USING THE BEHAVIOUR CHANGE WHEEL FRAMEWORK WITHIN GENDER-FOCUSED INTERNATIONAL DEVELOPMENT PROGRAMMES:

A Field Guide

Paul Chadwick
Triona Pender
Erick Onduru

UCL
actionaid

TABLE OF CONTENTS

ACKNOWLEDGEMENTS AND PUBLICATION INFORMATION i
AUTHORS iii
LIST OF ABBREVIATIONS iv
FOREWORD v
EXECUTIVE SUMMARY vi

1 INTRODUCTION 1
1.1 The aim of this field guide 1
1.2 ActionAid Ireland's Women's Rights Programme (WRP) 1

2 WHY PRIORITISE WOMEN AND GIRLS? 3
2.1 Gender-Based Violence (GBV) 3
2.2 Women & Work 4
2.3 Women, GBV, Land & Economic Power 5

3 ACTIONAID'S APPROACH TO DEVELOPMENT 6
3.1 Reflection-Action: the heart of ActionAid's gender-focused programming 6

4 THE BEHAVIOUR CHANGE WHEEL FRAMEWORK 8

5 APPLYING THE BEHAVIOUR CHANGE WHEEL FRAMEWORK 10

6 INTEGRATING BEHAVIOUR CHANGE AND COMMUNITY ENGAGEMENT METHODS 15
6.1 The BCW meets the HRBA 15
6.2 Community engagement, prioritisation and action planning 16
Case study 1: *Community Entry and Identifying Targets for Change in Paranga, Kenya* 23
Case study 2a: *Identifying Outcomes and Targets for Change (Sexual Harassment on Public Transport in Nepal)* 24

7 SELECTING BEHAVIOURS TO CHANGE 25
7.1 Identifying behaviour(s) to change 25
Case Study 2b: *Specifying Behavioural Targets for Change (Sexual Harassment on Public Transport in Nepal)* 27

8 CARRYING OUT A BEHAVIOURAL (COM-B) DIAGNOSIS 30
8.1 The COM-B Model 30
8.2 COM-B Targets 31
8.3 Carrying out a COM-B diagnosis 31
Case Study 2c: *Conducting a Behavioural (COM-B) Diagnosis (Sexual Harassment on Public Transport in Nepal)* 33
Case Study 3a: *Conducting a Behavioural (COM-B) Diagnosis (Child Marriage in Parsa, Nepal)* 34
9 DEVELOPING INTERVENTIONS 36
9.1 Choosing intervention types according to COM-B target 37
9.2 APEASE and choice of intervention types 38
Case Study 2d: *Using Intervention Types to Change Behaviour (Sexual Harassment on Buses in Nepal)* 39
Case study 3b: *Using Intervention Types to Modify COM-B influences (Child Marriage in Parsa, Nepal)* 41
10 EMBEDDING AND REINFORCING CHANGE 43
10.1 Policy Options 43
10.2 APEASE and choice of policy options 44
Case Study 2e: *Using Policy Options to Embed and/or Reinforce Change (Sexual Harassment in Buses in Nepal)* 45
Case Study 3c: *Using Policy Options to Embed and/or Reinforce Change (Child Marriage in Parsa, Nepal)* 46
11 EVALUATION 48
12 DOCUMENTATION 51
CONCLUSION 53
REFERENCES 54

LIST OF FIGURES

Figure 1: The Behaviour Change Wheel 8
Figure 2: COM-B Model 11
Figure 3: AAIre Behaviour Change & Community Engagement Process 15
Figure 4: COM-B Model 31
Figure 5: BCW Approach- COM-B Diagnsosis (Sexual Harassment on public buses in Nepal) 34
Figure 6: BCW approach- COM-B diagnosis (Child Marriage in Parsa, Nepal) 35
Figure 7: BCW approach- Intervention Types (Sexual Harassment in public buses, Nepal) 41
Figure 8: BCW approach- Intervention Types (Child Marriage in Parsa, Nepal) 42
Figure 9: BCW approach- Policy Options (Sexual Harassment in public buses, Nepal) 46
Figure 10: BCW approach- Policy Options (Child Marriage in Parsa, Nepal) 47

LIST OF TABLES

Table 1: Examples of target behaviours to reduce gender-based inequalities and violence 26
Table 2: The 4 W's Questions- Primary & Secondary behaviour change targets (Sexual Harassment on buses in Nepal) 29
Table 3: Impact, spill over, and likelihood of change ratings 29
Table 4: Bus conductors' behavioural diagnosis 33
Table 5: COM-B influences on parents' behaviour (Child Marriage in Parsa, Nepal) 35
Table 6: Intervention Types 36
Table 7: Indicative mapping of intervention types to COM-B targets 37
Table 8: The APEASE Criteria 39
Table 9: Intervention Plan- Behaviour Change of Bus Drivers/Conductors in Nepal 40
Table 10: Policy Options listed in the BCW 43
Table 11: Indicative mapping of policy options to intervention types 45

ACKNOWLEDGEMENTS AND PUBLICATION INFORMATION

The development and publication of this Field Manual was made possible by a grant from ActionAid Ireland (AAIre) with funds from Irish Aid. The authors would like to thank all the programme staff within the AAIre Women's Rights Programme (WRP) II, past and present, who took part in the annual Learning and Review Weeks where many of the issues contributing to the framework outlined in this publication were discussed. Particular thanks go to the three current Women's Rights Coordinators: Nisha Lama Karki in Nepal, Caroline Nkirote in Kenya, and Genet Shume in Ethiopia as well as to other members of ActionAid country teams involved in the WRP: Dalawit Teklay, Eleni Tekalign, Takele Morka in Ethiopia, Pauline Kariuki in Kenya and Narayan Sitaula in Nepal. Their critical work on the ground formed the basis of the case studies presented in this field guide and provides a snapshot of a much wider portfolio of programme activities making a real difference to marginalised women and children in these countries.

We would also like to thank our development evaluators (Katherine Kaye and Bev Jones) for the role they continue to play in helping us to understand the impact of our work and to continually adapt the programme so that it can deliver maximum value. Particular thanks to Bev Jones for making the link between AAIre and the University College London Centre for Behaviour Change (CBC) and supporting us to speak each other's language in the early days of the partnership.

The structure and content of this manual draws and builds upon previous publications from the CBC *(The Behaviour Change Wheel: A Guide to Designing Interventions)* and Public Health England *(Achieving Behaviour Change Guides for Local and National Government)*. We would like to thank the authors of these publications for permission to use figures and content from those guides.

AAIre is committed to constantly analysing, learning and adapting our programmes to make sure that they deliver on women's rights in a contextually acceptable and sustainable way. AAIre is privileged to have the opportunity to work with the CBC on a truly innovative programme that pushes us to reflect on our means of analysis and methodologies to ensure that they are fit for purpose. Our final thanks go to all the women, children and men in the communities we have worked with for the contributions they have made to helping us understand how to adapt and use the Behaviour Change approach in a development context.

AUTHORS

Dr. Paul Chadwick, Associate Professor at University College London, is Deputy Director of the UCL Centre for Behaviour Change, as well as a Trainer and Consultant Clinical and Health Psychologist with expertise in behaviour change for adults and children. His expertise lies in applying behavioural science to a range of issues in the fields of social justice, sustainability and health-related behaviour change, particularly in the areas of obesity, diabetes, cardiovascular disease, sexual health, and body image.

Triona Pender, MA, BA (Dublin City University) is the Head of Programmes at ActionAid Ireland (AAIre). Originally a linguist, with almost a decade and a half of programme and field experience in the global south in particular Bolivia, Malawi, Kenya, Ethiopia, Nepal and Vietnam, she maintains continuity and perspective across AAIre's programmes and has been instrumental in developing the shared learning between AAIre and the CBC.

Erick Onduru, MA (Nairobi), qualified in social development, monitoring and evaluation and is the Programme Learning Coordinator of the Women's Rights Programme for AAIre. With a BA in Environmental Conservation, specialising in development, he has a unique combination of experiences in Somalia, Kenya, Nepal, Ghana, and Ethiopia to bring to the WRP and COM-B approach. He has been with ActionAid since 2016.

LIST OF ABBREVIATIONS

AA	ActionAid
AAEthiopia	ActionAid Ethiopia
AAIre	ActionAid Ireland
AAKenya	ActionAid Kenya
AANepal	ActionAid Nepal
APEASE	Acceptability, Practicality, Effectiveness, Affordability, Side effects, Equity
BC	Behaviour Change
BCW	Behaviour Change Wheel
CBC	Centre for Behaviour Change, University College London
COM-B	Capability, Opportunity, Motivation - Behaviour
CSWF	Chitwan Sakriya Women Foundation
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HRBA	Human Rights-Based Approach
LRP	Local Rights Programme
MMS	Makwanpur Mahila Samuha
RBAs	Rights-Based Approaches
ToC	Theory of Change
UCL	University College London
WRP	Women's Rights Programme

FOREWORD

The aim of AAIre's Women's Rights Programme (2017-2022) is to improve the lives of women and children, by enabling them to address the conditions that perpetuate Gender Based Violence(GBV) and to improve their economic security. We are committed to strengthening our understanding and knowledge of how social change happens in line with our theory of change. Our previous programme was judged to have succeeded in raising awareness, but it did not create change that could be sustained in the long-term. Based on this learning, in 2016 we decided to alter our approach and to incorporate change analysis centrally in our programme design.

That decision was based on our understanding that most interventions succeed only when the target groups start practicing (and sustaining) new behaviours, such as women supporting women to reject any form of violence and seeking legal redress when it occurs and keeping girls in school. Often, interventions are based on untested assumptions and pay limited attention to the contextual analysis about why people behave as they do, and therefore fall short of achieving the desired change. Not only do ineffective approaches fail to realise the lifechanging goal of addressing women's security, they squander scarce social and other capital in the process.

Adopting the Behaviour Change model has enabled our Women's Rights programme to better understand exactly which factors prevent people from practicing the desired behaviours in each context; and subsequently design interventions to address the identified barriers . This is a most effective way to achieve the desired change. Additionally, the impact of the successful interventions has the effect of mobilising and attracting more people toward the behaviour change approach.

This Manual draws on the practical experience and reflections of ActionAid colleagues and partners in community-based women's organisations in Ethiopia, Kenya, and Nepal. It is designed to assist current and future colleagues draw on their rich, dynamic experience, and offers the knowledge needed to deeply understand people's behaviours and help them to make positive changes in their lives.

We sincerely hope the Manual will be of value when preparing programme strategies, developing project proposals, and reviewing the effect of your interventions.

Siobhán McGee
EXECUTIVE DIRECTOR
ActionAid Ireland
September 2020

EXECUTIVE SUMMARY

This manual is being published after almost four years of implementing the Behaviour Change Wheel (BCW) methodology in specific localities in three developing countries (Ethiopia, Kenya, and Nepal). The Behaviour Change (BC) approach was adopted by AAIre to address the structural causes of Gender Based Violence (GBV) with the intention of creating a more sustainable solution to the problem.

This is the first time a BC approach has been used in GBV programming and the manual provides insights into how it has worked in the context of ActionAid.

The manual is aimed at practitioners who would like to try a new approach to programming and provides a step by step guide on how to go about this: choosing a target behaviour;analysing each of the behavioral influences (capability, opportunity and motivation); designing relevant interventions depending on the behavioral influences to be changed; and using the APEASE (Acceptability, Practicality, Effectiveness, Affordability, Side effects, Equity) criteria to further streamline intervention choice.

The final chapters in the manual highlight some suggested evaluation and documentation techniques that can be used to evaluate and document programmes that use the BCW as an approach.

The BC methodology, while new to ActionAid, fits very well into the ActionAid Human Rights Based Approach (HRBA) approach and could be used as an innovative tool to deepen Reflection-Action at community level.

1 INTRODUCTION

1.1 THE AIM OF THIS FIELD GUIDE

This report distils three years of learning into a brief 'how to' guide for using the Behaviour Change Wheel (BCW) in gender-focused international development programmes. It is intended to help development practitioners initiate a Behaviour Change (BC) approach to (a) deepen their understanding of the problems their participants are trying to solve, and (b) develop interventions targeting the behaviours that, if changed, will contribute to achieving their programme's outcomes and impacts. Sections 1 to 4 outline the field and theoretical contexts for the application of the BCW and the COM-B model to AAIre's Human Rights Based Approach (HRBA) to development work and the WRP. Sections 5 onward explain how the two models have interacted, with case studies illustrating the combined approach in different circumstances.

1.2 ACTIONAID IRELAND'S WOMEN'S RIGHTS PROGRAMME (WRP)

AAIre manages a Women's Rights Programme (WRP) in Ethiopia, Kenya and Nepal. The overall aims of this WRP are: *to make communities safer places for women and girls* by reducing GBV and promoting women's rights; and *to assist women to become more economically secure* through literacy, numeracy training and improved agricultural practices.

The AAIre WRP is approaching the end of its second cycle of implementation. Evaluation of WRP-I (2012 to 2016), in common with many other gender-focused international development programmes, demonstrated success at changing attitudes and values of women and to a lesser extent men, but was considered less successful at changing behaviour, and therefore outcomes. Whilst the programme produced a significant increase in women's awareness of their rights, it

was less successful at challenging the underlying causes of GBV.

For the second cycle of implementation —*WRP-II (2017 to 2022)*— AAIre has partnered with the UCL Centre for Behaviour Change (CBC) to help develop an approach to programming that places the understanding of the root causes of behaviours relating to GBV and lack of economic empowerment at front and centre of the approach to bring about more sustainable change by the end of the programme. The programme is now in its fourth year and is starting to produce impressive results. Research carried out on programme staff's experience of using the framework suggest that it is well-liked, fits with their personal and professional values and is considered to be effective at deepening communities' understanding of the root causes of gender-based inequalities (Clifford, 2019; Chadwick, Clifford, Pender, Onduru and Jones, 2019). AAIre and CBC have worked closely during the four-year implementation of WRP-II and this spirit of collaboration and commitment to joint learning has been critical in helping country teams move from theory into practice. The path has not always been straightforward; nevertheless the knowledge and skills exchanged during this period have not only delivered new and innovative interventions in the areas of GBV and economic empowerment, they have also been used to help develop effective responses to the evolving COVID-19 crises.

Menja Women on Practical Farm Training, Decha Local Rights Programme (LRP), Ethiopia, August 2020
Photo taken by Lidiya Marew, Women Rights Officer, Decha LRP, AAEthiopia

2 WHY PRIORITISE WOMEN AND GIRLS?

Access to wealth, opportunity, and power across the world is not equal, particularly in areas characterised by high rates of poverty. As a federation, ActionAid works in 45 countries globally. The majority of these are developing countries in the global south with a small number of fundraising affiliates based in the global north. ActionAid's work prioritises women and girls as it is known that they are disproportionately affected by poverty compared to men and boys. As a federation, ActionAid is guided by feminist values and a feminist vision: we recognise that the dominant systems favour men and limit women's access to economic, political and social opportunities simply because they are women. The effects of gender inequity and inequality are damaging to individuals, families, communities and countries[1]. ActionAid's programmes enable women and girls to plan and execute changes in their lives that bring about a more just and equitable system for everyone.

ActionAid's programmes address many issues affecting women and girls: two recurring issues are economic empowerment arising from women's positioning in the labour market; and freedom from violence.

2.1 GENDER-BASED VIOLENCE (GBV)

Across the world, seven out of ten women will experience violence in their lifetime[2]. ActionAid defines GBV as 'any act or threat of physical,

1 Action Aid (April 2020), "Who Cares for the Future: Finance Gender Responsive Public Services".

2 http://www.unesco.org/new/en/unesco/events/prizes-and-celebrations/celebrations/international-days/international-womens-day-2013/

sexual or emotional violence, including being subject to controlling behaviour such as restricted access to financial resources, employment, education or medical care'. Systemic inequalities impact greatly on the rights of women, and make them more vulnerable to violence, particularly for women who are affected by additional types of oppression: disabled women, migrants, sex workers, and women of different sexualities or gender identities (lesbians, nonbinary, and trans women). Incidents of GBV on public transport are a major issue for women and girls, the social acceptability of which often leaves them without the opportunity or capacity to avoid or respond to violence (see case study 2(b) on page 27 and Table 1, Section 7.1 on page 26, for examples of adverse behaviours the WRP communities encounter).

Other forms of GBV affecting women and girls in many of ActionAid's partnering countries include forced child marriage, Female Genital Mutilation (FGM), isolation during menstruation (such as Chhaupadi[3]), early pregnancy, sexual assault, domestic and intergenerational abuse, corporal punishment and rape. Practices such as FGM and forced child marriage are widely practiced in the countries where ActionAid is implementing its programmes. In both cases girls are taken out of school at a very young age (sometimes as early as seven or eight years old), ending their chance of completing their education or even becoming functionally literate, and thus condemning them to a perpetual cycle of poverty.

2.2 WOMEN AND WORK

Women's work is often overlooked, unpaid and undervalued. Worldwide, women perform over three quarters of the unpaid care and domestic work that arises. The gendered division of labour forces many women to never enter paid work, to leave paid work to care for children, or to choose work that allows them to accommodate care responsibilities[4]. Women work in unsafe conditions and have precarious jobs. Women across the world are also at risk of violence in the workplace. ActionAid works with women to call for greater corporate accountability to uphold their rights and for governments to do more to serve the needs of poor and excluded women, and to protect and advance their rights.

3 A custom practised in the far western part of Nepal, where women and girls are kept outside the house during their menstrual period. This is also practised in parts of Ethiopia under a different name.

4 Action Aid (April 2020), "Who Cares for the Future: Finance Gender Responsive Public Services".

2.3 WOMEN, GBV, LAND & ECONOMIC POWER

GBV and lack of economic power remain persistent and highly interlinked problems. Women account for 70 per cent of Africa's food production, but often do not have secure access to land. Experts report that women also account for nearly half of all farm labour, and 80–90 per cent of food processing, storage and transport, as well as hoeing and weeding (UN Renewal, April 2008). Despite this, land rights for women, although now provided under the law in many African countries, are not often realised for marginalised women at community level. Land titles are normally passed down through the male line and widows are forced off their land by male family members. In many countries in both Africa and Asia the existence of the dowry system exacerbates this problem, with women essentially being 'sold' to their husbands who consider them as property.

Women tend to/usually have very little decision making power over any aspect of their lives: how many children to have; what kind of crops to sow; whether to send their children to school; or how to spend any income generated in the family. This power is owned by their husbands and in most cases women are unaware that they have any rights at all. Participation in community development by women is normally only possible if the husband gives his consent. If income is generated by women, or anyone in the family, it is the male head of household who controls how this will be utilised.

Across the world, and particularly in the global south, many women have little to no control over their lives. As they have no possessions, financial resources or opportunities for economic participation, they are completely dependent on their husbands or fathers and are often subjected to GBV, with no way of escaping from their circumstances.

3 ACTIONAID'S APPROACH TO DEVELOPMENT

ActionAid's approach to development is based on ensuring that communities, and especially women who are disproportionately affected by poverty and GBV, are designing and leading solutions to the problems that they identify as priorities for themselves. We call this the Human Rights Based Approach (HRBA). Rights-based approaches (RBAs) can be operationalised and delivered in different ways. ActionAid has been developing and refining its approach to rights-based programming for a number of years using a cycle of innovation, evaluation, reflection and implementation.

3.1 REFLECTION-ACTION: THE HEART OF ActionAid's GENDER-FOCUSED PROGRAMMING

At the heart of the HRBA is the idea that all development activity should be based on reducing inequalities of power between the development workers and community members they are working to support. It is important that marginalised women are designing and leading solutions to the problems that they identify as priorities for themselves, with development programme staff facilitating rather than leading this process.

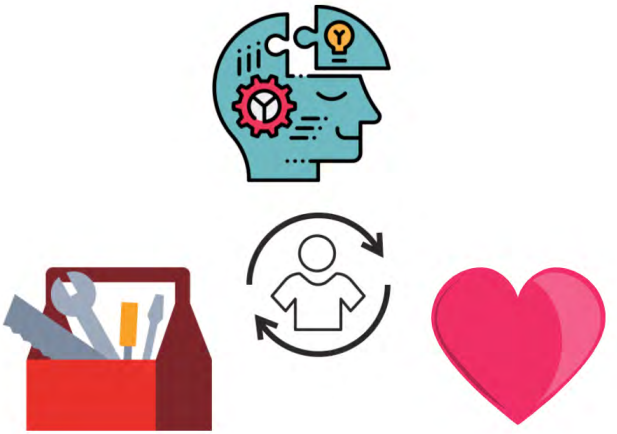
ActionAid programmes use the Reflection-Action methodology to achieve this[5]. This approach, based on the work of Paolo Freire (1972), Robert Chambers (1983) and others, brings community members together to sit in an open *"Reflection-Action Circle"*. Participants in the Circle, always open to allow more people to join,discuss their priorities, problems, and solutions with facilitation from ActionAid programme staff to deepen this analysis using participatory tools such as maps, drawings, and dramas.

5 Further information on the Reflection-Action approach can be found here:: http://www.reflectionaction.org/pages/about-reflection-action/. The practical nuts and bolts are detailed here: https://www.actionaid.org.uk/sites/default/files/doc_lib/190_1_reflect_full.pdf

Reflection-Action Circles are an important way in which the programme brings together community members to share information and build capacity for understanding their experiences and identifying ways to improve their situation. Learning about the theories and tools for behaviour change, and how to use them, forms part of the process of many Reflection-Action circles within the AAIre WRP. Interactions between members of *Reflection-Action Circles* and the wider community is one way programmes involve broader stakeholders from within the village and beyond. More information about the approach and the different tools that can be employed using Reflection-Action can be found at: http://www.reflectionaction.org/

LIMITATIONS OF BEHAVIOURAL SCIENCE IN DEVELOPMENT PROGRAMMES

The use of behavioural science within development programmes to address issues such as poverty and abuse has not been without criticism (Kabeer, 2020). Critics have argued that behavioural approaches are far too simplistic, locating the problem within the psychology of the victim or perpetrator while neglecting the complex social, historical and political causes of the problem and the contributions of structural inequity. ActionAid's approach does not consider behaviour change science as a stand-alone method for development programming. Instead, the theories, frameworks, models, and methods of behavioural science are used as tools to be integrated and used carefully within its feminist informed HRBA.



4 THE BEHAVIOUR CHANGE WHEEL FRAMEWORK

ABOUT THE BEHAVIOUR CHANGE WHEEL FRAMEWORK

The Behaviour Change Wheel (BCW) is a framework for systematically developing and adapting interventions to change behaviour. It was developed from a review of existing frameworks from across the behavioural and social sciences and brings together their best features. The BCW has been designed to be used flexibly across a range of different contexts. This pragmatic approach allows practitioners, researchers and evaluators from a variety of backgrounds, experience and disciplines to make use of insights from behaviour change science without extensive training in its theories and methods. **This is particularly important in a development context when expertise in behavioural science is difficult to access.**

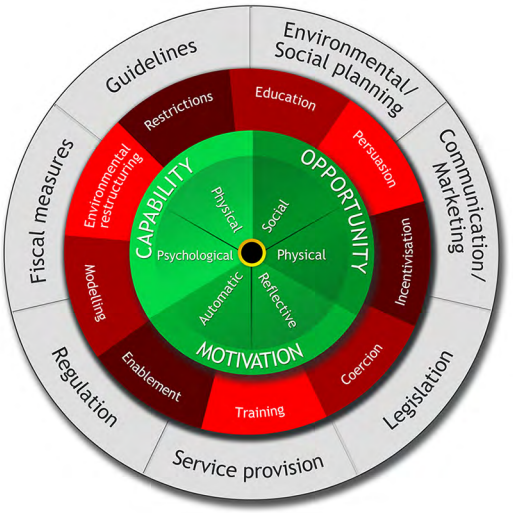


FIGURE 1: THE BEHAVIOUR CHANGE WHEEL

Figure 1 shows the BCW with the *green inner hub* representing the major influences on behaviour, the *red circle* showing the range of types of BC intervention, and the *grey outer circle* showing possible policy options that can deliver those interventions.

The BCW is widely used across different contexts, particularly in healthcare and increasingly in the sustainability field to address issues such as: domestic water use (3); physical activity in school children (4); reducing sitting time in desk-based office workers (5); promoting independent living in older adults (6); supporting parents to reduce provision of unhealthy foods to children (7); and reducing workplace energy use (8). Interest in the application of BCW to issues of social justice such as GBV and equality, diversity and inclusion is growing. The use of the BCW in WRP-II is the first example of embedding the BCW process within gender-focused international development programming. More details of the BCW can be found at www.behaviourchangewheel.com

Training on Micro enterprises - How to start your own business to women groups.
Photo taken by Nisha Lama, Programme Coordinator, Makwanpur Mahila Samuha (MMS)

5 APPLYING THE BEHAVIOUR CHANGE WHEEL FRAMEWORK

Using the BCW involves working through a series of steps using tools specifically designed to support each step. The following section illustrates each step using the example of reducing child marriage in a marginalised community in the global south.

STEP 1: OUTCOME IDENTIFICATION AND BEHAVIOUR SELECTION

Outcomes are the broad goals of a development programme and are established with the participating communities. In gender-focused programmes these are usually related to *equality of opportunity* and *access to material and financial resources for women*, and the reduction of GBV.

For example:

> *The rate of child marriage is reduced by half in target communities by 2025.*

In the majority of cases programme outcomes can only be achieved by changing the behaviour of community members targeted by the programme, for example the men, boys, women and girls. **Behaviour selection** involves identifying which behaviours in the targeted community will contribute to

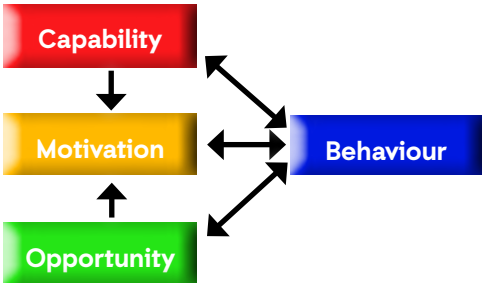
achieving the desired outcome and specifying who exactly needs to do what differently. In development programmes it is often the case that more than one behaviour change will have to occur to bring about the desired outcome.

For example:

Reducing rates of child marriage may require behaviour change in the following groups: two sets of parents (behaviour: seeking and giving permission for marriage to occur); religious leaders (behaviour: carrying out the marriage); and children (behaviour: expressing their wishes not to be married).

STEP 2: BEHAVIOURAL (COM-B) DIAGNOSIS

FIGURE 2: COM-B MODEL



Once it is clear about whose behaviour needs to change the next step is to identify *what is needed to bring about that change*. This process is known as the Behavioural Diagnosis and is guided by the COM-B model *(Figure 2)* which outlines the necessary conditions that need to be in place for a behaviour to occur.

More specifically, these conditions supporting behaviour change are:

a. Capability – having the physical and mental ability to do the behaviour (e.g. knowledge, physical and mental skills, mobility, and strength).
b. Opportunity – being in a physical and social environment that supports the behaviour or makes it possible.
c. Motivation – being more motivated to do the target behaviour rather than other behaviours that are possible in that situation.

For example:

If we want children to express to their parents that they do not want to be married, then:

- *they may need to understand that being entered into marriage is a violation of their human rights, and have the knowledge and skills to communicate that to their parents (capability);*
- *understand the implications and negative impact of being entered into marriage as a child for themselves, their family and their community (motivation); and*
- *have a safe space in which it is possible to express their views without fear of repercussion (opportunity).*

STEP 3: DEVELOPING THE INTERVENTION

Once the influences on the target behaviours have been identified the next stage is to generate ways to bring about change in those influences. The BCW approach matches the choice of intervention strategy to behavioural influences identified in the COM-B diagnosis (see above). The BCW employs eight different intervention types: Education, Persuasion, Incentivisation, Coercion, Training, Restriction, Environment restructuring, Modelling, and Enablement[6].

For example:

Necessary interventions could include:

- *teach children about their human rights and how child marriage is a violation of these (education);*

6 Note that these are referred to as 'Intervention Functions' in the original publication and in the full version of the Behaviour Change Wheel guide (1).

- *convince them about the likely negative personal impact of child marriage using street drama (persuasion); and*
- *train them in ways to identify and assert their rights through role play (training).*

Persuasion (Theatre)

STEP 4: REINFORCING AND EMBEDDING CHANGE

Interventions to change behaviour will only bring about lasting change if they are fully embedded within the way that communities live and are reinforced by the authorities and systems governing life in that community. The BCW describes seven different ways to embed or reinforce interventions:

- Guidelines,
- Legislation,
- Service provision,
- Fiscal policies,
- Environmental Planning,
- Communications and Marketing, and
- Regulation[7].

For example:

Education around child marriage and human rights can be embedded within the local education curriculum for the community (guidelines) and reinforced by campaigns on local radio or media (communications and marketing). Formal pressure can be applied to local duty bearers to enforce existing legislation (regulation) to ensure that cases of child marriage are dealt with once authorities become aware of them.

7 Note that these are referred to as 'Policy Categories' in the original publication and in the Behaviour Change Wheel guide (1).

MAKING CONTEXTUALLY APPROPRIATE DECISIONS: THE APEASE CRITERIA

At all stages of the BCW process, decisions will be made on what behaviours should change, which COM-B influences to target, and which interventions should be implemented. These decisions can be taken by applying the APEASE criteria, a tool for supporting programme workers and community members, helping them to make decisions that are:

- Acceptable to community stakeholders;
- Practical (appropriate to the context and the resources available);
- Effective;
- Affordable, with no or limited side effects; and result in
- Equitable outcomes for the most vulnerable.

Sections 6 and 7 below show how the APEASE criteria can be applied in the development context.

Girls after discussion and diagnosis, presenting the Capability, Opportunity and Motivation diagnosis on the Behaviour Change to end child marriage at Manahari - 3, Hadikhola Kaugedi.

Photo taken by Sunkesari Thing, Social Mobiliser (Ex)

6 INTEGRATING BEHAVIOUR CHANGE AND COMMUNITY ENGAGEMENT METHODS

6.1 THE BCW MEETS THE HRBA

This section outlines how the BCW framework is integrated within the wider HRBA to gender-focussed development programming, with particular reference to how this has evolved over the four years of the WRP-II programme. Figure 3 illustrates the different stages of the programme.

From the centre, the participatory nature of the process is characterised by repeated cycles of *engagement and feedback* between community members and programme staff. The *middle circle* represents the distinct stages of engagement, empowerment and capacity building common to many rights-based programmes: this is the community development process. The outer *rim* of the circle represents the different *steps in the BCW process* and how these map onto the community development process.

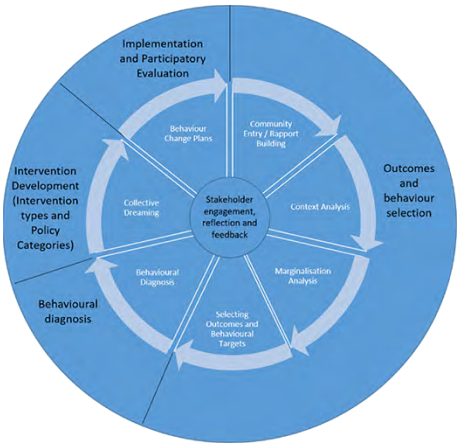


FIGURE 3: STAGES IN THE AAIRE BEHAVIOUR CHANGE AND COMMUNITY ENGAGEMENT PROCESS

Although these stages and steps are presented as discrete and separate, during programme implementation, learning gained from one step inevitably flows between and across stages. Communities and programme staff typically move through the different stages of the process many times each cycle, contributing additional learnings to make the next iteration more effective. This facilitates and supports ActionAid's commitment to adaptive programming methods.

6.2 COMMUNITY ENGAGEMENT, PRIORITISATION AND ACTION PLANNING

Reflection-Action circles are part of a wider sequential approach to programme implementation called the community engagement process. This has the following steps:

STEP 1: COMMUNITY ENTRY/RAPPORT BUILDING

Implementation, crucially, begins with **a series of discussions regarding the programme with the local authorities, both at the district and the county levels, and within the communities.** This entails holding meetings with the district and county officials, village members, and other local groups. Thereafter, broader, community-wide meetings are planned and held. Separate meetings are held with men and women to understand gender perspectives on issues under discussion.

During this period, information relating to the purpose, approach and processes of the programme is agreed on. The intention of building rapport is to create a relationship of trust with the community. This establishes the foundations by which programme workers can start to understand the communities in which they hope to work, their priorities, strengths and challenges. Application of the BC framework in this phase involves identifying the outcomes which are important to the community, the relevant stakeholders (e.g. actors and institutions – both formal and informal) and the behaviours that might be related to those outcomes.

Methods:

- *Meet the community leaders, and local government authorities to discuss programme intention and activities.*
- *Collect all the relevant information available in the community/ location.*
- *Meet and mobilise the different target groups and meet with the various community members.*

STEP 2: CONTEXT ANALYSIS

The next step is the **village analysis**. Here, community members are engaged in a series of participatory reviews and reflections on their situation. Participatory tools are used to facilitate information collection and analysis.

Group discussion on child marriage through COM-B model with boys and girls group at Manahari - 3, Hadikhola Kaugedi - 2, girls Manisha Pudasaini and Sushma Neupane identifying actors.

Photo taken by Nisha Lama, Programme Coordinator, Makwanpur Mahila Samuha (MMS)

Methods:

The following Reflection-Action methods can be used for carrying out a context (village) analysis:

- *Social map/participatory census*
- *Resource map*
- *Mobility map*
- *Historical Transect*
- *Transect walk*
- *Well – being analysis*
- *Venn Diagram*
- *Case studies/community stories*
- *Behavioural systems maps*

The process is conducted by the community members working in smaller groups, facilitated by programme staff. For example, in Kenya (see case study 1) the AA team supported WRP members to develop a location map (Paranga) to identify public services and utility spaces and reflect on how these impacted women's safety and economic empowerment. In this step AAIre staff seek to gain a more detailed and localised understanding of the specific priorities and needs identified by community members, building relationships and developing a picture of the different systems of actors, behaviours and influences at work in the village. The aim is to better understand how the BC approach might be applied. This step may involve creating provisional behavioural systems maps (see Achieving Behaviour Change Guides[8] for more information) to visually represent the

8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875385/PHEBI_Achieving_Behaviour_Change_Local_Government.pdf

emerging understanding of the issues. The outcomes of the context analysis are presented to the village for feedback and adjustment once complete.

STEP 3: MARGINALISATION PROCESS ANALYSIS

The **context (or village) analysis is then followed by a marginalisation analysis**. This is conducted separately with each of the vulnerable groups identified through **well-being analyses.** Daily and seasonality calendars are used to provide information on the daily actions of the people in the community (the behaviours of the targeted people or groups), ranging from behaviours related to food availability, health, income, employment, and other relevant factors/influencers on the behaviours.

Nisha Lama, Programme Coordinator MMS, facilitating discussion on COM-B diagnosis with women group at Manahari - 7, Ramauli.

Photo take by Roshani Dakal, Social Mobiliser MMS

This stage involves exploring in detail the experience of the prioritised issues on the most deprived and marginalised groups in the community. Detailed exploration of the daily lives of the marginalised communities are carried out, using methods such as participatory observation or self-reflection. This affords programme staff and community members a more detailed insight into the actors, behaviours and influences at play in these groups and ensures that the emerging focus of the programme will bring positive benefit to these groups and not unintentionally reinforce existing inequities or create new ones. The outcomes of the marginalisation analysis are presented to the whole village for feedback and adjustment once complete.

Methods:

The following Reflection-Action methods can be used for carrying out a marginalisation analysis:

- *Daily activity analysis with men, women, elderly men, elderly women and girls and boys, youth and people living with disability.*
- *Seasonality calendars to understand how issues affect community members over a year.*
- *Case studies with different groups and on different aspects of their lives related to the issue under consideration. This may include access to and control of resources: gender wise and group wise.*

STEP 4: SELECTING OUTCOMES AND BEHAVIOURAL TARGETS

Following feedback and discussion about the outcomes of the marginalisation analysis the whole village decides upon which outcomes and behaviours should be targeted by the programme. For example, in Nepal (see case study 2a) WRP participants identified reduced sexual harassment of women and girls on public transport as a priority outcome, with bus drivers/conductors as key behavioural targets. The APEASE criteria, along with other tools from the Reflection-Action methodology, are used to help the community identify and choose between different behavioural targets.

Methods:

The following tools or methods can be used to select outcomes and behavioural targets:

- *Flow diagram (cause and effect).*
- *Force field analysis.*
- *Pair wise ranking.*
- *Impact, Likelihood and Spill over analysis (see Section 4).*
- *Preferential ranking (APEASE criteria; see section 8).*

STEP 5: BEHAVIOURAL DIAGNOSIS

Green inner circle - BCW

Once there is broad agreement about the behaviours that should be targeted by the programme, **the COM-B model is used within the Reflection-Action circles to identify the various influences on the target behaviour(s)**. For example, in Nepal (see case study 3a) the COM-B model was used to guide reflections on what capabilities, opportunities, and motivations, or lack thereof, influenced parent's behaviour relating to child marriage.

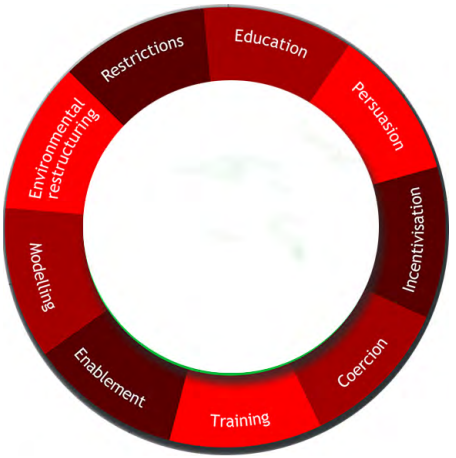
This can involve information gathered from earlier steps in the process as well as the gathering of new information using other Reflection-Action tools and stakeholder engagement. After this analysis is completed within the Reflection-Action circles it is shared with the larger community group and feedback collected and incorporated into the behavioural diagnosis. In this way, a BC plan emerges. At all times, the problems and behaviours identified in the plans are discussed with the communities, traditional elders or village elders who are targeted by the interventions.

Methods:

The COM-B framework is used to carry out the behavioural analysis. See Section 5 above for detailed information.

STEP 6: COLLECTIVE DREAMING –IDENTIFYING THE BEHAVIOUR CHANGE INTERVENTIONS

Once the various **influences on the target behaviour(s) have been identified** the process of designing interventions begins. This entails agreeing on actions that are relevant to the context, and within the available resources in the community. Inevitably, different people within the community will have different opinions on the subject, and conflicts of power may manifest themselves between different groups. This process can be guided by the COM-B – Intervention Type Matrix which illustrates the different strategies that can be used to bring about change in each COM-B system (see Table 7 Section 6).



Middle red rim - BCW

Using COM-B, the WRP in Nepal (see case study 2d) identified a package of interventions targeting the behaviour of bus drivers and conductors, including: orientation on transport regulations pertaining to sexual harassment (education); setting up alarm bells, first aid kits and CCTV (environmental restructuring); and establishing a monitoring mechanism to track driver compliance with the regulation (enablement). Additional tools drawn from participatory action can also be used to help the community think about ways to bring about changes in the influences identified in the COM-B diagnosis. The use of Reflection-Action tools during the collective dreaming step facilitates discussion around a shared vision for the community, and the actions that will help the community realise that vision. APEASE criteria can be used to help the community select which interventions to prioritise and which to abandon.

Methods:

- Community power maps.
- Access and control matrix, body maps and chapati diagrams among others.
- COM-B - Intervention Type Matrix.

STEP 7: DEVELOP BEHAVIOUR CHANGE PLANS

Once the interventions have been decided upon, a BC Plan is developed by community members and programme staff, in collaboration with wider stakeholders such as Community Development Committees and Local Women's Groups. Roles, responsibilities and actions are collectively agreed and assigned to individuals, and implementation of the BC plan is started.

STEP 8: PARTICIPATORY EVALUATION

Vegetables farming by women groups of Pokhariya Municipality - 7 Ranigunj.

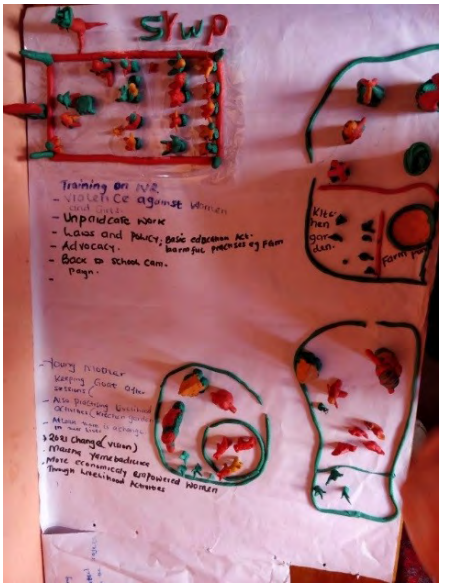
Photo taken by Birendra Thakur, Social Mobiliser, Divya Yuva Club, Parsa.

Regular community-wide monitoring meetings need to be held with the communities. During this process, the programme/ project implementers present documented progress to date. Also, at these community meetings, the community is encouraged to raise any questions they might have about either the progress of activities or the conduct of their peers as well as ActionAid staff members. It is important to constantly go back to the community to make sure that we are on the right path to achieving our targeted behaviours and outcomes and if necessary to go back to the relevant stage in the behavioural diagnosis or intervention design to correct ourselves; this is also part of adaptive programming.

CASE STUDY 1: Community Entry and Identifying Targets for Change in Paranga, Kenya

In Paranga, Taita Taveta County, Kenya the AA team engaged the women's network (Sauti ya Wanawake), a long-term AA partner, to work with them in the community entry / rapport building stage to reach the community. Using the community power map as the tool of choice for the context analysis stage, AA facilitated the community members to reflect on their achievements and envision changes they would like to see in coming years. It started with them drawing their location map (Paranga) and identifying all the public services and utility spaces available as they reflected on how this was impacting on women's safety and economic empowerment. The women highlighted living conditions in the location, ranging from resource accessibility (such as lack of access to water to irrigate their crops and earn an income) to human rights challenges (lack of education).

Using a second sheet of paper and plasticine the women carried out a marginalisation analysis using the community power map, highlighting changes they would like to see marginalised women living in poverty make for themselves. The exercise not only helped with understanding the particular needs and wants of marginalised women in the area, but also highlighted the viable economic activities, that the project could focus on to instil behaviours, such as kitchen gardening, that could provide long-term economic gains for the most marginalised women.



Community power map - Paranga, Taita Taveta County, Kenya

Photo credit: AAKenya

CASE STUDY 2a: Identifying Outcomes and Targets for Change (Sexual Harassment on Public Transport in Nepal)

Madi municipality is in Chitwan District of Nepal and has a population of about 50,000 people. To begin the process, the team conducted a series of meetings and discussions with the community regarding the issue of GBV *(Community Entry / Rapport Building)*. Through the use of community participatory tools, such as community maps, the community identified the most common forms of GBV in the target areas including child marriage, domestic violence, safety in public vehicles, dowry system, witchcraft and rape of young girls *(Context Analysis)*.

From the community analysis, it emerged that one problem, that of unsafe public vehicles, particularly affected women and girl's participation in economic and education activities *(Selecting outcomes and behavioural targets).* ActionAid staff and community members thus decided this was one area to focus on for the year. Madi is 40 km from Bharatpur city and people from Madi travel daily to Bharatpur city for employment, education, shopping for daily needs, hospitals, and social interactions. On average, 35 public vehicles travel from Madi to Bharatpur each hour. The buses are usually crowded and women and girls face harassment and violence every time they use the bus. While transportation rules exist and include prohibition of sexual harassment of women and girls, neither the passengers nor the conductors followed the rules, or raised or reported the issue when it occurred.

Women and girls kept silent, without complaining or reporting the cases. Although there had been several attempts to tackle this issue, they had made little tangible progress and harassment levels remained unacceptably high. The outcome that the community wanted to achieve was a reduction in harassment of women and girls on public transport.

Monitoring public bus of Madi Municipality by Sanshila Hamal, Social Mobiliser of Chitwan Sakriya Women Foundation (CSWF) and Police Personnel of Madi

Photo taken by Tulsi Adhikari, Social Mobiliser of CSWF

7 SELECTING BEHAVIOURS TO CHANGE

7.1 IDENTIFYING BEHAVIOUR(S) TO CHANGE

The broad outcomes of gender-focused programmes are *reductions in inequalities between women and men* and *the prevention of violence towards women and girls*. Achieving these outcomes involves engaging and challenging complex patterns of behaviour that are rooted in cultural traditions and ways of living that may reach back 3,000 years, though some will have been imposed or created by cultural and political influences as recently as a few decades or years ago. Cultures all over the world attach their own rules on how girls and women are to act and to be treated. For example, for women to show their hands, or their hair, or to be in the home during menstruation, can be viewed in some cultures as disrupting the moral and life-sustaining continuities of society itself. However ideas such as these; for example the idea that a man is the head of the family and should determine how the household votes is not constrained to the global south.

Identifying and understanding the behaviours that contribute to these outcomes takes time. Programme workers need to work with communities over an extended period to gain their trust in order to fully appreciate and develop a shared understanding of the complex interplay of factors at work.

As programme workers and community members work together to develop a shared understanding of the problem, the aim is to arrive at a specific target behaviour for change. Table 1 provides examples of behaviours that can be targeted to reduce inequalities and GBV.

TABLE 1: EXAMPLES OF BEHAVIOURS THAT CAN BE TARGETED TO REDUCE GENDER-BASED INEQUALITIES AND VIOLENCE

Potential Target Behaviours for Reducing Inequalities	Potential Target Behaviours for Reducing GBV
Women being present and contributing to decision making in community forums	Women reporting domestic violence to local duty bearers
Women setting up and regularly putting money into savings accounts	Men participating in educational programmes about GBV
Men allowing women to work outside of the home	Men allowing women to stay in the home whilst menstruating
Men allowing women to keep a proportion of the money earned from working outside of the home	Parents not entering their child into marriage

The target may be: to stop (e.g. men hitting women) or start (e.g. women working outside of the home) a behaviour; to increase (e.g. women investing more of their money in savings accounts) or decrease its frequency, duration and/or intensity (e.g. men reducing the amount of alcohol consumed); or change its form (e.g. improving communication patterns between parents and children).

The identification of target behaviours is expressed in the 4 W's of Behaviour Change: **what** needs to change in **whom**, **where**, and **when**? The application of this approach is presented in Case study 2b (Table 2).

Assessing likelihood of change, impact and spill over

Where there are multiple potential behaviours to target, programme workers and community members can rate them according to how *likely* it is that the behaviour will change, the *impact* making such a change will have on the outcome, and the degree to which there will be positive *spill over* effects (i.e. will changing this behaviour lead to other desirable behaviour changes?). Case study 2b (Table 3) illustrates the use of these dimensions to choose between two different candidate behaviours in relation to reducing sexual harassment in public transport in Nepal.

Changing multiple behavioural targets

Since all behaviours exist in relation to other behaviours it may be necessary to change multiple behaviours simultaneously in order to achieve the desired outcome. Revisiting the diagnosis is a useful way to continue to adjust interventions and activities over time to accommodate

more than one behaviour needing change, or to refine the initial targets.

For example, in order for a woman to work outside of the home it may be necessary to change the division of labour within the home environment, i.e. men in that household may have to adopt new behaviours associated with childcare and food preparation. Attempting to change the former without also working to change the latter may be ineffective (e.g. the husband may not permit the woman to relinquish domestic duties to free up time to work outside the home), or could lead to unintended negative consequences (e.g. increasing the burden for women by adding the demands of paid work on top of unpaid domestic work, increasing conflict between husband and wife).

For these reasons, it is helpful for programme workers and community members to think about what other behaviours may be involved in supporting or preventing the expression of the initial behavioural target, and to describe these using the 4 W's of behaviour change. The initial behavioural target can be considered the *primary target for change*, whilst behaviours that need to change to support this can be considered *secondary (supporting) BC targets*. There can be multiple secondary BC targets (See Table 2 in case study 2b).

CASE STUDY 2b: Specifying Behavioural Targets for Change (Sexual Harassment on Public Transport in Nepal)

Having decided to address sexual harassment in public transportation, and buses in particular, in the previous step, the AANepal team and community partners set out to determine the different behaviours that were contributing to this outcome.

To select the behaviour to target, the team facilitated the community members to first list all actors and behaviours related to the problem. These included:

- Men and boys sexually harassing girls and women in the buses;
- Men and boys not acting against harassment in public vehicles;
- Girls and women not reporting to police cases of harassment in public vehicles;
- Bus conductors and drivers not following the rules and regulations of public transportation and stopping harassment in the bus;
- Local Government officials failing to enact laws to safeguard the spaces for women and girls in public transport;

- Security personnel not taking action to apprehend perpetrators.

To narrow this down to a primary behaviour change target the team and partners looked at the actors who were considered to have much influence, the practicality of working with them, and the likelihood of change occurring. Bus drivers and conductors were identified as influential actors on public buses: if they followed the rules and regulations of transportation and actively took part in enforcing the rules, harassment in public buses would reduce. The choice of the targeted actors was also informed by the fact that though many awareness programmes had been conducted, they had not specifically targeted the bus drivers and conductors as a way to reduce harassment on buses. Passengers on the bus were identified as a secondary BC target given their potential influence in supporting the desired behaviour change in bus drivers and conductors (primary targets). Table 2 illustrates the specific behaviour changes for both targets expressed in terms of the 4 W's of behaviour change.

Bus driver and conductors participate in the orientation session given by police on legal provisions against harassment in public spaces along with transportation rules and regulations.

Photo taken by Tulsi Adhikari, Social Mobiliser (CSWF)

TABLE 2: THE 4 W'S QUESTIONS APPLIED TO THE PRIMARY AND SECONDARY BEHAVIOUR CHANGE TARGETS FOR REDUCING SEXUAL HARASSMENT ON BUSES IN NEPAL

4 W's of Behaviour Change	Primary Behaviour Change: Bus Conductors	Secondary / Supporting Behaviour Change: Passengers
Who?	Bus Conductors	Men and women travelling on buses
What?	Act when they see sexual harassment taking place on the bus i.e.: warn the perpetrator and/or remove the perpetrator from the bus	Speak up to alert bus conductors when they observe sexual harassment taking place
Where?	On the buses	On the buses
When?	Every time they witness sexual harassment on the bus or are made aware of it by a passenger	Every time they witness sexual harassment on the bus

The next step in the process involved rating the likelihood, impact, and potential spill over effect of each of the candidate behaviours: bus conductor enforcing laws versus bus conductor enforcing laws (Table 3). These criteria can equally be applied to secondary behaviours that are targeted.

TABLE 3: RATINGS OF IMPACT, SPILL OVER AND LIKELIHOOD OF CHANGE TO CHOOSE BETWEEN CANDIDATE BEHAVIOURS

Dimension	Bus Conductor enforcing laws	Bus Driver enforcing laws
Likelihood of change	High	Low
Impact of change	High	High
Spill over effects	High	Medium

In the table above the likelihood of the bus conductors enforcing laws are high but the likelihood of the bus drivers enforcing the laws are low as they are less likely to see harassment happening and are less accessible to passengers wishing to report harassment as their primary focus is on driving the vehicle, whereas the bus conductor is present among the passengers on the bus and in a position to act to stop harassment.

8 CARRYING OUT A BEHAVIOURAL (COM-B) DIAGNOSIS

Attempts to change behaviour will be effective if they bring about change in the things that are influencing it. *Before* programme workers put in place initiatives to change behaviour, they should work with community members to explore all the different influences on the target behaviour(s) they want to change. This process is similar to the way that doctors investigate the possible causes of a patient's symptoms to make a diagnosis before they recommend a treatment. This step is called the behavioural ('COM-B') diagnosis and is guided by the 'COM-B model' (Figure 4).

8.1 THE COM-B MODEL

The COM-B model recognises that for any behaviour to occur people must have the *capability*, *opportunity* and *motivation* to do it.

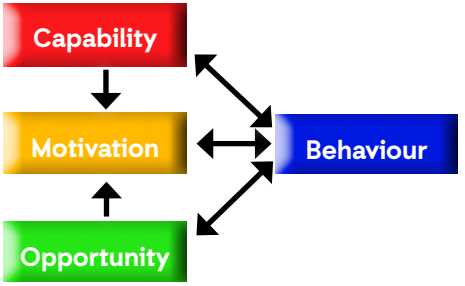
Thus, achieving behaviour change can be visualised as opening a COMBination lock: all relevant enablers need to be in place. If just one of these is not in place, then the desired change will not occur.

Capability refers to people's *psychological* (e.g. knowledge and skills) and *physical* (e.g. strength and stamina) abilities

Opportunity refers to the environment with which people interact and includes aspects of the *physical* (e.g. weather, housing, resources, finances) and *social* (e.g. traditions, community beliefs) environment

Motivation relates to the following influences that energise and direct behaviour: identity and beliefs (collectively known as *'reflective'* motivation), and emotions and habits (collectively known as *'automatic'* motivation).

FIGURE 4: THE COM-B MODEL OF BEHAVIOUR



As shown in Figure 4, capability, opportunity, motivation and behaviour influence each other. For example, making the enactment of a behaviour easier by increasing capability or opportunity can increase motivation to do it. Motivating people to try a behaviour can increase their capability.

8.2 COM-B TARGETS

A behavioural diagnosis involves finding out what aspects of capability, opportunity or motivation can be influenced to bring about change in the target behaviour(s).

Capability targets include; understanding why and how to do the behaviour and having the psychological skills to change behaviour and maintain that change in the long-term.

Opportunity targets include; having the financial and material (e.g. tools) resources, and time to do the behaviour, as well as the ways in which other people in the family and community can act to support the behaviour.

Motivational targets include; influencing the way people think and feel about doing the behaviour and making or breaking habits and routines that influence it.

8.3 CARRYING OUT A COM-B DIAGNOSIS

Making a COM-B diagnosis involves trying to ensure that the target group possesses all three of Capability, Opportunity and Motivation required to perform the behaviour. The following questions can be used as a starting point for this reflection

Where the answers to the questions are 'no' or 'to a limited degree' this provides a basis for deciding what needs to change in order to achieve the behaviour. When the answer is 'don't know' this can be a cue to collect additional information. The process for answering these questions can take many different forms, including observation, discussion groups, interviews and existing research. Surveys may also be used when literacy levels facilitate this.

Capability

1. Do they know what the desired behaviour is?
2. Are they physically capable of doing it?
3. Do they have the mental or physical skills required?
4. Do they understand why it is important for them to do it and how to do it?
5. Do they have the self-control required to do it and keep doing it if necessary?

Opportunity

6. Do they have the time, financial or material resources to do the desired behaviour?
7. Do they have the social support required?
8. Is it normal to do the behaviour in their social environment, and is there broad approval for it within their community?

Motivation

9. Is the behaviour important to them and is doing it consistent with their role within the family or community in which they live?
10. Do they believe that they can do the behaviour, and if so, will it lead to positive consequences?
11. Will doing the behaviour lead to a sense of pleasure, satisfaction or other positive emotions?
12. Is the behaviour something that is strongly influenced by habit or routine?

The behavioural diagnosis is carried out with a community. The COM-B model can be shared with members of Reflection-Action circles who can use it to explore different influences on the target behaviour(s). Members of the circle can then go out into the wider community to collect information about different influences using a range of methods. For example, by holding village meetings, or by talking to individuals whose behaviour they are trying to influence (e.g. men in the village), and others who may be affected by the behaviour (e.g. women or children). Case studies 2c and 3a illustrate the behavioural (COM-B) diagnosis conducted with bus drivers (context of sexual harassment) and parents (context of child marriage) in Nepal, respectively.

Mapping and drawing may also be used to visually represent elements of the diagnosis where literacy is not strong; this often leads to more accurate information being collected. In all cases, care must be taken to ensure that different perspectives from groups with different types and levels of power are collected. This ensures that the perspectives of marginalized groups are represented. Information gathered during the Context and Marginalisation Analyses can be used to inform the diagnosis.

"The key thing to remember during this process is to select a behaviour before the diagnosis process begins; it is very easy to slip back to thinking about the outcome you want to achieve rather than the behaviour itself and this makes the COM-B model ineffectual. A tip for focusing on behaviour rather than larger problems or outcomes is to ask yourself: "can I film it?"

A behaviour (unlike an intention) is a doing, an action, and can therefore be captured on film (for example: walking to the shop versus deciding to walk to the shop)".

Triona Pender, Head of Programmes- ActionAid Ireland

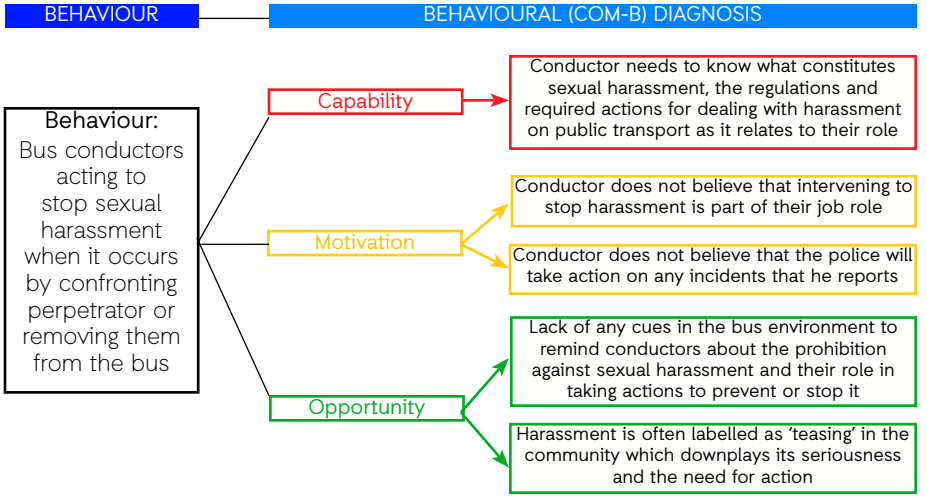
CASE STUDY 2c: Conducting a Behavioural (COM-B) Diagnosis (Sexual Harassment on Public Transport in Nepal)

The AANepal team carried out a series of discussion groups with the drivers and conductors of the buses in the Madi area. The COM-B model was used to structure the discussion to ensure that information about all possible influences on the bus conductors' behaviour was collected (see Table 4). Figure 5 provides a visual presentation of the final behavioural diagnosis.

TABLE 4: BUS CONDUCTORS' BEHAVIOURAL DIAGNOSIS

Capability	Physical	The bus conductor might need strength or skills to get perpetrators off the bus.
	Psychological	The conductor needs knowledge of laws, regulations, and how to report an incident of harassment.
Opportunity	Physical	Need to have means of reporting/calling for help that are easily accessible. Or the bus needs to have methods of recording the incident on telephone/CCTV.
	Social	Need to change the perception that it is not harmful for girls to be harassed and for men/boys to harass. Need to reinforce to the public that it is the law for the bus conductor to deal with situations of harassment.
Motivation	Reflective	Need to make the conductor believe in women's rights and the value of protecting women and girls. Need them to value their work in creating safe spaces on public transport.
	Automatic	Need to develop new emotions surrounding intervention:instead of fear of men's anger focus on the positive emotions of standing up for women and *doing the right thing.*

FIGURE 5: BEHAVIOUR CHANGE WHEEL APPROACH TO REDUCING SEXUAL HARASSMENT IN PUBLIC BUSES IN NEPAL - COM-B DIAGNOSIS



CASE STUDY 3a: Conducting a behavioural (COM-B) diagnosis (Child Marriage in Parsa, Nepal)

Parents entering their children into marriage in return for a dowry is a common practice in Nepal. The resultant outcomes for children are poor, and particularly so for female children who have to leave the family home to live with the family of their husband. This practice usually removes the child from education, and they may suffer victimisation and violence in their new home. Context and Marginalisation analyses with the communities in Parsa, Nepal suggested that one way to reduce GBV towards women and girls in the region would be to focus on reducing child marriage. The selected behaviour was "Parents giving their female child for marriage in return for a dowry'. This was expressed in terms of the 4 W's of behaviour change as:

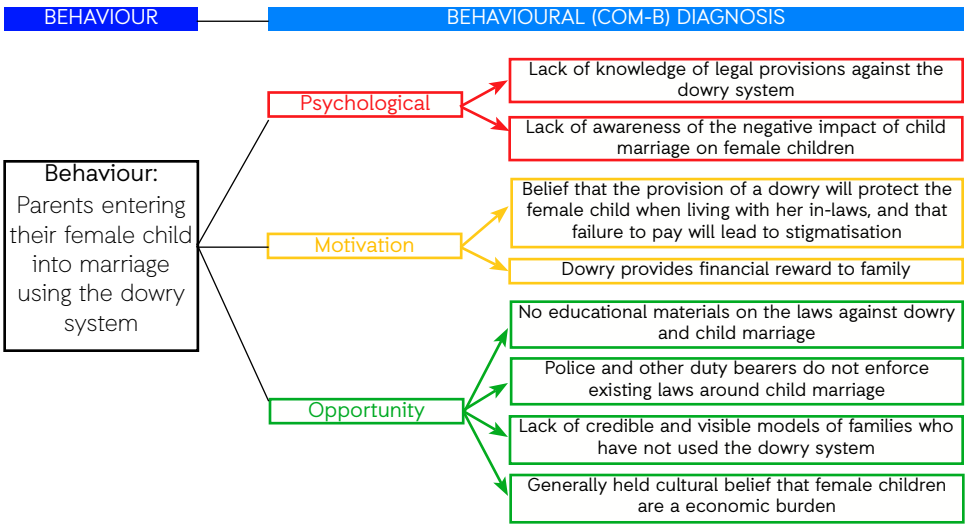
- **W**ho? Parents (mother and father)
- **W**hat? Stop giving and taking dowry
- **W**here? In the community
- **W**hen? Every time a suitor approaches the family for marriage

A behavioural analysis was carried out with the community using different community engagement tools. Table 5 describes the key COM-B influences identified and a selection of these are illustrated in Figure 6.

TABLE 5: COM-B INFLUENCES ON PARENT'S BEHAVIOUR RELATING TO CHILD MARRIAGE IN PARSA, NEPAL

COM-B	Change needed
Capability	• Parents need to be aware of the consequences of child marriages and the dowry system for the health of their daughters and their long-term personal development. • Knowledge on the existing legal provision against giving and taking dowry in relation to marriage of a minor.
Opportunity	• Availability and access to legal materials around the marriage system in the community. • Existence of social structure and mechanisms such as the establishment of a judicial committee and the strengthening and leveraging of police stations. • Acceptance of dowry as culture within all classes needs to change. • Social beliefs and culture that view girls as a burden need to change.
Motivation	• Beliefs that girls are a burden need to change. • Beliefs that giving dowry will make their daughters' life better in the in-law's house needs to change. • Seeing dowry as a source of income needs to change. • Fear of being isolated and stigmatised by the community for not taking or giving dowry. • Fear for the safety of the daughter (she will be discriminated against and mistreated for not giving dowry).

FIGURE 6: BEHAVIOUR CHANGE WHEEL APPROACH TO REDUCING CHILD MARRIAGE IN PARSA, NEPAL- COM-B DIAGNOSIS.



9 DEVELOPING INTERVENTIONS

Once the factors influencing the behavioural target(s) have been identified the next step is to generate ideas for changing those influences. Like most sectors, development programmes traditionally lean heavily on the use of one or two of the intervention types, typically *education* and *training*. This stage of the process helps programme staff think more creatively about a whole range of different ways to bring about change before narrowing down to a few which get taken forward into the intervention plan (see Step 7 Behaviour Change Plans).

To support programme workers and community members with generating ideas to bring about change the BCW identifies **nine broad types of intervention (see Table 6).** Each of these intervention types works in different ways and targets different mixtures of capability, opportunity and/or motivation for the behaviour.

TABLE 6: INTERVENTION TYPES

Education	Increasing knowledge and understanding by informing, explaining, showing and providing feedback (e.g. teaching children about their human rights and the different ways they can be violated)
Persuasion	Using words and images to change the way people feel about a behaviour to make it more or less attractive (e.g. using posters with images of women being hurt by intimate partner violence)
Incentivisation	Changing the attractiveness of a behaviour by creating the expectation of a desired outcome or avoidance of an undesired one (e.g. providing social rewards such as status of Best Women's Rights Champion to men who are actively supporting their wives to be part of community decision-making)
Coercion	Changing the attractiveness of a behaviour by creating the expectation of an undesired outcome or denial of a desired one (e.g. introducing fines for men who sexually harass women on public transport)
Training	Increasing the skills needed for a behaviour by repeated practice and feedback (e.g. teaching children communication skills to assert their rights using role play)

Continued on next page...

Restriction	Constraining performance of a behaviour by setting rules (e.g. setting out acceptable standards of behaviour in places of worship)
Environmental restructuring	Constraining or promoting behaviour by shaping the physical or social environment (e.g. creating safe spaces for women to meet and discuss their collective needs and priorities)
Modelling	Showing examples of the behaviour for people to imitate (e.g. street dramas illustrating positive communication strategies between husbands and wives)
Enablement	Providing support to improve ability to change in a variety of ways not covered by other intervention types (e.g. making available support services for women who have experienced sexual violence)

9.1 CHOOSING INTERVENTION TYPES ACCORDING TO COM-B TARGET

Some intervention types are better suited to bringing about change in some COM-B targets than others. Table 7 illustrates the relationships between intervention types and COM-B domains and can be used to help programme staff and community members identify which sorts of interventions should be considered for different domains. For example, education (e.g. human rights education) can be used to influence capability (e.g. knowledge of my rights and how to defend them) and motivation (e.g. understanding the benefits received from defending my rights), whilst environmental restructure (e.g. human rights monitoring committee) is effective at influencing opportunity (e.g. my ability to report a violation of my rights). A more detailed mapping of COM-B domains and intervention types can be found in the BCW guide.

TABLE 7: INDICATIVE MAPPING OF INTERVENTION TYPES TO COM-B TARGETS

	Capability	Opportunity	Motivation
Education	?		?
Persuasion			?
Incentivisation			?
Coercion			?
Training	?	?	?
Restriction		?	
Environmental restructuring		?	?
Modelling		?	?
Enablement	?	?	?

The process of generating ideas for bringing about change can be achieved in a number of ways. Members of Reflection-Action circles can use the information in Table 7 to discuss the different ways to make change. This may involve reflecting on current initiatives within the community and how these can be adapted to make them more effective by the addition of additional intervention types (e.g. adapting an existing education-based programme on safe sex by adding distribution of condoms (enablement) and a public campaign conducted by respected youth leaders (modelling).Programme workers may be aware of initiatives in other regions that make use of a broader range of intervention types than are currently used that can be brought in and adapted for use. Community members themselves may come up with entirely new and novel ways to bring about change using the intervention types. Members of the Reflection-Action circles can go out into the wider community to seek ideas from the wider community, using their understanding of the local context to consult with a variety of stakeholders.

9.2 APEASE AND CHOICE OF INTERVENTION TYPES

Once programme workers and community members have identified a range of different ways to bring about change, they then start the process of choosing which of these to take forward and implement in their community. The APEASE criteria (see Table 8) can help community members with this decision.

When to apply APEASE?

At each stage of the BCW process programme staff and community members will have to choose between different options for bringing about change. Use of the APEASE criteria can support this decision-making process. APEASE is a set of 6 criteria that can be applied to decisions at each stage of the BC process: selection of behaviour(s) and behavioural influences to work on; selection of intervention types and intervention content; selection of policy options that will support the identified interventions. The application of the APEASE criteria ensures that choices made by programme workers and community members are culturally and contextually appropriate.

TABLE 8: THE APEASE CRITERIA

APEASE Criterion	Explanation
Acceptability	To what extent are the options acceptable to key stakeholders (e.g. community members, duty bearers)?
Practicality	To what extent are the options under consideration able to be practically implemented within the material and social resources available?
Effectiveness	To what extent are the options under consideration likely to produce the desired change?
Affordability	To what extent can the options be delivered within the budget for the programme?
Side Effects	Are there any unintended negative consequences of the different options under consideration? Or any additional benefits?
Equity	What is the potential for the different options to increaseor reduce inequalities for vulnerable or marginalised members of the community?

Effective use of the APEASE criteria will be enhanced by the cultivation of strong and trusting relationships between all relevant stakeholders, and particularly between programme staff and the communities in which they work. Members of the Reflection-Action circles can use the criteria to think about the different options available for change and to go out into their communities to gain consultation for those decisions they are unsure about. For example, if a proposed intervention is judged likely to be extremely effective, but circle members are unsure about its acceptability to a key stakeholder group, they can seek consultation from that group. Assessments of equity are likely to be informed by the marginalisation analysis carried out as part of the community engagement process. The wider community can be involved in the APEASE process or consulted to inform different parts of it.

CASE STUDY 2d: Using Intervention Types to Change Behaviour (Sexual Harassment on Buses in Nepal)

Once the key COM-B influences had been identified, Table 7 was used to generate ideas for bringing about change in those influences. Discussions in Reflection-Action circles (using participatory tools highlighted in section 3) facilitated by programme staff were used to identify potential interventions. The ideas generated were also assessed using the APEASE

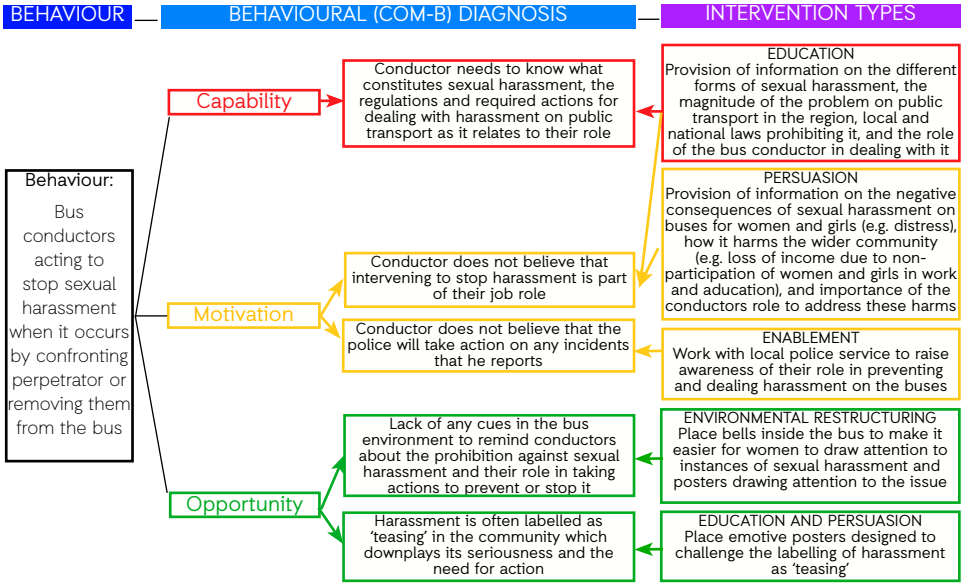
criteria to select those to take forward for implementation (see Table 9). Awareness raising with men to stop harassment was dropped as the primary target behaviour as the APEASE assessment suggested that this would not be practical as the target group was too large and too fluid, however targeting the behaviour of the bus conductors and drivers who are permanent actors on public transport was chosen as a more effective means of influencing change. Figure 7 illustrates the key interventions that were implemented alongside the COM-B influences they are designed to modify. Chitwan Sakriya Women Foundation (CSWF) an ActionAid partner in Madi is carrying out these interventions. Working with other actors like the police, local government, transportation committee and youth, these interventions aresupporting bus drivers and conductors to change their behaviour and remove the hurdles and challenges to their behaviour change.

TABLE 9: INTERVENTION PLAN FOR BEHAVIOUR CHANGE OF BUS DRIVERS/ CONDUCTORS IN NEPAL

The following intervention functions were selected for each of the COM-B components.

Education	Orient the bus conductors and drivers on transport regulations and where to report cases of harassment in the bus, as well as what violence entails.
Persuasion	Educate the drivers and conductors about what will happen if they do not stop harassment in the bus or do not follow the rule – and how this is a violation.
Restriction	Develop posters on the prohibition of harassment in public vehicles.
Environmental restructuring	Set up phone, bells, first aid kit, CCTV etc. inside the bus – in coordination with the local government, the transport committee, and the police.
Incentivisation	Reward the bus conductor for the good behaviour and actions taken as a way of influencing others to do the same.
Enablement	Interact with the transport committee and police to create a monitoring committee/mechanism to track whether the drivers and conductors are following the regulations.

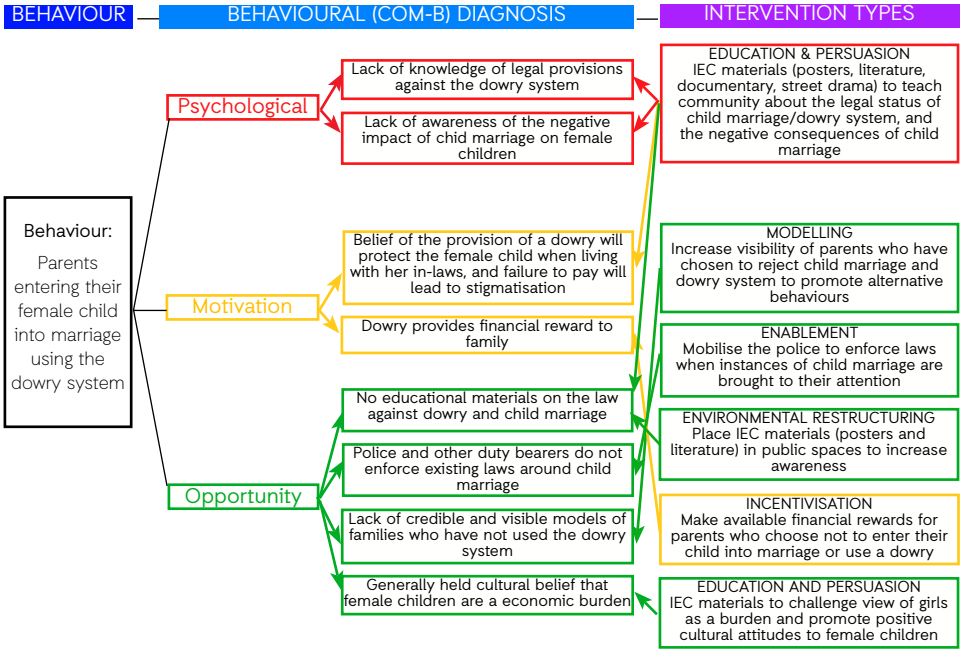
FIGURE 7: BEHAVIOUR CHANGE WHEEL APPROACH TO REDUCING SEXUAL HARASSMENT IN PUBLIC BUSES IN NEPAL - INTERVENTION TYPES



CASE STUDY 3b: Using Intervention Types to Modify COM-B Influences (Child Marriage in Parsa, Nepal)

Reflection-Action circles were used to generate ideas for interventions (based on the COM-B analysis described in Case Study 3a) to prevent parents from entering their child into marriage in return for a dowry. The information in Table 7 was used to help community members think about different ways to bring about change and the APEASE criteria were applied to decide on the final interventions to implement in the community. Figure 8 shows a selection of the different intervention types used and illustrates how these aim to modify the influences identified in the behavioural (COM-B) diagnosis.

FIGURE 8 : BEHAVIOUR CHANGE WHEEL APPROACH TO REDUCING CHILD MARRIAGE IN PARSA, NEPAL- INTERVENTION TYPES



10 EMBEDDING AND REINFORCING CHANGE

Gender-focused programmes have the objective of bringing about lasting and permanent change to the conditions leading to economic inequality and GBV. Behaviour-change based programming attempts to secure sustained change. Programme workers and community members are invited to think about ways to embed and reinforce interventions to change behaviour so that they are more likely to leave a legacy beyond the life of the programme itself.

10.1 POLICY OPTIONS

The outer ring of the BCW contains seven different ways in which programme staff and community members can reinforce and embed their BC interventions. These are called Policy Options (see Table 10).

TABLE 10: POLICY OPTIONS LISTED IN THE BCW

Policy Option	Typically characterised by ...
Guidelines	The development and dissemination of documents that make recommendations for action in response to defined situations. For example, a guideline on "Dos and Don'ts" for behaviour on public transport.
Environmental and social planning	Use of strategies to co-ordinate how material and social resources are used, such as urban and rural planning, architecture, object and location design, and planning for housing, social care, employment, equality, benefits, security and education. For example, providing support to local women's partner organisations to construct office space for themselves.
Communications and marketing	Use of strategies such as mass media campaigns, digital marketing campaigns, and correspondence to deliver or reinforce interventions. For example, radio broadcasts used to change people's behaviours (washing hands, social distancing) to prevent Covid-19.
Legislation	Use of national and county-level laws, local by-laws, and similar legislative instruments to set the boundaries for acceptable behaviour, with penalties for infringement, For example, a by-law developed by local community leaders in Ethiopia forbidding women from being expelled from the home during menstruation.

Continued on next page...

Service provision	Provision of services, materials and/or social resource and aids, whether they be structured or ad hoc, financed or unpaid. For example, providing women farmers in WRP countries with seeds to start their kitchen gardens.
Regulation	Development and implementation of rules regarding behaviour that instruct the behaviour and possibly provide rewards and punishments for compliance/non-compliance. For example, establishing 'safe spaces' in the community that are women only, where men are not allowed to enter.
Fiscal measures	Use of taxation, tax relief and financial resources. For example, persuading local government to invest in childcare facilities at community level.

10.2 APEASE AND CHOICE OF POLICY OPTIONS

As with the choice of intervention types, the APEASE criteria (see page 38) can be used to help programme staff and community members decide on which policy options to use. Policy options are often 'upstream' interventions that require the engagement of stakeholders who hold positions of power,e.g. police authorities, council members, law makers (including local chiefs or community leaders with this authority), members of government and/or those who control resources (e.g. budget holders for community resources, local service providers). ActionAid Ethiopia (AAEthiopia) for example, worked with local community law makers (Idir members) to ensure that a ban on forcing women to sleep outside the home during menstruation became a by-law, with which all members of the community were obliged to comply.

Policy options can involve local and national, formal and informal governance structures depending on the behaviour change under consideration and the context. Where possible, such stakeholders should be engaged during the initial Community Entry / Rapport Building stage of the community engagement process and consulted during all phases of implementation.

Table 11 shows policy options that are appropriate for supporting different intervention types. As with Table 7, which maps intervention types to COM-B targets, it is not intended to cover all eventualities but is provided to give an initial idea.

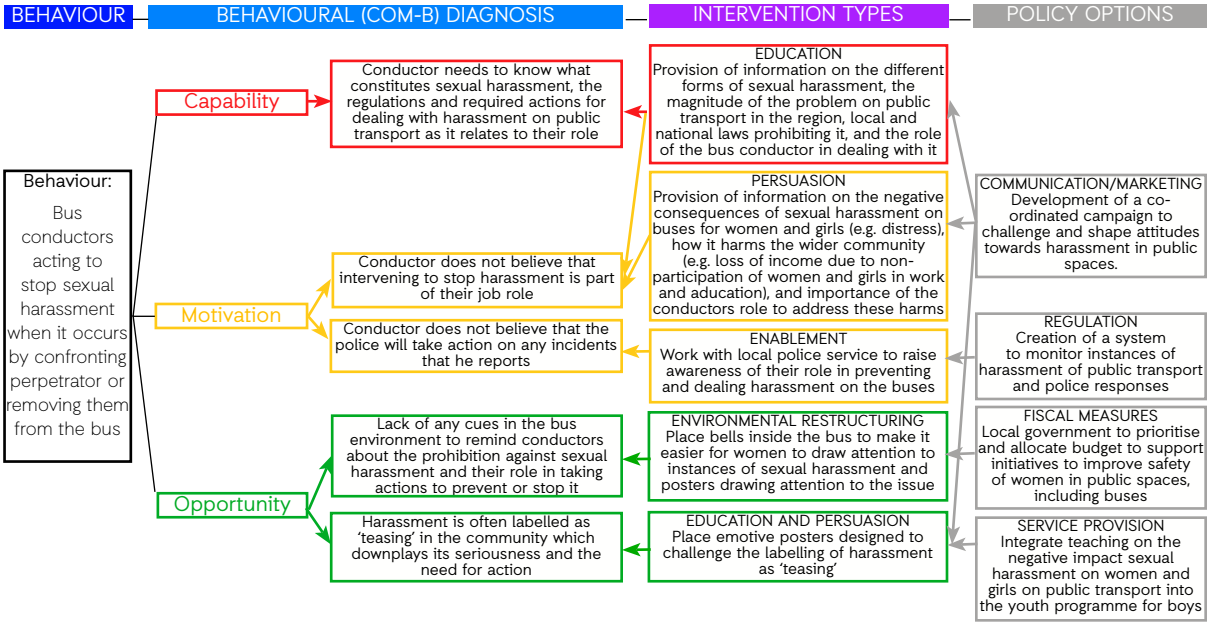
TABLE 11: INDICATIVE MAPPING OF POLICY OPTIONS TO INTERVENTION TYPES

	Guidelines	Environmental and social planning	Communications and marketing	Legislation	Service provision	Regulation	Fiscal measures
Education	?		?	?	?	?	
Persuasion	?		?	?	?	?	
Incentives	?		?	?	?	?	?
Coercion	?		?	?	?	?	?
Training	?			?		?	?
Restriction	?			?		?	
Environmental restructuring	?	?		?		?	?
Modelling			?		?		
Enablement	?	?		?	?	?	?

CASE STUDY 2e: Using Policy Options to Embed and/or Reinforce Change (Sexual Harassment in Buses in Nepal)

Programme staff and community members used the information in Table 11 to think about ways to embed and reinforce the BC interventions with bus conductors, thus creating lasting change. *Regulation* was used to create a system to both monitor levels of harassment on the buses and police responses to reports of harassment. Local government was lobbied to prioritise and allocate budget to support initiatives to improve the safety of women and girls on public transport *(fiscal measures)*. A coordinated *communications and marketing* campaign was developed to challenge and re-shape attitudes towards harassment of women in public spaces. This was reinforced by revisingthe curriculum of existing youth work services for boys to include information to change attitudes to 'teasing', and reframing it as sexual harassment. Figure 9 illustrates the key policy options used and shows how each option is designed to reinforce the intervention types.

FIGURE 9: BEHAVIOUR CHANGE WHEEL APPROACH TO REDUCING SEXUAL HARASSMENT IN PUBLIC BUSES IN NEPAL - POLICY OPTIONS

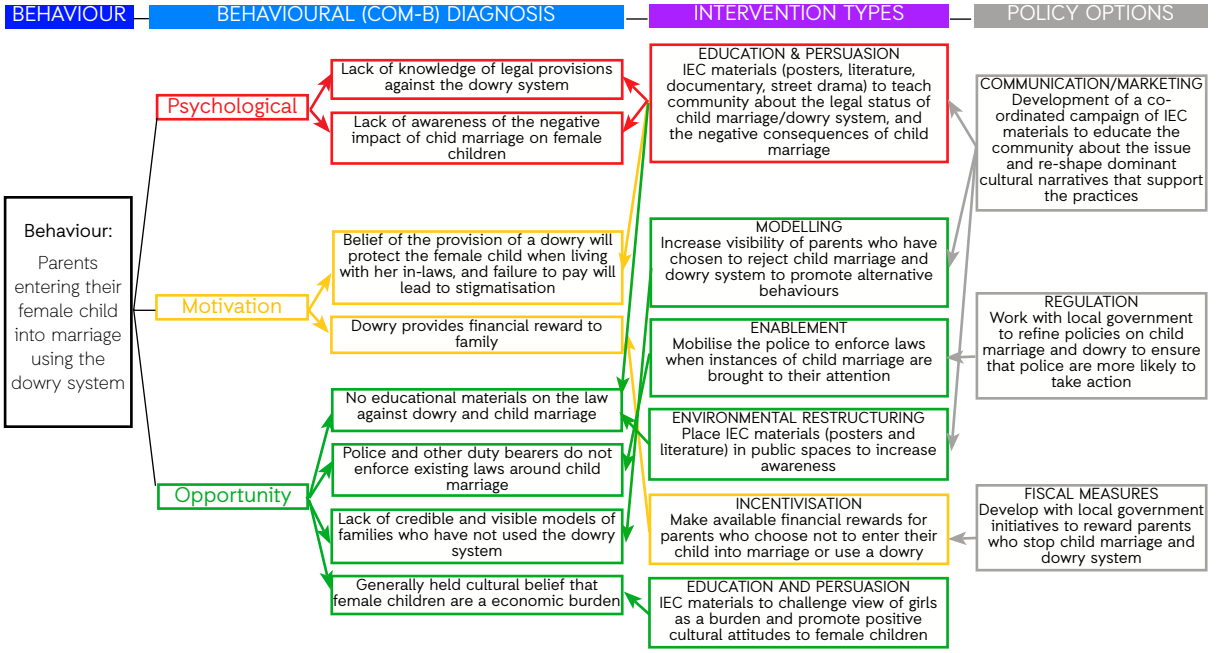


CASE STUDY 3c: Using Policy Options to Embed and/or Reinforce Change (Child Marriage in Parsa, Nepal)

Once the different intervention types had been selected, programme staff and community members identified ways in which their impact could be reinforced or embedded to produce lasting change. Providing financial incentives for families who chose not to enter their child into marriage or use a dowry could only be achieved by working with local government to set aside funds to enable such a system *(fiscal measures)*. Enforcement of existing laws needed to be reinforced by working with local government to monitor the implementation of laws and to take actions that would encourage local police teams to act when they became aware of the issue *(regulation)*. Given the importance of reshaping dominant narratives about the role and value of girls and lack of knowledge about the impact of child marriage, attempts were made to co-ordinate *communications and marketing* campaigns across the region to be consistent with, and

reinforce, the *education* interventions. Figure 10 illustrates the key policy options used and shows how each option is designed to reinforce the impact of the intervention types.

FIGURE 10: BEHAVIOUR CHANGE WHEEL APPROACH TO REDUCING CHILD MARRIAGE IN PARSA , NEPAL- POLICY OPTIONS



11 EVALUATION

Identifying whether the interventions bring about the hoped-for change to behaviour(s) and/or influences on behaviour(s) is a key part of the BCW process. Understanding of how to evaluate development programmes using a BC approach is an evolving discussion in the sector and beyond the scope of this guidance. Nevertheless, evaluation of the specific interventions within the programme is both possible and highly desirable since the information gathered can feed into future implementation of all aspects of the programme.

There are two basic questions that programme staff and community members can use to evaluate their interventions within a specific context of implementation (e.g. a village):

- Have the intervention(s) changed the behavioural target(s)?
- Have the interventions changed the influence(s) on the behavioural target(s)?

EVALUATING IMPACT ON THE BEHAVIOURAL TARGET(S)

In an ideal world, programme staff and community members would be able to establish a baseline for the behaviour they want to change prior to putting in place any intervention. WRP-ll developed a baseline for the programme in 2017 which focused on collecting information on behaviours using tools such as Focus Group Discussions (FGDs), scoring sheets, and interviews with key stakeholders. Methods such as observation or self-report can also be used to measure behaviour before and after implementation of the intervention, if they are appropriate and acceptable to the community. However, given that many of the behavioural targets are related to areas of great sensitivity (e.g. intimate partner violence) they may be difficult to measure accurately due to a reluctance to speak openly about such issues and possible fear of reprisal. Formal records could be consulted if they exist (e.g. rates of allegations made to the authorities) but are likely to under-report the true instance of the behaviour. Communities themselves may have ideas about how to measure behaviour and these can be used to collect information that can be used in evaluation. ActionAid also adheres to internal safeguardng policies and the Inter-Agency Guide for Gender

Based Violence in Emergencies Programming[9] when interviewing survivors of violence.

EVALUATING IMPACT ON INFLUENCES ON BEHAVIOUR(S)

Given the challenges of collecting accurate data on behaviour, programme staff may want to also collect information on whether their interventions are bringing about change in the causes of behaviour. The information collected during the behavioural diagnosis can be used to operationalise ways of formally collecting data about changes to influences on behaviour: capability, opportunity and motivation. For example, if the behavioural diagnosis indicates that a lack of safe spaces in the community (physical opportunity) for women to meet together and a lack of strategies on how to end GBV (capability) are causes of women never being safe, then these can be monitored for change throughout the programme (e.g. an audit of the number of safe spaces established). Interviews and FGDs, based on semi-structured topic guides informed by COM-B and the behavioural diagnosis, can be used to measure community members' perceptions of changes to influences on behaviour. Where literacy is not a problem, it may also be possible to measure such changes using surveys. Semi-structured interviews carried out with individuals, or in groups, can be used to ask community members whether or not they think the intervention has brought about change, and why this might have been the case. Information can also be collected on how the interventions could be improved.

ADAPTING PROGRAMMING AND EVALUATION

Information collected during brief but regular development evaluation can be used to adapt the individual interventions and the wider programme. Early and regular evaluation often helps to pinpoint whether interventions are acceptable to the community and whether they are having their intended effect, and any unintended consequences. They may also reveal new information that requires a revision to (a) the target behaviour – e.g. adding a secondary supporting behaviour(s) to the targets for change (see page 29), or (b) adaptations to the behavioural diagnosis (e.g. after revealing new barriers). This feature of the BCW approach fits well with the methodology of adaptive programming which is gaining traction within the development sector. WRP-II uses a *Development Evaluation* approach,

9 https://gbvaor.net/sites/default/files/2019-11/Minimum%20Standards%20Final%20-%20EN.pdf

where an independent evaluator visits a sample of programme communities annually and provides an external perspective on progress. A separate study of the WRP-II approach in 2019 identified that programme staff feel that the BCW approach allows them to get closer to the true causes of GBV in a community, and that it often takes several rounds of implementation, evaluation and revision to fully understand the nature of the problem and identify strategies that will make a real difference. (Clifford, 2019). This was viewed as a strength of the approach rather than a limitation, with participants comparing the BCW-based process favourably to previous approaches which were felt to be less likely to get to the heart of the problems.

ActionAid (WRP) Evaluations

The WRP will carry out a formal *end of programme evaluation* in 2021 to check our progress against the programme outcomes in terms of relevance, effectiveness, and impact.

We plan to do a separate *process evaluation* of the BC methodology as a mechanism for change in 2020. The purpose of this process evaluation is to better understand the value add of the BC approach by exploring how it operates at three levels:

- **Functionality:** looking at how the approach has delivered our ToC and how it fits in with our logic model for the programme.
- **Fidelity:** exploring how well country teams followed the BC methodology.
- **Causal mechanisms:** focusing on programme participants to check how well interventions were received and whether programme participants were able to perform the target behaviour in the real world as a result of our focus on COM-B.

12 DOCUMENTATION

Documentation of how the BC approach is being implemented is essential for learning and adaptation. Challenges around documentation of this approach are synonymous with the challenges faced by most other approaches: the detail and results that are visible when one visits the community and speaks to programme participants is not fully evident in the written reports submitted to AAIre on the WRP. We have tried to address this issue by eliminating long (and quite generic) quarterly reports and replacing these with brief (2 page) monthly updates that focus on: what went well last month; which behaviours were targeted and how; what opportunities are present to take the work forward next month; what are our plans and an outline of the suggested changes by the programme team.

Our Development Evaluator has made some recommendations in her report[10] at the end of 2019 (sumarised below) on how we can better document:

- We should use more informal documentation processes which could take the form of (for example) diaries, "letters to Mum", voice recordings, videos of community theatre, or photo diaries of signage displayed in the community.
- To facilitate documentation, new guidelines are recommended including avoiding the use of jargon and general terms like 'a training was held' AND updating progress 'little and often' is better than longer burdensome reports.
- Share information across WRP countries in a central system- so that each implementing country can have access to data from others implementing the programme for learning purposes.
- In each context we ask our programme staff to wear their evaluator 'hat' at all times in order to make the programme iterative and responsive; asking questions like: "as activities are planned and executed, do they fit the diagnosis" and "have they contributed to the development of a change in behaviour that will help meet the desired outcome/s?"

10 Developmental Evaluation of the Women's Rights Programme (Phase 2), Katherine Kaye, December 2019

"We have also established a weekly Friday call to 'check in' on how everyone is doing and share information informally on the programme. The key is to remember to always observe and value those observations so that we can document and learn, otherwise the programme will not adapt and will become unfit for purpose; it is little and often so that the process does not become burdensome to the teams".

Triona Pender, Head of Programmes- ActionAid Ireland

CONCLUSION

We hope that you will find this manual helpful in your work and that you will try piloting the BC approach! We have found it to be an excellent tool that contributes to much deeper analysis of problems and a much better understanding of how to best intervene to bring about lasting change for the better. That said, we in AAIre are still piloting the approach and are constantly learning from our mistakes, and we deeply appreciate our partnership with the CBC which provides guidance to us when needed.

We are excited about the BC approach as a new innovation in programming and are here to support anyone who is interested in using this manual to pilot it for yourselves. AAIre will host a number of webinars in 2020 and 2021 to take people through the steps to starting to implement BC. Please check our website www.actionaid.ie for dates and details.

REFERENCES

- Action Aid (April 2020), "Who Cares for the Future: Finance Gender Responsive Public Services"
- Action for Global Justice (2020): ActionAid's Human Rights Based Approach
- Addo IB, Thoms MC, Parsons M. Household Water Use and Conservation Behavior: A Meta-Analysis. Water Resources Research. 2018;54(10):8381-400.
- Atkins L, Sallis A, Chadborn T, Shaw K, Schneider A, Hopkins S, et al. Reducing catheter associated urinary tract infections: a systematic review of barriers and facilitators and strategic behavioural analysis of interventions.
- Chadwick, P., Clifford, A., Pender. T. (2019). Factors influencing the use of behavioural science within international development programmes to address violence against women and girls: an exploratory study. Development Association of Ireland Annual Conference. Dublin. Ireland.
- Chambers, R. (1983) Rural Development: Putting the Last First. Harlow, Longman
- Clifford, A. (2019). Factors influencing the use of behavioural science within international development programmes to address violence against women and girls: an exploratory study. Master's Thesis. University College London.
- Direito A, Michie S, Lefevre CE, Collins EIM, editors. Application of the

  behaviour change wheel framework to the development of interventions within the City4Age project. 2017 25th International Conference on Software, Telecommunications and Computer Networks (SoftCOM); 2017 21-23 Sept. 2017.
- Freire, P. (1972) Cultural Action for Freedom. London, Penguin Books Ltd
- Johnson BJ, Zarnowiecki D, Hendrie GA, Mauch CE, Golley RK. How to reduce parental provision of unhealthy foods to 3- to 8-year-old children in the home environment? A systematic review utilizing the Behaviour Change Wheel framework. Obes Rev. 2018;19(10):1359-70.
- Jones LF, Owens R, Sallis A, Ashiru-Oredope D, Thornley T, Francis NA, et al. Qualitative study using interviews and focus groups to explore the current and potential for antimicrobial stewardship in community pharmacy informed by the Theoretical Domains Framework. BMJ Open. 2018;8(12):e025101.
- Kaye, K (2019) Developmental Evaluation of the Women's Rights Programme (Phase 2)

- Martin R, Murtagh EM. An intervention to improve the physical activity levels of children: design and rationale of the 'Active Classrooms' cluster randomized controlled trial. Contemp Clin Trials. 2015;41:180-91.
- Kimani, Mary. "Women Struggle to Secure Land Rights" in Africa Renewal Magazine, United Nations April 2008
- Michie S, Atkins L, West R. The behaviour change wheel, A guide to designing interventions. 1st ed. London: Silverback Publishing; 2014.
- Michie S, Atkins L, West R. The behaviour change wheel. A guide to designing interventions 1st ed Great Britain: Silverback Publishing. 2014:1003-10.
- Michie S, Richardson M, Johnston M, Abraham C, Francis J, Hardeman W, et al. The behavior change technique taxonomy (v1) of 93 hierarchically clustered techniques: building an international consensus for the reporting of behavior change interventions. Ann Behav Med. 2013;46(1):81-95.
- Michie S., van Stralen MM, West R. The behaviour change wheel: a new method for characterizing and designing behaviour change interventions. Implement Sci. 2011;6:42.
- Michie, S., van Stralen, M.M. & West, R. (2011) The behaviour change wheel: A new method for characterizing and designing behaviour change interventions. Implementation Sci 6, 42. https://doi.org/10.1186/1748-5908-6-42
- Naila Kabeer (2020) Women's Empowerment and Economic Development: A Feminist Critique of Storytelling Practices in "Randomista" Economics, Feminist Economics, 26:2, 1-26, DOI: 10.1080/13545701.2020.1743338.
- O'Connell SE, Jackson BR, Edwardson CL, Yates T, Biddle SJ, Davies MJ, et al. Providing NHS staff with height-adjustable workstations and behaviour change strategies to reduce workplace sitting time: protocol for the Stand More AT (SMArT) Work cluster randomized controlled trial. BMC Public Health. 2015;15:1219.
- Staddon SC, Cycil C, Goulden M, Leygue C, Spence A. Intervening to change behaviour and save energy in the workplace: A systematic review of available evidence. Energy Research & Social Science. 2016;17:30-51.