

# A Toolbox for Measuring the Effectiveness of Programs Working on Behavioral Change

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## 1. INTRODUCTION

### Study Background<sup>1</sup>

An aim uniting programs supported by the Belgian Development Cooperation (DGD) and JSF Cambodia, is the pursuit to change negative or non-beneficial human behaviors. These include behaviors that affect the environment, health, education, labor rights, and many more. JSF Cambodia members well know that behavior change is not only a long-term, challenging process, but that it is also very difficult to measure. They have thus expressed enthusiasm for mutual learning as to what tools and evaluation methods each are using to analyze the effectiveness of behavior change programming.

The overall objective of this study is thus to draw from different evaluation methods to highlight the most effective ways to measure the impact of behavior change activities. We will start with four JSF members – World Wildlife Fund For Nature (WWF), Louvain Cooperation, VVOB Cambodia, and Eclasio – by mapping the existing evaluation methods or tools that they use to assess the effectiveness of their behavior change programs. Attention will be paid to transversal themes across these, such as education and the environment.

From this, the toolbox for evaluating the effectiveness of behavior change-centered programs in Cambodia will be developed. The four JSF members can then choose the most effective tools to measure the outcomes and impact of their program activities.

### Research Objectives

This study aims to meet the following key objectives:

- Review, identify and evaluate best management practices aiming to evaluate the effectiveness of behavioral change center programs in Cambodia
- Develop a toolbox evaluating effectiveness of behavioral change-center programs in Cambodia
- Share among JSF members the mapping and the evaluation of behavioral change methods
- Provide recommendations, specifically on the gaps of the 4 JSF members' selected programs on behavioral change and M&E tools

These objectives inform the three main research questions, which are:

1. Based on a literature review, what are the tools that measure the effectiveness of behavior change in developing countries and best management practices associated with evaluating effectiveness of behavioral changes related programs?
2. What are the different tools and evaluation methods that JSF members and their partners used to analyses and measure the effectiveness of program working on behavioral changes at national and sub-national level?
3. Which of these tools better captures the effectiveness of program and which one do not?

### Research Design

To implement this study and answer the research questions, a qualitative method has been chosen. This involves five phases, as follows:

- 1) Phase 1, Literature Review was conducted in order to explore various behavior change theories, concepts, frameworks, best and standard practices of the previous programs, challenges and barriers in implementation by looking at international and regional programs as well as programs that are based in Cambodia.
- 2) After a literature review, a comprehensive assessment of program documents from 4 JSF members was conducted as phase 2 process. This assessment aimed at identifying gaps and good practice in behavior change M&E that JSF or their partners have been implementing.

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<sup>1</sup> Extracted from ToR

- 3) In phase 3, in-depth interviews with program staff of the 4 JSF programs were conducted in order to deepen understanding on the real practices of the programs.
- 4) In the last two steps, phase 4 and phase 5, a common M&E toolbox for behavior change was developed to identify gaps between implemented program as well as provide recommendations on the four selected programs of JSF members.

*Details on each of the methodology for each of these phases can be read in Annex 1.*

### **Study Limitations**

The research captures perceptions and records what respondents say only. They may not have always answered with full honesty. In studies there are always some biases, including the tendency to select central answers, rather than outlying ones, though this can be, and was, controlled by including reports of the programs.

The one-on-one interview findings are based on self-reported affirmative responses to questions and may or may not have led to under-reporting of negative aspects, and over reporting of positive aspects. Respondents may have answered what is generally considered as acceptable practices, which may not necessarily reflect their actual beliefs.

Since certain program staff members (e.g. Eclasio) already left the organization before the time of an interview, new staff that participated in the study may not have full/enough knowledge of the program to provide to us. Hence, the results in JSF members' program and discussion section should be read with cautious.

## 2. LITERATURE REVIEW OF BEHAVIORAL CHANGE CONCEPTS

### Why Is Behavioral Change Important?

Some of today's most important global challenges can only be met by effective, population-level Behaviour Change. At the United Nations 2018 General Assembly, a UNDP Policy Director proposed that "Behaviour Change on a global scale is instrumental to achieve the SDGs. To make progress we need to better understand the importance of choice architectures and of cognitive biases, including our own." (Mar Dieye, 2018). Similarly, a declaration from the 2018 Global Social & Behaviour Change Communication (SBCC) Summit placed Behaviour Change at the heart of development and humanitarian efforts:

*"SBCC engages and supports people to shift norms, change behaviors and amplify the voices needed to meet humanity's most pressing challenges. From HIV to Ebola, from gender discrimination and violence to infant mortality, from malaria to climate change and access to justice, evidence shows that SBCC works. It is critical to strengthening the agency of ordinary people, transforming societies and assuring access to life-saving information and support."* (SBCC Committee, 2018)

Indeed, various studies have proved and confirmed that simple changes on people's daily behaviors cannot only improve their well-being, but also promote rural development, poverty reduction and the well-functioning of public institutions. According to the 2017 report from People in Need, when children started to wash their hands with soap, the risk of diarrhea, one of the causes of child mortality, was reduced by 47% (page 1, People in Need, 2017). The same study also showed that the changing of traditional cultivation methods to the new techniques among farmers could double the yields and lower the cost of production by 25% (page: 1). This is just one example of why behavioral change should be the center of focus for all development programs.

### Behavioral Change Theories

As the successful implementation of development programs/programs would greatly depend on people's adaptation of new promoted behaviors, theoretically, detail studies and strategic planning need to be done carefully. This is because practically, convincing people to abandon their daily practices would require time, resources and contextual understanding. According to the 2015 study from the World Bank, people's behavior and decision making are mainly influenced by three principles of thoughts, including thinking automatically, socially and with mental model. For the first principle, dual system of thought, automatic and deliberative, plays a vital role in human's decision-making and behaviors. Automatic system refers to a quick, automatic, less-complicated and experience-based thinking process, while deliberative thinking process involves effortful and rational thought, outcome calculation, and reflective (Bertram & Laura, 2006, The World Bank, 2015). The summary of the two systems of thought is showed in Figure 1.

Figure 1: Two systems of thought

Automatic system	Deliberative system
Considers what automatically comes to mind ( <i>narrow frame</i> )	Considers a broad set of relevant factors ( <i>wide frame</i> )
Effortless	Effortful
Associative	Based on reasoning
Intuitive	Reflective

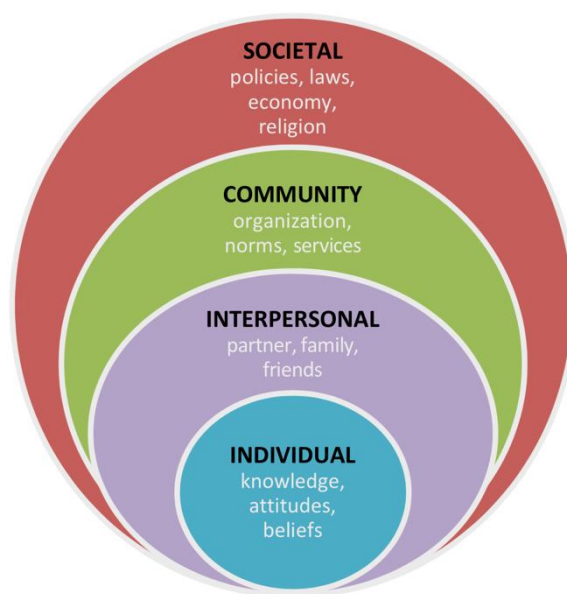
(Source: The World Bank, 2015, page: 6)

Practically, automatic system is the prevailing thinking process that people unconsciously rely on the most when making daily decisions or practicing certain behaviors. With this system of thought, people usually simplify problems effortlessly with limited information, assess the situation based on their knowledge, skills, habit, experiences, and self-confident, while making assumption following their belief and desire (People in Need, 2017 & The World Bank, 2015). While this system of thought seems to cause people making wrong decisions and mistakes, most of the time, people are not aware that their decision and behaviors are mainly influenced by automatic thinking process (The World Bank, 2017). Thus, according to an exchange theory, changing people's behaviors would need individuals perceive the promoted behaviors as price in which

benefits of practicing the new behaviors should outweigh the costs (People in Need, 2017). Therefore, the promoted behaviors should illustrate their “tangible gains, incentives provision, increasing of behavior’s social status, time efficiency, social acceptability, easier to practice and cheap” (albeit: p.6).

As the first principle focus solely on internal influent, the second principle, thinking socially, indicates that human’s decisions and behaviors could be greatly influenced by external factors. According to People in Need (2017), besides emotional and personal forces, external environment plays a key role in shaping people’s daily activities and practices because fitting in a collective behavior, social expectation and social recognition are part of human’s core social values. As socio-ecological model explains, social norm, market condition and peer influence are not only the main factors that push people to change their behaviors, but also the great barriers that can prevent them to practice promoted behaviors (People in Need, 2017). This is because most people usually think and care about what and how other people surrounding them act and perceive on certain things and behaviors (The World Bank, 2015). According to socio-ecological model, the key behavioral change influencers are family members, friends, and local community (People in Need, 2017).

Figure 2: Socio-Ecological Model



(Source: People in Need, 2017: p. 5)

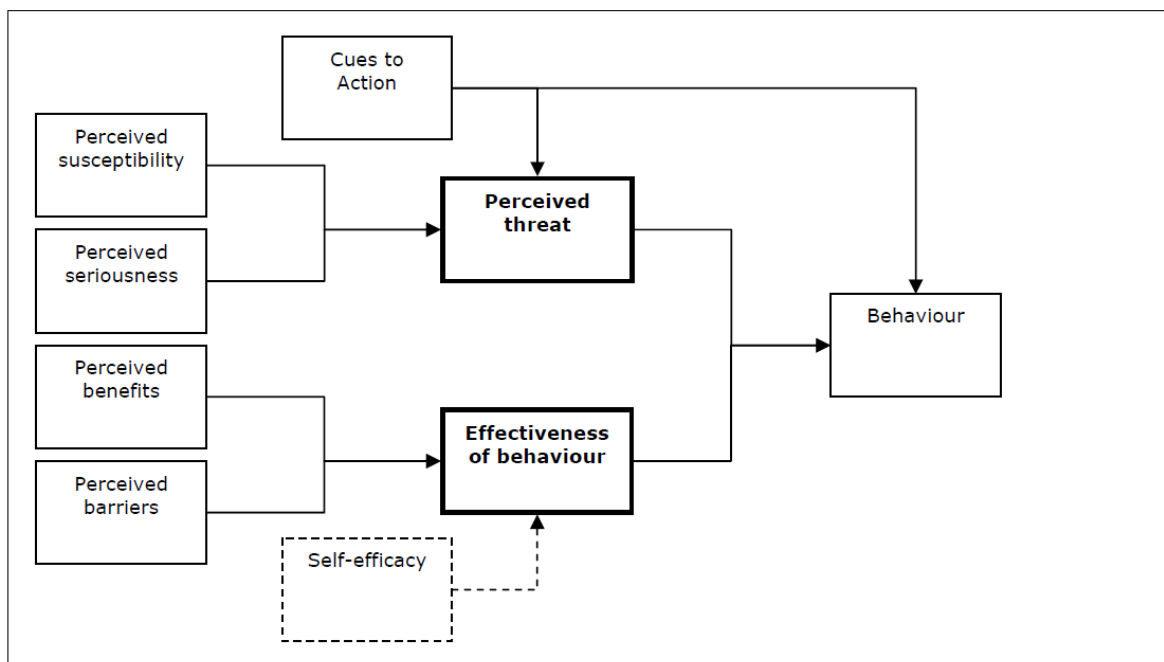
In addition to the external factors, the third principle, thinking with mental model, further emphasizes culture and context as the driving forces on people’s decision-making and behaviors. According to Bourdieu (1977) and Kleinman (2006), economic relationships, religious affiliations, and social group identities are the main factors that people usually consider as hard evidence and common sense when viewing things and the world. Practically, in the process of thinking, people tend to draw on “concepts, categories, identities, prototypes, stereotypes, causal narratives, and worldviews” that already exist in their communities rather than their own conceptual knowledge and understanding (The World Bank, 2015: p.11). Therefore, culture and social belief are the key determinants that impact people’s common sense and viewpoints on “what is right, what is natural, and what is possible in life” (albeit: p.12). As these factors deeply rooted in individuals, changing people’s behaviors would require a holistic understanding beyond individual’s cognitive and personal factors. However, according to Irvine & Cunningham (1991), normality and socially accepted behaviors are not a static concept because they can be changed following the experience that people usually intact.

Besides these principles of thought, there are various behavioral change concepts developed to explain people’s behaviors, including Theory of Planned Behavior (TPB), Health Believe Model (HBM), Stage of Change, Social Practice Theory, and MINDSPEC Approach. For TPB, individual factors are the center of focus and cognitive approach is a key mechanism using to explain people’s attitudes and belief (Morris et al, 2012). As this theory evolved from a theory of reasoned action, people’s behaviors can be determined by individuals’ intentions, while the intentions are the results of people’s perceptions and attitudes towards behaviors (Madden, 1986). Like the second principle of thought, norms, social pressures and perceived

behavioral control (self-efficacy) are the main elements affecting individuals' intentions and behaviors (Morris et al, 2012). According to Hardeman et al. (2002), TPB is a widely-used approach that is best explaining individuals' behaviors in health sector. However, it is only useful for the identification of specific factors influencing people's behaviors which could be used as targets for changes.

Similar to TPB, HBM believes that self-efficacy and individuals' belief is the center of influence on people's behaviors. For this concept, belief specifically means the perceived threats that result from outcomes of particular behaviors, which are viewed by individuals as potential risks affecting their well-beings (Sharma & Romas, 2012). Theoretically, there are two types of belief: perceived benefits and perceived cost. Like the Exchange Theory, perceived benefits are usually weighed against perceived costs when evaluating particular behaviors in health sector (Morris et al, 2012). There are also two types of "cue to action" in the HBM concept such as internal and external (albeit: p. 7). In health context, internal cue to action includes symptoms of illness, while external cue to action consists of media campaign or other information dissemination mechanisms. The summary of HBM concept is showed in Figure 3.

Figure 3: Health Belief Model



(Source: Morris et al, 2012: p. 8)

Besides these, the Stage of Change (SoC) model claims that there are five levels of people's motivation and readiness in changing their behaviors. These include precontemplation, contemplation, preparation, action, and maintenance (Heimlich and Ardoin, 2008: p. 279). In addition, the 2017 report from People in Need added one more stage to these existing levels which is termination. For this last stage of change, people are continuously practicing the promoted behaviors and completely refusing to practice their old behaviors (People in Need, 2017). Theoretically, self-efficacy and the evaluation of pros and cons of particular behaviors (decisional balance) are the keys that move people from one stage to another (Heimlich and Ardoin 2008; Armitage et al 2004). For this model, it is generally assumed that people who are in the same stage of change would face similar issues and barriers to behavioral change; therefore, the similar activities and interventions should be applied (Nisbet and Gick 2008). The summary of SoC is illustrated in Table 1.



Table 1: Social Change Model

Stage	Stage Definition	Process	Process Definition	Psychotherapy Intervention
Pre-contemplation	Individual is unaware of problem; No intention to change behavior in foreseeable future	consciousness raising	increase information about self and problem	observations, confrontations, interpretations, bibliotherapy
		Dramatic relief	Experiencing and expressing feelings about one's problems and solutions	psychodrama, grieving losses, role playing
		Environmental re-evaluation	Assessing how one's problem affects physical environment	empathy training, documentaries
Contemplation	Individual is aware of problem; serious consideration of change in behavior	Self-re-evaluation	Assessing how one feels and thinks about oneself with respect to problem	value clarification, imagery, corrective emotional experience
Preparation	Individual is intending to take action	Self-liberation	Choosing and commitment to act or belief in ability to change	decision-making therapy, New Year's resolutions, logotherapy techniques, commitment enhancing techniques
Action	Individuals modify their behavior, experiences and/or environment in order to overcome problem	Counter-conditioning	Substituting alternatives for problem behaviors	relaxation, desensitization, assertion, positive self-statements
		Stimulus Control	Avoiding or countering stimuli that elicit problem behaviors	restructuring one's environment (e.g., removing alcohol or fattening foods), avoiding high risk cues, fading techniques
		Helping relationships	Being open and trusting about problems with someone who cares	therapeutic alliance, social support, self-help groups
		Reinforcement	Rewarding one's self or being rewarded by others for making changes	contingency contracts, overt and covert reinforcement, self-reward
Maintenance	Individual works to prevent relapse and consolidate gains.	Social liberation	Increasing alternatives for non-problem	advocating for rights of repressed, empowering, policy interventions

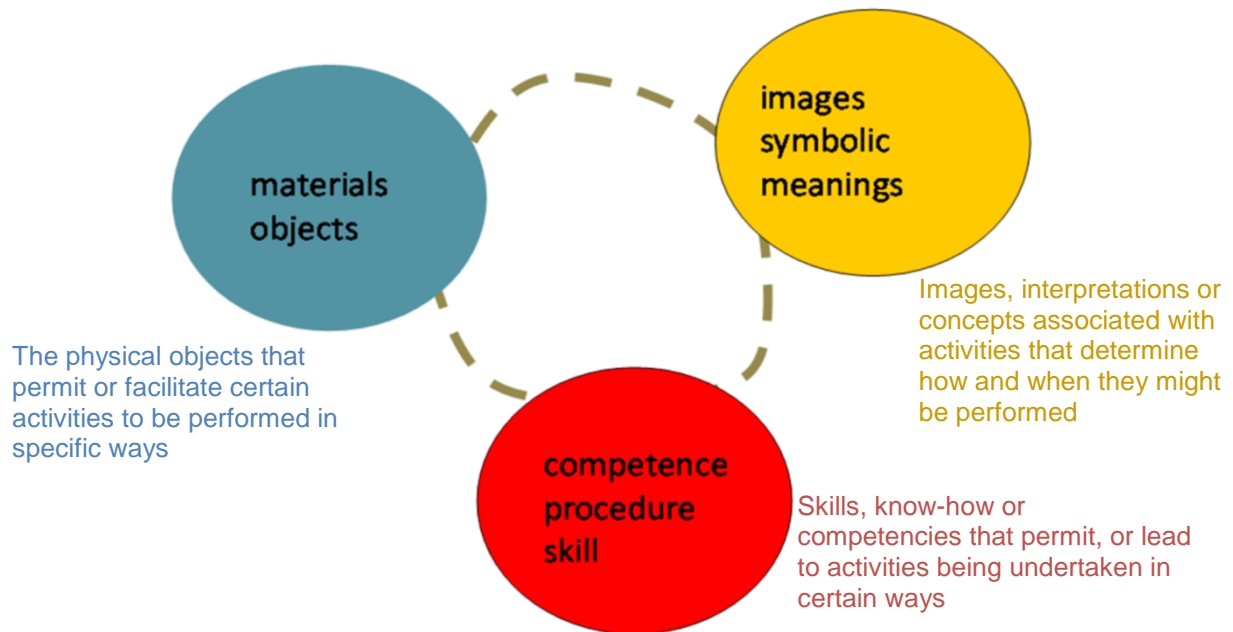


			behaviors available in society	
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(Source: Morris et al, 2012: p. 9-10)

Adding to cognitive approach, Social Practice Theory (SPT) reveals that technology and materials have played a key role in influencing human’s behaviors. Practically, individuals’ habits and behaviors are the result of various inter-connected social aspects (Reckwitz 2002). As a popular concept in explaining human’s behaviors in energy and consumption, SPT believes that individuals’ daily practices are shaped by “physical and mental activities, norms, meanings, technology use, knowledge” (Morris et al, 2012: p. 11). According to Shove (2010), there are three element model in the SPT that drive people’s behaviors, including materials, meanings, and procedures. The summary of these three element models is showed in Figure 4. The attachment of people’s practices with material context is resilient and usually difficult to break (Morris et al, 2012).

Figure 4: The three elements model



(Source: Morris et al, 2012: p. 12)

Besides the material influencing on human behaviors, the MINDSPACE approach suggests that context is also a driving force to motivate people practice or change certain behaviors. While this concept excludes the external influences on behavioral change such as politics, social or economics, it identifies nine contextual factors that motivate people to adopt their daily practices, including messenger, incentives, norms, defaults, salience, priming, affect, commitments, and ego (Dolan et al, 2010). These would be the key components to be integrated in behavioral change programs/programs. The brief explanation of each influence factor is showed in Figure 5.

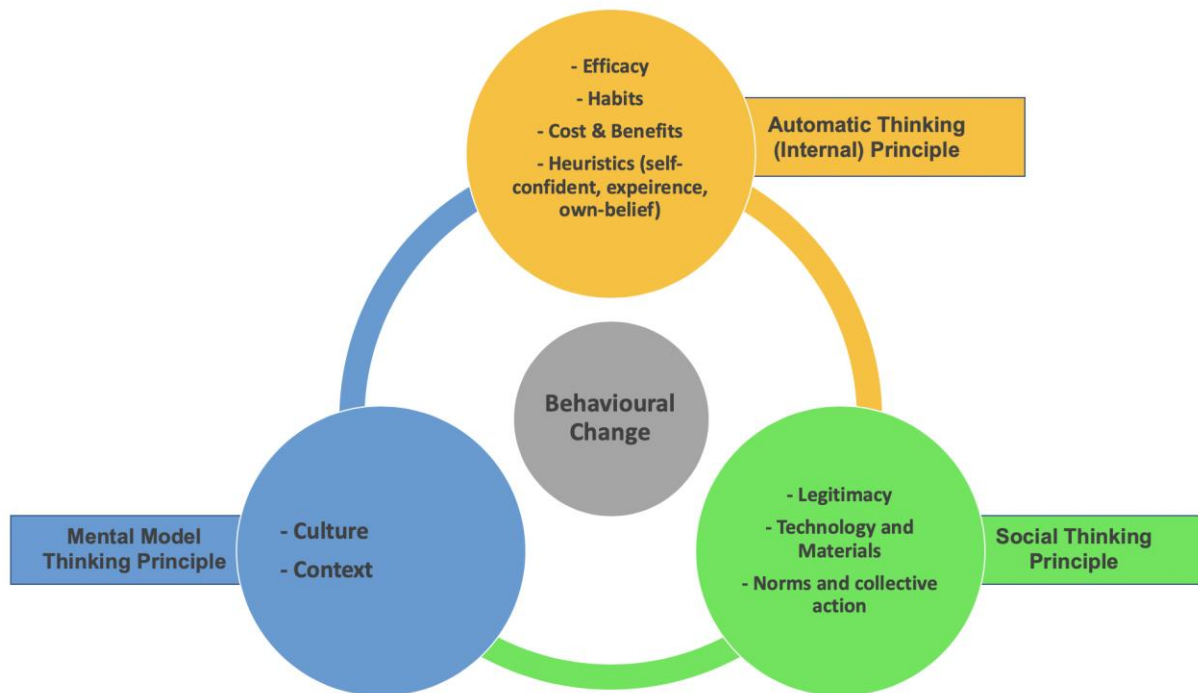
Figure 5: Brief summary of MINDSPACE’s ‘Influencing Factors’

<b>Messenger</b>	we are heavily influenced by who communicates information
<b>Incentives</b>	our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
<b>Norms</b>	we are strongly influenced by what others do
<b>Defaults</b>	we “go with the flow” of pre-set options
<b>Salience</b>	our attention is drawn to what is novel and seems relevant to us
<b>Priming</b>	our acts are often influenced by sub-conscious cues
<b>Affect</b>	our emotional associations can powerfully shape our actions
<b>Commitments</b>	we seek to be consistent with our public promises, and reciprocate acts
<b>Ego</b>	we act in ways that make us feel better about ourselves

(Source: Dolan et al, 2010: p.8)

Overall, according to the World Bank, People in Need and various theoretical frameworks, the framework for behavioral change should consist of three thinking principles: **automatic, social and mental model principle**. The key elements of the three thinking principles are illustrated in Figure 6.

Figure 6: Behavioral Change Framework



The **automatic thinking principle** involves the following elements:

- **Efficacy** (individual's perceived capacity in practicing new behaviors)
  - **Self-efficacy**: How capable individuals are in practicing the new behaviors. These include knowledge, resources and self-confident.
- **Action/response efficacy**: How capable the response/actions/behaviors are in addressing the problems and achieving the promise outcomes.
- **Habits** (individuals' behavioral routine, style, customs): What are the individual's daily routines behaviors? Why do they accustom to individuals' practices?
- **Cost and benefits** (cost in abandoning promoted behaviors and benefits in continuing practicing giving behaviors). **Costs**: what are the perceived threats and severity towards individuals' well-being if continue practicing old behaviors? What are the loses if stop practicing promoted behaviors? **Benefits**: what are the perceived benefits towards individuals' well-being if practicing new behaviors? What are the long-term outcome if maintaining the new practices?
- **Heuristics** (experience, skills, personal belief and self-confident): What are the individuals' perceptions when experiencing certain behaviors? What are the people's belief in practicing any behaviors?

The **social thinking principle** involves:

- **Legitimacy** (policies, laws and regulations enforcement): Are the new policy or regulations fair, exclusive and objectively clear?
- **Technology and materials** (the process that technology could affect people's daily practices): How do the new technology/inventions affect or easy people's daily behaviors?
- **Norm and collective actions** (social recognition and acceptance) Have the new behaviors been done by other groups? how popular are the new promoted behaviors?

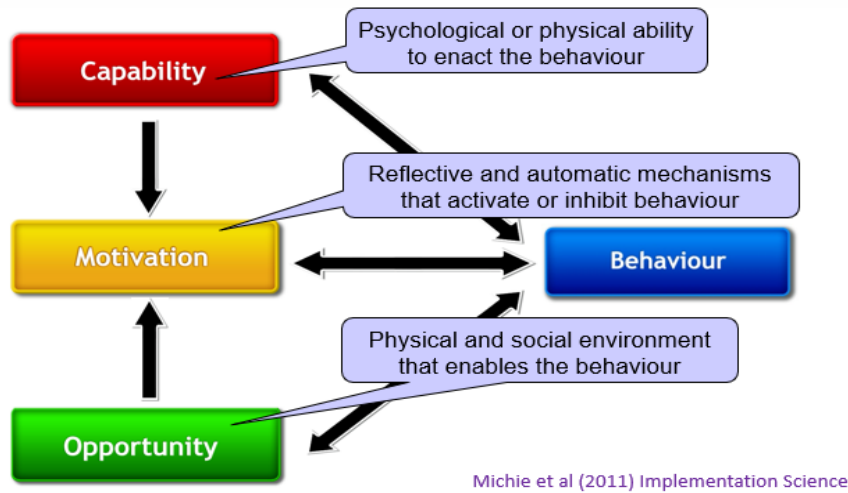
The **Mental model thinking principle** involves:

- **Culture** (religion, social belief, customary practices and social group identities): How does the promoted behaviors reflect social beliefs and recognition? Are they the right things to do?

- **Context** (economic relationships, institutions and social structure, religious affiliations) What are the implications of new behaviors affect institutional structure in the community, religious affiliations and economic relation?

The final behavioral change framework to be introduced is the COM-B' model. At its heart, COM-B stands for 'Capability, Opportunity and Motivation are necessary conditions for Behaviour Change'. The definitions of this core triad are shown below:

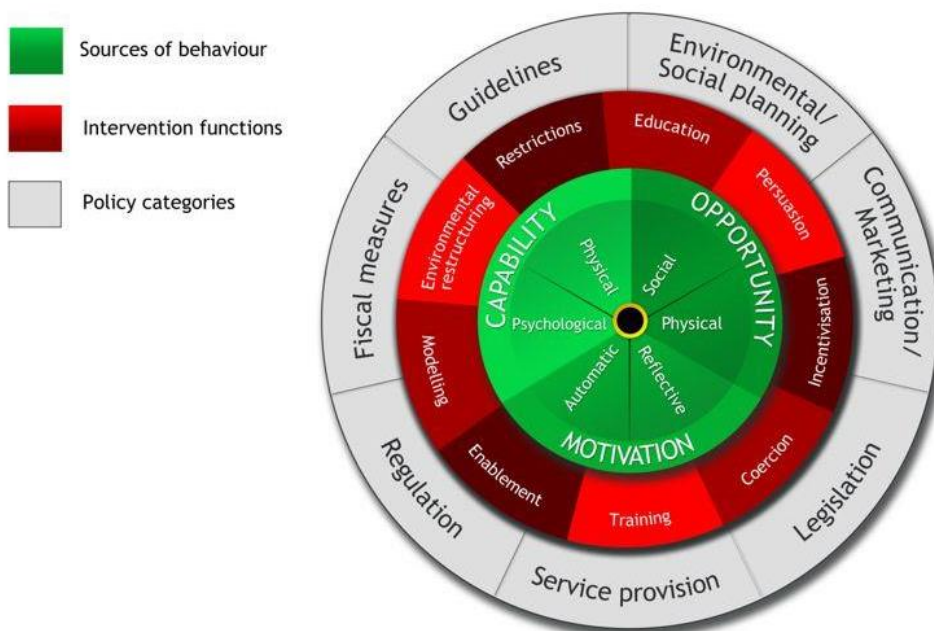
Figure 7: The COM-B model of Behavioral Change, presented by Michie et al



If someone does not understand how to enact a behaviour – for example, how to diagnose mental illness – then their *capability* is the factor blocking the behaviour. Conversely, for a simple task like handwashing, an individual might have the capability to do this, and the motivation to do so (understanding its importance for sanitation), but may not have access to soap and running water – *opportunity* thus limits their ability to perform the behaviour. Most often, motivation is the hardest element to shift: most people are capable of, and have ample opportunity to exercise, but motivating them to go on a run requires careful persuasion.

Around these core three elements of behaviour, the COM-B model then plots Behaviour Change interventions and policy changes in concentric circles. Note that the sections do not fit together exactly: rather, this should be thought of as a wheel, with the concentric circles rotating to various positions:

Figure 8: The COM-B model of Behavioral Change



The authors of this framework – Michie, Stralen and West – define these intervention (below) and policy changes (overleaf) as follows:

*Table 2: Definitions of 'Interventions' within the COM-B model*

<b>INTERVENTIONS</b>	<b>Definition</b>	<b>Examples</b>
<b>Education</b>	Increasing knowledge or understanding	Providing information to promote healthy eating
<b>Persuasion</b>	Using communication to induce positive or negative feelings or stimulate action	Using imagery to motivate increases in physical activity
<b>Incentivisation</b>	Creating expectation of reward	Using prize draws to induce attempts to stop smoking
<b>Coercion</b>	Creating expectation of punishment or cost	Raising the financial cost to reduce excessive alcohol consumption
<b>Training</b>	Imparting skills	Advanced driver training to increase safe driving
<b>Restriction</b>	Using rules to reduce the opportunity to engage in the target behaviour (or to increase the target behaviour by reducing the opportunity to engage in competing behaviours)	Prohibiting sales of solvents to people under 18 to reduce use for intoxication
<b>Environmental restructuring</b>	Changing the physical or social context	Providing on-screen prompts for GPs to ask about smoking behaviour
<b>Modelling</b>	Providing an example for people to aspire to or imitate	Using TV drama scenes involving safe-sex practices to increase condom use
<b>Enablement</b>	Increasing means/reducing barriers to increase capability or opportunity <sup>1</sup>	Behavioural support for smoking cessation, medication for cognitive deficits, surgery to reduce obesity, prostheses to promote physical activity

Table 3: Definitions of 'Policies' within the COM-B model

POLICIES	Definition	Examples
<b>Communication/marketing</b>	Using print, electronic, telephonic or broadcast media	Conducting mass media campaigns
<b>Guidelines</b>	Creating documents that recommend or mandate practice. This includes all changes to service provision	Producing and disseminating treatment protocols
<b>Fiscal</b>	Using the tax system to reduce or increase the financial cost	Increasing duty or increasing anti-smuggling activities
<b>Regulation</b>	Establishing rules or principles of behaviour or practice	Establishing voluntary agreements on advertising
<b>Legislation</b>	Making or changing laws	Prohibiting sale or use
<b>Environmental/social planning</b>	Designing and/or controlling the physical or social environment	Using town planning
<b>Service provision</b>	Delivering a service	Establishing support services in workplaces, communities etc.

**This is seen as the most appropriate model through which to analyse JSF members' behavioral change programs, by virtue of its holistic, multi-system nature.**

The COM-B model is the result of its authors reviewing 19 different Behaviour Change frameworks and creating a simple synthesis. According to the authors, this represented the first time a new framework was constructed from existing frameworks, to overcome their limitations. The simplicity and flexibility of the model lends itself well to comparison across a wide range of programmes.

Moreover, all four of the JSF programs reviewed in this toolbox are not focused solely on individual attitudes and behaviors: they work with elements as varied as infrastructure, social norms, service provision, and mass awareness-raising. This model is fitting, as it does not portray Behaviour Change as happening in a vacuum.

The COM-B model is thus seen as best placed to compare the strengths and weaknesses of these greatly varying programs, in a meaningful and productive way. For each JSF partner program, we will map which areas of the COM-B wheel are currently most active, and in which areas they could improve.

### 3. OVERVIEW OF A TYPICAL BEHAVIORAL CHANGE PROGRAM

#### A Behavioral Change Framework

Practically, in most development programs, behavioral change components might be incorporated in the programs' objectives and parts of the indicators to measure long-term impacts. However, when looking at a stand-alone program/program development framework, there are specific elements needed to be identified before developing a behavioral change program/program.

Based on numerous lesson-learns from its behavior change programs, People in Need suggested one of the simple and standardized frameworks for behavioral change program development. In total, there are 7 linear steps, including (1) behavior identification, (2) priority and influencing groups identification, (3) determinants, (4) bridge to activities, (5) activities, (6) measure change in behaviors, and (7) document and share the result (People in Need, 2017). The summary of these linear steps is illustrated in Figure 8.

Figure 9: Seven steps in developing behavioral change program

STEP 1 Behaviour	STEP 2 Priority & Influencing Groups	STEP 3 Determinants	STEP 4 Bridges to Activities	STEP 5 Activities
What is the behaviour we want to promote?	Who needs to practice the behaviour and who is influencing the behaviour?	What are the main barriers and motivators to adoption of the promoted behaviour?	What do our behaviour change activities need to achieve to address the identified barriers?	Which activities will your team implement to motivate people and reduce the barriers?
Outcome Indicator: ....			Process Indicators: ...	
(STEP 6 is Measure Changes in Behaviours, STEP 7 is Document and Share the Results)				

(Source: People in Need, 2017: p.8)

For step 1, after identifying specific problems to be solved in the programs as well as the root causes of the problems, it is important to determine key behaviors that can address these problems effectively. There are three criteria to be considered when identifying these behaviors: (1) their impacts should be direct and significant to the achievement of the program's objectives and goals, (2) these behaviors should be feasible with regard to budget and timeframe and (3) their influence should aim at a large scale. After determining appropriate behaviors, in step 2, we need to find individuals who will be practicing these promoted behaviors or influencing groups that can be the main driving force or barriers to the adoption of promoted behaviours. For this step, applying the stage of change model to identify priority and influence groups is significant because it can help us assess the levels of people's motivation and readiness in adopting new behaviors and their contexts.

After identifying people who need to adopt new behaviors, in step 3, it is important to assess their perception to find out their key motivators and barriers towards these new practices. As suggested by People in Need (2017), barrier assessment is one of the appropriate methods to assess the root courses that could prevent and encourage people to adopt new behaviors. There are three main factors to measure people's perceived motivators and barriers, including self-efficacy (individuals' knowledge and understanding), access (individuals' resources and capacity) and action efficacy (credibility of new practices). Next, in step 4 and 5, the objectives of activities and detail activities should be developed based on people's context, perceived barriers and motivators. A summary of setting up the objectives of activities is illustrated in Figure 8.

Figure 10: Way to develop activity's objectives

Increase/ decrease/ improve/ reduce ...	+	the perception that ... (or) the availability of/ access to... (access) (or) the ability to... (self-efficacy, cues for action)
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(Source: People in Need, 2017: p.11)

For step 5, all the activities developed need to comply with four principle such as easy (break complex activities into small actions with timely and cost-effective to practice), attractive (integrate people's real needs into activity's objectives), social (develop activities with socially practices and recognition) and timely (implement the activities with appropriate timeframe following target groups' availability and accessibility). After developing and rolling out the activities, step 6 and 7 are to measure and monitor the results of the changes as well as record and disseminate successful cases to others to promote program sustainability.



## **Factors Which Influence Behavioral Change Programs' Success**

In addition to these seven steps of program development, according to People in Need (2017), there are nine factors that could determine the success or failure of behavioral change program. These include:

- **Relying on data:** prevent assumption and use data to develop program's objectives and activities.
- **Credibility of new behaviors:** effective in problem solving, respectful and acknowledging people's perceptions towards promoted behaviors
- **Understanding the competition:** find out costs and benefits of new and old behaviors practicing and make sure that the promoted behaviors are perceived as worth practicing in which the benefits outweigh the costs
- **Make sure the new behaviors are easy to adopt:** focus the activities on the people's needs and contexts by considering both internal and external factors and breakdown complex activities into small actions
- **Seeking allies:** influencers such as religious leaders, authorities, families members and respectful elderly in the community etc... play an important role in the success of behavioral change; thus, convincing these people to support the program is a key.
- **Narrow down the focus:** focusing only on few key behaviours that provide the most impact on the root causes of the problem and scale them up rather. It is suggested to go for the behaviors that is easy to change first and then the difficult one later.
- **Be specific in beneficiaries/target groups identification:** people are different so as their groups and communities. As one approach could not apply to everyone, it is important to focus the behavioral change program only on specific groups of beneficiaries.
- **Aiming for behavioral change rather than awareness change:** making people aware of the behavior problems is not enough. Real new behaviors are needed to develop so that the problems can be solved effectively.
- **Feasibility of the purposes, budget and timeframe:** the program's objectives and goals, budget and timeframe must be realistic and feasible. These should be developed in reflection with the available resources and capability of the organizations.

Overall, developing behavior change program is not much different from designing normal development programs. A key factor to consider when designing behavioral change program is to identify specific behaviors as the main tools to solve the problems. Based on the development steps of behavioral change program and concepts of behavioral change, we can draw the matrix of behavior change program design as below.

Table 4: Matrix for design of a Behaviour Change program

Items	Guiding Questions
Problem identification	<ul style="list-style-type: none"> <li>- What are the Issues/problems?</li> <li>- What are the root causes of the problems?</li> </ul>
Promoted Behaviors change identification	<ul style="list-style-type: none"> <li>- What are the new promoted behaviors?</li> <li>- Do these behaviors directly address/effectively solve the problems? If yes, How?</li> <li>- Behavior credibility:                             <ul style="list-style-type: none"> <li>- Legitimation</li> <li>- Socially recognized</li> <li>- Efficacy</li> </ul> </li> <li>- Specific based on target groups</li> </ul>
Target groups and influencers identification	<ul style="list-style-type: none"> <li>- Who are the individuals who need practice the promoted behaviors?</li> <li>- Demographic information: Ethnicity, gender, age group, income...</li> <li>- Current/daily behaviors/practices</li> <li>- Their real demands/needs</li> <li>- Their perceptions towards new promoted behaviors</li> <li>- Internal and external influence factors: contexts, norms, culture, level of understanding/education, collective action</li> <li>- Which groups could influence the target individuals to change their behaviors?</li> <li>- Relationship with target groups</li> <li>- Direct or indirect influence</li> <li>- Group/peer influence</li> </ul>
Motivators and barriers identification, as relates to a specific practice	<ul style="list-style-type: none"> <li>- Knowledge/awareness/belief around a specific practices</li> <li>- Resources and technology to be used for a specific practice</li> <li>- Legitimacy (regulations and rules) around the suggested practice(s)</li> <li>- Context/norms/cultures</li> <li>- Family/social/community pressure</li> </ul>
Setting up activity's objective	<p>What do the activities want to achieve?</p> <ul style="list-style-type: none"> <li>- Reduce/improve/increase/....</li> </ul>
Detail activities	<ul style="list-style-type: none"> <li>- Easy</li> <li>- Attractive</li> <li>- Social and</li> <li>- Timely</li> </ul>

## 5. GOOD PRACTICES OF BEHAVIORAL CHANGE PROGRAMS

### Best Practices in Agriculture

#### Targeting specific individuals/farmers to lead and amplify social change

Based on the World Bank report on Mind, Society, and Behavior, targeting certain types of individuals within a network can make policies less costly and more effective for they tap into social learning processes, which leverage social influence to change behavior. People learn new ways of doing things from one another, and they are more likely to shift their behaviors when new practices are embraced by close associates or others who are most similar or most salient to them.

A randomized experiment in China, for instance, showed that when farmers had a friend who had participated in an intensive information session about the benefits and nature of the product, they were more likely to take up weather insurance (Cai, de Janvry, and Sadoulet, forthcoming). The study suggests that social networks can amplify the effects of a standard information program to increase adoption of new products and services.

Combining a traditional incentive approach with social network strategies is similarly promising. A recent experiment showed that offering farmers a small performance incentive to communicate to peers the benefits of a new seed technology was a cost-effective means of inducing adoption of new agricultural technologies in Malawi villages compared to deploying government-employed extension workers or strategically chosen lead farmers (BenYishay and Mobarak 2014).

These suggesting that how people act and think often depends on what other around them do and think, “think socially”.

#### Digital Green’s social behavior change communication model for extension program

Digital Green is the global development organization that works with small scale farmers and help them lift themselves out of poverty through digital solution (Digital Green, 2019). In Bangalore, India, 2006, Digital Green developed a participatory video program that aims at using technology as mean of agricultural extension. Since 2008 the program spread it implementation to South Asia and Sub-Sahara Africa and cover 15 countries. Before the conducting of the program, Digital Green’s research revealed that the prevalent agricultural extension systems in most developing countries could be costly, slow, and limited in effectiveness (Kumar, K., 2018). An example could be seen from classical ways of training and visiting program with farmers, which usually take a lot of time as workers need to travel from village to village doing the training to selected farmers. Using this classical way of teaching, the research suggested that farmers may be slow to adopt new technique since (1), agents that provide training do not possess experience or knowledge in that located area, (2), training and visit is infrequent, which make their connection low and (3) the classical way of teaching can only reach to selected farmers in the villages, mostly are men who own large farms and cannot reach to other smaller scale farmers.



With finding of their research, Digital Green seeks for solution that helps small scale farmers by using low cost and effective way. Digital Green participatory video program trains communities and partners’ staff to create a short video that captures scientific and locally way of best practices of agriculture and then distributes the video to rural community member. The videos are produced and feature by people in the community before putting into screening in the village twice a week. By feature local farmers in the video, it can connect viewers in the village to a message that video trying to send since the viewers might process sense of connectivity to the farmers in the video who are local people and speak local languages.

During screening, one mediator, a resource person in the village, leads a discussion regarding the video and responses to question and feedback from viewers. A data management named CoCo (Connect Online Connect Offline) was developed as tool to capture data on the screening and adaptation of the best practices by viewers and this framework also includes strong monitoring and evaluation tools to provide

evidence-based learning and feedback (Kumar, K., 2018). CoCo was built as application in internet browser that tracks data from what video are produced to what practices that farmers apply. A trained agent record farmers' attendance at video screenings, interests, queries, comments and any changes in their behaviors as a result of adopting a new practice/technology (Kumar, K., 2018). With their video, the program reaches over 1.5 million farmers in targeted area and resulted in 54% adaptation rate of the best practices on agriculture (Digital Green, 2019). Factors that made this program success are (1), they offer community driven, technology and locally way and knowledge sharing platform for rural community, (2), they combine technology solution and enable small scale community to produce and share information to each other.

## Best Practices in Health

### Triggering community-level responses

Patients are more likely to adopt a new health practice when their experience with the provider has been positive (Peltzer and others 2002) or if they have positive responses from their community. A good experience with the provider gives patients a sense of immediate satisfaction when they follow through, similar to the sense of satisfaction from conforming to community norms. In the latter case, community feedback becomes the benefit. Thus, even when there are no immediate benefits to adherence or adoption, community reinforcement can be generated by encouraging adoption at the community level, according to Mind, Society, and Behavior (The World Bank, 2015).



Figure 12: Community Health Club practicing Community Hygiene in Zimbabwe

Consider the problem of open defecation. About 1 billion people defecate in the open, and defecation has been linked to infections in children that lead to stunted growth and in some cases death. A standard approach is to provide information, along with goods at a subsidized cost—in this case, to construct toilets. But even with these changes in place, new sanitation norms are also needed to end this unhealthy practice. Government officials in Zimbabwe developed “community health clubs” to create community structures that served as a source of group endorsement for new sanitation norms (Waterkeyn and Cairncross 2005).

A related approach to creating new norms with some promising anecdotal evidence is Community-Led Total Sanitation (CLTS). One core element of this approach is that CLTS leaders work with community members to make maps of dwellings and the locations where individuals defecate in the open. The facilitator uses a repertoire of exercises to help people recognize the implications of what they have seen for the spread of infections and to develop new norms accordingly. A recent and systematic study of CLTS in villages in India and Indonesia provides evidence of the initiative's value as well as its limitations. The CLTS programs were found to decrease open defecation by 7 and 11 percent from very high levels in Indonesia and India, respectively, compared to control villages. But where CLTS was combined with subsidies for toilet construction, its impact on toilet availability within households was much higher. These findings suggest that CLTS can complement, but perhaps not substitute for, programs that provide resources for building toilets (Patil and others 2014; Cameron, Shah, and Olivia 2013).

### Encouraging health care providers to do the right things for others

Health is co-created by patients, doctors, nurses, other experts, community health workers, and household members. As Ashraf (2013) has noted, “Health isn't something that can be handed to people. it is a state that they must produce themselves by interacting with a health care system providers and recipients co-create health” (120–23). A key element in the production of health is the trust that patients have in their providers: trust to seek care, understand messages about what is good for them, and follow through on the prescribed treatment. Such trust is not possible in a system that provides low-quality care.

Why do health care providers sometimes provide low-quality care as it is not sufficient to focus only on material incentives for providing quality care? Evidence points to many additional factors. Even with the

best training, health care providers suffer from the same biases as everyone else. Some biases are more specific to health care and to the relationship between providers and their patients. They cannot consider all possible symptoms, conditions, diagnoses, and treatments. They must use simplifying rules and heuristics to do their job, and these heuristics can lead to systematic mistakes (Croskerry 2002). For example, health workers suffer from a “visceral bias,” in which liking or disliking the patient causes them to rule out certain outcomes too soon (Croskerry 2002). This bias is especially likely when a patient suffers from a stigmatized illness or is a member of a stigmatized population. Such a patient is less likely to seek care in the first place, and when he does, he is much less likely to receive the type of care he needs. The bias can be subtle, in the sense of premature diagnoses, or severe. In its worst manifestation, the health system assigns a low priority to illnesses suffered by an entire population (Gauri and Lieberman 2006; Lieberman 2009), healthcare providers refuse to provide service, and afflicted individuals are reluctant to seek treatment for even life-threatening health problems.

There is also a gap between knowledge and actions. Recent studies in Delhi, India, Das and Hammer (2007) found that some of the most qualified doctors were the least likely to follow through on their knowledge, implying that the doctors with the highest qualifications were not providing the best medicine. Many other studies have also found that, although knowledge could be higher, doctors do not use the knowledge they already possess (Das and others 2012). As a result, there has been a shift from a focus on competence to a focus on the “know-do” gap, the difference between competence and performance (Rowe and others 2005; Das, Hammer, and Leonard 2008; Das and others 2012). Given the existence of that gap, increasing spending on training will not improve quality, and it is time to focus on ways to get doctors to put into practice what they already know.

### **Reminders for adhering to protocols**

Often, simply reminding health workers of the social expectations of their performance can improve it. Evidence from almost 100 studies on the impact of peer visits to remind health workers about best practices finds that these visits have an impact—but not because they introduced a financial incentive to improve quality (Jamtvedt and others 2007). For example, clinicians in urban Tanzania significantly increased their effort when a visiting peer simply asked them to improve their care (Brock, Lange, and Leonard, forthcoming). In that study, there was no new information or change in incentives or material consequences from the visit. Health workers already have the competence to improve quality and will respond to visits by their peers that set new expectations or remind them of existing expectations. Indeed, supportive supervision (regular contact with medical peers who provide reminders of expectations, not enforcement of rules or regulations) is necessary for sustained success, a review of

the literature on successful community health worker programs concludes (Jaskiewicz and Tulenko 2012). Even for community health workers, who are serving their neighbors and should be the most likely to be motivated by prosocial preferences, exposure to peers and supervisors (not neighbors) is necessary to sustain norms of professional behavior.

### **Professional and service norms in recruitment and quality assurance**

Reminding health workers about the impact of their actions on the welfare of their patients and on their reputation among peers can improve service quality. Most health workers are responsive to the norms set by their peers, which is a type of professionalism (Freidson 2001; Akerlof and Kranton 2005). How can policy makers create or activate a professional norm in settings where quality is low? The literature offers many examples in which leadership transformed an underperforming health service into a high-quality service with motivated providers at all levels (see, for example, Tendler 1997; Wasi 2000; Hall and Lamont 2009; Wibulpolprasert and others 2011). The success stories point to the fact that the transformation is possible, but they cannot isolate the elements of a solution that would work in all places.

Programs that pay providers to improve quality or quantity of services (pay for performance or results-based financing) have gained attention recently, in part based on the success documented in Rwanda (Basinga and others 2011). Providers in that study responded dramatically to a change in financing from input-based (paying for what is needed) to reward-based (paying staff bonuses if certain targets are met with respect to assisted deliveries, vaccinations, or well-baby visits, for example). This might suggest that monetary incentives are the solution and that behavioral interventions are not important. However, a careful examination of pay-for-performance incentive programs such as that in Rwanda reveals that the programs not only use monetary incentives but also expand autonomy, accountability, team-based recognition of



effort, and exposure to external peers. All these aspects could increase quality by activating professional norms.

Growing evidence indicates that health workers respond well to social cues in the form of recognition and gifts. When health workers are given small gifts like a book or a pen, they will respond by improving the quality of care they provide, in some cases, for significant periods of time (Currie, Lin, and Meng 2013; Brock, Lange, and Leonard, forthcoming). In addition, health workers respond to the recognition that comes from awards and token prizes like stars to display in the workplace and congratulatory plaques (Ashraf, Bandiera, and Jack, forthcoming). This response to gifts and tokens makes little sense in standard economic models but can be easily understood. In this broader view, gifts can be understood as a way of making social ties and connections more salient, activating a frame of gift giving, and signaling social approval.

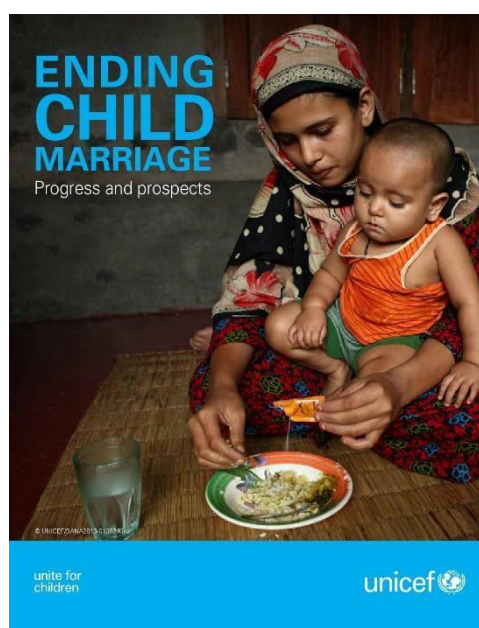
## Best Practices in Education

### Designing policy to “work around” the behavioral effects of social norms

Altering social norms that contribute to undesirable social outcomes is an obvious policy goal. In some cases, policy makers may be able to bypass the behavioral effects of social norms. Consider the problem of where to locate public schools. In Pakistan, many girls who wish to attend school must cross two types of social boundaries: caste boundaries and gender boundaries. Low-caste girls may experience stigma and face discrimination if they attend a school dominated by high castes, and all girls are subject to purdah, a form of female seclusion that restricts women’s mobility and social interactions. These social constraints limit educational opportunities for girls. Contrasting two hypothetical policies, Jacoby and Mansuri (2011) show that a policy of providing schools to hamlets dominated by low-caste individuals would increase enrollment by almost twice as much as a policy of placing a school in every unserved hamlet and would do so at one-sixth of the cost.

### UNICEF ending child marriage in Niger

UNICEF and UNFPA in Niger have been focusing on putting an end to child marriage. UNICEF found several key issues such; Niger has the highest rate of child marriage in the world with 3 out of 4 girls marry before the age of 18 and 1 in 4 marry before the age of 15 (UNICEF, 2018). The major driven of this long-practice behavior come mainly from poverty and upholding social and religious tradition. The main reason come from poverty since in Niger, poor family with daughter believe that marriage can bring them hope of economics prosperity and might raise social status of the family. Surrounded by social norm and belief, early married tradition become a common practice in the country, and it keeps influence Niger society since especially people in the community who adopt this follow their generation. Early marriage effects the most on girls’ life as it limits their power, right decision making and even education. According to UNICEF report, 81% of Niger women age 20-24 have no access to education and 63% have only primary education were married at the age of 18 (UNICEF, 2018). Early marriage led to early pregnancy that could put young mother and their child’s health at risk.



To help put this traditional practice to an end, UNICEF and UNFPA targeted several actions that need to be done such (1) getting girl an education they need, (2) help them develop skill and support network, (3) raising awareness with parents and community, (4) offer economic support and (5) support laws and policies to end child marriage. So far in this program, as the result of program advocacy and engagement effort, the Niger government has developed a multisector national action plan to end child marriage and protection for girl education to guarantee their access to school until age 16 (UNICEF, 2018). The program partnered up with Faouzia, - a Niger Traditional Leader Association and Islamic Congregation, in order to promote positive change within community. As traditional and religious leader, they regularly organize

community dialogue to discuss and tackle down this practice. Collaborated with the government, the program help enhance the network of Village Child Protection Committee. The committee conducted an education session in the community and go through mediation with parents and girl to promote the positive behavior change. The actions result positively. From 2016 to 2018, more than 480,000 people reached the provided educational session on child marriage, more than 117,000 adolescents enhanced their knowledge and skill and more than 3,000 young girls were saved from marriage through mediation with parents (UNICEF, 2018).

These successes are great result in positive change on the issue and it can help the lives of many adolescence in Niger. Changing behavior or attitude that are considered a common practice or common norm in one society is difficult, therefore, education and direct engagement with the community is needed. Also, there need to be an involvement from local people because by having local people as role model or mentor in the community, people tend to feel more connected and willing to cooperate or learn from local leader rather than an outsider that have no experience inside their community.

### **Policy changing institutions to change mental models**

An example of the potential for policy that changes institutions to change mental models comes from a program of political affirmative action for women in West Bengal, India. The policy led some villages to have female leaders for the first time. Just seven years' exposure to women leaders reduced men's bias in evaluating women in leadership positions. The men still preferred male leaders to female leaders. However, in evaluating the performance of a given leader, gender was no longer a strong source of bias. Seven years' exposure to women leaders also raised parents' aspirations for their teenage daughters, raised the daughters' aspirations for themselves, and led to a slight narrowing of the gender gap in schooling (Beaman and others 2009, 2012). The evidence suggests that the change in mental models caused the changes in behavior.

However, it is only under certain circumstances that changes in interactions—created by political affirmative action or other policies—lead to a positive change in attitudes. If negative stereotypes shape perceptions strongly enough, interaction may simply reinforce the negative stereotypes, undermining the hoped-for effects of the policy. A study of political affirmation for low-caste individuals in village government in India finds evidence that it increased absenteeism by high-caste teachers and lowered outcomes in primary schools, which were under the jurisdiction of the local village government (Pandey 2010). High-caste teachers essentially boycotted the attempted change in the status of low-caste individuals.

### **Meena radio**

Meena Ki Duniya is an entertainment-education program conducted by UNICEF India in partnership with the Department of Education, Government of Uttar Pradesh state and its Sarva Shiksha Abhiyan State Project Office (Deloitte, 2015). The program has several objectives: create change in knowledge, attitude on child right issue, child health, sanitation and hygiene among students, address existing social norm that can prevent child education enrollment and improve skill for children through program.

In the last two decades, government of India has been working on improvement of education by adopted national framework and programs that aims at keeping children in school. In Uttar Pradesh state, the 70% literacy rate is lower than national average which is 73% (Deloitte, 2015). Even though the government adopted programs and schemes to raise education and school enrollment, the result was not equal across state in India. State like Uttar Pradesh still face with 9% to 10% rate of out of schoolgirls (Deloitte, 2015).

In 2010, Meena Ki Duniya radio program was developed by UNICEF and introduced in selected districts in Uttar Pradesh state. This program was developed based on strategic inputs from the Department of Education, Government of Uttar Pradesh (GoUP) and the SSA's UP State Project Office (Deloitte, 2015). Meena radio program was developed with objectives that based on behavior and social change principle and the program hope to increase knowledge of students in upper primary school on keys areas. Meena radio program have several contents that focus on issues such as health, child right/protection, nutrition, education, hygiene and gender. Designed as education entertainment program, Meena is a combination of mass media and interpersonal communication with a format for a 15-minute radio program comprising of three segments: songs, stories and games (Deloitte, 2015). A session for radio program listening was insert in timetable of middle school student and while listening to the radio program, teacher also facilitate the discussion among students to help them understand the message of the program and discuss among their classmates. Teacher who facilitate the discussion got training from UNICEF and SSA about the Meena



program before they are allocated to mediate students. For program monitoring, both UNICEF and SSA shared this work. Monitoring include regular visit to the school and Baseline and End line assessment. Meena also have story book and CDs feature a girl name Meena as main characters and their content became very popular with students.

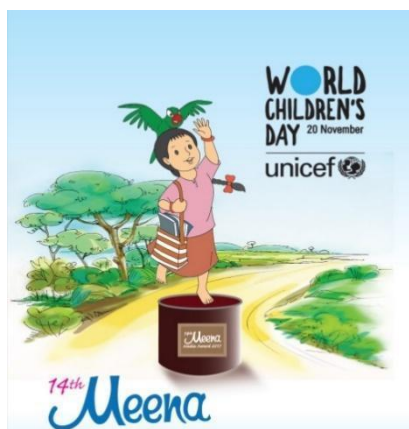


Figure 14: Poster for UNICEF's 14th MEENA Media Award-2018, Bangladesh (ref: Bnnrc)

The program had a successful story. The Meena character attract numbers of girls to engage in the program. During evaluation period, the team observed the broadcast of the program in some of the schools visited and found that the program is enjoyed by majority of students. More episodes of Meena were added in response to the need from students. In 2011, Meena radio effectiveness study shown that 94% of students recall at least one message learned, 78% of them reported new information gain and 69% took positive action (UNICEF, 2015). In End line study conducted in 2012, students increase their knowledge on handwashing from 87% to 95.10% and knowledge on birth registration increased double from 26.40%to 54.20% (UNICEF, 2015). The high engagement from students also marked the success of Meena radio program.

This behavior change program used an entertainment plus education strategy that can attract participants from students. The content that in line with children preferences and the issues, make student interest in engaging with the program. This kind of education can entertain and make children enjoy their view while at the same time spread the knowledge on regarded issue.

## Best Practices in Environment

### Fish Forever

Fish Forever is Rare' coastal fisheries program that use behavioral insight to inspire fishing community, fishers, fish buyers and traders, community and their local government to adopt more responsible behavior toward coastal fishing (Rare,2019). Rare cooperated with local partners working toward program goal such: establish and strengthen community co-management, building right for community to access local fisheries and establish full protected reserve to both fish habitat and sustain surrounding fish area (Rare,2019). According to Rare, there are 50 million small scale fishers that contribute to 90% of all fisher globally providing over 50% of global catch, 90% of these catches got to human consumption and meanwhile, the estimated value of unreported fish catches is 10.7 billion USD per year. The program operated in overall of 10 countries in four continents; Mesoamerican Reef area, Brazil, Mozambique, Philippines, Indonesia, and Pacific island, these areas cover about third of the world coral reef and people in these areas depend heavily on fisheries.

Fish forever targeted four specific behavior that need to work on in order to manage and restore coastal fisheries and those four behaviors are; 1) encourage fisher to become a registered fisher; 2) record fish catch activities; 3) respect fishing regulations; and 4) participate in fisheries management. To identify the effective behavioral change intervention, Rare uses Behavior Center Design (Behaviour ChangeD), a process that blend insight from behavior science with user focus strength of design thinking to identify effective way to influence behavior change (Rare,2019). Six strategies were employed, emotional appeal, social influence, choice architecture, rule and regulation, material incentive and information. Fish Forever want to help community to shift from belief that, fishing is a competitive job and fishers who are good will gain more fish and benefits to the belief that, fishing is for community as whole and it can be cooperative and that fishers should hold responsibility to their career.

Rare facilitate several activities in the community that help them reach their goals.

- *Public pledge*: using social influence strategy that lead to compliance with fishing regulation. Public pledge makes local government and community to make commitment, in the public in the presence of other, to manage their fishery sustainably. Their public commitment leads other people to commit to the same act.
- *Beachside registration*: use strategy of combination of choice architect, material incentive and social influence. In the previous practice, fisher registration process held in remote government

office, but with Rare new approach, the registration process now take place in a public setting in community and is highly visible and easier for fisher to access.

- *Paint campaign color and logo on fishing boat and paddle*: a social influence on respect fishing regulation. Fisher with their boat paint show their commitment to fishing regulation and this can also help spread the message to other fishers.
- *Informational "Fish Card"*: employed emotional appeal, information and social influence. During community meeting and work shop, facilitator use Fish Cards to tell story and compare unsucces and success costal fishing community and evoke discussion and conversation among fishers about value of sustainable fishing practices. This activity uses visually compelling way to by cards to educate, inform and update fishers about each other belief toward desired behaviors.

In 2017, Rare conducted evaluation on Fish Forever progress in 41 program sites in Brazil, Indonesia and the Philippines. The result shown that after three year facilitating ecosystem recovery in Indonesia and Philippines, targeted fish population remain stable and increased at 97% of site and the coral reef remained stable or increased inside reserves at 80% of the sites. For social result, there are 51 management bodies representing 259 communities were strengthened or established with an aim to oversee managed access waters, reserves, and fishing activities. These success results contribute a lot to fishery community and by these success story, it shown that fishers have gain access to knowledge on fishing regulation and learn work together within their community for more sustainable fishing.

## 6. BEHAVIORAL CHANGE IN JSF MEMBERS' PROGRAMS

### Transcultural Psychosocial Organisation (TPO) & Louvain Cooperation (LC)

#### Program overview

Louvain Coopération au Développement (LC), the NGO of the Université Catholique de Louvain (UCL) in Belgium, uses academic skills to meet the challenges of development. Active in Cambodia since 2004, Louvain Cooperation develops long term partnerships with local partners and government counterparts, one of which is the Transcultural Psychosocial Organization (TPO). TPO is responsible for implementing LC's Non-communicable Diseases program, which focuses on the improvement of mental health service delivery in targeted operational districts in Kampong Cham and Tboung Khmum provinces. TPO is also responsible for providing support to Village Health Support Groups (VHSG).



The program of LC & TPO seeks to address the urgent need for mental health infrastructure after it was devastated by the Khmer Rouge regime, leaving mental health patients still in great need for services. The program's outcome/goal is that "Cambodian people, especially vulnerable groups, have access to comprehensive and high-quality Non-Communicable Disease services – particularly for mental health – through promotion, prevention, treatment and rehabilitation."

The key behaviours which the LC & TPO program seek to change are:

**Mental health patients use mental health services which they find satisfactory**  
**Health staff diagnose mental health conditions correctly**  
**Trained VHSGs refer patients to mental health services**

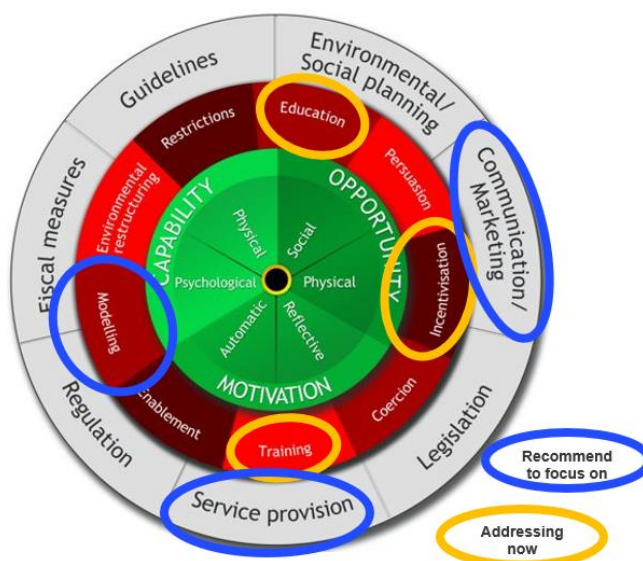
#### Key activities for Behaviour Change

LC & TPO have identified the several urgent challenges faced by mental health patients in Cambodia, which their program seeks to address. In each case, these have been plotted on the COM-B model with yellow circles:

There are not enough doctors or health staff working in Referral Hospitals (RH) or Health Centers (HC) who have been trained to deal with mental health issues. Even those with training may not have time and commitment to see mental health patients.

**Training:** To address this, LC & TPO have offered **training** to health staff on making mental health diagnoses, providing treatment to mental health patients, and providing counselling and psycho-education to patients and their families. This training was sustained through workshops to refresh knowledge, as well as coaching and supervision on 'live' cases, guiding them to provide a better quality of service to patients. VHSGs also received training and follow-up, so that they could also deal with mental health issues appropriately.

**Incentivization:** LC & TPO use financial **incentivization** to motivate the



commitment of health staff and VHSGs to these additional responsibilities, for the first three years of the program.

Although Cambodian social norms around home care play an important role in supporting and treating mentally ill patients, little attention has been paid to providing families with the resources they need. Family care of mental health patients is often poor: family members may have limited time to care for patients, may leave them behind to go to work, or may even lock patients up when they see no alternative.

*Education and training:* LC & TPO therefore taught patients and their families on key care practices, particularly focusing on the importance of their role in preventing a relapse. For example, patients and their family members are taught how to comply on medication, how to identify early symptoms of relapse, and thus how to seek help on time.

Finally, there is limited funding for mental health, and what is available, is small. This does not give enough flexibility for organizations like TPO to achieve the full potential. LC & TPO thus try to enhance impact through partnerships and networking, by strengthening collaborations between multiple stakeholders through meetings, case referrals, trainings and workshops.

### **Lessons learnt**

From a Behaviour Change perspective, the LC & TPO program has been designed to reflect upon its successes and challenges with impressive rigor. The assessment of health staff's behaviour is triangulated through a range of carefully designed tools, encompassing a range of different stakeholders' perspectives. This also allows the program to be increasingly finely tuned.

What also sets LC & TPO apart is that it promotes a combination of counseling, psychoeducation and home visits, rather than solely focusing on medication – as is common practice in Cambodia. By visiting the patient's home, doctors and nurses can fully understand patients' condition and situation so that they have enough information to better support patients' mental health.

### **Challenges for Behaviour Change**

Training health staff in mental health diagnosis and its non-medical treatment is challenged by the fact that this goes against the norms and habits of service providers and patients. LC & TPO's M&E efforts so far have verified a lack of understanding of mental health among the public, as well as health staff. Stigma and discrimination are still huge problems in the community, limiting families from disclosing problems and seeking help, as well as challenging patients' recovery. Treatment for mental health issues in Cambodia usually focuses on medication.

The use of incentivisation sets a challenge to the sustainability of the program: if this is health staff's primary motivating factor, then the COM-B model suggests that the Behaviour Change may not hold once this is weakened. The final year of the program will nonetheless seek to test this: LC & TPO will provide no funds in order to observe the sustainability of the Behaviour Change without incentivization support. This situation might be compared with an example of 'performance pay' for teachers<sup>2</sup>, as described in the World Bank's 2015 'Mind, Society, and Behavior' report. In this case, teachers were paid a bonus at the end of the year that depended on the academic performance or improvement of their students. This kind of intervention failed to improve test scores in low-income neighborhoods in the U.S. city of Chicago (Fryer and others 2012). "Another variant of the program, however, altered the timing of the bonuses and *cast them as losses rather than as gains*. At the beginning of the school year, teachers were given the amount that administrators expected the average bonus to be. If their students' performance turned out to be above average at the end of the year, they would receive an additional payment. If student performance was below average, however, they would have to return the difference between what they received at the beginning and the final bonus they would have received had their students performed above average. This loss-framed bonus improved test scores substantially." This example suggests that incentivizing staff through perceived losses, rather than perceived gains, might be a better way to shift their behaviour.

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<sup>2</sup> Although teachers work in an entirely different sector from health staff, there are nonetheless enough similarities to warrant the comparison: they are employees of large institutions whose mission is to help people in need – in need of medical care, or of education.

## M&E Mechanisms

To measure the effectiveness of the program, LC & TPO's M&E team regularly collects, stores and analyses data, using culturally appropriate assessment tools and following best practice for measuring clinical diagnoses. The program's M&E plan includes monthly and quarterly monitoring of each stakeholder in each log frame activity and disaggregates data by factors such as age and gender. M&E tools include:

- **Patient satisfaction survey** to assess the level of patients' satisfaction with the mental health services provided by doctors or nurses;
- **Attitudinal shift study** to measure people's attitudes and discriminatory behaviours toward patients;
- **Diagnosis test and observation** to verify whether a doctor or nurse followed the proper procedure for a correct analysis of their patients' mental health symptoms.
- **Qualitative studies** to understand mental health providers' motivation to work voluntarily / on small incentives;
- **Organization capacity-building tool** to assess improvements or challenges to local partners' management.

These M&E methods are already serving to measure a number elements of Behaviour Change, as follows:

<i>Desired Behavior</i>	<b>Health providers offer high-quality mental health services</b>		
<i>Indicators</i>	Patient satisfaction survey // Correct diagnosis tests // Observation by technical advisor		
	<b>CAPABILITY</b>	<b>OPPORTUNITY</b>	<b>MOTIVATION</b>
<i>Strengths / Actions</i>	Training to make proper diagnosis and treatment	Technical and financial support to strengthen local partners' management	Supervision of service delivery Paying incentives
<i>Measurement</i>	Patient satisfaction survey Correct diagnosis tests Observation by technical advisor	Organisational capacity-building tool report	Studies to understand mental health providers' motivation to work voluntarily / on small incentives
<i>Gaps / Opportunities</i>			Have health providers' automatic, system 2 thinking been considered, in terms of biases around mental health? Might consider associative learning, habit formation.

<i>Desired Behavior</i>	<b>Mentally ill patients access mental health services more frequently</b>		
<i>Indicators</i>	# of patients referred to partner hospitals / health centres		
	<b>CAPABILITY</b>	<b>OPPORTUNITY</b>	<b>MOTIVATION</b>
<i>Strengths / Actions</i>	Social workers & VHSG's build awareness of the mental health services available	Partnerships with 2 referral hospitals and 7 health centres	Coach social workers / VHSG in counselling to encourage access to clinics Provide leaflets
<i>Measurement</i>	# of patients referred to partner hospitals / health centres	% community members with positive attitude to mental health patients	% community members with positive attitude to mental health patients % patients satisfied # IEC materials produced



Gaps / Opportunities	Focus more on raising patients' awareness of services by aising awareness of services with patients directly	Activate mess media campaigns to reduce social stigma around mental health – perhaps through an app.	Alongside study of health providers' motivation, look at patients' motivation to access services
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**Recommendations from other programs**

1. LC & TPO's program is firmly focused on the supply-side of mental health services: strengthening institutional referral mechanisms makes more patients capable of accessing services, while professional training ensures patients are seen by a technically capable health provider. The demand side could also be considered: More patients could be made aware of these services (and thus be *capable* to access them) if LC & TPO advertise directly to the patients themselves through mass media – such as used by WWF in their large-scale community campaigning.
2. The audience for awareness-raising around mental health issues could also be broadened, and this audience could be involved in new ways. VVOB, for example of this, have created an interactive story-telling app to motivate individuals to engage with sensitive topics SRGBV. LC & TPO could use a similar model to gamify and thus motivate individuals' engagement with narratives of mental health. This innovative form of awareness raising could provide the social opportunity for patients to access services in an enabling, accepting environment.

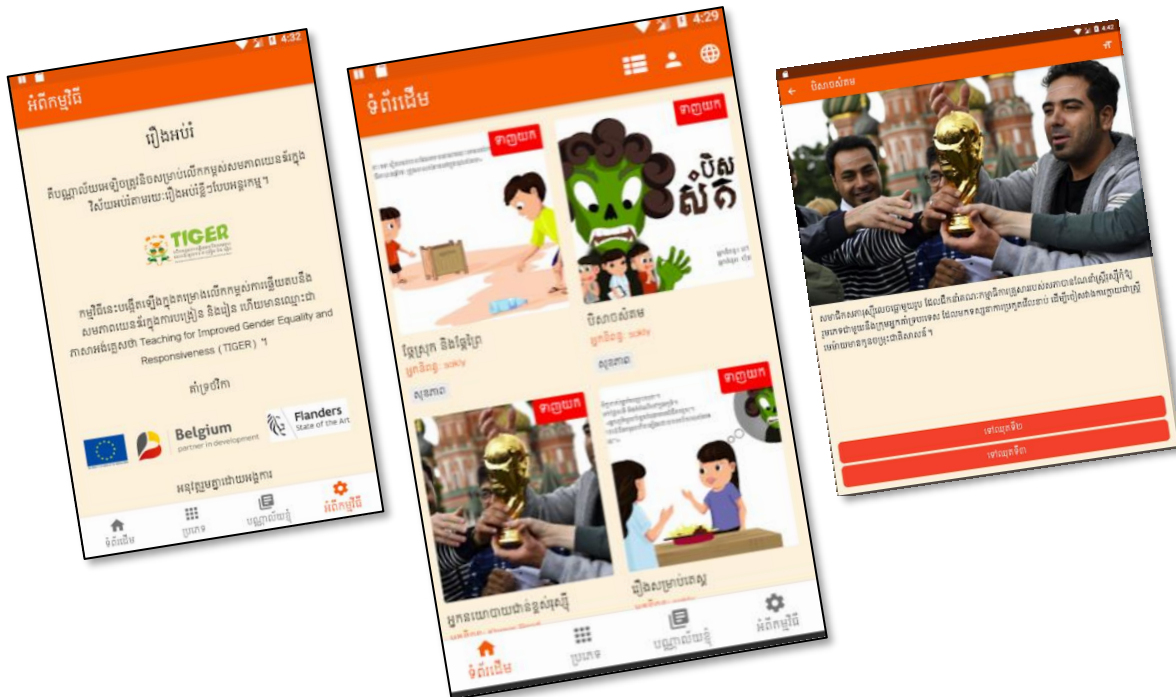


Figure 17: Screenshots from VVOB's interactive story-telling app

3. VVOB ensures that they always collaborate closely with government ministries in the TIGER program. VVOB are working to enhance the service provision of MOEYS and MOWA by strengthening Teacher Education Colleges, while also advocating for policy-makers to focus on the elimination of SRGBV. This allows the VVOB program to be active in the outer 'Policy intervention' ring of the COM-B wheel – which LC & TPO are not yet working within. More structured engagement with the Ministry of Health can support this.
4. Eclasio support and monitor 'specialist' farmer role modelling, to maintain the motivation and skill-level (capability) of their participants. These role models are carefully selected according to criteria assessing their physical capacity, skills, and character:

- ✓ Own at least half hectare of farming soil
- ✓ Not migrating abroad
- ✓ Farm land has enough water supply
- ✓ Adequate capacity and willingness to sacrifice time for the programme and study
- ✓ Open minded and willing to share their knowledge
- ✓ Part of farming community within គម្រោង's membership

Figure 18: Criteria used by Eclasio to select their farmer mentors

These role models are then monitored through a data sheet which records their experience, attendance, training provision, and skill level (see below). A similar procedure could be replicated among health providers, social workers and VHSGs, in order to have a more peer-led and closely-monitored use of oversight and coaching. This could also be effective in motivating Behaviour Change, through an emphasis on imitative learning among peers.

Specialist Data Sheet												
Responsible		CIRD assisted by FAEC										
Methodology		Quarterly meeting										
Period of collection		Every quarter										
No.	Name	Sex	AC	Province	Year of production experience	Year of Training Experience	Number of Indoor Training received	Number of Coaching received	Total training providing to ACs producers	# training to AC member without supported by CIRD	Theoretical Knowledge (1-5)	Practical Knowledge (1-5)
1	Kong Moeurn	male	Utdomsoriya Agricultural Cooperative	Takeo	10	3	6	3	7	6	3	3
2	Uy Sarath	male	Utdomsoriya Agricultural Cooperative	Takeo		1	1	1	0	1	2	2
3	Nhem Sokear	male	Tipat Punlork Thmei Agricultural Cooperative	Takeo	8	2	3	3	6	3	3	3
4	Sam Saroeurn	male	Kampong Speu Palm Tree Agricultural Cooperative	Kampong Speu	12	3	3	4	7	6	2	2
5	Doung Hoeurng	male	Srov Smach Kampong Ror Agricultural Cooperative	Svay Rieng	11	2	4	3	3	4	2	2
6	So Saven	male	Samaki Khum SamLay Agricultural Cooperative	Svay Rieng	10	1	3	2	2	2	3	3
7	Ne! Sopheap	male	Baphnom Mean Chay Agricultural Cooperative	Prey Veng	11	11	10	3	4	3	3	3
8	En Vanna	male	Samaki Rossey Srok Khang Koeut Agricultural Coo	Kampot	1	1	1	1	0	2	1	1
9	Oul Kloeng	Female	SangHar Phal Agricultural Cooperative	Battambang	1	1	1	1	0	2	1	1

Figure 19 Monitoring sheet used by Eclasio to track the activities and impacts of their farmer mentors



## VVOB's 'TIGER' Program

### Overview of the program 'TIGER'

VVOB's TIGER program – an acronym for 'Teaching to Improve Gender Equality and Responsiveness' – aims to "ensure primary and lower secondary school children are protected from school-related gender-based violence" (SRGBV). The program is pursuing this goal by working with a Teacher Education College, 40 schools and 5 CSOs<sup>3</sup> in Battambang province, to transform them into centres of excellence for gender-responsiveness.



The TIGER program is financially supported by the Belgium Federal Government (DGD) and European Union. The project is technically supported by VVOB, whose consortium partners were Puthi Komar Organisation (PKO), Gender and Development for Cambodia (GADC), Kampuchean Action for Primary Education (KAPE). The program's strategic partners were the Ministry of Education, Youth and Sport (MoEYS) and the Ministry of Women's Affairs (MoWA). The operational partners were the Teacher Training Department (TTD), Primary Education Department (PED), Department of General Secondary Education (DGSE), and Provincial Office of Education (POE).

### Theory of change

The TIGER program works at both a systemic level (aiming for social change) and an individual level (aiming behaviour change among teachers). The behavioural theory of change is as follows: If teachers and school systems support a gender responsive learning environment and protect school children from school-related gender-based violence, then school children will have equitable participation in all spheres of life at school and at home.

The key behaviour changes which the TIGER program ultimately hopes to achieve are:

Teacher trainers, school management, and CSO staff prepare gender-responsive lesson plans and develop gender-responsive training materials.

Teacher trainers, school management, and CSO staff

X

### Key activities

<sup>3</sup> These CSOs support 20 schools, the other 20 schools in the project are supported by VVOB directly.

The key activities of the TIGER program can be plotted into the COM-B model as follows:

*Education* to give teacher trainers and teachers the requisite knowledge on SRGBV and associated issues;

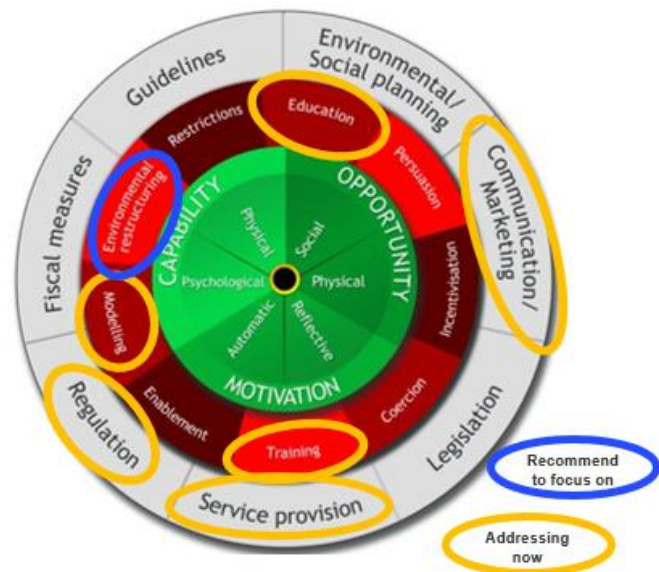
*Training* to build teacher trainers' and teachers' capacity in gender responsive skills;

*Modelling* of best practice in gender responsiveness by teachers, helping other teachers to learn through peer-learning and coaching;

*Communications* to build awareness of SRGBV, through a very broad range of channels including an interactive story-telling learning app, radio broadcasting, Men Dialogue and Gender Cafes, outreach campaigns in the communities, IEC (Information, Education & Communication) materials, and a newsletter.

*Service provision* – equipping staff at the teacher education college in Battambang with the tools and skills to provide teacher training which, in turn, supports teacher to be gender responsive (for example, ensuring all activities in the classroom are gender-balanced); in addition, developing an Action Guide for teachers alongside staff from MoEYS and Ministry of Women Affairs;

*Regulation*: VVOB are working to create awareness of SRGBV among policy-makers, especially in the government's TTD, PED, DGSE (who will also be involved in the school assessment).



The TIGER program's M&E documentation describes these activities in detail, across 3 main categories:

#### *Develop an 'Action Guide' for gender-responsive schools*

VVOB **completed their first draft** of an Action Guide within the first year of the program, after consultations and reviews with numerous stakeholders. It was "received well", according to the Interim Narrative Report, by the Ministry of Education, Youth and Sport (MoEYS). This Action Guide will enhance the *capability* and *motivation* (according to the COM-B model) of teacher trainers and teachers to adopt gender responsive teaching behaviours, once it is finalized in 2020.

#### *Capacity development*

With the use of the Action Guide, training was conducted at three levels, each of which took a 'training of trainers' approach so that trickle-down training would magnify the impact of the original training. 71 staff members at the Teacher Education College in Battambang were trained, in how to make the TEC a gender-responsive environment, and in how to train student teachers in gender responsiveness. The training was followed by coaching and on-the-job peer-learning – in order to boost motivation. Similarly, 302 teachers from 20 pilot schools were trained in using the Action Guide to create a gender-sensitive school, and half of these went on to receive coaching and peer-learning. This concluded with self-assessments of the gender-responsiveness of these 20 schools. Finally, staff from 5 CSOs were trained in delivering this same training, mentoring and monitoring themselves, and are now providing training, coaching and peer-learning to an additional 20 schools. All of these trainings were efforts to develop the *capability* of teacher trainers and teachers to adopt gender responsive teaching behaviours.

#### *Outreach, sensitization and communication campaign*

The TIGER program is producing a variety of materials to promote increased understanding of SRGBV, using media such as:

- Radio programs with TIGER-provided scripts;
- Facebook live streaming radio broadcasts;
- Interactive visual story-telling app, allowing users to play with characters and their environment in order to explore SRGBV issues;
- 'Men Dialog' and 'Gender café' sessions school teachers;

- Launch and closing events to advocate to policy makers to pay more attention to the elimination of SRGBV, and to celebrate the successes of the program;
- Outreach activities in communities.

### Lesson learned, good practices

- i. Owing to the TIGER program's rigorous focus on systemic change, numerous Behaviour Change influences in the COM-B model are already being addressed. This showcases the program's holistic approach: engaging with stakeholders at multiple levels, in a range of different ways.
- ii. The TEC self-assessment and school self-assessment processes serve both to monitor program progress (behavioural changes and infrastructure changes), as well as to give ownership of this monitoring process to the school staff themselves.
- iii. The TIGER program is engaging high-level officials from MoEYS and MoWA through a working group. This promises to be a good model for policy impact, as representatives from both Ministries have publicly participated in the national campaign. This suggests that they are being persuaded to re-consider their policy-making behaviours on issues of SRGBV.
- iv. Strong cooperation among the program and consortium partners – encompassing TEC staff, CSOs, high-level ministry officials, teaching staff – despite the differences between their institutions and ways of working.
- v. Parents acted and supported the program through School Management committees, by volunteering their time to participate in school campaigns.

### Challenges

One challenge the TIGER program faces is with the sustainability of incentivization – that is, *motivation* (a key component of the COM-B model). VVOB currently provide fees for the technical team to provide training. While this incentivizes a change in behaviour, the sustainability of this training might be threatened once the program ends and the incentive discontinues. In recognition of this risk, TLC & TPO have commissioned a study into the nature and implications of their service providers' work with little to no incentives. Gender café and men dialogues, on the other hand, do not use incentives and this is not a problem: teachers are continuing to meet for these dialogues at schools (with 2 schools acting as focal points, and facilitating these sessions themselves), with single-sex dialogues creating more space for teachers to speak openly about sensitive topics).

Another key challenge for the TIGER program is the nature of the attitudinal shift which is required to support the desired Behaviour Change. An individual's gender-responsiveness is in part driven by their *reflective motivation*, but in a larger part by their *automatic motivation*. It concerns deep-seated heuristics about the roles of girls and boys, as well as unconscious habits in interactions with different genders. Such deeply 'automatic' behaviours are very slow and difficult to shift – particularly within the TIGER program's limited 3-year timeframe.

### Monitoring and evaluation methods

The TIGER program is subject to a regular baseline, mid-line and end-line review process. A baseline survey showed that overall incidence rates of different forms of violence against and between children in the Cambodian school context are high for both sexes. In total 60 to 70 percent of all 1,194 respondents from grade 4 to grade 9 indicate to have experienced emotional abuse by teachers. And one in every two students experienced physical abuse by teachers in the last school year. 20 to 30 percent of students experienced a form of sexual abuse. A key finding was that school principals and teachers were not equipped for tackling SRGBV – this provided a strong rationale for shifting these behaviour among this target group. Given that the baseline also found that parents often discouraged children to be friends with those of the opposite sex, and that this encouraged the incidence of GBV, the baseline also emphasized the need for Behaviour Change of both teachers and community members.

The final evaluation will be conducted by external evaluator. Further financial support has been requested from donors to do an impact study after the completion of the TIGER program end-line, in order to compare between treatment and control schools. The program plans to shoot videos of teacher trainers as stories of change, and these videos used as evidence of the behavioural and social impacts of the program.

The TIGER program M&E system already has several indicators which are measuring elements of Behaviour Change:

Desired Behaviours	<ul style="list-style-type: none"> <li>- <b>Teachers use gender-sensitive language throughout all their classes</b></li> <li>- <b>Teachers plan mechanisms for equal involvement and representation of girls and boys in every class</b></li> </ul>		
Indicators	% of teachers able to apply gender-responsive teaching methodologies		
	<b>CAPABILITY</b>	<b>OPPORTUNITY</b>	<b>MOTIVATION</b>
Strengths / Actions	Teacher trainers are trained in gender-sensitive teaching through an Action Guide	Social opportunity enhanced by community outreach on facebook, radio, app.	Gender café and men dialogue
Measurement	% of school leaders with necessary KAP (through a survey)	Number of communities reached through awareness campaigns	
Gaps / Opportunities	Changing one's language is very difficult. Are teachers equipped with enough tools to manage this habit formation?		Opportunity to record developments in peer-led motivation through case studies, perhaps using 'Most Significant Change'

### Recommendations from other programs

1. Habit formation around gender responsiveness (as recommended above) could be pursued through a model of:



This combination of a behavioural stimulant (remind), the frequent repetition of that act (repeat), and then the prize for practicing it (reward), is intended to influence an individual's *automatic* motivation to practice a behaviour. It is not working only on an individual's rational, conscious decisions as to whether or not to do a particular behaviour, but tries to transform this behaviour into an 'unthinking' habit. In practice, in the context of teachers' gender responsiveness, this might involve providing teachers with a chart – placed somewhere where they will see it multiple times per day – on which the teacher can note what gender-sensitive examples or exercises they use each day. Teachers with a certain number of demonstrations of the behaviour could be rewarded at the end of each week or month.

2. TPO/LC measure **patient** satisfaction and conduct a **community** attitudes survey. Broader community surveys would provide valuable data for VVOB on the impact of outreach campaigning – but they require a considerable investment. VVOB could therefore explore fast and cost-effective options for releasing short surveys on their Facebook platform or even through the mobile app, in order to monitor community attitudes on SRGBV. If these were conducted at several points during the program, then attitudinal change could be tracked – this is also a measure of social opportunity.
3. WWF have policy reform built into their log-frame. They count the number of “policies and legislative instruments” established on various topics, and disaggregate these by “sector, type and level”. Desk-based review of policies and decision-making frameworks are complimented with interviews with government and CSO actors to determine their willingness and commitment to engage with policy change. In order to formally recognize much of the excellent work done with VVOB and the government, VVOB could consider integrating policy or curriculum change within their log-frame in a similar way.

Outcomes	Outcome Indicators	Baseline (Jun 2017)	Targets (June 2021)	Means of Verification	External Factors (Assumptions and Risks)
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Toolbox for Measuring the Effectiveness of Behavioral Change Programs

<p><b>Outcome 3:</b> National and local enabling policy conditions support secure community rights over natural resources and the development of sustainable community-based enterprises.</p>	<p><u># of policies and legislative instruments that increase the security of community rights over natural resources and the development of sustainable CBEs</u> [disaggregated by sector, type, level].</p>	<p>-CF guideline -CFi sub-decree (3 year agreement)  -Draft ENRC  -fisheries, protected and forestry laws</p>	<p>-Simplified CF guideline -Long term agreement in CFi sub-decree (at least 5 years term) -Incorporated co-management and landscape approach -Revised fisheries, protected and forestry laws (area of focus as detailed in output narrative 3.3)</p>	<p>Reviews and analyses of policies and decision making frameworks Mid-term survey Final evaluation</p>	<p>Government actors at all levels are willing and committed to engaging in the project Civil society organizations, community groups and local communities are engaged in this process and able/willing to participate  Risk: Political context following 2018 national election.</p>
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## WWF's Partners For Forestry And Fisheries (PAFF) Program

### Overview of the program

The **Partners for Forestry and Fisheries (PAFF) Program** aims to increase household incomes – particularly for female-headed and indigenous peoples' households – and thus improve their resilience to economic and natural shocks. PaFF does this by engaging participants in sustainable, community-based livelihood activities that protect their ecosystem and reduce pressure on their communal natural resources.



PaFF focuses on three components:

1. Support fishery and forestry communities on legalization. This involves providing support in making agreements with the government, and in making and implementing community management plans.
2. Supporting communities' livelihood development through community-based enterprise, including those which are resource-related (wild honey collection, rattan, Traing chopsticks, and community-based eco-tourism) and non-resource related (such as rearing livestock).
3. Influencing any policies related to natural resource management – such as the revision of fishery and forestry laws, the community fisheries sub-decree, the Environment and Natural Resource

The key behaviour changes which the PAFF program hopes to achieve are:

Community members participate in environmental protection activities, such as patrolling and zoning.

Poachers give up illegal poaching and take up sustainable livelihoods instead.

Community members exercise their rights to protect their local

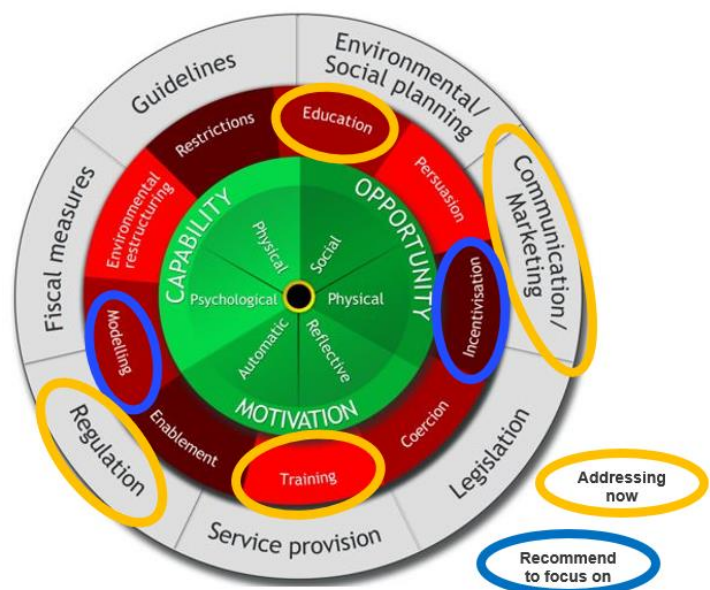
Code, and so on.

### Key activities

To accomplish this goals, all four program partners have been working on the following activities – here plotted on the COM-B model:

#### Training:

- Training on field craft law enforcement for the 15 Community Fishery Management Committee (CFiMC) from 15 target villages. This training provided instruction on law enforcement, patrolling techniques, accident management, use of navigation aids, ranger-based data collection, the law on fisheries sub-decree on fisheries management etc.
- Training of Trainers on environmental threats and eco-systems to 20 teachers from 10 selected 'Green' schools.



- Training on Community Forestry (CF) Management Plan Development with a total of 46 participants from commune council, village chiefs, NGO partners and Community Forestry Management Committee (CFMC) members.

*Communications:*

- Workshops and pagoda visits to promote Hog deer conservation, and numerous mini campaigns in order to raise the awareness on dolphin and bird nest conservation.
- Several materials were produced during these awareness campaigns.
- In cooperation with the Ministry of Education, Youth and Sports, 20 schools were selected to participate in 'Green school' campaign.

*Education:*

- A Dolphin Day celebration aimed to raise awareness of dolphins' importance to Cambodia and educate local communities on the benefits of the species conservation, the thread of illegal fishing and how the community can help to reduce the threat and raise concern over the new proposed hydropower dams on the Mekong mainstream.

*Regulation:*

- Technical and financial support to new Community Fisheries (FCis) to complete the process of Community Fisheries (CFi) registration with the Fisheries Administration (FiA).
- Support for communities in patrolling in their community forests around 150 times in 2018.

## Lessons Learnt

The PaFF program is demonstrating three impressively early indications of Behaviour Change. First, as a result of *regulation* and *persuasion* work, 75 cases of illegal logging have been cracked down on (as of late 2019), 48 of which involved making an agreement with loggers to stop their illegal activities. Second, the income of members who joined the *training* has already increased. Third, the number of CF and CFi becoming legal community recognized by government has increased. Those communities can now ask for legal access and support from authorities in the area, and have the rights to use the resources.

In terms of lessons around process, emphasis has been placed on co-management through workshops to improve the collaboration between CFis, FiAC, and rangers – for example, in the documentation process to send a poacher to court. Illegal fishing cases have decreased significantly in certain areas due to strong collaborations between CFiMC members, rangers, commune councils and neighbor CFi, all of whom joined the work plan, meeting, information and patrolling.

Finally, owing to *regulatory* requirements of CBE management committees supported by NTFP-EP, women have participated highly in this program – both as leaders and as participants.

## Challenges

- WWF's community survey showed an almost 80% increase in knowledge on environmental issues. Despite this, people reported reluctance to change their behaviours concerning the environment, because their top priority is to pursue their – often fragile – livelihoods in order to reliably support their families.
- Community Forestry development needs a long-term investment, but it doesn't provide immediate or large economic return. It requires those involved to place more value on the social and environmental benefits of forestry, than on the immediate economic gains of exploiting the forest. This is a complex cost-benefit argument to communicate to the public, and thus challenging to build motivation from.
- After one program training, participants were supposed to develop an action plan for Community Forestry Management, but this was not possible due to the national election in July 2018. During the national election, the government was watchful of all NGO activities, especially community gatherings, meaning that most activities involving authorities had to be minimized.
- A lack of collaboration between Stung Treng FiAC and PDoE in the area of Ramsar Site has caused increasing numbers of illegal fishing cases in the area. This is because rangers did not collaborate with Community Fishery to crack down on illegal activities. Given the great scale of the Behaviour Change which this program aims for, careful collaboration is vital.



## M&E Tools

PaFF uses a coordinated M&E strategy to unify the monitoring and reporting practices across all partners in the program. Results-level data on outcomes and impacts – for a Baseline, Mid-term and Endline evaluations – has / will be collected by an external consultant. Implementation-level data on activities and outputs, however, is collected by *all* stakeholders: the PaFF team in target villages, as well as by commune councilors, community leaders, Forestry Administration Cantonment (FAC), Fisheries Administration Cantonment (FiAC), and local authorities during events.

This bottom-up enables ownership of program progress and success to be vested with the stakeholders themselves, rather than being imposed from above. Moreover, several of the indicators already in the M&E system are recording elements of Behaviour Change:

<i>Desired Behavior</i>	Community members adopt Natural Resource Management-based livelihood strategies		
<i>Indicators</i>	# of households undertaking sustainable NRM-based livelihood strategies		
	<b>CAPABILITY</b>	<b>OPPORTUNITY</b>	<b>MOTIVATION</b>
<i>Strengths / Actions</i>	Capacity development on NRM for community groups	Support communities in regulation	Conservation campaigns, celebrations, workshops
<i>Measurement</i>	# of households demonstrating understanding and capacity to develop and run CBEs	Quarterly and annual FGDs	
<i>Gaps / Opportunities</i>		Has the <b>social opportunity</b> (acceptability, norms) for switching livelihoods been properly studied / strategized?	Low motivation has already been identified as a blocker to behavioral change. What is being done to address this?

## Recommendations from other programs

1. Motivating individuals to change behaviours is challenging when not working directly with those individuals. Neither Eclosio nor LC & TPO are working directly with community members, yet both organisations have carefully scrutinised motivational factors in their programs. LC & TPO, for example, have conducted studies on health providers' motivation, and have provided ongoing mentoring for those health providers to maintain their motivation. WWF could consider conducting a qualitative study focused on *automatic and reflective* motivation, in order to more fully understand the barriers to Behaviour Change around switching livelihoods.
2. With regards to social opportunity for livelihoods changes, LC & TPO monitor the impact of their outreach efforts through surveys of community members to better understand perceptions on the acceptability of SRGBV. Such a survey would provide WWF with valuable guidance as to the best directions for campaign efforts.
3. WWF is already measuring '# of households demonstrating understanding', but this does not allow that understanding to be attributed to WWF's program. WWF should consider pre- and post-testing, to isolate the impact of WWF workshops on participants.

## Eclosio's 'UPSCALE' Project

### Overview of the program

Eclosio is a University NGO which supports initiatives acting for people and the environment, as well as contributing to people's fundamental rights. From 2017-2021, Eclosio is implementing the Upgrading Strategy for Small Holder Farmers (UPSCALE) program in 11 provinces with the main objective to "promote[] food sovereignty through the creation of favorable conditions for sustainable agriculture in which peasants have access to decent incomes and can defend their rights and interest" (from the Eclosio website). The focus of this behaviour-change' study is on the UPSCALE program's rice-seed component, which runs from 2014 - 2021. Its main objective is to strengthen the capacity and service system of the Agriculture Cooperative Representatives (Farmer Organization), a Facilitation Association of Economy for Cooperatives (FAEC), in order to ensure that this kind of National Federation of Farmer Organisations has a fully functioning service. That means, it has both operational and economic autonomy, and does not rely on external donors to support members' access to quality rice-seeds. Project stakeholders are thus are FAEC (in collaboration



with the FCFD), 17 Agricultural Cooperatives, 411 seed-producers, and small-scale rice producers.

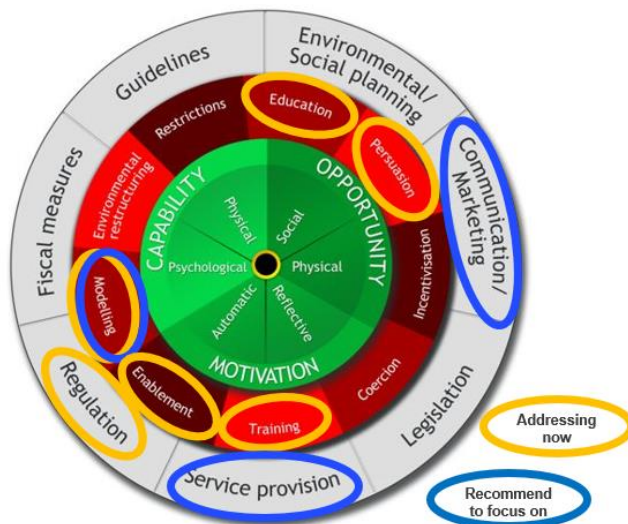
The key behaviour changes which the UPSCALE's rice-seed program hopes to achieve are:

Rice Production farmers pay a premium to buy certified rice-seed from FAEC producers  
 Rice Production farmers pay a service fee to FAEC after successfully finding a market for their rice-seeds;

with the FCFD), 17 Agricultural Cooperatives, 411 seed-producers, and small-scale rice producers.

### Key activities

The key activities of the rice seed program can be plotted into the COM-B model as follows:



*Technical training* for FAEC members, to strengthen FAEC's institutional capacity and systems; and for Agricultural Cooperatives on business planning, budgeting and management;

*Training* for Farmer Mentors on how to teach other farmers (a 'Farmer-to-Farmer led Extension System') to use better quality seeds and so sell their paddy rice at better prices;

*Modelling* of best practice by these trained Farmer Mentors;

*Persuasion* of rice-mill owners to buy FAEC-member rice-sees, through improved collective marketing;

*Education* through dissemination of information about rice-seed quality to farmers;

*Enablement* – ensuring ensure that rice producers

have access to high quality seeds, which will in turn provide better productivity, higher yields and improve paddy-rice competitiveness on national and international markets.

Beyond individual Behaviour Change, Eclosio is also reinforcing the FAEC institution to make it a reliable organisation and sustainable in his service delivery to small-scale farmers.

### Challenges

- Owing to challenges in *persuading* farmers to pay for FAEC services, early implementation struggled with excess spending to cover operational costs. FAEC thus had to trim down their less essential costs, and re-double efforts to persuade farmers as to the value of paying for FAEC services. Moreover, FAEC shall have its capacity to position itself to be as farmer organization's representative, neutral and none political environment.
- Finding farmers who fulfilled criteria for the *mentoring* role was difficult – in particular, the third criteria which required farmer mentors to have enough water supply in their farm. This was difficult to satisfy, given nationwide limitations on water supply for agriculture in Cambodia.
- *Motivating* farmers to shift to premium rice seeds has been a slow process, as it presents a challenge to traditional, community-based methods of seed exchange. The farmer mentors have an ambitious task, to earn the trust of local farmers, and to convince them of the benefits of adopting new methods.

### Good practices

Ownership of this program is with the farmers who participate in it, while training is conducted by farmers themselves. This supports the sustainability of Behaviour Change by building organizational capacity to continue the program into the future, as well as building individual capacity through peer-learning.

Working through the FAEC and Agricultural Cooperatives enhances the legitimacy of the program to the farmers, thus providing stronger foundations for the trust and exchange which the Behaviour Change will rely on.

The use of farmer mentors supports imitative learning: peer farmers can demonstrate best practices in relatable ways and can share local solutions, which foreign trainers would not have access to.

### M&E methods

Eclosio and FAEC monitor the following indicators for the effectiveness of the program:

- **Income of targeted farmers:** to evaluate if the targeted farmers' family have their income increase after receiving training on rice seed production from UPSCALE program.
- **Quantity of product sold by Agricultural Cooperatives:** to evaluate the % increase (from baseline) in the quantity of rice-seed and paddy-rice sold by Agricultural Cooperatives.
- **Production quantity sold by farmers:** to evaluate the % increase in production quantities of rice seed.
- **Service:** number of qualified FAEC service providers who are trained and active; number of annual services delivered to individual farmers.
- **Collaboration and Publication:** number of studies published during the UPSCALE program; number of collaborations with other actors on exchanging experience and knowledge.

Several of these indicators can be mapped within the COM-B model of Behaviour Change, as follows:

Desired Behavior	Rice farmers pay a premium to buy certified rice-seed from FAEC sellers		
Indicators	Annual income of rice seed producers / Quantity of certified rice seed purchased and sold by farmers / Case studies of successful farmers		
	<b>CAPABILITY</b>	<b>OPPORTUNITY</b>	<b>MOTIVATION</b>
Strengths / Actions	Eclosio provides technical training to Agricultural Cooperatives, who familiarize farmers with new seeds	Farming / seed business planning meetings	Role model / promoter farmers encourage farmers to switch Certification for rice seeds
Measurement	"Amount of annual service delivered to individual farmers"	"Number of business plan prepared by FAEC"	"Number of role model / promoter farmers recruited"

Gaps / Opportunities	Pre- and post-testing around training would more accurately test the extent to which these trainings enhance farmers' capacities. Capacities Assessment and quality rating of the farmer mentors' training facilitation	Number of Farmers / FAEC Specialists trained by FAEC	There have been difficulties with recruiting farmer mentors. Could the criteria be broadened?
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**Recommendations from other programs**

1. A very rigorous monitoring of service provider behaviours is demonstrated by LC & TPO, who triangulate data between pre-and post-testing at every single training, and then with testing of health staff's diagnoses (see below). Like Eclasio and VVOB, LC & TPO then provide coaching and oversight on specific cases as health staff work on them real-time.

Eclasio could replicate a number of these methods for measuring the learning and practice of their farmer mentors, through pre- and post-testing, as well as on-the-job observational monitoring. This would need to incorporate indicators, questions and points of observation to assess the capacities of farmer mentors/ FAEC specialists in providing *echo-training* so that other farmers can become peer farmer educators.

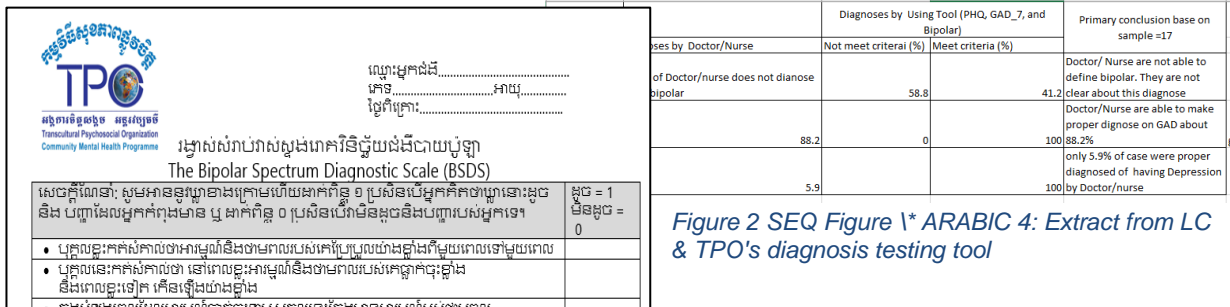


Figure 2 SEQ Figure 1\* ARABIC 4: Extract from LC & TPO's diagnosis testing tool

2. WWF's PAFF program and VVOB's TIGER program use mass media – including radio, Facebook, and an app – to communicate *motivational* information to a large number of individuals, at a low cost. As Eclasio doesn't have the capacity to work with farmers in person, the rice seed program could use some of these cost-effective communication channels to compliment the farmer mentors' *persuasive and educational messaging* with a wider audience.

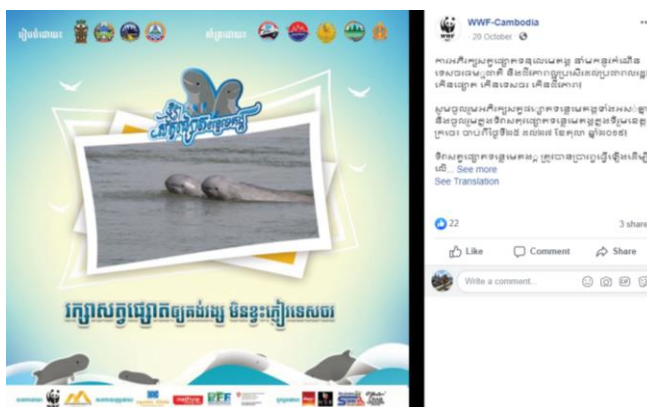


Figure 25: Post from WWF's Dolphin Day campaign

3. Eclasio is already working with farmer organizations in order to pursue systemic change, but the policy level is hostile to collaboration, with government restrictions on the trade and use of rice-seed. If this situation becomes more hospitable, Eclasio should take the opportunity to capitalize on their good work and partner with a relevant ministry – even if only on one small part of the program. VVOB and WWF, for example, have embedded government collaboration at the heart of

their programs, meaning the behavioural change they are pursuing has a better chance of being sustained beyond program implementation.



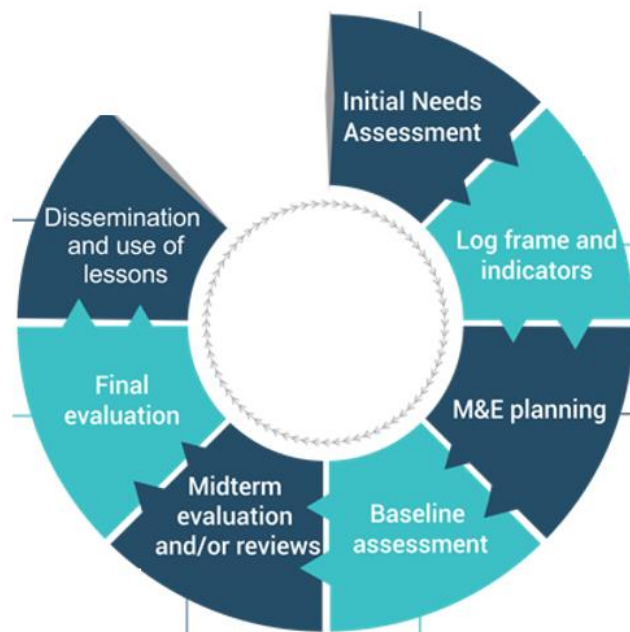
## 7. M&E TOOLBOX

Having unpacked the various Behaviour Change elements of the four programs above, and how they align to the COM-B Model, the following section provides a more general analytical explanation of how a behavior change lens can be integrated into a program's M&E strategy. This section will look at each step in the M&E cycle, identifying pertinent considerations and opportunities for the integration of Behaviour Change models, tools and thinking. Broadly, the section is structured as follows:

- i.) *M&E planning* – logic and indicators for Behaviour Change
- ii.) *M&E methodologies and tools for Behaviour Change* – monitoring methods and evaluation methods
- iii.) *Analysis and reporting* – data analysis, dissemination, learning and action

### Principles & ethics in integrating Behaviour Change into M&E

Behaviour Change should not be an after-thought in a program's M&E strategy, or relegated to an area of interest in a final evaluation. This will likely mean that Behaviour Change efforts have limited success, and the extent of that success will be difficult to ascertain. When designing M&E activities for a program involving Behaviour Change, it is important to consider Behaviour Change at each stage in the process. According to the diagram below, Behaviour Change should be built into the following steps:



**Initial Needs Assessment:** In identifying the need which the program will answer, there is a valuable opportunity to define the behavioural determinants at play. Which behaviours might need to be shifted? Why do people currently behave that way? What is effecting their capability, opportunity and motivation to behave another way?

**Log frame and indicators:** As will be discussed in the following section, behavioural indicators – like any indicators – need to be SMART. Making behavioural indicators 'Measurable' and 'Realistic' are often the hardest steps.

**M&E planning:** Monitoring and evaluating Behaviour Change can be resource intensive. It therefore requires dedicated time and budget in order to be conducted meaningfully.

**Baseline assessment:** A mixed methods (quantitative and qualitative) baseline assessment is an opportunity to establish a robust and holistic record of the program's key behaviours and their determinants.

**Mid-term evaluation:** Qualitative research can be most helpful to understand the earliest stages of Behaviour Change happening during program implementation. It is important to remember the slow,



incremental nature of Behaviour Change, and ensure that mid-term tools are looking at sufficiently granular change.

*Final evaluation:* Again thinking of the long-term scope of Behaviour Change, final evaluations should pay particular attention to the sustainability of the program. Will the new behaviours 'stick' after the project, or are people likely to slip back into old ways?

*Dissemination and use of lessons:* There is still remarkably little known about what works in changing behaviours. Any rigorous, self-reflective research and learning which is shared is adding to a chronically thin evidence base.

## Ethics in Behaviour Change research

Just as any Behaviour Change program should keep the wellbeing of participants at the heart of any actions undertaken, so too must any associated M&E activities. Indeed, when programs have a behavior change element, specific attention needs to be paid to the design of the M&E activities, so as not to influence or force the behaviours which the program aims to change. M&E activities can be an intervention in themselves, so must consider the following four pillars of ethical research in order to mitigate unintended consequences from investigating behaviours:

### Respect for persons

The dignity of all research / M&E participants must be respected. Adherence to this principle ensures that people will not be used simply as a means to achieve research objectives.

### Beneficence

Minimize the risks associated with research, including psychological and social risks, and maximize the benefits that accrue to research participants.

### Justice

Those who take on the burdens of research / M&E participation should share in the benefits of the knowledge gained.

### Respect for communities

An obligation to respect the values and interests of the community in the research /M&E and, wherever possible, to protect the community from harm.

## M&E Planning – Logic, indicators, objectives

### Behaviour Change in a theory of change

A theory of change provides the big picture, strategic overview of an intervention. It defines the long-term goals of a development program, and then maps backwards to identify necessary preconditions that will need to be achieved in order for the program objectives to be met. They take the form of an "if-then" methodology. In a Behaviour Change context, the "if-then" statement underpinning the theory of change must be geared towards the promotion of a specific behavioural or social change. When designing both Behaviour Change related programs or programs, as well as M&E models that need to take into account Behaviour Change aspects, one must keep in mind:

- ❖ What is the future goal – i.e. the desired behaviour – you want to achieve?
- ❖ What is the reality right now? What behaviours are currently done/not done?
- ❖ What steps are necessary to get from **now** to the **desired Behaviour Change**?

Taking an example from one of the programs analysed in this report:

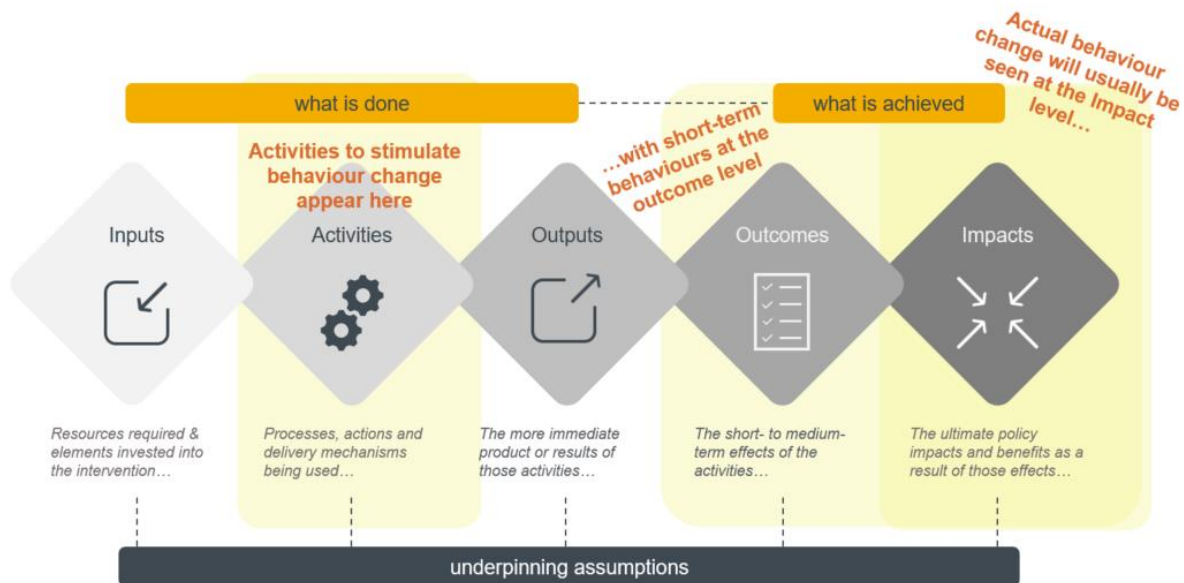
"If teachers and school systems **support** a gender responsive learning environment and **protect** school children from school-related gender-based violence, then school children will have equitable participation in all spheres of life at school and at home" – (*TIGER Program*, VVOB)

In reference to the three questions posed above, identifying the relevance of Behaviour Change within this theory of change is clear. As the theory of change implies, the future goal of a child's equitable access to participate in all spheres of life and at home rests upon a Behaviour Change amongst teachers – in which

teachers are envisioned to begin to undertake supportive and protective actions in order to mitigate school-related gender-based violence.

### Behaviour of change in a logic model

Following on from here, in order to achieve the theory of change statement, specific activities and interventions will need to be designed that aim to bring about the necessary preconditions for a Behaviour Change. The “logic” of a program, describes the sequential pathways of actions through which it is assumed a theory of change can be achieved. A typical logic model comprises of the following components (with Behaviour Change specific moments highlighted in yellow):



Given the unique nature of an intervention which focuses explicitly on Behaviour Change, there are unique considerations that must be taken into account when designing a logic model for a Behaviour Change program, or when integrating Behaviour Change into the operationalization of a theory of change.

*The benefits of operationalizing a theory of change for a Behaviour Change focused program:*

- The format forces the designer to explicitly outline the underlying assumptions of why a strategy will cause the desired Behaviour Change
- Provides a united vision for all stakeholders of what behaviour is desirable, how it will be achieved and how they will know if the program is succeeding
- The logic model frame of thinking requires the planning of systematic, targeted actions for implementation

*The risks and challenges of operationalizing a theory of change for a Behaviour Change focused program:*

- A ToC and logic model implies linear change, when change in general (*especially* when it concerns human behaviour and all the complex variables that influence it) is rarely linear
- Outcomes are often not realistic – Behaviour Change is complex and slow, but time-bound, and finitely-resourced development programs call for the clear and efficient achievement of targets
- Outputs and outcomes are confused – Behaviour Change is usually an outcome or impact, but never an output

### M&E Indicators for Behaviour Change elements

An indicator is something that **measures a concept, shows the level of something, and expresses a direction**. For example: “Reduced reporting of GBV” can be an indicator of child protection; “Improved mental health clinic attendance” can be an indicator of an effective intervention.

In M&E systems, a good indicator is **SMART**. This stands for:

- Specific**      *Accurately describing only one variable, and not many*
- Measurable**      *Anyone could track consistent results, under the same conditions*
- Achievable**      *Data collection for the indicator is straightforward and cost-effective*
- Relevant**      *Closely connected with the program's inputs, outputs or outcomes*
- Time-bound**      *Sets a specific time frame.*

By this standard, the following indicators are weak:

- ✘ This program will help people with mental health issues – *What does 'help' mean exactly? Which people? How many? Over how long?*
- ✘ More people will use mental health services – *Which people? How many? Over how long?*

The following is better:

- ✓ 2,000 patients have used mental health services at LC & TPO clinics between 2019- 2020 [Yes / No]

Yet the best indicator would be one using an exact number:

- ✓ Number of patients who have used mental health services at LC & TPO clinics between 2019- 2020 [exact number].

**When thinking specifically about behaviour change, an indicator should clearly be able to**

- Measure a concept of behaviour
- Show the level to which that behaviour is followed or practiced
- Indicate a direction of change

### Methodological approaches to M&E of Behaviour Change

At the simplest level, M&E methodologies can take quantitative or qualitative approaches – and, where possible, involve a combination of the two. Program implementers will need to carefully consider which method best suits their program according to the activities undertaken and the specific Behaviour Change they are aiming to achieve.

	Quantitative approaches	Qualitative approaches
What it involves	Documents the <b>numbers</b> associated with a program, and focusing on which and how often program elements are carried out.	Assesses <b>how well</b> the elements of a program are being carried out.
What does it tell us	The <b>implementation</b> and <b>coverage</b> of a program.	The <b>quality</b> and <b>process of Behaviour Change communication</b> of a program
Potential methods/activities	Involves record-keeping and numerical accounts such as: <ul style="list-style-type: none"> <li>● Measuring the number of people reached through a program</li> <li>● Measuring the number of Behaviour Change materials distributed</li> </ul>	Involves asking qualitative questions of beneficiaries and other stakeholders, in order to ascertain: <ul style="list-style-type: none"> <li>● How are attitudes/approaches towards X changing?</li> </ul>

	<ul style="list-style-type: none"> <li>Measuring how many people received a training/accessed a service</li> </ul>	<ul style="list-style-type: none"> <li>How effective is Y at changing behaviours so that Z is done instead?</li> <li>Does the content of the Behaviour Change materials align with the objectives of the ToC?</li> </ul>
<b>Potential tools</b>	Log-book, questionnaire, checklist, client/patient referral form, tally sheet	Focus Group Discussions, Direct Observations, In-depth Interviews

In deciding on the tool to be used in M&E activities regarding a Behaviour Change program, the extent to which the approach could influence a respondent/beneficiary's reporting of their behaviour, or cause behaviour/Behaviour Change to be misidentified or interpreted incorrectly needs to be carefully considered.

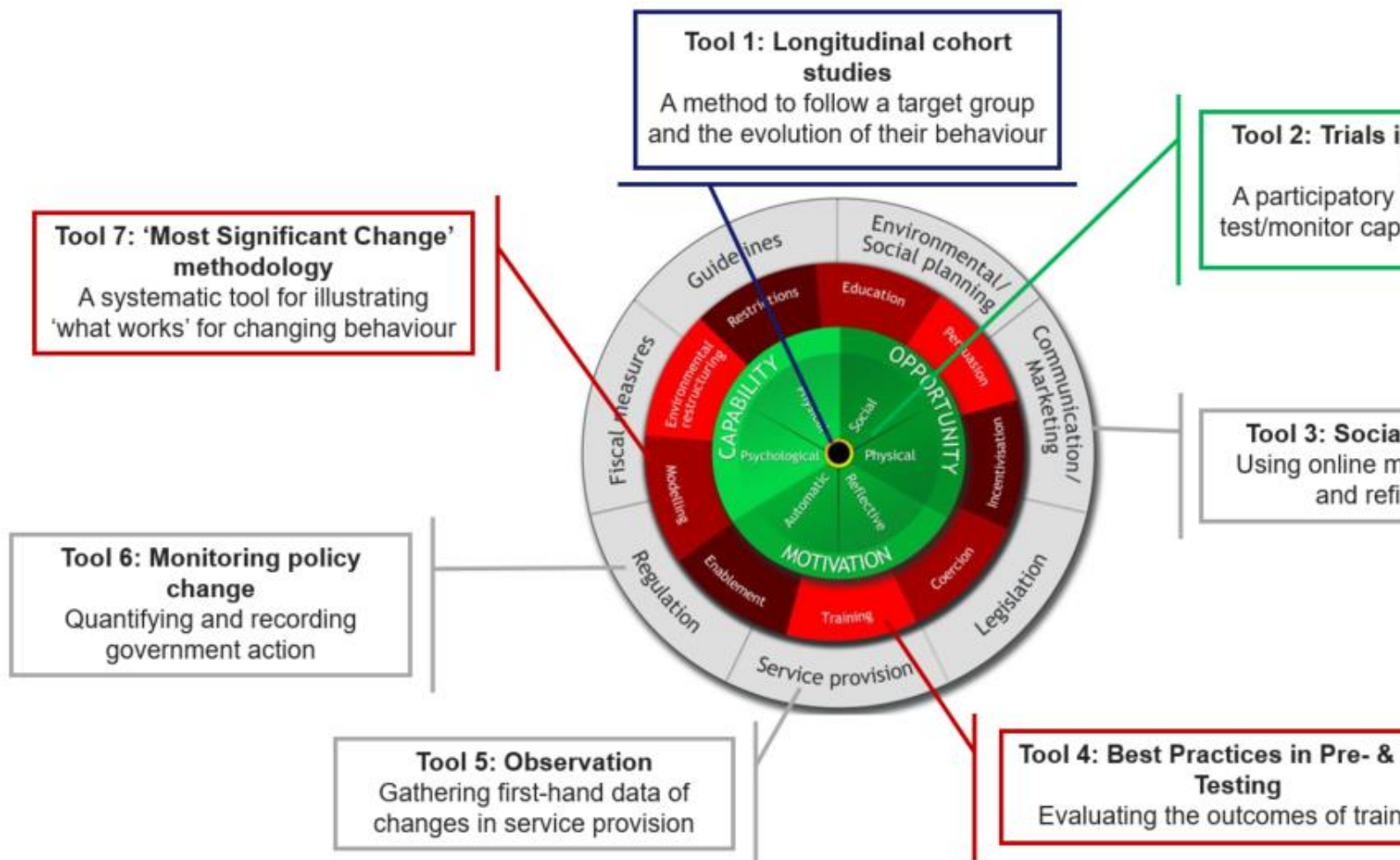
For example, in designing a survey or focus discussion guide, it is important that questions are not leading (i.e. that they do not compel a respondent to answer in a particular way about their behaviour). Similarly, it is important that the approach does not put the respondent in a position where their answer might be influenced by social desirability bias (i.e. no moral judgement is implied in either the manner or environment in which a question is asked, and in which there could be a clear moral imperative to answer in a certain way).

In choosing whether quantitative or qualitative methods are most appropriate for the M&E activities of a specific Behaviour Change program, one must consider the key strengths of each discipline:

	<b>QUALITATIVE</b>	<b>QUANTITATIVE</b>
<b>SAMPLE</b>	Small scale Purposeful, selective Focused	Large scale Representative Comprehensive coverage
<b>PROCESS</b>	Adaptive, evolving Open, free, unstructured Interactive / interpersonal Wide variety of techniques	Rigid Structured
<b>CONTENT</b>	Reactions, non-verbal communication Consumer expressions / language, acts Multiple views 'Rich', 'textural' Detailed	Verbal responses
<b>SCOPE OF ENQUIRY</b>	Conscious, subconscious Change conscious Emotional and rational Complex issues	Conscious Rational Simplistic

## Integrating Behaviour Change models into M&E tools

Having provided an overview of key considerations for introducing Behaviour Change approaches into the general M&E processes, the following section more directly examines how a Behaviour Change lens can be integrated into M&E tools so that Behaviour Change itself might be measured. Herein, 7 discrete tools



will be unpacked in relation to the COM-B model that can be adapted for use in Behaviour Change-related M&E.

### TOOL 1 – Longitudinal Cohort Studies

**WHAT:** Such studies are used to measure Behaviour Change over time. They involve tracking methods to revisit beneficiaries and stakeholders over time in order to understand the link between intended program impacts, perceived impacts and sustained change.

#### HOW:

- Standardized tools that are used at determined intervals
- Usually, maintain contact with exact same individuals each time... but beware of attrition!
- Where other variables are controlled and accounted for, behaviour changes can be sequentially depicted along a timeline.
- Eliminates recall bias
- Beware! Longitudinal studies can be...
  - Vulnerable to attrition

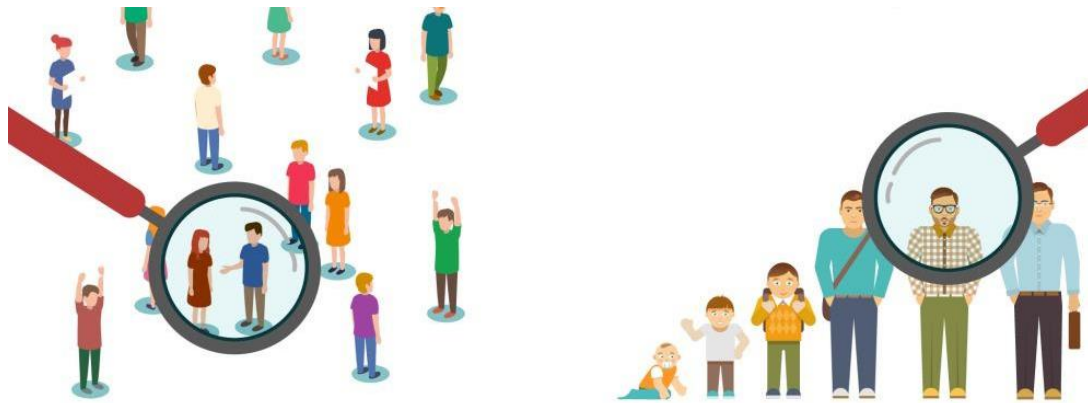
- Expensive
- Difficult to claim attribution

**Advantages:**

- Where other variables are controlled and accounted for, Behaviour Changes can be sequentially depicted along a timeline.
- Also, given that it does not require respondents to think retrospectively, it eliminates the risk of recall bias.

**Disadvantages:**

- Attrition rates in follow-up studies make comparisons over long periods of time difficult, and can subject the study to inaccuracies/data loss.
- Such approaches are also typically expensive and very time-consuming.
- Behaviour Change is complex and takes a long time. As such, studies over long periods of time may not be able to necessarily directly attribute causality to the intervention.



**Cross-sectional study VS Longitudinal study**



## TOOL 2 – Trials in Improved Practice (TIPs)

**WHAT:** TIPs are a participatory research approach used to test and refine potential interventions on a small scale before introducing them broadly.

**HOW:** These approaches identify specific high-impact interventions or messages at the outset of the program, using participatory methods in order to understand what resonates best with the target population. A basic approach might look as follows:

- Identify high-impact intervention/messaging through community workshops/participatory qualitative techniques
- Select a small number of the target population, and request that they commit to a specific behaviour for a small amount of time (dependent on the type of behaviour being targeted)
- Return to the community and discuss/monitor/observe whether or not the behaviour has been adopted or rejected
- Use qualitative methods to ascertain *why*
- Tweak/update messages or the intervention accordingly, and test again

### Advantages:

- Directly engages beneficiary community in developing the content of messages/interventions
- Can involve direct observation on the part of the researcher/implementer

### Disadvantages:

- Time consuming and labour intensive
- In short-term programs, difficult to know the longevity of the Behaviour Change being measured (i.e. will respondents go back to normal)
- Can often rely on retrospective interviewing and is also subject to social desirability bias (i.e. there is pressure upon the participant to self-report that they are adhering to the behaviour)



### TOOL 3 – Social Media Monitoring

**WHAT:** Involves analysis of online behaviours (reactions to content, monitoring likes/dislikes, retention rates of audiences etc). Sometimes referred to as “listening” or “scraping”.

**HOW:** Many social media platforms such as Facebook and Google Analytics automatically collect and display this data. It is free to access and can afford highly detailed information about the audience engaging with online content. At the simplest level, social media monitoring can involve understanding the demographics of a program’s audience. At a more complex level, content analysis of posts on a Facebook page could generate insight to reactions and attitudes of program participants.

**Advantages:**

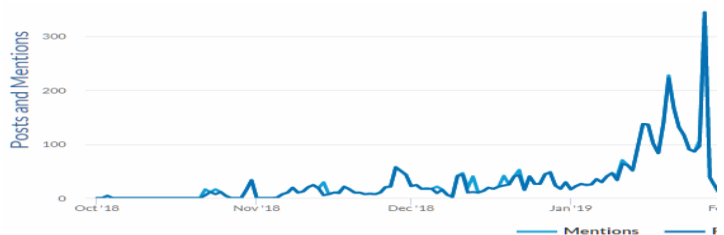
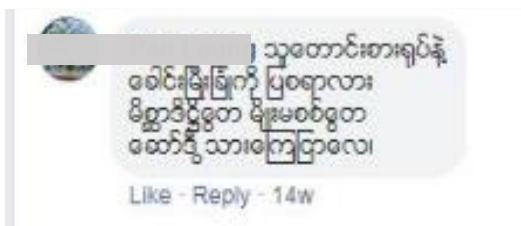
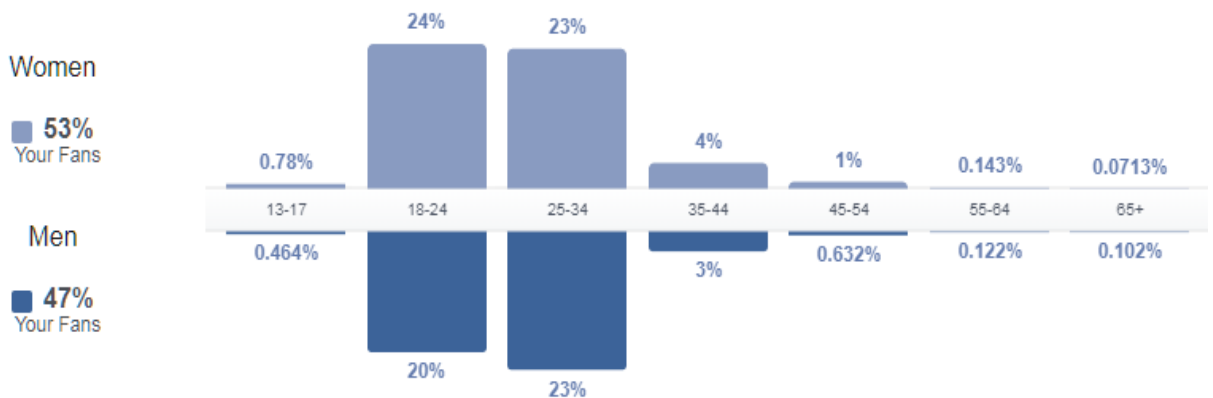
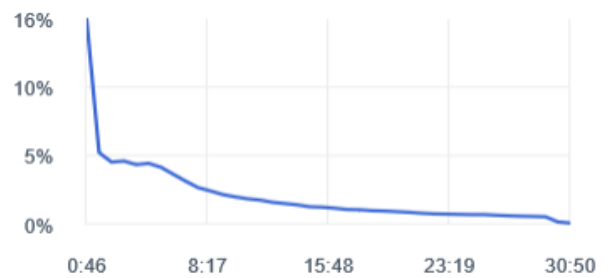
- Cheap, quick and efficient
- Well-documented and very easy to measure along a time-frame

**Disadvantages:**

- Subject to biased analysis – Requires researchers/implementers to determine extremely clear approaches to how online behaviours/actions will be interpreted and how this will be attributed to Behaviour Change
- Online behaviours may not reflect attitudes/values that are exhibited in real life
- Limits analysis of Behaviour Change solely to very active users of social media platforms



Audience retention



## TOOL 4 – Best Practices in pre- and post-testing

**WHAT:** Typically used to examine the extent to which exposure to training or messaging has influenced attitudes/values/knowledge retention which in turn results in Behaviour Change

**HOW:**

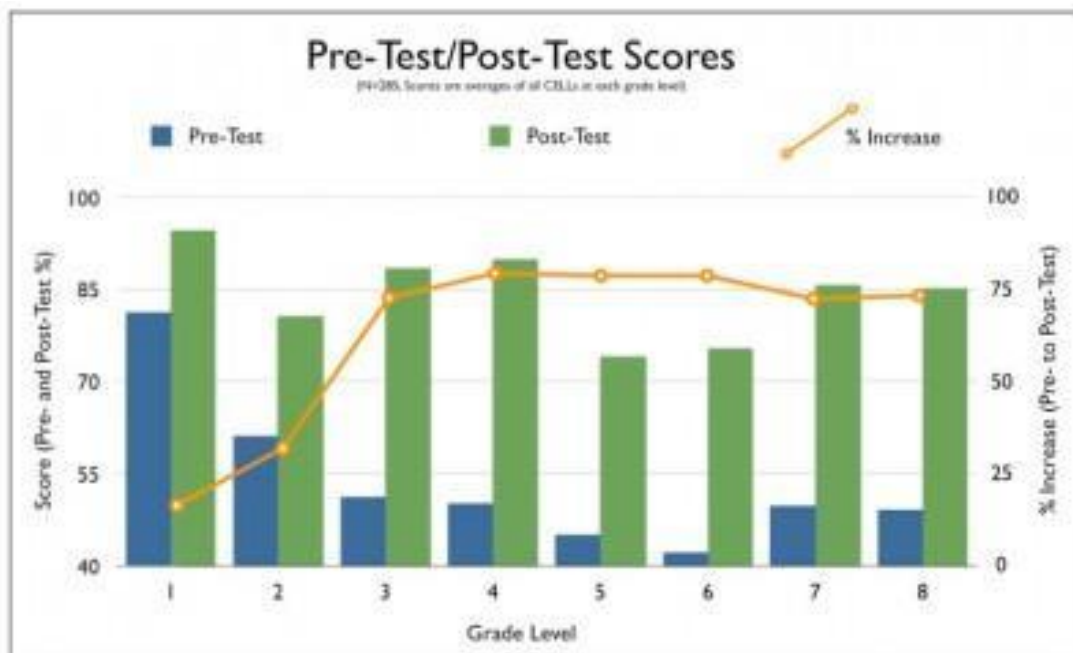
- Issue surveys immediately before and after an intervention – e.g. entry and exit tests – to ensure high *attribution*,
- Triangulate ‘capability’ by measuring a combination of knowledge, skills, confidence, efficacy, legitimacy, etc.
- Issue a post- / follow-up test at the *end* of the program (or even after that) in order to truly test *retention*.

**Advantages:**

- Allows for clear sequential comparison over time

**Disadvantages:**

- Can be difficult to determine how long after the intervention a post-test should take place (i.e. if it's too soon, knowledge retention/Behaviour Change outcomes are likely to be high – but how long would this last?)
- Attribution - difficult to account for and control other variables that might have influenced behaviour in between tests



Cognitive Learning Systems, Inc. © 2009

## TOOL 5 – Observation

**WHAT:** Observations require the researcher to unobtrusively watch and record relevant behaviours exhibited key touchpoints of the program.

**HOW:** The set-up of an observation based monitoring or evaluation study is extremely dependent upon the program that is in place. For example, a Behaviour Change program that targeted teacher classroom practices would require the researcher to observe the classroom in action. For a service provision based Behaviour Change program, the researcher might accompany a client along the journey of accessing the service. For home-based behaviours related to nutrition or hygiene, the researcher might do household visits and observe daily life. In all these cases, the researcher might ask questions of those whose behaviour they are observing – i.e. “Why did you do that?” etc – for clarification or justification of the action. For optimal analysis, an observation checklist should be constructed, listing key behaviours to be observed. Introducing scoring systems into observations can also bring a deeper level of analysis, although it is important to take into account the potential for subjective or biased observations across different members of observation teams (an example is featured below).

It is very important that all efforts must be made to mitigate the extent to which the presence of the observer influences the behaviour of the individual. For example, the teacher in the above example may behave differently in the classroom because they are aware they are being watched. A mother at home might be prompted to wash her hands before preparing food, whereas if she was alone, she may have forgotten or not bothered.

### Advantages:

- Allows for *actual* Behaviour Changes to be witnessed by program officers

### Disadvantages:

- Presence of observer may influence behaviours
- Potential for subjectivity in observations

Classroom Observation Checklist			
Name of Teacher	:	_____	
Name of Observer	:	_____	
Subject	:	_____	Length of Lesson: _____
Topic	:	_____	
<b>Legends:</b>		3 – Strong	2 – Apparent      3 – Not Displayed
<b>1. The teacher plans effectively and sets clear objectives that are understood.</b>		<b>3</b>	<b>2</b> <b>1</b>
a. Objectives are communicated clearly at the start of the lesson.			
b. Materials are ready.			
c. There is structure of the lesson.			
d. The lesson is reviewed at the end.			
<b>2. The teacher shows knowledge and understanding.</b>			
a. Teacher has thorough knowledge of the subject content covered in the lesson.			
b. Instructional Materials were appropriate for the lesson.			
c. Knowledge is made relevant and interesting for pupils.			
<b>3. Teaching methods used enable all students to learn effectively.</b>			
a. The lesson is linked to previous teaching or learning.			
b. The ideas and experiences of the students are drawn upon.			
c. A variety of activity and questioning techniques are used.			
d. Instructions and explanations are clear and specific.			
e. The teacher involves all the students, listens to them and responds appropriately.			
f. High standard of efforts, accuracy and presentation are encouraged.			
<b>4. Students are well Managed and high standards of behavior are insisted upon.</b>			
a. Students are praised regularly for their effort and achievement.			
b. Prompt action is taken to address poor behavior.			
c. All students are treated fairly			
<b>5. Pupils work is assessed thoroughly.</b>			
a. Student's understanding is assessed throughout the lesson by use of teacher's questions.			
b. Mistakes and misconceptions are recognized and used constructively to facilitate learning.			
c. Pupils' written work are assessed regularly and accurately.			
<b>6. Homework is used effectively to reinforce and extend learning.</b>			
a. Homework is appropriate.			
b. Homework is followed up if it is set previously.			
<b>7. Medium of Instructions.</b>			
a. The teacher integrated ICT device in the lesson.			
b. The instructional materials used capture the interest of the students.			

## TOOL 6 – Monitoring policy change

**WHAT:** Although very difficult to measure, quantifying /qualifying the extent and nature of policy influence can also be the most important ways of assessing long-term impact and sustainability.

**HOW:**

Policy influence can be measured at multiple levels....

- **ACTIVITY:** e.g. # of meetings granted, in-depth interviews with officials, document analysis
- **OUTPUTS:** e.g. quotes in legislative sessions from reports, page views, participation
- **IMPACT:** measuring attitudinal change of policy-makers, measuring discursive/rhetorical commitments; measuring procedural change (how policy decisions are made), measuring changes in policy content.

An example of how objectives are built up into indicators is as follows:

Objective	Long-term outcomes	Types of indicators
<b>Delivering political and policy change</b>	Shift in social norms: <ul style="list-style-type: none"> <li>• Changes in awareness.</li> <li>• Changes in beliefs.</li> <li>• Changes in attitudes.</li> <li>• Changes in values.</li> <li>• Changes in the salience of an issue.</li> </ul>	Quantity and profile of policy-makers trained, level of satisfaction and use of training. Quantity and profile of decision-makers that required, or were exposed to, new evidence. Type and relevance of research produced, profile of partnering institutions.
	Increased interest on an issue or proposal.	Quantity, quality, clarity, relevance and usefulness of policy proposals.
	Increased alignment of campaign goal with core societal values.	Quantity and profile of new partners; quantity and quality of response to campaign.
	Increased knowledge on an issue.	Number of meetings and educative interactions with policy-makers, profile of engaged policy-makers, level of satisfaction and demand for information, support or related services, new joint initiatives, diversification of links with different political parties.
	Increased number of partners supporting an issue.	Quantity and profile of new partners; degree of alignment Quantity and profile of coalitions; degree of alignment of goals, focus, strategies, etc
	Improved alignment of partnership efforts (eg, shared priorities, shared goals, common accountability system).	Interest and willingness of policy-makers to work jointly; new and profile of new alliances.

**READ MORE:** [‘How can we monitor and evaluate policy influence?’](#)

- ‘Learners, practitioners and teachers. Handbook on monitoring, evaluating and managing knowledge for policy influence’ [www.vippal.cippecc.org](http://www.vippal.cippecc.org)
- ‘A Guide to Monitoring and Evaluating Policy Influence’, Harry Jones, [www.odi.org.uk](http://www.odi.org.uk)
- ‘A Guide to Measuring Advocacy and Policy’, Organizational Research Services, [www.organizationalresearch.org](http://www.organizationalresearch.org)
- Overview of Current Evaluation Practice, Julia Coffman, [www.innonet.org](http://www.innonet.org)
- ‘What’s Different about Evaluating Advocacy and Policy Change?’ and ‘A User’s Guide to Advocacy Evaluation Planning’ [www.hfrp.org](http://www.hfrp.org)



## TOOL 7 – Most Significant Change evaluation

**WHAT:** Generating and analyzing personal accounts of change and systematically deciding which of these accounts is the most significant and why.

**HOW:** Decide what types of stories should be collected – e.g. practice change / health outcomes / empowerment. Collect the stories and determine which are the most significant through multi-stage review and filtering. Sharing the stories and discussion of values with stakeholders and contributors so that learning happens about what is valued.



**READ MORE:** [MSC Technique: A Guide to its Use](#)



### **Finally: presenting M&E findings**

The last step is to think about how you will present the findings of your M&E efforts. It may purely be an internal 'box-ticking' monitoring exercise, in order to check on program progress. Or an evaluation may be a valuable learning opportunity for multiple stakeholders: could you present and discuss the findings in a workshop with stakeholders? Which findings could provide material for an advocacy meeting and printed handout for policy-makers? Would program participants themselves be interested to hear the results, and share their reflections on them?

**There is a chronically thin evidence base for 'what works' in behaviour change, so sharing learnings – both of successes and failures – is of utmost importance to the sector. The collaboration and mutual reflection demonstrated in this workshop of JSF members is a strong first step in nourishing a far more evidence-based Behaviour Change sector in Cambodia.**

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## Annex 1: Research methodology in detail

### Phase 1 – Literature review

Literature review is an important component in this research study because it helps develop a fundamental understanding on theories and concepts of behavior change, challenges as well as their framework and standard practices and these could shape our analysis on this study.

The literature review was conducted by identifying the most influential pieces of literature on behaviour change, according to those which are most widely cited and referenced online. Each of these pieces of literature was then analysed by reviewing the key points or arguments proposed, and extracting the elements most relevant to the programs supported by JSF.

Our literature review focused on:

1. Academic papers from different authors, including:
  - *Behavioral Change Toolkit published by People in Need in 2017*
  - *Mind, Society and Behavior published by The World Bank in 2015*
  - *Behavioral Research for Government and NGOs developed by Kantar*
2. Various cases on implementation and evaluation of behavior change programs/programs
3. Review cases on international and regional programs/programs, but the major focus was on the context of Southeast Asia, East Asia and Cambodia.

Furthermore, in this literature review phase, we focused on producing the following outputs:

- Report on the concepts and theories of behavior change
- The nature and implementation of behavior change programs/programs
- The practice on evaluation on behavior change programs/programs in different part of the world
- The standard framework practice internationally, regionally and locally
- The features/elements of behavior changes programs/programs in Cambodia or which element of behavior change framework most programs/programs in Cambodia fell into?
  - How behavior change programs/programs has been evaluated so far in Cambodia (if any)?
- Good practices for behavior changes programs/programs evaluation

### Phase 2 – Program/Project documents assessment

In this phase, we conducted comprehensive review or assessment on 4 selected programs/programs from 4 JSF members (LC, WWF, VVOB, and Eclodio) to learn about their previous implementation on the programs/programs. Our activities included:

- Reviewed programs/programs documents e.g. proposal, theory of change, log frame, logical model, programs/programs activity plan; M&E documents/plan/framework, evaluation report.
- Reviewed one program from each JSF members: the focus was on the programs/programs funded by Belgian Development Cooperation.
- Report on the nature of the programs/programs and related to behavior change framework.
- Pointed out which element of behavior change framework that each program/program corresponded to.
- Pointed out what methods that JSF members have been using so far for monitoring and evaluation of their programs/programs.
- Pointed out the current best practices in terms of planning and tools used for M&E of their programs/programs.

### Phase 3 – In-depth interviews with program/program staff of 4 JSF members

After reviewing 4 JSF program/program documents, we made appointments with program/program staff of JSF members and/or their local partners to understand more about their programs/programs, and how they planned and conducted the evaluation. Also understanding how satisfied they were with their current M&E and results that M&E tools generate for them and their challenges in using/doing M&E. Moreover, we tried to understand what they thought would help them the most in evaluating their program in terms of knowledge on evaluation method.

We conducted up to 4 in-depth interviews (1-2 per organization)

**Phase 4 & 5: Development of toolbox for evaluate behavior change programs/programs**

From literature review, program/program document review, and meeting with JSF staff, we provided reflection in summary of what has been the good practices on behavior change program/program evaluation. Then we used our expertise in program evaluation to develop the toolbox for JSF members.