of religion</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>As a function of health</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>As a function of human rights</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Attitudes toward those without cutting (both girls and communities)</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Support for FGM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prevalence of FGM</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Behaviour shift toward abandoning FGM</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>FGM Decision-making</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Public support of those who abandon FGM</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Social Norms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Descriptive Norms/ Empirical expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perceived Prevalence</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Perceived change in prevalence</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Injunctive Norms/ Normative Expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perceptions of &quot;others&quot; expectations</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Overall Social Norms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Composite score for strength of social norms</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Outcome expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Existence of rewards and sanctions</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Willingness to reward and sanction others</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Expectation of experiencing rewards and sanctions</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Consider Context</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female Agency</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Financial Control</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Female Decision-Making Power</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Gender Role Beliefs</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Violence toward Women</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Gender equality</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td><strong>Social Networks &amp; Social Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discussion about FGM</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Spousal Communication about FGM</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Social Support</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Instrumental Support</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Informational Support</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td><strong>Track Change over Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Engagement in programme activities (e.g. community based, interpersonal, etc)</td>
<td>1 per type of activity</td>
<td>3 per type of activity</td>
</tr>
<tr>
<td></td>
<td>Reach of programme messages</td>
<td>1</td>
<td>4 per type of platform</td>
</tr>
<tr>
<td></td>
<td>Encouraging others to abandon FGM</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Self-reported outcome of interest</td>
<td>1 per type of activity</td>
<td>2 per type of activity</td>
</tr>
</tbody>
</table>
### Behavioural monitoring according to the ACT Framework

Adapting the ACT - designing tools to measure indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Structured Interview Questions</th>
</tr>
</thead>
</table>
| 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

**Behavioural monitoring**

- **Process Evaluation (Monitoring)**
  - Is it being implemented according to the plan?
  - Is behavior change starting to take place?

**Evaluation**

- Does it make a difference?
Behavioural monitoring according to the ACT Framework

Behavioural monitoring

Ultimately, behavioural monitoring helps us to:

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

- Empower 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.
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 —
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?
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.

SESSION 3.3 UNDERSTANDING HOW TO MEASURE AND TRACK THE IMPACT OF SOCIAL NORM CHANGE
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?

Indicators 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
Deep-dive into measurement
Applying the ACT Framework

**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

<table>
<thead>
<tr>
<th>Knowledge Question</th>
<th>Yes know</th>
<th>No</th>
<th>I don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1. When FGM is performed girls may have part of their genitals removed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K2. When FGM is performed girls may have part of their genital area sewn closed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K3. When FGM is performed girls genitals are nicked or pricked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K4. Sometimes excessive bleeding can occur during FGM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K5. Sometimes girls can get an infection from FGM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Deep-dive into measurement

#### Applying the ACT Framework

**Feel**

- Personal Beliefs
- Scale score

<table>
<thead>
<tr>
<th>PB1. It is okay for girls to be pricked or nicked for FGM (Type I)</th>
<th>1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>PB2. It is okay for girls to have some part of the genital area removed during FGM (Type II)</td>
<td>1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree</td>
</tr>
<tr>
<td>PB3. It is okay for girls to have her flesh removed and sewn closed during FGM (Type III)</td>
<td>1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree</td>
</tr>
<tr>
<td>PB4. It is unethical for health professionals to perform FGM</td>
<td>1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree</td>
</tr>
<tr>
<td>PB5. It is unethical for traditional cutters/circumcisers to perform FGM</td>
<td>1 – strongly disagree, 2-disagree, 3- I am not sure, 4-agree, 5-strongly agree</td>
</tr>
</tbody>
</table>
Deep-dive into measurement
Applying the ACT Framework

- Prevalence
- Practices
- Intentions

<table>
<thead>
<tr>
<th>How likely would you be to do the following:</th>
<th>1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRACTICES 1. If I had a daughter, I would have her pricked or nicked during FGC (Type I)</td>
<td>1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely</td>
</tr>
<tr>
<td>PRACTICES 2. If I had a daughter, I would have some part of her genital area removed during FGC (Type II)</td>
<td>1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely</td>
</tr>
<tr>
<td>PRACTICES 3. If I had a daughter, I would have her flesh removed and sewn closed during FGC (Type III)</td>
<td>1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely</td>
</tr>
<tr>
<td>PRACTICES 4. If I had a daughter, I would only have her undergo FGM so that she will be accepted by the community</td>
<td>1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely</td>
</tr>
<tr>
<td>PRACTICES 5. I would feel comfortable speaking out to eliminate/abandon FGM</td>
<td>1 – very unlikely, 2-unlikely, 3- I am not sure, 4-likely 5-very unlikely</td>
</tr>
</tbody>
</table>
Case Example: Communities Care Programme
How do we measure if the Communities Care programme is working?

Data collection methods

To conduct the evaluation, 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

<table>
<thead>
<tr>
<th></th>
<th>Barawe</th>
<th>Marka</th>
<th>Kismayo</th>
<th>Belethawo</th>
<th>Beledweyne</th>
<th>Baidoa</th>
<th>Galkayo</th>
<th>Guriceel</th>
<th>Mogadishu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinks sexual violence in a problem</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>People speak out against sexual violence</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Heard messages about GBV</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>More discussion about GBV</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Attitudes about GBV improved</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

### Personal Beliefs

<table>
<thead>
<tr>
<th></th>
<th>Barawe</th>
<th>Marka</th>
<th>Kismayo</th>
<th>Belethawo</th>
<th>Beledweyne</th>
<th>Baidoa</th>
<th>Galkayo</th>
<th>Guriceel</th>
<th>Mogadishu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to sexual violence</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Husband’s Right to Use Violence</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Protecting Family Honor</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Gender Equality</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>FGM</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

✔ Means there was an improvement at endline compared to baseline data.
Case Example: Communities Care Programme
Baseline and endline survey results

<table>
<thead>
<tr>
<th>Social Norms</th>
<th>Barawe</th>
<th>Marka</th>
<th>Kismayo</th>
<th>Belethawo</th>
<th>Beledweyne</th>
<th>Baidoa</th>
<th>Galkayo</th>
<th>Guriceel</th>
<th>Mogadishu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband's Right to Use Violence</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Gender Equality</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confidence in Service Providers</th>
<th>Barawe</th>
<th>Marka</th>
<th>Kismayo</th>
<th>Belethawo</th>
<th>Beledweyne</th>
<th>Baidoa</th>
<th>Galkayo</th>
<th>Guriceel</th>
<th>Mogadishu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Justice system</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Healthcare providers</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Psychosocial providers</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

✔️ Means there was an improvement at endline compared to baseline data
Case Example: Communities Care Programme
Baseline and endline survey results

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

- 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
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
Let’s Quiz

What questions do you have around measurement?
Questions

Let’s Quiz

Why is measurement important?
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 stay if you have any final questions