

# SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATIONS FOR PREVENTION OF CHILDHOOD OVERWEIGHT AND OBESITY

## A TOOLKIT FOR COUNTRY TEAMS

# Acknowledgements

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# Abbreviations

<b>BI</b>	Behavioural insights
<b>BIT</b>	Behavioural Insights Team
<b>HCP</b>	Healthcare professional
<b>HFSS</b>	High fat, sugar, and salt
<b>HIC</b>	High-income country
<b>LMIC</b>	Low-to-middle-income country
<b>M&amp;E</b>	Monitoring & Evaluation
<b>RCT</b>	Randomised controlled trial
<b>SBCC</b>	Social and behaviour change communications
<b>SEM</b>	Socio Ecological Model
<b>SES</b>	Socioeconomic status
<b>SSB</b>	Sugar sweetened beverage

*Note: 'Overweight and obesity in children and adolescents' will be referred to as 'overweight in children' throughout the toolkit*

# Before you use this toolkit

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We suggest you read through the following information to maximise the value you can get from this toolkit.

## What is the purpose of this toolkit?

The objectives of the toolkit are:

1. To provide a brief introduction to the prevention of overweight and obesity in children and adolescents (henceforth referred to as '*overweight in children*');
2. To introduce SBCC (*the strategic use of communications to bring about positive social and behaviour change*) and outline how it has been used as one tool to prevent overweight in children; and
3. To provide a practical, step-by-step methodology for UNICEF staff and partners for designing, implementing, monitoring, and evaluating SBCC initiatives to prevent overweight in children.

## Who should use this toolkit?

The toolkit is designed for UNICEF staff and partners who are developing SBCC for the prevention of overweight in children.

The toolkit provides the fundamentals, but a collaborative and integrated approach across Country and Regional Office teams (such as the colleagues outlined below) will be required to implement effective SBCC. Some of these colleagues will likely form your project team or will be key stakeholders (*see Section 2*):

- **Nutrition** colleagues can support nutrition-specific aspects of your project
- **Communication for Development (C4D)** colleagues can provide social and behavioural change expertise. In particular, **National Officers** will be important for providing local and cultural understanding
- **Monitoring and Evaluation** colleagues can support you in measuring whether your initiative has been implemented effectively and has been impactful
- **Communication and Advocacy** colleagues can support implementation of your initiative on social or traditional media

Depending on your initiative, you may also wish to involve other teams, such as Health, Adolescent Participation and Early Childhood Development.

## When should you use this toolkit?

Some examples of when you might use this toolkit and the most useful sections for these situations include:

- You are designing a new SBCC initiative focused on overweight in children from scratch and are looking for practical tools to support you through the process. *Read the whole guide, particularly the practical guidance (Sections 2–6).*
- You are commissioning an external partner to implement an SBCC initiative to prevent overweight in children and want to develop the project's Terms of Reference, evaluate proposals, or gain a high-level understanding of the process. *Review the whole guide.*
- You currently implement C4D and want to apply behavioural insights to make your initiatives more effective at bringing about social and behavioural change. *Review the whole guide, but particularly the guidance in Section 4.*
- You currently implement SBCC focused on nutrition but want to evaluate the implementation and impact of your initiatives. *Read Section 5 for Monitoring & Evaluation (M&E) guidance.*

## What is in this toolkit?

- The toolkit provides background information and guidance on a methodology to run an SBCC project to prevent overweight in children.
- Throughout the toolkit, there are activities to be completed. Each activity has an accompanying worksheet, which can be found in the Worksheet pack.
- To illustrate how to complete the activities we include examples throughout the toolkit and in the Worksheet pack.

- We also include an Annex at the end of the toolkit with more in-depth or technical detail for those readers with a particular interest or with a technical background.

### What is not in this toolkit?

- This toolkit does not address how to develop and implement other social or behavioural change initiatives beyond communications (e.g., the use of defaults, (dis)incentives, or changes to the physical environment that enable, restrict, or eliminate choice). Consider whether communications are the most effective tool for your goal. Using a variety of tools will be most effective.
- This toolkit does not consider governmental policy changes for the prevention of overweight in children, such as fiscal measures or legislation. However, these are an important component of UNICEF's approach. The environmental changes achieved through these policy changes are likely some of the most effective ways to prevent overweight and obesity. Therefore, any SBCC initiative should be implemented as part of a wider programme that tackles the broader, systemic environmental drivers of overweight in children.

Further discussion of the toolkit scope, specifically how well-designed SBCC can interact with and complement wider environment and policy changes, can be found below.

This toolkit cannot provide a magic solution to solve overweight in children, but it can help you to understand the social and behavioural changes required and the related barriers to change in order to help you design effective SBCC strategies. Social and behaviour change is complex and difficult, requiring sufficient resources, including time, funding, skills, and expertise.



# 1. Introduction

## Understanding the problem



### 1.1 What is the challenge?

The prevalence of overweight in children aged 5-19 years has risen from **4% in 1975 to around 18% in 2016**, leading The World Health Organisation to declare it as *“one of the most serious public health challenges of the 21st century”*<sup>1</sup>

The pattern of overweight prevalence is changing. Whilst in the past overweight was mostly a concern in higher income countries, now the majority of the children experiencing overweight live in **low-to-middle- income-countries (LMICs)**.

Overweight in children has **negative health impacts** in later life, including increased risk of diabetes, heart disease, some cancers, and poor bone health,<sup>2</sup> as well as immediate psychosocial impacts, including discrimination, negative self-image, social exclusion, and depression.

Many LMICs are experiencing the **triple burden of malnutrition**, where the growing prevalence of overweight and obesity occurs alongside continued undernutrition, in the form of stunting and wasting, and widespread micronutrient deficiencies.<sup>3</sup>

### 1.2 What are the causes of overweight in children?

Overweight in children is driven by an imbalance in dietary energy intake and energy expenditure, or put more simply: an unhealthy diet and insufficient physical activity. Recent evidence suggests that while exercise is important for reducing the risk of a number of health conditions, it is not sufficient for losing or maintaining weight.<sup>4</sup> Instead, a focus on diet is the most efficient route to maintaining a healthy weight. In particular, the increased availability of large-portioned, energy-dense, inexpensive foods has been implicated in driving overweight.<sup>5</sup>

Whilst the two fundamental drivers of overweight - unhealthy diet and insufficient physical activity – are well known, the underlying causes of these drivers are less well understood. In LMICs in particular, three factors make understanding and tackling overweight complicated:

#### 1. Complex interactions between individual and environmental factors, including:

- » Individual factors that regulate physiological processes, food preferences, and physical activity patterns over the life course; and
- » An obesogenic environment i.e., a physical, economic, political, social, and cultural context that promotes high energy intake and sedentary behaviour.

**2. Large-scale, systemic factors that influence children's nutrition have changed dramatically and rapidly,** including globalisation, urbanisation, inequities, environmental crises, health epidemics, and humanitarian emergencies.

**3. All forms of malnutrition are intertwined throughout the life cycle.** The co-occurrence of all forms of malnutrition in LMICs means that overweight cannot be considered in isolation from other forms of malnutrition. For example, early undernutrition increases the risk of overweight later in life, especially when individuals are confronted with an obesogenic environment.

The 10 key drivers of overweight in children and adolescents are summarised in the box below. Note that many of the underlying drivers of overweight, including early-life nutrition, diet diversity, food environments, and socioeconomic factors, are common also to other forms of malnutrition. This presents an opportunity to tackle all forms of malnutrition that share common underlying drivers.

## 10 key drivers of overweight in children and adolescents\*



**1. Maternal and paternal overweight**



**2. Maternal undernutrition and undernutrition in early life**



**3. Inadequate breastfeeding practices:** Including not initiating breastfeeding, a lack of exclusive breastfeeding, or short duration of breastfeeding.



**4. Inadequate complementary feeding practices and food habits in younger children:** In particular, intake of high fat, sugar, and salt (HFSS) food and drink or a lack of dietary diversity.



**5. Unhealthy food habits in older children and adolescents:** In particular, intake of HFSS food and drink.



**6. Obesogenic food environments:** Low availability, accessibility, desirability, and affordability of healthy foods; marketing of unhealthy foods; increasing portion sizes; inadequate labelling of unhealthy foods.



**7. Inadequate physical activity:** Lack of physical space or opportunity for an active lifestyle; increasing acceptability of sedentary behaviours and screen time among children.



**8. Obesogenic cultural environments:** Low levels of knowledge about healthy diets and nutrition literacy; social norms pertaining to body image that include appreciation of overweight in children.



**9. Epigenetic mechanisms:** Changes in gene function caused by external or environmental influences.



**10. Socioeconomic status (SES):** Low income and lack of access to good quality food.

\* Note, these factors are not in order of importance or the scale of their contribution to overweight in children





Behavioural challenges  
need behavioural solutions.”

### 1.3 What approach is required to prevent overweight in children?

Historically, nutrition policy and programmes in LMICs have focused on undernutrition, rather than overweight. The rising prevalence of overweight in children, as well as an increasing understanding of the double burden of malnutrition<sup>6</sup> has resulted in an urgent need to implement effective interventions focused on malnutrition in all its forms. This brings new challenges for policy and programming.

In 2020, this need was reflected in UNICEF’s Nutrition Strategy 2020.<sup>7</sup> The goal is to protect and promote diets, services, and practices that support optimal nutrition, growth, and development for all children, adolescents, and women. Achieving this goal requires action to address all forms of malnutrition, using an approach that:

- 🌀 **Focuses on prevention:** Treating the negative health impacts of overweight and obesity is expensive and resource-intensive and much of the burden is preventable through tackling poor diet and lack of physical activity.
- 🌀 **Takes a life-cycle approach:** Focusing on good nutrition during pregnancy and at all stages of a child’s life to ensure nutritious diets, essential nutrition services, and positive nutrition practices for children.
- 🌀 **Takes a systems approach:** Engaging the five systems – food, health, water and sanitation, education, and social protection – to deliver nutrition results.
- 🌀 **Is multilevel:** Supporting individuals in making changes, but also creating an enabling environment by improving the availability, affordability, and desirability of nutritious diets at home, in schools, and the wider community
- 🌀 **Uses multiple policy tools:** In particular, regulation of the food and beverage industry, public policy and government action, and advocacy.

There is a particular focus on ‘**double-duty**’ actions,<sup>8</sup> interventions that simultaneously tackle both under and overnutrition by targeting the complex and interconnected drivers that underlie them. Potential ‘double-duty’ approaches include:

- Maternal nutrition and antenatal care programmes;
- Interventions to promote and protect exclusive and continued breastfeeding;
- Promotion of appropriate and timely complementary feeding in infants;
- Policies to improve food environments (e.g., ensuring healthy food is affordable);
- Cash/food transfers, subsidies, and vouchers to encourage healthy options;
- Agricultural and food system policies and programmes to support healthy diets; and
- School food policies and programmes.

Finally, crucial to any obesity prevention approach is acknowledging that eating a healthier diet and getting more physical activity are behavioural challenges. **Behavioural challenges need behavioural solutions.**

### 1.4 Applying behavioural insights to prevent overweight in children

Initiatives to prevent overweight in children must be designed with human behaviour in mind. There are many disciplines and concepts that are relevant to applying human behaviour when designing initiatives, including, but not limited to: behavioural sciences (e.g., psychology, behavioural economics), social sciences (e.g., sociology), and human centred design.

These disciplines and concepts have many commonalities and there is considerable overlap in their principles and the approaches they take. Consideration of underlying theory and the differences or similarities of these approaches is outside the scope of this toolkit. **Instead, this toolkit takes a practical perspective, focusing on the application of these varied disciplines, concepts, and frameworks under the term ‘Behavioural Insights’:**

The key “insight” of behavioural insights is that much of our behaviour is nonconscious, habitual, and driven by cues in the environment or the way in which choices are presented.

#### **For the prevention of overweight in children, some key behavioural insights include:**

Small changes can have big effects: One of the strongest lessons from behavioural insights is that removing small, seemingly irrelevant details that make a task more effortful can make the difference between doing something or not. For example, simplifying the registration process for a breastfeeding support group (making it quick and easy), could be the difference between attending or not for new parents. This is true for communications too – demand minimal effort by keeping communications short, simple, and to-the-point.

**Information alone is not sufficient:** It is tempting to focus on informing and educating. However, people often already know what the right thing to do is and intend to do it, but do not behave accordingly. For example, many people know what constitutes a healthy diet and want to eat healthily, but the obesogenic environment encourages them to continue eating unhealthily. This is called the intention-behaviour gap.<sup>10</sup> In addition to initiatives that aim to directly change

“The behavioural insights approach uses evidence of the conscious and nonconscious drivers of human behaviour (e.g., from disciplines including psychology, social science, and behavioural economics) to address practical issues.”<sup>9</sup>”

the environment, effective SBCC must reduce the intention-behaviour gap and motivate action. For example, by making the required actions clear and promoting self-efficacy by highlighting positive actions people can take.

**Self-report is not reliable:** What people say they do and how they behave can be two different things. People are prone to error as memory is unreliable and people can be influenced by how questions are framed.<sup>11</sup> People may edit the explanation of their behaviour to ensure it is consistent with their beliefs and is socially desirable. For example, people often under-estimate their calorie intake; UK data suggest that national surveys underestimate calorie intake by 30-50%.<sup>12</sup> Objective measures of behaviour (e.g., observations) are required to be confident that an initiative has successfully changed behaviour.

**Context is key:** Something that works well in one area might not work quite so well in another. Also, some behavioural principles can have unintended consequences if misapplied. For example, whilst a campaign that encourages adolescents to travel to school by foot could be effective in some cases, this initiative could be ineffective or even harmful if local paths are unsafe. Since small changes in context can have a dramatic impact on effectiveness, it is important that initiatives are adapted for new contexts, pre-tested, and evaluated, (ideally through randomised controlled trials - see *Section 5*).

**Attention is limited:** When attention is drawn to something, people are more likely to act on it. However, people are constantly overwhelmed by excessive information and attention span is limited. Even when attention is attracted, people will often only spend fractions of a second looking at communications so they should be designed to draw attention to the most important bits. This could involve the use of colour, contrast, bold font or bordering of key messages to attract attention, or the use of an image or infographic that reinforces the message. It may also involve triggering a feeling or association with an idea e.g., presenting healthy living in an engaging, fun way; in particular, emphasising the taste and appeal of healthy foods and drinks, rather than focusing on the health benefits of eating them.

“**Social and behaviour change communications:** an evidence-based process that utilises a mix of communication tools, channels, and approaches to facilitate participation and engagement with children, families, communities, and networks for positive social and behaviour change in both development and humanitarian contexts.”

Crucially, taking a behavioural insights approach acknowledges that human behaviour is shaped by many factors including people’s own knowledge, attitudes and beliefs; the norms of the societies and people with which they interact; media and other environmental cues; and the policies and laws of a country. **To change behaviour in an effective and sustainable way, these different levels of influence need to be addressed.**

### The Social Ecological Model (SEM)

The Social Ecological Model (SEM) is a theory-based framework that visualises the individual, social (interpersonal, community, organisational), and environmental influences on behaviour, including those related to overweight (Figure 1.1).<sup>13</sup> It can be used to build an understanding of overweight in your local context by helping to identify barriers and facilitators of a behaviour at each level of influence, as well as key actors and potential opportunities to encourage positive change.

Initiatives to prevent overweight in children can be implemented at each level of the SEM. Which level of the SEM to target will depend on the specific context; in particular, what the barriers to the desired behaviour are and the level at which they are acting. For overweight in children, it is well-evidenced that the modern food environment is a powerful obesogenic influence on behaviour.<sup>14</sup>

**As such, some of the most effective initiatives to tackle overweight in children will be those that act on the environment.** This could involve changes to the physical environment (e.g., choice architecture to make healthy foods easier to choose), fiscal measures (e.g., taxes on foods high in sugar, subsidies to purchase vegetables); guidelines; legislation; regulation; and service provision.<sup>15</sup> Collectively these initiatives can be called ‘social or behavioural change’ initiatives, or SBC.

### 1.5 Social and behavioural change communications (SBCC)

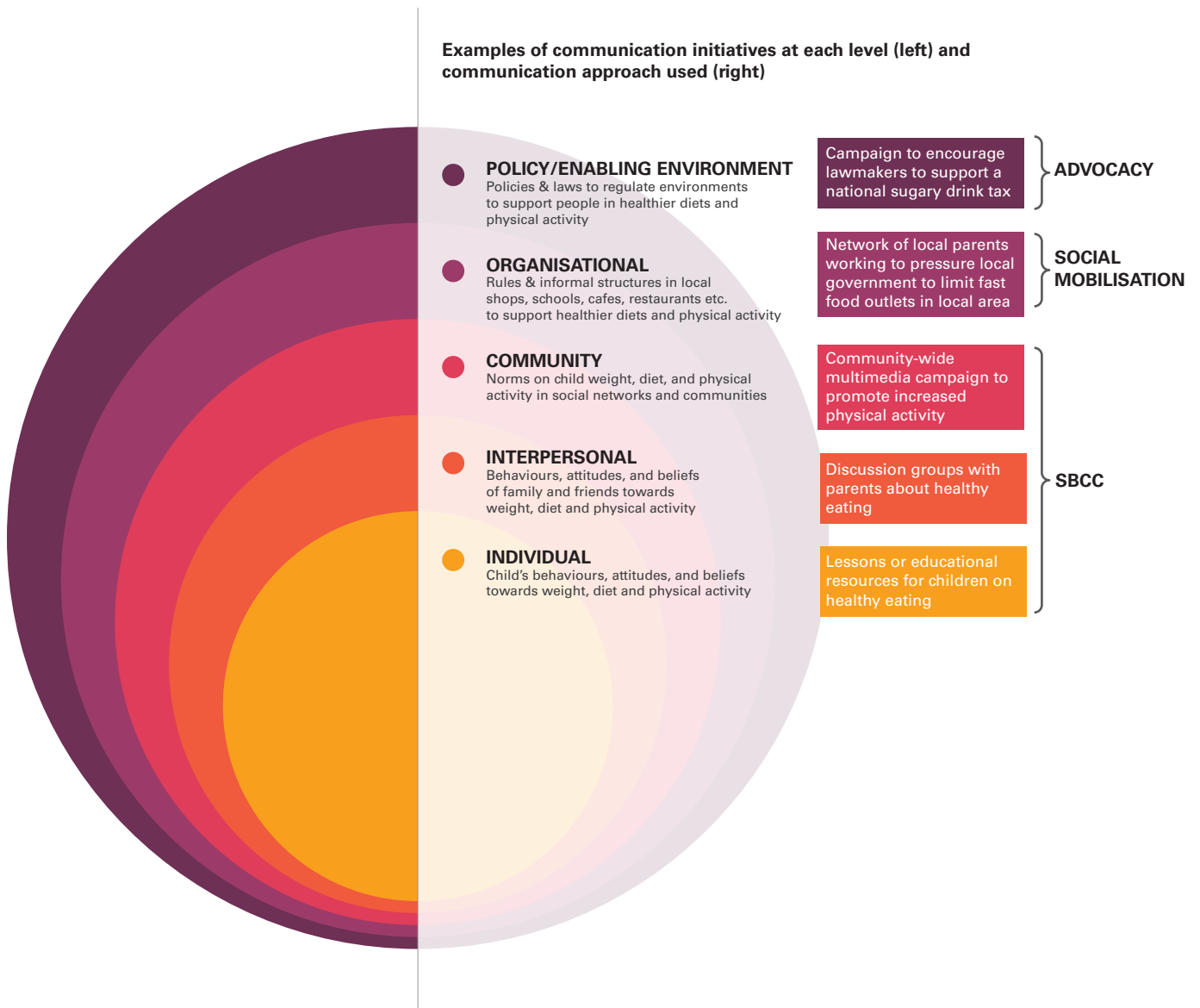
Communications are one of many tools used to prevent overweight in children. Specifically, Social and Behaviour Change Communications (SBCC) is a *subset of communications* that are designed specifically with human behaviour in mind to bring about **individual or societal change**. SBCC is typically used at the individual, interpersonal, and community levels of the SEM (Figure 1.1).

Other types of communications can be used at the organisational or policy / enabling environment level of SEM. For example, social mobilisation could be used at the organisational level and advocacy could target policymakers at the policy/environment level.

As outlined in Figure 1.1, overweight in children is a result of a complex interaction between various interrelated drivers. These include both individual and environmental factors, acting at all levels of the SEM. Therefore, an initiative using one tool in isolation is unlikely to be effective at preventing overweight in children.

**The Social Ecological Model (SEM)** is a theory-based framework that visualises the individual, social (interpersonal, community, organisational), and environmental influences on behaviour, including those related to overweight.

FIGURE 1.1  
The Socio-Ecological Model (SEM) as applied to overweight in children.



**SBCC is just one tool amongst many** (Figure 1.2). There may be situations when SBCC is not the appropriate tool to use, such as when the primary barriers stem from the surrounding food or built environment. However, in most cases SBCC can be an effective component of a multilevel (targeting various levels of the SEM) and multi-component (using various policy, legislation, or other changes to the environment) approach. The various tools that have been introduced in this section can be implemented in complementary and synergistic ways. By doing so you are more likely to drive meaningful social and behaviour change.

This toolkit is designed to support you in developing effective SBCC as one component of your overweight prevention approach in three ways:

### 1. Designing SBCC initiatives that are more effective at bringing about individual behaviour change.

Whilst your approach should aim to target multiple levels of the SEM, individual behaviours, attitudes, beliefs, and knowledge do play a role. Using this toolkit to apply behavioural insights to your SBCC initiative can help to make it more effective at bringing about meaningful, sustainable behaviour change.

### 2. Using SBCC initiatives to encourage changes in interpersonal, community, and organisational environments.

Whilst generally SBCC has been used to target individuals, such as overweight children or their parents, greater impact might be achieved by targeting SBCC at upstream influences of individual behaviour. For example, SBCC could be used to target school leaders, shop owners, or influential community figures to encourage behavioural, social, and local-level environmental changes (or support for these changes) that can make it easier for individuals to choose healthier options.

### 3. Developing SBCC initiatives that complement wider legislation, policy change, or other communication tools.

These various tools are interrelated, interactive, and synergistic. SBCC can be combined with other tools to improve nutrition through changes in individual behaviour, social influences, and the environment. For example:

- » SBCC alongside legislation or regulation changes. *For example, in Mexico this approach was used in the hard-hitting campaign “Don’t harm yourself drinking sugary*

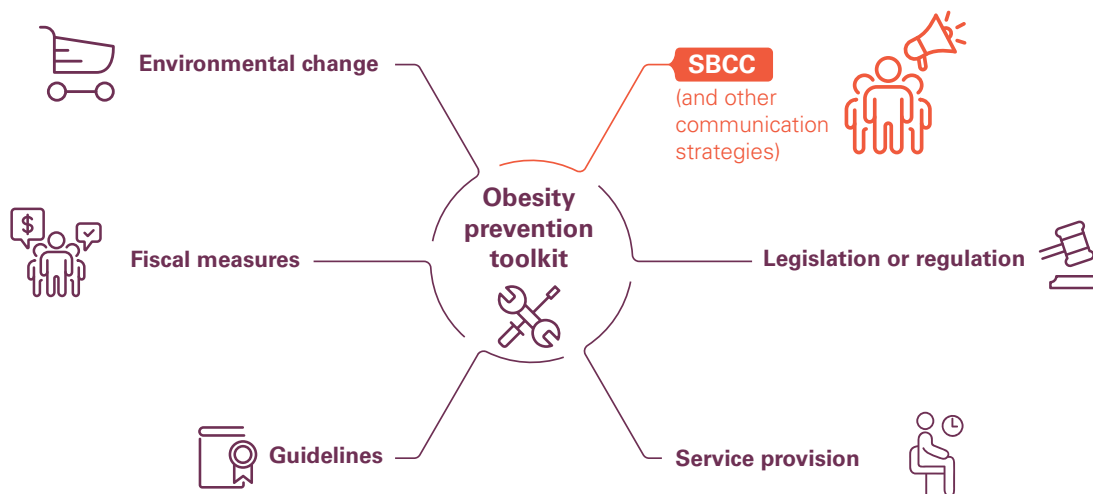


FIGURE 1.2

SBCC is one of several obesity prevention tools used to prevent overweight in children. SBCC uses communications to achieve this aim of social and behaviour change.

drinks” to raise awareness of the negative health impact of consuming sugary drinks and build support for a soda tax.<sup>16</sup>

- » SBCC alongside other policy initiatives. *For example, evidence suggests that cash transfers paired with SBCC approaches can have a positive impact on nutritional outcomes, whereas cash alone fails to impact children’s nutrition.*<sup>17</sup>
- » SBCC to encourage young people to take action in their local community (social mobilisation) or get involved with advocacy to bring about a healthier food and physical activity environment. *For example, BiteBack 2030<sup>18</sup> runs SBCC campaigns that aim to inform young people with the facts about the food system and empower them to take action by creating unique opportunities to engage with decision makers.*

Whilst wider legislation, policy change, or other communication tools (e.g., social mobilisation and advocacy) are not the focus of this toolkit, they are an important component of UNICEF’s approach to preventing overweight in children and should be considered alongside any SBCC initiative.

### 1.6 Evidence on the use of SBCC in preventing overweight in children

SBCC has been used effectively in LMICs to encourage health behaviours, such as family planning<sup>19</sup> and HIV prevention,<sup>20</sup> as well as behaviours contributing to undernutrition.<sup>21</sup> The potential of SBCC in preventing overweight in children is relatively unexplored.

SBCC has been used to prevent overweight (both in children and adults) to a greater extent in high-income countries (HICs). These initiatives may be useful for inspiration, but they should be adapted, contextualised, and tested in LMIC settings before implementation.

Below we outline how SBCC has been used to prevent overweight and obesity, particularly the types of SBCC used and the drivers targeted. Whilst our focus is on LMICs and overweight in children, we also draw from the larger literature on HICs and adult populations.

### Types of SBCC used in preventing overweight in children

The SBCC types used in preventing overweight in children fits into three categories:



1. **Mass media and social marketing:** The use of various forms of media to reach large audiences



2. **Community-based:** Targeting communities through local initiatives or media



3. **Interpersonal communications (IPC):** One-on-one interactions

Additional types of SBCC that might show promise include:

- **Digital approaches:** With the increasing use of mobile phones and internet access in LMICs, mobile and electronic health via mobile phones and digital media such as web sites, e-mails, chat rooms, and virtual learning resources are showing some promise. However, this has not been fully explored so there is a lack of evidence in this area.
- **Social media:** A subset of digital media which could offer widespread reach, particularly amongst young people. Again, its potential in health promotion has not been widely explored and so there is a lack of robust evidence in this area.
- **Edutainment:** Edutainment uses popular culture to educate and challenge people by using innovative and entertaining formats to tackle serious social issues. Edutainment has been used effectively for other health issues, such as HIV and AIDS prevention,<sup>22</sup> but has not been evidenced in nutrition-related behaviours.

Whilst an SBCC initiative might focus on one type of SBCC, initiatives that use multiple types will be most effective.<sup>23</sup>

### Drivers of overweight in children targeted using SBCC

Of the 10 key drivers outlined in Section 1.2, five have been targeted previously using SBCC:



Maternal  
undernutrition



Inadequate  
breastfeeding  
practices



Inadequate  
complementary  
feeding practices



Unhealthy dietary  
behaviours in  
older children and  
adolescents



Inadequate  
physical  
activity

SBCC to improve maternal nutrition, breastfeeding and complementary feeding practices has historically been focused on reducing undernutrition. However, as maternal or infant undernutrition is a risk factor for later development of overweight and improving these practices would reduce all forms of malnutrition, these initiatives could be adapted to be double-duty actions.

Table 1.1 summarise the evidence available on the use of SBCC in preventing overweight in children, considering both strength of evidence and the likely magnitude of effect. The table considers each type of SBCC and the drivers targeted independently.



TABLE 1.1  
Summary of the effectiveness of SBCC approaches for key behavioural drivers of overweight in children and the amount of evidence available.

Strength of evidence		Likely magnitude of effect	
	Evidence is substantial	<b>3</b>	Likely to be effective
	There is some evidence	<b>2</b>	Likely to be moderately effective to effective
	There is little or no evidence	<b>1</b>	Likely to be moderately effective
		<b>0</b>	Evidence is insufficient to estimate the likely effect of the initiative

Driver targeted	SBCC type	Strength of evidence	Likely magnitude of effect
 <b>Maternal nutrition</b>	Mass media		<b>0</b>
	Community-based		<b>0</b>
	Interpersonal communications		<b>3</b>
	Multi-component		<b>3</b>
 <b>Breastfeeding</b>	Mass media		<b>1</b>
	Community-based		<b>0</b>
	Interpersonal communications		<b>3</b>
	Multi-component		<b>3</b>
 <b>Complementary feeding</b>	Mass media		<b>0</b>
	Community-based		<b>0</b>
	Interpersonal communications		<b>3</b>
	Multi-component		<b>3</b>
 <b>Child / adolescent diet</b>	Mass media		<b>1</b>
	Community-based		<b>2</b>
	Interpersonal communications		<b>1</b>
	Multi-component		<b>3</b>
 <b>Physical activity</b>	Mass media		<b>1</b>
	Community-based		<b>2</b>
	Interpersonal communications		<b>1</b>
	Multi-component		<b>3</b>



## Further reading and resources

### UNICEF guidance on overweight in children:

- Nutrition strategy 2020–2030
- Programme guidance for overweight and obesity

### WHO guidance on overweight (children and adults):

- [Noncommunicable diseases: Childhood overweight and obesity](#)
- Factsheet: [Obesity and overweight](#)
- [Report of the commission on ending childhood obesity \(2016\)](#)
- [The double burden of malnutrition: priority actions on ending childhood obesity \(Regional Office for South-East Asia, 2020\)](#)
- [Taking Action on Childhood Obesity \(2018\)](#)
- [Population-based approaches to childhood obesity prevention \(2012\)](#)

### Other resources on overweight (children and adults):

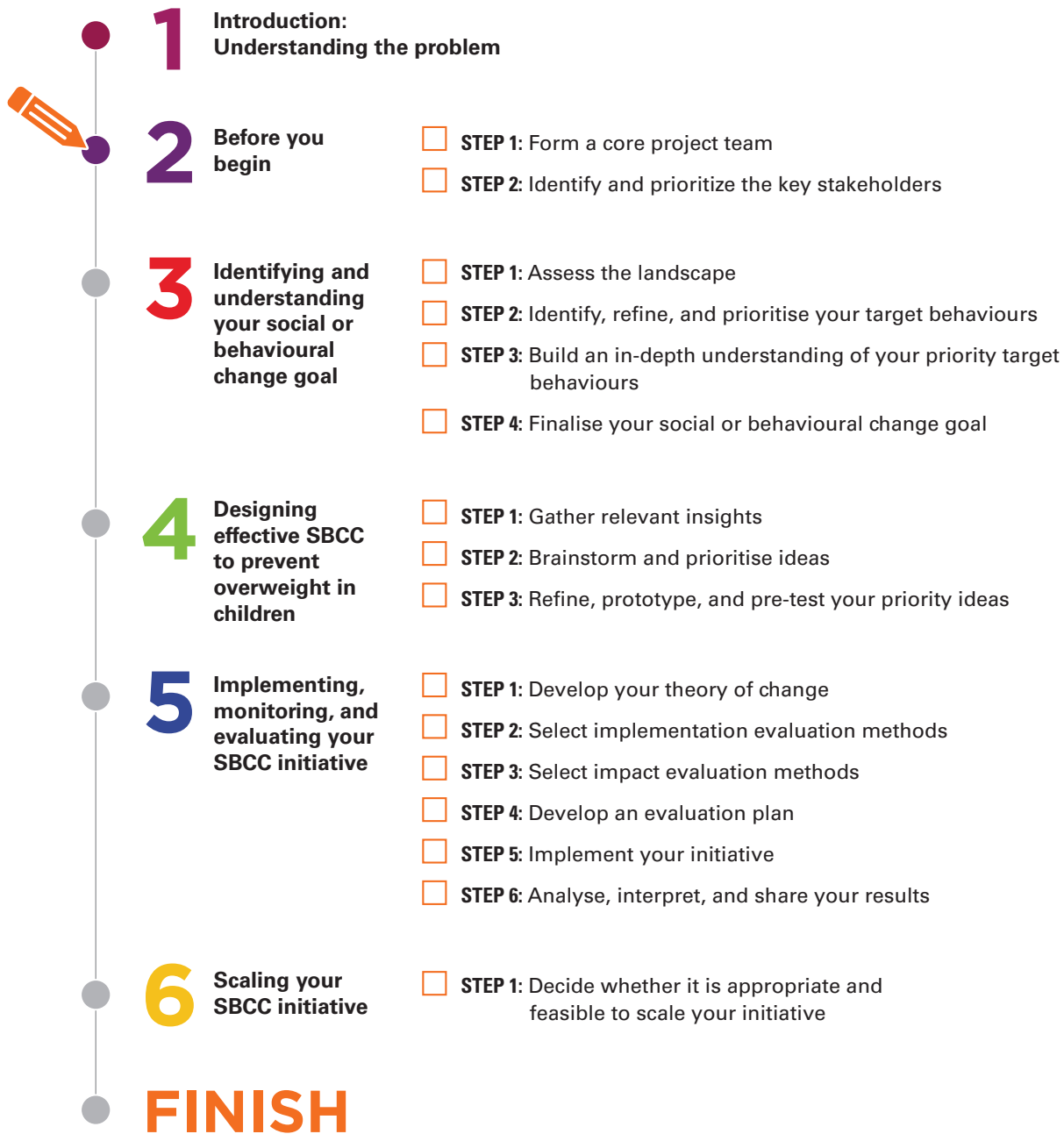
- Hawkes C, Ruel MT, Salm L, Sinclair B, Branca F. [Double-duty actions: seizing programme and policy opportunities to address malnutrition in all its forms](#). Lancet. 2020 Jan 11;395(10218):142-155.
- Swinburn B, Kraak V, Allender S, et al. for the Lancet Commission on the Global Syndemic. [The global syndemic of obesity, undernutrition and climate change: the Lancet Commission report](#). The Lancet. 2019; 393(10173): 791- 84

### Resources on other communications tools:

- [UNICEF advocacy strategy guidance for the prevention of overweight and obesity in children and adolescents](#). New York: UNICEF, 2020

This section has briefly introduced overweight in children and outlined the use of behavioural science, specifically SBCC, in its prevention. The remainder of this toolkit is more practical in focus, providing step-by-step guidance and practical worksheets to support you in applying behavioural insights to develop SBCC initiatives to prevent overweight in children.

First, we consider the steps to take before you begin your project, specifically forming a project team and identifying your key stakeholders.



## 2. Before you begin

# How do you form a project team and identify your key stakeholders?

To support you in conducting the activities in this toolkit, you should consult your C4D colleagues as early as possible. Working together as a team and learning from their previous work will result in more effective SBCC initiatives.



**Successful SBCC to prevent overweight in children takes a participatory approach to design and implementation.** This means involving key stakeholders and the target audience in all stages of the process, from planning and design to implementation and evaluation.

A participatory approach is the moral and ethical thing to do: it enables and empowers children with overweight (or those who are also affected, such as their parents) to decide for themselves what support they need and how it can best be provided. It also results in more effective SBCC that is culturally appropriate, relevant, and resonates with the target audience in ways that are more likely to bring about change. Establishing strong relationships with the target audience and relevant stakeholders can also support institutionalisation of an intervention within a community.

Before you begin, a participatory approach will be important in forming your project team and engaging your key stakeholders. Use the steps below to consider the key skills, expertise, and perspectives that you will need to understand overweight in children in your given context, the barriers to preventing overweight in children, and the opportunities for encouraging change through SBCC.

**Looking for inspiration?** At the end of each toolkit section we explore a case study of an effective SBCC initiative focused on the prevention of overweight in children (the ‘Eat Them To Defeat Them’ campaign).

We present the case study in five parts, sharing the insights that are most relevant to each section. In this way, we follow the campaign’s journey through stakeholder engagement, formative research, design, monitoring and evaluation, and scaling.



## How do you form a project team and identify your key stakeholders?

**Purpose:** Form a core project team and identify key stakeholders to plan, design, and implement an SBCC initiative focused on preventing overweight in children

**Output:** A core project team with the necessary skills, expertise, and perspectives and a prioritised list of stakeholders to engage in the project

**Time:** This stage can be completed within 1-2 hours

**Worksheets:**

- Worksheet 2.1: Project team mapping
- Worksheet 2.2: Stakeholder mapping

**At the end of this stage you will have:**

- Formed a core project team with the necessary skills and expertise to successfully develop your SBCC initiative
- Mapped all key stakeholders, prioritised those that are most critical to input into the project, and decided how to engage them




**OBJECTIVE**




**ACTIVITIES**

**STEP ONE**

 **Form a core project team with the range of skills and expertise required**

**Worksheet 2.1:  
Project team mapping**

**STEP TWO**

 **Identify and prioritise the key stakeholders to engage**

**Worksheet 2.2:  
Stakeholder mapping**

**STEP ONE** **Form a core project team with the range of skills and expertise required**

The project team is a group of people working together in collaboration towards a common goal. Whilst input from a diverse group of people is important, large teams can slow progress and group discussions can make some decision biases worse. It is important to work collaboratively but efficiently.

The core project team should be small (initially 3-5 people) with a range of skills and perspectives. Additional team members may be required as part of the wider project team, such as those to conduct an independent evaluation of the initiative. Whilst these team members will not form the core project team, they should be engaged early in the project and consulted with throughout.

**Activity 2.1 Project team mapping**

The exact skills, expertise, and perspectives required within a project team will differ depending on the context, driver targeted (i.e., breastfeeding vs adolescent diet), and approach taken. However, there are some key requirements that can be generalised across all teams aiming to prevent overweight in children using SBCC. These are summarised in Table 2.1.

**Use Table 2.1 and Worksheet 2.1 to map out your core project team.** Each team member does not need to be an expert in all the areas listed in the table. Each area should be familiar to at least one person on the team. Sometimes it may be difficult to recruit team members to cover each area listed. If there are skills or expertise gaps in the core project team, then you can fill these gaps by seeking input from key stakeholders in these areas (*see Step 2 below*).

TABLE 2.1.

Key skills, knowledge, and perspectives required in the project team

Core project team
<p><b>Programmatic expertise on childhood nutrition</b></p> <ul style="list-style-type: none"> <li>• Understanding the life course, growth, and nutritional status of children</li> <li>• Familiarity with existing guidance and recommendations (e.g., WHO, UNICEF)</li> <li>• Specific knowledge of overweight in children: prevalence, drivers, and potential tools and solutions to preventing overweight.</li> </ul> <p><b>UNICEF support: Nutrition team in country office and/or Headquarters</b></p>
<p><b>Local knowledge</b></p> <ul style="list-style-type: none"> <li>• Understanding of the target audience, including current nutrition behaviours and potential barriers/facilitators or key influences on behaviour</li> <li>• Understanding of food systems, social structures and norms, and relevant local organisations or programmes</li> </ul> <p><b>UNICEF support: Nutrition and C4D team in country office</b></p>
<p><b>Research skills</b></p> <ul style="list-style-type: none"> <li>• Understanding statistical reports on child life course, growth, and nutritional status</li> <li>• Familiarity with using on-line databases e.g., hosted by UNICEF, WHO, and FAO</li> <li>• Ability to summarise evidence succinctly and provide clear recommendations</li> </ul> <p><b>UNICEF support: Monitoring &amp; Evaluation</b></p>
<p><b>Social and behavioural change expertise</b></p> <ul style="list-style-type: none"> <li>• Understanding of human behaviour, including social influences and experience in applying behavioural insights to intervention design</li> <li>• Desirable: Specific knowledge of decision making in health behaviours</li> </ul> <p><b>UNICEF support: C4D team in country office</b></p>
Additional team members or advisors
<p><b>Creative communications skills</b></p> <ul style="list-style-type: none"> <li>• Experience in creating engaging and effective communication materials</li> <li>• Experience in a particular dissemination channel e.g., print, digital, social media</li> </ul> <p><b>UNICEF support: Communication &amp; Advocacy</b></p>
<p><b>Influence in government or key organisations</b></p> <ul style="list-style-type: none"> <li>• Knowledge of structure and function of government or key organisations</li> <li>• Influence to engage or obtain buy-in from key officials or staff</li> </ul> <p><b>External support: Government, multilateral, or civil society organisations</b></p>
<p><b>Monitoring and evaluation (M&amp;E) expertise</b></p> <ul style="list-style-type: none"> <li>• Understanding of research methods for conducting implementation and impact monitoring and evaluations</li> <li>• Commitment to research integrity i.e., good governance and best practice</li> <li>• Experience of monitoring and evaluating interventions in LMIC settings</li> </ul> <p><b>UNICEF support: Monitoring &amp; Evaluation</b></p> <p><b>External support: Academic Collaborators, Monitoring &amp; Evaluation organisations</b></p>

**STEP 2****✍ Identify and prioritise the key stakeholders to engage**

Beyond your project team there will also be individuals, groups, or organisations, who may affect or be affected by the outcome of your initiative. Identifying these target stakeholders early in the SBCC process and aligning them to your goal will increase the likelihood that the SBCC initiative will be successful. In particular, influential leaders are likely

to play a crucial role in promoting the SBCC initiative, as well as influencing wider changes necessary for successful implementation and institutionalisation.

Overweight in children is a complex issue, requiring coordination between many individuals, organisations, and systems. Your stakeholders are likely to be many and varied. Table 2.2 outlines the key stakeholders that might input into SBCC focuses on the prevention of overweight in children (in addition to the project team themselves).

TABLE 2.2.  
Key stakeholders in the prevention of overweight in children.

Stakeholder	Stage to input	Key input
Organisations working in child nutrition or health e.g., UNICEF; NGOs; development agencies; charities	SBCC design and planning	'On the ground' knowledge of childhood nutrition and health in the local context
Target audience e.g., children, parents & family, healthcare professionals (HCPs), community leaders, teachers, general public	SBCC design and planning	Co-design and pre-test SBCC to provide feedback
Childhood nutrition and SBCC experts e.g., academics, consultants, communications agencies	SBCC design and planning; Implementation	Expert knowledge of SBCC and overweight in children
Organisations working across wider systems* e.g., UNICEF; NGOs; development agencies, charities	SBCC design and planning	Help to consider how your SBCC initiative could interact with other systems
Local or national government e.g., officials/ counterparts	SBCC planning; Decision making;	Support for your initiative and overall goal
	Implementation	Influence over other stakeholders and wider changes (e.g., policy)
Community influencers e.g., shop owners, teachers, healthcare professionals, chefs, social media influencers	SBCC design and planning	Support for your initiative and overall goal
	Implementation	Influence over target audience
Implementation, monitoring and evaluation partners e.g., schools; shops; community group; local media	SBCC design and planning	Ensure the SBCC design is suitable for implementation
	Implementation	Staff support for effective implementation
Research experts e.g., academics, consultants, M&E specialists	SBCC design and planning	Ensure the SBCC design is suitable for M&E
	Implementation, M&E	Independent expertise for robust and unbiased M&E

\* E.g., food, health, water and sanitation, education, and social protection



## Activity 2.2: Stakeholder mapping

Overweight in children is a complex issue, requiring coordination between many individuals, organisations, and systems. Your stakeholders are likely to be many and varied. **Using Worksheet 2.2 and Table 2.2, follow the steps below to identify all stakeholders, both internal and external to UNICEF and any partner organisations.**

**1. Form a longlist of key stakeholders.** Answer the following questions to help identify your key stakeholders:

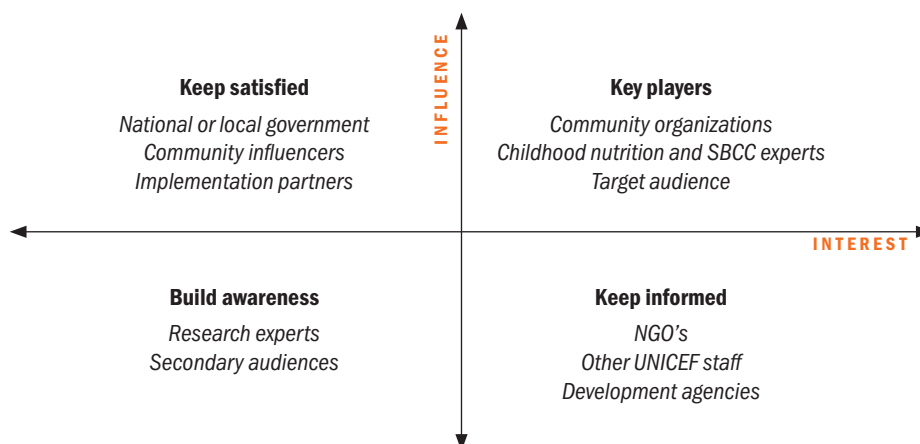
- Are there key individuals or organisations who will need to be involved with **decision making** related to the SBCC content or implementation?
- Who should help **plan or design** the SBCC content?
- Who will **implement, monitor and evaluate (M&E)** the SBCC initiative?
- Who will be **affected by** the SBCC initiative?
- Who is **interested in** preventing overweight in children in the local context?
- Who is **currently working on** preventing overweight in children (i.e., implementing policies or programmes) in the local context?

You may not be able to identify all the relevant stakeholders at this stage and should revisit these questions as the project progresses.

**2. Map the resulting longlist of stakeholders on a matrix.** It would take a lot of time and resources (and it may not always be useful) to fully engage with the full list of stakeholders. Understanding the information, interest and influence the different stakeholders have will enable you to engage them more effectively and efficiently, ensuring your resources are targeted as effectively as possible. We recommend grouping stakeholders into the following categories:



To visualise the categories of stakeholders and decide how to engage them, it might be useful to map them onto the following matrix. For example, the key stakeholders for the prevention of overweight in children might be mapped as follows:





## CASE STUDY

### ***Eat Them to Defeat Them (ETTDT): Encouraging children to eat vegetables in the United Kingdom (2019-2020)***

At the end of each toolkit section, we explore relevant insights from the 'Eat Them To Defeat Them' (ETTDT) campaign, an effective SBCC initiative focused on improving diets and preventing overweight in children. In this instalment, we explore the identification and engagement of key stakeholders by the campaign team.\*

**Context:** *Eat Them to Defeat Them*\*\* is a marketing campaign developed by Veg Power, a not-for-profit, which aims to support children in eating more healthily by encouraging children to eat more vegetables. The 2019 campaign ran for 3 months.

**Forming a project team and identifying the key stakeholders:** As outlined in this section, to develop an effective SBCC initiative, you need to ensure your project team and key stakeholders have the necessary skills, expertise, and perspectives. The ETTDT team consisted of a large, varied group of stakeholders, including some of the groups mentioned in this section (*see Step 2 above*):

Stakeholder group	Examples of ETTDT stakeholder
<b>Organisations working in child nutrition</b>	Charities, growers, and children's food brands provided funding. A charity also supported evaluation and community activities.
<b>Target audience</b>	Members of the public were involved with formative research, organised community activities, and engaged with the campaign on social media.
<b>Childhood nutrition and SBCC experts</b>	Media and advertising agencies led on campaign design. Chefs, nutritionists, journalists, and illustrators provided input into materials and provided support on social media. Public Health and Nutrition academics provided advice.
<b>Local or national government</b>	Local government provided financial, logistical, and promotional support of the Schools component of the campaign.
<b>Community influencers</b>	Chefs and other celebrities promoted the campaign on television and social media.
<b>Implementation partners</b>	Media and advertising partners provided free media. In particular, a television network (ITV) provided free airtime. Retailers provided funding and support on implementation instore and online.
<b>Research experts</b>	Academics and evaluation organisations working across different methodologies e.g., online surveys, ratings/audience measurement, consumer insights, econometric modelling.

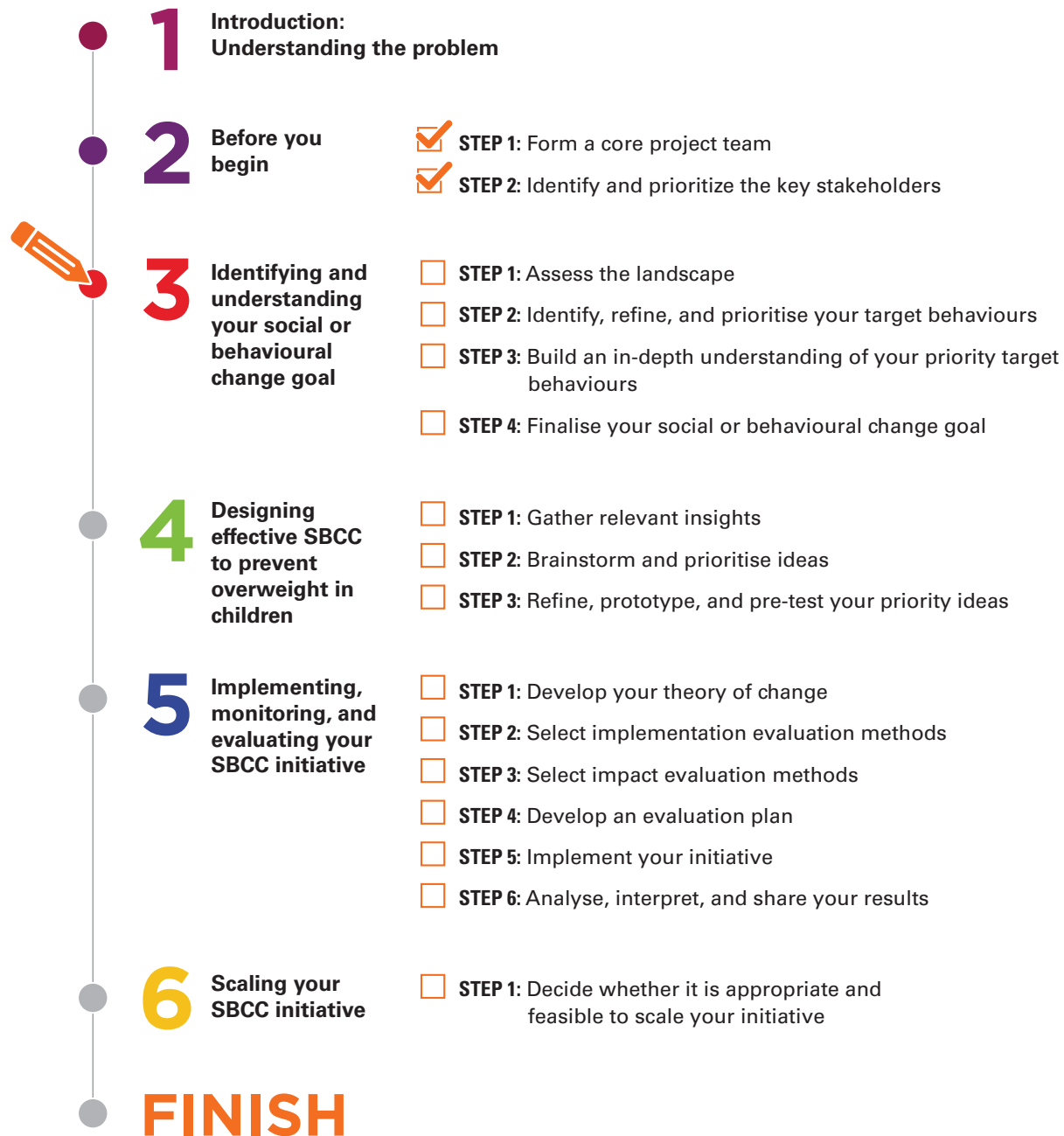
\* Please note that these case study insights are our interpretation of the campaign, from the available literature. They do not reflect the perspectives of the campaign creators themselves.

\*\* <https://eatthemtodefearthem.com/>



**Having completed this section,** you should now have a core project team (with the necessary skills, expertise, and perspectives) and a prioritised list of stakeholders to engage with to develop an effective SBCC initiative to prevent overweight in children.

**In the next section,** you will work through the formative stages of SBCC design to identify and understand the social or behavioural change goal of your SBCC initiative.



# 3. Identifying and understanding your social or behavioural change goal

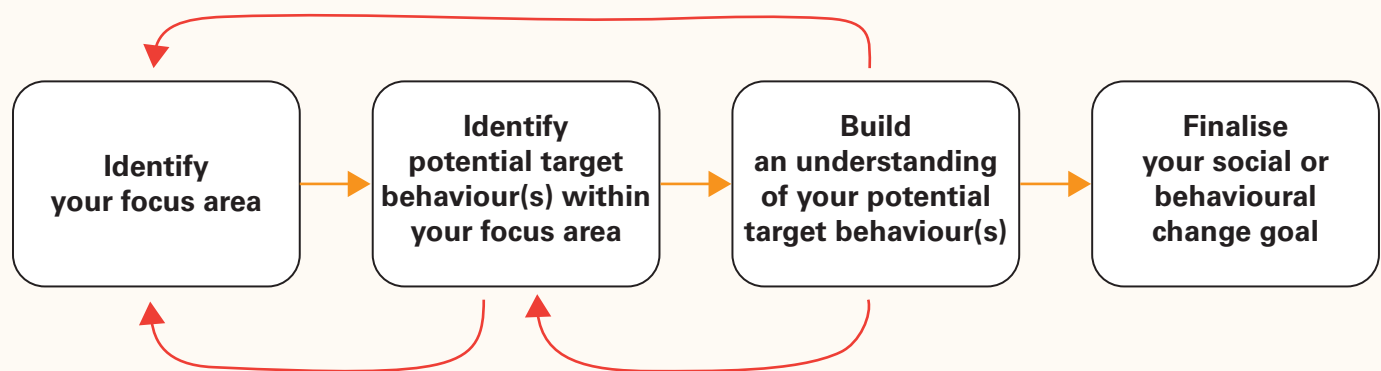
## What do you want to achieve?

If you have not done so already, we recommend you reach out to your C4D colleagues to support you in conducting the activities in this toolkit. Working together as a team and learning from their previous work will result in more effective SBCC initiatives.

Now that you have formed a core project team and engaged your key stakeholders, it is time to begin designing your SBCC initiative. This section of the toolkit provides step-by-step guidance on how to work through the early stages of designing your initiative. It aims to: 1) identify a specific social or behavioural change goal for your SBCC initiative,

and 2) form a solid understanding of the wider context and target audience, including the key barriers and facilitators to social or behaviour change. Whilst this might sound easy, it can be surprisingly difficult, particularly for overweight in children that involves a web of interacting behaviours.

**Remember!** Whilst the toolkit presents steps sequentially, they are likely to be highly iterative. After identifying your focus area and potential target behaviours, it is likely that when the target behaviours are explored in more detail in Steps 2-3 you may want to refine or even change them completely. However, it is useful to focus your initiative at this early stage to guide your exploratory work, even if it changes as the project progresses.





## What do you want to achieve?

**Purpose:** To define the goal of your SBCC initiative and build an in-depth understanding of the wider context and the barriers to and enablers of change.

**Output:** Insights that can be used to develop an effective SBCC initiative to achieve your social or behavioural change goal. Insights from this stage can be summarised in a User Journey Map (with associated behavioural barriers) or a short report.

**Time:** Depending on the target behaviour(s), existing knowledge and amount of primary research needed, this step can take as little as a few days to a few weeks

### Worksheets:

- Worksheet 3.1: Landscape analysis and focus area discussion
- Worksheet 3.2: Project team and stakeholder meeting (Behavioural map and prioritisation of behaviours)
- Worksheet 3.3: Research plan
- Worksheet 3.4: Project team meeting (User journey map, COM-B analysis, and goal objective statement)

### At the end of this stage you will have:

- Identified your focus area and the potential target behaviours in this area
- Prioritised key target behaviours to explore further by considering impact, feasibility, and measurability
- Conducted LEAD research activities to develop a user journey map to illustrate the key decision points and barriers or enablers to social or behavioural change
- Decided on your social or behavioural change goal



### OBJECTIVE



### ACTIVITIES

	OBJECTIVE	ACTIVITIES
<b>STEP ONE</b>	 <b>Assess the landscape and identify the focus area of your initiative</b>	<b>Worksheet 3.1: Landscape analysis and focus area discussion</b>
<b>STEP TWO</b>	 <b>Identify, refine, and prioritise your potential target behaviour(s)</b>	<b>Worksheet 3.2: Behavioural map and prioritisation of behaviours</b>
<b>STEP THREE</b>	 <b>Build an in-depth understanding of your priority target behaviours</b>	<b>Worksheet 3.3: Research plan</b>
<b>STEP FOUR</b>	 <b>Finalise your social or behavioural change goal</b>	<b>Worksheet 3.4: User journey map, COM-B analysis, and goal objective statement</b>

**3. Identifying and understanding your social or behavioural change goal**

Step 1. Assess the landscape and identify the focus area of your initiative

**STEP 1**

**✍ Assess the landscape and identify the focus area of your initiative**

Before deciding where to focus your SBCC initiative, collecting some initial background information and available data can help build a rough understanding of the problem and the priority areas to target.

You may already have sufficient background information (e.g., from a prior landscape analysis). If so, there is no need to collect further information at this stage. However, you may only have your own understanding or that of key stakeholders to work from. In these cases, we recommend conducting a landscape analysis (an analysis of the situation of childhood overweight, its determinants and a review of the existing policies, laws, strategies, and programmes in the country context). The results can help to identify priority focus areas and gaps or opportunities in the current policy or programme landscape: these neglected areas could be particularly impactful to target.

This step should be as in-depth as possible within resource constraints – the greater understanding of the problem and priority areas, the more accurately you can target your SBCC initiative to the areas of highest impact.

**✍ Activity 3.1: Landscape analysis and focus area discussion**

Landscape analysis: UNICEF, in partnership with WHO, recently developed a Landscape Analysis Tool for overweight in children. The tool sets out five stages - at this stage we recommend conducting Stages 1, 2, and 3 (*Section 2 or Worksheets 1-4 of the Landscape Analysis tool*):

The tool provides step-by-step guidance, questions to consider, and useful data sources to find answers to these questions. The tool can be used to conduct a light-touch or in-depth (*if resources allow*) analysis. **Use Worksheet 3.1 and the guidance in the landscape analysis tool itself to complete this step.**

Stage	Evidence collected	Objective
1	Data on prevalence and trends of overweight in children in the country/region	To understand the extent of the problem and the speed and trajectory of change in order to demonstrate the need for action.
2	The known individual and environmental risk factors for overweight in children in the country/region	To support decision making on where to focus your SBCC e.g., maternal and early-life nutrition, children’s dietary intake, or physical activity.
3	The policy and programme context in the country/region	To understand what policies or programmes are in place to prevent overweight in children and the obesogenic environments children are in.



**Project team & stakeholder meeting:** Now that you have an understanding of overweight in children in the country or region you are working in you can decide where to focus your SBCC initiative. In a meeting with the project team and key stakeholders (~1hr), discuss the key drivers of overweight in children, outlined below (*also see Introduction*).<sup>24</sup>






There are two key behavioural drivers to obesity: unhealthy diet and insufficient physical activity (*see Introduction*).<sup>25</sup> More specifically, five focus areas are often targeted by SBCC to prevent overweight in children.

In your meeting, **use Worksheet 3.1 to discuss the key drivers of overweight in children in the context in which you are working and decide which to focus your SBCC initiative on.**

Use the worksheet questions to document your discussion on:

- 1. The output of your landscape analysis:** The landscape analysis output should have identified the extent to which the drivers above are a problem in your local context and highlighted gaps and opportunities for your SBCC initiative.
- 2. Strategic priorities:** Such as UNICEF Programme Guidance,<sup>26</sup> the Country Office Country Programme Document (CPD), or national or regional government priorities.
- 3. Double-duty actions:** Many of the behavioural drivers of overweight in children overlap with drivers of undernutrition. Targeting one of these complex and interconnected drivers can simultaneously tackle both under- and over-nutrition

Five focus areas are often targeted by SBCC to prevent overweight in children

 Improving maternal dietary behaviours	 Improving breastfeeding practices <sup>27</sup>	 Improving complementary feeding practices <sup>28</sup>	 Improving child and adolescent dietary behaviours	 Increasing physical exercise [lower priority]
<b>Example behaviours</b>				
<ul style="list-style-type: none"> <li>• Appropriate calorie intake / energy density</li> <li>• Reduce HFSS food / SSBs intake</li> <li>• Increase fruit and vegetable intake</li> <li>• Increase intake of nutrient rich food</li> </ul>	<ul style="list-style-type: none"> <li>• Early initiation of breastfeeding</li> <li>• Exclusive breastfeeding</li> <li>• Continued breastfeeding</li> <li>• Reduced use of breastmilk substitutes</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of food at six months</li> <li>• Responsive feeding</li> <li>• Appropriate calorie intake / energy density</li> <li>• Reduce HFSS food / SSBs intake</li> <li>• Adequate food variety</li> <li>• Appropriate meal frequency</li> <li>• Increase intake of nutrient rich food</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate calorie intake / energy density</li> <li>• Reduce HFSS food / SSBs intake</li> <li>• Increase fruit and vegetable intake</li> <li>• Increase intake of nutrient rich food</li> </ul>	<ul style="list-style-type: none"> <li>• Increase participation in sport / activities</li> <li>• Reduce sedentary behaviour</li> <li>• Increase active transport</li> <li>• Increase incidental activity</li> </ul>

## STEP 2

### Identify, refine, and prioritise your potential target behaviour(s)

You have now identified a broad area of focus for your SBCC initiative. However, to be effective, SBCC initiatives need to have a clearly defined goal that focuses on a specific behaviour and targets a specific audience. In order to translate your broad focus area into potential target behaviours it is useful to have a meeting (~2-3 hours) with the project team and key stakeholders to discuss:

1. **Potential target behaviours** in your focus area using a brainstorming approach such as behavioural mapping; and
2. **Prioritisation of potential target behaviours** using a high-level assessment of impact, feasibility, and measurability.

It is important to engage senior stakeholders during this stage. However, remember that some behaviours may be more salient or important to particular stakeholders so there will need to be some compromise in order to agree on a specific target behaviour.



### Activity 3.2: Behavioural map and prioritisation of behaviours

**Identify potential target behaviours:** In the first part of your meeting (~1-1.5 hours) brainstorm all the behaviours associated with the focus area in your context by developing a behavioural map. **Use Worksheet 3.2 and follow three steps:**

1. **Aim:** Write down the overall goal within your focus area
2. **Actors:** Identify all the people that could influence this goal
3. **Actions:** For each actor identify all the possible actions related to the overall goal

Behavioural mapping can be a daunting prospect, but it needn't be! Behaviours can be high-level at this stage - just include all the actors and behaviours that the project team are aware of. Try to not get caught up in details that you are unsure of, you can always revisit your behavioural map as the project progresses.

Whilst ultimately some behaviours and levels of influence will be out of scope (such as advocacy-related behaviours for policy changes), including them all in the behavioural map ensures you consider the wider context of the problem area and can help you identify areas where your SBCC initiative could interact with wider initiatives targeting the environment and other systems (such as the food, health, wash, education, and social protection systems).

**Remember!** Our everyday eating choices are strongly influenced by our social and physical environments. Therefore, some of the most impactful solutions to prevent overweight in children will be those that focus on upstream influences – particularly those that shape healthier food environments such as regulation, legislation, taxation, and policy changes; and those that influence social norms.

Effective SBCC needs to not only inspire individual behaviour change, but also start a conversation about wider environmental influences, mobilise communities, and increase public support and advocacy for policy change. To acknowledge this, we recommend mapping behaviours according to the five levels of influence described in the Socio-Ecological Model: individual, interpersonal, community, organisational, and policy.



**EXAMPLE**

## Reducing sugary drink consumption among young children

An example project team has identified that a challenge for improving dietary behaviours in children is local schools offering SSBs. They are planning an SBCC initiative to reduce the intake of soda and increase the intake of water at school.

The following behavioural map shows the key actors and behaviours that the project team identify as crucial to changing behaviour.

Aim: What are you trying to achieve?	<b>Reduce intake of soda and increase intake of water at school for children aged 5–16</b>				
SEM level	Individual	Interpersonal	Community	Organisation	Policy
Actors: Who influences the success of the goal?	Children	School staff & leaders Parents		School decision-makers	Government
Actions: What actions of behaviours contribute to the success of the goal?	Choose water instead of soda	Ask school decision-makers to reduce soda / increase water availability		Reduce soda / increase water availability	Advocate for regulation or legislation on offering soda in schools
	Ask for water to be available	Encourage healthier choices through lessons/conversations with children		Influence other schools to do the same	

Dotted lines indicate that these areas are out of scope of SBCC

**Prioritisation of potential target behaviours:** The behavioural map produces a long list of potential behaviours. To be most effective, SBCC should focus on a single (or small number) of target behaviours. In the second part of your meeting (~1-1.5 hours) prioritise which behaviour(s) to explore further by considering three questions for each behaviour:

- **Impact:** What impact would changing the behaviour have?
- **Feasibility:** What is the feasibility of changing the behaviour using SBCC?
- **Measurability:** Can the behaviour be objectively measured?

Use the questions below to score each behaviour on impact and feasibility. It is unlikely that you will be able to precisely calculate impact and feasibility. Instead, scores can be estimated (e.g., 1=not feasible to 5=very feasible) or ranked relative to one another according to impact and feasibility (e.g., rate on a scale from 1=least feasible to 5=most feasible). Keep track of your scoring using a simple table, such as that in Worksheet 3.2. You can also map the behaviours on a

simple matrix to help visualise which behaviours offer the best opportunity to target (i.e., those in the top right quadrant).

**Impact:** Consider the **overall impact** on the project goal of targeting a particular behaviour: this is the impact per person (i.e., the average effect of changing the behaviour on the project goal) multiplied by the number of people affected. Key impact questions to consider include:

- What impact will changing this behaviour have on the overall goal? Consider individual impact, as well as impact on social, organisational, and policy influences.
- How many people would be directly affected by changing this behaviour?
- Is it most of the population / sample or a sub-set? Is the sub-set a priority group?
- How many people would be indirectly affected by changing this behaviour? Consider how social, organisational, and policy changes might affect a wider group.

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**3. Identifying and understanding your social or behavioural change goal**

Step 2.  
Identify, refine, and prioritise your potential target behaviour(s)

**Feasibility:** This is the *ease with which the behaviour can be changed*. Changing behaviours can be very challenging. Even the most impactful behaviour might not be a good target behaviour if it is very difficult to change. Consider:

- What level of individual effort does changing the behaviour require? *In particular consider whether changing the behaviour will:*
  - Require changing habits, developing skills, or changing social norms
  - Need to be sustained to be impactful (vs a one off behaviour such as vaccination)
  - Involve starting a completely new behaviour, stopping a current behaviour, or substituting a behaviour (see 'Substitution behaviours' below)
- Does the project team have the capability and opportunity to change the behaviour?
- Is the behaviour something that SBCC can effectively change or should another approach (e.g., regulation, taxation, environmental changes) be used?
- Is behaviour change likely to be maintained long-term?
- Are there similar behaviours that have been changed using SBCC? Or are there examples of well executed SBCC that were not effective for similar behaviours?



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**Substitution behaviours:** It might not be realistic to eliminate a harmful behaviour. Instead, the focus may be on reducing the negative effects of a health behaviour without removing the behaviour altogether by encouraging substitution, i.e., replacing an old behaviour with a similar but healthier behaviour.<sup>29</sup>

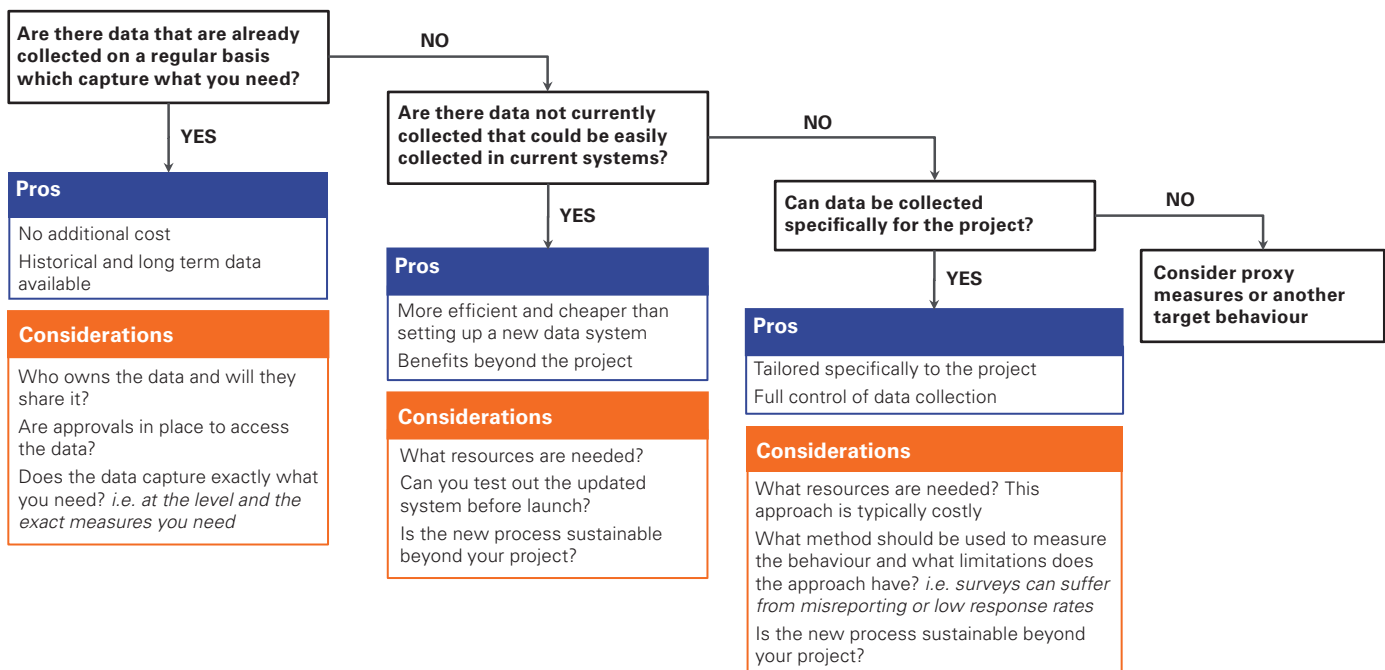
Traditionally this has been used in addictive behaviours; however, nutrition campaigns are beginning to use this approach effectively. Healthy eating campaigns that encourage swapping unhealthy for healthier food are more effective than those that only focus on reducing unhealthy food intake or increasing healthy food intake.<sup>30</sup> For example, promoting the switch in consumption from whole or 2% fat milk to 1% fat milk<sup>31</sup> or using educational materials to suggest swaps for children's lunchbox snacks.<sup>32</sup>



**Measurability:** In order to understand whether your SBCC initiative has been effective you need to be able to **objectively measure** the behavioural outcome targeted i.e., can you tell whether the behaviour has changed and can this be measured in numbers.

For the purposes of selecting a target behaviour, measurability considerations can be high-level i.e., identifying if a behaviour can be measured, the type of data you will use, and the pros and considerations when using this type of data. To do this you can use the decision tree below. We also recommend consulting Section 5 at this stage, which covers monitoring and evaluation in more detail.

Some behaviours are not possible to measure directly, such as those that are unobservable, subconscious, or take a considerable time to change. In such cases, **proxy measures** can be used. These are outcomes that can be measured which are correlated with your outcome of interest. For example, it may be time- and resource-intensive to observe children’s food choices at local food vendors. Instead, a proxy measure of how much a certain food is chosen could be the food sales data from the vendor. Food sales could be tracked over time as a proxy measure of how food choices or preferences are changing in response to an initiative.



**3. Identifying and understanding your social or behavioural change goal**

Step 2. Identify, refine, and prioritise your potential target behaviour(s)



**EXAMPLE**

## Reducing sugary drink consumption among young children

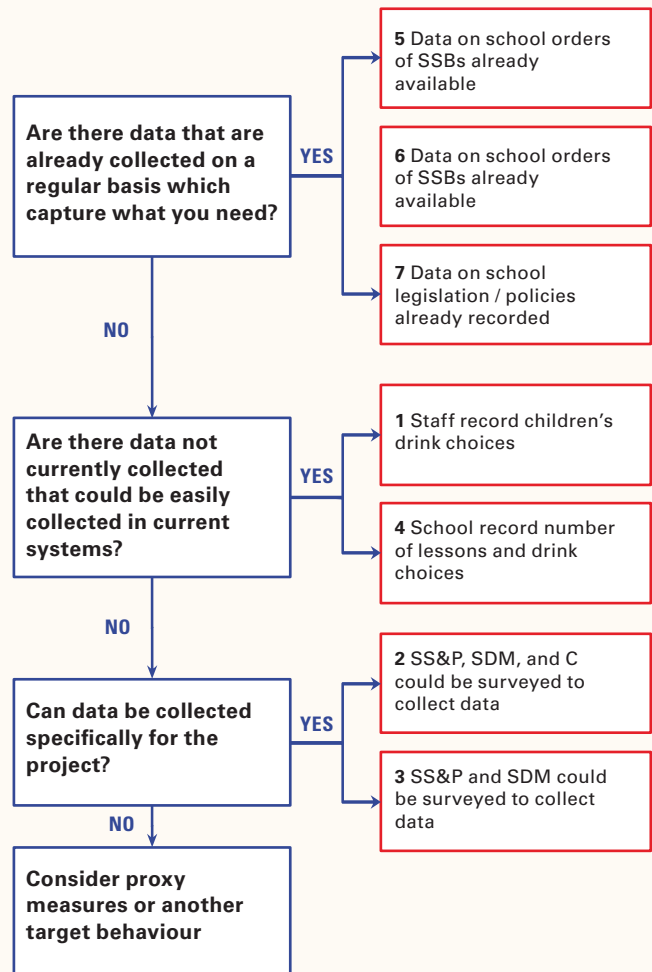
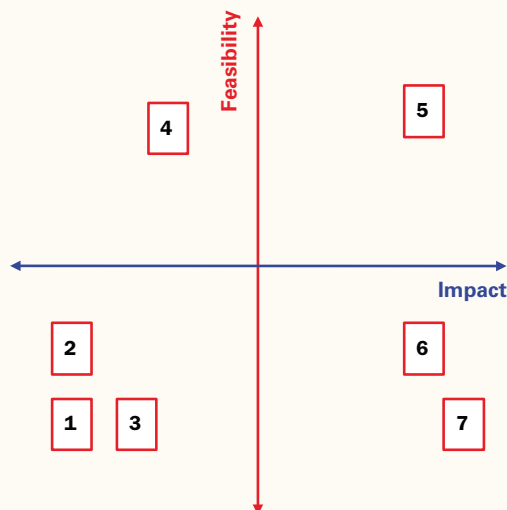
Our example project team who are planning an SBCC initiative to reduce the intake of soda and increase the intake of water at local schools have mapped out the key actors and actions in a behavioural map (see example above).

Each of the behaviours is subsequently discussed in a meeting with key stakeholders. Whilst some behaviours (e.g., 'legislate that schools cannot sell soda') are outside the scope of SBCC, it is still useful to discuss them at

this stage. Specifically, discussing ways in which SBCC could interact with these wider initiatives or be used to encourage local environmental changes (e.g., using SBCC to increase public support for regulation of soda or SBCC targeting school decision makers to make changes to school environments).

The scoring table, impact-feasibility matrix, and measurability decision tree from the discussion are provided below:

Potential target behaviours (Actor)	Impact	Feasibility
1. Choose water instead of soda (Children)	1	1
2. Ask for water to be available (Children)	1	2
3. Ask school decision-makers to reduce soda / increase water availability (School staff & parents)	2	1
4. Encourage healthier choices through lessons/conversations with children (School staff & parents)	2	4
5. Reduce soda/increase water availability (School decision makers)	4	4
6. Influence other schools to do the same (School decision makers)	4	2
7. Legislate that schools cannot sell soda (Government)	5	2



### STEP 3

#### Build an in-depth understanding of your priority target behaviours

You should now have a shortlist of 2-3 potential target behaviours. Knowing how to change these behaviours in a culturally appropriate and relevant way requires a solid understanding of the wider context and target audience.

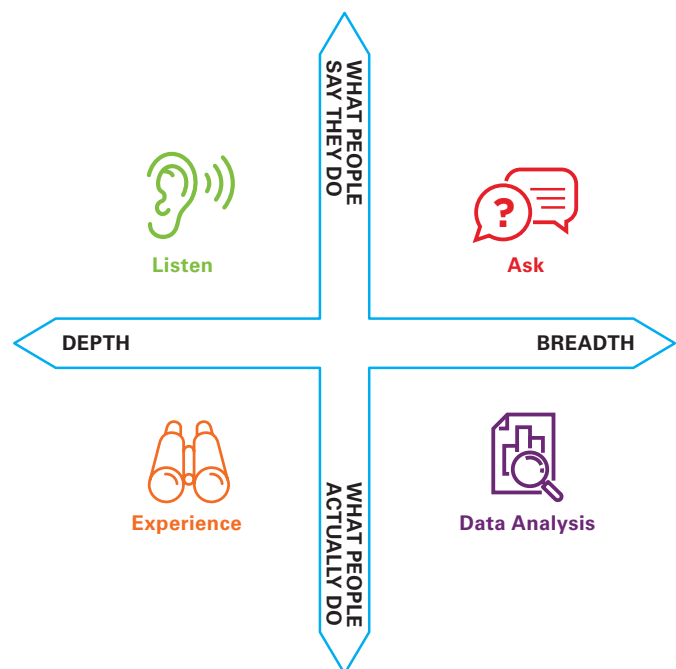
Formative research is crucial for building this in-depth understanding. However, conducting research with stakeholders can be a time- and resource- intensive task. The aim of this stage is not to be exhaustive, but to gather key evidence using the simple research tools described below to help understand the wider context and target audience.

#### Activity 3.3: Research plan

**Research questions:** Before you begin conducting research, set a couple of clear research questions to help you to identify what information to gather. **In a discussion with the project team, brainstorm the key questions you want to answer.** Remember to:

- **Keep your overall goal in mind.** Overweight in children is complex and multifaceted - your SBCC initiative will not be able to tackle all aspects of the problem. Keep your research questions focused on gathering information useful to achieve your overall goal to avoid being led into areas outside of the scope of your project.
- **Avoid questions that are too narrow** (e.g., Why don't adolescents know which snacks are healthier?) **or too broad** (e.g., Why are local shops unhealthy?). Finding a balance will help expand your thinking but ensure the answers are useful and relevant (e.g., What influences the snacks that adolescents buy from local food vendors? Are there social norms that influence food choice?).
- **Avoid looking for information that confirms your prior assumptions.** We tend to look for information that confirms our assumptions and ignore information that challenges them. Avoid leading questions (e.g., Why do you choose unhealthy snack options?); instead, keep questions neutral (e.g., What snacks do you choose from local food vendors?). It can be useful to ask a colleague without prior knowledge on the problem area to review your questions.

**Research methods:** Once you have your research questions, you can form a high-level research plan to answer them by choosing appropriate research methods. The 'LEAD' framework outlines four types of research activities that are commonly used to understand the context around a behaviour: Listen, Experience, Ask, and Data analysis. Direct observations of behaviour (experience) and analysing behavioural data are important complements to analysing what people tell you as sometimes there is a gap between what people report they do and what they actually do. For example, people underestimate their food intake<sup>33</sup> and overestimate their levels of physical activity.<sup>34</sup> Moreover, many of the influences on eating behaviour are subconscious so people will find it difficult to recognise and report these factors.





**Listen:**

Interviews or focus groups with stakeholders or target audience

**Purpose:** Understanding people’s views, experiences, values, emotions, and motivations

**Ideal for:** Deep-dive into complex or sensitive issues that require in-depth understanding or delicate handling

**Limitations:** Interviews and focus groups can be time consuming to prepare, conduct, and analyse

**Skills required:** Preparing interview or focus group guides; conducting interviews and focus groups; light-touch analysis



**Experience:**

Directly observe a behaviour, service or process

**Purpose:** Understanding a culture, process or service, or examining people’s behaviour and interactions.

**Ideal for:** In-depth understanding of a service or process and its context, including small details that might influence behaviour

**Limitations:** Can be time consuming and/or logistically difficult; information is limited to the target audience’s experience, rather than why a process or behaviour is the way it is

**Skills required:** No specific skills are required



**Ask:**

Survey the target audience

**Purpose:** To get a broad understanding of what people think and/or what they do by reaching many people in a short amount of time

**Ideal for:** Understanding the prevalence of opinions, behaviours, and attitudes

**Limitations:** Information is broad, not in-depth and you can’t ask any follow up questions; sampling bias might mean those who respond to your survey are the most vocal or opinionated

**Skills required:** Conducting a large-scale, representative survey requires considerable expertise and resources



**Data analysis:**

Analyse any relevant data

**Purpose:** Exploring relationships, patterns, and trends in data to identify the key aspects and scale of a problem

**Ideal for:** Understanding where you should focus your work and corroborating findings from other research tools

**Limitations:** Data can be difficult to access, require a lot of data cleaning, or may not capture the exact measure you require

**Skills required:** For basic, organised data, basic Excel skills might suffice. If a dataset is large, complex, and requires cleaning or sophisticated analysis, then specialist expertise is required

Each research activity provides different insights (see *Figure on right*). You should consider whether you are looking for depth or breadth of understanding, and whether you are interested in reported and perceived behaviours or actual behaviour. For further information on how to conduct LEAD research activities, see the resources listed at the end of this chapter.

Using Worksheet 4.3, discuss each of your research questions and choose an appropriate LEAD research activity (or more than one) to answer the question.

Once you have decided on your research activity, other considerations for your research plan include:

- **Who?** The groups, organisations, and/or individuals you will speak to, observe, survey, or collect data from
- **When?** Your project timeframe
- **Where?** Location where you will conduct your research
- **How?** The way you will carry out your research activities, including specific questions for data collection (i.e., interview or survey design)

At the end of this stage, your output should be a simple table, such as that on Worksheet 3.3, which details your main research questions, the methods for answering them, and some high-level detail about what (and who) these research activities will involve. This forms the basis of your research plan.

We recommend conducting a range of research activities to explore your focus area. At the very least, we would suggest carrying out some interviews (or less formal stakeholder consultation) and, if relevant, trying to experience the process or context yourself. However, as you conduct your research you might decide early on that some behaviours are less important or less suitable for an SBCC initiative, in which case there is no need to continue with future research for these behaviours.

**Remember!** When conducting research on overweight in children, be mindful that it can be a sensitive issue and that overweight still carries a social stigma that adversely affects children as well as their families. Working with children and adolescents brings additional challenges with discussing sensitive issues and concerns around safeguarding. Many children who are affected by overweight may also suffer from psychological problems including anxiety, depression, attention-deficit hyperactivity, and eating disorders.<sup>35</sup>

As you plan your research activities, first consider whether it is necessary to involve children or whether the information can be obtained in other ways. If you conclude that it is absolutely necessary to conduct research with children or adolescents, we recommend seeking advice from (or if possible recruiting) an experienced qualitative researcher to support with developing materials (such as interview guides) and conducting research.

We also recommend consulting additional resources on this topic, including:

- UNICEF's Ethical Research Involving Children guidance<sup>36</sup> offers support in considering harms and benefits, informed consent, privacy and confidentiality, and payment and compensation when conducting research with children.
- Forthcoming guidance from UNICEF and the Behavioural Insights Team specific to ethical Behavioural Insights work with children and adolescents.<sup>37</sup>

The 'LEAD' framework outlines four types of research activities that are commonly used to understand the context around a behaviour: Listen, Experience, Ask, and Data analysis.



**EXAMPLE**

## Encouraging adolescents to choose healthy snacks at food vendors

An example team is developing an SBCC initiative targeting adolescent diets. One priority target behaviour, identified in their landscape analysis and LEAD activities, is the selection of healthier snacks at food vendors (e.g., corner stores or food carts near schools). The team decide on the following research questions and methods:

Research Question	Method				Details
	L	E	A	D	
What options (choice of food vendor and snacks) are available?		X		X	<b>Experience:</b> Go to schools and observe snacks available nearby <b>Data:</b> Collect data from vendors on snacks available
What food vendors and snacks do adolescents currently select and why?	X		X	X	<b>Listen/Ask:</b> Focus groups or survey with vendor owners & adolescents (recruited at local schools) to ask what adolescents select and why <b>Data:</b> Collect data from vendors on snacks purchased
What (and who) influences adolescents' selection of food vendors and snacks?	X		X		<b>Listen/Ask:</b> Focus groups or survey with vendor owners & adolescents (recruited through local schools) to ask about influences of adolescents' selections
What barriers do adolescents face in selecting healthier food vendors and snacks?	X	X			<b>Listen/Ask:</b> Focus groups or survey with vendor owners & adolescents (recruited through local schools) to ask about barriers to selecting healthier snacks <b>Experience:</b> Observe the process for any barriers
When are the touchpoints to influence adolescents' behaviour (and attitudes or perspectives) to encourage the selection of healthier food vendors and snacks?	X	X	X		<b>Listen/Ask:</b> Focus groups or survey with vendor owners & adolescents (recruited through local schools) to explore touchpoints <b>Experience:</b> Observe the process for any touchpoints or opportunities to intervene

## STEP 4

### Finalise your social or behavioural change goal

Once you have conducted the 'LEAD' activities you should have a good understanding of your 2-3 priority target behaviours, allowing you to prioritise the behaviour that the project team believe is key to impacting overweight in children in the local context. If it is still unclear what your priority target behaviour should be, it is possible to conduct the next steps for multiple behaviours but be aware that this will increase the time and resources required.

At this stage it is useful to hold a project team meeting to:

1. **Ensure the team are aligned on the priority target behaviour**, based on the key insights from the 'LEAD' activities,
2. Summarise the key insights the team have about the priority target behaviour by developing a **user journey map** and conducting a **COM-B analysis** (see below)
3. Formalise your social or behavioural goal in a **'goal objective' statement** (see below)

You may wish to include stakeholders in this meeting if you believe they will have key insights to input into the activities. Alternatively, you may wish to hold a subsequent meeting (or provide a written update) to communicate the output of your formative research and the project team meeting, including your finalised goal objective statement.

### **Activity 3.4: Project team meeting (User journey map, COM-B analysis, and goal objective statements)**

**User journey map:** A user journey shows the steps (from the user's perspective) that a person must follow to complete the target behaviour. Developing a map for your priority behaviour helps you to understand the steps involved and potential barriers, as well as identifying opportunities for SBCC to positively impact social influences or behaviour.

**Use Worksheet 3.4 and the following steps to create your user journey map:**

1. Take a large piece of paper and divide it horizontally for each person or organisation involved in the process (into 'swim lanes')

2. In each swim line, write out the key steps of the process for that person or organisation
3. You can include additional details of the steps and any particularly problematic steps or key barriers, if known.
4. Discuss the map with key stakeholders or the target audience, refining and adjusting according to their perspective

Try to be as detailed as possible, using insights gained from the research activities. It might also be useful to first develop an 'ideal' user journey, describing how things *should* happen if everything goes to plan, and then a 'realistic' user journey, describing how things *actually* happen in the real world. The difference between the ideal and the actual user journey can also help to identify the areas to focus on.





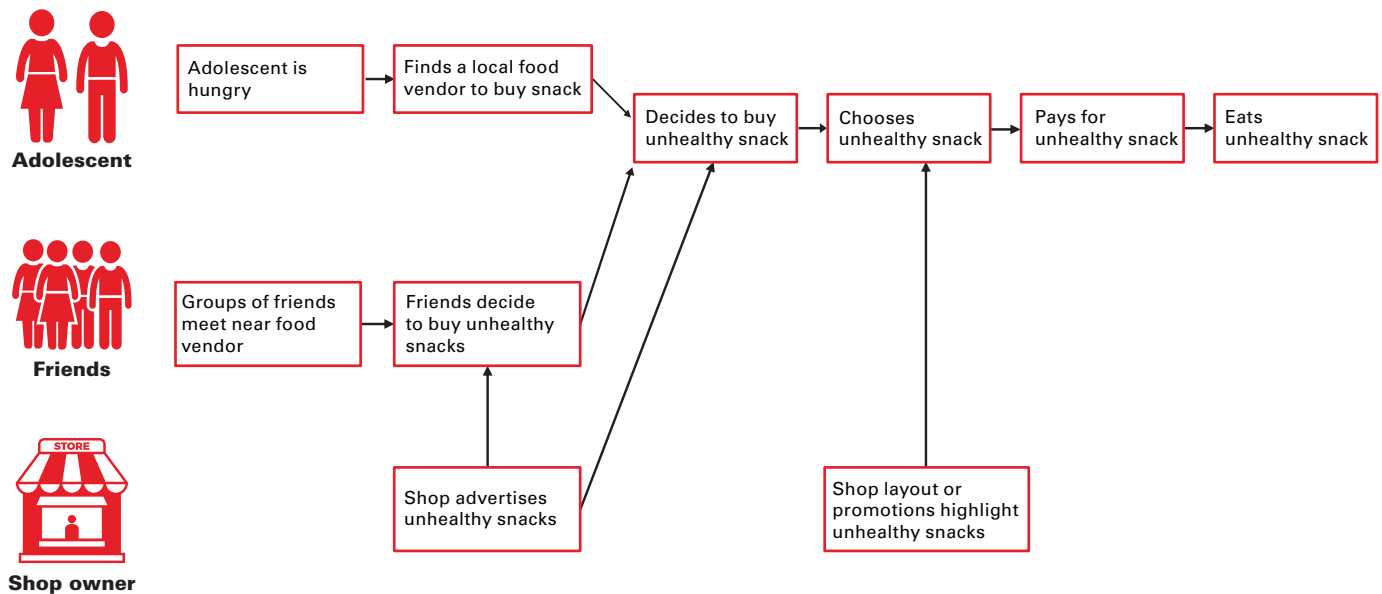
**EXAMPLE**

## Encouraging adolescents to choose healthy snacks at food vendors

An example team continues to develop their SBCC initiative targeting adolescent diets by encouraging adolescents to select healthier snack options at food vendors (e.g., corner stores or food carts near schools).

Using the LEAD activities, they map the following user journey to describe the steps a user (the

adolescent) goes through to select an unhealthy snack. This activity also helps to identify potential barriers (such as the advertising of unhealthy snacks or social influence of friends) to selecting healthier snacks and opportunities for SBCC to reduce these barriers.





**OM-B analysis:** From your 'LEAD' activities and mapping out the user journey, it is likely that you have already identified reasons why the desired behaviour is not happening. Whilst some barriers are obvious, it is important to systematically analyse, as there may be barriers that are not obvious. Systematic analysis also avoids relying on prior assumptions about what the key barriers or enablers might be.

The COM-B framework is one tool for systematically identifying and analysing barriers to a behaviour.<sup>38</sup> The COM-B model of behaviour change states that to perform a behaviour, individuals need capability, opportunity, and motivation (Figure 3.1):

- **Capability:** The knowledge, skills, and abilities required to engage in a particular behaviour. It can be further divided into psychological capability (our knowledge or psychological skills) and physical capability (our physical strength or skills)

- **Opportunity:** The external factors which make enacting a particular behaviour possible. It can be further divided into physical opportunity (environment factors, such as time, location, and resource) and social opportunity (social factors, such as norms and acceptability)
- **Motivation:** Internal processes which influence our behaviour. It can be further divided into reflective motivation (conscious thought processes, such as self-belief or accountability) and automatic motivation (unconscious thought processes, such as our desires, impulses, and habits)

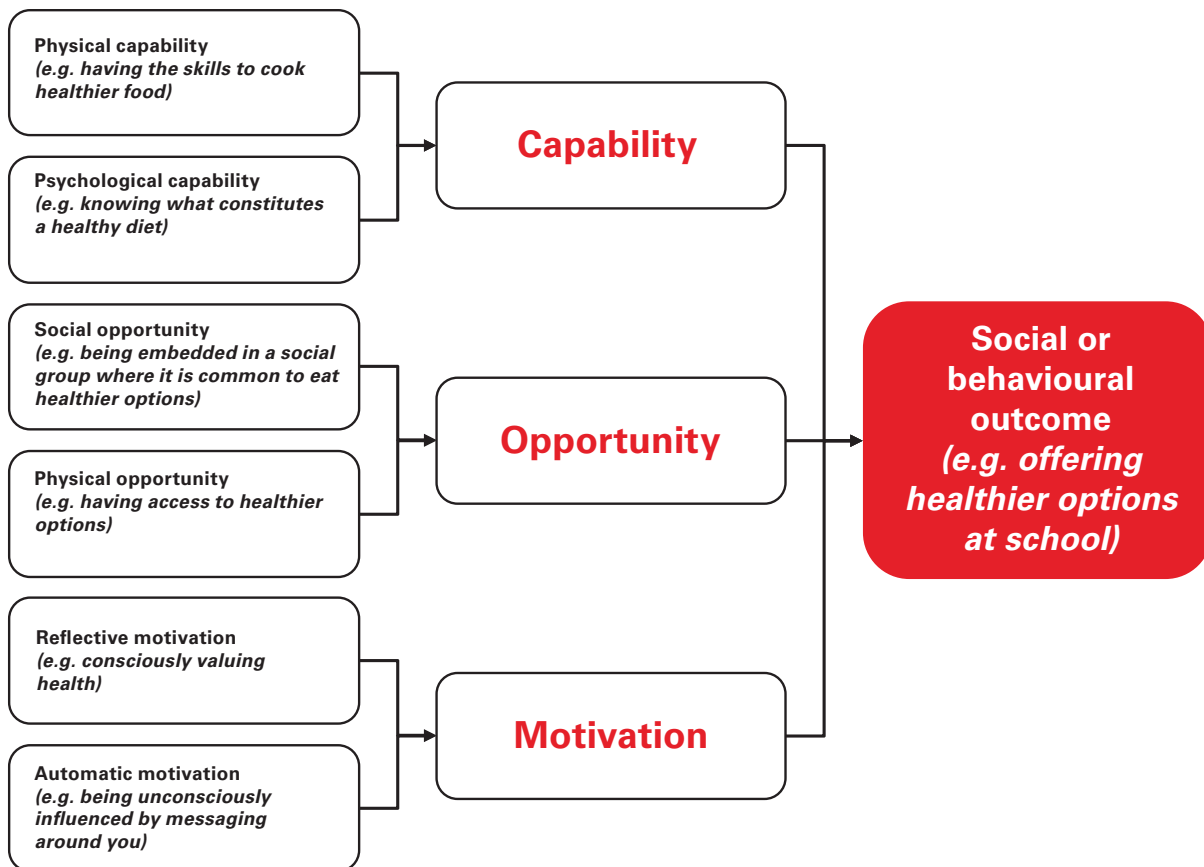


FIGURE 3.1  
The COM-B model of behaviour change with examples related to overweight in children.

**3. Identifying and understanding your social or behavioural change goal**

**Step 4.**  
Finalise your social or behavioural change goal

In the next part of your project team meeting **use the COM-B framework to assess the barriers to your priority target behaviour.** We recommend two approaches:

1. You can use the free online Barrier Identification Tool,<sup>\*</sup> developed by the Behavioural Insights Team. The tool walks through several steps: an introduction to the COM-B model, an example of how the model can be used to diagnose COM-B barriers for a problem, and an activity to help identify barriers for a target behaviour.

The activity includes double-sided virtual playing cards that define common barriers in each of the three categories (capabilities, opportunities, and motivation) and provide

examples of each barrier. You can select the barriers that you think are relevant to your target behaviour. Consider which of these barriers are social, behavioural, or structural (i.e., require physical or structural changes to the environment). Targeting the social or behavioural barriers will form the foundation of your SBCC initiative.

2. Alternatively, you can use your user journey map, the COM-B checklist below, and Worksheet 3.4 to identify and categorise the potential barriers at key steps in the journey. Examples for the prevention of overweight in children are provided below:

\* <https://www.bitbarriertool.com/>



**EXAMPLE**

**Encouraging adolescents to choose healthy snacks at food vendors**

An example team continues to develop their SBCC initiative targeting adolescent diets by encouraging adolescents to select healthier snack options at food

vendors. Using insights from their LEAD activities and the COM-B analysis checklist they identify the following barriers to adolescents selecting healthier snack options:

<b>Capability</b>	<ul style="list-style-type: none"> <li>• Adolescents are not sure of all vendor options in local area or what is healthy / what healthy options are available</li> <li>• Too many snack options to choose from</li> </ul>
<b>Opportunity</b>	<ul style="list-style-type: none"> <li>• Limited to what local shops sell</li> <li>• Not many healthy options available</li> <li>• Unhealthy options cheaper and easier</li> <li>• Snacks are often impulse buys (which are more likely to lead to the selection of unhealthy options)</li> <li>• Lots of advertising or promotion of unhealthy drinks</li> <li>• Lack of time to make decision</li> <li>• Peer group norms (where peer group meets up and what peer group eat)</li> <li>• Food vendor owner influence on choice</li> <li>• Unhealthy products positioned prominently and promoted</li> <li>• Till point promotions are very tempting</li> </ul>
<b>Motivation</b>	<ul style="list-style-type: none"> <li>• Adolescents go to the same shops each time</li> <li>• Adolescents prefer unhealthy options</li> <li>• Experience of eating snacks (positive / negative emotions)</li> <li>• Desire and memory to buy again</li> </ul>

Barrier	Description	Example
<b>Capability</b>		
Knowledge	Do people know how to do it?	Not knowing what a healthy, age-appropriate diet for a child is
Awareness	Are people aware of the options available to them?	Not knowing about local physical activity groups for children
Evaluating options & making decisions	Will people be able to evaluate the options and make the right decision?	Too many food options, so just picking the most prominent or what is known
Interpersonal skills	Do people have the interpersonal skills to do it?	Not knowing how to talk to parents about their child's weight
Attention span	Will people's attention be captured and held?	Guidance or information that is too long or not engaging enough
Memory	Will people remember to do it?	Forgetting to bring lunch from home so getting takeaway food
Physical ability	Do people have the physical skills to do it?	Not feeling fit enough to participate in physical activity
<b>Opportunity</b>		
Opportunities in the environment	Does the environment make it easy, difficult, or impossible?	Healthy food options not available; feeling unsafe walking to school
Resources & time	Do people have the time and resources to do it?	Eating unhealthy food that is convenient on-the-go
Prompts in the environment	Does the environment encourage / discourage it?	Special offers on or prominent positioning of unhealthy food
Role models	What role models will encourage it?	Family, friends, or celebrities eating unhealthy food and drink
Social & cultural norms	Is it the norm? How do peers influence people's behaviour?	Cultural norms e.g., norms of children being chubby; Gender norms e.g., girls not being encouraged to participate in sports
<b>Motivation</b>		
Identity	Is the behaviour in line with how people view themselves?	Being 'health conscious' or 'sporty' not being part of your identity
Beliefs about consequences	Will it lead to positive or negative outcomes? Will it have a significant impact?	Believing that eating a healthy diet or exercising will have a negative impact on enjoyment
Emotions	How do people feel about doing it?	Feeling upset when monitoring weight; feeling inadequate when exercising
Goals	Have people got a clear goal? Is the goal a priority?	Not knowing how much weight loss is impactful but realistic
Belief in abilities	Do people believe they can do it?	Trying and failing to lose weight or exercise previously
Habits	Is the behaviour a habit?	Always eating dessert; getting fast food with friends
Accountability	Who will hold people accountable?	Family or friends not encouraging or rewarding healthy behaviours
Automatic responses	Do people do it without realising?	Eating the whole portion size; Selecting the most salient option

**3. Identifying and understanding your social or behavioural change goal**

**Step 4.**  
Finalise your social or behavioural change goal

**Finalise your social or behavioural change goal:** At the end of the activities in this section you will have:

- Explored your shortlist of 2-3 target behaviours using the LEAD activities
- Used the outcome of your LEAD activities to prioritise one target behaviour for your SBCC initiative, for which you have developed a user journey and conducted a COM-B analysis

A final step is to build a 'goal statement', which should include your defined behavioural objective, as well as a description of when it will happen and who will do it.

It can also include how you will measure the social or behavioural change goal; however, this can be provisional or high level at this stage. Section 5 provides detailed guidance to help you to select your key indicators for monitoring and evaluating your SBCC initiative.

**To conclude your project team meeting, use the insights from Steps 1-4 and the template below to write your goal statement.** This statement will be used in Section 3 to design your SBCC initiative.

Our goal is for \_\_\_\_\_ to change from \_\_\_\_\_ to \_\_\_\_\_  
[target audience] [current behaviour] [target behaviour]

over \_\_\_\_\_ by addressing \_\_\_\_\_  
[time frame] [key barrier]

We will measure this change using \_\_\_\_\_  
[key indicator(s)]



**EXAMPLE**

## Encouraging adolescents to choose healthy snacks at food vendors

An example team continues to develop their SBCC initiative targeting adolescent diets by encouraging adolescents to select healthier snack options at food vendors. To summarise this section of work they formalise their goal statement:

**Example:**

Our goal is for adolescents to change from selecting unhealthy snack options to selecting healthier snack options  
[target audience] [current behaviour] [target behaviour]

over 6 months by addressing the social norms that influence adolescents to meet at unhealthy food vendors.  
[time frame] [key barrier]

We will measure this change using sales data from local food vendors (behaviour) and survey data (perceived norms)  
[key indicator(s)]



## CASE STUDY

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# Eat Them to Defeat Them (ETTDT): Encouraging children to eat vegetables in the United Kingdom (2019-2020)

At the end of each toolkit section, we explore relevant insights from the *'Eat Them To Defeat Them'* campaign, an effective SBCC initiative focused on preventing overweight in children. In this instalment, we explore the formative research conducted by the campaign team:

**Context:** Eat Them to Defeat Them<sup>39</sup> is a marketing campaign developed by Veg Power, a not-for-profit, which aims to support children in eating more healthily by encouraging children to eat more vegetables. The 2019 campaign ran for 3 months.

### Assessing the landscape and identify the focus area of the initiative:

Data collected by the team showed that:<sup>40</sup>

- 80% of primary school-aged children did not eat the recommended 3.5 portions of fruit and vegetable a day and parents reported that one in four children had eaten no vegetables at all the previous day. The problem was even more acute for families on a low income.
- Only 1.2% of the millions spent on advertising food and drink was spent on promoting vegetables.

To increase demand for vegetables, a mass media advertising campaign was planned.

---

### Building an in-depth understanding of the behaviour:

Formative research conducted with health experts, supermarkets, cooks, and child psychologists identified a number of barriers to children eating vegetables. The team de-prioritised barriers that were not feasible to target with mass media. For example, making vegetables taste better, easier to cook, or cheaper.

**The priority barrier that was assessed as both feasible and impactful to target with a mass media campaign was the perception that vegetables are disgusting, boring, and a chore.** It was thought that if parents know kids want to eat vegetables, then they would be more likely to buy them.

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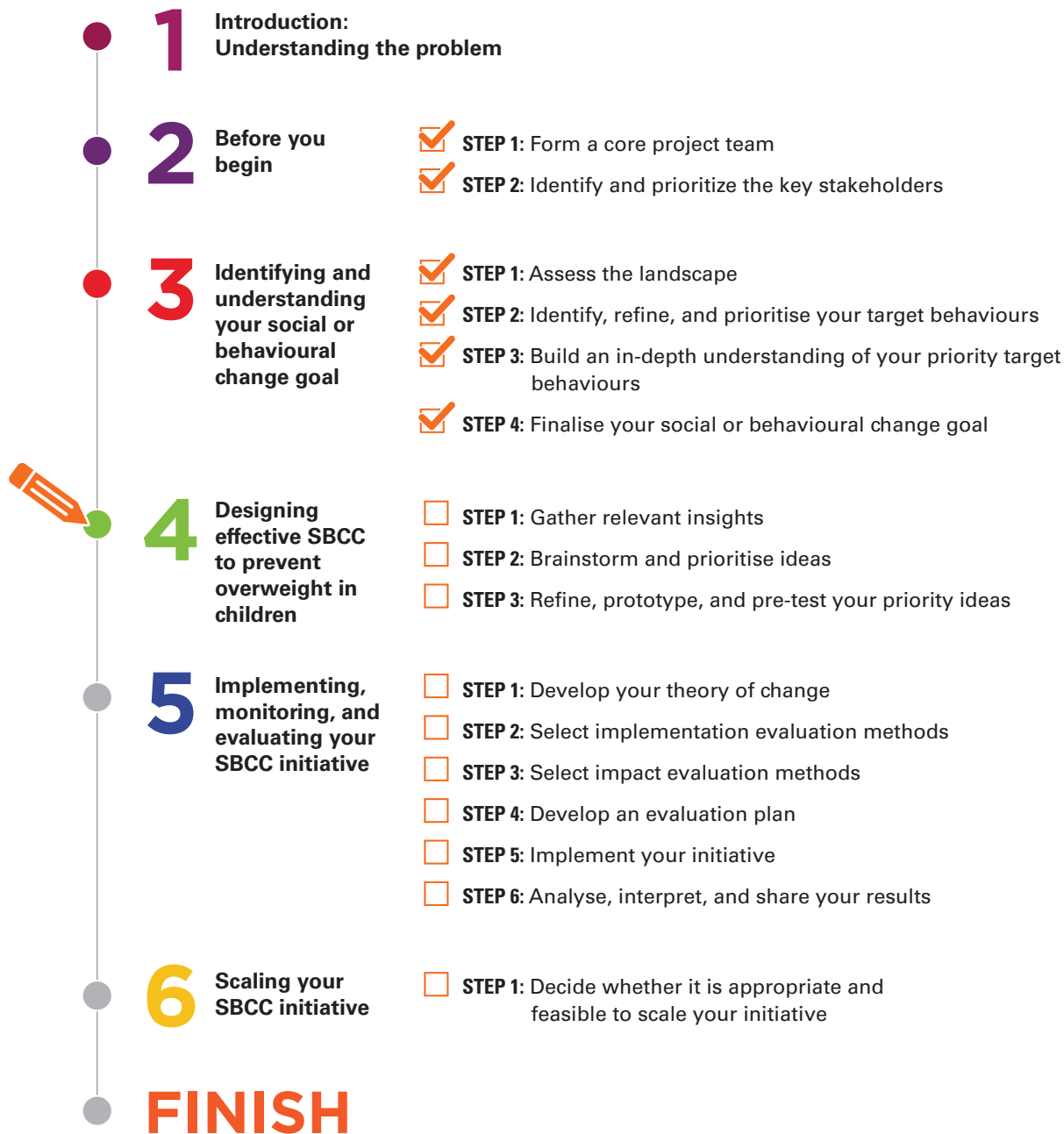
*"We know that the 'Veg is good for you' message simply doesn't work on kids, so we wanted to talk to them on their level, using their language, and recruit them to be the active agents of change."*

## Further resources

- [Landscape analysis tool](#)
- BIT Explore guide [report forthcoming in late 2021]
- [BIT's COM-B barrier identification tool](#)

**Having completed this section,** you should now have a deeper understanding of overweight in children in your local context and, based on your formative research, defined the social or behavioural change goal of your SBCC initiative.

**In the next section,** you will generate ideas of SBCC initiatives that could overcome one (or several) of the barriers that you identified, as well as refine, prototype, and pre-test your priority idea(s).



# 4. Designing effective SBCC to prevent overweight in children

## How will you achieve your goal?

Now that you have a good understanding of childhood overweight in your local context and have identified your social or behavioural goal, you are one step closer to designing your SBCC initiative. This section will focus on the question of **how** you can achieve your goal by generating ideas of SBCC initiatives that could overcome one (or several) of the barriers that you identified.

This section is iterative. The activities will generate many ideas for SBCC initiatives before you prioritise 1 or 2 ideas to be pre-tested with the target audience for early feedback. This approach balances creativity and innovative thinking whilst being pragmatic and remaining focused on the goal. Early feedback allows you to improve promising ideas and cut less promising ideas early, before too much investment of time or resources.

It is a good idea to start this section in parallel with Steps 1 through 4 of Section 5 about evaluating your initiative. This will help you to make an early assessment of whether your initiatives are suitable for rigorous evaluation.

---

If you have not done so already, we recommend you reach out to your C4D colleagues to support you in conducting the activities in this toolkit. Working together as a team and learning from their previous work will result in more effective SBCC initiatives.





## How will you achieve your goal?

**Purpose:** Design SBCC initiatives to bring about your desired social or behavioural change using your findings from Section 3 and insights from behavioural science

**Output:** 1-2 potential SBCC initiatives to encourage your target social or behavioural change

**Time:** This will depend on the number and complexity of the initiatives you develop. Allow at least 1 week for initial ideas development and 4-6 weeks for

refinement of your ideas, including prototyping and pre-testing. Make sure that you also allocate enough time to get sign-off and buy-in from all relevant stakeholders

### Worksheets:

- Worksheet 4.1: Gather relevant insights
- Worksheet 4.2: Idea generation and prioritisation
- Worksheet 4.3: Refine, prototype, and pre-test

### At the end of this stage you will have:

- Developed a longlist of potential SBCC initiatives to prevent overweight in children
- Prioritised your longlist of SBCC ideas according to impact and feasibility
- Refined, prototyped, and pre-tested 1-2 potential SBCC initiatives



### OBJECTIVE



### ACTIVITIES

	OBJECTIVE	ACTIVITIES
<b>STEP ONE</b>	 <b>Gather relevant insights</b>	<b>Worksheet 4.1: Gather relevant insights</b>
<b>STEP TWO</b>	 <b>Brainstorm and prioritise ideas according to impact and feasibility</b>	<b>Worksheet 4.2: Idea generation and prioritisation</b>
<b>STEP THREE</b>	 <b>Refine, prototype, and pre-test your priority ideas</b>	<b>Worksheet 4.3: Refine, prototype, and pre-test</b>



**STEP 1**

**Gather relevant insights for idea generation**

The initial step in designing effective SBCC is to generate many ideas for potential initiatives. This subsection provides guidance on **four main factors** to consider when generating SBCC ideas for the prevention of overweight in children:

**1. Who are you trying to reach (using Section 3 insights)?**

- Who is your target audience?
- Can you divide your audience into meaningful segments?

**2. What SBCC approach will you take?**

- What combination of SBCC types (e.g., mass media, community-based, interpersonal communications) and channel(s) (e.g., social media, print, radio) will you use?
- Who is your messenger?

**3. What is your message?**

- What language are you using to speak about the prevention of overweight in children?
- Are messages culturally appropriate and meaningful to the audience?

**4. How can you apply behavioural insights to your SBCC initiative?**

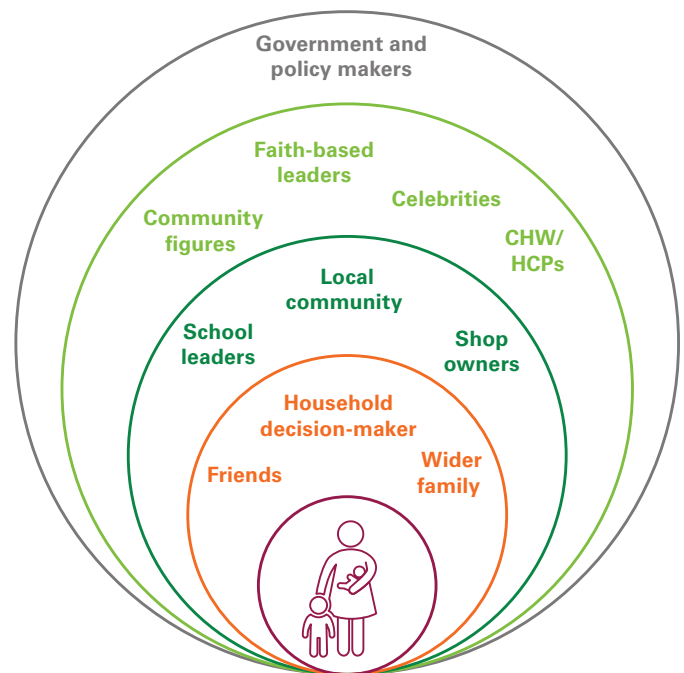
Activity 4.1 then guides you through how to gather the relevant insights for idea generation, including insights on the factors above, supported by Worksheet 4.1.

**1. Who are you trying to reach?** Whilst the intuitive approach to the prevention of overweight in children might be to target parents or the children and adolescents themselves, this might not always be the right approach. There are other powerful influencers on children’s eating behaviours, such as the school staff who determine food choices available to children, or peers who model group social norms.

**1.1 Who is your target audience?** Use the insights from Section 3, including your LEAD research activities and user journey map, to help identify who should be your target audience for your SBCC initiative.

**Tip: Think beyond the obvious primary audience.**

The primary audience represents people who are directly or indirectly affected by the issue and will bring about change if targeted. However, there is growing evidence for targeting secondary audiences, who are other groups that can influence the primary audience’s attitudes and behaviour. A secondary audience can be used to have impact beyond individual behavioural change by encouraging dialogue, mobilising communities, and increasing the likelihood of social and structural changes. This is particularly important for preventing overweight in children as social and environmental influences are very powerful. Examples include:



- The **family and peer group** of the primary audience can directly influence the options available e.g., food available in the home or the choice of location where friends meet. These groups can also provide social support for behaviour change.
- **Upstream influences in the local community**, including shop owners and school leaders. These groups influence the environment around children by determining the food and physical activity options available.
- **Influential community leaders or figures**, such as faith-based leaders, community health workers, celebrity chefs, or social media influencers. These figures can start

conversations, change social norms, and can use their influence to encourage changes to the environment.

- **Government & Policy makers** can be influential figures, particularly when it comes to policy or environment changes. However, this audience is most effectively targeted using advocacy rather than SBCC.<sup>41</sup>

**1.2 Can you divide your audience into meaningful segments?** ‘Audience segmentation’ divides your target audience into smaller groups that share certain characteristics. This allows messages to be highly tailored to each group. The more tailored your message, the more effective your initiative is likely to be.

The traditional approach in public health has been to segment according to demographic characteristics such as age, gender, and socioeconomic status. However, this might not always be the best approach for the prevention of overweight in children.

**Tip: It might be more effective to segment your audience according to criteria beyond demographics, such as beliefs, attitudes, behaviours, and barriers.** (see Table 4.1 below). If helpful, you can develop ‘personas’, which are realistic characters that combine some of the characteristics below. Personas can help you to understand

the needs, values, aspirations, abilities, limitations, and personality traits of users.

Delivering highly tailored messages for multiple audiences is more expensive and may not be logistically possible. If your resources are limited, you could consider more pragmatic approaches to tailoring. For example, you could start with a standardised, population-wide message with just slight variations in messaging for key subgroups. Alternatively, you could start with a standardised message in your initial SBCC initiative and then follow with more bespoke initiatives aimed at the groups who did not respond to the initial initiative.






**2. What SBCC approach will you take?** Your SBCC approach will depend on the target behaviour identified in Section 3, and your target audience (including any segmentation). The key decisions in determining your approach are determining your SBCC type(s), channel(s), and messenger(s).

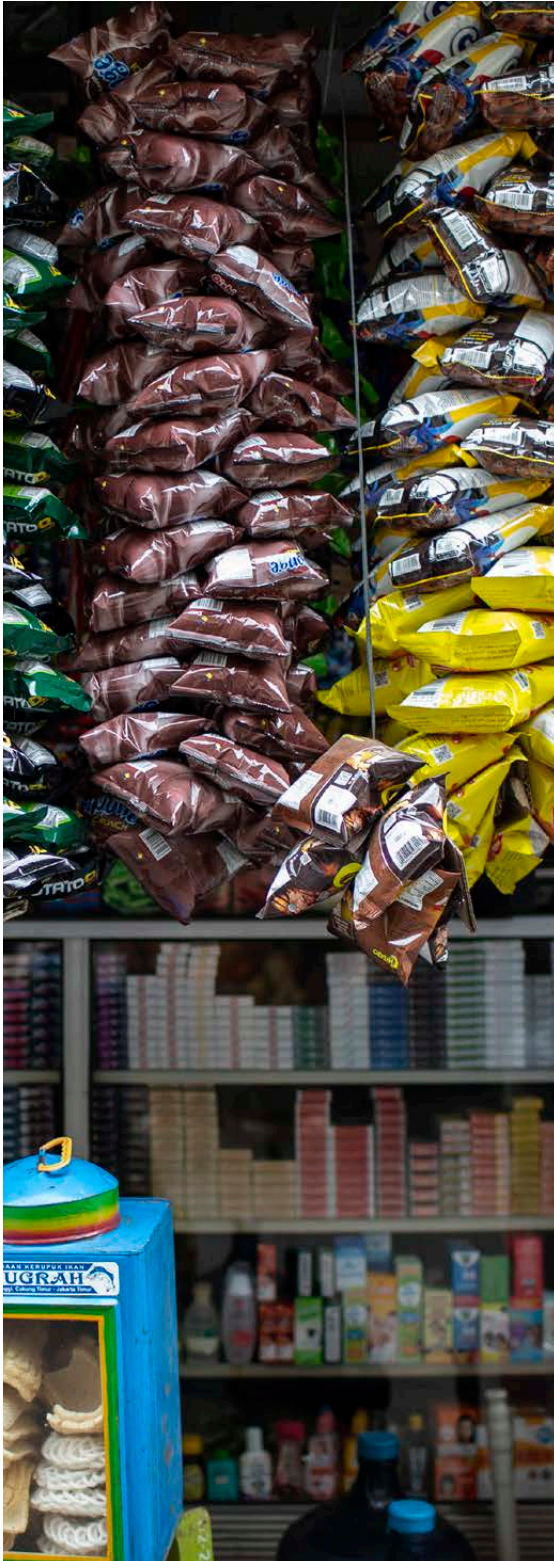
**2.1 What SBCC type(s) and channel(s) will you use?** The types of SBCC used in the prevention of overweight fit into three categories, which each have different advantages and disadvantages (see Table 4.2).

TABLE 4.1 Potential audience segmentation characteristics

Criteria	Why might this be important?	Example in overweight prevention
Actual and perceived risk or benefit	People are more likely to act if they perceive the risk or benefit as applying directly to them	Parents who perceive their child as at higher risk of being overweight (e.g., if their older children are overweight) may require a different approach to those who perceive no or low risk to their child
Attitudes or intentions	Different attitudes and intentions will result in different barriers to social or behavioural change - overcoming these barriers will require different approaches	School leaders who already want to improve the dietary behaviours of the children at their school may require different messaging than those who have no intention to do so
Misinformation and beliefs	People may have false or inaccurate information about overweight in children and how to prevent it. This may shape their beliefs, influencing their behaviour	Community groups who hold beliefs that overweight is an individual responsibility (and hence focus their support and interventions on the individual) may require different messaging to those that understand the powerful influence of the food environment
Environmental barriers	Even people who have the capability and motivation to change behaviour cannot do so without an enabling environment. Whilst it is not always possible to target or overcome environmental barriers, SBCC should be adapted to acknowledge them	If your goal is to encourage healthier food choices, a community that has a high density of fast-food outlets may require a different response than a community where there is lower availability of fast-food

TABLE 4.2. Overview of 3 key SBCC types and channels

 <p><b>Mass media and social marketing</b></p>	 <p><b>Community- based</b></p>	 <p><b>Interpersonal communication</b></p>
<b>What is it?</b>		
The use of various forms of media to reach large audiences	Targeting communities through local initiatives or media	One-on-one interactions
<b>What channels can be used?</b>		
<ul style="list-style-type: none"> <li>National media e.g., radio, television, and newspapers.</li> <li>Posters, brochures, billboards</li> <li>Digital media e.g., social media or mobile phone messaging</li> </ul>	<ul style="list-style-type: none"> <li>Local media</li> <li>Community activities, including at school e.g., events or groups</li> <li>Social mobilisation groups e.g., discussion forums</li> </ul>	<ul style="list-style-type: none"> <li>Counselling or education</li> <li>Peer-to-peer communication e.g., local leader to parents</li> <li>Two-way digital communication e.g., SMS or chatbot</li> </ul>
<b>What are the pros and cons?</b>		
 <b>PROS</b>		
<ul style="list-style-type: none"> <li>Large reach and exposure</li> <li>Control over message content and delivery</li> <li>Cost-effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Encourages an enabling social environment</li> <li>Can increase support for policy changes to create an enabling environment</li> </ul>	<ul style="list-style-type: none"> <li>Enables rapport building</li> <li>Two-way interactions</li> <li>Can be highly targeted</li> <li>Appropriate for complex or highly sensitive topics</li> </ul>
 <b>CONS</b>		
<ul style="list-style-type: none"> <li>Hard to capture attention in busy media landscape</li> <li>Mostly one-way flow of information</li> <li>Difficult to tailor messages (for mass media)</li> </ul>	<ul style="list-style-type: none"> <li>Restricted reach</li> <li>Less control over message content and delivery</li> <li>Moderately labour and cost-intensive</li> </ul>	<ul style="list-style-type: none"> <li>Depends heavily on skilled human resources and building social relationships</li> <li>Mostly labour and cost intensive</li> </ul>
<p><b>Example:</b> A nationwide campaign to reduce the consumption of SSBs by raising awareness of the health consequences of high sugar consumption</p>	<p><b>Example:</b> A discussion group run at a local school or faith-based organisation to discuss school lunch meals and how to make them healthier</p>	<p><b>Example:</b> A buddy system for older adolescents involved in a local sports group to mentor and encourage younger children to participate in organised sporting activities</p>



**Tip: Different SBCC types and channels will be appropriate for different behaviours, audiences, and contexts.** Table 4.3 below outlines the considerations when selecting SBCC types and channels for the prevention of overweight in children.

TABLE 4.3  
Considerations when selecting SBCC types and channels for your initiative

**1. Audience: Not all audiences will access the same channels so use universal or multiple channels to reach the entirety of your target audience. Access might depend on demographics, habits, and literacy level.**

*Example(s): Using radio (generally a uniformly accessed channel) to convey messaging focused on healthy eating. Or using different channels to target different age groups, such as school groups for children, social media for adolescents, and leaflets for parents*

**2. Communication landscape: Choose channels that are novel for health information and present information in an innovative way to attract more attention**

*Example(s): Use entertainment channels, such as radio or TV, portraying characters and storylines about overweight in children to start a conversation in families and communities*

**3. Reach required: Use a national, mass media approach for broad reach. Use a small-scale community or interpersonal approach for targeted campaigns focused on specific audiences**

*Example(s): An information campaign to gather population-wide support for a tax on SSBs would be most effective as a mass media campaign. Small-scale, targeted approaches would be most effective for targeting local social norms around childhood weight that have been identified as barriers in a particular location*

**4. Complexity & sensitivity of the issue: These may require the use of personalised and discrete channels in which messaging can be adapted and targeted for local social norms**

*Example(s): Interpersonal communications or community discussion groups would be more appropriate for topics some people might find sensitive, such as issues new mothers might be facing with breastfeeding*

**5. Interactivity required: Issues that are complex, sensitive, or require skill learning may need direct and rapid two-way communication**

*Example: New mothers may be more likely to seek advice on complementary feeding practices through face-to-face or digital two-way channels which enables them to ask questions and receive personalised answers*

**Tip: The most effective SBCC initiatives often use a combination of SBCC types and channels.** For example, supplementing a national mass media campaign with a community discussion group and local media, such as brochures or promotion on local radio shows.

**2.2 Who is your messenger?** People tend to give different weight to information depending on who communicates it to them. Credibility and consistency of the messenger are important. Traditionally, health messages have been delivered by health experts, but other messengers might be effective in the prevention of overweight in children (see Figure 4.1).

**Tip: The effectiveness of messengers is critically dependent on the context and the target audience.** For example, in contexts where trust in government is high or the role of the state in public health is well-established and expected, a government-backed campaign to prevent overweight in children could be received positively by the target audience. However, in other contexts where trust in government is low or state involvement in public health is viewed as paternalistic, the messaging might be ignored, be received negatively, or even backfire.

**3. What is your message?** This subsection considers two main considerations when designing your message content: 1) language to use when speaking about overweight in children and 2) cultural appropriateness of messaging.

**3.1 What language are you using to speak about the prevention of overweight in children?** Historically, messaging used to speak about overweight (in both children and adults) has resulted in stigmatising language that is focused on:

- individual responsibility, where willpower and parenting skills are thought to be the primary drivers; and
- framing overweight as an unfortunate and inevitable feature of modern life that is therefore unsolvable.

This framing has often led to a narrow focus on individual-level solutions, such as cooking lessons, exercise classes or education, and a feeling of hopelessness or lack of self-efficacy among individuals (or key decision makers) which can result in inaction.

The language used in SBCC needs to support a change in our perception of overweight, its causes, and the changes required to tackle it. Below we outline some tips to consider when developing your SBCC messaging, based on behavioural insights and work conducted by VicHealth and the Frameworks Institute.<sup>42</sup> For further details, we recommend consulting the full guidance.

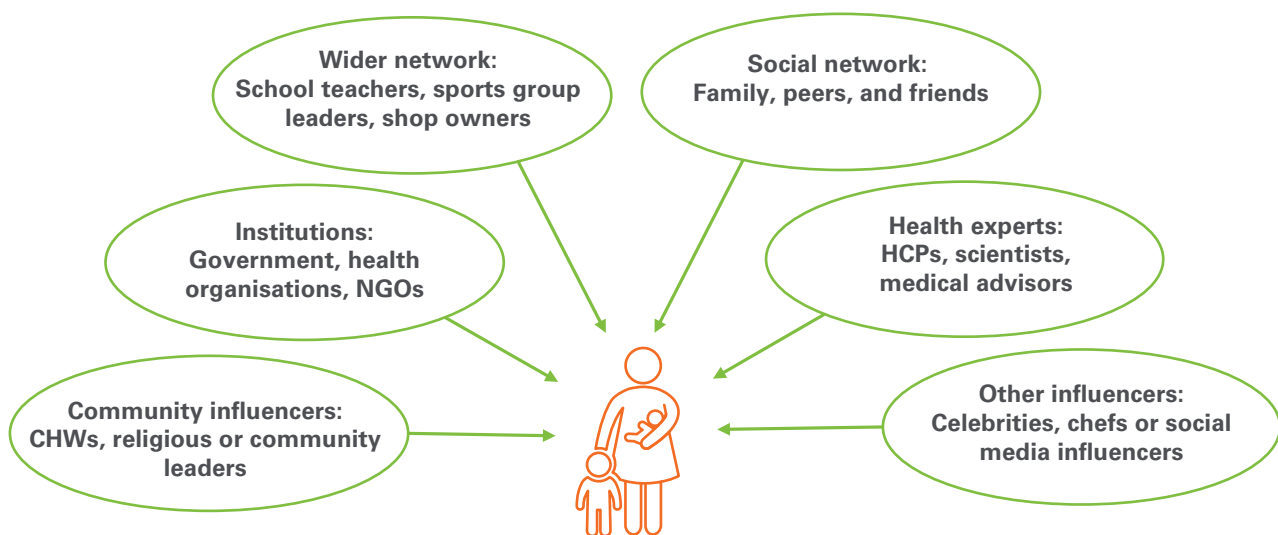


FIGURE 4.1 Potential messengers for SBCC initiatives to prevent overweight in children.

## 10 tips for messages focused on prevention of overweight in children

**1. Use person-first language** to emphasise that obesity is a condition rather than a characteristic of the person and avoid stigmatisation

*Example:* Use the phrase 'A child with obesity' not 'An obese child'.

**2. Externalise the problem** rather than focusing on individual choice by using case studies that place individual stories in the wider context of the environment

*Example:* Try to talk about 'options' and 'opportunities' to change the environment, rather than 'individual choice', and use stories to highlight this. For example, you might use the story of a young child being surrounded by fast food outlets, being exposed to fast food marketing online, on media, and on the streets; and then being offered unhealthy food options at school.

**3. Use step-by-step causal chains** to explain how social determinants affect obesity

*Example:* Highlighting step-by-step how: 1) the cost of healthy food is too high and fast-food outlets are concentrated in more deprived areas, 2) this can limit a child's access to healthy options and opportunities according to their income, and 3) this increases the risk of a child becoming overweight.

**4. Use positive framing**, such as gain-framing rather than loss-framing

*Example:* For physical activity use a gain-frame message such as "Exercising regularly can increase your energy levels", rather than a loss-frame message such as "Not exercising regularly can make you feel less energised"

**5. Avoid overusing crisis language** to prevent overweight and obesity being perceived as a problem too big to solve or take action on

*Example:* When speaking about overweight, carefully balance the use of words like 'epidemic' or 'emergency'. Try to strike a balance of one-third focused on the scale of the problem and two-thirds on the positive actions that can improve it.

**6. Use values, not facts:** frame issues around values such as honesty, equality, and social justice

*Example:* Use value-based messaging for speaking about food industry practices, such as 'unethical' and 'dishonest'. Speak to the right for everyone to access healthy food and live in healthy environments.

**7. Avoid engaging with or restating misperceptions about obesity** as this might reinforce these arguments

*Example:* Avoid talking about individual behaviour and individual choice in messaging (especially at the beginning of the message), even if the purpose is to debunk it as a myth.

**8. Use concrete examples and real stories** to bring your message to life

*Example:* Avoid vague statements such as 'Children are being targeted by the marketing of unhealthy food'. Instead, be concrete and specific, for example, 'Children are surrounded by adverts for unhealthy food when they are walking down the street, when they watch TV, and when they are online. Then they go to the shop and these products are placed in the perfect place to catch their attention'

**9. Define what you mean by obesity prevention** (to ensure clarity on the actions)

*Example:* Your audience may interpret 'obesity prevention' as people needing to make responsible choices. To avoid this interpretation be clear in your definition; for example: 'To prevent obesity we will create an environment for our children that makes healthy options easy and attractive'

**10. Advocate for a specific course of action** and convey practical "how to" and "when to" information to make it clear that positive change is possible

*Example:* Include details on how a solution works, who is responsible, and what they would aim to achieve. For example, for school leaders: 'You can reduce children's sugar intake by removing sugar-sweetened soda from school canteens and replacing it with water and sugar-free alternatives'

**Note!** The tips above relate specifically to written or verbal communications, but they can also be considered for SBCC initiatives that use visual imagery. For example, select non-stigmatizing photos or images; choose images focused on the food environment; or show positive images of children enacting healthy behaviours. Do not portray individuals with larger bodies using negative stereotypes (e.g., overeating unhealthy foods or not being active)\*.

\* Examples of appropriate imagery of people with obesity are provided by the University of Connecticut Rudd Center for Food Policy & Obesity and the World Obesity Federation. However, it is key to ensure imagery is culturally appropriate for your audience; the gallery images may not be suitable in all contexts, but are included here as examples of non-stigmatizing imagery.

**3.2 Are messages culturally appropriate and meaningful to the audience?** Context matters - messaging that is appropriate and effective in one context may not be in another. For example, in one context messaging to encourage physical activity in girls and young women might focus on the physical and mental health benefits. However, in another context where gender norms do not encourage females to participate in physical activity, this messaging would not be appropriate or effective.

**Tip: To support the development of culturally appropriate messaging, formative research, codesign, and/or pre-testing with the target audience is key.**

Ensuring messaging is culturally appropriate will not only help avoid any negative or backfire effects, but it will also make messaging more effective by helping to identify what is most meaningful to a particular audience in a particular context.

Whilst pre-testing (*see Step 3 below*) is a key touchpoint for seeking feedback on your messaging, we recommend also seeking input from the target audience throughout your design stage. This could involve:

- **Co-design:** Engaging members of your target audience to participate in ideation sessions and the development of ideas
- **Consultation:** Seeking input from members of your project team or your wider network of stakeholders that are part of the target audience or know the target audience well
- **Testing (prior to formal 'pre-testing')**: Regularly ask the target audience for their feedback and input using interviews, focus groups, or observations throughout the design process

**4. How can you apply behavioural insights to your SBCC initiative?** SBCC messages that are designed with human behaviour in mind are more effective. There are numerous social and behavioural theories that SBCC can draw from,<sup>43</sup> each of which has a slightly different emphasis. Your choice of which principles and which theories to draw on will be informed by the insights from Section 3 regarding the key influences on your social and behaviour change goal.

One framework which summarises key behavioural principles is BIT's EAST framework. It states that to encourage a behaviour, make it **E**asy, **A**tttractive, **S**ocial and **T**imely.



EAST is not a comprehensive summary of all behavioural science research but supports the generation of ideas for effective and evidence-based behavioural interventions, including communications.<sup>44</sup>

**Tip: In some cases, applying one of the principles will be sufficient, in others a combination of many principles below will be necessary to be impactful.**

There is no magic combination of EAST principles that works best – it will depend on the context and barriers to be overcome. For example, an easy, simple message about what constitutes a healthy diet is not enough if people already know what a healthy diet is. Instead, the crucial barrier might be the healthy options available are limited or not desirable – therefore, increasing the attractiveness of these options will be more important. Similarly, if there is perceived social pressure discouraging healthy eating, incorporating social norms (*see below*) with your easy, simple messaging will be crucial.

Below we provide a brief overview of the four principles; for more details we recommend reading the full report.<sup>45</sup>

Easy

**Easy:** One of the strongest lessons from the behavioural science literature is the gap between someone's intentions and actions – people often know what behaviour they want to do, and intend to do it, but they may not follow through. This is called the intention-behaviour gap.

The intention-behaviour gap is **strongly influenced by a food environment** that drives people to unhealthy behaviours, despite their best intentions. This means that some of the most effective solutions for reducing the intention-behaviour gap will be those that lead to changes in the environment.

In addition to these highly effective approaches that target the environment, communications can be designed to be easy, simple, and crucially **enable action** by making the required actions clear. This helps to transform intentions into action.

Attractive

**Attractive:** People are inundated with a large amount of information each day, particularly through mass media channels. As a result, they have strategies for filtering out information and only focusing on the obvious parts. SBCC initiatives need to attract attention to pass those filters, for example using novel, fun channels (e.g., social media), rather than using more traditional channels, such as formal medical advice from a doctor.

Another key aspect of 'attractive' is ensuring messages are culturally appropriate and meaningful to the target audience. This requires additional formative research and pre-testing with the target audience.

Social

**Social:** Humans are highly social beings and are heavily influenced by 'social norms', by which we mean what those around them do and say, especially those that are 'like them'. Highlighting positive social norms by showing what other people believe or are doing can encourage people to do the same. For example, highlighting that other parents in the local area have stopped serving soda to their children or support a soda tax on SSBs.

Social networks can influence health behaviours by enhancing social support for change, fostering communication, and reinforcing positive social norms. This is often key to sustaining behavioural changes. This can involve:

- **Targeting beyond an individual's behaviour:** In addition to encouraging individual behaviour change, targeting wider social or behavioural change by targeting influential individuals, communities, and local institutions.
- **Encouraging a conversation:** An audience can be affected more by discussions of messaging than by the direct effects of viewing the message itself. Within social networks individuals engage with and interpret messages. Subsequently, when the topic is discussed, the information can be presented to other members of the social network in a more understandable and meaningful way.

Timely

**Timely:** People react very differently to the same information depending on when they receive it. For example, a message encouraging children to select healthier snacks could be more effective before snack time as opposed to a few hours after. Your user journey that you mapped in Section 3 can help to identify the key touchpoints for your audience.

People are also more likely to change their behaviour during periods of transition when previous habits have been disrupted, e.g., children might be more likely to change their lunch habits when transitioning from primary to secondary school.



#### Activity 4.1: Gather relevant insights

Considering the four factors above, it's time to brainstorm ideas for your SBCC initiative! Outlined below are four potential sources of information to draw on when developing initial ideas. These sources can help to identify what you want your SBCC to address and what has (not) been successful in similar contexts. **Use the information provided above, the guidance below, and Worksheet 4.1 to gather the relevant insights to inform your SBCC initiative design.**

#### 1. Use your findings from Section 3 "Identifying and understanding your social or behavioural change goal"

The insights from Section 3 can inform the design of your SBCC initiative, including:

- Your **LEAD activities** which identify people's capabilities, opportunities, and motivations; the barriers to change; and what initiatives might be most impactful



- The **user journey map** which indicates the touchpoints with the target audience where SBCC could be implemented, as well as highlighting the key steps where barriers to the desired behaviour exist
- The **COM-B analysis** which identifies the critical barriers to target, enabling the design of bespoke SBCC initiatives tackling these barriers

Insights from Section 3 can also identify previous initiatives that have been implemented to prevent overweight in children. What has or has not worked previously and the lessons that can be learned from these experiences are crucial for three reasons:

1. Effective initiatives can act as a starting point for you to adapt to your context
2. Initiatives that were found to be ineffective previously can be ruled out (unless you plan to substantially change them)
3. Unexpected outcomes or initiatives that did not work as expected can help identify potential risks for your initiative, helping you to avoid a similar fate

## 2. Review the social or behavioural science literature

Alongside your findings from Section 3, published studies or reports can be useful for generating ideas, either by providing general insights that can be applied to your initiative or reporting on specific SBCC initiatives that can be adapted for your context.

It is likely there are studies that have tried to achieve similar goals or overcome similar barriers related to overweight in children. At this stage, a comprehensive literature review is likely not an effective use of resources; instead, aim for a rapid review of material on the internet, especially academic papers, policy briefs, and blog posts. To make this process easy, quick, and thorough:

- **Prioritise review papers**, particularly systematic reviews: These papers will pull together the key studies in a particular area, providing a good overview, and avoiding relying on the results of just 1 or 2 studies
- **Start with the most recent papers**: These papers will present the most up-to-date findings and may summarise useful previous findings, directing you to further reading
- **Look for highly cited papers**: Citations are the number of times a paper has been referenced by other papers. Highly

cited papers are likely to be well-researched and respected sources of information, so can be a good starting point

- **Prioritise the most relevant papers**: focus on papers that have similarities to your initiative; for example, those that have tried to achieve similar goals, overcome similar barriers, or targeted similar audiences to your target audience

## 3. Speak to stakeholders

Identify existing initiatives that have been implemented to achieve a similar goal or overcome similar barriers. One or two members of the core project team can speak to relevant stakeholders. Questions to ask stakeholders could include:

- What examples of effective (or ineffective) SBCC initiatives to prevent overweight in children have there been in the country/region/local area?
- What SBCC initiative(s) have you implemented to prevent overweight in children?
- What drivers of overweight in children have these SBCC initiatives focused on? Who have the initiatives targeted?
- What barriers (or facilitators) were there to implementing, monitoring, and evaluating your initiative?
- Were these initiatives monitored and evaluated? If so, how?
- How effective were these initiatives? What made them more (or less) effective (i.e., targeting particular audiences or using SBCC types, channels, or messengers)?

## 4. Use behavioural frameworks

In this toolkit we highlight **BIT's EAST framework** as a simple and accessible framework to generate ideas for SBCC initiatives. Whilst not a behavioural framework, it is also useful to revisit the Socio Ecological Model (SEM) at this stage to help you think about which level of influence you want to intervene at (*see Introduction*).

Use the checklist in Worksheet 4.1 to gather ideas of ways in which you can specifically apply EAST to your SBCC initiative.

## STEP 2

### **Generate and prioritise ideas for SBCC initiatives**

After gathering your relevant insights, it is time to start generating ideas! Using the four sources of information outlined above (results from Section 3, literature review, stakeholder consultation, and behavioural frameworks), this step involves conducting an idea generation session (or “Thinkgroup”) with the project team and key stakeholders to generate a longlist of potential SBCC initiatives.

In the same meeting the attendees should also prioritise the top idea(s) to take forward for development and pre-testing.

#### **Activity 4.2: Idea generation and prioritisation**

**Idea generation:** Thinkgroups are idea generation sessions that encourage everyone to contribute ideas whilst trying to remove hierarchy and groupthink (i.e., where people prioritise harmony and don’t raise challenging ideas). **Use Worksheet 4.2 to support you in organising your Thinkgroup, using the following steps:**

1. **Convene** your team and other relevant stakeholders
2. Project team members **report back findings** from the four sources outlined above, perhaps in a short presentation

**3. Generate potential SBCC ideas:** give attendees time to write all their ideas down on individual post-it notes (or a shared online document). Make sure people’s ideas cannot be easily attributed to them so that people feel free to contribute ideas without judgement (e.g., don’t give people their own unique colour of post-it notes)

**4.** A facilitator from the project team can then go through all the ideas, **grouping similar ideas together for discussion.**

**5. Discuss how each idea relates back to the evidence** presented at the beginning of the session, for example:

- How will the idea help to reach your social or behavioural goal outlined at the end of Section 3? Will it help to overcome the barrier to the target behaviour?
- Does the idea build off previous successful initiatives from the literature or stakeholder consultation? Does it avoid any previous unsuccessful initiatives?
- How is the idea based on principles from social and behavioural science, such as the EAST principles?

**6. Move on to prioritisation**

By the end of this activity, you should aim to have at least 5 ideas (though perhaps more than five!) of SBCC initiatives that you think have the potential to impact your goal.

### **Tips for idea generation**

- Use key insights from Activity 4.1 as **‘prompts’** for brainstorming ideas
- **Allocate time** to consider each prompt to ensure attendees come up with ideas across all areas
- Always ensure ideas are **evidence-based** – what evidence from the four sources of information outlined above suggest the idea will be effective for achieving the goal?
- **Build off each other’s ideas** by suggesting alternatives or additions. This might mean conducting multiple rounds of idea generation or a facilitator continuously collecting and sharing ideas as they are suggested
- **Aim for quantity over quality** at this point and do not be afraid of including innovative and ambitious ideas
- **Encourage various ways of sharing ideas.** For example, drawing rather than writing ideas or highlighting case studies / examples from other areas

**Idea prioritisation:** You now have a longlist of ideas. However, it would be impractical to implement and evaluate all of these. Instead, you should prioritise 1–2 ideas to develop further by thinking about the key criteria to consider when implementing SBCC. There are different frameworks you can use to prioritise your ideas; one such framework is APEASE,<sup>46</sup> which considers six key criteria. We categorise these criteria under impact and feasibility.

Following your idea generation, use *Worksheet 4.2* to discuss the APEASE criteria above and score the **impact and feasibility** of each idea.

To summarise your discussions of impact and feasibility, you can plot your ideas on a simple impact-feasibility matrix to identify priority ideas or 'definite wins' in the top right quadrant (i.e., high impact and high feasibility ideas). However, 'definite wins' might be rare or non-existent. In such cases, the resources available need to be considered in prioritising ideas. If resources are extremely limited, then a 'quick win' that is highly feasible but lower impact may be prioritised. However, if time and resources are adequate, then priority can be given to 'hard wins' - initiatives that are higher impact but more challenging to implement.

### Impact

**Effectiveness and cost-effectiveness:** Is there evidence to suggest that the initiative is likely to be effective? Considering the expected costs of the initiative and the impact it could have, is the initiative likely to be cost-effective? This will be established through monitoring and evaluation but it's worth considering whether you believe it will be effective and worth the money at this stage

**Side-effects/safety:** Are there any potential safety considerations or possible negative side-effects? Could the initiative backfire or indirectly affect other, related behaviours which could have a negative effect? Make sure you try to measure potential negative side-effects in the monitoring and evaluation of your initiative

**Equity considerations:** Is it possible the initiative will have a negative effect on equity? Could a certain group of people be unaffected or unfairly made worse off by the initiative?

### Feasibility

**Practicability:** Is it practically possible to implement the SBCC initiative?

**Affordability:** Do you have the budget to implement the initiative?

**Acceptability:** Will key stakeholders view the initiative as acceptable? Is the initiative ethically or practically acceptable?



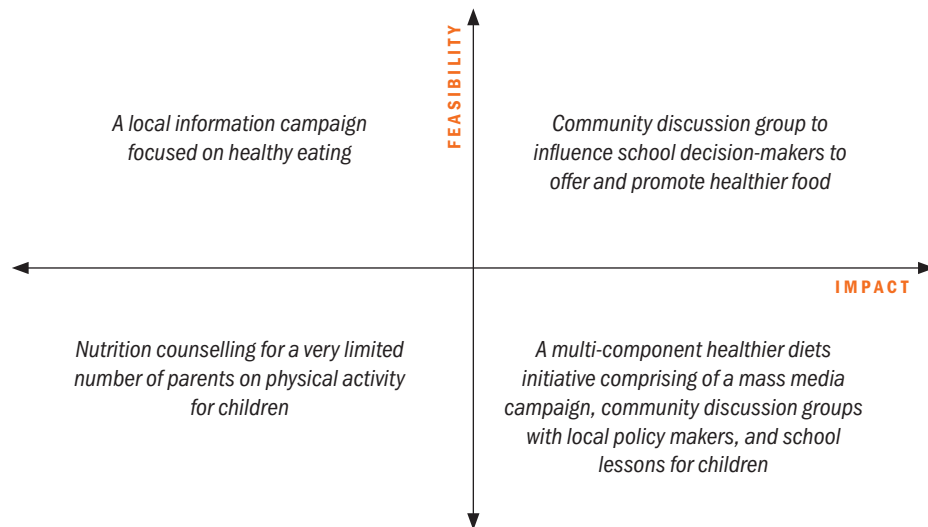


**EXAMPLE**

## Improving child and adolescent diet

An example project team is developing an SBCC initiative targeting child and adolescent diets. In their **Thinkgroup** with key stakeholders, from the multiple ideas that are brainstormed, four ideas are prioritised, as summarised in the table and matrix below:

Idea	Impact	Feasibility
1. Community discussion group to influence school decision-makers to offer and promote healthier food	4	4
2. A multi-component healthier diets initiative comprising of a mass media campaign, community discussion groups with local policy makers, and school lessons for children	5	1
3. A local information campaign focused on healthy eating	2	4
4. Nutrition counselling for a very limited number of parents on physical activity for children	3	2



### STEP 3

#### Refine, prototype, and pre-test your priority ideas

Now that you have your priority ideas, you will want to refine and develop in order to think more concretely about how an idea could be implemented. These refined ideas can then be pre-tested to gather feedback from a sub-sample of the target audience.

Pre-testing is a good opportunity to assess the appropriateness or acceptability of the initiative and the social importance of the initiative outcome. Pre-testing can also indicate the usefulness of messages by exploring the target audience's understanding of messages, engagement with materials, how they interpret messages, which components they like or dislike, and whether messages are appropriate and easily understood.

Note that pre-testing does not tell us whether the actual intervention will have an impact on the target behaviour, but just whether the intervention has the potential to be effective.

#### Activity 4.3: Refine, prototype, and pre-test

For your priority idea(s), consider what the idea would look like and how the idea could be implemented in practice. There is no set process for refining ideas, but in general:

- **Engage with your relevant UNICEF colleagues** (e.g., C4D, Communication & Advocacy) who will have experience in developing and implementing SBCC
- **Seek input** from the whole project team, your wider stakeholder network, and the target audience
- **Talk to those involved with the implementation and delivery** of the initiative
- **Use whatever prototype is most appropriate** to illustrate your idea. For example, if your idea involves a TV or radio show, use a storyboard or high-level draft script; if your idea involves 1:1 conversation, you can use role-play to demonstrate
- If there are different approaches to an idea, **consider creating examples of each version of the idea** - this can help with seeking feedback during pre-testing

**Use Worksheet 4.3 to outline a rough sketch (or 'prototype') of the basic idea.** Keep designs simple so as not to commit to one idea too early, but include details such as:

- **Who** are you trying to reach? Is there a primary and secondary audience?
- **What** SBCC approach (e.g., type(s), channel(s), messenger) are you going to use?
- **Where** is your initiative going to be implemented? (*if applicable*)
- **When** are you going to implement your initiative? Is it time sensitive? (*if applicable*)

Present this rough prototype to a few key stakeholders and members of the target audience to see if they like the idea. This might involve:

1. **An initial stakeholder meeting** to present refined ideas and seek feedback on the appropriateness and suggest any revisions
2. **Qualitative feedback** from the target audience (*see box on next page*)
3. **Revision of materials** using insights from the stakeholders and target audience
4. **Follow up with stakeholders** to present updated materials and build final consensus and align stakeholders

This process can be repeated several times, each time refining the idea and prototype based on previously collected comments.

## Qualitative methods for pre-testing

Qualitative methods are essential in developing initiatives for the prevention of overweight in children in order to gain in-depth insights into the view of the target audience. Methods can include observations (of the target audience interacting with the prototype), semi-structured interviews, or focus groups. In order to get the most out of pre-testing:

- 1. Plan your learning objectives:** What do you want to learn from pre-testing? Key areas to consider are:
  - Information recall:
    - ☞ What do people understand from the messages (in their own words)?
    - ☞ Does any content lead to misinterpretation or misunderstanding?
    - ☞ Are the key messages clear?
    - ☞ Are the key messages remembered?
  - Sentiment:
    - ☞ How does the message content make the target audience feel?
    - ☞ Is there any potential for a negative response?
    - ☞ Does any content feel inappropriate or not useful in the local context?
  - Behavioural intent:
    - ☞ Is the messaging persuasive?
    - ☞ How do the target audience intend to act on the messaging?
- 2. Be flexible:** be prepared to iterate designs as you progress through pre-testing. For example, if an interviewee points out a feature of the design that is distracting from the key message (e.g., the background colour or an image that is inappropriate for the context), be prepared to update before your next interview. This can avoid further feedback on this and open the conversation to new insights.
- 3. Invite co-design suggestions:** Rather than simply providing feedback on your version of the idea, pre-testing is a good opportunity to hear ideas from the target audience. For example, if an interviewee doesn't like a particular message or has a question about how an initiative will be implemented, try to ask for their opinion: what should the message say instead? How should the initiative be implemented?
- 4. Decide what feedback to act on:** Not all feedback will be useful or have equal value. After each activity (e.g., interview or focus group) try to filter out any feedback that is not useful - for example, feedback that focuses on the low quality of the prototype or suggestions that are contradictory to your formative research.



## CASE STUDY

# Eat Them to Defeat Them (ETTDT): Encouraging children to eat vegetables in the United Kingdom (2019–2020)

At the end of each toolkit section we explore relevant insights from the 'Eat Them To Defeat Them' (ETTDT) campaign, an effective SBCC initiative focused on preventing overweight in children. In this instalment, we explore the design stage of the campaign:

**Context:** *Eat Them to Defeat Them*\* is a marketing campaign developed by Veg Power, a not-for-profit, which aims to support children in eating more healthily by encouraging children to eat more vegetables. The 2019 campaign ran for 3 months.

**Designing effective SBCC:** Informed by the formative research, ETTDT was launched to inspire and entertain children to get them eating one more portion of vegetables every single day. Key factors considered in the campaign design include:

- 📌 **Target audience:** Clear **targeting of a primary audience** (primary-school age children).
- 📌 **SBCC channels:** A **range of SBCC channels** were used. TV was the main channel used, including adverts, engaging celebrities, commissioning an episode of a children's show, debates in daytime talk shows, and covering the campaign in regional news. However, other channels included: media space in outdoor, cinema, print, social media, as well as specifically targeting media aimed at children.
- 📌 **Application of social and behavioural insights:** The campaign wanted to get to the **core of how children think and put them in control**, as when people feel empowered and that their actions are based on their own decisions (not someone else's), they are more likely to sustain them.

The campaign also used **influential messengers for children**, including celebrities, chefs, and characters in a children's TV show.

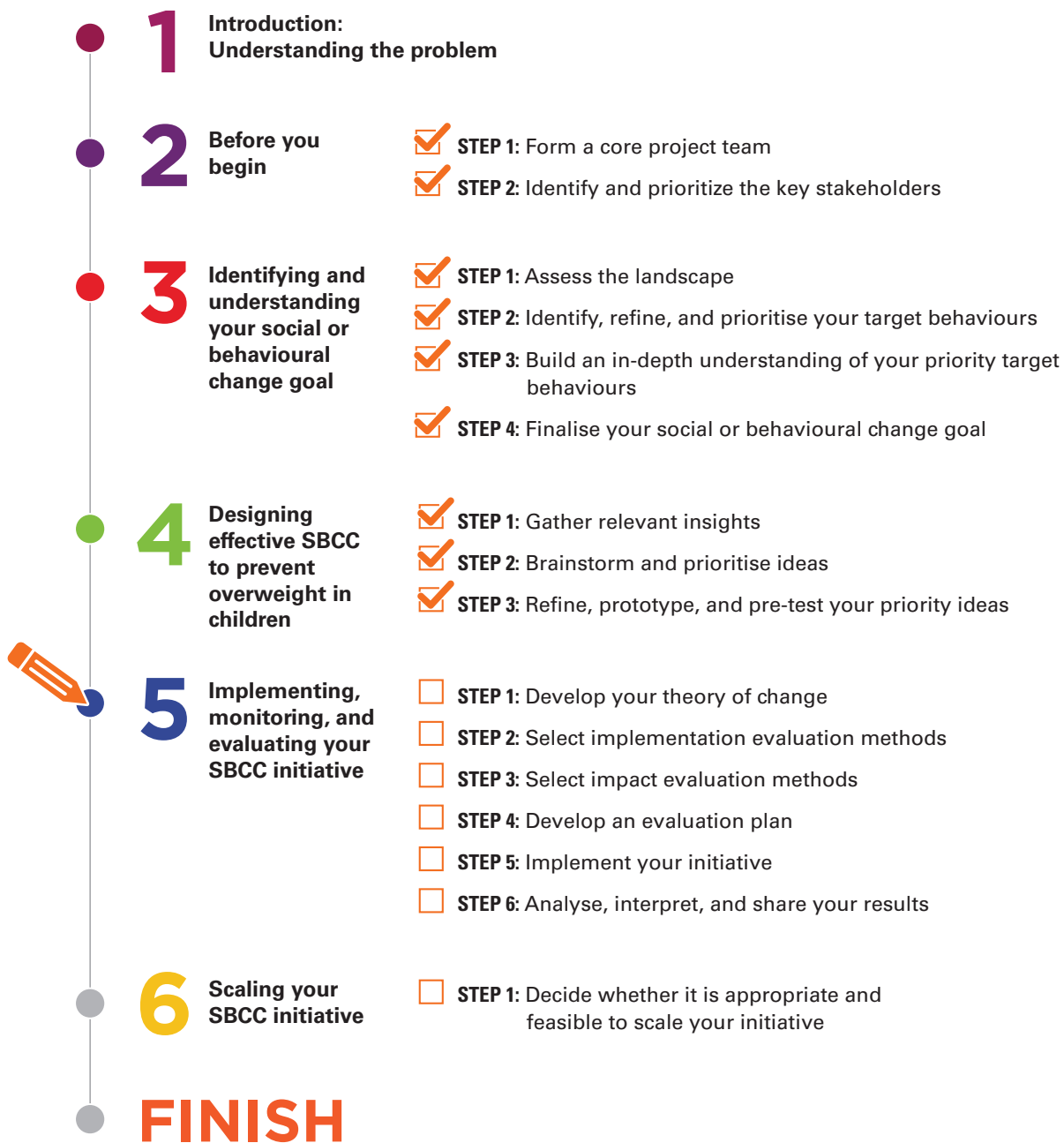
- 📌 **Be attractive, capturing attention through novelty and entertainment:** Rather than telling children that vegetables were good for their health, the campaign used novelty and entertainment to engage.
- 📌 **Multilevel:** The mass media campaign was part of a **wider group of initiatives working at different SEM levels**, including:
  - A schools programme (community level) to encourage kids to try new vegetables at school and then repeat and normalise that new behaviour at home; and
  - *Peas Please* (environment level), Veg Power's partner campaign focused on the supply and availability of vegetables.



\* <https://eatthemtodefearthem.com/>

**Having completed this section,** you should now have 1-2 potential SBCC initiatives to prevent overweight in children that have been developed, prototyped, and pre-tested with your target audience.

**In the next section,** you will determine how you will implement, monitor, and evaluate your initiative to determine whether it is effective at changing your target behaviour and achieving your social or behavioural change goal.





# 5. Implementing, monitoring, and evaluating your SBCC initiative

## How do you know if your initiative worked?

Now that you have designed your SBCC initiative for the prevention of overweight in children, it is time to determine how you will implement, monitor, and evaluate your initiative. An important part of SBCC is understanding whether or not your initiative has impacted on your social or behaviour change goal. This process takes time and effort but is critical to ensure resources are spent wisely and to justify their use. Without rigorous evaluations, resources might be wasted on implementing ineffective initiatives – or even worse, initiatives might be implemented that make the target behaviour worse, instead of better.

While prototyping and pre-testing (*Step 3 of the previous section*) gives you a good indication that the initiative can be implemented as designed, monitoring and evaluation (M&E) must be conducted to track implementation and impact in the real-world. M&E plans need to be feasible and provide useful information for stakeholders. If M&E planning does not occur prior to implementation, this can restrict available M&E methods and result in more complicated or less rigorous options.

The specific M&E methods you choose will depend on your target behaviour, audience, timeline, available data sources, and available funds. Considerations include:<sup>47</sup>

- **Utility:** M&E plans need to meet the needs of the stakeholders
- **Feasibility:** plans need to be practical and realistic, including considering cost and resources. In particular, the cost of evaluations will depend on the type and availability of data to be collected and the sample size
- **Accuracy:** M&E needs to produce valid and reliable findings
- **Propriety:** M&E should adhere to strict ethical standards, such as human rights protection

This section provides a high-level approach to running an evaluation, including evaluation design and considerations around the best strategy. It does not provide a detailed explanation of quantitative or qualitative methods and analysis – we suggest working with technical experts in these areas.





## How do you know if your initiative worked?

**Purpose:** Implement and evaluate your initiative to understand whether it is effective in changing your target behaviour related to preventing overweight in children.

**Output:** A report summarising how your initiative impacted your target behaviour

**Time:** It is a good idea to start this stage in parallel with the prior stage of designing your initiative. This will help you to make an early assessment of whether your initiatives are suitable for rigorous evaluation. You should allow at least **6–10 full working days** for developing your plan to implement, monitor, and evaluate your initiative. This is likely to be spread out over several weeks; you will go back and forth between steps and might have

to wait for additional information or data from partners. Allow an additional **6–10 days** to analyse outcome data and communicate your results.

### Worksheets:

- **Worksheet 5.1:** Theory of change/ logic model
- **Worksheet 5.2:** Select implementation evaluation indicators and methods
- **Worksheet 5.3:** Select impact evaluation indicators and methods
- **Worksheet 5.4:** Develop an impact evaluation plan
- **Worksheet 5.5:** Develop an implementation plan
- **Worksheet 5.6:** Results interpretation

### At the end of this stage you will have:







- Decided on the feasibility / appropriateness of different types of evaluation
- Developed a plan for evaluation of your SBCC initiative
- Developed a plan for implementing your SBCC initiative
- Implemented your SBCC initiative
- Analysed and interpreted the results of your SBCC initiative
- Produced a written document detailing the findings of the evaluation



### OBJECTIVE



### ACTIVITIES

<b>STEP ONE</b>	 <b>Develop your theory of change</b>	<b>Worksheet 5.1: Theory of change / logic model</b>
<b>STEP TWO</b>	 <b>Select implementation evaluation methods</b>	<b>Worksheet 5.2: Select implementation evaluation indicators and methods</b>
<b>STEP THREE</b>	 <b>Select impact evaluation methods</b>	<b>Worksheet 5.3: Select impact evaluation indicators and methods</b>
<b>STEP FOUR</b>	 <b>Develop an evaluation plan</b>	<b>Worksheet 5.4: Develop an impact evaluation plan</b>
<b>STEP FIVE</b>	 <b>Implement your initiative</b>	<b>Worksheet 5.5: Develop an implementation plan</b>
<b>STEP SIX</b>	 <b>Analyse, interpret, and share your results</b>	<b>Worksheet 5.6: Results interpretation</b>



## Before you read further

This section has some of the most complex and technical information in this toolkit. We have answered a few questions that you may have before you start to help guide your reading.

### Who is this section aimed at?

This section is primarily aimed at people who have some knowledge of statistics and evaluation methods. If you don't, then you may wish to lightly read this section to avoid getting bogged down in the details. We would highly recommend speaking to a UNICEF Evaluation Specialist who can talk you through some key concepts in this section and looking at other UNICEF key resources on monitoring and evaluation, including the Evaluation Resources Centre.<sup>48</sup>

### Why have we focused on impact evaluations?

Only an impact evaluation can tell you whether your initiative was effective at changing your target behaviour. An implementation evaluation provides important information about the processes of implementing your initiative and key outputs, but it cannot tell you whether your initiative worked. We strongly encourage you to evaluate both implementation and impact, but we recognise that resources and timeline may preclude you from doing so.

### Why have we focused on randomised controlled trials (RCTs) for impact evaluation?

RCTs are one of the most common experimental designs, and this is for a reason: using an RCT allows you to be confident that any difference between a treatment group and a control group is due to your initiative, and not some other difference between the groups. Importantly, they allow us to demonstrate causality, i.e., that our initiative causes the difference we see. This is a much stronger claim to make than simple association, which is a reason why we focus on RCTs.

If an RCT is not feasible for your team:

- We have included brief information on quasi-experimental techniques (e.g., difference-in-difference) and non-experimental techniques (e.g., pre-post test)
- If quantitative impact evaluation is not feasible, then qualitative research can help you to understand aspects of behaviour that we aren't able to quantify, such as *why* behaviour change may have occurred. It is not suitable for measuring *whether or how much* behaviour has changed. Qualitative research is more commonly used in implementation evaluation, but can also be used for impact evaluation



**STEP 1**

**✍️ Develop your theory of change (or logic model)**

A theory of change or logic model can help you to visualise what you expect your initiative to change. There are different ways to produce a theory of change, but the general idea is to depict the causal pathway for how your initiative will contribute to achieving your ultimate desired impact of preventing childhood overweight. This will help you select indicators to help you measure whether the initiative was implemented as planned, whether the initiative worked, and how it worked (mechanisms).

Your theory of change should draw on your work from prior sections of this toolkit, including your: landscape analysis, stakeholder consultations, behavioural map, user journey map, COM-B analysis, LEAD formative research activities, and literature on social and behaviour change and prior evaluations of similar initiatives.

To develop your theory of change, you can use a table or flow diagram to summarise the five key components of your initiative (Figure 5.1):

- First, list the key **inputs** and **activities** that are part of your initiative
- Then, list which **outputs** results from those inputs / activities - that is to say, the changes in the physical environment or capacities of individuals or organisations, including new products, skills, and abilities
- Next, list how the outputs lead to **short, medium-, and long-term outcomes** - the changes in individual or organisational behaviour resulting from an initiative

- Last, list how your outcomes lead to long-term **impact**, usually at a national level

In addition to a table or diagram summarising the five components of your initiative, your theory of change can also be summarised in two sentences, building on your target statements developed in Section 3:

The *[SBCC initiative]* will *[behavioural goal]* among *[target population]* by *[behaviour change mechanism]*. This will *[impact pathway]*, which will contribute to *[long-term outcomes and impact]*.



**EXAMPLE**

The videos on social media will increase enrolment in out-of-school sports classes among teens in region X by making participation more attractive and providing an easy link to sign up. This will get teens more structured support to increase physical activity, which will contribute to reduced prevalence of overweight.

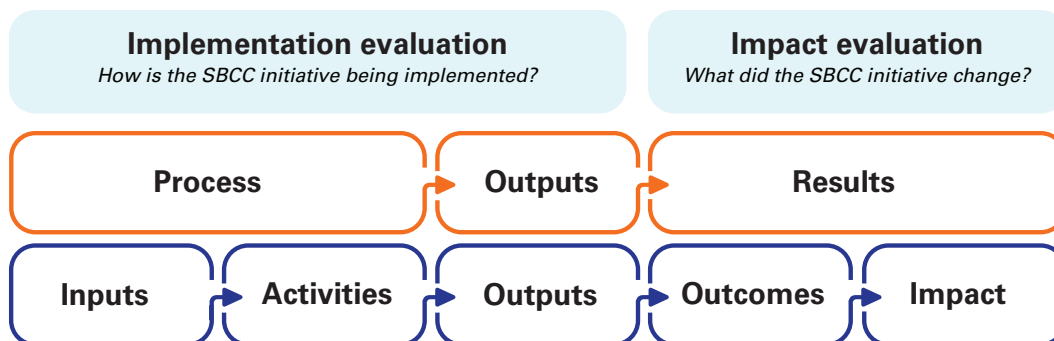


FIGURE 5.1  
The five key components of an SBCC initiative to prevent overweight in children.



### Activity 5.1: Using Worksheet 5.1 and Table 5.1 below outline your theory of change.

For additional information consult UNICEF guidance on Theory of Change.

Your theory of change will be helpful for the next step of identifying specific indicators that could be used to verify that the initiative is being implemented as expected and resulting in the expected social or behavioural changes. Also, if your

initiative is unsuccessful, examining indicators at each step of the causal chain can help you understand where the initiative might have failed – or where your assumptions about the theory of change were incorrect.

TABLE 5.1.  
Definitions and examples of different components of theory of change<sup>49</sup>

Component	Definition	Example(s)
<b>Inputs</b>	Resources needed to implement an initiative (e.g., people, funding, and supplies)	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Staff to monitor implementation and analyse or interpret data</li> <li>• Capacity development for partners</li> <li>• Partnerships and meetings with local government, national government, parent groups, and community leaders</li> </ul>
<b>Activities</b>	What is done with the input resources. Activities may include products (e.g., promotional materials and curricula), services (e.g., education and training, counselling), and infrastructure (e.g., structure, relationships, and capacity) used to bring about the desired results	<ul style="list-style-type: none"> <li>• Posters installed in school cafeterias</li> <li>• Teachers trained in basic nutrition education</li> <li>• School food staff trained to change presentation of food and beverage options</li> </ul>
<b>Outputs</b>	Results of program activities that are usually described in terms of the number of activities delivered (e.g., number of classes taught, meetings held)	<ul style="list-style-type: none"> <li>• Number of posters installed</li> <li>• Number of teachers trained</li> <li>• Number of school food staff trained</li> </ul>
<b>Outcomes (short-, medium-, long-term)</b>	<p>Changes in attitudes, knowledge, skills, or behaviour among individuals and organisations resulting from an initiative</p> <p>Short-term outcomes can measure how the initiative is being experienced by your target audience and can lead to behaviour change (i.e., the mechanism). Think about which behavioural enablers and barriers from Section 3 your initiative addresses.</p> <p>For medium-term and long-term outcomes, refer to your target behaviour and behavioural goal from Section 3.</p>	<ul style="list-style-type: none"> <li>• Short-term: Percent of children accurately answering questions about healthy beverage choices</li> <li>• Medium-term: Percent of children choosing healthier beverages at lunch</li> <li>• Long-term: Body mass index</li> </ul>
<b>Impact</b>	Community or system-level changes in health outcomes	<ul style="list-style-type: none"> <li>• Reduced prevalence of childhood obesity</li> </ul>

**STEP 2**

 **Select implementation evaluation methods**

Implementation evaluation examines both the processes of implementing your initiative and the outputs of the initiative. It does not tell you whether the initiative “worked”; that is the role of impact evaluation (see Step 3 below). Key questions the implementation evaluation might answer include:

- Were the systems and procedures effective?
- Were priority and influencing groups reached with initiatives?
- Were initiatives implemented consistently and with good quality?
- Were materials designed, field tested, produced, and used as intended?
- Was the quality of materials acceptable?

 **Activity 5.2: Select implementation evaluation indicators and methods**

**Select your implementation indicator(s):**

Implementation indicators are measures that are used to track whether an initiative is being implemented as expected and progress in implementation.<sup>50</sup> Example implementation indicators are outlined in Table 5.2. To select appropriate implementation indicators for your initiative, draw on your theory of change from the previous section as well as prior evaluations of similar initiatives and input from key stakeholders (e.g., what does the funder or implementing partner need to understand about how implementation occurred).

TABLE 5.2. Example implementation evaluation indicators for overweight in children

Component	Measure	Explanation and example
Input	<b>Budget / Resources</b>	How resources compare to your plan <i>e.g., actual vs planned funding or number of staff</i>
	<b>Stakeholders</b>	How many stakeholders or partners are engaged <i>e.g., number of stakeholders consulted or recruited to advisory board</i>
Output	<b>Exposure or reach</b>	Number of people exposed to SBCC activities <i>e.g., number of people that heard a radio programme</i>
	<b>Dose</b>	Number of SBCC activities delivered <i>e.g., number of breastfeeding issue groups held</i>
	<b>Fidelity</b>	How well activities are implemented against the work plan <i>e.g., number of staff trained or brochures distributed</i>
	<b>Adoption</b>	Number, proportion, and representativeness of settings and implementers willing to implement an initiative <i>e.g., number of schools participating in a healthy eating campaign</i>

Whilst implementation evaluation tends to focus on process (input & activity) and output indicators, sometimes shorter-term implementation outcomes might be measured as well, such as:

- **Awareness:** Recognition of the campaign *e.g.*, *percentage of people that recognise campaign and messaging*
- **Recall:** Remembering the campaign *e.g.*, *percentage of target audience recalling campaign messages*

Overall, the key at this stage is to focus on indicators that can measure whether an initiative is being implemented as expected and track progress in implementation.

### Select your implementation evaluation method(s):

Both qualitative and quantitative methods can be used for implementation evaluation.

Quantitative methods for implementation evaluation typically include collecting data on inputs, activities, and outputs, such as the key indicators listed in Table 5.2. Quantitative data should address questions about “whether”, “to what extent”, and “for whom”. For example: How many nutrition classes for school leaders were held? Who attended the classes?

To supplement quantitative data, qualitative data should address “why” and “how” questions. For example: Why were classes not well attended? How were classes delivered? Did facilitators encounter any issues delivering the classes?

Qualitative methods typically involve focus groups and individual interviews. Focus groups are useful for investigating social expectations, areas of consensus, or how different individuals relate socially to one another. On the other hand, individual interviews can be used to understand individual attitudes and behaviours, particularly those that may not be shared in a social context. These methods can be extremely valuable when investigating the mechanism of an initiative or operational challenges. See the description of LEAD activities in Section 3 for more information on these methods.

**Worksheet 5.2 helps you select implementation indicators and evaluation methods that are aligned to your theory of change.**

## STEP 3

### Select impact evaluation methods

If you want to know whether your initiative has “worked” and how large this effect is, you need an impact evaluation. Key questions the impact evaluation might answer include:

- Did the initiative have a significant effect on your social or behavioural change goal?
- By how much did outcomes in the group that received your initiative change because of the initiative?
- Did outcomes differ between any key subgroups (i.e., demographic groups)?

### Activity 5.3: Select impact evaluation indicators and methods

**Select your outcome indicator(s):** Outcome indicators are measures that are used to track whether an initiative is achieving the expected changes in your target behaviour among individuals and organisations.

Try to select **one or two primary outcome indicators**. These will be used to determine the success of your initiative and should focus on behaviour change, as this is the goal of your SBCC initiative. If you are interested in other outcomes, then you can also select **secondary outcome indicators**.

**As you contemplate potential outcome indicators, be reasonable in your expectations about which indicators could change during the course of your intervention;** consider the expected magnitude of change as well as the length of the intervention. For example, BMI is unlikely to change in only a few weeks or months, even with a very intensive intervention. Collecting a range of outcomes can help build understanding of the changes needed to lead to the ultimate goal, as well as providing interim evidence for funders or stakeholders that initiatives are effective whilst allowing time to measure longer term changes.

Example outcome indicators are outlined in Table 5.3. There may be other indicators that are more appropriate or useful to the specific initiative implemented. Resources exist to help with the selection of indicators, such as the National Collaborative for Childhood Obesity Research (NCCOR) Measures Registry.<sup>51</sup> You can also consult published evaluations of initiatives that had a similar behavioural goal.

TABLE 5.3.  
Definitions of example outcome evaluation indicators

Category	Measure	Explanation and Example
<b>Primary outcomes:</b> <i>Behaviour</i>	Self-reported behaviour	Recall of own behaviour <i>e.g., percentage of people who report that they exercise or eat fruit and vegetables each day</i>
	Observed behaviour	Direct observations of behaviour <i>e.g., percentage of children selecting healthier food options</i>
	Shadowed data	Using indirect or non-observed evidence to gauge behaviour <i>e.g., quantity (or monetary value) of healthier foods sold</i>
<b>Secondary outcomes (Short-term):</b> <i>Psychosocial</i>	Knowledge	Facts, information, and skills necessary to perform a behaviour <i>e.g., percentage of people that know the benefits of a healthy diet</i>
	Intentions	Perceived likelihood of performing a behaviour <i>e.g., percentage of audience intending to eat fruit and vegetables</i>
	Self-efficacy	Confidence in one’s ability to perform the behaviour <i>e.g., percentage of people who report they know what a healthy diet is</i>
	Attitude	Perceived evaluation or enthusiasm towards the behaviour <i>e.g., proportion of people who support others eating healthier diets</i>
	Subjective Norm	Perception about what key people think of the issue or behaviour <i>e.g., proportion of people who think that other people view obesity is an issue of individual willpower</i>
	Perceived behavioural control	Belief that one has control over performing the behaviour <i>e.g., percentage of people who feel they can access or afford healthier food</i>
<b>Secondary outcomes (Long-term):</b> <i>Health outcomes</i>	Prevalence (sample)	Number of cases of the health outcome in the study <i>e.g., percentage of children in the study with overweight or obesity</i>
	Prevalence (population)	Number of cases of the health outcome in the general population <i>e.g., percentage of children in the country with overweight or obesity</i>

Where possible, try to use standardised measures or new measures from a reliable source, such as WHO proposed measures for diet and physical activity.<sup>52</sup> Using standardised measures makes it easier to compare across initiatives (including comparisons across different contexts or for different target audiences). Picking an indicator that is already being collected can help reduce the data collection burden for your team; however, it is important to examine the quality of existing data (i.e., validity, reliability) and the ease of accessing and analysing those data. Your landscape analysis and stakeholder consultations can help you identify existing data sources and indicators in your area. In some cases, new indicators or new data collection methods may need to be developed.

Whether using existing indicators or developing new ones, key considerations include: relevance to initiative goals / objectives and key stakeholder priorities; data availability; burden of data

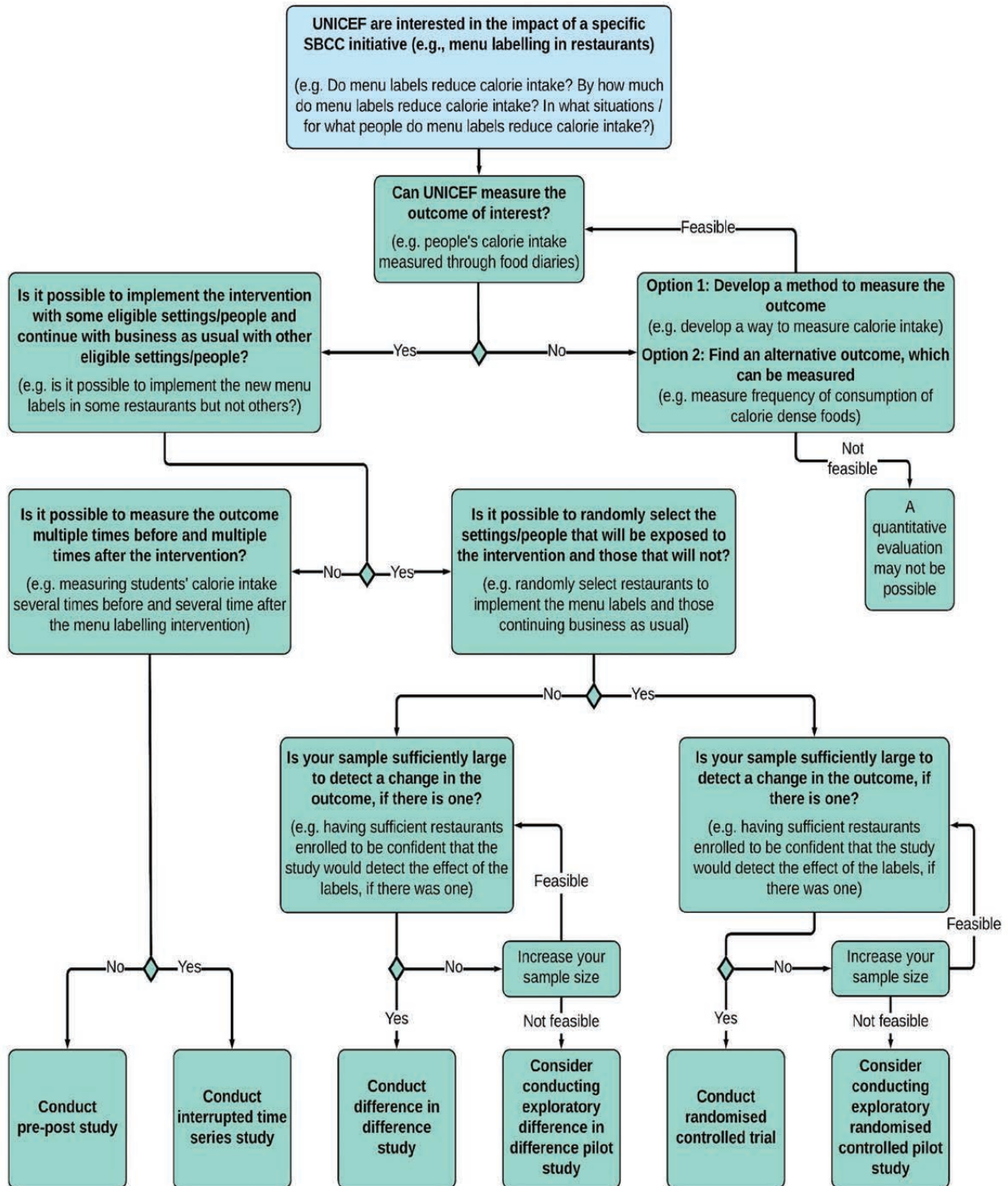
collection; quality of the indicators (i.e., validity, reliability, and sensitivity to the degree of change expected from the initiative); and whether indicators are easy to understand.

Select your impact evaluation method(s): Impact evaluation focuses on questions about “whether”, “to what extent”, and “for whom”. Therefore, it is crucial that impact evaluation draws on quantitative methods.

Ideally, an impact evaluation will use a randomised controlled trial to robustly demonstrate causal impact of an initiative. If an RCT is not possible, then your next best approach is a quasi-experimental technique. If a quasi-experimental approach is not feasible, you could conduct a non-experimental evaluation, keeping in mind that you cannot infer causality. Below we outline these approaches and the key considerations in conducting them. Figure 5.2 provides a decision tree to guide your choice of quantitative impact evaluation method.



FIGURE 5.2. Decision tree for selecting a quantitative method for impact evaluation



*RCTs*: Randomised controlled trials (RCTs) are often referred to as the 'gold standard' of research designs where you wish to identify the causal impact of an initiative. In an impact evaluation, we want to be able to say that any difference in the outcome measure(s) between the group who was exposed to the initiative vs those who were not was caused *by the initiative*, and not by some other factor that differs between the groups.

These potential 'other factors' that influence outcome measure(s) are almost endless. They could include observable characteristics (e.g., age, level of education, gender) and unobservable characteristics (e.g., motivation to change diet). They could also include external factors such as a new food store opening nearby or an advertising campaign by the food industry.

By dividing people in the sample into two groups *randomly*, we can be sure that our groups will be balanced, on average, with respect to those other factors. As long as the sample is large enough, random assignment ensures that no one group should have more of any one characteristic than the other group. In the absence of an initiative, both groups' outcomes should be the same on average.

A properly conducted RCT makes us confident the effect of the initiative is **attributable** to the initiative (not some other factor that varied between the groups). The size of the difference in average outcomes between the two groups is called the 'effect size' of the initiative.

**Key decision points for an RCT:** If you want to run an RCT, the following need to be achievable:

- The change in behaviour you want is something that can be measured and quantified
- Individuals, teams, or settings can be allocated randomly to treatment groups or control groups
- There is limited potential for the treatment group and control group to communicate about their allocation; and there is limited potential for the control group to be exposed to the treatment
- There are no ethical considerations if individuals don't receive the initiative
- You have a lot of participants

If the above are not achievable, then your next best approach is a quasi-experimental approach (*see below*).

**Quasi-experimental evaluation approaches:** There are some situations where you cannot randomise participants to the treatment or control group. For example, you may not have complete control over who receives the initiative or it may only be available in some locations but not others. In these cases, you may want to use 'quasi-experimental' approaches. Technical knowledge is often required to assess whether the assumptions underlying quasi-experimental approaches are fulfilled. Therefore, we suggest that you work with a UNICEF Evaluation Specialist to select the right approach.

Three common types of quasi-experimental methods include:

- **Matching:** This technique involves identifying the characteristics of those that have received the treatment and finding people with similar characteristics who have not received the treatment. Matching allows us to compare groups that are similar except for the initiative, which is one of the functions of randomisation. However, this approach can take a lot of time and effort to perform rigorously. See the Annex for additional detail.
- **Difference-in-difference:** Difference-in-difference is used when there is not an identical control group. Difference-in-difference uses baseline measurements before the initiative for both the treatment and control group, and then analyses the difference in measurements after the treatment. This approach relies on certain assumptions that must be met. See the Annex for additional detail.
- **Regression discontinuity:** If the people participating in your initiative qualify based on a continuous cut-off criteria (e.g., an income threshold makes someone eligible for a government program), then you could use a regression discontinuity analysis. People in the initiative group who are just above the cut-off can be compared to people just below the cut-off, as they are likely similar on observable and unobservable characteristics.

**Non-experimental evaluation approaches:** When an RCT or rigorous quasi-experimental approach is unrealistic or infeasible, non-experimental options can be considered. However, these methods are less robust, meaning you will be less certain that any difference in the outcome measure(s) was caused by the initiative and not by some other factor. Two common non-experimental methods are:

- **Time series:** In a time series analysis, outcome measures are recorded at multiple points before and after the initiative. Data are analysed for significant changes in indicators around the time of the initiative.
- **Pre- and post-test:** In a pre- and post-test analysis, outcome measures are recorded before and after participants receive the initiative to analyse changes. Taking pre and post measurements for a control group increases this design's rigour.

Several actions can increase the rigour of non-experimental designs.<sup>53</sup> This includes: incorporating measurement at multiple time points, particularly multiple points both before and after implementation; making comparisons with unexposed groups wherever possible; ensuring that exposure and intermediate psychosocial outcomes are measured; triangulating evidence to show effects through more than one approach; and focusing attention on a specific target population rather than the broad population.

However, it should still be recognised that while non-experimental designs can offer evidence of exposure and potential initiative effectiveness, they cannot provide the solid evidence of causality that robust evaluation designs can. Therefore, conclusions should acknowledge evaluation shortcomings and address potential alternative explanations.

**Worksheet 5.3 helps you select impact indicators and evaluation methods that are aligned to your theory of change.**



## STEP 4

### Develop an impact evaluation plan

At this point you have selected your indicators and evaluation methods for both implementation (*Step 2*) and impact (*Step 3*) evaluations. As it is relatively more complex, your impact evaluation requires further consideration in the form of an evaluation plan. There are four main steps in developing an impact evaluation plan:

1. Determine who will be eligible to be in your impact evaluation
2. Conduct power analyses to determine your sample size (considering attrition)
3. Determine how you will assign individuals or groups to treatment group (which receives the initiative) or control group
4. Complete pre-analysis plan

### Activity 5.4: Develop an impact evaluation plan

Use the information below and **Worksheet 5.4** to work through the four steps listed above in order to develop your impact evaluation plan.

**5.4.1 Determine who will be eligible to be in your impact evaluation:** One key aspect of determining who will be in your evaluation is setting eligibility criteria. The sample for your RCT is the group of people that will be allocated to your treatment or control arms and from whom you will collect outcome data. It might or might not be different from your population of interest, which is the largest possible sample.

For example, assume that you are interested in testing the impact of an SBCC initiative to promote breastfeeding among new parents. While your population of interest may be all new parents in your country, it may not be feasible to

obtain contact information for all of them. However, it may be possible to obtain contact information for a narrower group e.g., new parents whose child is born in a government-run hospital. In addition, you could consider restricting your sample based on available evidence to suggest who might benefit most (e.g., narrowing your target audience using demographic characteristics, location, or whether this is the parents' first child). So your eligible sample might end up being new parents whose first child is born in a government hospital in a particular region and who have a mobile phone number on file. This eligible sample is a smaller subset of your population of interest (all new parents in your country). **See Worksheet 5.4 for prompts to guide you.**

**5.4.2 Sample size calculations:** Implementing and evaluating an SBCC initiative is an investment of time and resources, so you want to be confident that you will be able to detect its effects (i.e., if the initiative truly changes outcomes). Generally, a larger sample makes your calculation of the effect size more precise (i.e., the confidence intervals around your parameter estimate are narrower), so it is easier to detect a difference between control and treatment groups. If you do not have a large enough sample, then you may incorrectly conclude that your initiative did not change outcomes in your treatment group (when it did in reality).

Power calculations are mathematical formulae that tell you the minimum necessary sample size needed to identify a given change in your outcome variable. Power calculations can be technical and complex, so we suggest speaking to an evaluation expert or statistician about them. There are also simple rules of thumb and some great tools available online. See the Annex for more detail.

Note that for cluster randomisation, the relevant sample size is not simply the number of participants. The statistics are complex but, in general, cluster randomised trials need to include more people than individually randomised trials to reach sufficient power.

**Attrition:** Ideally, everyone who is assigned to the treatment and control arms can be followed from baseline to endline. Unfortunately, evaluations often experience **attrition**, where individuals are lost from the sample. For example, imagine you want to test the impact of text messages to encourage more exercise on individuals' weight. The individuals in your sample must go to their doctor once a month to weigh themselves and the doctor then enters the data into your database. If the individual does not show up anymore, then you will not be able to monitor whether their weight increased or decreased and you will have to drop the person from your sample.

Attrition is not a problem when it happens only for very few cases in your sample and if it happens roughly equally across study arms. However, think carefully about where attrition in your sample might occur, how large a problem it might be, and what you can do to mitigate it.

Three main factors determine how large your sample needs to be:

1. **Effect size (magnitude of initiative's impact):** The larger your expected difference in outcomes **between the control group and initiative group, the smaller your sample needs to be.**
2. **Number of initiatives being tested:** The more initiatives you want to test, the larger sample you will need. For example, you may wish to test a few different versions of educational posters with different groups.
3. **Distribution (variance of outcome):** The less variance in your outcome, the smaller the sample size you will need. You often can't control this part of your trial, but, if possible, try to choose outcomes that have low variability.\*

Other key inputs when conducting minimum sample size are the power and statistical significance level. Generally, researchers assume 80% power, which means we have an 80% chance that a test of statistical significance will correctly detect an effect that is present. Typically, a statistical significance threshold of  $p=0.05$  is used, which means that we're willing to accept a 5% chance that we incorrectly conclude the outcome was different between the treatment and control group (when there is no difference in reality). Your monitoring and evaluation expert can help decide whether you want to depart from these assumptions. **Document your decisions in Worksheet 5.4.**

**5.4.3 Determine how you will assign participants to treatment and control groups:** Once you have identified the sample for your evaluation, it is time to determine how you

will allocate your participants (i.e., people or clusters) to the treatment or control arms. For RCTs, this allocation is done randomly. We describe random assignment in more detail below. For quasi-experimental methods, we recommend consulting with a monitoring and evaluation expert who can advise on the best way to allocate individuals or clusters to your treatment and control arms.

Using randomisation means that you cannot predict which treatment arm a person will end up in before you conduct the randomisation. For example, sorting villages by their name in alphabetical order and allocating the first half to the treatment and the second half to the control group is **not** random; however, flipping a coin to determine which treatment arm a village is allocated to is random. Using a coinflip for large samples would be highly impractical. Fortunately, computer software including Microsoft Excel, Stata, and R allow you to randomise within seconds. See the Annex for one quick method of doing this in Excel.

In a large enough sample, we expect that both observable and unobservable characteristics will be the same on average across treatment arms. However, if we want to be sure that this is the case for observable characteristics, especially for such characteristics that we expect to influence the outcome of interest, you could conduct stratified randomisation or balance checks. See the Annex for more detail on these methods.

**Document your treatment assignment decisions in Worksheet 5.4.**

**Individual vs. cluster randomisation:** There are different ways to randomise people into groups: either as individuals (e.g., students) or as clusters (e.g., schools or villages). Individual-level randomisation (if possible) will allow you to work with a smaller sample, but the choice of the level of randomisation should ultimately depend on two aspects of your initiative:

- **Delivery:** Sometimes an initiative can only be delivered to several people at once. For example, if your SBCC initiative aims to improve children's food choices at school by encouraging schools to offer healthier options, then it will not be feasible to individually randomise students who go to the same school into control and treatment groups. However, if there are thousands of schools in your country, each school can be a cluster (with many students inside) that you could randomly allocate to control and treatment groups (i.e., randomise at the cluster level).
- **Spillover:** Spillover occurs when people in the treatment group share the initiative with people in the control group. In that case, both groups could change their behaviour (instead of just the treatment group) and you are less likely to see a difference in outcome measure(s) between the treatment and control groups. For example, students who are selected to receive a nutrition poster might share information from it with their friends in a control group. This would create a spillover; to prevent spillover, you could randomise at the classroom or school level.

\* Note that this does not apply for binary variables, for which the variance is pre-determined by the average value.



**5.4.4 Complete pre-analysis plan:** Once you have decided on the parameters of your trial, we highly recommend that these are documented in a pre-analysis plan. This acts as a record of what you plan to do, which can be a useful reference as the project progresses and for quality assurance purposes. It also increases the credibility of your evaluation.

Many of the decisions you have already taken can be documented in the trial plan - such as the selection of your primary and secondary outcome measures, your key indicators, and your methodology.

In addition, we recommend that you decide on the following aspects of how you will analyse results.

**1. Type of analysis you will run.** In most cases, an ordinary least squares regression will be suitable. For binary outcome, you might want to choose a logistic regression.\*

**2. Control variables you will include in your regression.**

In your regression, you should control for (i.e., include as variables) the most important characteristics of the individuals in your sample, for example their age, income etc. What variables you will ultimately include will depend

on: 1) which characteristics you think are correlated with your outcome measure(s) and 2) what data you have available. For an RCT, control variables are, strictly speaking, not necessary to obtain a valid estimate of the impact of your initiative on the outcome measure; however, they can often help to increase the statistical power.

**3. Subgroup analyses you will conduct.** Sometimes you will be interested in understanding the impact of your initiative on certain smaller groups in addition to the impact on your overall sample. For example, are you interested in whether your impact had a different impact on men than on women? In rural areas compared to urban areas? It is good practice to pre-commit to any subgroup analyses you want to conduct before you launch the initiative. Note that, of course, you can only analyse subgroups that you can define with the data you have available. For example, if you don't have any data on participants' gender, then you could not conduct a subgroup analysis for gender.

**Worksheet 5.4 outlines the key decisions to document as part of your pre-analysis plan.**

\* Does this all sound very technical and confusing? Don't worry, there are great introductory resources on how to run and interpret regressions. We list a few examples below, but encourage you to just have a browse on the internet to see what is available:

For R: G.V. Farnsworth (2018). *Econometrics in R*. Available at: <https://cran.r-project.org/doc/contrib/Farnsworth-EconometricsInR.pdf>

For Stata: The Stata manual for the regress command, available at: <https://www.stata.com/manuals13/rregress.pdf>

Torres-Reyna, O. (2007). *Linear Regression using Stata*. Available at: <https://www.princeton.edu/~otorres/Regression101.pdf>

For Excel: Svetlana Cheusheva (2019). *Linear regression analysis in Excel*. Available at: <https://www.ablebits.com/office-addins-blog/2018/08/01/linear-regression-analysis-excel/>

**STEP 5** **Implement your initiative**

Once you have designed your evaluation and finalised the initiative, it is time for implementation. This might seem straightforward, but careful preparation is required to maximise chances that everything will go smoothly. A good initiative could fail to create behaviour change if it is not implemented well.

Implementation needs to be integrated, collaborative, feasible, flexible, and cyclical/iterative. These concepts are defined in Table 5.4 below.

TABLE 5.4.  
Features of effective implementation

Principle	Description
<b>Integrated</b>	Start planning implementation from the initial planning and design stages and refine or adapt during programme start-up. <i>e.g., In early stages of your project, healthcare professionals are identified as a key touchpoint and influencer for the behaviour of new parents. Ideally, local hospital and staff should be engaged as you define your behavioural goal, explore the behavioural context, and generate initiative ideas.</i>
<b>Collaborative</b>	Implementation will be aided by partnerships and regular meetings with external stakeholders, including governments, NGOs, academia, and local community organisations. Community engagement should be prioritised as these stakeholders will be driving change in their local communities and will play a key role in sustainability of the initiative. <i>e.g., engaging local schools, community leaders, and local government will be crucial to supporting the implementation of school-based SBCC to encourage healthier diets during school hours or engagement with physical activity classes</i>
<b>Feasible</b>	The feasibility of various implementation steps is strongly influenced by available resources, including funding and the skills or capacity of staff. A stepwise approach to implementation of prevention policy, <sup>54</sup> can help to ensure feasibility. Implementation starts with <b>core actions</b> that are feasible with existing resources. Following this you can consider further action if resources can be increased, including: <b>expanded actions</b> that are possible with a realistic increase or reallocation of resources or <b>desirable actions</b> that are beyond reach with existing resources. <i>e.g., A social media campaign focused on overweight in children might focus first on core actions through a series of posts containing novel content such as blog posts, interviews, or calls-to-action. Expanded actions might include incorporating interactivity into the campaign, such as competitions, events, or live Q&amp;A sessions with key influencers. Desirable actions might include complementing the social media campaign with community or interpersonal activities</i>
<b>Flexible</b>	Be open to changing your approach if your initiative is not implemented as planned, does not reduce the known barriers, or does not change behaviours. <i>e.g., If planned discussion groups on the benefits of breastfeeding and key barriers women face are not well attended or attendees do not feel comfortable sharing their experiences in a group, the initiative may need to change to smaller group or individual sessions</i>
<b>Cyclical / iterative</b>	The most effective SBCC initiatives use data or evidence to periodically monitor and evaluate implementation against the plan in order to make adjustments as implementation progresses. <i>e.g., Monitoring implementation of a campaign to encourage physical activity reveals that leaflets showcasing activities available at schools are not being distributed effectively, but emails to children and parents are being sent, received, and interacted with (i.e., click throughs from email). In future, emails can be continued or increased, whereas leaflets can be reduced</i>



## Activity 5.5 Develop an implementation plan

Use Worksheet 5.5 and Table 5.4 to prepare for implementation and launch your initiative by conducting the following four steps:

1. Write an **implementation plan**
  - Outline all steps required to launch the initiative, person(s) responsible, and timeline
  - Plan for risks and mitigation strategies
  - Plan for receiving and using data
2. Test the systems used for delivering the initiative and send a test version to ensure the initiative is being delivered as expected.
3. Brief all team members on the project, the evaluation approach, their role, and the importance of following the trial protocol. This will also minimise the risk that, for example, someone in the control group receives the initiative because the colleague in charge of sending the initiative email did not understand the approach of an RCT and wanted as many people as possible to benefit from the initiative.
4. If things go wrong or you need to change something after the launch, record what happened in an **implementation log**. This can be a section of your **implementation plan** or a separate document where you write down anything that did not go according to plan. Write down what changed from your initial implementation plan and when, so that you can refer back to this during analysis and interpretation. For example, the internet stopped working after you had sent half of the initiative emails on one day and you had to send the rest the next day.

**Research ethics and participant risk:** As with research activities in Section 3, it is important to follow proper procedures for research ethics and minimising participant risk. Check to see if your country office or project partners require approval for the project from an internal or external ethics review board.

As part of implementation planning, we recommend thinking through a list of ways your initiative could create unintended consequences individually or as a group.

- Physical risks (e.g., pain, discomfort)
- Psychological risks (e.g., anxiety, shock, guilt)

- Social risks (e.g., embarrassment, loss of respect)
- Economic risks (e.g., costs)
- Confidentiality (e.g., data breach, personal identification)

If you identify potential risks, consider:

- What processes will be in place for you to monitor the initiative as it is implemented to detect the harm early and change your initiative as needed?
- Do you need any “stopping rules”, i.e., criteria for stopping the trial?

One potential risk that you might be concerned about is the risk of triggering eating disorders in your target audience. As outlined in Section 4 “10 tips for messages focused on prevention of overweight in children”, it is important to avoid stigmatising language or images in your SBCC initiative. While the literature evaluating the integrated prevention of eating disorders and obesity is still limited, several key principles have emerged to avoid triggering eating disorders:<sup>55,56,57,58</sup>


- Do not place weight as the primary focus of messaging
- Do not promote dieting behaviours; rather, encourage healthy eating and activity patterns that can be sustained in the long-term
- Do not promote body dissatisfaction
- Do not promote weight talk and weight teasing

To monitor the risk of eating disorders, you could measure whether dieting behaviours, body dissatisfaction, and weight talk or teasing are increasing among your intervention group. Several validated scales exist including the Eating Disorder Examination Questionnaire (EDE-Q)<sup>59</sup> (and versions adapted for adolescents and caregivers). The short version of the questionnaire (EDE-QS) developed by Gideon et al (2018) comprises 12 scaled questions, where higher scores indicate higher symptoms, and can be downloaded through *Plos One* at this [link](#).


For more information on research ethics with children, consult:

- UNICEF’s Ethical Research Involving Children guidance<sup>60</sup> for considering harms and benefits, informed consent, privacy and confidentiality, and payment and compensation when conducting research with children.
- Forthcoming guidance from UNICEF and the Behavioural Insights Team specific to ethical Behavioural Insights work with children and adolescents.<sup>61</sup>



**STEP 6** **Analyse, interpret, and communicate your results**

After you have waited for the end of the outcome measurement period, it is time to analyse and interpret the outcome data. To do this, follow the process you detailed in your **pre-analysis plan**. This step will require statistical analysis expertise. By the end of this step, your project team should know whether your initiative was successful or not and how large any effect was. When you know this, it will be important to effectively communicate your results to your stakeholders and more widely so others can learn from your trial.

 **Activity 5.6: Analyse, interpret, and communicate your results**

When you have collected all your outcome data, **use Worksheet 5.6 to conduct the steps below:**

**Analyse your results:** Regardless of which software you use, the steps normally involve:

- 1. Clean the data:** When you collect your outcome data, you might need to correct obvious errors (e.g., a clinic visit in the year 1919 or 2109); recode implausible values; remove duplicates; merge different datasets together; or create your outcome variable from other variables in the dataset. Always record how you cleaned your data in a document (if using Excel) or code-file (Stata do-file, R script) and save the cleaned data in a new file rather than overwriting the original file to make sure you still have the original data. The Annex contains a data cleaning checklist.
- 2. Create summary statistics:** Calculate average outcomes for each trial arm and look at minimum and maximum values to check whether the data makes sense.
  - a.** Do the ranges look normal? e.g., if your sample is children 2-17 years, is the maximum age 17?
  - b.** Are there any outliers?
  - c.** Are there any patterns to missing values (variables with over 5% missing)? e.g., outcome data is missing for all children from one school
- 3. Conduct your statistical analysis (e.g., regression):** To determine whether the difference in average outcomes between the trial arms is statistically significant, you typically conduct a regression analysis using Excel, Stata, or

R for each outcome measure. The output of the regression will tell you: 1) the point estimate of the impact of your treatment on the outcome measure (i.e., the coefficient in front of the treatment variable) and 2) whether the estimate of the coefficient is statistically significantly different from zero (i.e., whether you are sufficiently confident that the true impact of your initiative – instead of just the estimate given your sample – is different from zero).

- 4. Present your results in graphs:** Graphs are useful to quickly show readers of your reports the main findings. The Annex contains more information on how to create informative graphs.

**Interpret your results:** Once you have results, it is important to interpret them in the context of your solution. Refer back to your original social or behavioural change goal to assess whether the effect you saw was meaningful in terms of your initial idea of impact. It can be useful to think about the cost-effectiveness of your solution here and other implications of your result.

Every interpretation should start with key three components that will form your one-sentence headline result:

- 1. Is the difference statistically significant?** Typically, this means that the p-value is less than 0.05 or the confidence interval does not contain 0.
  - a.** If yes – proceed to step 2!
  - b.** If no – do NOT proceed to the next step. This is because we are not sure if our initiative was beneficial, harmful, or neutral. We should instead share that we were unable to find evidence of an effect.
- 2. What is the direction of the change?** Did the initiative lead to an increase or decrease in your outcome?
- 3. What is the magnitude of the change?** You should restate the estimated difference in the appropriate units.

An example one-sentence headline is: *“The initiative to encourage schools to promote water significantly increased the number of children consuming water at lunch by 10 percentage points.”*

Once you have your headline, you should ask yourself:

- 1.** What does this difference mean practically? e.g., how many more people are doing the desired behaviour?
- 2.** Is the difference large enough to make a meaningful difference?

3. Are there notable differences in outcomes for specific groups? If you pre-specified subgroup analyses, you can report results as causal (a direct result of your initiative). If you did not pre-specify these analyses, then you cannot interpret or report results as causal. Look at the results for different groups (e.g., by gender, race, age, region) to see if the results differed by group and examine the range of outcomes.
4. Is there anything in your results that surprised you?
5. Is there anything in your data that you want to explore further or more information you need to collect before sharing these results?

**Communicate your results:** When it comes to communication of your results, the most important aspect to think about is your target audience and to adapt your language accordingly. Below, we have outlined two different ways of communicating results - one for a technical audience and one for a non-technical audience. By adapting the level of technical detail, you can maximise the impact of your reporting by ensuring comprehension by your audience and making the results relevant to them.

To document your results, we recommend drafting a brief memo summarising the background on your target behaviour, barriers you sought to overcome, initiative design, key results, and interpretation. For a more technical audience, you should include more detail on the analytic approach.

**Communicating trial results:** When it comes to communicating trial results, take some time to think about what is important for your audience and the kind of language that works best for them. For instance, using overly technical language might disengage some readers, while others may expect to see it.

We've shown two ways of presenting the main headlines of a trial below - one for a senior stakeholder audience, and the other for a technical audience. The core message in each version is the same, yet it is communicated differently. One key difference is that the technical audience involves reporting significance levels (and often confidence intervals), which is unnecessary detail for a non-technical audience.

**Technical audience:** *"We find that the probability of a household using the municipal outdoor fitness area in a given week is higher in the treatment group than the control group; this difference is significant at the 10% level after correcting for two comparisons using the Benjamini-Hochberg step-up procedure (unadjusted p-value = .035)"*

**Senior stakeholder audience:** *"Weekly use of the municipal outdoor fitness area was significantly higher in the initiative group (62% vs 75%) overall. This improvement was driven by large increases among households where attendance had previously been low."*

When communicating with senior stakeholders such as policymakers, it is useful to add a recommendation about what you think should be changed based on your results. For example, *"Based on these results, we recommend expanding our initiative to X regions, which would require Y currency of funding."*



## CASE STUDY

# Eat Them to Defeat Them (ETTDT): Encouraging children to eat vegetables in the United Kingdom (2019–2020)

At the end of each toolkit section, we explore relevant insights from the *'Eat Them To Defeat Them' (ETTDT)* campaign, an effective SBCC initiative focused on preventing overweight in children. In this instalment, we explore the design stage of the campaign:

**Context:** Eat Them to Defeat Them\* is a marketing campaign developed by Veg Power, a not-for-profit, which aims to support children in eating more healthily by encouraging children to eat more vegetables. The 2019 campaign ran for 3 months.

### Implementation evaluation:

- Veg Power reported on inputs such as the monetary value of free media space (over £5.5 million), partners who provided that free media exposure (e.g., 11 major supermarkets), and the number of rewards charts distributed (n=300,000)
- The campaign also reported on outputs such as the number of television spots (1,872), reach (38.2 million people saw the television adverts, 44% of children saw an advert), and exposure (children saw the advert an average of 5.8 times)
- Surveys of children and parents measured recall (40% of children 6-14 years and 44% of their parents remembered the campaign across any channel)\*\*

**Impact evaluation:** Several methods were used to evaluate the impact of the campaign:

- Surveys of children and parents (n=1,001 and n=774)

- Television ratings and audience measurement
- Web traffic and search query analytics
- Sales patterns from retailer scanner data and consumer panels (as self-reported behaviour does not always align with actual behaviour)
- Social media analysis

### Key results included:

- **Attitudes:** Children who saw the advert were 17 percentage points more likely to think that eating vegetables is fun and 22 percentage points more likely to have *"wanted to eat more vegetables in the last few weeks"*
- **Search behaviour:** Google Searches for the vegetables featured in the campaign increased by around ~2.2%
- **Self-reported dietary behaviour:** 29% of children reported that the campaign had increased the amount of vegetables they had eaten (along with 18% of parents reporting on their children's consumption). Sub-group analyses also examined these results among low-income families.
- **Vegetable purchasing behaviour:** Average weekly sales of the 10 vegetables featured in the campaign increased 2.3% during the campaign, amounting to an extra 17.7 million unit sales. Data from the Year 2 evaluation showed that sales were elevated for a number of months after the campaign, suggesting some sustainability to the campaign's impact.\*\*\*

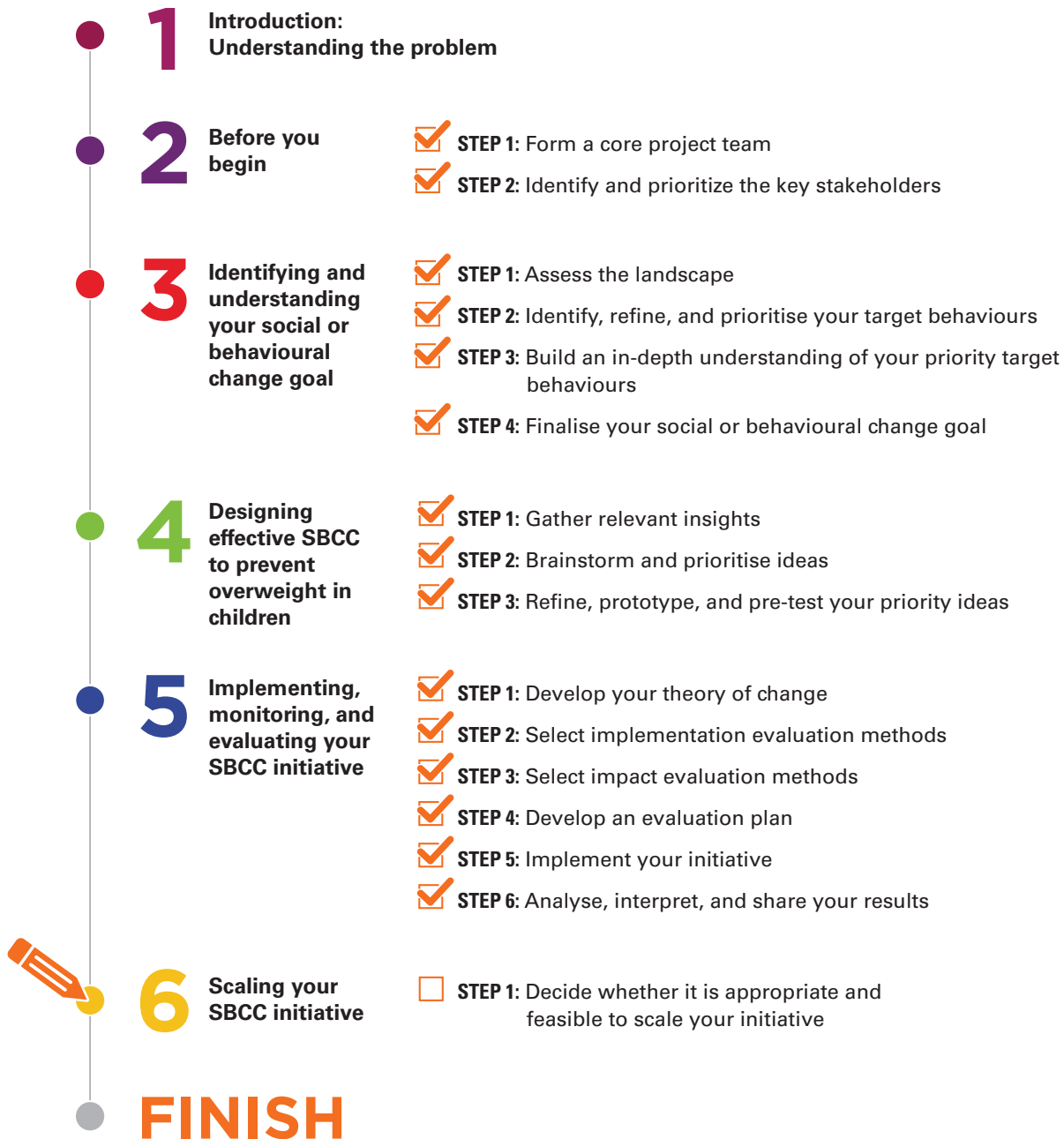
\* <https://eatthemtodefearthem.com/>

\*\* Eat Them to Defeat Them: Campaign Evaluation. 2019

\*\*\* Eat Them to Defeat Them: Retail Sales Analysis. 2020

**Having completed this section,** you will now have implemented and evaluated your initiative, giving you an understanding of whether it is effective in changing your target behaviour and achieving your social or behavioural change goal.

**In the final section,** you will determine whether your initiative is able to be implemented at scale in order to achieve maximum impact.



# 6. Scaling your SBCC initiative

## How can you maximise the impact of your initiative?

Now that you have analysed and interpreted your evaluation results (*Section 5*), you will know whether your SBCC initiative has had a positive impact on the prevention of overweight in children.

Whether or not your initiative worked, it will be important to decide what to do with your findings by organising a meeting with the project team and key decision makers to plan the next steps.

One option is the idea of scaling or 'institutionalising' initiatives. Scaling can help to broaden the impact your SBCC initiative has beyond your sample, so you can have a wider impact. Institutionalising, particularly within national government structures, can ensure sustainability of an initiative.

However, it does not always make sense to scale, for example if the initiative is not cost-effective, and the decision to scale a successful initiative can take some deliberation. Scaling will require sign-off and there may be further considerations to implementing it more widely. These conversations often involve internal stakeholders and / or external partners who can help you implement your initiative more widely. We recommend engaging with them early and involving someone who has good experience with the domain of your initiative.





## How can you maximise the impact of your initiative?

**Purpose:** Determine whether to implement a successful initiative at scale, to achieve maximum impact.

**Output:** Where appropriate, a scaling implementation plan. Where scaling is not appropriate, a summary from your project wash up and potential ideas for future projects.

**Time:** Whilst the project debrief meeting is likely to be **1-2 hours**, the ultimate decision whether to scale or not can take a while, depending on whose sign-off you will have to obtain and what additional preparation must be taken.

**Worksheets:**

**Worksheet 6.1:** Project debrief meeting

**At the end of this stage you will have:**

Determined whether it is appropriate to scale up your initiative

Developed plans for scaling your initiative, if appropriate

Produced insights from your evaluation and generated ideas for future initiatives




### OBJECTIVE



### ACTIVITIES

#### STEP ONE

 **Decide whether it is appropriate and feasible to scale up your SBCC initiative**

**Worksheet 6.1: Project debrief meeting**

**STEP 1**

**✍️ Decide whether to scale your initiative**

How you approach this step depends on whether your evaluation showed your SBCC initiative was successful or not. This subsection outlines the considerations that can help support your decision whether to scale, continue your initiative as is, make a change, collect more information, or discontinue your initiative (see Figure 6.1).

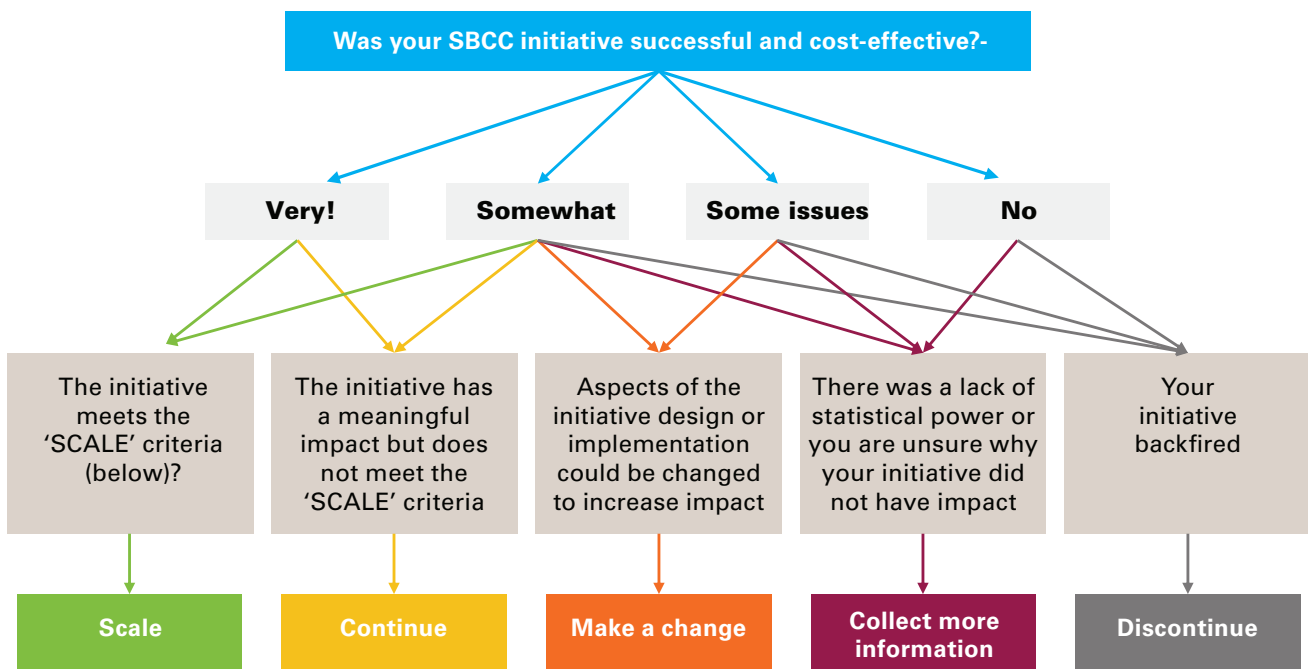


FIGURE 6.1  
Decision tree for deciding whether or not to scale up your SBCC initiative

### 1.1 Scaling: Implementing your initiative in new locations or audiences

If your SBCC initiative was very successful (i.e., your initiative had a significant positive impact on one or more of your outcomes) and cost-effective (i.e., the benefits of your initiative merit the cost of implementation), then you will want to consider whether scaling is an appropriate and feasible option.

Scaling your initiative to more individuals is more complex than simply administering it again to the same individuals. You will need to consider several factors, summarised as ‘**SCALE**’:

Factor	Considerations
<b>Sponsorship:</b> Do you have the commitment of senior stakeholders and those involved with implementation?	<p>If there are large costs involved, you will need strong buy-in from senior stakeholders. You will also need buy-in from other stakeholders, such as the community you intend to scale to. <i>For example, if scaling a school-based initiative to a new area, you may need buy-in from staff and parents in the new area.</i></p> <p>In terms of implementation, if scaling requires those involved in implementation to increase or change their actions, you may need to create a training program to help them. <i>For example, if your initiative involves community leaders hosting discussion groups for new parents, guidance and support might be required to ensure this is effective.</i></p>
<b>Cost:</b> Can the initiative be delivered at scale in a cost-efficient way?	<p>If the cost of implementing at scale is higher than desired, consider whether narrowing implementation to a sub-group where the intervention is most effective or cheapest to implement will make delivery more cost-efficient. <i>For example, focusing an intensive breastfeeding promotion campaign on the areas with lowest rates of breastfeeding at baseline.</i></p> <p>Your team should decide which type of cost analysis is most appropriate for your situation. Consider engaging an expert with experience in evaluating the cost-efficiency of health interventions:</p> <ul style="list-style-type: none"> <li>• Cost-benefit analysis examines whether all of the costs of the initiative outweigh the monetary value of benefits that result</li> <li>• Cost-effectiveness analysis examines the cost per unit of improvement such as quality-adjusted life years (QALYs) or unit of BMI reduction</li> </ul> <p>For more information on one respected approach to cost-effectiveness analysis, see Carter et al. (2009).<sup>62</sup></p>
<b>Accountability:</b> Who will be responsible for implementing the initiative at scale?	<p>If an external organisation will be responsible, your project team may need to provide support in the beginning. You should establish roles and responsibilities, who the implementation organisation reports to, and whether they have the necessary resources. <i>For example, following a successful local media campaign to encourage adolescents to get active, the government may decide to implement it across the population through national media.</i></p>
<b>Logistics:</b> Will the initiative be implemented as intended when it is scaled?	<p>There might be key differences in how you implement your initiative at scale. <i>For example, if you hand-delivered leaflets on complementary feeding practices to the homes of new parents during your trial but at scale are planning to use email, a smaller proportion of parents may receive and read information so the average effect will be smaller. However, it could still be worth scaling if the population is large and the cost is low.</i></p>
<b>Evidence:</b> Do you need further evidence before scaling up?	<p>This is particularly relevant if:</p> <ul style="list-style-type: none"> <li>• You evaluated the initiative on a sub-sample of the population and are scaling the initiative to a more diverse group (i.e., can you expect your results to generalise to this new group). Ideally, you would run another evaluation to test this. If this is not possible, think about whether: 1) there is the risk of backfire effects for the new group and 2) the initiative is still cost-effective even if it has little impact in the new group.</li> <li>• You adjust the initiative (slightly) to implement it at scale, and you are not sure whether it will be as effective. For example, switching from letters to email (<i>see above</i>).</li> </ul>



We recommend **SCALE** as a simple and pragmatic way to assess the feasibility of scaling initiatives. However, if you are still unsure after considering the five points above, further guidance can be found in the ExpandNet and WHO framework to scale-up initiatives tackling NCDs.<sup>63</sup> Whilst developed specifically for scaling of healthcare programmes, the guidance can also be applied to other areas of public health and development (*see box below*).

After considering the above you will reach one of three decisions: to scale the initiative as it is currently designed, to continue with the initiative in the current audience but not scale further, or that it is not possible to scale with the initiative as it is currently designed. The decision not to scale should not be viewed as a failure - your initiative has already had impact during the initial implementation! Also, lessons learned can inform future SBCC interventions, making them more effective.

### 1.2 Continuing: Implementing the same initiative in the future for the same individuals

If your initiative is successful, but does not meet the SCALE criteria, you may choose to continue or repeat your initiative. If so, you should consider whether there might be a decrease in the effectiveness of your SBCC initiative if individuals receive the same message repeatedly.

For example, an SBCC initiative that aims to reduce soda consumption by shocking the audience with images or graphics showing the amount of sugar in each can of soda might get less effective as it becomes less novel, meaning the desired behaviour (reduced soda consumption) is not sustained.

If you expect the effectiveness of your initiative to decrease with repeated exposure, consider how messaging might be adapted or updated over time to maintain effectiveness.

#### Nine steps for developing a scaling-up strategy

ExpandNet and WHO developed a framework and practical nine-step approach to support country teams to scale-up initiatives tackling NCDs. The framework is guided by four key principles: systems thinking; sustainability; enhancing scalability; and respect for gender, equity, and human rights principles.

The key considerations are dissemination and advocacy (i.e., communications); organisational process (i.e., capacity to scale); costs and resources; and monitoring and evaluation of the scaling process.

These considerations and strategic choices can be systematically analysed through nine steps:

1. **Plan actions** to increase the scalability of the initiative: clarify the initiative and assess the key attributes that determine its scalability. Determine if it is appropriate to scale and plan necessary actions
2. **Increase the capacity of the implementing organisation:** Clarify roles, assess the organisations capacity for scaling, and determine the necessary actions
3. **Assess the environment:** Identify key environmental factors and consider what can be done to maximise facilitators and minimise barriers
4. **Increase the capacity of the resource team** (i.e., those supporting development and testing): clarify roles and assess the resource team’s capacity for scaling
5. **Make strategic choices to support vertical scaling up**, which is institutionalisation at the national or sub-national level e.g., through policy, legal, or other changes
6. **Make strategic choices to support horizontal scaling up**, which is replication of the initiative in different geographic sites or expansion to different population groups
7. **Determine the role of diversification** i.e., adding a new component to the initiative
8. Plan actions to **identify and address** any spontaneous scaling up
9. Finalise the scaling-up strategy and identifying next steps

In addition to following the steps above, the guidance emphasises the need to carefully balance desired outcomes and practical realities and constraints; to form a clear but flexible scaling plan; and for continuous strategic thinking about scaling throughout the implementation process; as well as collaboration with key stakeholders.



### 1.3 Making a change: Adapting initiatives that are somewhat successful initiatives or those with some issues

Scaling up is not a straightforward process and there are many different factors which can change the impact across a wider pool of individuals, or reasons why scaling an initiative as it is currently designed is not feasible.

If the initiative evaluation has revealed some issues (i.e., part of the initiative is not designed or implemented effectively), then it would not be advisable to scale the initiative as currently designed. Similarly, initiatives that are only somewhat successful (i.e., have a small or non-significant positive effect that will not result in real-world impact) could be adapted to improve their impact before scaling. Additionally, as mentioned above, even some very successful initiatives may not be suitable for scaling as is.

For these initiatives, the preferred course of action is to try and increase their effectiveness by adapting the design and / or collecting further information. We recommend:

- If there was a subgroup where your initiative had a large effect, consider scaling up for only this subgroup
- Returning to your insights from Section 3 to better understand the motivators and barriers to your social or behavioural change goal
- Including qualitative research to ask the target audience about their experiences and suggestions to improve the initiative
- Returning to the SBCC design stage to brainstorm additional ideas

However, there is one case in which you might wish to scale up your initiative even if it only has a small effect or does not deliver statistically significant positive results: for a costless initiative or one that replaces an existing initiative at the same cost. If there is some evidence that this initiative worked (e.g., if the change you saw is positive, even if it is small and not statistically significant), you might want to roll it out or replace the existing initiative.

### 1.4 Collecting more information or discontinuing: Deciding on next steps for unsuccessful initiatives or those that have a backfire effect

Whilst it may be disappointing if your SBCC initiative fails to show a statistically significant positive impact or backfires (i.e., has a significant negative impact), it is common. Around

half of all initiatives in pre-registered studies fail to show a statistically significant impact - and the actual rate of failure is likely to be even higher.<sup>64</sup>

A null finding is also a useful lesson about what does not work, which can prevent you from exploring an idea that will not ultimately impact on your social or behavioural change goal. This saves time and money that would be wasted with scaling up an ineffective initiative. Documenting unsuccessful initiatives also helps to generate new ideas for testing in the future and avoids the same mistakes being repeated.

A backfire occurs when your initiative changes your target behaviour, but in the opposite direction that you expected. For example, if you had an edutainment initiative to *increase* physical activity through participation in out-of-school sport, but your results showed that physical activity instead *declined* in your target audience.

While a backfire specifically refers to negative impact on your target behaviour, you may also want to consider whether there were other negative unintended consequences that resulted from your initiative. For example, perhaps your initiative successfully led to reduced consumption of full-calorie, carbonated beverages like (your target behaviour), but you found that students were drinking more 100% juice (which still contains a lot of sugar). You may want to consider how to minimise this unintended consequence as you consider scaling.

Discuss with your project team potential reasons why the initiative did not work and what the lessons learned for your organisation as well as for the next project are. As you brainstorm potential explanations, it can be helpful to consider external forces (e.g., other interventions, policy changes) that occurred at the same time as your initiative and might have impacted the outcomes measured in your trial. This is especially important to consider if you were not able to conduct an RCT.

If you suspect that your initiative did not show a statistically significant impact because your trial was underpowered (i.e., your sample was too small), not because it didn't work, you could test it again with a larger sample. However, we wouldn't recommend this if:

- Your regression analysis suggests that the estimate of your treatment effect is fairly precise (i.e., the standard errors are small and the confidence intervals are narrow) and it is unlikely that the 'true' effect of your initiative is large

- Follow-up qualitative research with selected trial participants found a problem with the initiative, e.g., low take-up or messages that were misunderstood



### Activity 6.1: Stakeholder and project team meeting

After sharing your analysis report with the project team and key stakeholders, organise a meeting to discuss the next steps. **Use the guidance above and Worksheet 6.1 to discuss:**

1. If your initiative worked, consider 'SCALE' to decide if and how you are going to implement it at scale. It is good practice to also look back and assess any aspects of the project that went wrong, as well as the parts that worked well, in order to improve the process next time
2. If your initiative did not work, discuss lessons learned
3. Decide whether you are going to start a new project which could entail:
  - Testing the same initiative with a new population or larger sample
  - Improving the design of the initiative to make it more effective
  - Designing and testing a new initiative to achieve the same social or behavioural goal
  - Focusing on a completely new social or behavioural goal

Remember to also make your results public and communicate them as widely as possible, regardless of whether the initiative worked - it is just as important to know what works as it is to know what does not work. This contributes to the evidence base that we all benefit from. Some potential formats for sharing what you learned include: one- or two-page summary, blog post, webinar, conference presentation, and infographic.



## CASE STUDY

# Eat Them to Defeat Them (ETTDT): Encouraging children to eat vegetables in the United Kingdom (2019-2020)

At the end of each toolkit section, we explore relevant insights from the 'Eat Them To Defeat Them' campaign, an effective SBCC initiative focused on preventing overweight in children. In this instalment, we explore the decision whether or not to scale the campaign:

**Context:** Eat Them to Defeat Them\* is a marketing campaign developed by Veg Power, a not-for-profit, which aims to support children in eating more healthily by encouraging children to eat more vegetables. The 2019 campaign ran for 3 months.

### Considering whether to scale up:

As noted in Section 5, the Eat Them to Defeat Them campaign was successful at improving attitudes towards vegetables and increasing the amount of vegetables children and their parents reported eating. The campaign was able to keep costs low due to donated advertising space on television, in newspapers, on billboards, and other channels.

### Iterating and scaling

- **Sponsorship:** Senior stakeholders within VegPower and ITV publicly expressed commitment to the campaign alongside key implementation partners such as food retailers
- **Cost:** Veg Power did not publicly report the full cost of the intervention. Fortunately, they were able to keep costs down by securing donated advertising time, including print and online newspaper advertisements worth £92,000 and outdoor advertising
- **Accountability:** Veg Power provided the campaign collateral and media partners were responsible for delivering the initiative through their media channels
- **Logistics:** There was only minimal risk to the initiative being implemented without fidelity since it was relatively straightforward for media partners to share the campaign collateral as designed
- **Evidence:** Given the effectiveness of the initial campaign with a broad audience and the plan to primarily expand the reach of the existing campaign (without adjusting the initiative substantially), there was not a need to collect additional evidence on the initiative's effectiveness

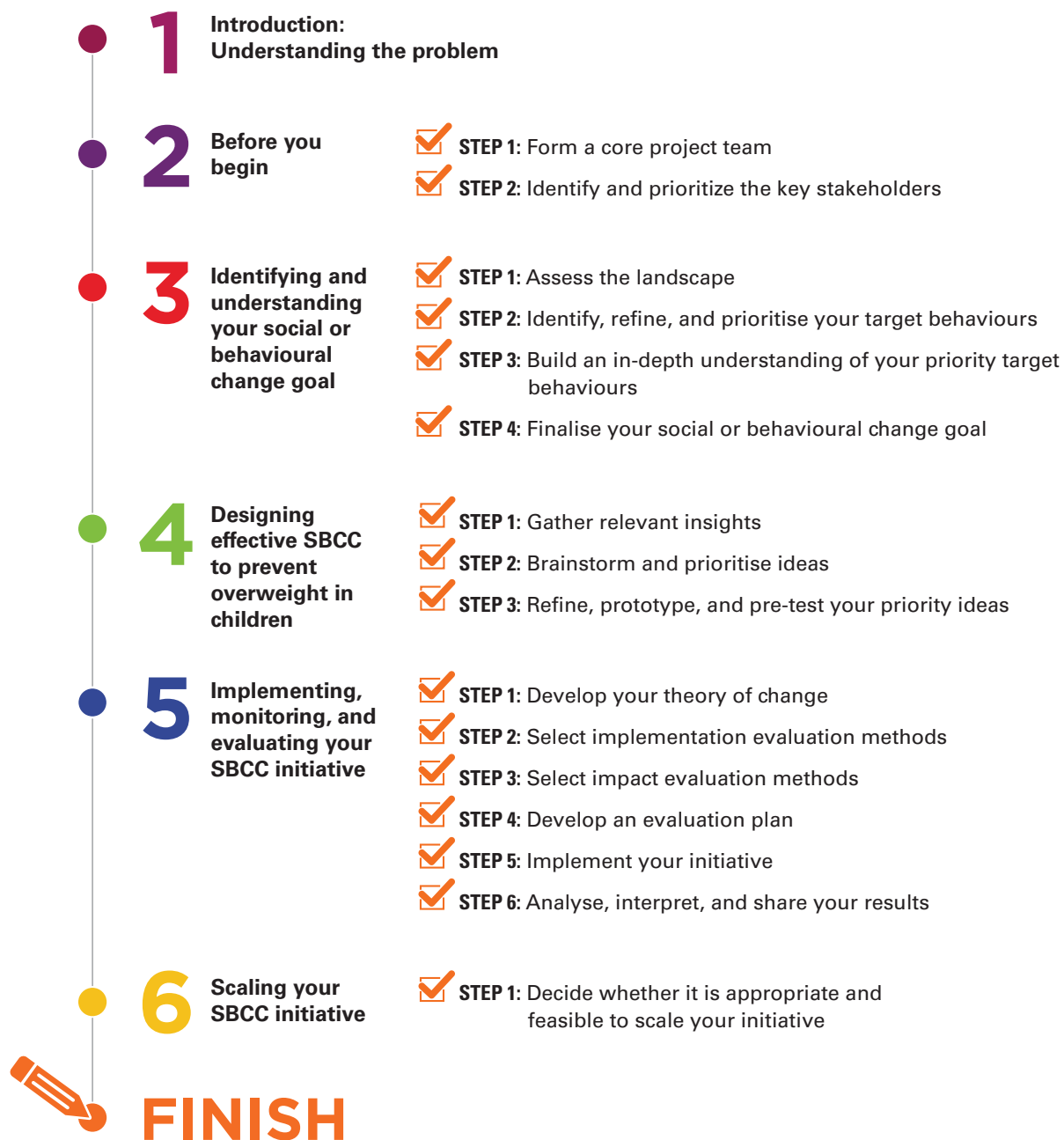
### Iterating and scaling

Following the 2019 campaign, a second campaign was launched in 2020. This was a continuation of the initial advertising campaign, but further media partners (most notably two additional television networks) increased the scale and reach of the campaign.

In addition to scaling up the initial campaign, Veg Power also launched a new, complementary programme in a new channel: primary schools.<sup>65</sup> They provided 1,500 schools with posters, guides for school staff and caterers, worksheets, cut out and colour sheets, stickers, and other resources. They hope to scale further to other parts of the United Kingdom, depending on support from local government and commercial partners.

\* <https://eatthemtodefearthem.com/>

You have now completed all the steps to design, implement, monitor, and evaluate your SBCC initiative. **At the end of this step, don't forget to congratulate yourself** – this process requires determination to overcome challenges and team spirit to collaborate with a range of partners. Most importantly, by taking an evidence-based approach you have ensured your initiative is impactful and have contributed to the evidence base on what does or doesn't work for preventing overweight in children.



# 7. Full case study

## Health Star Rating (HSR)



### CASE STUDY

#### Health Star Rating (HSR) media campaign: Encouraging consumers to make healthier choices in Australia (launched 2014)

**Context:** The *Health Star Rating*<sup>66</sup> is a front-of-pack labelling system in Australia that rates the overall nutritional profile of packaged food. Foods are assigned a rating from ½ of a star to 5 stars to provide a quick, easy, standard way to compare similar packaged foods. The more stars, the healthier the food's nutritional profile.

The HSR system was developed by the Australian, state and territory governments in collaboration with industry, public health and consumer groups. It launched in December 2014 to be rolled out over a five-year period.

There are several criticisms around the HSR system itself; in particular the need to: improve the efficacy of the algorithm that calculates the number of stars, initiate mandatory implementation (the system is currently voluntary), and strengthen governance.<sup>67</sup>

**This case study focuses on the SBCC initiative that was launched to support implementation of the labelling system.** An **associated media campaign** aimed to inform consumers about the new labelling system and encourage industry adoption. This is an example of how SBCC can be used to complement obesity prevention efforts at the policy/environment or organisational level of the social ecological model.

**Identifying the campaign goal:** The primary objectives of the campaign were to:

- Educate consumers on how to use the HSR system
- Explain to consumers that the ratings are calculated
- Demonstrate how consumers can make choices that will improve the overall nutrition quality of their food purchase
- Educate consumers about how to use the HSR system to make healthier choices when purchasing packaged foods

**Designing the campaign:** Campaign development was **informed by the Social Marketing Advisory Group (SMAG)**, whose members had expertise in communications and social marketing from relevant industry and consumer/public health groups, as well as jurisdictions and representatives of the Commonwealth Department of Health.

Messaging and delivery were **informed by market research and testing**, especially to ensure that the materials appealed to and could be readily understood by **key target groups**.<sup>68</sup>

The HSR campaign was **multi-channel**, consisting of the following:

- Online pre-roll videos (played before YouTube videos, as brief advertisements during catch-up or on-demand TV etc.)
- Out of home (OOH) advertisements e.g., posters, billboards
- Print advertisements (in-store magazine only)
- a six-panel online ad
- a mobile-specific ad
- a [taste.com.au](http://taste.com.au) Taste Health Hotline

Some **key messages were agreed** before the initial campaign, which were **kept simple** e.g. *"The more stars the healthier the food."* The focus of the messaging has evolved with later phases of the campaign, based on the results of campaign evaluations. In more recent campaigns, messages have focused on how best to use the HSR (e.g. how to use the HSR to compare similar products in the context of a broader healthy diet) and on addressing areas of confusion (e.g. how the stars are calculated).

**Implementing, monitoring, & evaluating the campaign:**

Throughout each of the campaigns (2015, 2016, 2017),<sup>69</sup> monitoring and evaluation was undertaken to assess the impact of the campaign and to inform adjustments to the

campaign materials. The aims of the evaluation were to assess:

- Current awareness and understanding of the HSR system
- How the campaign has performed in terms of recognition, messaging and diagnostic metrics
- What impact the campaign has had on key metrics relating to the success of the HSR system

The main evaluation method was a **15-minute online survey** targeting a representative sample of 1,052 grocery buyers (which skews towards females) aged 18 years and older across Australia. The sample ensured representation of Aboriginal and Torres Strait Islander people, Culturally and Linguistically Diverse (CALD) groups, and those of low socio-economic status (low SES).

Key results from the most recent (2017) evaluation include:

#### Implementation:

- Nearly 1 in 5 (18%) of those surveyed recalled seeing at least one element of the HSR campaign (a decline from 25% in 2016).
- Those aged 18-24 were more likely to recall seeing the campaign (36%) than those aged 55-64 (10%) and metro respondents were more likely to recall seeing the campaign (21%) than regional respondents (14%).
- Results suggest the campaign message is on target; nearly three quarters (70%) replayed a correct understanding of the campaign message, with the strongest specific message being *'will help you choose the healthier option/ make healthier choices'*.

#### Impact:

- **Awareness of the Health Star Rating:** Prompted awareness increases among those who are campaign recognisers to 82% compared to 75% across the total sample.
- **Use of the HSR system:** 73% of respondents have performed at least one of the calls to action, such as *'used the HSR in store'* (35%), *'thought more about nutrition when buying food at the supermarket'* (30%) and *'tried to eat healthier'* (28%). Those who are campaign recognisers are more likely to interact with the system.
- **Consumer behaviour:** 60% of campaign recognisers who have bought a product with the HSR displayed stated they were influenced to buy the product due to the product

having a higher HSR than their usual product (compared with one third in the total sample). This suggests that the HSR is driving behaviour change, and exposure to the campaign may be reinforcing this behaviour change.

- **Sustainability:** Of those who stated they were influenced to choose a product due to the product having a higher HSR than their usual product, 82% continue to buy the product with the higher rating, suggesting that the HSR has a lasting impact.
- **Sentiment:** Various measures of sentiment were assessed, including:
  - ☞ 70% agree that HSR is easy to understand is 70%. This increases to 80% among campaign recognisers
  - ☞ 75% of campaign recognisers say the HSR *'is informative'* (compared to 75% overall).
  - ☞ Trust has increased to 48% overall and 69% among campaign recognisers.
- **Potential backfire:** The survey also took measures relating to potential backfire effects. Whilst sentiment was generally positive, there were two areas of suggested backfire:
  - ☞ As awareness of the system grows, more people perceive the HSR as *'just another thing on a pack that makes shopping more confusing'*
  - ☞ Some people also perceived the HSR as *'irritating'*. The evaluation authors suggest this might be a sign of *'wear out'* of the campaign. This could be a result of a growth of HSR awareness and, as a result, more people who are less engaged with health and nutrition becoming aware of the campaign.

**Iterating and scaling:** Following each campaign evaluation, *'Key Next Steps'* were summarised to ensure the **campaigns continued to iterate and improve**. As a result, since the initial campaign the messaging has evolved to focus on how and when the HSR should be used and work to resolve existing confusion and misconceptions, rather than just raising awareness.

The most recent 2019 campaign has also involved the **use of media kits for industry, public health and consumer groups** to assist these groups in reinforcing the key messages of the campaign.

# 8. Technical Annex

## Additional detail for Section 5 – implementing, monitoring, and evaluating your SBCC initiative

### STEP 3

#### Select impact evaluation methods

##### Quasi-experimental approaches

###### Matching

In **exact matching**, participants are matched on as many observable characteristics as possible that are thought to influence the outcome (e.g., age, gender, education). This can be cumbersome when there are many characteristics; it also does not account for unobservable characteristics.

**Propensity score matching** attempts to resolve this by predicting the likelihood that an individual is in the treatment arm based on their observed characteristics, and then building a control group that matches the treatment group.

###### Difference-in-difference

The analysis compares the change from baseline to endline among the treatment group to the change from baseline to endline among the control group. Certain key assumptions must hold to produce valid results, such as there being no external differences that apply to one group but not the other (other than the treatment). It also relies on the assumption that the *change* in outcome behaviour would be the same for the treatment and control group *if no treatment was applied*. Often these assumptions may not hold in reality which would cause biased results.

### STEP 4

#### Develop an impact evaluation plan

##### 5.4.2 Sample size calculations

Additional detail on the 3 main factors determining how large your sample needs to be:

**1. Effect size (magnitude of impact):** The effect size is the magnitude of the difference in the outcomes between the control group and initiative group. The larger your expected effect size, the smaller your sample needs to be. Your RCT

will tell you the actual effect size, but you first need to guess what it might be for power calculations. If you find an initiative that is similar to yours when you are conducting research, it may give you a good estimate of your effect size. In general, try to be pessimistic regarding your effect size – it is better to underestimate than overestimate. You want a large enough sample that you will be able to detect an impact that would be ‘meaningful’ from a policy standpoint.

For example, for a mass media campaign focused on health, estimates suggest you might expect a change of around 5 percentage points.<sup>70</sup> This means that, if in your Control group, 50% of the individuals engage in the Target behaviour, then we wouldn’t expect the average in the Treatment group to be more than 55% or less than 45%. There are of course initiatives, even some focusing on communication, that have a much larger effect. However, most light touch initiatives will not achieve such large changes.

**2. Number of initiatives being tested:** Your sample also depends on the number of experimental arms you have, i.e., the number of initiatives you are aiming to test. For example, you may wish to test a few different versions of educational posters with different groups. The more initiatives you want to test, the larger sample you will need.

**3. Distribution (variance of outcome):** Some outcomes naturally vary more than others within the population. For example, people’s incomes vary more than the number of children they have. Changes in outcomes with greater variance (i.e. a large standard deviation) will be harder to detect in a statistically rigorous way unless the effect size is very large. e.g., if an initiative increased people’s incomes by 1%, it would be hard to detect this effect because incomes vary widely to begin with. You often can’t control this part of your trial, but, if possible, try to choose outcomes that have low variability.\*

\* Note that this does not apply for binary variables, for which the variance is pre-determined by the average value.



### Rules of thumbs for power calculations

#### Option 1 for power calculations: 'Rule of thumb'

The general rule for calculating power is: the bigger the sample size, the smaller the effect size you can detect (called the minimum detectable effect size, or MDES).

The table below shows the approximate sample size you would need to run an individually randomised RCT with adequate statistical power.

Sample size per trial arm*	Is this enough power?
<200	Very unlikely, unless your intervention is extremely powerful**
200 - 1,000	Maybe, but only if your intervention is very powerful
1000 - 5,000	Good chance
5,000 - 10,000	Very good chance - BIT often operates in this range
10,000 +	Almost certainly, even for interventions that have a very small effect

Option 2 for power calculations: Conducting your own power calculations

#### Conducting power calculations using online tools:

There are many tools to conduct power calculations online. You can find BIT's own tool here: <https://behavioralinsightsteam.shinyapps.io/PwrCalc/>

#### Conducting power calculations in Stata and R

This website provides a good overview over the different Stata commands for power calculations: <https://www.stata.com/features/power-and-sample-size/>.

### 5.4.3 Determine how you will assign participants to treatment and control groups

#### One method for randomising participants to treatment and control groups in Excel

In order to randomly assign email recipients into two groups, we will use Excel's `rand()` function to generate a random number for each row, sort the spreadsheet based on the randomly generated numbers, and assign the first half of the rows to the control group and the other half to the treatment group.

First, on the spreadsheet that includes trial participants' email addresses, add a new column titled "rand1". On the following row, type the following command:

`=rand()`

	A	B	C	D
1	Email	rand1		
2	<a href="mailto:abd123@gmail.com">abd123@gmail.com</a>	=rand()		
3	<a href="mailto:efg456@yahoo.com">efg456@yahoo.com</a>			
4	<a href="mailto:hij789@hotmail.com">hij789@hotmail.com</a>			
5	<a href="mailto:klm012@gmail.com">klm012@gmail.com</a>			
6				
7				
8				

\* Note that a trial with one control group and one treatment group will count as having two trial arms; a trial with one control group and two treatment groups has 3 trial arms.

\*\* This will almost certainly not be the case for interventions that rely on communication only, but require some more structural changes in the decision-making environment. For one example, see BIT's recent trial on encouraging medication adherence in Moldova, published here: <https://www.bi.team/blogs/can-bi-help-tackle-one-of-the-worlds-top-killers/>. Note that, in this case, we took repeated measures of the same outcome (adherence), which increase our statistical power.

After pressing Enter, you will see that a decimal number between 0 and 1 is randomly generated. Now, fill this command down the entire column to assign a random number for each of the rows. You can do so by dragging the fill handle down to the final row.

	A	B
1	Email	rand1
2	<a href="mailto:abd123@gmail.com">abd123@gmail.com</a>	0.843202
3	<a href="mailto:efg456@yahoo.com">efg456@yahoo.com</a>	0.399567
4	<a href="mailto:hij789@hotmail.com">hij789@hotmail.com</a>	0.750111
5	<a href="mailto:klm012@gmail.com">klm012@gmail.com</a>	0.670974
6		

If the list of email addresses is so long that it is difficult to manually scroll down to the end, you can also fill this command down the entire column with two shortcut keys. First select the entire column by pressing Shift + Page Down. Then, fill down the command by pressing Ctrl + D.

Now, create another column titled “rand2” and repeat the process performed for the “rand1” column.

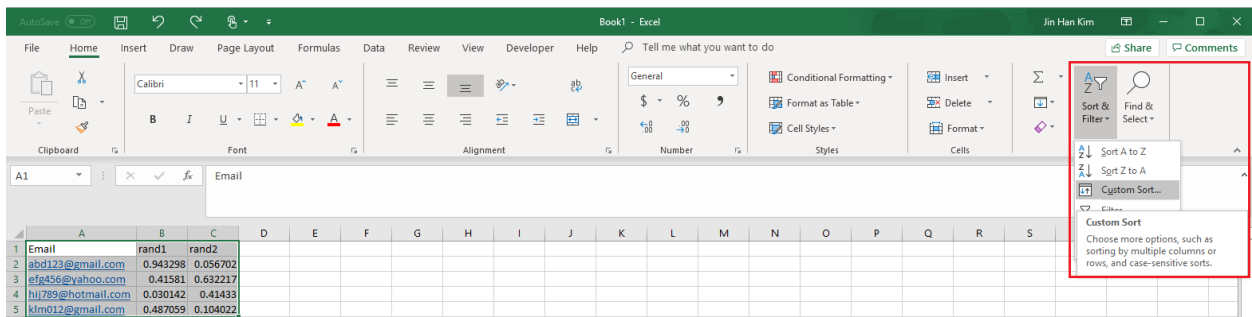
The final data should contain two columns of randomly generated numbers.

	A	B	C
1	Email	rand1	rand2
2	<a href="mailto:abd123@gmail.com">abd123@gmail.com</a>	0.289778	0.121803
3	<a href="mailto:efg456@yahoo.com">efg456@yahoo.com</a>	0.84768	0.502996
4	<a href="mailto:hij789@hotmail.com">hij789@hotmail.com</a>	0.580988	0.909919
5	<a href="mailto:klm012@gmail.com">klm012@gmail.com</a>	0.812081	0.572716
6			

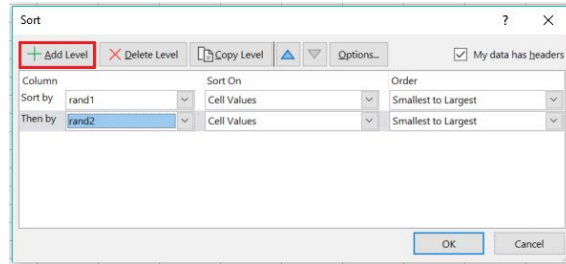
Before we sort the spreadsheet, we will first copy the “rand1” and “rand2” columns and paste them in the adjacent columns as “Values”. Once we paste the two columns, we see that the original columns’ values changed. This is because Excel is continuously performing the *rand()* function to generate new random numbers, but sorting the spreadsheet would be difficult with constantly changing numbers. By having the new columns whose values are no longer constantly changing, we can then sort the spreadsheet and check whether sorting properly worked.

	A	B	C	D	E
1	Email	rand1	rand2	rand1	rand2
2	<a href="mailto:abd123@gmail.com">abd123@gmail.com</a>	0.410687	0.241082	0.657518	0.306053
3	<a href="mailto:efg456@yahoo.com">efg456@yahoo.com</a>	0.722715	0.815883	0.874138	0.726572
4	<a href="mailto:hij789@hotmail.com">hij789@hotmail.com</a>	0.260381	0.415541	0.316066	0.576383
5	<a href="mailto:klm012@gmail.com">klm012@gmail.com</a>	0.157092	0.116994	0.024289	0.103291
6					

We will then custom sort the entire dataset. You can find the “Custom Sort” button under the “Sort & Filter” tab.



First, select to sort by “rand1”. Then, click “Add Level” to also sort by “rand2”.



Once we press “OK”, we see that the order of email addresses changed primarily based on the ordering of “rand1”. While the values of “rand1” almost always determine how the rows are ordered, we include “rand2” in case Excel generates two or more random numbers for “rand1” that are exactly the same. In such a rare case, ordering would be impossible, and “rand2” would determine how these rows are sorted.

	A	B	C
1	Email	rand1	rand2
2	<a href="mailto:klm012@gmail.com">klm012@gmail.com</a>	0.024289	0.103291
3	<a href="mailto:hij789@hotmail.com">hij789@hotmail.com</a>	0.316066	0.576383
4	<a href="mailto:abd123@gmail.com">abd123@gmail.com</a>	0.657518	0.306053
5	<a href="mailto:efg456@yahoo.com">efg456@yahoo.com</a>	0.874138	0.726572

Once the sorting is completed, we are ready to assign treatment status. Add a new column titled “treatment”. Assign “0” to the first half of the rows and “1” to the second half of the rows. Now, randomisation is complete, and we are ready to launch the trial.

	A	B	C	D
1	Email	rand1	rand2	treatment
2	<a href="mailto:klm012@gmail.com">klm012@gmail.com</a>	0.024289	0.103291	0
3	<a href="mailto:hij789@hotmail.com">hij789@hotmail.com</a>	0.316066	0.576383	0
4	<a href="mailto:abd123@gmail.com">abd123@gmail.com</a>	0.657518	0.306053	1
5	<a href="mailto:efg456@yahoo.com">efg456@yahoo.com</a>	0.874138	0.726572	1


### **Stratification and balance checks for randomisation**

When randomising a large enough sample, we expect that both observable and unobservable characteristics will be the same on average across treatment arms. However, if we want to be sure that this is the case for observable characteristics, especially for such characteristics that we expect to influence the outcome of interest, you could conduct stratified randomisation or balance checks.

**Stratification:** This means dividing the sample into subgroups according to the possible values of the variable measuring the characteristic and to randomise within these groups. For example, if you want to stratify your randomisation by the gender of the participant, you would randomise female, male, and non-binary/gender non-conforming participants separately. This way, each gender group has an equal allocation to each study arm.

**Balance checks:** This means checking whether characteristics are the same on average across the treatment arms after randomisation. For example, we might say that we are happy for the proportion of males in each trial arm to differ by not more than 5 per cent and would re-randomise if this is not the case.

Stratification imposes stricter constraints on your randomisation process than balance checks. It should be used only for one or two main variables, which don’t have too many outcome categories and you should limit the number of strata.

**STEP 6**** Analyse, interpret, and communicate your results****5.6.1 Analyse your results****Data cleaning checklist**

- Does the data set look like you expected?** (e.g., do you understand what data each variable (column) contains, does the file have the number of observations (rows) & variables (columns) you expected?)
  - Did the data provider share a “codebook” with you that outlines what each variable (column) is? If not, consider creating a table that describes each variable (column) in the data set so someone can refer to it in the future.
- Do you know how to interpret each variable?** (e.g., does 0 mean male or female?)
- Do the values look reasonable for your variables?** (e.g., are there any outliers, any implausible values such as negative age values?)
- Are there any missing values?** (e.g., are there blank values in any cells?)
  - If there are missing values: Do you know what the values represent? (e.g., does a blank value in your outcome measure mean a person never clicked on the link (i.e. the outcome wasn’t observed)?)
- Are there any misspellings?** (e.g., are location names consistently spelled?)
- Is your data formatted correctly?** (e.g., the correct units - age in months or years?)
- Do you need to create any variables?** (e.g., count the days between someone getting an email and signing up?)
  - If you do need to create variables, do so once you’ve finished the rest of your data cleaning. Remember to review your variable construction once it’s complete. Check that:
    - The range of possible values is correct, the values are correct for each observation
    - There is no unexpected missing data (e.g., there a value for each observation)
- Is there any other information you need to bring in to your data set?** (e.g., demographic information (age, race/ethnicity, gender)?)
  - For simple RCT data analysis, this is likely not necessary. For more complex trials that require control variables in the regression, it is more likely that you may need to pull in additional data. Perform this checklist for those data files as well.
- Does your outcome data correctly match your randomization data?** (e.g., are the identifiers the same in each dataset, can you identify the same people in both data sets?)
- How many people dropped out or weren’t included in your sample?** (e.g., anyone in the randomization data that is not in the outcome data? This is your attrition.)
  - Gut check this number. How close is this to what you noted in the implementation section of the trial protocol? Do you have theories for what may have driven the difference? (e.g., half of your sample dropped, is it possible there may be a data collection error; only 3% of email addresses were undeliverable compared to the 10% we estimated, is this email list newer than others we used as a reference for our trial?)
  - When we run balance tests, check for different attrition in your treatment and control groups.
- Are there any duplicates?** (e.g., do people/email addresses/ mailing addresses appear more than once in the file?)
 

If you do have duplicates:

  - Are they exact duplicates? (e.g., the data in each column is the same?) If not, what information is different? (e.g., birth date, outcome variable (e.g., whether person clicked the link)?)
  - Where did the duplicates come from? (e.g., outcome or randomization data?)
    - If the duplicates are in your outcome data, can you verify if these people received the correct intervention dosage? (e.g., received only one letter or email?)
    - If these duplicates received the correct dosage, simply drop any duplicate cases so that you do not count anyone more than once in your analysis.
    - If these people received the wrong dosage (e.g., two letters or emails) you likely want to exclude them from your analysis. (We usually expect that receiving two letters could affect the likelihood that you perform an action as opposed to one letter, so we remove these cases).

### 5.6.2 Interpret your results: *How to create informative graphs*

While regression tables give you a lot of information, graphs bring your results to life and non-experts find them easier to understand if presented simply and labelled clearly. The wrong type of graph can cause confusion.

#### 1. What type of graph should you use?

**Bar charts** are one common way to present the results, with one bar for each trial arm. To indicate whether a result was statistically significant or not, we show the 95% confidence interval\* for each treatment arm, and small stars to indicate statistical significance (with \*\* for  $p < 0.01$ , \* for  $p < 0.05$  and + for  $p < 0.1$ ). The latter is important: without the confidence intervals, someone who sees the graph might conclude that your treatment had a positive impact, even if the difference was not statistically significant.

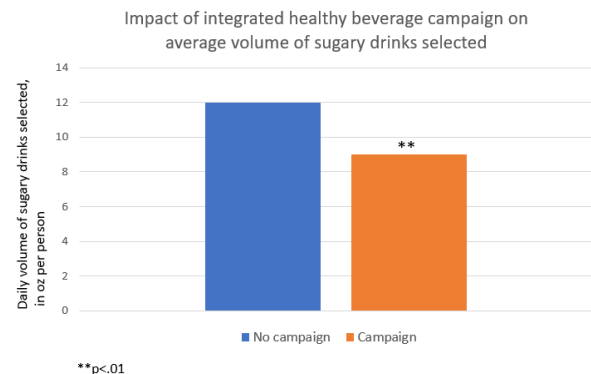
The bar for the Control group shows the average for the group. The bar for the Treatment group shows the Control group average plus the treatment coefficient. In our example, the average volume of sugary drinks selected by the Control group was 12 oz/day and the estimated treatment effect is 3 oz/day. The bar for the Treatment group would therefore have a height of 9 oz/day.

#### 2. What information should you include?

Always label your graph so that someone who doesn't know much about the trial can understand it without reading the report. This includes:

- A heading for the graph, e.g., 'Impact of integrated healthy beverage campaign on average volume of sugary drinks selected';
- A label for the y-axis (outcome variable), e.g., 'Daily volume of sugary drinks selected, in oz per person';
- Labels for the trial arms, e.g. 'No campaign and 'Campaign'.

Graphs should stand on their own without much additional explanation. They should use sensible scales that do not try to exaggerate effect sizes.



\* The 95% confidence interval is an interval around your estimated coefficient, for which you are 95% certain that the true value of the coefficient (e.g., of the treatment effect) lies between the upper and the lower bound. It can be computed using the following rule of thumb: *estimated coefficient + 1.96 \* standard error of coefficient estimate* for the upper bound and *estimated coefficient - 1.96 \* standard error of coefficient estimate* for the lower bound.

# Endnotes

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