SOCIAL AND BEHAVIOR CHANGE

Mercy Corps Approach

AUGUST 2020

Through social mobilization, community engagement, infrastructure development and behavior change communications, we foster positive individual and societal behavior change to improve well-being outcomes.

Social and behavior change (SBC) is a collaborative and transformative process. By empowering individuals, households and communities, improving knowledge, shifting norms and perceptions, and modifying structures and policies, SBC approaches facilitate positive individual and collective behavior change. Changes in other stressors -- political unrest, conflict, diseases, economic instability, or climate and environmental hazards such as natural disasters -- make SBC a critical part of program design, adaptation and impact. If SBC is not considered during program design there is a risk of limited behavioral change, insensitivity to social/cultural norms and further marginalization of specific groups, lack of sustainability, ownership and social accountability for well-being and program outcomes.

The SBC socio-ecological model (Figure 1) is a framework for understanding behavioral change and the importance of interaction of environmental and personal factors at different tiers of influence. These tiers include policy (national, state and local laws/regulations/guidance); institutional (organization and social institutions); community (traditional and religious leaders, social norms, relationships between organizations); interpersonal (families, friends, social networks); and individual (knowledge, attitudes, behaviors).

Mercy Corps' holistic SBC approach considers the wide range of societal and environmental factors that influence and contribute to individuals' behaviors, and tailors social and behavior change accordingly. It is therefore locally and contextually sensitive, drawing on different tools for different needs to address barriers (cultural/social norms, religious beliefs, rumors, disbelief in effectiveness of behavior, perceived/lack of benefit, economic limitations, value for effort) to public health and well-being at the individual, household, community, and societal level. When the Mercy Corps SBC Approach is integrated into program design, positive change is developed at all of these levels, helping develop stronger community governance and improving public health resilience.

Our Principles

Multi-level approach Using the socioecological model, we target social and behavior change at multiple levels within society based on the context in the country. Rooted in this model is the understanding that the culmination of one’s behavior is influenced personal experiences combined with risk perception, influences, norms and a host of other external factors within the multifaceted layers of the environment and social system and in order to create sustainable individual behavior change, programs must also address the social, institutional/organizational, community, interpersonal and individual level changes.
Audience/community-centered Through integrating our SBC assessment and approach, our program design process, program interventions and action plans are audience-centered and community-driven. This principle acknowledges the fact that each society has different social, cultural and religious norms as well as different shocks and stressors. Individuals have different knowledge, attitudes and beliefs which are shaped by human interaction in the form of communication between individuals and within communities which underpin their behavior and ability to change. Moreover, it recognizes that human behavior is messy and impacted by their environment, and the behavior change process takes time, is not linear and there are different stages to behavior change (no intention to change, awareness, preparation, action, maintenance, relapse). Not everyone starts at awareness, as people move from one stage to the next of behavioral adoption, they face different hurdles, need encouragement, support and social acceptance to push forward which require these multisectoral and complex approaches to target different layers in the system. By keeping program design audience/community-centered there is a greater likelihood that the approaches will be specific and more easily applicable and adopted for their needs resulting in longer term sustainability and better well being outcomes. We are intentional about who our audience is, the approaches, messages and entry points will be adapted to meet different audience needs and promote meaningful participation among diverse groups.

Evidence-based behavior change (and communications) is developed through a research-driven and consultative process that helps us to prioritise opportunities for interventions including communications and collaboration with other actors (e.g. peace and conflict, infrastructure) to make the journey easier. We design behavior change communications strategies (health promotion including hygiene, advocacy, communication for social change and mobilization, technology for development, and risk communications) grounded in evidence, best practices and diverse participant input, in order to address the drivers (incentives) or barriers (disincentives) influencing desired behavioral outcomes. The evidence-based process, including frameworks, theories and specific steps, is described in detail in the SBC Field Manual. The process is the roadmap that guides us to design programs that have the most influence on behavioral drivers and barriers, and to form strategies and messages to promote the desired behavioral and well being outcomes.1,2

Equity and inclusion We recognize that different groups of people have different power relationships that govern how they engage with others in the community and access information to support behavioral and social change. It’s important to get direct input from various groups based on a cross section of gender, ethnicity, race, class, ability, age, and socioeconomic and / or national and displaced status (e.g. displaced young adolescent girls who are of x ethnicity; host community elderly men with disabilities; etc.). This includes knowing each group’s likely entry points for outreach, channels and modes for communication, and motivations to participate. It also means understanding the power dynamics and different challenges they face related to their safety, dignity, and inclusion in order to adapt programming that will enhance their access and participation. Promote “Power With”: Social and behavior change often includes challenging power structures and relationships. Often we want to shift from a state of “power over”, in which behavior is dictated to a state of “power with”, in which everyone feels part of the process for change. Along the way to the “Power with”: there would need to be a process of finding the “power within”, in which individuals (including us) feel empowered and supported to suggest, do, and maintain our own contribution to the change. In Niger, through the Food for Peace food security and livelihoods program, girl-centered strategies have shown effectiveness at building girls’ knowledge on health and nutrition practices, reproductive health and financial literacy.

Our Approach
Balancing social and behavior change

Behavior change is often thought of from a behavior change communication lens to improve knowledge – providing information and changing peoples’ awareness or knowledge about a topic, or changing community perceptions to reduce stigma around a particular issue (e.g. infection or illness). While awareness is a necessary part of social and behavior change, it is not sufficient alone; programs require community engagement and social mobilization strategies and tools to foster societal, multi-generational change. Through our good governance approach, CATALYSE, we promote an enabling environment which fosters normative individual and community-led change through participatory decision-making and planning conjunct with other program components. By interweaving “soft” (e.g. handwashing awareness campaigns) and “hard” (e.g. installation and maintenance of community handwashing stations) program activities that are mutually reinforcing, our SBC approach enables behavior change that is more widely adopted and sustainable. Policy regulations can also be barriers to behavior change and require national or local level policy change to prevent system and environmental barriers to individual behavior change.

<table>
<thead>
<tr>
<th>Social Change</th>
<th>Behavior Change</th>
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<tbody>
<tr>
<td>Shifts in political, social and support systems, and social and normative beliefs</td>
<td>Shift in policies, infrastructure, and knowledge, norms and perceptions</td>
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<tr>
<td>● Community engagement</td>
<td>● Infrastructure development</td>
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<tr>
<td>● Social mobilization (community-level); Advocacy (public leaders and decision-makers)</td>
<td>● Social and behavior change communication (SBCC)</td>
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Most programs have a combination of approaches from advocacy and social mobilization to community engagement and SBCC, and infrastructure development depending on the context and the desired behavior change.

Social mobilization is the process of bringing together allies to raise awareness and demand for something - a program, behavior, a need in the community. It gives voice to members of communities and creates grassroots awareness raising and demand for resources and behavior change for lasting change. It aims to secure community-based support. Social mobilization can be facilitated by groups such as youth, women’s, professional networks, community health workers, etc. as well as community-based organizations and non-governmental organizations, to advocate for the services and resources needed for a healthier life. In Jordan, for example, Nubader Advancing supports adolescents and youths to develop films about peace and tolerance. Social mobilization impacts individual behavior change because it generally includes interpersonal communication with specific target individuals. In Uganda, the Karamoja Food and Nutrition Security program mobilized change agents including frontline workers and members of community-based organizations to negotiate aspects of social and behavior change that
had been identified as barriers to improved food security and nutrition with community members through using the Make Me a Change Agent resource. Another element of the program empowered male change agents, building on masculine norms, and improved not only household behaviors, but also community dynamics around workload, decision making and domestic violence. In Iraq, during COVID-19, community action committees in Salah al-Din governorate launched a multi-channel public health campaign and reached 20,000 people with health and hygiene information.

Advocacy: While social mobilization can influence local governments, advocacy efforts (e.g. parliamentary debates, political events, press conferences, news coverage, TV or radio talk shows, partnership meetings, celebrity influencers and official memoranda) are generally part of a behavior change approach toward public leaders and decision-makers.

Community engagement can happen in many ways, and includes participatory problem solving that is community-led to identify problems, propose solutions and develop social accountability mechanisms to empower people to act on them. Initial assessments using the CARM techniques set the stage for program participation. Our CATALYSE approach empowers local governments, public agencies and communities to design impactful social programs by promoting citizen engagement and ensures adherence to governance principles (accountable, transparent, accordance with the law, inclusive and equitable, participative, efficient, effective and responsive). To understand the capacities, we collaborate with community members in participatory, locally-driven processes of problem identification, and action planning building on local resources and accountability measures. A health application of CATALYSE is Mobilising for Health that supports communities in responding to COVID-19 and can be adapted to other health interventions and public health emergencies. Additional examples of community engagement programs include: Prep II in Pakistan, the program supports community education committees to develop improved policies, referral systems, community engagement and life skills, to improve protection and psychosocial wellbeing of Afghan refugees and host community students in 30 Pakistani schools; and in Liberia, during the Ebola outbreak, we implemented the Ebola Community Action Platform for communities to develop local action plans, and for our partners who used the Listen, Learn, Act methodology to train 15,000 community communicators to educate and support their villages in response to the outbreak.

Social/Infrastructure development includes both social infrastructure in the form of social networks of decision makers and governance and local leadership as seen in increasing the adoption of good governance norms by decision-makers seen in Myanmar through the Promoting Sustainable Peace and Resilience program to enable long-term behavior change, as well as physical structures. There is also the overlap of the two with how physical structures enable social networks, for example, if a building enables the presence of local leaders it could nurture and support social networks. Physical structures or infrastructure development can also enable behaviors to physically happen, or not (e.g. handwashing stations). Infrastructure development also includes programs like the Inclusive Education project in Jordan which provides adaptive equipment for students with disabilities to participate in classroom and play, they also make sure that all elements are integrated including class setup, how they teach the curriculum, and playtime on the playground with adaptive equipment. One of the most encouraging outcomes is that when it is play time all the kids go out to play in the playground together and there is no separation between the children with disabilities and the other children. Behaviour change through promotion of improved hygiene is at the core of any infrastructure development project, and is the best incentive for community participation and buy-in. For example, in DRC, the IMAGINE program aims to improve diarrheal disease among children under five, through integrated

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Interventions improving infrastructure, service delivery and governance, and behavior change communication interventions that will increase access to sustainable, quality water services in two cities in eastern DRC.

**Social and behavior change communications** (SBCC) is the strategic use of communications to influence norms, perceptions, knowledge and action. It is based on specific behavioral objectives, and is a multi-channel approach (e.g. a combination of community engagement, mass and social media and interpersonal communication including social mobilization techniques) targeting individuals and their influencers. Some examples include when we partnered with PeaceTech Labs just before the 2017 elections in Kenya to implement an SMS risk mitigation communication program to reduce election-related violence. In Haiti, the team developed the LAVE Infoline to provide COVID-specific information to reduce stigma for those with (symptoms of) COVID-19 and to provide information for parents of young children, caregivers of those with disabilities, those potentially suffering from domestic or sexual abuse. In Indonesia, in response to COVID-19, hygiene promotion activities and handwashing facilities are coupled with the flood response. In Kyrgyzstan, best practices in nutrition, sanitation and hygiene are promoted through capacity building and community outreach approaches using mass media and social media platforms, especially during the COVID-19 pandemic.