Behavioural Insights Framework

Contents

Acknowledgements

List of Acronyms

- **BI:** Behavioural Insights
- **COM-B:** Capacity, Opportunity, Motivations- Behavioural Model
- **BDM:** Behavioural Drivers Model
- **SBC:** Social and Behavioural Change

Background

How to use this Framework

This framework aims to support practitioners in designing and implementing behavioural insight (BI) interventions to foster change in families and communities toward a more equal sharing of unpaid care work between men and women.

The primary intended user of this framework is UNDP personnel that lead on the implementation of programmes in the India Country Offices, as well as in other Country Offices in the region and globally, who wish to create new Social and Behaviour Change (SBC) programming or embed it within existing programming addressing unpaid care work.

Ideally this framework will be utilised to develop comprehensive multi-year multi-sectorial programming that addresses the various behavioural determinants at hand. It goes beyond a 'one-off' social media campaign and requires joint efforts at all levels (individual, community, societal and institutional levels).

This framework provides guidance on all the required steps to design and implement a BI intervention. It is self-standing and does not require any additional tools or support to implement it. An example is included at the end of each step to support the users of this framework to better understand how to apply this process. However, should users wish to expand their knowledge or explore any additional topics further, suggested further readings can be found in Annex 3.

This framework is also recommended for users without any background on social and behavioural change theories and implementation to attend a training session on this framework.

Disclaimer to the user of this framework: while you may start this process with some pre-existing ideas of what the end products (interventions) will look like, we invite you to still go through each step of the process to design the most impactful intervention possible.

Key concepts

Unpaid Care Work

According to the International Labour Office (ILO), unpaid work includes all non-renumerated work activities conducted by an individual which directly shapes the ability, duration, and type of paid work that can be achieved[1]. This definition can be further refined to include "all unpaid services provided within a household for its members including care of persons, housework and voluntary community work[2]". Care includes the activities that provide what is necessary for the health, well-being, maintenance and protection of someone or something.

Worldwide, unpaid care work falls disproportionally onto women, due to pervasive gender inequality. The OECD labels unpaid care work as "*both an important aspect of economic activities and an indispensable factor contributing to the well-being of individuals, their families and society*"[3] and as such, the disparities surrounding it should be considered a societal concern rather than a female one. Equitable distribution of unpaid care work is a matter of social and economic justice. This unequal distribution of unpaid care work was characterised by the UN special rapporteur as a "major human's right issue".[4]

The consequences of this division of role and unequal distribution of unpaid care work are not only financial as it does not offer monetary renumeration, in terms of expenses for the household and ability to accumulate savings, but also leads to missed opportunities for education, skill acquisition or improvement and public participation; it impedes entry into the labour market".[5] The loss also impacts women's education and health and aggravates gender inequality. It limits access to existing and potential collective action or means to gain social security.

Unpaid care work in India is significantly imbalanced: Women's unpaid work in India is 9.77 times higher than men's in 2021[6] compared to 5.6 in 2018 (WEF Global Gender Gap Report).[7] While the following data is not available in most recent WEF reports (the tables are either filled in with n/a or left blank), it is still worth noting that in 2018, 65.6% of women's work was unpaid compared to 11.7% of men's[8]. Additionally, women spend 19.5% of their time on unpaid care work compared to 2.5% for men. This represent 363 minutes per day for women, compared to 173 minutes for men (Time Use Survey, National Statistics Office).[9] As pointed out by a 2021 ESCAP report, it is "somewhat discouraging to see that total time use of women in India as per [this] time-use survey shows no change from its pilot study conducted 20 years earlier, in 1998".[10]

According to the 2021 WEF Global Gender Gap Report, India slid down 28 places to rank 140th among 156 countries with the biggest driver of this decline being attributed to the decrease in women's labour force participation that fell to 22.3%[11].

1   Antonopoulos, Rania, "The unpaid care work – paid connection", ILO, 2009, pg. 1
2   Elson, D. (2000), "Progress of the World's Women 2000", UNIFEM Biennial Report, United Nations Development Fund for Women, New York
3   OECD, Unpaid care work: the missing link in the analysis of gender gaps in labour outcome, EOCD Development center, December 2014, p,1
4   UNGA, Special Rapporteur on Extreme Poverty and Human Rights, Magdalena Sepulveda Carmona, 9 August 2013, A/68/293
5   UNDP, Women and unpaid care work: understand the Indian situation, p, 25
6   World Economic Forum, The global gender gap report 2021, p.218
7   World Economic Forum, The global gender gap report 2018, p.124
8   World Economic Forum, The global gender gap report 2018, p.124
9   National Statistics Office, Time Use Survey January- December 2019, Published in 2020, https://www.pib.gov.in/PressReleasePage.aspx?PRID=1660028
10 ESCAP, COVID-19 and the Unpaid Care Economy in Asia and the Pacific, 2021, p.8
11 Chakravarty, Arundhati, Explained: How to measure unpaid care work and address its inequalities, 2021

The role of existing gender and social norms

The issue of disproportionate unpaid care work is rooted in prevalent patriarchal social norms[12]. These social norms are perpetuated and upheld within society and involve the expectations that women take on the majority of the unpaid care work. The perception of the male breadwinner and the female caregiver is a common narrative in many patriarchal societies around the world, and India is no different. As a caregiver, tasks such as child-care, elderly care, cooking, and cleaning are perceived as being 'naturally' suited for women who are more nurturing, altruistic, and loving[13].

By carrying out unpaid care work, women comply with their socially expected role and men who do not engage or only minimally do so are also complying with their understanding of their socially expected role. The idealised masculine and feminine identities are social constructs that form an integral part of an individual's identity, and it is difficult to act outside of those constructs. Indeed, they are controlled socially through social sanctions or rewards mechanisms. Social sanctions tend to be enforced more strictly onto women when they fail to comply with socially accepted gender norms compared to their male peers.

Existing gender roles and norms effectively and directly impact women and girls' sense of agency and autonomy. In particular, experiences of restricted mobility, restricted access to livelihood opportunities and control over generated income, as well as, in some cases, denial of access to basic health, education and protection play a key role in shaping the way women and girls act within their homes and families. The lack of acknowledgement of the worth of one's labour directly links to psychological perceptions of one's capabilities and agency. This weakened bargaining power can also be observed with women outside the home.

Domestic chores and care work are vital responsibilities that keep societies running and therefore should be disassociated from gender, but rather, considered as a shared duty for the progression and growth of the country at large.

Behavioural and Social Change

Why individual do what they do?

Changing the ways in which unpaid care work is allocated within the household requires the understanding of the root causes of this practice. It requires to go beyond simplistic decision-making models, that if information is provided to individuals, they will change their behaviour. "[H]uman decision making is much more complex. People generally don't consider costs and benefits from a self-interested perspective, to then make a thoughtful and rational decision on the best path of action: providing them with the right information will rarely automatically translate into the 'logical choice''. People are also emotional, influenced by their context, and especially by those they live and interact with. What is happening around them matters as much as what they think themselves."[14]

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12 Agrawal, Muskan Oxfam, It is not your job | Unpaid care work in India, 2019
13 Tibi, Hiba and Kittaneh, Anan, Bringing Gender Equality Close to Women's Economic Empowerment, Care, 2019.
14 Petit, Vincent, Zalk, Tamar Naomi, Everybody wants to belong, A practical guide to tackling and leveraging social norms in behavior change programming, UNICEF MENARO, 2019, p.1

This is where SBC programming is well suited to address the root causes of social issues, e.g., unequal distribution of unpaid care work, with multifactorial causes. Social and behavioural change interventions build in the insights of psychology, sociology and behavioural economics to address the social determinants that shape human interaction. SBC looks toward these three fields to map out the behavioural ecology of an action, or behaviour. SBC thus aims to go beyond the parameters of any one discipline to understand the root causes of behaviours.

The drivers of the disproportionate allocation of unpaid care work to women are multifactorial, chronic, and rarely just a product of a person's environment. In other words, the ideas and values about who is best suited to perform particular tasks and why, have been integrated over a long period of time within cultural values and morals. For this reason, it requires a holistic SBC approach grounded in evidence-based strategies to increase the capacity, opportunity, and motivation for more equitable distribution of unpaid care work within households and, ultimately, achieving gender equality.

COM-B/Behavioural Change Wheel Model

This behavioural insights framework builds on the COM-B Model[15] also known as "Behavioural Change Wheel". It is a social and behavioural change model which stands for Capability, Opportunity, Motivation and Behaviour. According to this model, a behaviour will occur only when the person concerned has the capability and opportunity to engage in the behaviour; and is more motivated to enact that behaviour than any other behaviours.

15   Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Sci 6, 42 (2011). https://doi.org/10.1186/1748-5908-6-42

The different components of the model can be defined as the following:

- **Capability** is defined as the "individual's psychological and physical capacity to engage in the activity concerned".[16] It includes having the necessary knowledge and skills. Capabilities are divided into two categories:
  - Psychological capability includes knowledge and awareness, attention, and the mental state of the individual
  - Physical capability includes skills and competencies as well as physical abilities (such as strength)

- **Motivation** is defined as "all those brain processes that energise and direct behaviour, not just goals and conscious decision-making. It includes habitual processes, emotional responding, as well as analytical decision-making."[17]
  - Automatic motivation is based on the automatic processes such as emotions and impulses that drives human behaviours.
  - Reflective motivation refers to the reflective process involved in making decisions and the beliefs that impact it.

- **Opportunity** is defined as "all the factors that lie outside the individual that make the behaviour possible or prompt it."[18]
  - Physical opportunities are opportunity provided by the environment in terms of resources, times, and access
  - Social opportunities rely on social and gender norms and the social reward and sanction mechanisms to enforce said norms.

The Model allows a detailed level of the analysis of the targeted behaviours related to unpaid care work to identify the required behavioural insights as per gender, age, socio-economic status, rural v. urban, disability status, and any other intersectional identity.

16   Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Sci 6, 42 (2011). https://doi.org/10.1186/1748-5908-6-42

17   Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Sci 6, 42 (2011). https://doi.org/10.1186/1748-5908-6-42

18   Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Sci 6, 42 (2011). https://doi.org/10.1186/1748-5908-6-42

Overview

This framework establishes five distinct steps to guide the design and implementation of social and behavioural change interventions to address the unequal distribution of unpaid care work.

Each step has a specific goal, a process to achieve that goal, and an outcome that allows the subsequent phase to start. The final product is a series of scaled up interventions that will contribute to gender equality for women and girls.

Step 1	Step 2	Step 3	Step 4	Step 5
Behaviour Selection	Analysis	Design	Experiment	Scale up
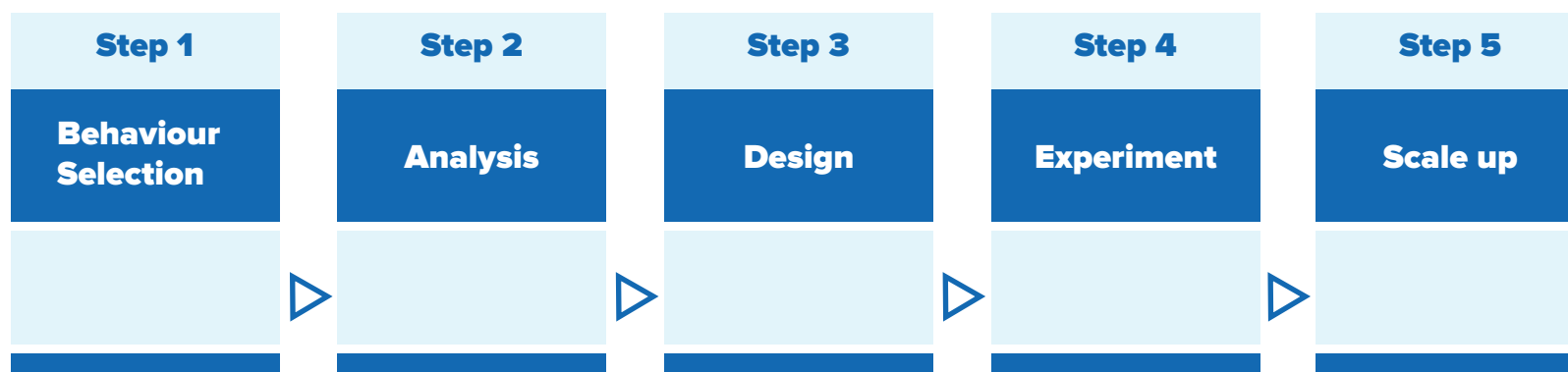
Figure 1: Overview 5 steps of the framework

When to utilise the Framework:

1. **In a strategic approach (recommended):** to foster sustainable change, it is recommended to use the framework in parallel to the development of a multi-year cross-sectorial programmes. The framework will guide the design of complementary interventions to address different behavioural drivers to lead to the desired positive behaviours.

2. **Within existing programming:** should the team electing to use to framework already have an on-going programming, they should use the target audience of their programme as the starting point and then start step 1 from there. During step 3, it would be recommended to conduct the sphere of influence exercise to identify the influencers of the target audience of the programme not to miss any additional potential entry points for interventions.

Note on linearity: the framework was designed to follow a linear approach to support non-SBC experts to implement it by following a step-by-step approach. Extensive guidance is provided in each step to enable the users to obtain all the required data points to be able to move to the next steps.

Despite our best attempts, we cannot guarantee that there will not be an iterative element of the process. Should any gaps in information appear in subsequent steps, it is understood that the team may pause the process and revert to previous steps to identify the missing information before resuming the process.

Step 1 – Behaviour Selection

While it may seem obvious, this first initial stage is crucial and should not be skipped. It aims at unpacking the broad goal of intervention into specific behaviours and selecting the target behaviours.

Objective

- **Identifying key behaviours for intervention**

Selection

Process

1. **Identifying/unpacking the behaviours that falls under the broad goal of intervention (disproportionate burden of unpaid care work on women)**

   - The first step is to break down the various areas of life where unpaid care work takes place

   - Then, for each area, list all the concrete behaviours that are associated with them in the selected geographical area (such as on the governorate or provincial level). Behaviours are to be phrased as "X does Y" (for example : Women fetch firewood). At this stage, a geographical area is selected to be able to list the most extensive list of behaviours. The narrowing down of the target audience will take place in the following steps. The goal is to start with the behaviours.

Note on gendering of behaviours: In unpacking the specific behaviours, it is recommended to describe them as which gender is currently doing it, such as 'women fetch firewood'. The reason behind this phrasing is not about justifying or normalising the current division of tasks but to highlight as while the mere act is not harmful (going to fetch firewood is a necessary action for the cooking, contrary to an act like domestic violence), it is the fact that women are doing the majority of those tasks that is harmful. This approach will also support answering the grading questions below.

Should the team elect not to gender the behaviours at this stage in order to already challenge the notions that those tasks are gendered, it will be important to take into consideration the current situation and gendered division of tasks in grading below.

Areas (examples)	Specific Behaviours (examples)
Child Care	Bathing Feeding Changing Diapers School work
Elderly Care	Bathing Feeding
Sick/Disabled Care	Providing health care
Maintenance of home-stead	Feeding the livestock Collecting fodder Gardening the family garden
Home maintenance	Repairs
Water and Fuel Collection	Fetching water Fetching wood
Meal	Grocery Meal preparation Cooking
Hygiene	Cleaning Laundry
Running the household	Administrative tasks Accounting

2. Select the priority behaviours among all listed behaviours

Once an extensive list of behaviours is drafted, the below questions will guide the decisions on which priority behaviours to select for the second step of the framework.

Collectively, the project team will discuss each of the following topics for each target behaviour (based on existing data/information or new data collected – see the 'how to carry it out' section below):

- **Prevalence**: To what degree this behaviour is an issue? (To be able to answer this, you can use quantitative data such as a time-use survey data; Qualitative data on well-being of women and girls; Other secondary data; Primary data collection (see below)); Is it an issue for all segments of the target audience? In answering this question, priority segments of the population may appear, but it is important to remain open and not to exclude segments of population at this stage

- **.Priority**: Is it a priority for the target audience? for the organisations involved? For the governmental stakeholders? Is it a priority from a practical need's[19] perspective? Is it a priority from a strategic need's[20] perspective?

- **Interest**: Is there an interest in change in this community around that behaviour (at least with women and girls)?

- **Sensitivity**: Is the behaviour related to a sensitive topic? When fostering change, highly sensitive topics are unlikely to be the best entry point for programming and more consensual behaviours would be better suited for a first phase of programming.

- **Relevance**: would an SBC approach be the most relevant approach to foster change? SBC is well placed to tackle social and individual drivers of behaviours but is not the best if the main drivers are structural barriers (such as on-going armed conflict, or legal obstacles that prevent the target behaviour).

- **Likelihood of change:** how likely is this behaviour to change as a result of programming among moderate target audience? SBC programming is unlikely to change the behaviours of the most conservative segment of the population, therefore the priority focus should be on transitional segment of the population first.

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19 Practical needs are defined as "immediate perceived needs such as water, shelter, clothing, basic health care and food. They are based on women's and girls' existing roles (within the gender division of labour) and do not challenge their subordinate position. These needs arise from and reinforce women's and girls' reproductive and productive roles". See UNICEF Regional office for South Asia, Gender Toolkit, Integrating Gender in Programming for every child in South Asia, p.4

20 Strategic needs are defined as "long-term in nature and often related to structural changes in society. These are identified based on an analysis of women's and girls' subordination in society, and when addressed, should lead to the transformation of the gender division of labour and challenge the power relations between women and men, girls and boys." See UNICEF Regional office for South Asia, Gender Toolkit, Integrating Gender in Programming for every child in South Asia, p.4

Each team member will then individually grade each behaviour as per the matrix below, taking into account the information they received during the group discussion and their experience and understanding of the context. The total scores across the team will be added up per behaviour and will provide guidance to select the final target behaviours.

The below list is non-exhaustive, each team is free to add additional criteria that deem relevant in their selection process. It is understood that addressing the disproportionate burden of unpaid care work is a long-term endeavour, and any intervention to that affect should be part of a multi-year multi sectorial strategy, to which social and behaviour change is one component, to ensure that impactful results.

Topics	Grading
Points	
Prevalence (to what degree is the behaviour an issue?)	5 the most prevalent - 0 the least prevalent
Priority (practical needs) (is it an immediate perceived need?)	5 the highest priority - 0 the lowest priority
Priority (strategic needs) (is it a long-term, structural need?)	5 the highest priority - 0 the lowest priority
Interest (is there an interest to change this behaviour in the community?)	5 the highest interest - 0 the lowest interest
Relevance (would an SBC approach be the most relevant approach to foster change?)	5 the highest relevance - 0 the lowest relevance
Likelihood to change (how likely is this behaviour to change as a result of SBC programming?)	5 the highest likelihood - 0 the lowest likelihood
Total Points	(Total)
Deduction	
Ethics (are there any ethical concerns in changing this behaviour?)	5 for strong ethical concerns - 0 the no ethical concerns
Sensitivity (is this behaviour related to a sensitive topic)	5 for highly sensitive behaviour - 0 the no sensitivity
Total Points	(Total)
GRAND TOTAL	(Total Points) - (Total deduction)

The **recommendation is to select 2 to 3 target behaviours** to focus the efforts of the project and better monitor the results. It is understood that the vast majority of behaviours associated with unpaid care work are rooted in gendered norms and roles, therefore any programming that targets a few of those behaviours will also benefit others.

How to carry it out?

- In case of limited financial resources or time, this process can be led by the organisation:
  - This selection process can take place within the organisation through the establishment of a working group with representatives of various departments (including gender and disability focal points).
  - If possible, representatives of target communities can be included in the process.
- In case time and resources allow: participatory process (accountability to affected population)
  - This selection process will be guided by involving the target communities in the selection of the behaviours through participatory data collection methods. The suggested methods are:
    - Free listing (whereby the participants freely list the priority behaviours)
    - Community or house mapping (whereby the participants can draw a map of their community or house indicating all the tasks they carry out). This can be particularly helpful with younger participants.
    - Ranking (whereby participants rank the behaviours by order of priority)

- The sampling will vary depending on the target population and should account for separate FGDs with women and girls and all relevant intersecting identities (migration status, rural v. urban, location, religious groups, socio-economic status).

- Once the data is collected and analysed, it will be presented to a working group with representatives of various departments (including gender and disability focal points) to address discrepancies within the selected behaviours and finalise the list.

- The list would then be presented back to the participants of the FGDs to demonstrate how their contribution was considered.

Outcome

- **2-3 priority tangible behaviours**

Example

After drafting an extensive list of behaviours for the various areas of life where unpaid care work takes place, you have selected 'men contributing to household chores' as a priority target behaviour from your selection process. This behaviour is then broken down into sub-behaviours to focus on before moving to the next step:

- Men doing laundry

- Men cooking dinner

- Men washing the dishes after meals

Step 2 – Analysis

The second step allows us to look more closely at the target behaviours, their behavioural determinants and how they might differ between subgroups of the target audience.

Objective

- **To identify behavioural determinants of the selected behaviour utilising the COM-B Model.**

Analysis of the target behaviours

Process

1. Clarify your target communities and select the relevant lenses

- To ensure that the analysis of the target behaviour is as tailored as possible, it is necessary to refine its geographical scope. This includes identifying the relevant lenses to account for intersectionality that would apply, such as:

- Gender
- Age
- Migration status
- Ethnic group

- Religion
- Disability
- Rural vs. Urban
- Socio-economic status

2. Carry out the COM-B analysis for each behaviour

For each behaviour, an analysis will be carried out using the COM-B model to identify the Capabilities, Opportunities and Motivation behavioural determinants that bring about the target behaviours.

Two types of behavioural determinants may emerge: a barrier preventing an individual from adopting the target behaviour or drivers encouraging an individual to adopt the target behaviour.

The below list of questions is a non-exhaustive list to guide the process of this analysis.

For each step of the analysis, different answers will be provided for each of the selected lenses. While it may appear time-consuming to provide distinct answers for many subgroups within the target audience, it will ensure that no one is left behind throughout the analysis and the subsequent programming.

Please refer to the **'How to carry it out?'** section at the end of this step on which data set to utilise

COM-B Components		Subfactors	Guiding questions	Lenses
Capability (knowledge, skills and abilities to engage in a behaviour)	**Physical** (skills, proficiency & strength)	Skills	Do the target group know how to carry the behaviour? Do they have experience carrying out the behaviour? Do they have transferable skills? How have the skills been acquired by the individual carrying out the target behaviour? Does the target group have physical limitation to carry out the behaviour?	**Gender:** How does each answer vary between men and women? Between boys and girls?
	Psychological (knowledge and thought process)	Knowledge	What is the level of knowledge regarding the target behaviours? What is the level of knowledge regarding the target behaviours' positive impact on the household?	**Age:** How does each answer vary between young women and older women? Between young men and older men?
		Attention	Is the behaviour carried out frequently by the target group? Do the target group pay attention to this behaviour?	
		Decision Making	How are decisions taken within the household and within the community regarding the target behaviour?	**Urban v. Rural:** How does each answer vary between rural women and urban women? Between rural men and urban men?
		Past Experiences and Memories	Which memories are associated with the target behaviour?	Between migrant men and migrant women?
Opportunity (external factors that make the execution of a behaviour possible)	**Physical** (Financial resources, time, access)	Resources	What are the existing resources available outside of the household to redistribute the target behaviour? What are the available services offered by state or local institutions, private markets or non-profits? Do households have the financial means to outsource the target behaviour outside the home? How much time is allocated to this behaviour?	**Socio-economic status:** How does each answer vary between vulnerable women and privileged women? Between vulnerable men and privileged men?
	Social (Social influence and social norms))	Social Norms	What do the various members of the household think other members of the community expect them to do in relation to the target behaviour? (Injunctive norms) What do the various members of the household think other members of the community do in relation to the target behaviour? (Descriptive norms)?	**Ethnicity:** How does each answer vary between women from one ethnic group and women from another? Between men from one ethnic group and men from another?
		Group conformity	Whose opinion in their reference network do individuals value the most? Fear most?	
		Power dynamics	Who has power within the family?	
		Gender roles	What personality traits and behaviours are associated with being a man in the community? What personality traits and behaviours are associated with being a woman in the community? How do such idealised masculine and feminine identities play a role in carrying out the target behaviour?	
		Social 'rewards' and 'sanctions'	What are the existing 'social sanction' mechanisms (such as stigma, avoidance, gossip, insults, violence, etc.) in place to enforce socially accepted gender roles? What are the existing 'social reward' mechanisms (such as being praised, honoured, etc.) in place to enforce socially accepted gender roles?	
		Beliefs	How do such idealised masculine and feminine identities play a role in carrying out the target behaviour?	

Motivation (internal processes that influence decision making and behaviour)	Reflective (Reflective process involved in making decisions and the beliefs that impact it)	Decision autonomy	How does the decision autonomy of individuals affect the target behaviours?	Religion: How does each answer vary between women from one religious group and women from another? Between men from one religious group and men from another?
		Agency	Do individuals feel that they have a sense of control over their actions? Is there an intention that precedes and guides the actions?	
		Aspirations	What are the aspirations of the individuals in the target community? How do those aspirations play a role with the target behaviours?	
		Identity	How does the target behaviours interact with the sense of identity of women and men?	
	Automatic (Automatic processes such as emotions and impulses that drive human behaviours)	Emotions	Which emotions are associated with undertaking the target behaviour? How are they encouraging or discouraging the target behaviour?	Disability How does each answer vary for disabled women? Disabled men?
		Rewards and Sanctions	How do existing social rewards and sanctions affect the target behaviour?	

How to carry it out?

- In case of limited financial resources or time: process led by the organisation with available secondary data

  - The secondary data will include existing research and literature on the topic from reliable sources, including both quantitative and qualitative data.

  - The analysis process will take place within a working group with representatives of various departments (including gender and disability focal points).

  - Consultations with subject matter experts and representatives of target communities could complement the process to identify any missing information and behavioural determinants.

  - The analysis will be done by selected members and then be presented to the working group to allow for additions or corrections and endorsement.

  - The required timeframe will depend on the availability of the working group members and subject matter experts. It may take a few weeks to gather the required information.

- In case time and resources allow: participatory process (accountability to affected population)

  - To inform the analysis process, members of the working group will carry out a review of secondary data and identify gaps. They will then develop qualitative data collection tools (such as discussion guides for FGDs) based on the COM-B model and carry out a primary data collection.

  - The sampling will vary depending on the target population and should account for separate FGDs with women, men, girls and boys as well as all relevant lenses identified previously.

- Once the data is collected and analysed, it will be presented back to the participants of the FGDs to demonstrate how their contribution was taken into account and collect any additional inputs.

- The final product will be presented to the working group to allow for additions or corrections and endorsement.

Outcome

- **Clearly defined drivers influencing behaviours**

Example

Taking your "men contributing to household chores" example forward and its 3 sub-behaviours, you now need to clarify your target audience and determine the behavioural determinants influencing their behaviour.

- Target audience: After identifying the relevant lenses, you have decided to target rural and urban men aged 18 – 35

- After carrying out the COM-B model, you have identified that the behavioural determinants contributing to this behaviour are:

  - Lack of skills and experience related to household chores (physical & psychological capability).

  - Existing gender norms in the community that associate household chores (including cooking, cleaning and doing dishes) as a task for women (social opportunity).

  - Sense of identity of women intertwined with household chores (reflective motivation).

  - Negative emotions are associated with chores by men (automatic motivation)

- You may also identify behaviours determinants that could be leveraged in favour of the intended sub-behaviours:

  - Migrant families are less exposed to social pressure while residing in urban setting (social opportunity).

  - Men aspire to be positive role models in the life of their children (reflective motivation).

Step 3 – Conceptualise and Design

Once the target behaviours have been selected and thoroughly analysed using the COM-B model, the next step is conceptualising and designing the intervention.

Objective

- **To develop a theory of change and impactful interventions**

Designing interventions with the COM-B model

Process

Before identifying the objective of your intervention, use the COM-B model to identify your theory of change.

1. **Select the behavioural determinants**

   - Among the drivers identified in Step 2 for the selected behaviours, select the most relevant behavioural determinants utilising the below guidance.

   When selecting the behavioural determinants, it is recommended to first hold a group discussion per driver for each of the criteria listed below:

   - Importance: To what extent do the drivers affect the target behaviours? Which quantitative and qualitative survey data support this claim? Is it a key driver for all segments of the target audience?

   - Relevance: Could this driver be addressed through an SBC approach to foster change? As mentioned previously, SBC is well placed to tackle social and individual drivers of behaviours but is not the best if the main drivers are structural barriers (such as on-going armed conflict, or legal obstacles that prevent the target behaviour).

   - Social: Is the driver at hand a key driver that affects the social environment in which individuals and communities evolve in? Sustainable change will only occur when social and gender norms that foster such behaviours are tackled.

   - Likelihood of change: how likely is this behaviour to change as a result of programming?

Each team member will then individually grade each determinant as per the matrix below, taking into account the information they received during the group discussion and their experience and understanding of the context. The total scores across the team will be added up per determinant and will provide guidance to select the final behavioural determinants.

The below list is non-exhaustive, each team is free to add additional criteria that deem relevant in their selection process.

Topics	Grading
Importance	5 (most important) – 0 (least important)
Relevance	5 (highest relevance) – 0 (lowest relevance)
Social	5 (most social) – 0 (least social)
Likelihood to change	5 (highest likelihood) – 0 (lowest likelihood)
GRAND TOTAL	(Total Points)

The recommendation is to select 3 to 6 determinants, including at least 1-2 determinants related to social opportunity.

2. Turn the behaviour insights/determinants identified into a Theory of Change

- For each selected determinant, develop an outcome statement

  Example driver: Limited skills from men on childcare related tasks

  Potential Outcome: Increased skills for men on childcare related tasks

- The Theory of change for the intervention will follow the COM-B model as per the below figure (please see below for an example of such a Theory of Change):
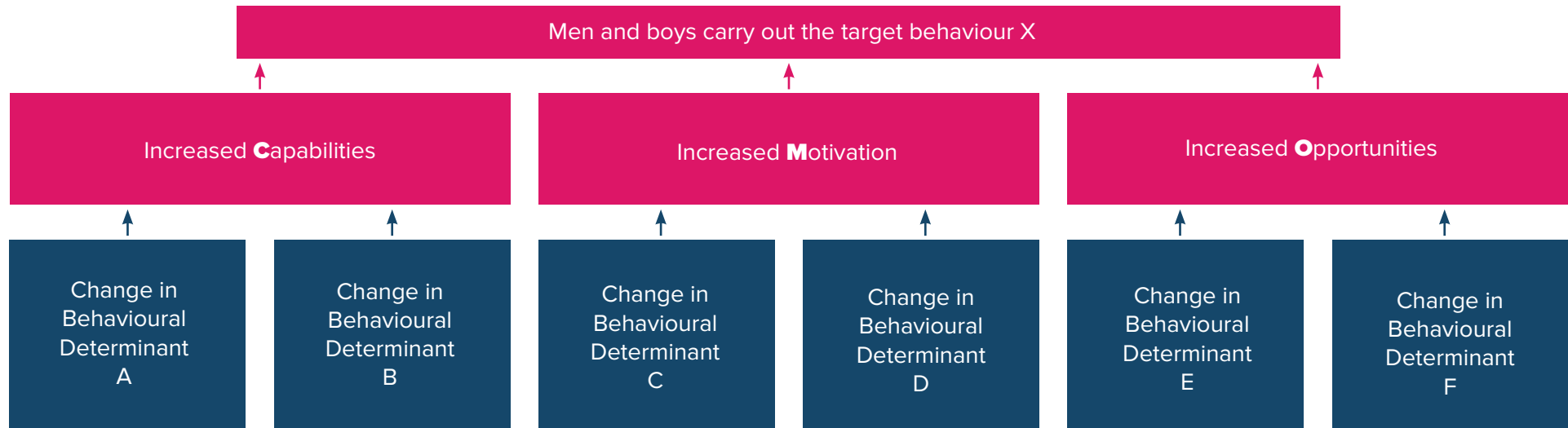
3. Design intervention for each outcome/behavioural determinant

This exercise is done per outcome, to ensure that attention is given to each determinant. It is however understood that one intervention may contribute to several outcomes. Once this step is carried out, time is allocated to consolidate interventions.

a. Audience insights and selection

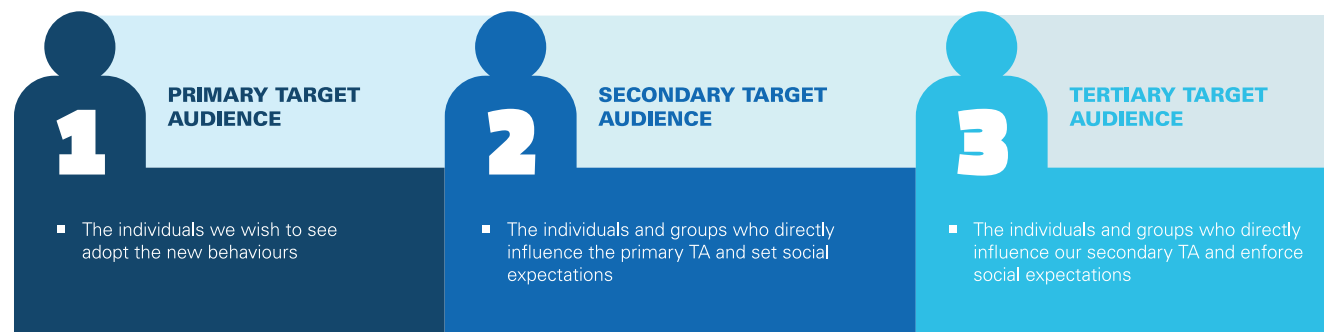Starting with the following questions will enable the intervention design to be framed in an effective way:

- Who is the intervention aimed at?
- What attitudes and behaviours need to change or be influenced to achieve the objective?
- What are the barriers to change that the intervention can help to address?

Understanding the audience is critical to develop an effective intervention. It is important to use insights and target audience analyses to create a full picture of who they are and how they will reach the desired outcome. To garner the relevant information, use UNDP's own research or secondary data from other reliable source.

Target audience segmentation is based on identifying subgroups within the target audience to deliver more tailored messaging for stronger connections. The subgroups can be based on demographics such as geographic location, gender identity, age, ethnicity, income, or level of formal education. Subgroups can also be based on behaviour as well as the audience's personality types, values, attitudes, and beliefs. An example is creating separate segments for people based on whether they are family-oriented vs. individualistic, leaders vs. followers, or adventure seekers vs. homebodies.

Audience segmentation avoids mediocrity because it makes the intervention efforts more focused. When a beneficiary or stakeholder feels like a message was written just for them, they're more likely to be receptive to what you have to say.

The target audiences can then be divided into primary, secondary, and tertiary.

1 PRIMARY TARGET AUDIENCE
- The individuals we wish to see adopt the new behaviours

2 SECONDARY TARGET AUDIENCE
- The individuals and groups who directly influence the primary TA and set social expectations

3 TERTIARY TARGET AUDIENCE
- The individuals and groups who directly influence our secondary TA and enforce social expectations

Please see Annex 2 for details on audience segmentation activities.

The COM-B Model provides strategies for interventions for each of its determinants. Use the table below to identify which strategies are relevant for the type of behavioural determinants at hand.
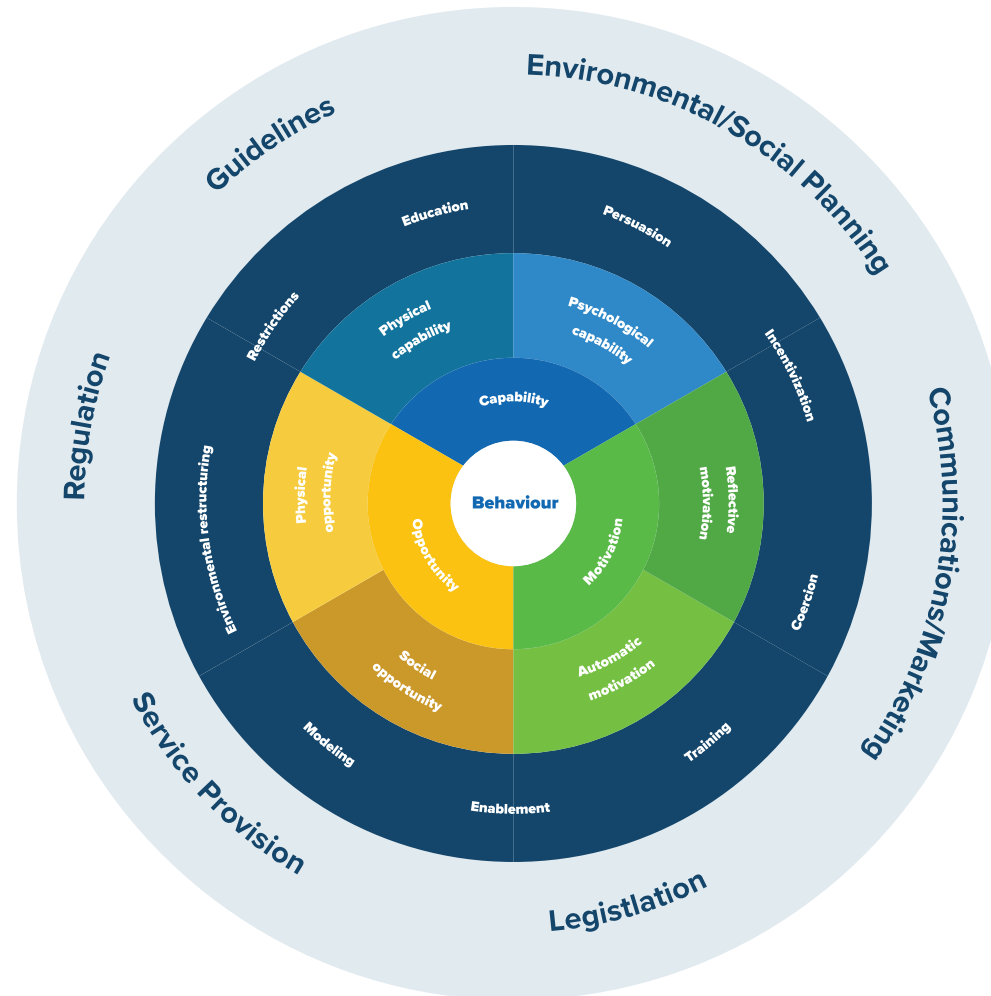

Figure 2: Behavioural Change Wheel – Expanded version

Once chosen, the selected behaviour must have some form of intervention or project designed. To determine the approach, the below types of intervention design using COM-B model must be analysed.

Below are the types of functions for intervention that will help determine desired approach:

Strategy	Definition	Drivers	Example
Coercion	Creating an expectation of punishment or cost	-Reflective Motivation -Automatic Motivation	Placing a financial charge for every paid leave day not used at the end of the year to encourage men to take time off to support the family
Education	Increasing knowledge or understanding	-Psychological Capability -Reflective Motivation	Providing information to promote benefits of male involvement in child rearing activities
Enablement	Increasing means/reducing barriers to increase capability (beyond education and training) or opportunity (beyond environmental restructuring)	-Psychological Capability -Reflective Motivation -Physical Opportunity -Social Opportunity	Placing infant changing tables in men's restrooms to enable men's participation in childcare
Environmental Restructuring	Changing the physical or social context	-Psychological Capability -Automatic Motivation -Physical Opportunity -Social Opportunity	Adapting the layout of the house to prompt men participation in chores
Incentivisation:	Creating an expectation of reward	-Reflective Motivation -Automatic Motivation	Raising the paternity leave to encourage fathers to take time off to support the family
Modelling	Providing an example for people to aspire to or imitate	-Psychological Capability -Reflective Motivation -Social Opportunity	Using male community and media influencers publicly pledging to increase their assistance with household chores
Persuasion	Using communication to induce positive or negative feelings or stimulate action	-Reflective Motivation -Automatic Motivation	Using imagery to motivate the increase in males assisting in laundry
Restriction	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)	-Physical Opportunity -Social Opportunity	Having 'care work skills' as a requirement for boys to graduate from school
Training	Imparting skills	-Physical Capability -Psychological Capability -Automatic Motivation -Physical Opportunity	Having interactive trainings for men on domestic tasks they do not know how to carry out

Based on the selected strategies, conceptualise interventions for the target audience. This phase should be guided by the EAST model:
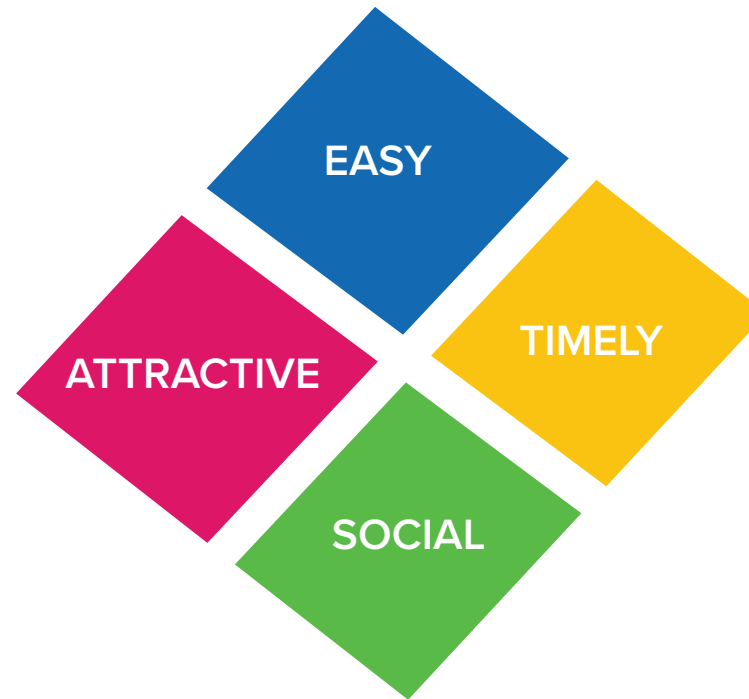
Make it Easy

- Harness the power of defaults. There is a strong tendency to go with the default or pre-set option since it is easy to do so. Making the equal sharing of unpaid care work between men and women the default makes it more likely to be adopted.

- Reduce the 'hassle factor' of taking up a service. The effort required to perform an action often puts people off. Reducing the effort required can increase uptake or response rates.

- Simplify messages. Making the message clear often results in a significant increase in response rates to communications. In particular, it's useful to identify how a complex goal can be broken down into simpler, easier actions.

Make it Attractive

- Attract attention. People are more likely to do something that their attention is drawn towards. Ways of doing this include the use of images, colour, or personalisation.

- Design rewards and sanctions for maximum effect. Financial incentives are often highly effective, but alternative incentive designs — such as highlighting the positive effects of making a shift through campaigns —also work well and often cost less.

Make it Social

- Show that most people perform the desired behaviour. Describing what most people do in a particular situation encourages others to do the same. Similarly, policy makers should be wary of inadvertently reinforcing a problematic behaviour by emphasising its high prevalence.

- Use the power of networks. We are embedded in a network of social relationships, and those we come into contact with shape our actions. Governments can foster networks to enable collective action, provide mutual support, and encourage behaviours to spread peer-to-peer.

- Encourage people to make a commitment to others. We often use commitment devices to voluntarily 'lock ourselves' into doing something in advance. The social nature of these commitments is often crucial.

Make it Timely

- Prompt people when they are likely to be most receptive. The same offer made at different times can have drastically different levels of success. Behaviour is generally easier to change when habits are already disrupted, such as around major life events.

- Consider the immediate costs and benefits. We are more influenced by costs and benefits that take effect immediately than those delivered later. Policy makers should consider whether the immediate costs or benefits can be adjusted (even slightly), given that they are so influential.

- Help people plan their response to events. There is a substantial gap between intentions and actual behaviour. A proven solution is to prompt people to identify the barriers to action and develop a specific plan to address them.

A critical component of any conceptual phase is the message house to design key messages. The message house is structured around the target behaviours and target audience of the strategy and aims to encapsulate the core content of the strategy in a clear, brief way. Messages will be designed to shape the content and activities of the intervention and address key drivers of harmful behaviours, and ultimately to promote positive change.

Messages should be:

- Simple and concise
- Oriented towards positive behaviours and beneficial impacts of shared participation to unpaid care work
- Solutions-focused, incorporating call to actions through awareness raising and targeting of underlying drivers
- Directly linked to evidence and facts, so that the evidence base is clear to the target audience
- Relevant to all target regions and its cultural diversity

The message house will include three layers, as demonstrated below:
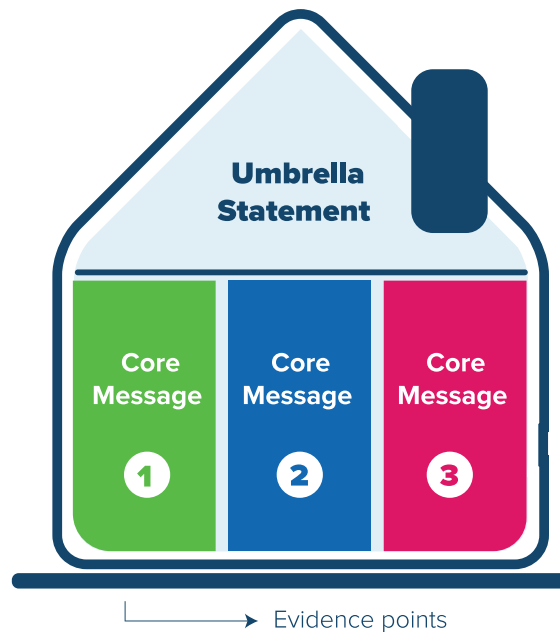
Intervention options could include the following:

Community Engagement	**Edutainement**	**Social Media Campaign**
Information, Communications, and Education (ICE)	**Edutainement**	**Social Media Campaign**
Digital Engagement	**Bystander Training**	**Mass Media**

To choose a strategic intervention option, the following should be taken into consideration as a general guide:

Considerations	Appropriate Approaches
Complexity of the challenge	• Face-to-face communication allows for dialogue and discussion with your audience. • Mass media can model complex behaviours. • Social media can encourage discussions about the challenge, through e-mails, text messages, chat rooms, or voice mails. • If your audience can read, written materials allow the audience to refer to them as often as they would like.
Sensitivity of the challenge	Interpersonal approaches and one-on-one communication work well when discuss-ing sensitive topics
Effectiveness of approach to address the challenge	An approach may be more or less effective depending on the challenge being ad-dressed. For example, entertainment education formats are well suited for motiva-tional messages and moving social norms, face-to-face counselling seems to help people learn about and adhere to more effective strategies to quit smoking, and media campaigns are better than interpersonal interventions without media for HIV/STD prevention.
Literacy	If audience is not literate, an approach which does not rely on the written word will be more effective
Desired Reach	Mass media and most internet-based interventions have an advantage in their poten-tial reach and can provide regional and national coverage. Such approaches can deliv-er messages to scale.
Cost	Consider the cost – and the cost effectiveness (in terms of cost per person reached) of the various approaches and determine how best to use your budgeted funds.
Innovation	Consider using approaches that are new and fresh for your audience. Using an approach that is unexpected can make it more appealing and interesting to your audience.action
Youth	Consider age or generation because some mobile-based or social media approach-es may appeal more to young adults

d. Draft the monitoring and evaluation (M&E) tools

To continue to adapt, improve and adjust the implementation, a monitoring and evaluation framework must be designed at this stage.

A **logical framework** will be developed to set out the execution of the project and how it can be tracked and assessed. SMART output and outcome indicators will be developed to allow us to measure if the interventions outlined in the SBC strategies are successful. Mitigating circumstances will also be planned for in the logical framework. The figure below shows a template which can be used to develop the log frame.

	Project Summary	Indicators	Indicator Defination, Unit of Measure	Means of verification	Risk/Assumptions
Goal					
Project purpose (outcome)					
Output					
Activities					

Additionally, a **comprehensive M&E framework** will be utilised to monitor activities, track if the programme is being implemented effectively and will provide ground for making adjustments should any issue arise. The M&E framework will detail how to track and measure progress against the results identified in the log frame. The below figure provides an example of an M&E framework template.

Activity	Indicators	Indicator Defination, Unit of Measure	Indicator type	Data Source, Disaggregation	Timing, Frequency or Schedule	Responsibility	Known Data Limitations	Baseline	Target
Goal									
Project Objective 1									
Activity 1.1	1.1.1								
	1.1.2								
	1.1.3								
	1.1.4								
	1.1.5								

	2.1.1								
	2.1.2								
Activity 1.2	2.1.3								
	2.1.4								
	2.1.5								

Measuring social and behavioural change is a challenging endeavour, however we now have numerous tools and guidance[21] available to avoid some of the main pitfalls and ensure we measure change in a systematic manner.

When considering how to measure social norms, some of the key elements to consider are:

- How to measure both changes in attitude and behaviour (both may not happen at the same time)

- Social desirability bias and the use of indirect questions

- Specifying the reference group

- Commonly used statements which indicate empirical expectations e.g., "everyone agrees/thinks" etc.

- Focusing on behavioural observations to learn about normative behaviour

An interesting additional resource on the matter is: Everyone wants to belong developed by UNICEF (see link in Annex 3).

How to carry it out?

- In case of limited financial resources or time: process led by the organisation

  - The conceptualisation and design process will take place within a working group with representatives of various departments (including gender and disability focal points) through workshops.

  - If possible, representative of target communities can be included in the process.

- In case time and resources allow: participatory process (accountability to affected population)

  - The working group will develop the ToC and select the relevant strategies as per the COM-B model.

  - Participatory workshops with the target population (considering women, men, girls and boys as well as all relevant lenses identified previously) will be organised with guiding exercises for them to recommend potential interventions within the selected strategies.

21 UNICEF/ University of California, San Diego, Center on Global Justice, "What are social norms, how are they measured?", July 2015
Alexander-Scott, M. Bell, E. and Holden, J. (2016) DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG). London: VAWG Helpdesk

- Those recommendations will be presented to the working group, who will adjust them in line with organisational constraints (such as existing budget, timeline, strategic priorities, etc.) and finalise the design of the activities.

- The final activities will be presented back to the participants to demonstrate how their contribution was taken into account and collect any additional inputs.

- The final product will be presented to the working group to allow for additions or corrections and endorsement.

Outcome

- **A list of tailored, 360 interventions for different segments of the target audience**

Example

Based on the determinants identified in Step 2, you have applied the selection process and selected several drivers. You will now develop the outcome statements such as:

- **Driver X:** Existing gender norms in the community that associate household chores (including cooking, cleaning and doing dishes) as a task for women

  - **Outcome X:** Strengthened gender norms that support increased participation of men and boys in household chores

Those statements will be part of the theory of change such as the following:
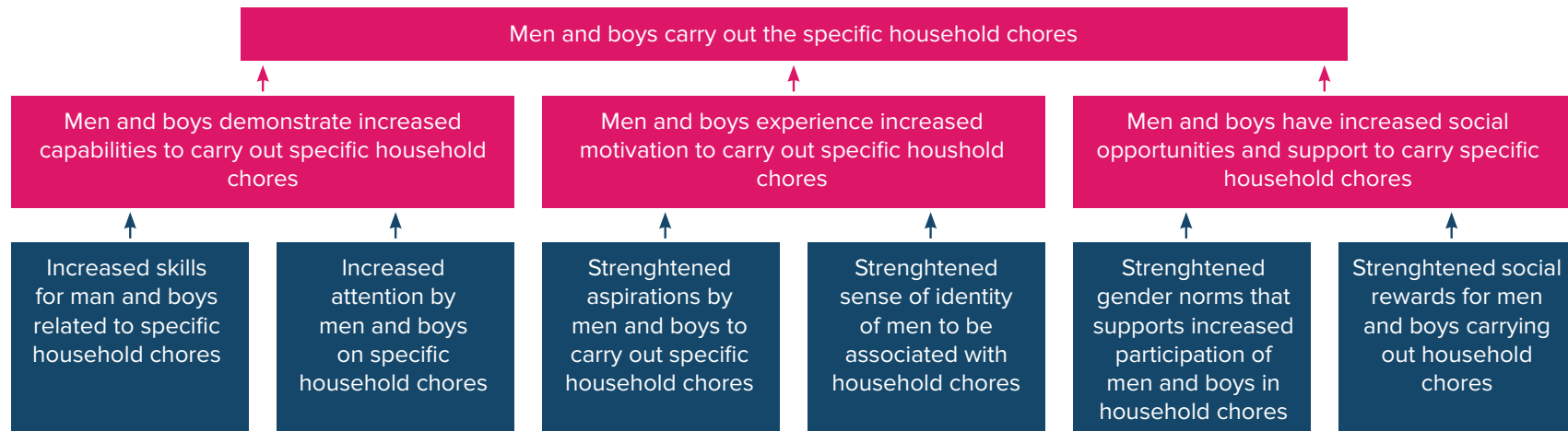
Once the outcome statements have been developed, you will identify the relevant strategies as per the COM-B model for the behavioural drivers: Education, Training, Modelling, Enablement and Restriction.

Let's take Modelling as an example and move to the conceptualisation of the interventions:

- **Target audience segmentation:**
  - Men aged 18-35: Progressists and neutral
  - Relatives of target male group: Progressists and neutral

- **Intervention:** Pledging campaign by influencers in the community and ordinary men to do the dishes every night
  - Using the EAST model to guide the conceptualization of this intervention:
    - **E**asy: The idea of household chores might seem overwhelming to some men, breaking it down to doing an easy chore like washing dishes every night lessens the potential 'hassle factor' that may be associated with household chores for men.
    - **A**ttractive: A pledging campaign creates momentum and hype and draws attention. The pledges can be creative and unique, drawing more attention.
    - **S**ocial: Men seeing influencers and ordinary men performing the desired behaviour and pledging will encourage them to do the same. This intervention uses the power of networks to create a shift by using influencers and men in the community to be part of the shift. The 'pledge' factor also creates the sense of commitment.
    - **T**imely: This intervention creates an 'act now' approach to men contributing to unpaid care work, and helps men devise a plan with where, when and how to start with the contributions

- **Core messages:** Household chores are not only carried out by women; men in your community are carrying out household chores too.
  - This message is:
    - Simple and straight to the point
    - Oriented towards positive behaviours (men participating in household chores)
    - Solutions focused: targets the underlying driver of perceived gender norms
    - Relevant to all targets in all communities

Once all interventions are designed, the log frame and M&E framework with clear SMART indicators can be developed such as:

- # of men in the community X who participated in the pledge campaign during period Y
- % of men in the community X who reported abiding by their pledge 30 days after the pledge
- % of female relatives of men in community X who took the pledge who also reported that the men were abiding by their pledge 30 days after the pledge

Step 4 – Experiment

Once the intervention for the chosen behaviour(s) are thoroughly designed with target audiences, key messaging, and approach finalised, it is time to move to the experiment step. This is the step when all the research, design, and goals of the intervention are put into practice in a piloted effort. This step is to apply the anticipated project in a controlled scope to measure the effectiveness and determine the scalability of the project.

The suggested method here is the experimentation technique which enables learning through rapid testing, prototyping and most importantly even learning from failures.

Experimentation enables learning whether particular assumptions are accurate before deploying solutions at scale, especially in uncertain or volatile conditions that often dominate development progress. UNDP's 91 Accelerator Labs set up across 115 countries are deepening and widening the use of experimentation in the development sector.

> **Note:**
>
> Experiments differ from pilots in few ways. It often follows a shorter testing loop and allows one to learn from failures and bring back the learnings in the next iteration. It is therefore recommended to follow a portfolio approach which focuses on diversifying the learning generated from a range of types of experiments.

Objective

- **To pilot the designed intervention to measure its effectiveness, applicability, and scalability**

Develop and implement the experiment

Experiment process

1. **Draft an implementation plan**

This implementation plan will provide a clear path to implement the interventions designed in the previous step. This plan will be drafted regardless of whether the intervention is standalone or if it is integrated as part of an existing UNDP programme. For the latter, once the plan is drafted, the existing programmatic documents for UNDP programming will be reviewed and adapted accordingly.

This plan will include, at least, the following points:

- Activities: for each intervention, unpack all the various steps required to implement it, with the required resources, budget, time and approvals. Each step is then allocated to the responsible individual or team. The steps and resources required will differ based on the selected interventions in Step 3. However, it is important to ensure that best practices and lessons learnt from similar programming are reviewed and incorporated.

- It is recommended to implement such activities in communities where UNDP already has strong connections due to prior programming and to include an outreach component to build support ahead of the interventions.

- Timeline: should include the duration of the preparation phase (recruitment, capacity building, development of the materials), baseline phase, actual implementation and endline phase.

- The duration of the implementation will depend on the selected interventions, as change takes time, especially when tackling entrenched practices. The recommendation is to allocate at least 12 months for the implementation itself (without the other phases).

- Human resources: what are required competencies and expertise for implementing this experiment? Do the skills required already exist within the allocated team? Are any additional resources needed?

- Budget: ensure that all costs associated with the activities (staff, supplies, equipment, travel, venue, etc) are included for all interventions in addition to the M&E costs.

- Risk matrix: provides an opportunity to anticipate any risks to the project implementation and corresponding mitigation.

- To identify such risks, including the unintended protection risks (such as the increase of intimate partner violence against the female participants by their spouse or partner who may feel 'threatened' by an intervention aimed at challenging patriarchal structures; or unpaid care work tasks being redistributed to girls or more vulnerable women in the household rather than shared with men), the INCASE Framework provides guiding questions and mitigating measures.

- The potential unintended protection risks will be included in the monitoring system to allow for proper tracking and corrective actions.

- Referral pathways: As programming that tackles entrenched gender norms may be accompanied by unintended consequences, it is essential that referral pathways to relevant service providers are developed to ensure that implementing staff have the available information on hand.

- Capacity building plan: Once all the steps of the implementation plan are addressed, it is important to identify any capacity building needs that emerged through the process and determine what training or mentoring opportunities are available to meet them.

- While some activities mentioned previously may include capacity building, this plan is intended to cover the capacity building needs of the team and key partners who will implement the activities. For example, if one activity entails a social media campaign by local partners, it is required to build their capacity on social media beforehand.

- Monitoring process: while the M&E plan was developed during the previous stage, it is necessary to develop the Standard Operating Procedures (SOP)s for its implementation and to ensure that the appropriate information management systems are in place. The monitoring process will also include indicators related to the potential unintended protection risks identified in the risk matrix mentioned above as part of this implementation plan.

- Feedback handling mechanism: to ensure that the intervention is covered by the existing feedback mechanism applicable for other projects.

- Ethical Considerations: Ahead of implementing any behaviour change intervention, it is important to provide the space to reflect on any ethical concerns that could be associated with the said intervention. Please refer to UNDP guidance on ethics on this.

2. Develop the methodology for the evaluation (annexed to the implementation plan)

To assess if the experiment is successful, a quasi-experimental design is recommended whereby data will be collected before and after the intervention from a treatment group (individuals who benefit from the intervention) and a control group (individuals who did not benefit from the intervention) and compared.

- A mixed methods approach is recommended for both:

  - Collect quantitative data to assess change in attitudes and perceived norms

  - Collect qualitative data to refine the analysis on the change as well as garner any additional feedback from programme participants

Should it not be possible, only quantitative data is an option.

- The UNDP M&E Team will oversee the development of the sampling plan for the data collection, to reflect the demographic composition of the area of intervention, with a 50/50 gender breakdown and with at least 25% of adolescents. One recommendation is to account for drop out participants between the baseline and the endline (especially in the control group) and have a larger sampling size than what is required for statistical significance for the quantitative data. Other lessons learned such as the use of incentives (in the form of phone credit) for the control group could also be explored.

- The identification of the respondents for the treatment group will be done randomly in line with the sampling plan among the individuals who are participating in the intervention.

- The identification of the respondents for the control group will be done randomly in line with the sampling plan among other individuals residing in the area who do not participate in the programme. It could be done via the random selection of phone numbers (using a data collection partner) or in person canvasing the areas.

- Tools: a survey tool and discussion guide will be developed by the programme team with the support of the M&E team to include both questions on the practice of the target behaviours and questions related to attitudes and norms.

- Timeframe: the timeframe is dependent on the sample size, type of data collected as well as other external factors (such as heavy rain season that may delay in person data collection). It is necessary to account for at least 1 month for the data collection alone for the baseline and the same for endline. Additional time is required for obtaining the required approval, ERB process, transcription, translation and analysis. The total duration can be from 3 to 5 months. Guidance from the M&E team will be welcome on this point.

- Budgeting: it is recommended to use an independent third-party data collection partner to conduct the baseline and endline, outside of the UNDP team to ensure a fully independent process. The costs would depend on the market price in the target area. Caution is to be exercised when reducing the sample size to allow for the data collection budget to fit into the existing budget (there will be drop out throughout the duration of the project).

3. **Establish a Technical Review Committee (TRC) to oversee the implementation**

   This group, which will be composed of members of the working group and the field staff, will be established with the intention to meet up periodically (bi-weekly) during the implementation phase.

4. **Start the experiment and monitor throughout**

   - To ensure that the required preparation has been carried out (including relevant recruitment and trainings). It is possible that the preparation takes place at the same time as the baseline.

   - Monitoring: Once the pilot project has commenced, it is critical to implement the processes covered in the M&E SOP to monitor progress, impact, and feedback of the implementation at all stages. On a weekly basis, the M&E Officer will draft progress reports on output-level indicators, summary of the feedback received through the feedback handling mechanisms as well as any concerns raised by field staff.

   - Adaptation: the periodic meetings of the TRC will be the space where the weekly reports will be presented and discussed collegially.

   - Should concerns from male relatives or participants be raised on the interventions, the decision could be taken to go and meet the said individuals directly or via community leaders.

   Should protection cases be raised, they should be referred to the relevant service providers and authorities. The participation to the programme should be paused for the individuals at risk

5. **Analyse the comparative data between the baseline and endline**

   The endline data (between the control and treatment groups) will be compared with the baseline data to assess if there were any changes and if those changes are attributable to the interventions. The third-party data collection partner will analyse the data and the TRC members will draft potential recommendations and lessons learnt on the experiment.

How to carry it out?

As the development and implementation of an experiment requires specific skills, it is recommended that the process is carried out by the organisation. The project team and the M&E team roles will be key. If possible, representative of target communities can be included in the process.

The M&E team will work in partnership with a data collection partner to collect and analyse the require data.

The endline data will be collected after the experiment and, if possible, another round of data collection to be carried out 3 months later to assess whether the uptake of the behaviour continued.

Outcome

- **Lessons learned on the experiment and its results**
- **Recommendations for adaptation for scaling up the interventions**

Example

Taking the pledge campaign selected in Step 3, you now need to draft an implementation plan and decide on a timeframe and evaluation methodology for the experiment. This could look something like this:

Timeframe: 12 months

Activities:

1. Select 2 or 3 communities to implement the experiment
2. Conduct baseline study on current level of men's skills and perceptions related to household chores
3. Conduct outreach with community leaders and relevant influencers (based on the target segmentation of step 3) ahead of the pledge campaign to rally supporters
4. Conduct other interventions to raise awareness on unpaid care work and include the pledge campaign
5. Monitor the pledge campaign and its consequences (including unintended protection concerns)
6. Conduct the endline
7. Evaluate the experiment: Compare baseline and endline data of skills and perceptions related to household chores, and assess if there is an increase in the contribution of doing household chores

Step 5 – Scale up

Objective

- **To integrate the lessons learned from the experiment into the final interventions and determine scalability.**
- **To design and implement the scale-up of the interventions.**

Design the scale up

Process

1. **Review the final report and decide whether the experiment will be scaled up**

Once the experiment has been conducted and the final report is complete, the working group will meet to discuss and collect feedback on the findings and recommendations.

It is recommended to publish the final report to share the knowledge gained throughout the process and present it during a conference to disseminate it further.

To decide whether to scale up, there are 2 critical questions: How **effective** is the intervention? Are the resources **ready**?

- **Effectiveness** of the intervention:

  - Does the intervention lead to norms-shifting and contribute to behaviour change?

  - Does the community accept the intervention? Will they participate?

  Scale-up requires a lot of investment and effectiveness should be at a level that means the investment is worthwhile.

  The M&E framework developed in step 3 should be used as a tool to determine whether the intervention has contributed to behaviour change. As part of the changes may only happen over the long term, an intervention that results in a change in attitudes and perceptions may be deemed as effective even if the changes of behaviour are limited.

- **Readiness:** It takes resources for scale-ups to happen. If resources aren't in place to support the scale-up process, it may never happen or be successful. Some questions to consider for readiness of an intervention:

  - Is the resource team ready?

  - Do user organisations have flexibility to integrate the initiative in their existing projects? This includes questions of:

    - Donor and government willingness

    - Resource availability

    - Adequate time frame for behaviour change

The working group can use the table below to determine whether an intervention has the potential to be scaled:

HOW SCALABLE IS THE INTERVENTION?	YES/NO/MAYBE	COMMENTS/CONCERNS
Relevance and relative advantage • Responds to perceived problems? • Accounts for community, cultural, gender, other social factors? • Tested and shown to be effective?		
Ease of use by other programs/UNDP Offices • Simple to use? • Easy to integrate into existing programs? • Reasonable cost to implement (human, material, financial)?		
Compatibility with other programs/UNDP Offices • Aligns with their strategic priorities and objectives? • Aligned with its values? • Sufficient capacity to absorb new activities?		

It is important to note:

- **Relevance and relative advantage**: if "no" or "maybe" were the answers to some questions, it could be time to reconsider whether to try to scale up the intervention; it may need further testing, or it could be not effective enough to be scaled and another intervention might be a better investment for scale-up.

- **Ease of use and compatibility by other programs and/or UNDP offices**: If "no" or "maybe" were the answer to some questions, some further adjustments might need to be considered to improve the probability of successful scale-up within other programs and/or UNDP Offices.

2. IF the decision is NOT to scale up the experiment

The learnings from the experiment are highly valuable and can inform future programming. They will also inform the design of other interventions, starting back at the start of the framework. This decision could be a result from the table above or it could be because the experiment itself failed (for reasons such as the intervention not resonating with the target audience, or unintended consequences outweighing the limited behavioural change). Regardless, all lessons learned, and data collected from the experiment should be documented and analysed.

3. **IF the decision is to scale up the experiment**

The recommendations and lessons learned will be used to revise and refine further implementation as needed. This would include possible re-evaluation of behaviour analysis, updating the situational analysis, target audience segmentation, intervention approach, activities, and the implementation modality. All programme documents will have to be updated (including language of key messaging) depending on new target regions and audiences. There are 3 main types of scale up strategies:

- **Vertical/Institutionalisation**: scaling up through policy, political, legal, budgetary, or other systems change.

- **Horizontal/Expansion**: expanding or replicating an innovation, such as expanding or replicating an intervention to nearby geographic areas.

- **Adaptation/Functional**: involves testing then adding a new component to an intervention that is already being scaled up to make the intervention more relevant to the scale-up context.

It is essential to balance **institutionalisation** with **expansion**. Most interventions are **adapted** during scale-up to facilitate their relevance to communities and abilities of host NGOs to offer them, often in the context of larger projects.

Be clear on the ultimate aims and define up front what sustainability means for your innovation. Is the intervention designed to remain in place, or is it aiming to shift norms and once accomplished, is no longer needed within communities?

When planning a scale-up process, it is important to:

- Identify key players and allies in shifting norms/contributing to behaviour change in new settings. Such key players could include:

  - Community leaders (such as political, religious, educational, and private sector leaders)

  - Family and friends of target audience

  - Neighbours

  - The media

  - NGOs

  - Civil Society Organizations (CSOs)

  - Teachers

  - Influencers in the community

- Be clear on end goals and strategies to move scale-up processes

- Determine the extent to which intervention activities need to be adapted without losing the mechanisms that lead to behaviour change and effectiveness

- Think ethically during scale-up planning and implementation to maximise good while minimising harm

- Expect similar challenges to those experienced during piloting as you move into scale and be ready to manage them

Best practices and lessons learned for scale-ups:

- **Prioritising accountability to communities**

  - Accountability requires community insights and substantive community involvement in planning, implementing, and monitoring behaviour change programming. Behaviour change programmes often overlook meaningful community input and are instead driven by external factors such as organisational outputs and targets or funder demands.

  - Accountability to communities also requires that organisations understand power differences within communities and that inputs do not reinforce traditional gendered or intergenerational hierarchies of disempowerment.

  - It is essential to listen to communities – responding to both the silences and the loud voices of different groups within communities. Determining in which communities to scale – and ensuring their meaningful input throughout – can avoid harm, enhance safety, and promote more impactful programming.

- **Fully understand the principles of, and align with, the values of the methodology**

  - Changing behaviours involves a deep commitment to communities and the issues being addressed. Unsuccessful scale ups include a lack of explicit, internalised, gendered principles for the donor/and or implementing organisations – resulting in a values disconnect between the principles of guiding a social change methodology and the priorities of the implementing organisation.

  - To realise transformative, enduring change, organisations can apply the values of social norms methodologies internally, as well as identify local partners who champion social justice principles to lead implementation.

- **Ensure adequate time and funding for programming**

  - One of the most common barriers to fidelity is limited or short-term funding. With donors often funding short-term, measurement-driven projects rather than longer-term initiatives, the crux of social norms methodologies and appreciation for the complex, yet effective, programming can be lost. Funding conditions and donor influence over programming has the potential to either facilitate or limit ethical social norms work. If donors focus on numbers and the desire to make a maximum impact with minimum investment in the shortest time frame, the fundamental "do no harm" principal of ethical programming is more likely to be compromised during scale up.

  - Evidence-based approaches demonstrate that change can happen within programming cycles if done well, done with intensity, and led by communities.

  - Investing in quality programming at scale can reap rewards, ensuring the changes are deeper and have more potential for being sustained.

- **Maintain fidelity to the elements of the original methodology**

  - Behaviour change programming is not merely a collection of activities but rather systematic and theoretically grounded work with key structured aspects that, together, make an approach effective. Neglecting any of these elements can compromise program success while also potentially harming the community.

  - Effective use of programs has strongly depended on implementing organisations' ability to adapt to context while maintaining fidelity to the

methodology's core structure. Donors and programmers often "over-adapt" their methodologies, including picking and choosing from multiple programs to create something unrecognisable to the original designs.

- **Involve originators**

  - Organisations that create methodologies have much experience-based learning behind their work. They play an essential role in ensuring quality adaptations of their program, and ideally, these originators are consulted throughout the adaptation and implementation processes. By undervaluing or excluding originators' experience-based learning, donors and implementing partners may fall victim to the same mistakes these originators have already worked to address.

  - Implementers of successfully adapted and scaled-up programs have developed deep, sustained working relationships with community members and an in-depth understanding of the issues and context. When donors, implementers, researchers, and other stakeholders all work with program originators and with communities, there is more likely to be a win-win.

- **Re-examine the role of government and international organisations in effective and ethical scaling**

  - Internalisation of values is a critical component of both implementation and scale. To transform the status quo and redistribute power in a more equitable way, we must ask whether international organisations and governments are best places to foment social change, and whether they can reasonably and genuinely reflect on internal hierarchies when their missions demand they ensure profit, maintain the status quo and/or sustain growth.

  - It is important to be mindful of which individuals and organisations benefit from the status quo and have principles that may inherently be at odds with social norms transformation—including government and international organisations.

How to carry it out?

- In case of limited financial resources or time: process led by the organisation

  - The process will take place within the working group. The M&E team will present the findings of the report with recommendations. The working group will discuss and agree on recommendations.

  - A workshop to amend the interventions and design the scale up will be organised, if possible, with representatives of target communities.

- In case time and resources allow: Participatory process (Accountability to Affected Population)

  - The M&E team will prepare a simplified version of the findings of the report with suggested recommendations, and they will be presented back to the target population during participatory workshops.

  - Those workshops will provide the opportunity for the target population to develop potential recommendations and amendments to the interventions ahead of the scale up.

  - Those recommendations will be presented to the working group which will adjust them in line with organisational constraints (such as existing budget, timeline, strategic priorities, etc.) and finalise the design of the scale up.

- The final activities will be presented back to the participants to demonstrate how their contribution was taken into account and collect any additional inputs.

- The final product will be presented to the working group to allow additions or corrections and endorsement.

Outcome

- **To integrate the lessons learned from the experiment into the final interventions and determine scalability.**

Example

Once the final report from Step 4's experiment stage has been analysed by the TRC, it is time for you to decide on whether or not to scale up the experiment and how to do so:

- **Decision to scale:** To decide whether to scale the interventions the following questions would need to be answer

  - **Effectiveness?** For example, has the pledging campaign resulted in an increase in men contributing to washing the dishes? If yes, the intervention can be deemed effective.

  - **Readiness?** For example, are their enough resources to scale-up the pledging campaign and mobilize more influencers and men in communities to participate in another pledging campaign in other areas of unpaid care work such as bathing the children or helping them with homework?

  Decision: Yes, it was effective and resources are available. The intervention was relevant and had a relative advantage, and it is easy to use and could be replicated in other UNDP programmes in India and in other UNDP country offices.

- **Strategy to scale:**

  - Horizontal/Expansion: expanding to other communities around India

  - Adaptation/Functional: adapt to make pledge campaign on additional behaviours and as part of other on-going activities (being in the educational system, or in economic development programming)

ANNEX 1 – Glossary

The following definition were selected from the Behavioural Drivers Model, A conceptual framework for social and behaviour change programming.

- **Agency:** Agency is the sense of control a person feels toward an action and its consequences. If the intention to perform an action appears to precede, guide, and exclusively cause the action, an individual will have a sense of agency over what he/she has just done. If not, the resulting mismatch will prevent the individual from feeling a sense of control over what has just happened. Feeling of agency is the overall feeling of control without any explicit thinking about a specific action. Judgement of agency speaks to the conceptual level of control when an individual explicitly thinks about initiating an action.

- **Aspirations:** Personal goals and dreams, vision for future-self, hopes and ambition for achieving things, e.g. aspiring to be the best parent possible; to be an independent woman; to be a successful student; etc. It reflects what someone truly desires in life.

- **Attention:** One might not notice what is put in front of her/him. We often wrongly assume that people are properly informed about existing options because they have been communicated. But making sure that people are paying attention to what is suggested, or that promoters of behaviours manage to capture the attention of their audience, is a key step for a new behaviour to be considered. This is made harder by the fact that people tend to only listen to information that confirm their preconceptions (confirmation bias).

- **Awareness and Knowledge:** These concepts are interdependent but not interchangeable. Awareness is the consciousness of a fact (e.g., being conscious that violent discipline has negative consequences; being cognisant that there are alternatives to it), whereas knowledge is associated with a deeper understanding of this information (e.g. appreciate the reasons why violent discipline is hurtful; being able to explain alternatives to it). It is important to keep in mind that people tend to ignore ''negative'' information related to what they are doing and can sometimes favour prior ''evidence'' that reaffirms their actions. Perception is very selective.

- **Beliefs:** There are multiple types of beliefs influencing attitudes, the main ones being:

  - Effect beliefs: considering a causality chain to be true (X leads to Y); e.g., physically disciplining a child will make her/him a good adult.

  - Holding personal convictions on what ''needs'' to be done in a given situation, e.g. if a woman is seen walking with another man she needs to be punished.

  - Personal normative beliefs: beliefs about what should be, what should happen, e.g. men should be primarily responsible for the honour of the family; women should report intimate partner violence to the police; etc.

  Beliefs are individual, but highly influenced by others. The probability of one person adopting a belief increases with the number of people already holding that belief.

- **Biases:** The use of mental shortcuts and models for filtering and interpreting information, often to make sense of the world around us. Mental models are ways of thinking, often passed down across generations, and include stereotypes, categories, identities, ideologies, etc. Shortcuts are part of Automatic Thinking (by opposition to Deliberative Thinking), when someone jumps to conclusion based on limited information. Most of the

time, people consider what automatically comes to mind to fill in missing information, associate the situation with what they already know, make assumptions, and eventually decide through a narrow frame depicting a wrong picture of a situation. This brain process is widespread as it implies less efforts. A number of specific biases have been described by psychologists, such as the ''recency bias'' (favouring the latest information), ''confirmation bias'' or ''selective exposure'' (filter information in a way that supports our preconceptions), ''availability heuristic'' (overestimating the importance of information available to us), etc:

- **Decision Autonomy:** The ability to make one's own decision.

- **Empirical Expectations:** The set of behaviours which people perceive to be most common. In social norms language, an empirical expectation is what an individual thinks others in her reference group do. This is often ground for misconceptions. There might be a silent majority of people disapproving certain practices but still complying with it based on social misbeliefs (this discrepancy between most individual attitudes and the practices is called ''pluralistic ignorance''). This is also known as descriptive norms.

- **Interest:** Interest characterises how sympathetic people are to an alternative practice, how much they want to know about it, be involved in activities around it, or try it out. This combines some cost/benefit thinking but also a dimension of appeal on a more emotional level.

- **Normative Expectations:** The set of behaviours a person will receive social support for. In social norms language, a normative expectation is what an individual thinks others in her/his group approve (what she/he believes others think she/he should do). This is also known as injunctive norms.

- **Past Experience:** Researchers have shown that past experience helps form complex decisions. Memories of experiences, such as past failure and frustration with a behaviour, or negative experiences such as poor treatment by a service provider, will shape our attitude towards trying new things. At a deeper level, experiences as a child also drive behaviours of adults, including negative, violent, or abusive behaviours. This replication concept is paramount in most psychological schools of thought.

- **Reference Network's Attitudes and Practices:** The social influence is based on the attitudes and behaviours of those whose opinion we value, who we consult regarding certain issues, and those whose perception of us matters. Members of this ''reference network'' include peers we care about, as well as influencers and gatekeepers who exert some form of power over us. People tend to imitate the behaviours of their reference network frequently, and sometimes automatically.

- **Skills:** Particular abilities and capacities to do something. Most skills are acquired through experience and/or deliberate learning. Example of skills include parenting techniques, positive discipline, as well as life skills such as critical thinking or active citizenship.

- **Social norms:** Social norms are informal group rules influenced by the beliefs that members hold about what others in the group do and approve. Even in the absence of sanctions, which are central to social norms, such beliefs usually also exist and influence individual practices. Norms as well as sanctions can be both positive and negative.

- **Social influence:** those interpersonal processes that can cause individuals to change their thoughts, feelings, or behaviours.

- **Social Pressure:** Rewards, Sanctions, Sensitivity, Exceptions: Social norms exist because of the consequences of behaving in certain ways (antici-pated opinion or reaction of others). What defines a norm is the social ''obligation'' behind it, the fact that people believe that compliance will con-dition their acceptance or rejection by the group. On the negative side, sanctions can take many forms, such as stigma, avoidance, insults, violence, exile, etc. The sensitivity to sanctions is also an important element to define how strong the norms are. Exceptions are a set of circumstances under which breaking the norm would be acceptable.

- **Values:** What we perceive as good, right, or acceptable. Inner convictions of right and wrong, of what good conscience requires. These principles are strong drivers of standard behaviours. Individual values are directly influenced by moral norms.
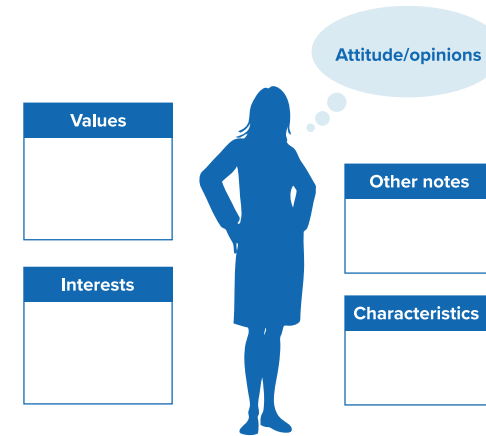
ANNEX 2 – Tools for Design

The following tools will be recommended:

Target Audience Segmentation Exercise 1:

Instructions

1. Each table has been assigned a profile

2. With your group, please choose **2-3 characteristics** from list

3. Once selected, brainstorm what are this character's **Values, Interests, and Attitude/Opinions**. Based on what is the most commonly represented in India

4. Fill-in your ideas on the poster.

‼ Positive and negative ‼

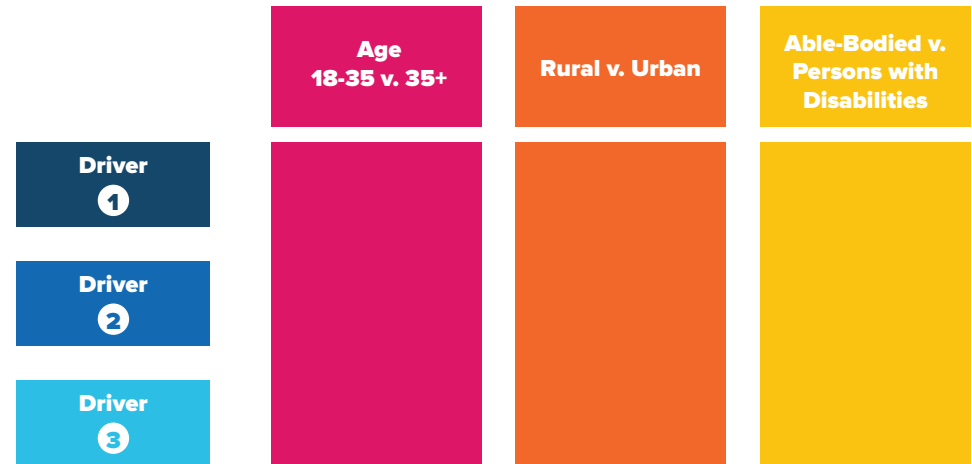| **Personal Characteristics**		**Interest**		**Attitudes/Opinions**	
Age	Gender	Attention (paying attention to a topic)	Affordability	Aspirations	Past Experience
Household Composition	Income/Poverty level	Feasibility	Appeal	Awareness Knowledge	Emotions
Marital Status/Children	Religious affiliation	(Potential) gains	Enjoyment	Beliefs (convictions of what is true)	Intuitions
Social Status	Lifestyle	(Perceived) risks	Efforts needed	Mindset (a default way of adressing cetain situations)	
Education	Physiological attributes			**Values** What we perceived as good, right, acceptable	

Once you have gotten to know your target audience a little better, now it is time to analyse the same audience through various lenses that consider the intersectional factors that may impact them differently. This is an important consideration as this allows for all factors to be considered and be adjusted to ensure maximum impact.
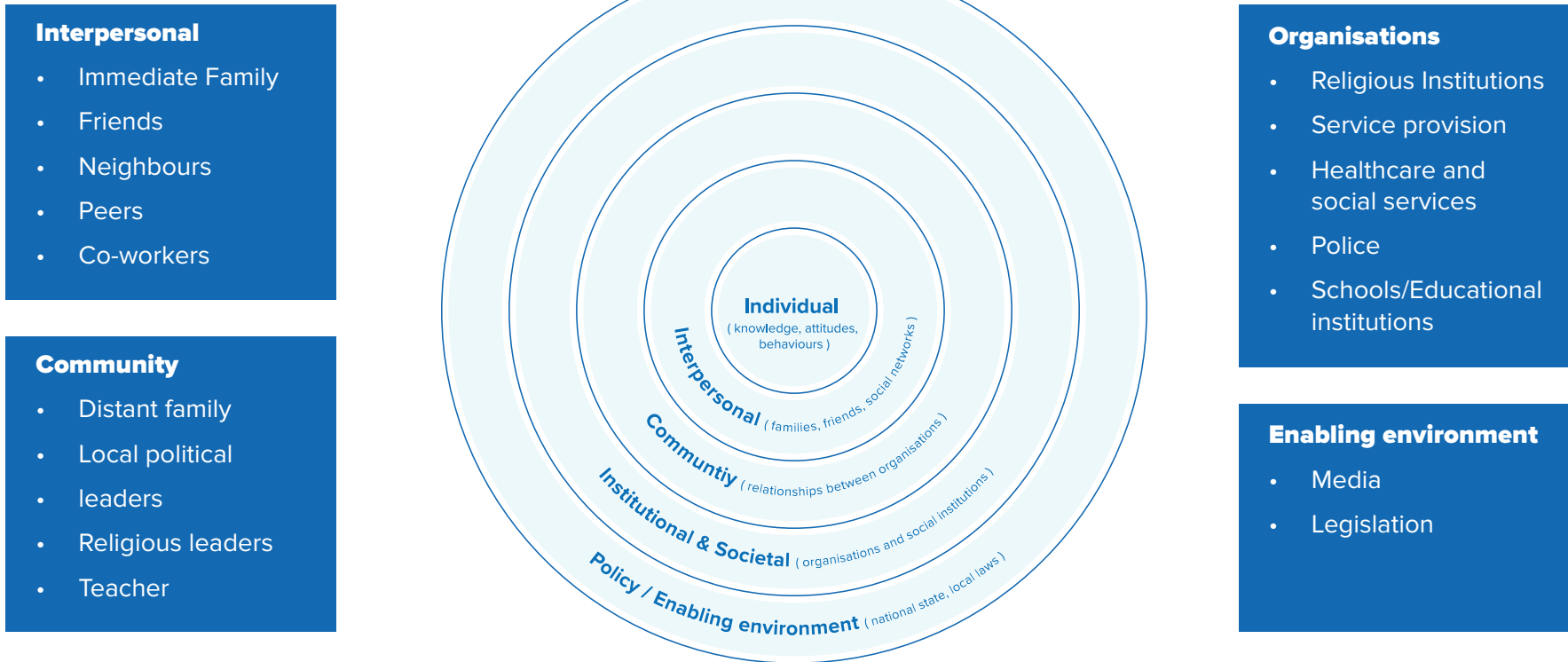
Instructions

1. Each table has been assigned a lenses

2. With your group, brainstorm how the drivers are different for those behaviours depending on the lense?

3. Fill-in your ideas on the poster.

	Age 18-35 v. 35+	Rural v. Urban	Able-Bodied v. Persons with Disabilities
Driver 1			
Driver 2			
Driver 3			

Sphere of influence Exercise :

This exercise is intended to support unpacking the individuals and organisations that influence your target individual.

Interpersonal

- Immediate Family
- Friends
- Neighbours
- Peers
- Co-workers

Community

- Distant family
- Local political
- leaders
- Religious leaders
- Teacher

Organisations

- Religious Institutions
- Service provision
- Healthcare and social services
- Police
- Schools/Educational institutions

Enabling environment

- Media
- Legislation

Individual (knowledge, attitudes, behaviours)

Interpersonal (families, friends, social networks)

Communtiy (relationships between organisations)

Institutional & Societal (organisations and social institutions)

Policy / Enabling environment (national state, local laws)

Activity: for each primary target audience, carry out this exercise placing them at the centre, and all individuals (and organisations) that influence them on the various level of influence.

This information will allow you to ensure that all your interventions target the different level of influence to foster behaviour change.

ANNEX 3 – Additional resources

This section will provide links to additional external resources for further guidance

- [Applying the COM B Behaviour Model](#)
- [The Behaviour Change Wheel](#)
- [Everybody wants to belong, A practical guide to tackling and leveraging social norms in behaviour change programming](#)
- [INCASE Framework](#)
- [The OASIS Framework](#)
- [The Behavioural Drivers Model](#)
- [The EAST Framework](#)