



TECHNICAL GUIDANCE

COMMUNICATION FOR DEVELOPMENT PROGRAMMES ADDRESSING VIOLENCE AGAINST CHILDREN

Communication for Development (C4D) Working Paper Series

*TECHNICAL GUIDANCE FOR COMMUNICATION
FOR DEVELOPMENT PROGRAMMES ADDRESSING
VIOLENCE AGAINST CHILDREN*

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FOREWORD

Despite a clear legal and ethical imperative to protect children, Violence against Children (VAC) remains pervasive. It affects millions of children every year, in their homes, communities, schools, workplaces, in detention centres and childcare institutions, and online. It can have long lasting, and often lifelong, negative effects. The vast majority of children never speak out about their experiences and even fewer receive the services they need to recover.

When the global community adopted the Sustainable Development Goals (SDGs) in 2015, targets were set to eradicate all forms of violence, abuse, exploitation and trafficking against boys and girls, as well as harmful practices by 2030. There is increasing recognition that VAC places a long-term burden on health and social services, undermines investment and development in other sectors (such as health, early childhood development, nutrition and education) and constrains economic growth. Conversely, investment in ending violence against children and women can accelerate development across all the SDGs.

Violence against children encompasses
“all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”

(ARTICLE 19, UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD).

Transforming social norms that condone or facilitate VAC or prevent child victims from accessing support, and reinforcing positive norms that protect children from violence, has been increasingly recognized as crucial by the global community – it is, for example, one key strategy of the INSPIRE package for ending violence against children (WHO, 2016).

UNICEF has a critical role to play in ending VAC and achieving the SDGs. It is a leading global agency with the profile, reach, expertise and mandate to achieve impact at scale. Building on its expertise and technical leadership in Communication for Development (C4D), UNICEF is also well placed to lead on innovation and best practice in shifting

social norms related to VAC. C4D is indeed integral to UNICEF’s VAC programmatic approach under the Strategic Plan 2018-2021. Changing social norms is also embedded in the VAC Theory of Change, as a stand-alone outcome, and as a cross-cutting strategy that influences all other outcomes.

Even so, the evidence and documentation of C4D best practices to address VAC is limited. There is an urgent need to improve access, dissemination, systematization, and use of data and evidence on social and behaviour change and community engagement to promote protective practices. In recent years, several efforts have been undertaken to strengthen this evidence-base. Yet there are few such efforts focused on VAC.

This publication is part of a package of evidence and tools that includes: a systematic review of C4D interventions to address VAC, an evidence review of randomized controlled trials, this *Technical Guidance* for C4D programmes addressing VAC, and training materials related to the Guidance. This suite of materials is a result of UNICEF’s investments in C4D capacity and its collaboration with Drexel University to strengthening the evidence-base on what works for preventing and responding to VAC through C4D. Several UNICEF offices are using these resources to develop country roadmaps and strengthen their strategies to address VAC through robust C4D programming. We hope that more UNICEF offices, governments, partner agencies, and others working in this area will find this package useful. We hope that it will also provide the hard evidence that governments and development agencies need for scaling up efforts to reduce violence against children.

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The authors are also grateful for the inputs from participants from three regional workshops: the first of these, hosted by the East Asia and Pacific Regional Office (EAPRO), was held from 17 to 19 November 2015 in Bangkok, Thailand, with 25 participants from 11 countries, including Chiefs of Child Protection, Communication and C4D, and Child Protection and C4D Specialist and Officers. The second workshop was held from 21 to 25 May 2018 in Tbilisi, Georgia, and was hosted by the Europe and Central Asia Regional Office (ECARO). There were 23 participants representing the child protection, communication, and C4D sections of 13 ECARO countries. The third workshop was hosted by the Latin America and Caribbean Regional Office (LACRO), and was held in Panama City, Panama, from 20 to 24 August 2018, and was attended by 39 participants from the child protection, communication and C4D sections from 19 countries.

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Overview

This publication presents the basics of researching, planning, monitoring and evaluating Communication for Development (C4D) interventions, and offers guidance on how such interventions can be used to address violence against children (VAC). It covers the stages of the C4D programme cycle, emphasizing the role of research and strategic planning in achieving results.

Several planning models exist to guide practitioners in the design and evaluation of C4D programmes. While there is no consensus on which planning model works best, there is general agreement that certain steps such as planning, designing, and monitoring and evaluating (M&E) are required and must occur in a sequential manner. However, existing models do not always capture the importance of integrating research in each of these planning steps (UNICEF, 2008a).

The UNICEF C4D planning cycle consists of five stages. These have been grouped into three main sections to create the **C4D Programming Approach** (see *Figure 1*), which has been developed specifically for this resource. This framework approaches C4D programming as a cycle of three sequential phases: **Plan**; **Design and Deliver**; and **Evaluate**. Within each phase, there are a number of **Actions** and **Achievements** (see *Figure 2*):

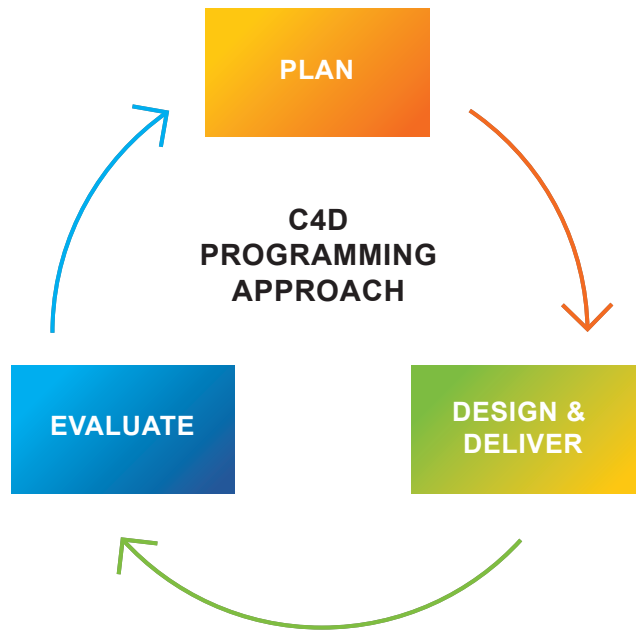
- ✔ Actions are the steps that need to be completed in each phase. For example, 'carrying out a situation assessment' and 'setting goals and objectives' are two of the six actions in the Plan phase.

- ✔ Achievements refer to the deliverables that need to be completed in one phase before moving on to the next one. For example, a C4D strategy and M&E plan should be ready at the end of the Plan phase before progressing to the Design and Deliver phase.

STRUCTURE OF THIS TECHNICAL GUIDANCE

This *Technical Guidance* starts with an **Introduction** to what C4D is and its role in addressing VAC, and the importance of participation throughout the process. We then look in some detail at each of the three phases in the **C4D Programming Approach** – **Plan, Design and Deliver**, and **Evaluate**. For each phase in turn, we offer examples of innovative or evidence-based interventions from diverse contexts, as well as the authors’ own experiences across the world, to illustrate **good practices** in C4D efforts addressing violence. At the end of each chapter, we address various myths and commonly held **misconceptions** about evidence-based C4D planning, and include a set of key **recommendations**.

Figure 1: C4D programming approach



This publication is accompanied by a **Roadmap** that has been utilized in three face-to-face five-day workshops for UNICEF Communications, C4D and Child Protection staff in the East Asia and Pacific Regional Office (EAPRO), Europe and Central Asia Regional Office (ECARO), and in the Latin America and Caribbean Regional Office (LACRO).

Figure 2: C4D programming approach with actions and achievements





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1. Introduction

Violence against children exists in every country, affecting all sectors of society irrespective of class, culture, education, income or ethnicity. VAC takes many forms and varies in severity; it includes childhood neglect, corporal punishment, child marriage, child labour, trafficking, and sexual exploitation and abuse, among others.

The type of violence is influenced by political, economic, cultural and social factors, and it is all too often socially sanctioned, silently accepted, unrecognized or overlooked. All forms of violence, whether physical, emotional or sexual, have negative impacts on the child's physical growth and psychosocial well-being, and are a violation of their human rights. As the UN Secretary General's Study on Violence Against Children emphasizes, no violence against children is justifiable; all violence is preventable (United Nations, 2006). This *Technical Guidance* seeks to build capacity for VAC prevention and response by focusing on the fundamentals for the planning, research, monitoring, and evaluation of C4D interventions that tackle the spectrum of VAC issues.

IMPETUS FOR THE TECHNICAL GUIDANCE

C4D has been used extensively for health and development issues for several decades,

predominantly by building on a wide empirical and theoretical knowledge base in the field of health communication. Communication interventions addressing child protection and violence prevention have tended to focus on awareness-raising, and in many cases have not been systematically planned or rigorously evaluated.

The Programme Division at UNICEF Headquarters in New York commissioned a systematic review to answer the following research question: ‘*What are the effects of C4D to address VAC?*’ The review found limited reliance on theory of change models to understand and address VAC, a paucity of interventions at scale using multiple C4D approaches to promote social and behaviour change, and the absence of robust evaluation data on the effectiveness of C4D approaches. The systematic review of 302 manuscripts revealed the following key evaluation findings (Sood and Cronin, 2019):

- ✔ Only 17 per cent of interventions provided information on formative evaluation processes.
- ✔ Only 14 per cent of interventions discussed process evaluations.
- ✔ Few evaluations used participatory research methods.
- ✔ Impact evaluations from low- and middle-income countries were lacking.

These findings underscore the need for guidance to promote participatory, evidence-based strategy design, programme implementation and evaluation. This publication seeks to fill that need.

PURPOSE OF THE TECHNICAL GUIDANCE

By working through this *Technical Guidance*, readers, primarily staff involved in child protection, communications, communication for development, and monitoring and evaluation, will build their capacity to:

1. **Design evidence-based C4D interventions** using formative research, applying social

and behaviour change theories, and defining measurable objectives and indicators;

2. **Build on global best practices** on C4D and VAC through a review of diverse interventions that have demonstrated impact across different VAC issues;
3. **Measure progress** using process and behavioural monitoring;
4. **Assess change** by designing outcome evaluations that use both qualitative and quantitative methods; and
5. **Engage participants** including children, families, communities and networks at various levels of programme design and evaluation activities.

DEFINING COMMUNICATION FOR DEVELOPMENT

Communication for development is defined as an evidence-based and participatory process that facilitates the engagement of children, families, communities, the public and decision makers for positive social and behavioural change in both development and humanitarian contexts through a mix of available communication platforms and tools. It draws on learnings and concepts from the social, behavioural and communication sciences (UNICEF, 2019). Central to C4D is the idea that **communication is a dialogue, a two-way process that enables community stakeholders to be involved in decisions relating to them, and enabling solutions and messages to be locally contextualized and culturally relevant.**

C4D entails the sharing of ideas and information, and the use of mass media, social media, community engagement and dialogue to enable and empower individuals and communities to participate in decisions that affect them. Participation and empowerment are central to the collective social change required to prevent and respond to violence. In order to address the deep-seated normative aspects of VAC, a holistic social and behaviour change approach is required. Think, for example, about the issue of corporal punishment:

the behaviours of parents and teachers clearly need to change, but there is also a need for changes in broader society to create a culture of non-violence in homes, schools and communities, and to establish national policies supportive of non-violent discipline. In order to change issues as complex as VAC, we need to use long-term approaches that enhance the knowledge and skills of both children and adults to discuss and negotiate options, and to act on the information they gain.

THE ROLE OF C4D IN ADDRESSING VAC

C4D can play a key role in preventing violence: by raising awareness of the negative impacts of violence, enhancing knowledge and skills for alternative actions, engaging communities in violence prevention, and promoting a culture where no form of violence against children is tolerated. Communication must include the marginalized children who are especially vulnerable to violence, such as children with disabilities, or those from ethnic minorities, those living on the streets, those living in conflict with the law, refugees, and other displaced children (United Nations, 2006). Overall, C4D can address both the prevention and response dimensions of child rights violations by generating awareness and dialogue, building confidence, promoting protective social norms, garnering commitment, and encouraging actions by families, communities, and children themselves to end such practices.

Globally, and within UNICEF, C4D has been pivotal to the success of efforts of recent decades to promote children's health, nutrition, sanitation, education and numerous other human rights issues. Communication can inform, influence, motivate, engage and empower. Specifically, with regard to violence, communication can:

- ✔ Improve understanding of what constitutes VAC and how it impacts children, families and communities;
- ✔ Raise awareness about the interlinked nature of VAC, especially among vulnerable groups;

- ✔ Increase knowledge and skills related to preventing and responding to violence;
- ✔ Strengthen capacity and confidence of individuals, families and communities to demand and use available VAC-related services;
- ✔ Enhance skills to voice perspectives and negotiate safer choices;
- ✔ Transform the attitudes that normalize and accept VAC;
- ✔ Break the culture of silence around violence;
- ✔ Promote new norms where all children are better protected, cared for and respected;
- ✔ Transform existing power structures and patterns of discrimination based on gender, ability, ethnicity or background;
- ✔ Create an enabling environment where homes, schools and communities are safe spaces for children to grow, learn, play and thrive;
- ✔ Promote the social responsibility to prevent violence; and
- ✔ Advocate for policy changes related to VAC.

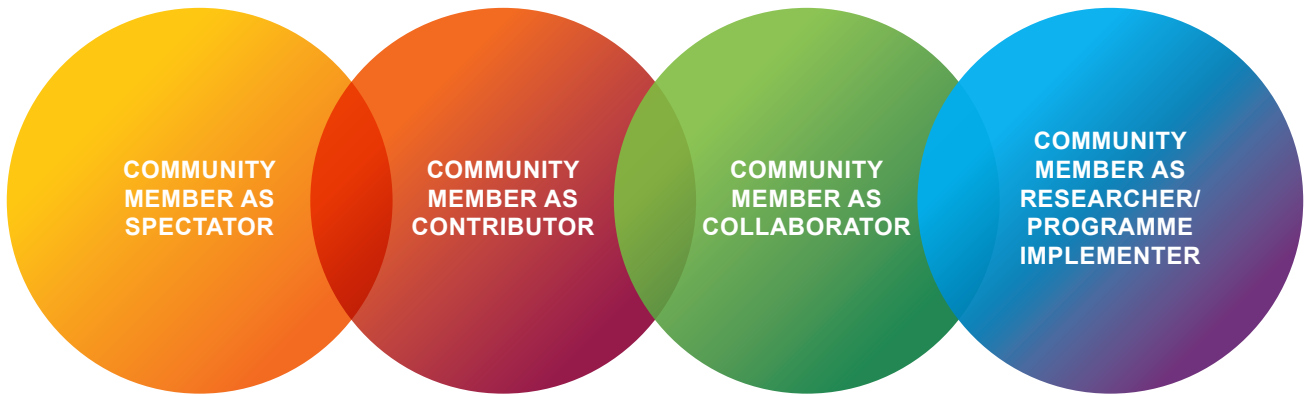
THE SPECTRUM OF PARTICIPATION

Participation is a critical component of social and behaviour change communication. Participatory approaches enable the voices of community members to be heard throughout the change process. Participatory approaches for both programming and research fall along a spectrum with varying degrees of participation or involvement by community members (see Figure 3).¹

At one end of the spectrum, community members are mere spectators to the research or programming process, as academic or

¹ Adapted from the audience spectrum of involvement (Brown, Novak-Leonard and Gilbride, 2011).

Figure 3: Spectrum of participation



governmental researchers gather information and opinions from community members about a given issue. While community members provide data to guide research or programming, they have little voice or role in the process.

At the next level, community members are contributors. Researchers or programme planners create minimal opportunities for community members' voices to be heard, thereby allowing them to contribute to the design or direction of the research or programming efforts. One example of this is organizing a community meeting to understand what issues are important to a community, but with this being the only form of engaged interaction.

At the next level of participation, community members are collaborators or co-creators. In this scenario, community members are engaged as programme or data providers, collectors, and interpreters. Decision-making is shared equally between outsiders and community members and a true partnership is fostered. Both parties co-create the project and are involved in the research or programming process from the outset to the conclusion.

Finally, at the other end of the spectrum, community members are in fact the researchers or programme implementers. Projects are driven completely by community members without the involvement of outsiders. One example of this is local groups using community-building approaches to end the practice

of female genital mutilation (FGM) (KU Work Group for Community Health and Development, 2015).

THE VALUE OF PARTICIPATORY APPROACHES TO ADDRESS VAC

Violence against children affects, among others, vulnerable and marginalized populations. The multi-vocal nature of participatory approaches provides platforms through which these oft-ignored individuals can speak and be heard. Listening to their voices offers insights that help build sustainable interventions from the ground up.

Moreover, community members can and should include children and adolescents. More often than not, C4D activities addressing child or adolescent issues fail to meaningfully engage these vibrant and creative individuals in the programme design or research phases. The extent to which children are encouraged to participate in the research or programming process can range from being involved in decision-making processes, to participating in focus groups, conducting interviews, and even leading community mapping activities (Laws and Mann, 2004). Doing so requires training and adult support, but it is a worthwhile endeavour. Participatory approaches can empower youth with an array of knowledge and skills, building their capacity to lead, think critically, engage in dialogue and solve issues beyond VAC. In many ways, participatory approaches with youth have the potential to lay the foundation for a better future for everyone.²

² For more on participatory research, see pgs. 110-111 of Lennie and Tachi (2011): http://www.unicef.org/cbsc/files/RME-RP-Evaluating_C4D_Trends_Challenges__Approaches_Final-2011.pdf



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2. Plan

Creative programmes, catchy slogans and attractive materials are often seen as key components of communication interventions, but it is important to recognize the science behind communication, including the planning and evidence that goes into creating these programmes. It is vital to build on evidence, existing theories of social and behaviour change, and robust research in every stage of the C4D planning process, balancing the science with the art of communication.

SITUATION ASSESSMENT: UNDERSTANDING THE CONTEXT AND OUR AUDIENCES

To be effective, our C4D strategy needs to be based on a situation assessment, which has to be done first in the planning process. The situation assessment serves several functions: to understand why the situation exists (i.e. the structural and root causes), to identify community members' needs and priorities, and to ascertain the barriers or facilitators of change. This information is essential for establishing programme goals, objectives and indicators; for designing messages and materials; and for preparing the programme for the outcome evaluation. A situation assessment, also known as formative research, can answer some of the questions (see *Table 1*).

A good situation assessment will use both primary and secondary data sources, will incorporate multiple viewpoints, draw upon qualitative and quantitative methods, and engage programme participants in the assessment. *Figure 4* details the five steps of a situation assessment. With situation assessment data in hand, we will have a complete picture from the audience's perspectives about where the gaps are, what strengths currently exist, what opportunities can be leveraged, and what our resource needs are. We must be sure to obtain informed consent from participants and review the section on research ethics in **section 5** (Final

Table 1: Examples of questions formative research can answer

QUESTION	EXAMPLES
What is known about the issue?	Types of violence, prevalence or severity
Who are the most affected or vulnerable populations?	Geography or demographics
What do we know or not know about the participant group's knowledge, attitudes, practices, skills and behaviours?	Knowledge of the impacts of violence, attitudes towards seeking formal services, and level of confidence to disclose or report violence
Who can influence or impede the desired change?	Key influencers such as village chiefs, teachers, health workers or local organizations
What programmes and services already exist?	Hotlines, referral mechanisms, community support groups
What channels of communication do people use, like and trust?	Mass media, social media, interpersonal networks
What are the barriers to accessing these services or programmes?	Stigma associated with disclosure, attitude of service providers, or lack of trust in services
How do social norms influence the issue?	Examine norms relating to gender, age, ability, ethnicity, etc.

considerations and conclusion) before undertaking any research, especially if it involves children.

Existing data on VAC can be difficult to find. Some quantitative data sources are readily available (see *Text box 1*). For qualitative data, we can look through research that spans the social science disciplines for anthropological, ethnographic, sociological and even gender studies that dive deeper into the factors driving VAC, and provide more nuanced data on the personal and emotional experiences of survivors. After reviewing available resources, we will have a better sense of the type of primary data that we need to collect in order to paint a full picture of our audience's daily lives.

The situation assessment is also a perfect opportunity to involve community members in the research and planning process using participatory approaches. In so doing, community members are able to voice what kind of change they would like to see, and how they would like to see it achieved, which in turn can help catalyse change from within.

Text box 1: Quantitative VAC data - where to look

Where to start looking for VAC data

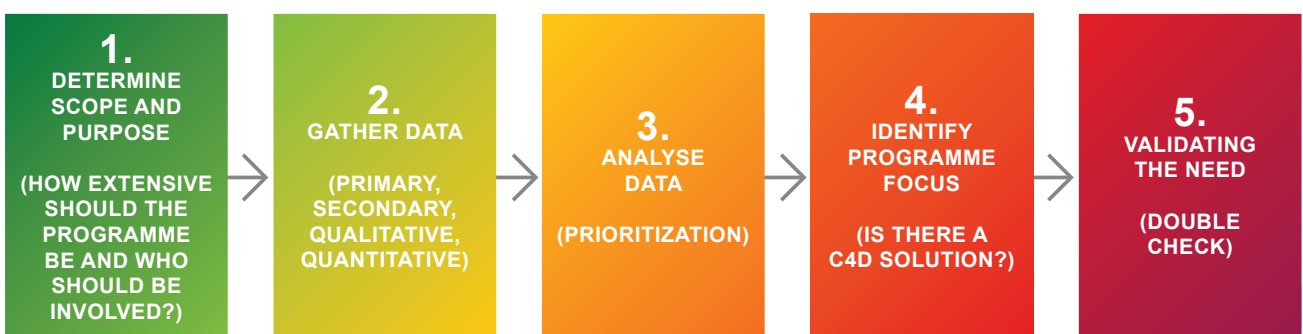
Reviewing existing data sources is a good way to start getting a 'lay of the land.' There are six international programmes that routinely collect quantitative data relevant to child protection issues:

- Multiple Indicator Cluster Survey (MICS)
- Demographic and Health Survey (DHS)
- Living Standard Measurement Studies (LSMS)
- Statistical Information and Monitoring Programme on Child Labour (SIMPOC)
- Global School-Based Student Health Surveys (GSHS)
- Health Behaviour in School-Aged Children Surveys (HBSC)

Appendix A contains an overview of the six international programmes and their relevance to VAC and where to access such data.

We must remember to seek inputs from those most disadvantaged so that prioritized issues and proposed solutions reflect a diverse range of experiences and standpoints.

Figure 4: Situation assessment steps



PROGRAMME SPOTLIGHT 1:

Using formative research to inform programmes

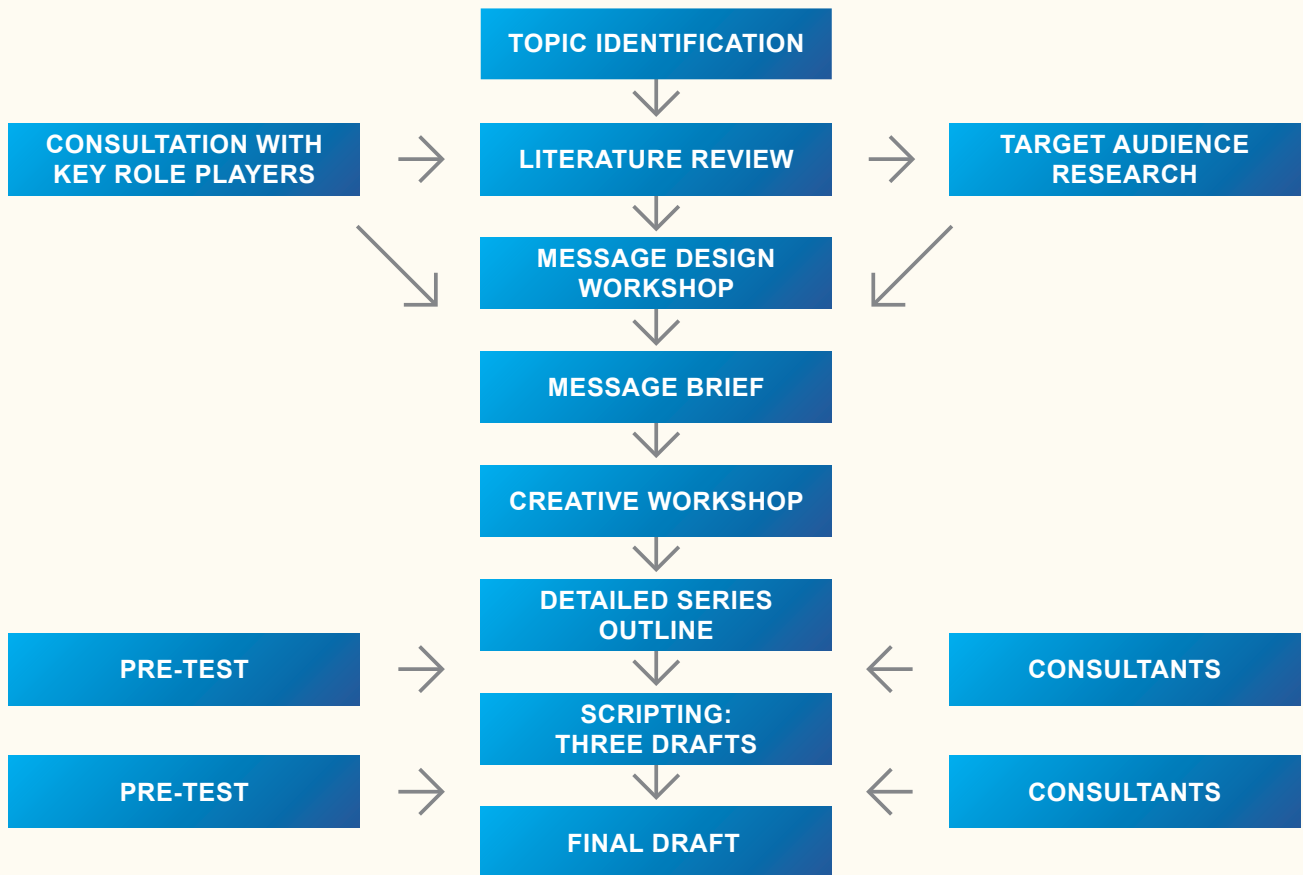
The Soul City Institute in South Africa aims to improve health and development outcomes by leveraging the power of media, advocacy and social mobilization (Usdin et al., 2005). They produce high-quality entertainment-education³ material to inspire individual, community and societal change. Since 1994, Soul City has produced a succession of TV series covering a wide range of issues, including maternal and child health, HIV prevention, domestic violence, and alcohol abuse. The cornerstone of the model has been their heavy focus on research and evaluation. In 1999, Soul City's fourth series addressed violence against women (including domestic violence and sexual harassment), as well as HIV/AIDS (including date rape), small business development and personal savings and hypertension. As with all Soul City productions, the fourth series followed a multi-step formative research process (see Figure 5).⁴

The 18-month formative research process included stakeholder consultations, a literature review, case studies of abused women and perpetrators, general audience research and workshops with the National Network on Violence Against Women (NNVAW), a coalition of activists and community organizations (Usdin et al., 2005). Amongst those consulted were men – including perpetrators

– in order to realistically engage and incorporate the male perspective. The formative research findings highlighted the patriarchal attitudes that sanctioned domestic violence, the overall apathy of health workers, judiciary and police, and the perception that violence was a private affair. All these insights were translated into message briefs for the production team, which were then further refined at a creative workshop that included the creative team, NNVAW members and survivors, and perpetrators of domestic violence. The idea to create a safety net to protect women from further harm by creating a toll-free helpline and promoting it in all material and activities also arose from the formative research.

The script writing and production process had additional levels of research embedded within it. The draft outlines and the full script were pretested to ensure they resonated with the audience. For instance, the pretesting showed that the male protagonist was seen as 'too monstrous' and too far removed from the reality of the male viewers, requiring refinement of the storyline to portray the perpetrator as a respected person, someone whose family went through happy and not-so-happy times akin to many other families (Usdin et al., 2004).

Figure 5: The Soul City formative research process



³ Entertainment-education is a communication approach that addresses a development issue by incorporating educational messages into an entertaining format. This approach entails using different activities and channels across the social ecological model to foster behaviour and social change.

⁴ Adapted from presentation by the Soul City Institute at the UNICEF and Ohio University C4D Workshop, University of Witwatersand, Johannesburg, South Africa, August 2015.

CONCEPTUAL MODELS

A theoretical framework enables us to examine the ‘what,’ ‘how,’ and ‘why’ of an issue. It provides a blueprint of the building blocks needed to guide us as we establish the goals, objectives, indicators, intended audiences, approaches, channels and messages for our intervention.

Social and behaviour change theories provide us with the conceptual tools to plan social and behaviour change strategies. They allow us to build on an existing knowledge base of why a situation exists and what may help us change it. By drawing upon social and behaviour change theories, we can plan, implement, and evaluate more robust interventions.

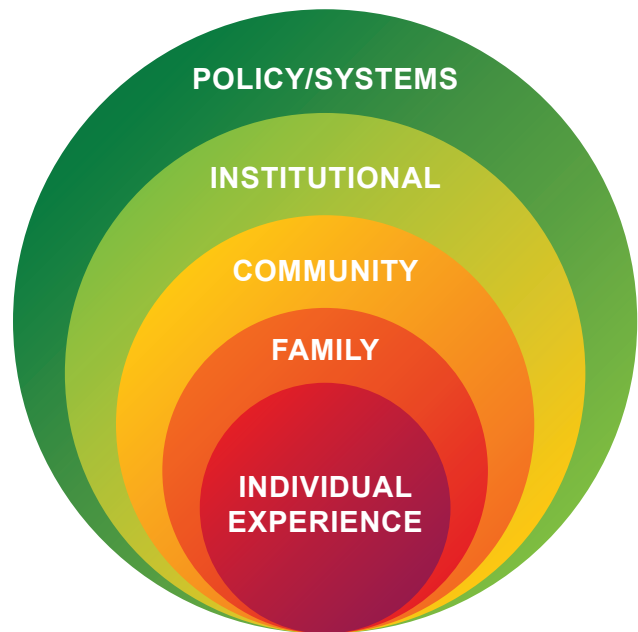
Social and behaviour change theories should not be confused with a theory of change, which focuses on the pathway through which an expected change will occur, and is often mapped visually, as a series of steps needed to achieve the expected end result. Whilst a theory of change is a simplification of a complex reality that provides a blueprint for achieving long-term goals (UNICEF, 2015b), social and behaviour change theories work within this blueprint as a guide for how we might reach these goals.

Social ecological model

The social ecological model (SEM) posits that an individual is embedded within a dynamic social system (McLeroy et al., 1988). The SEM divides society into levels of influence: individual, family, community, institutional and policy/ systems (see *Figure 6*). These levels interact in such a way that an individual’s behaviour is shaped by what others do, by the social norms, and by whatever policies and systems are in place. At the same time, the actions of the individual can shape what occurs at other levels. Thus, for social or behaviour change to occur, intervention is needed at multiple levels.

We can use the social ecological model as an overarching framework for improved planning, implementation, and evaluation of C4D programmes. The SEM is a meta-model, meaning that each level in the model encompasses constructs from different conceptual models. When putting the SEM into practice, we use constructs specific to each level

Figure 6: Social ecological model



that we are seeking to influence. For instance, a community-based approach could be grounded in the community readiness model to identify where a community stands along a continuum of change. Interpersonal approaches could be informed by the health belief model, social cognitive theory, and/ or other interpersonal level theories. To better understand this, *Table 2* provides a definition, relevant constructs, intervention approaches, and a programme example for each level of influence.

CHOOSING WHAT MAKES SENSE

There is a multitude of social and behaviour change theories from which to choose, and there really is no right or wrong theory (or theories) to use. According to the National Cancer Institute (2005), a theory is useful if it makes assumptions about a behaviour, a problem, an intended population, and/ or an environment that are:

- ✔ Logical,
- ✔ Consistent with everyday observations,
- ✔ Similar to those used in previous successful interventions, and
- ✔ Supported by past research in the same area or related ideas.

Table 2: Levels of influence in the social ecological model - violence against children

LEVEL OF INFLUENCE	DEFINITION	CONSTRUCTS	APPROACHES	PROGRAMME EXAMPLE
Individual	Identifies individual characteristics or factors that increase the likelihood of experiencing violence or being a perpetrator of violence	Knowledge, attitudes, beliefs, perceptions, self-efficacy	Education and life-skills training build efficacy	The Ishraq ('enlightenment') programme: developed girl's skills, increased their self-confidence, and leadership abilities
Family	Examines relationships (family, friends, peers) that increase the risk of experiencing or perpetuating violence	Social support, social identity, role definition	Conflict resolution, problem-solving, promote dialogue and discussion	KiVa programme: used a bystander approach to provide skills, actionable information, and tools to address an issue
Community	Looks at connected groups either based on geography or other common characteristics to determine what factors are associated with likelihood of experiencing violence or being a perpetrator of violence	Collective efficacy, social networks, community connectedness, level of safety, social and cultural norms	Address norms and community engagement	Tostan: is a community-based education programme that addresses health, FGM, violence, and child marriage
Institutional	Looks at places such as schools and workplaces to see what resources can be leveraged to address violence	Organizational cohesiveness, networks, connectedness	Create safer school environments and workplace interventions	KiVa programme: uses the whole school approach to address bullying in schools
Policy/ systems	Assess broad societal factors that perpetuate a culture of violence	Social and cultural norms	Advocate for VAC policies	UNiTE campaign: promoted the adoption and enforcement of national laws and policies on violence prevention

CATEGORIES OF THEORIES

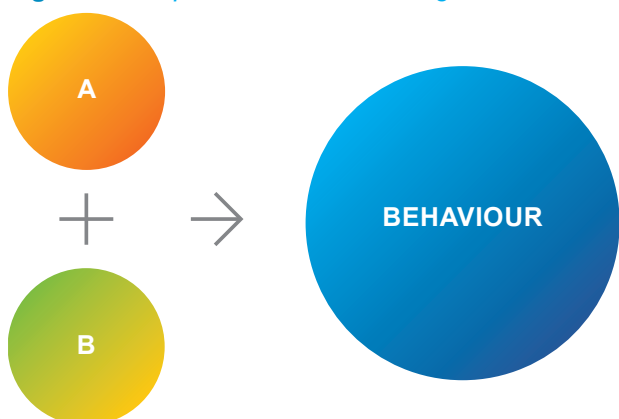
The many social and behaviour change theories can be categorized into two groups: continuum of change theories, and stages of change theories.

See *Appendix B* for a summary of the most commonly used social and behaviour change theories and how they apply to VAC.

CONTINUUM OF CHANGE THEORIES

Continuum of change theories identify variables that influence action and combine them into a predictive equation. *Figure 7* shows a simple version of a continuum of change theory: if factors A and B are addressed then the behaviour is likely to be performed.

Figure 7: Simple continuum of change model



STAGES OF CHANGE THEORIES

Stages of change theories focus on the process that individuals go through when deciding, adopting and maintaining behaviours. Stage theories lay out different pathways to change marked by a unique and clear set of steps. *Figure 8* shows a simplified model of stages of change theories.

Figure 8: Simple stages of change model



PROGRAMME SPOTLIGHT 2:

Theory-driven C4D strategy

An interesting example of a theory-driven strategy is the *Communication Strategy to End Violence and Unnecessary Family Separation in Cambodia*.⁵ In this, a unique communication-centred framework was developed that built on well-established social and behaviour change communication processes and operationalized a range of change theories that function at individual, interpersonal and community levels. Referred to as the *Cambodia PROTECT Framework*, it builds on what has worked globally in various areas of VAC, including efforts to end child marriage, domestic violence and bullying, and is well-suited to preventing and responding to both violence and family separation (Ellsberg et al., 2014; Usdin et al., 2005). Overall, the framework promotes an environment where no form of VAC is accepted, and all relevant duty-bearers or stakeholders take

positive actions to protect children from neglect, harm, abuse and violence (see Figure 9).

The elements follow a sequential flow of knowledge, awareness, skill, capacity, confidence, commitment and action, and are specifically designed to address both prevention and response dimensions of VAC. This conceptual framework was applied to the development and planning of all aspects of the strategy. The framework guided the communication objectives, which in turn were converted to measurable objectives and indicators. The framework also fed into the proposed messages and activities. Building on a common framework for the strategy design and M&E framework ensured that measurement aspects were well integrated and considered concurrently with the design.

Figure 9: Cambodia PROTECT Framework



⁵ Prepared by Rain Barrel Communications for UNICEF Cambodia in 2017 and submitted to the Royal Government of Cambodia for validation and implementation over the next five years.

THEORY OF CHANGE

A theory of change is often mapped visually to articulate the process through which the expected change will occur. A theory of change outlines the range of required approaches, demonstrates how these approaches complement and supplement each other, provides a basis for identifying common indicators to monitor progress, and illustrates results that need to occur to achieve desired changes. A theory of change is therefore a foundation upon which we can build consensus about actions needed to address a problem in the short, medium and long-term. A basic theory of change is a roadmap of where we want to go (desired results), how we are going to get there (the inputs, activities, and outputs directly associated with activities), and those things we have to account for during the journey (assumptions and external factors).

Text box 2: Understanding a theory of change

One helpful way to understand a theory of change and grasp its utility is by thinking of it as a series of 'if-then' statements. Working from left to right:

- If we have all the listed inputs (resources), then we can carry out all the desired activities.
- If we conduct these activities, then we can achieve specific outputs to reach our intended audience.
- If we reach our intended audience, then we can expect to achieve the stated results.

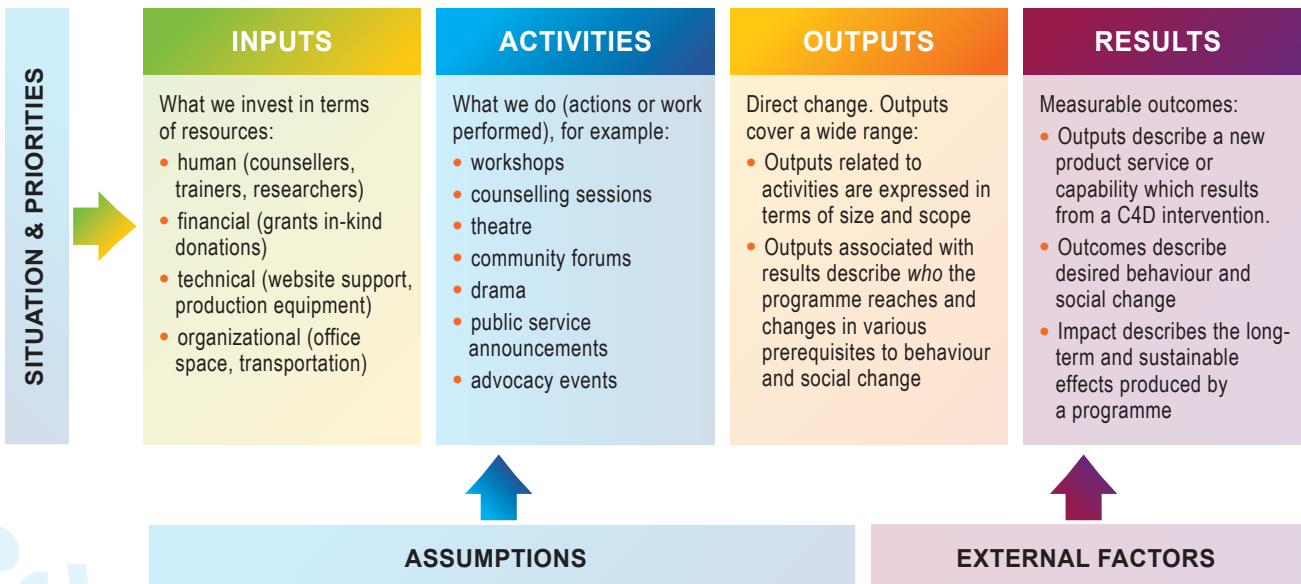
Figure 10 provides a visual representation of a basic theory of change.

A theory of change represents an ideal, outlining all the resources, activities and individuals we need to reach to bring out the desired results. Reality rarely works so smoothly, however. It is therefore important to consider what (1) **assumptions** our theory of change is making about an issue and the programme, and (2) what **external factors** may impact the desired results.

Assumptions can be drawn from formative research. By reviewing existing literature, conducting a needs assessment and analysing findings from a baseline, we can build a comprehensive picture of the daily realities in a community. Some examples of assumptions relevant to VAC interventions using C4D approaches are provided below:

- ✔ Girls want to finish secondary school instead of getting married (as done by female lead characters they watch on television);
- ✔ Parents have a limited understanding of child development;
- ✔ Teachers recognize bullying as an issue and are willing to participate in an anti-bullying intervention;
- ✔ There is government support to address human trafficking;
- ✔ Gang-related homicides among youth are on the rise in a community.

Figure 10: Basic theory of change





Several other factors that programme planners may have some or no control over may also influence outcomes. These are called external factors. External factors can help or hinder success and include political and economic situations, social influences, and even the weather. Because these factors can have a lasting effect on the programme, we may have to adjust our programme to mitigate such external factors. For VAC programming using C4D, external factors could include:

- ✔ Cultural norms concerning early child marriage and child labour;
- ✔ Violence in the home with children who are participating in an anti-bullying intervention;
- ✔ Limited access to media and technology;
- ✔ Limited parental involvement due to work or other commitments;
- ✔ Conflicts, natural disasters or political crisis affecting children and families;
- ✔ Migration trends resulting in absent parents or child exploitation.

PROGRAMME SPOTLIGHT 3:

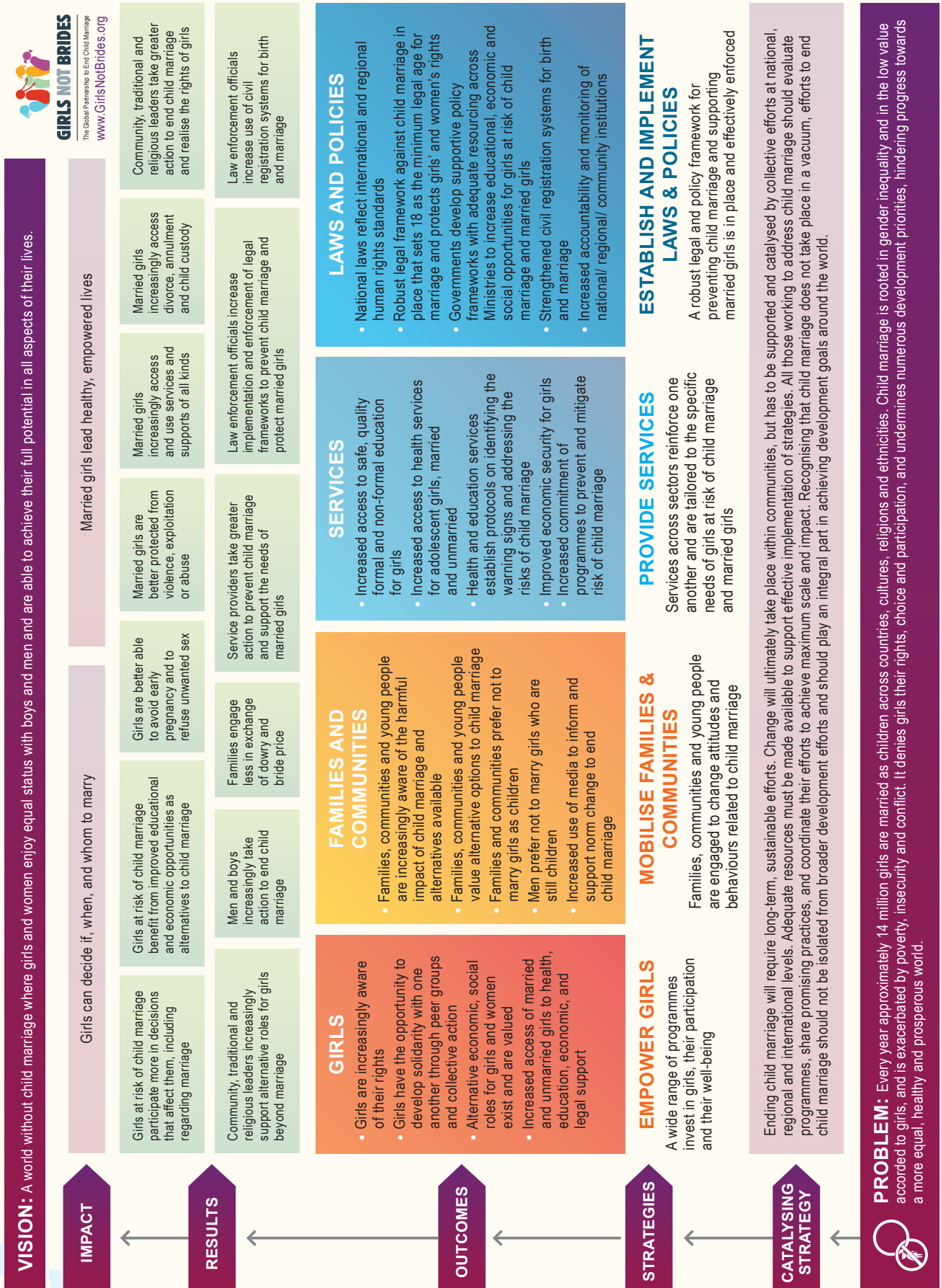
Developing a theory of change

A real-world example of a theory of change is the one developed by *Girls Not Brides*, a global partnership of more than 1,000 civil society organizations based in over 95 countries. According to *Girls Not Brides*, child marriage is a global problem and every year 14 million girls are married before the age of 18. In order to achieve the vision of a world without child marriage, where girls and women enjoy equal status with boys and men and are able to achieve their full potential in all aspects of their lives, *Girls Not Brides* has developed a 'Theory of Change on Child Marriage'. This visual diagram demonstrates the range of approaches needed to address child marriage and how they intersect (see Figure 11).⁶

This theory of change has seven levels, starting with the problem statement at the bottom and leading to the vision statement at the top. The main catalyst stemming from the problem statement is the notion that child marriage cannot be addressed in isolation but must be addressed within a broader framework of human rights and through long term cooperation at local, national, regional and international levels. The majority of interlinked and mutually reinforcing strategies to address child marriage fall within four categories: empowering girls; mobilizing families and communities; providing services; and establishing and implementing laws and policies. This is followed by outcomes, which reflect the changes that are hoped for as a consequence of strategic activities. Results reflect the demonstrated changes in behaviour on the part of individuals, families and communities, programme implementers and law enforcement officials as a consequence of changes in the surrounding attitudes and conditions. However, to have a lasting impact on child marriage, girls need to be able to achieve their aspirations, around choosing whether, when, and whom to marry.

6 Theory of Change for Child Marriage available online at: www.GirlsNotBrides.org

Figure 11: Theory of change for child marriage from Girls Not Brides



SETTING GOALS AND COMMUNICATION OBJECTIVES

A goal is a general statement of intent. It describes the long-range purpose of a programme. Goals are typically written in broad aspirational terms, focusing on **who** and **what will change** (see Figure 12).

There are two types of goals: programme and communication. Programme goals describe what the future will look like as a result of the programme as a whole. A communication goal describes the changes that the C4D component of the overall programme is to achieve in order for the programme goal to be achieved.

Figure 13 offers examples of possible VAC programme and communication goals. It is important to recognize that, while the communication goal supports the programme goal, both the programme and communication goals are working to achieve the same outcomes.

Objectives are small, precise steps that get us closer to achieving our goals. Just like goals,

Figure 12: Writing goals



there are programme and communication objectives. As illustrated in Figure 14, **communication objectives should convey exactly what we want our intended audience to know, feel, and do as a result of exposure to C4D messages**. Communication objectives work to achieve the stated communication goals. They should be theory-driven, meaning they should link back to the key theoretical constructs to bring about change.

Figure 13: Programme goals, communication goals, and communication objectives



Figure 14: Know, feel, do communication objectives

KNOW COMMUNICATION OBJECTIVES	FEEL COMMUNICATION OBJECTIVES	DO COMMUNICATION OBJECTIVES
Parents learn five actionable steps to protect their child from sexual abuse	Parents believe that they can put into practice the five actionable steps to protect their child from sexual abuse	Parents put into practice the five actionable steps to protect their child from sexual abuse
Children and adolescents know what discrimination means	Children and adolescents feel confident to discuss discrimination with caregivers	Children and adolescents discuss discrimination with caregivers
Community influentials understand the negative consequences of child marriage	Community influentials feel responsible for promoting the health and well-being of girls in their community	Community influentials publicly denounce child marriage



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PROGRAMME SPOTLIGHT 4:

Theory-driven communication objectives

Communication objectives should be theory-driven. To showcase what this means, let us take a look at a set of objectives from the *National Communication Strategy for Child Welfare in Sierra Leone*⁷ to address a range of VAC issues including corporal punishment, neglect, child marriage, child labour and female genital mutilation (see Table 3).

As we can see, multiple theories have been drawn upon and in many cases a single objective may have overlapping theoretical constructs. One might ask which theory is recommended for a certain issue or topic, but there are no recommended theories; the choice depends on the issue, the context and the level of change we are seeking to achieve. It should be noted, too, that we can refer to a range of theories and not be limited to a single theory.

Table 3: Communication objectives for social and behaviour change

DESIRED CHANGE	INDIVIDUALS/ FAMILIES/ COMMUNITIES	CONSTRUCT	THEORY
Know	<ul style="list-style-type: none"> ✔ Caregivers know their role and responsibility in protecting children from violence, abuse, exploitation and harmful practices ✔ Caregivers understand the health implications of not protecting children ✔ Caregivers understand the long-term economic impact of not protecting children ✔ Caregivers know about the laws that protect children (national and community level) 	<ul style="list-style-type: none"> ✔ Knowledge ✔ Perceived benefits and severity ✔ Relative advantage ✔ Pre-contemplation and contemplation 	<ul style="list-style-type: none"> ✔ Stages of change model ✔ Health belief model ✔ Diffusion of innovations theory
Feel	<ul style="list-style-type: none"> ✔ Caregivers recognize that anyone under the age of 18 is a child and requires protection (care and supervision) ✔ Caregivers value girls beyond their gender-based roles ✔ Children and adolescents recognize that they have rights and responsibilities ✔ Children and adolescents feel confident about discussing child protection/welfare issues with caregivers ✔ Community influentials recognize that anyone under the age of 18 is a child and requires protection (care and supervision) 	<ul style="list-style-type: none"> ✔ Beliefs and values ✔ Self-efficacy 	<ul style="list-style-type: none"> ✔ Theory of planned behaviour ✔ Social cognitive/learning theory ✔ Health belief model
Do	<ul style="list-style-type: none"> ✔ Caregivers adopt positive protective practices (positive discipline, encourage schooling, provide guidance, monitor activities, discourage child labour, delay child marriage, etc.) ✔ Children and adolescents disclose child protection offences ✔ Community influentials adopt positive protective practices (positive discipline, encourage schooling, provide guidance, monitor activities, discourage child labour, delay marriage, etc.) ✔ Community influentials ensure community by-laws are developed ✔ Community influentials promote reporting of all child protection offences (regional and national) ✔ Community influentials commit to ending harmful practices (early marriage and FGM) 	<ul style="list-style-type: none"> ✔ Skills ✔ Adoption ✔ Discussion/disclosure ✔ Social norms ✔ Collective action/efficacy 	<ul style="list-style-type: none"> ✔ Stages of change ✔ Theory of planned behaviour ✔ Social cognitive/learning theory ✔ Diffusion of innovations ✔ Social norms theory ✔ Community organization theory ✔ Community readiness model

⁷ Prepared by Ami Sengupta and Suruchi Sood for UNICEF Sierra Leone in 2014.

RESULTS (SHORT, MEDIUM, LONG-TERM) AND INDICATORS

A note on terminology is warranted before describing results and indicators. The Results-Based Management (RBM) approach adopted by the UN system since the late 1990s is a management system by which all actors ensure that their processes, products and services contribute to the achievement of desired results. The approach attempts to move away from a focus on inputs, activities, and immediate results (i.e. outputs), and aims to improve the accountability and effectiveness of UN Agencies. The results-oriented focus emphasizes long-term results and important changes in the lives of people and communities, by reflecting describable and measurable change that is based on cause-effect relationships. The RBM approach defines three levels of results: **outputs**, **outcomes**, and **impact**; these reflect the short-term, medium-term and long-term changes that a programme can bring about (see Figure 15).

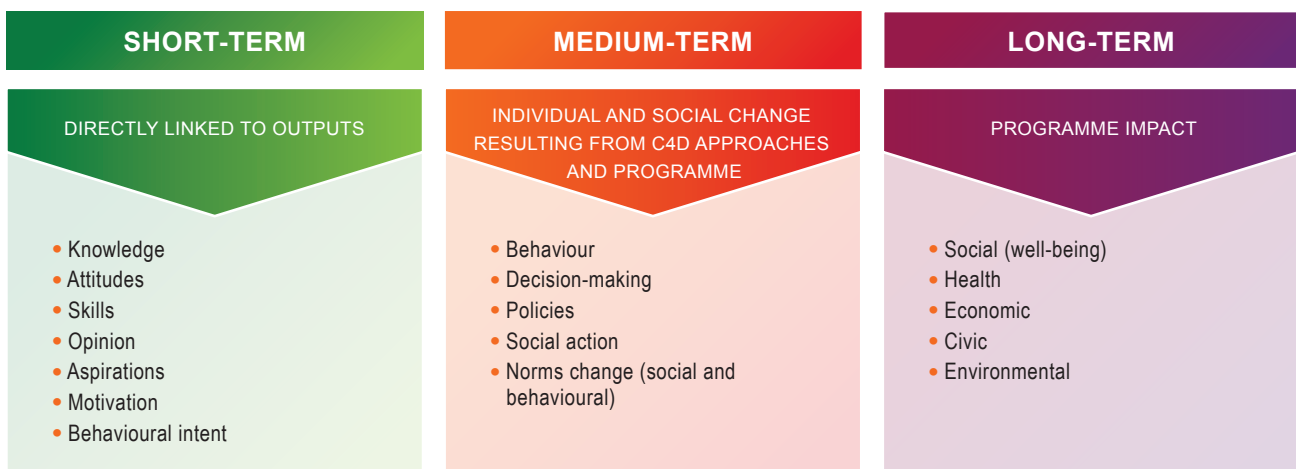
According to the RBM approach, an output describes a new product service or capability that results directly from a C4D intervention. An outcome describes the desired social and behaviour change; and impact describes the long-term effects produced by a programme, which are sustainable in people's lives. For example, a child marriage prevention intervention, which uses a peer counselling approach might aim to achieve the following results:



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- ✔ **Outputs (short-term results associated with participation):**⁸ X per cent of peer leaders are trained in counselling adolescents about issues associated with child marriage;
- ✔ **Outcomes (medium-term results):** One year after the implementation of the peer education programme, adolescents discuss issues associated with child marriage with their family members;
- ✔ **Impact (long-term results):** By the end of the programme cycle, the incidence of child marriage is lower.

Figure 15: The three levels of results and what to expect



⁸ Outputs show up twice in the theory of change: 1. Outputs associated with activities = direct results that occur as a result of implementation (# of public service announcements aired; # of peer educators trained; % of parents with children between 0-5 who trained in positive parenting skills; % of communities participating in awareness raising events) and 2. Outputs associated with results (short-term results) which focus on changes in knowledge, attitudes, efficacy, perceptions of risk and all the intermediate constructs that need to be addressed to promote social and behaviour change.

Outputs (short-term results)

Outputs can be conceptualized in two ways: (1) activities and (2) participation. In their simplest form, activity-related outputs refer to the specific **messages and materials that are disseminated as a part of implementing a communication strategy**. Outputs associated with participation (some organizations refer to these as short-term outcomes or short-term results) are directly linked with outputs and deal with **changes in learning (i.e. social or emotional changes)** such as knowledge, attitudes, skills, opinions, aspirations, motivation and behavioural intent. Some examples of VAC-related short-term results using C4D approaches include parents gaining knowledge of the negative effects violence has on child development, parents adopting a negative attitude toward child marriage, and parents learning how to identify signs of sexual abuse.

Outcomes (medium-term results)

Outcomes or medium-term results are typically classified as direct results and are **linked to the individual social and behaviour change directly resulting from C4D approaches within the CP programme**. These go a step beyond cognitive and emotional changes and focus on actions that take place within two to five years. Outcomes can include expected changes in actual behaviour, decision-making, policies and social action. Some examples of medium-term results include: parents implementing positive disciplining techniques, governments advocating bans on corporal punishment, and children taking social action against harmful social norms (e.g. FGM, child marriage, child labour).

Impact (long-term results)

Impact or long-term results occur beyond the C4D strategy implementation timeframe (seven to ten years) and **speak more to the programme's impact as a whole**. Long-term outcomes are reflected in the programme goal, and measures of impact assess expected changes in social, health, economic, civic or environmental conditions. While it may not be possible to derive direct and causal links between C4D approaches and long-term results, C4D approaches are expected to contribute to long-term results. Impacts describe **the long-term changes in people's lives** – be it economic, socio-cultural, institutional, environmental or technological changes – that can be attributed to the programme. These are high-level results that are influenced by external factors, as well as other actors that are described in more detail below (UNICEF, 2015b). For C4D approaches used in VAC programming, some examples of impacts include:

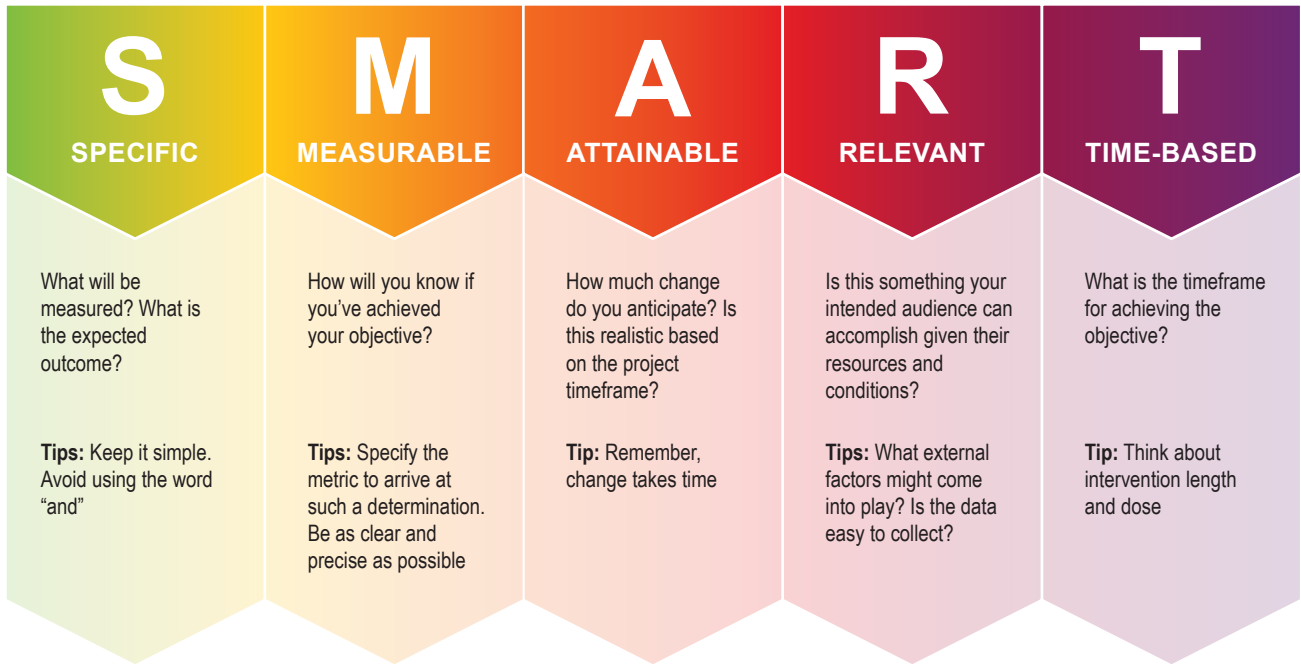
- ✔ Reduction in number of violent deaths among children
- ✔ Increase or reduction in number of children in detention
- ✔ Reduction in number of children in child labour
- ✔ Reduction in number of girls who have had FGM

Once goals and objectives (know, feel, do) have been determined, it is time to consider how these objectives will contribute to results, i.e. the desired changes in the short, medium and long-term. Some examples to illustrate this point are provided in *Table 4*.

Table 4: Examples of objectives, activities, and results

If the communication objective is...	... then potential communication activities could...	... which could result in ...
for students to know they can talk to a school authority about bullying	focus on addressing this lack of knowledge	an increase in knowledge about the school-based mechanisms to address bullying and about who to turn to when addressing the issue
to improve confidence among caregivers on using positive parenting methods to address child behaviours	involve engagement with role models and the opportunity to practise skills	an increase in parental self-efficacy in their ability to use positive parenting skills
to ensure that community influentials publicly denounce child marriage	include community sensitization and engagement meetings	a greater likelihood that community influentials will publicly denounce child marriage

Figure 16: SMART criteria and tips



INDICATORS

The measurement of short-, medium- and long-term results requires the delineation of results-based indicators.⁹ In order to write results in measurable terms, they need to state: **what will change, when the change will occur, how much change will take place, and who will change.** SMART is an acronym commonly used to describe specific and quantifiable results. SMART stands for **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-phased (Issel, 2013). *Figure 16* walks us through the SMART criteria.

The following are examples of SMART results for VAC programmes using C4D approaches:¹⁰

- ✔ By the year 2025, there will be a 5 per cent decrease in the proportion of adolescent girls aged 15-19 who are currently married;
- ✔ By 2025, there will be a 4 per cent increase in the proportion of adolescent girls aged 15-19 who sought help from any source to stop violence;

- ✔ By 2025, there will be a 3 per cent decrease in the proportion of children aged 2-14 who experience psychological aggression.

The lack of data on VAC can sometimes make it difficult to write SMART results, especially when it comes to identifying how much change to expect. If we find ourselves in that situation, we can use some of the benchmarks in *Table 5* to guide us.¹¹ The table provides three estimates of change depending on participants' level of exposure to programme activities. For example, if you expect adolescent boys to have moderate exposure to a local radio spot, you could set your target as by 2025, 40 per cent of adolescent boys in community X are able to recall message Y.

A relatively new set of guidelines, SPICED criteria, aims to create more participatory and inclusive objectives and indicators. SPICED stands for: **S**ubjective, **P**articipatory, **I**nterpreted (and **C**ommunicable), **C**ross-checked, **E**mpowering, and **D**iverse and **D**isaggregated (Roche, 1999). Because SPICED criteria focus on the qualitative aspects of objectives and indicators, they allow us to ground

9 Traditionally results have been referred to as objectives. In the RBM framework, this term has been replaced with results that can be conceptualized as objectives which are describable and measurable. While objectives indicate good intentions, results articulate the direction of change in the short, medium and long-term.

10 More examples of SMART objectives used in child protection programming can be found in [UNICEF \(2015b\)](#).

11 See Valente, 2002, p. 41 for a more comprehensive table.

Table 5: Estimating programme effects to set SMART results

VARIABLE	LEVEL OF EXPOSURE (%)		
	Very high	High	Moderate
Recalls message	80	60	40
Knowledge of behaviour	41	31	21
Discuss with others	33	25	16
Have positive image of behaviour	21	16	11
Intends to practise behaviour	13	10	7
Begins to practise behaviour	9	6	4

our objectives and indicators in the local context and to be informed by how community members understand change. By letting local insights shape the objectives and indicators, community members can more easily use the objectives and indicators themselves to measure and interpret changes (Lennie et al., 2011). As can be seen from *Table 6*, the SPICED criteria¹² reflect “a shift towards placing greater emphasis on developing indicators that stakeholders can define and use directly for their own purposes of interpreting and learning about change” (Estrella et al., 2000; p. 9), rather than simply measuring or attempting to demonstrate impact for donors.

In the context of VAC programming using C4D, the process of following SPICED guidelines can help elicit local definitions and interpretations of

violence. While standardized definitions of VAC exist, these definitions are not always consistent with local understandings or manifestations of violence. By understanding what actions constitute sexual violence in a community, for example, we can provide useful insights for both programmatic and evaluations functions. At the programmatic level, this information can help us tailor a set of communication activities to address the forms of sexual violence most prevalent in a community or expand a community’s understanding of sexual violence so that the two definitions (local and international) are more aligned. This in turn can help shape the wording for objectives and indicators and thus allow for better measurement of change.

While SMART indicators tend to describe the components of a strong indicator, SPICED provides

Table 6: SPICED criteria

CRITERIA	PURPOSE	QUESTIONS TO ASK YOURSELF
Subjective	Your intended audience has critical insights which serve as another important data source from which objectives and indicators should be developed.	What information might your intended audience have that you cannot access elsewhere?
Participatory	Objectives and indicators should be established with those who are best positioned to assess them	Who are the beneficiaries and stakeholders in the intervention?
Interpreted and communicable	Locally defined objectives and indicators will likely need to be explained to ‘outsiders’.	What do these objectives and indicators mean?
Cross-checked and compared	Data collected should be compared using other data methods, sources, researchers, and participants	Does the M&E plan consist of various methods, data collectors, and participants?
Empowering	Work collectively to develop objectives and indicators. Encourage critical thinking to empower community members.	How can the M&E plan facilitate learning and empowerment processes? What transferable skills could participants learn?
Diverse and disaggregated	Collect data from different groups of individuals. Keep records in order to facilitate analyses of the data based on the different characteristics.	What are the different types of participants that you should recruit? What would make for interesting analyses?

¹² For more on SMART and SPICED criteria, see pp. 102-103 of [Lennie and Tachi \(2011\)](#).

guidance on how the indicators should be used. The SMART and SPICED mnemonics call for a different means of verification. For example, a SMART output for a communication activity could be to increase discussion about a particular topic among a given set of a participants by a certain percentage over a given time frame. In terms of the SMART criteria, this could be monitored and evaluated over time from a quantitative perspective. This result can be SPICED by gathering the same data but using participatory methods to define the output, and using participatory approaches to gather and interpret data about it. The ‘Empowering’ criterion of SPICED objectives argues that the process of setting and assessing results should be an empowering one in and of itself. In addition, participants should have room to critically reflect on their own changing situations.

Indicators are used for both monitoring and evaluation purposes. They allow us to actually measure our activity related outputs and also our short-term results (participation-related outputs), medium-term results (outcomes) and long-term result (impact). An indicator is the means by which

a result is measured, and therefore it has to adhere to SMART and SPICED criteria. Complex results may require more than one accompanying indicator. There are two types of indicators:

- ✔ **Activity-related output indicators** enable us to make sure that the programme is being implemented according to plan. Typical monitoring indicators for outputs directly associated with communication activities would include, for example, number of workshops held, number of Facebook likes, number of workshop participants, changes in the geographic coverage of services, or changes in knowledge, attitudes and capabilities.
- ✔ **Results-based indicators** are used to measure the intervention effectiveness in the short-, medium- and long-term. We can determine whether and by how much change has occurred. Or, to use a roadmap analogy, we can see how far we have travelled. Indicators to measure results should be SMART, as shown in *Table 7*.¹³

Table 7: Examples of results and SMART indicators

		How to calculate the indicator	
		Numerator	Denominator
Desired results	SMART output indicators		
Children and adolescents feel confident about discussing child protection/ welfare issues with caregivers	Rate of change of mean scores on self-efficacy scale	Rate of change of mean score of children under 18 on general perceived self-efficacy scale	Total number of children under 18
Caregivers know about the laws that protect children	Proportion of caregivers who know specific national and local child protection laws	Number of caregivers who know specific national and local child protection laws	Total number of caregivers
Community influentials commit to ending harmful traditional practices	Proportion of community influentials who publicly declare support for ending harmful traditional practices	Number of community influentials publicly declaring support for ending harmful traditional practices	Total number of community influentials in intervention area
Schools are free of corporal punishment	Proportion of schools that are free of corporal punishment	Number of schools that are free of corporal punishment	Total number of schools in the intervention area

¹³ Some useful resources for, and examples of, child protection outcomes and indicators can be found on pp. 103-107 of the Child Protection Resource Pack (UNICEF, 2015), as well as pp. 103-105 of [Lennie and Tachi \(2011\)](#).

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BASELINES

Baseline data are initial measurements collected before a programme intervention or C4D strategy has been implemented. A baseline serves as a point of reference to gauge improvements over time. We can measure the impact of C4D interventions by comparing the endline data (data collected after the intervention is completed) with baseline data. This comparison will show the changes that have occurred between the two time-points. As the questions asked at baseline are repeated at endline, we need to think carefully about what we want to measure and what results we expect. Some examples of baseline data collected in interventions addressing VAC include:¹⁴

- ✔ Knowledge of inappropriate touching
- ✔ Attitudes towards bullying
- ✔ Awareness of signs of child neglect
- ✔ Conflict management skills
- ✔ Observations of corporal punishment in schools
- ✔ Prevalence of child marriage
- ✔ Belief that others approve of corporal punishment
- ✔ Number of local vigilance committees to address human trafficking
- ✔ Help-seeking behaviours among individuals experiencing dating violence
- ✔ Number of policies and laws on child labour
- ✔ Attitudes towards gender roles

¹⁴ Additional examples can be found at UNICEF, 2015b.

PLANNING MYTHS

This section addresses some common myths about planning C4D strategies and programmes.

MYTH #1: Communication is an art. Catchy messages and attractive material lead to change.

- ✔ **RESPONSE:** The art and science of communication are both important. A creative campaign is unlikely to have impact among the desired participants if it is not based on sound planning and robust research.

MYTH #2: I don't need formative research. I already know the needs of the community. Plus, I don't have time and money for research.

- ✔ **RESPONSE:** Even when we may be very familiar with an issue, population or context, there may be underlying determinants of which we are not aware. Formative research can give us these insights to help us make evidence-based decisions for programming. It is helpful to think of the funds allocated for programme design as funds available for formative research.

MYTH #3: Doing some activities with one group of participants during a field visit counts as formative research.

- ✔ **RESPONSE:** Actually, that is not enough. It is important that research activities are done with a generalizable sample of participants. In other words, since we cannot include everyone in our intended audience to partake in our research study, the research participants we do recruit should be representative of the larger, intended audience.

MYTH #4: Conceptual models are for academics. We practitioners don't need models as they are too far removed from reality.

- ✔ **RESPONSE:** Conceptual models explain and predict social and behaviour change. They help us understand why a problem exists, who can trigger change, what is likely to work or lead to change, and what information we need to know to design the intervention.

MYTH #5: If we choose a conceptual model to guide our programme, we have to address all of its constructs.

- ✔ **RESPONSE:** Conceptual models are guides for understanding how social and behaviour change occurs. Reality, however, is far messier and more complex. Therefore, it is more important to choose the right constructs for a programme than to focus on picking the perfect theory/ model or trying to fit our issue into a specific theory/ model.

Figure 17: Linking C4D approaches, communication objectives, and programme objectives



PLANNING RECOMMENDATIONS

- ✔ **SUMMARIZE EXISTING INFORMATION ABOUT THE SITUATION AND AUDIENCES.** A critical component of formative research is looking at and learning from what has already been done. Draw upon past research and programmatic efforts, as well as existing data sources to identify best practices and gaps. Use the information from these sources to focus and justify the scope of our work.
- ✔ **COLLECT QUANTITATIVE AND QUALITATIVE PRIMARY DATA.** Leverage the strengths of both qualitative and quantitative methods to paint a comprehensive picture of the situation we are trying to address and to create a profile of our key audiences. Using a mix of methods allows us to triangulate and validate our findings and also ensures that multiple perspectives are obtained.
- ✔ **PRIORITIZE AUDIENCES AND ISSUES.** Analyse the data from both primary and secondary sources to begin identifying the most pressing issues to address and key audiences to engage. Use the data to yet again narrow the scope of the programme. Take this opportunity to determine whether there is a C4D solution to the programme and to flesh out what that solution entails. At the same time, use the data to start segmenting audiences into primary, secondary and tertiary groups.
- ✔ **VALIDATE NEEDS BY INVOLVING EXPERTS AND PROGRAMME BENEFICIARIES.** Double-check that the issues identified during the needs assessment are indeed seen as priority issues by programme beneficiaries and experts. Skipping this step means missing an opportunity to solicit buy-in and potentially undermines the success of the programme.
- ✔ **DEVELOP EVIDENCE-BASED GUIDANCE FOR THE PROGRAMME APPROACHES AND ACTIVITIES.** It is important to use the information we got throughout the formative research process not only to guide the scope, focus and key audiences of the future works, but also as the justification underpinning programmatic decisions, such as the selection of C4D approaches and activities.
- ✔ **UTILIZE SMART CRITERIA.** The systematic review (Sood and Cronin, 2019) revealed that most interventions do not follow SMART criteria when writing results and indicators. For example, indicators often focus on who will change and what will change, but do not indicate by when nor how much change to expect. Failure to use SMART criteria makes it difficult for us to assess whether or not C4D activities have achieved their stated short-, medium- and long-term results.
- ✔ **SET OBJECTIVES THAT HELP US ACHIEVE AND MEASURE OUR EXPECTED RESULTS.** The results – or changes we anticipate as a result of our C4D activities – should be embedded in our objectives if they are SMART. To succeed, we must make sure that objectives and results are working together to bring about changes.
- ✔ **ALIGN OBJECTIVES WITH INTERVENTIONS.** Objectives provide direction for what we expect our programmes to achieve and should inform the selection of communication messages and activities. However, the systematic review revealed that many programmes do not do the latter. Many programme objectives focus on reducing VAC, which is not wrong, but then these same programmes are using positive communication messages to achieve their objectives. This focus on the negative at one end and the use of positive wording at the other end creates a sense of dissonance. Laying out a more explicit rationale for how the positive messaging leads to a reduction in the negative behaviour would help us measure the contribution of C4D in the overall programme results framework (see Figure 17).

PLANNING ACHIEVEMENTS

The two deliverables that should be completed in the Plan phase are a C4D strategy and an M&E plan. The key elements of a C4D strategy are shown in *Figure 18*, and the items listed there serve as a valuable checklist that can enable us to make sure our C4D strategy is robust.

Figure 18: The main elements of a C4D strategy

SITUATION ANALYSIS	<ul style="list-style-type: none"> ✔ Provide the background and the context, including the issues that need to be addressed, the immediate and underlying causes and what the intervention aims to achieve. ✔ Allow planners to understand the context and build on evidence based on the prevalence, existing socio-cultural milieu and media landscape.
BARRIERS AND MOTIVATORS	<ul style="list-style-type: none"> ✔ Include social, cultural, economic, geographical and political factors that either prevent or predispose individuals and families from practising certain behaviours or accessing certain services.
COMMUNICATION GOALS AND OBJECTIVES	<ul style="list-style-type: none"> ✔ Define what the strategy aims to achieve and with whom (i.e. participant groups). ✔ Closely align it to the programme or policy goal and carve out the role of communication in achieving the desired change. ✔ Identify communication objectives stating what your intended audience should know, feel, and do as a result of C4D activities.
AUDIENCE SEGMENTATION	<ul style="list-style-type: none"> ✔ Categorize the participants into sub groups depending on who needs to do what to achieve the communication goals and objectives. ✔ Primary participants are those most affected or whose behaviours and norms need to be changed. Secondary participants are those who directly influence the primary participants and support or impede the desired behaviour change. Tertiary participants are part of the enabling or constraining environment and indirectly influence the primary participants. ✔ Identify the different communication approaches, channels and messages for each group.
COMMUNICATION APPROACHES	<ul style="list-style-type: none"> ✔ Engage different participant groups in order to achieve individual, interpersonal, community, organizational and policy-level changes. ✔ Use a mix of key approaches including behaviour change communication, community-led social change, social mobilization and advocacy.
COMMUNICATION ACTIVITIES	<ul style="list-style-type: none"> ✔ Specify the specific actions that will be carried out as part of the intervention (e.g. material production, capacity building, outreach and counselling, or community engagement). ✔ Use a mix of available and preferred media, group, and interpersonal channels to achieve communication objectives, mutually reinforce messages across channels, and facilitate engagement across levels of the community to create higher impact. ✔ Discuss reach, cost, type of message and level of dialogue – some of the factors that determine the type of communication activity.
MONITORING AND EVALUATION FRAMEWORK	<ul style="list-style-type: none"> ✔ Ensure that the goals, objectives and indicators are measurable and that the changes resulting from the strategy can be tracked over time - use the SMART and SPICED criteria. ✔ Process monitoring measures the extent to which programmes are implemented according to plan (outputs) and are generating the short- and medium-term results. ✔ Impact assessment allows for individual and social changes to be tracked and linked back to programme modalities, which in turn allows for the measurement of programme effectiveness.
IMPLEMENTATION PLAN	<ul style="list-style-type: none"> ✔ Lays out how the strategy will be rolled out and should provide details on the steps or sub-activities required for each activity as well as the budget, timeline and responsibilities. It is also important to specify the management and coordination mechanisms and partnerships required.

An M&E Plan should accompany the C4D strategy, to ensure that the C4D interventions are designed, implemented, and evaluated through a theory-driven and evidence-based lens. The key components of an M&E Plan are given below (see Figure 19).

Figure 19: M&E plan template

BACKGROUND	METHODS
<ul style="list-style-type: none"> ✔ Summarizes the C4D strategy, specifically the overall vision, goals, communication objectives and participant groups 	<ul style="list-style-type: none"> ✔ Describe the quantitative, qualitative, mixed and participatory methods required to implement the study design
MEASURABLE OBJECTIVES	SAMPLING
<ul style="list-style-type: none"> ✔ Apply SMART and SPICED criteria to convert the communication objectives into measurable objectives 	<ul style="list-style-type: none"> ✔ Calculate sampling frame and size based on participant groups
INDICATORS	DATA MANAGEMENT
<ul style="list-style-type: none"> ✔ For each measurable objective, create the relevant indicators, both quantitative (numerator and denominator) and qualitative 	<ul style="list-style-type: none"> ✔ Determine how the data will be cleaned, stored and analysed
MEANS OF VERIFICATION	KNOWLEDGE MANAGEMENT PLAN
<ul style="list-style-type: none"> ✔ Outline where data for the indicators will be collected from and how often 	<ul style="list-style-type: none"> ✔ Devise the modalities for sharing the data with a wide audience
VALIDATION AND QUALITY CONTROL	TIMELINE
<ul style="list-style-type: none"> ✔ Explain how data quality will be validated and quality control mechanisms required 	<ul style="list-style-type: none"> ✔ Specify when and how often data will be collected, cleaned, stored, analysed and disseminated
STUDY DESIGN	
<ul style="list-style-type: none"> ✔ Develop the overall monitoring and evaluation study design required to determine reach, exposure, recall, outputs, and short-, medium- and long-term outcomes, to measure both attribution and contribution 	



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3. Design and deliver

In this section we look at the key programmatic decisions we have to make, such as how we select participants, and how we choose our C4D approach, communication channels and key messages. We also discuss key programmatic processes such as material development, pretesting, process monitoring, redesign and adaptation, all of which are linked to programme design and delivery.

The examples of VAC interventions showcased here draw on a range of mediated and interpersonal communication channels and demonstrate what multi-layered initiatives look like. By examining these examples, we see good practices, innovative models, and evidence of approaches and activities that have resulted in positive changes.

PARTICIPANTS

It is important to identify the participants and audience groups before deciding on approaches and activities. This selection should be based on the situation assessment discussed earlier. The mode of communication we will use is determined in large part by **who we are trying to reach and what channels are best suited to them**. We have already discussed the need to address VAC holistically across the social system. The groups we want to reach are situated across all levels of influence in the social ecological model (SEM) framework discussed earlier (individual, family, community, institutional and policy/ systems); these groups typically are:

- ✔ Children;
- ✔ Parents and caregivers;

- ✔ Local influentials, such as teachers, religious leaders and village chiefs;
- ✔ Local officials, media and national policy makers; and
- ✔ Frontline and community-based workers, such as health or social workers.

We may want to further disaggregate groups and target interventions to different-aged children, such as the very young, those of primary school age, and those of secondary school age. Likewise, we may want to focus on specific groups, such as the children who, due to disability, economic status, sexuality, religion or whatever, are thought to be most vulnerable to violence; or the adults who due to their position (teachers, parents, neighbours) are most likely to be perpetrators of violence; or the village elders who we may need to reach if we are to transform gender-related norms. In some cases, the focus may be on policy makers and service providers and less on community members.

The selection of participants is based on the specific context, goals and objectives of the intervention. For instance, a strategy to end corporal punishment in schools may focus solely on teachers, while a campaign to engage men and boys to end violence may address only males; but a strategy to end child marriage, or to tackle violent discipline, will need to address multiple stakeholders. It should be noted that, in the UNICEF systematic review of C4D interventions, it was found that few interventions segmented their audience groups or addressed multiple audience groups. Identifying and segmenting participants is an important step in C4D planning and must not be overlooked.

Segmenting participants allows us to tailor our interventions; that is to say, we can design specific activities for different groups, and develop relevant approaches and messages. Even when addressing the same topic, we need to reframe our messages or select our activities to suit our different audiences based on their age, interests, literacy levels, language preferences, schedules, access to and preferences in communication channels, and more.

Participants can be grouped into primary, secondary, or tertiary groups.

- ✔ **PRIMARY PARTICIPANTS** are those most directly affected by the problem and among whom the desired social and behaviour change efforts are focused.
- ✔ **SECONDARY PARTICIPANTS** are those who directly influence the primary group.
- ✔ **TERTIARY PARTICIPANTS** are those who contribute to an enabling environment for the desired social change. This group indirectly influences the desired social and behaviour change by shaping the policies, resources, and structures that enable or deter change.

VAC covers a range of complex and connected issues, but in most cases, children are not the perpetrators of violence and therefore not the primary group whose behaviours need to be changed. Yet the far-reaching manifestations and consequences of violence necessitate that children are part of the change and are able to gain skills and confidence to protect themselves through childhood, adolescence, and adulthood. **Engaging and empowering children is critical not just for prevention but also to break the inter-generational cycle of violence.**

Below is an example of the segmented participant groups identified for the *C4D strategy addressing VAC and family separation in Cambodia*:

- ✔ **PRIMARY PARTICIPANTS:** children, parents and caregivers;
- ✔ **SECONDARY PARTICIPANTS:** the key community-level duty-bearers such as teachers, religious leaders (Buddhist monks and Muslim and Christian preachers), village and commune chiefs, and volunteers;
- ✔ **TERTIARY PARTICIPANTS:** service providers (health, education, legal and child protection), as well as lawmakers, judiciary and the media.

C4D APPROACHES

C4D uses a combination of complementary and mutually reinforcing approaches to promote social and behaviour change among the intended participant groups (UNICEF, 2008b). These approaches include **advocacy, social mobilization, social change communication and behaviour change communication** (see Figure 20). Each approach typically operates at different levels of the SEM and focuses on specific participant groups. The Soul City approach discussed previously illustrates how C4D interventions can integrate various approaches to foster change at all levels of the SEM (*more info in Appendix C*). Table 8 summarizes the four C4D approaches, their key features, and the participant groups they are best suited to reach (UNICEF, 2015a).

It is important to remember that these are broad categorizations, and that there will often be some overlap between approaches. For instance, when social mobilization involves communities and creates an enabling environment to generate dialogue, gain skills, organize and take actions to change norms, we can think of it either as community mobilization or as a part of social change communication. Rather

Figure 20: C4D approaches



than getting lost in definitions, it is better to use these approaches together in an integrated manner.

Over the next few pages, we explain and review each approach (UNICEF, 2008a and 2015a), illustrating them with practical examples.



Advocacy is an organized effort to inform and motivate leadership to create an enabling environment for achieving programme objectives and development goals. The purpose of advocacy is 1) to promote the development of new policies, change existing governmental or organizational laws, policies or rules, and/ or

Table 8: Overview of C4D approaches, key features and participant groups

C4D APPROACH	KEY FEATURES	PARTICIPANT GROUPS
Advocacy	<ul style="list-style-type: none"> Focuses on the policy environment and seeks to develop or change laws, policies and administrative practices Works through coalition-building, community mobilization and communication of evidence-based justifications for programmes 	Policymakers and decision-makers Programme planners Programme implementers Community leaders
Social mobilization	<ul style="list-style-type: none"> Focuses on uniting partners at the national and community levels for a common purpose Emphasizes collective efficacy and empowerment to create an enabling environment Works through dialogue, coalition-building and group/organizational activities 	National and community leaders Community groups/ organizations Public and private partners
Social change communication	<ul style="list-style-type: none"> Focuses on enabling groups of individuals to engage in a participatory process to define their needs, demand their rights and collaborate to transform their social system Emphasizes public and private dialogue to change behaviour on a large scale, including norms and structural inequalities Works through interpersonal communication, community dialogue, mass media and digital social media 	Groups of individuals in communities
Behaviour change communication	<ul style="list-style-type: none"> Focuses on individual knowledge, attitudes, motivations, self-efficacy, skills building and behaviour change Works through interpersonal communication, mass media and digital social media 	Individuals Families/households Small groups (e.g. mothers' support group)

ensure the adequate implementation of existing policies; 2) to redefine public perceptions, social norms, and procedures; 3) to support protocols that benefit specific populations affected by existing legislation, norms and procedures; and/ or 4) to influence funding decisions and equitable allocation of resources for specific initiatives. Community-level advocacy provides a platform for the voices of children and women to be heard, especially those from marginalized and excluded groups.¹⁵

The UNiTE Campaign to End Violence Against Women is an example of a high-level advocacy effort. Launched in 2008 by the former United Nations Secretary-General Ban Ki-moon, the campaign called upon all governments, civil society, women's organizations, men, young people, the private sector, the media and the entire UN system to join forces in addressing violence against women and girls and to realize the shared vision of a world free of violence. Through a range of advocacy efforts, the campaign sought to promote the adoption and enforcement of national laws and policies on violence, support the development, implementation and resourcing of multi-sectoral national action plans on violence prevention, and establish national and local campaigns across the world. The campaign actively engaged men, young people, celebrities, artists, sports personalities and the private sector to highlight the issue of violence and break the silence surrounding violence against women and girls.¹⁶

SOCIAL MOBILIZATION

Social mobilization is a continuous process that engages and motivates various inter-sectoral partners at national and local levels to raise awareness of and demand for a particular development objective. These partners may include government policymakers and decision-makers, community opinion leaders, bureaucrats and technocrats, professional groups, religious associations, non-governmental organizations, private sector

entities, communities and individuals. This communication approach focuses on people and communities as agents of their own change, emphasizes community empowerment, creates an enabling environment for change and helps build the capacity of the groups in the process, so that they are able to mobilize resources and plan, implement, and monitor activities with the community. Engagement is usually through interpersonal communication (i.e. face-to-face dialogue) among partners towards changing social norms and accountability structures; providing sustainable multifaceted solutions to broad social problems; and creating demand and utilization of quality services.

Mobilizing partners to facilitate changes in behaviours is a critical part of C4D efforts, and different issues require the engagement of different partners. Given the deep-seated cultural norms associated with several aspects of VAC, opinion leaders such as faith-based and traditional leaders need to be mobilized. There are several instances where religious leaders have been engaged to promote child protection, including ending child marriage and violent discipline. For instance, since 2008, UNICEF Cambodia and others have supported the Buddhist Leadership Initiative and the Ministry of Cults and Religions to expand the role of Buddhist monks to promote children's rights, and to support orphans, children affected by HIV/AIDS, and other vulnerable children and their families. The next phase of the cooperation will involve religious leaders as advocates to raise the voices of children and challenge social norms that allow VAC to continue.

The Ministry of Cults and Religions has played an important part in coordinating religious leaders and promoting their role in protecting children from violence, abuse and unnecessary family separation (Chan, 2016). Buddhist Monks have been trained on key child protection concepts, linking these issues with Buddhist beliefs and teachings. Child protection issues are contextualized to suit local needs and beliefs and are included in the curriculum for novice monks, enabling faith leaders to engage

15 This and the subsequent introductory paragraphs that define C4D approaches are drawn from the UNICEF MNCHN C4D Guide on Advocacy, at www.unicef.org/cbsc/files/MNCHN_C4D_Guide-Module-1.docx

16 Additional information on the campaign and country specific actions can be found at: <http://endviolence.un.org>

with followers and to promote these concepts in their sermons and interactions with community members. Similarly, in South Asia, UNICEF recently launched the first ever South Asia Religious Leaders' Platform for Children. The initiative brings together over 30 religious leaders and representatives across South Asia to support child rights, including survival, health and the ending of child marriage. Such a platform provides a space for dialogue, the sharing of knowledge and best practices, and engaging the commitment of faith-based leaders to use their influence to protect the rights of children.¹⁷

SOCIAL CHANGE COMMUNICATION

Social change communication is a purposeful and iterative process of public and private dialogue, debate and negotiation that allows groups of individuals or communities to define their needs, identify their rights, and collaborate to transform the way their social system is organized, including the way power is distributed within social and political institutions. This process is usually participatory and is meant to change behaviours on a large scale, eliminate harmful social and cultural practices, and change social norms and structural inequalities.

Tostan, a non-governmental organization in Senegal, is rightly recognized for what it has achieved through social change communication. It runs a community-based education programme that addresses health, literacy and human rights such as FGM, violence, and child marriage. The Tostan model has been replicated and expanded in several countries in Africa, reaching more than 3 million members in over 8,000 communities across eight countries, all of whom have publicly denounced FGM and child marriage. Public declarations to abandon FGM are a central part of Tostan's model of success. Since 1997, Tostan has organized public declarations for groups of villages that have agreed to abandon FGM and to come together to renounce a traditional practice without fear of social stigma. The declaration itself is not considered a final goal, but constitutes an important step in the process of abandoning FGM. The declaration is seen as a

joyful occasion and an alternative rite of passage that celebrates human dignity, rights, and the health of girls and women. *Text box 3* presents some of the communicative elements of Tostan's approach.

Text box 3: Key communicative elements from Tostan

ADOPT-A-LEARNER - Each participant in a Tostan class 'adopts' a friend, neighbour or family member, and shares with him or her knowledge learned during the class.

AWARENESS-RAISING EVENTS - Community classes organize awareness-raising activities to inform the entire community about programme themes, such as protecting human rights or improving health practices in their village.

INTER-VILLAGE EVENTS - Events and discussions with neighbouring communities. These meetings provide an opportunity for community members to share their experiences and discuss solutions to common problems.

PUBLIC DECLARATIONS - When a group of communities decides to abandon harmful practices like FGM or child marriage.

RADIO PROGRAMME - Regular community and regional radio programmes reach broad audiences followed by discussion.

SOCIAL MOBILIZATION - Teams and social mobilization agents who receive training from Tostan staff, and play an important role in raising awareness as they visit neighbouring and intermarrying villages to facilitate discussions on human rights-focused themes.

(Retrieved from www.tostan.org).

Evaluation findings highlight positive changes in knowledge, attitudes and prevalence of FGM. Specifically, there was a significant increase in the awareness of human rights, gender-based violence, FGM and reproductive health among both men and women in the intervention group as compared to the control group. Diffusion of information was also observed: some men and women in the intervention villages who did not attend the programme still reported an increase in knowledge, indicating that the information was being shared and discussed. Attitude changes were noted with a dramatic decrease in the approval of FGM and in their willingness to cut their daughters

¹⁷ Retrieved from https://www.unicef.org/rosa/media_10396.html

in the future, and an increase in regrets when their daughters have undergone cutting. In terms of actual practice, women exposed to the programme reported a decrease in the prevalence of FGM among daughters aged 0-10 years (Diop et al., 2004; Gillespie and Melching, 2010).

BEHAVIOUR CHANGE COMMUNICATION

Behaviour change communication is the strategic use of communication to promote positive health or development outcomes. It is a theory-based, research-based interactive process to develop tailored messages and approaches, using a variety of population-appropriate communication channels to motivate sustained individual- and community- level changes in knowledge, attitudes and behaviours. Formative research is used to understand current levels of knowledge, attitudes and behaviours among individuals in a population, in order to develop communication programmes that can move those individuals along a continuum of change (or through stages of change) towards the desired behaviour(s).

The work of Puntos de Encuentro, a non-governmental organization in Nicaragua exemplifies how social change communication can be integrated with behaviour change communication. The organization promotes young people's human rights around issues of gender, sexuality, violence, substance abuse and HIV. They complement entertainment-education (which is conventionally based on behaviour change theory) with social change principles. They use aspirational stories to foster individual and collective empowerment. The stories and messages are not didactic or directive, but are designed to be thought-provoking and to encourage dialogue around typically sensitive or taboo topics.

Since 2000, Puntos has spearheaded the project *Somos Diferentes, Somos Iguales* ('We are different, we are equal'), which uses a multi-pronged coordinated approach, tying together mass mediated entertainment-education programmes with local capacity building and community mobilization. The project includes several integrated activities designed to mutually reinforce each other. A central

component of the project is a televised social soap series, *Sexto Sentido*, initially broadcast in Nicaragua but which has since been shown in Costa Rica, Guatemala, Honduras, Mexico and the United States of America. There is also a *Sexto Sentido Radio*, a nightly youth call-in radio show, further complemented by a feminist magazine and a variety of print materials for use by local groups. Additionally, the stories are adapted into shorter videos for workshops in schools and community groups. The community-based activities include training workshops for young people involved in communications work, youth leadership camps, and coordination with local non-profits and health and social service providers, as well as journalists, media outlets and young communicators.

Puntos' approach draws heavily on Albert Bandura's social cognitive theory, which has influenced several entertainment-education interventions worldwide (see *Appendix B*). Indeed, social cognitive theory highlights the importance of observational learning and the influence of environmental and personal factors on human behaviour. Puntos' social change model emphasizes the importance of interpersonal communication, promoting dialogue across formal and informal support networks that encompass family, friends, sexual partners and community members. The stories are aspirational, encouraging both individual and collective efficacy and skills to change behaviours and take the actions needed to challenge and change the status quo. Assessments reveal that greater exposure to the programme has resulted in positive changes in knowledge and attitudes related to violence (Solorzano et al., 2008; and Michau et al., 2014).

For sensitive topics such as intimate partner violence, sexual assault, FGM or child marriage, awareness-raising campaigns that rely on one-off information or media efforts, billboards, radio programmes, posters, television advertisements are ineffective (Ellsberg et al., 2014). There is a clear case for the use of multi-layered, mutually reinforcing evidence-informed communication campaigns grounded in social and behaviour change theories that consider the complexity of violence, including the norms that perpetuate violence (Michau et al., 2014). *Figure 21* highlights the principles for effective violence

Figure 21: Principles for effective programming to address violence against children



prevention programmes presented by Michau and colleagues. While the authors focus on violence against women and girls, the same principles apply to violence against children and reiterate several of the recommendations from UNICEF’s *Systematic Review* on C4D approaches addressing VAC (Sood and Cronin, 2019).

Based on global lessons learned, we can consider the following good practices when selecting C4D approaches and activities to address VAC:

- ✔ Engage with community influentials or the norm enforcers
- ✔ Ensure that even the most vulnerable can participate
- ✔ Draw on multiple channels of communication to reinforce the messages
- ✔ Organize events where private issues can be discussed publicly
- ✔ Create spaces for community members, including children, to discuss the issue and negotiate choices or solutions
- ✔ Recognize positive role models and make the new norm visible
- ✔ Facilitate community perspectives to be heard by policy makers.

COMMUNICATION CHANNELS

Once we have segmented our participants (i.e. we have grouped our participants to enable us to tailor our approaches and messages to them), the next step is to **identify which communication channels to use**.

Selection of communication channels is influenced by the country or the region’s media landscape, as well as the media habits and preferences of our

participants. Indeed, different participant groups may be reached by different channels; for example, digital or social media may be better suited to younger participants. The availability of resources will also determine which channels we use; for instance, television and film are more expensive than radio. To engage communities and generate dialogue we will need a range of communication platforms, such as health and social services and community-based networks. Mediated messages are often complemented with interpersonal or community-based platforms such as home visits by social workers, radio listener groups, children’s clubs or participatory theatre. Data from the systematic review suggests that most interventions do not adequately select channels to meet the needs of diverse and segmented audiences. Successful communication interventions must use multiple communication channels, platforms and tools to reach different participant groups across the socio-ecological

Figure 22: Communication channels

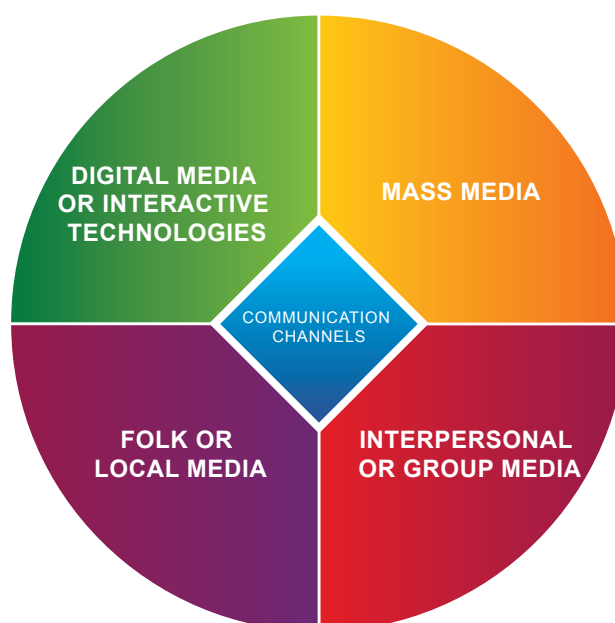


Table 9: Communication channels advantages and disadvantages

COMMUNICATION CHANNEL	IMPORTANCE AND ADVANTAGE	DISADVANTAGE
Interpersonal or group media	<ul style="list-style-type: none"> ✔ Central for dialogue generation and triggering the change process 	<ul style="list-style-type: none"> ✔ May be time and resource intensive ✔ Difficult to control accuracy of messages in word-of-mouth communication
Folk or local media	<ul style="list-style-type: none"> ✔ Local, participatory, and allows for public dialogue 	<ul style="list-style-type: none"> ✔ Can be expensive ✔ In some cultural contexts: <ul style="list-style-type: none"> ✔ Girls and women may not be allowed to participate ✔ Public gatherings may not be encouraged
Digital media or interactive technologies	<ul style="list-style-type: none"> ✔ Can reach more people, and allows for rapid feedback 	<ul style="list-style-type: none"> ✔ Marginalized group and certain segments of the population may not have access to new media
Mass media	<ul style="list-style-type: none"> ✔ High reach and credible 	<ul style="list-style-type: none"> ✔ Time-consuming and expensive

model, ranging from families, to communities, service providers and policy makers. Evidence suggests that messages are likely to have higher impact when they are reinforced through multiple channels and platforms (Wakefield, Loken, and Hornik, 2010). Remember, the magic is in the media mix.

Channels are classified as mass media (print, television, radio, film), interpersonal or group media (counselling and outreach, community sessions, peer-to-peer communication, public forums), folk or local media (participatory theatre, puppetry, songs, traditional performances), and digital media or interactive technologies (mobile phones, internet). All channels can include participatory tools, such as community radio, talk shows, community-led television programmes, participatory videos, phone or SMS interaction, or community-based discussion. *Figure 22* illustrates the different communication channels we may use in our strategy.

A range of communication channels may be available, and each will have its advantages and disadvantages (*see Table 9*). It should be remembered, however, that expectations will be high. In the current media-saturated environment, productions need to be high quality, comparable with anything else we might normally watch or listen to.

Table 10 presents some commonly used activities to prevent and respond to violence across communication channels. Further details and examples of how some of these activities have been designed and implemented are provided in the section on good practices (*see Appendix C*). It is important to note that while activities are a critical part of communication for social change, it is **the combination of several coordinated, systematically planned, and sustained activities that results in measurable and meaningful change**. The integrated whole is greater than the sum of the parts.

Table 10: Examples of communication activities and channels used for VAC prevention and response programmes

MASS MEDIA	INTERPERSONAL OR GROUP COMMUNICATION	FOLK OR LOCAL MEDIA	DIGITAL MEDIA OR INTERACTIVE TECHNOLOGIES
<ul style="list-style-type: none"> ✔ Television/ radio spots ✔ Entertainment-education soap operas ✔ Talk or call in shows ✔ Films ✔ Animated series ✔ Comics ✔ Magazines ✔ Story books ✔ Newspaper articles or feature stories 	<ul style="list-style-type: none"> ✔ Outreach by health or social workers ✔ Individual or group counselling ✔ Community education sessions ✔ Child or youth clubs ✔ Peer mentoring ✔ Village or faith-based meetings ✔ Local support groups ✔ Listeners' or viewers' groups 	<ul style="list-style-type: none"> ✔ Community theatre ✔ Folk songs and dance ✔ Wall paintings ✔ Community broadcasts ✔ Mobile cinema ✔ Local contests ✔ Messaging via loudspeakers ✔ Traditional communicators 	<ul style="list-style-type: none"> ✔ SMS feedback, surveillance or reporting ✔ Interactive information websites ✔ Streaming of audio-visual content ✔ Social media groups or apps ✔ Online support and counselling

C4D DEVELOPMENT AND PRETESTING

This phase requires close collaboration with the intended audience members. The aim is to understand the preferences of audience members, to determine the best platforms and channels of communication, and gather storylines or ideas for materials and messages that resonate with reality. Planners need to think through how an issue or action is perceived by participants, what may motivate them to act, and what factors may hinder community acceptance and engagement. Likewise, there needs to be close collaboration with the creative team that will be developing the messages, materials and platforms. Planners are responsible for developing a message brief that outlines what needs to be conveyed (i.e. the technical content), to whom (the audience) and how (the selection of platforms, channels and activities). Planners should also outline some of the key principles such as human rights, gender, disability and inclusion that will need to be considered in the creative design and message development.

The creative team is responsible for the actual design and the production of the material, based on the message brief. Media partners need to understand the technical content, while also being sensitized to ethical considerations. Caution must be exercised to protect the safety and identity of

children (if using real stories or actors) and to avoid blaming or stigmatizing survivors and stereotypes based on gender, disability, ethnicity, or income.

Figure 23 presents the key elements of a message brief.¹⁸

Figure 23: Key elements of a message brief

KEY ELEMENTS OF A MESSAGE BRIEF

- The key issue your message addresses
- The key promise your message delivers
- Support statement or reason to believe the promise communicated in the message
- The competition for the message
- Ultimate and lasting impression the audience should feel after hearing or seeing the message
- How your intended audience perceives someone who uses the product or service, or practices the behaviour being promoted
- The key message points included across all programme communication modalities

It is important that messages are tailored to whatever group or sub-group is to receive them. In the Cambodia PROTECT strategy, for example, the key messages about physical and emotional violence are very different depending on the target audience, as illustrated in Table 11.

Table 11: Key messages for participant groups on physical and emotional violence

CHILDREN AGED 0-3 YEARS:

- ✔ Tell your parents or a grown up close to you if someone hurts you.

CHILDREN AGED 4-6 AND 7-12 YEARS:

- ✔ If you feel scared, upset or are being hurt physically or emotionally, tell someone you trust.
- ✔ Talk to someone close to you and whom you trust if someone you know is being hurt, either by words or by actions.
- ✔ Schools should be a safe and fun learning space for you. Talk to a family member, teacher or friend if someone is hurting you, bullying you or treating you badly in school.
- ✔ Every child, irrespective of gender, ability, ethnicity, age or background is precious and should be treated with love, respect and dignity.

CHILDREN AGED 13-18 YEARS:

- ✔ All children have a right to a life free of violence. Tell someone you trust or seek community support if you are being hurt physically or emotionally.
- ✔ Stand up and say something if you see any child being hurt or humiliated.
- ✔ When a conflict occurs in school stay calm, talk, explain and reason.

¹⁸ Figure 23 is adapted from the Message Brief by the Health Communication Capacity Collaborative (2013) available online at: <http://learning.healthcommcapacity.org/sbcc/tools/m3/MessageBrief.pdf>

PARENTS AND CAREGIVERS (INCLUDES GRANDPARENTS, SIBLINGS AND EXTENDED FAMILY):

- ✔ Hurtful actions and words can harm a child physically and emotionally.
- ✔ Explaining the consequences of actions, listening, setting limits and modelling the correct behaviour are better ways to discipline children than using violence.
- ✔ When children make mistakes, remind them that everyone makes mistakes. Explain what they did wrong, listen to them, guide them and model the correct behaviour.
- ✔ Children need limits and boundaries. Tell them what they can do and what they cannot do, but also listen to them.
- ✔ Children develop best when they experience boundaries and 'discipline with love'.
- ✔ Use positive words, praise and encourage a child when they do something good.
- ✔ Find healthy ways to deal with anger and difficult emotions. You can try counting, breathing, meditating or some physical activity.
- ✔ Children learn from what they see. Children who grow up witnessing domestic violence can have problems and are more likely to experience or perpetuate violence as adults.
- ✔ Every child, irrespective of gender, ability, ethnicity, age or background is precious and should be treated with love, respect and dignity.
- ✔ Schools should be a safe and fun learning space for your child. Talk to a school or local authority if your child is being hurt, bullied, left out or treated badly in school.

COMMUNITY MEMBERS (TEACHERS, LOCAL AUTHORITIES, RELIGIOUS LEADERS):

- ✔ Teach children about kindness and empathy. Encourage them to be kind to each other, including children who may be different from them in terms of ability, gender, background or ethnicity; ask them to think how they would feel if they were in the other child's position.
- ✔ When children make mistakes, remind them that everyone makes mistakes, explain what they did wrong, listen to them, guide them and model the correct behaviour. Remember, children learn what they see.
- ✔ Support the community to learn about and implement positive discipline practices.
- ✔ Use positive words and encourage a child when they do something well or good.
- ✔ Find healthy ways to deal with anger and difficult emotions. You can try counting, breathing, or meditating. Try to find solutions to the problems causing those emotions.
- ✔ Listen to a child and talk to the parents or caregivers if you see physical or emotional violence against a child in your community and refer the child for appropriate services.
- ✔ Stand up for any child who is being hurt or treated badly in your community.
- ✔ Children see, children do. How you treat them is how they will treat others.

Pretesting of communication materials is an important step in designing C4D interventions. **The purpose of pretesting is to measure the reaction of a small but representative sample of members of the intended audience to the concepts and messages of materials before final production.** This helps ensure that the messages, illustrations, characters, tone, campaign images, colours and songs are understood by, and resonate with, the intended audience. It may take multiple rounds of pretesting to get to the final products, but this initial investment is well worth it. Examples of pretesting questions one might ask are given in *Table 12*.

In addition to pretesting messages, planners also need to pretest and pilot platforms and proposed activities. For instance, school-based clubs or community-based parenting sessions may need to be piloted to assess for acceptance, feasibility, effectiveness, attendance, understanding of content

and interest, and engagement of participants, before they are scaled up. Likewise, new platforms or innovative formats, such as digital media or interactive data collection and tracking, will also need to be pretested.

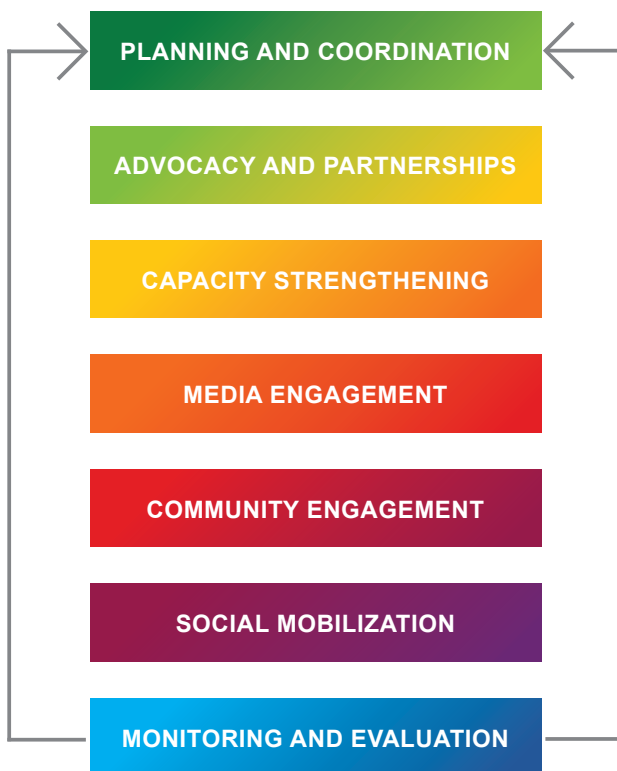
IMPLEMENTATION

Once the strategy has been developed and the materials have been designed and pretested, the next step is the actual roll-out of the programme. Prior to roll-out (implementation), it is important that all the activities and the management and coordination mechanisms are planned. This is usually done through consultations with implementing partners.

Table 12: Examples of pretesting questions

<p>COMPREHENSION AND MEANING What is the main idea it is trying to get across? What will you get if you do that? Is there anything about the ad that is confusing or hard to understand?</p> <p>ATTENTION-GETTING What first caught your eye? Once seeing this, did you want to continue watching or listening? Do you recall seeing this ad?</p> <p>ATTRACTIVENESS What did you find most interesting? Is the announcer's voice pleasing? How can the ad be changed to make it more interesting?</p> <p>RELEVANCY Who do you think this ad is speaking to? What type of people should listen to or see this ad? In what ways are the people in the ad similar to you or different from you?</p>	<p>BELIEVABILITY What is the spot saying will happen if you take the recommended action? How do you feel about what is being offered?</p> <p>CREDIBILITY Who prepared this ad? Who is the most suitable audience for this ad?</p> <p>ACCEPTABILITY Is there anything about the ad you find offensive? Is there anything about the ad you find annoying?</p> <p>PERSUASIVENESS What does the ad make you want to do? How likely are you to do that?</p> <p>USEFULNESS What information did you already know? What new information did you learn? Where do you think the material should be run/ played/ displayed?</p>
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Figure 24: Implementation modalities



It is also helpful to cluster activities under broad categories, or what we call implementation modalities. This can work well when various partners or players are responsible for different components of the programme. For instance, a national non-governmental organization may take on the community engagement component, while certain sections within UNICEF may be responsible for media-related activities; then the Ministry of Education may take on the capacity building component, while the Ministry for Children or Social Welfare is responsible for overall national coordination. The implementation modalities and the management mechanisms can differ significantly based on the type of intervention and context. *Figure 24* presents some common modalities for implementing a C4D strategy or intervention.

PROCESS MONITORING

Process monitoring is used to monitor and document implementation. We can think of process monitoring as an on-going ‘checking in’ of the C4D activities. It is done while a programme is being implemented – not before and not afterwards. Its most traditional function (often referred to as monitoring) is to

determine if the C4D strategy is being implemented as planned, and is assessed by tracking activity outputs. Taking stock of who is involved, counting the number of individuals who attend a workshop, or assessing reach are three such outputs. For example, a sexual abuse intervention for primary school children in Hawaii included observations for each individual lesson in order to ensure that school staff were appropriately trained and supported to teach the sensitive curriculum (Baker et al., 2013).

Process monitoring has many uses (see *Text box 4*) but is particularly important in large-scale interventions using C4D approaches where external factors can critically affect implementation. For example, in a comprehensive

Text box 4: Process monitoring overview

There are many different aspects of programme implementation that we can track. Here are some of them:

- RECRUITMENT:** who is involved in the intervention
- MAINTENANCE:** level of involvement in programme and research
- CONTEXT:** implementation environment
Resources: materials and characteristics
- IMPLEMENTATION:** extent to which programme is conducted according to design
- FIDELITY:** extent to which programme is being delivered according to the plan
- REACH:** extent to which programme is accessible to beneficiaries
- COMPATIBILITY:** extent to which the programme meets the needs of the beneficiaries
- BARRIERS:** problems with reach
- EXPOSURE:** extent to which the beneficiaries engage with the programme
- INITIAL USE:** extent to which beneficiaries utilize the materials/information
- CONTINUED USE:** extent to which beneficiaries continue with utilization
- CONTAMINATION:** external factors

Some ways of tracking these elements include: using audience rating data (if available), doing an omnibus survey (collecting data on a wide variety of subjects at interview), doing content analysis of messages and materials, administering a rapid assessment survey, conducting key informant interviews, or using interactive social media activities.

sex education intervention designed to empower adolescents to make informed decisions about sex and to shift attitudes around sexual coercion, process monitoring revealed that a shortage of computers meant the intervention could not be fully implemented (Rijsdijk et al., 2011). Data later revealed that partial implementation was not as effective as full implementation.

Data from process monitoring can serve as a means to validate and expand interventions. For example, the results of an intervention for maltreating fathers showed that in the first year, 105 men were referred to the intervention. This greatly outnumbered the available treatment slots at the time. Tracking the requests from other communities for training and implementation built a case for the intervention to be scaled up in other communities (Scott and Crooks, 2007).

Process monitoring is also instrumental in helping demonstrate how specific C4D elements are linked to programme results. If the outcome evaluation reveals that a change has taken place, an analysis of the process monitoring data will help us identify which C4D components may have helped bring about that change. Process monitoring for an FGM intervention in Egypt found that men and women exposed to the intervention retained more information regarding the negative health consequences of FGM than those who were not exposed (Barsoum et al., 2009). This data establishes a link between intervention implementation and effectiveness. While it is true that robust outcome evaluations should be able to identify factors contributing to change, process monitoring provides the insights required to make mid-course corrections and to allow programmes to explain *why* change did or did not happen.

REDESIGN AND ADAPTATION

The scope and utility of process monitoring is shifting from monitoring activity outputs to monitoring initial (short-term) results. For example, in behavioural monitoring we use process evaluation as a way to track whether behaviours are changing. Monitoring behaviours systematically over time means that we do not have to wait to the end before seeing if change is starting to occur. If behaviours

are beginning to shift, then we can know that the C4D strategy is working and is headed in the right direction (towards our expected medium-term outcomes). However, if behaviours are not changing, then there is an opportunity to make changes. This creates a feedback loop, where information from monitoring can be used to adjust our C4D approaches, activities, channels and even messages, so the programme as a whole is better positioned to reach its expected objectives. Another

advantage of behavioural monitoring is that if our monitoring plan uses participatory approaches – engaging community members in the research process – then monitoring itself becomes an empowering process, through which community members gain knowledge and skills transferrable to other contexts and issues. *Appendix D* provides examples of participatory methods that can be used for behavioural monitoring.

PROGRAMME SPOTLIGHT 5:

Integrating behavioural monitoring within programmes

The Kishori Abhijan (Adolescent Girls Empowerment) project in Bangladesh (2006-2010), managed by UNICEF and implemented by local non-governmental organizations, used a peer education strategy, with adolescents attending weekly sessions to discuss a variety of issues: child marriage, marriage, and birth registration; and subsequently sexual abuse, exploitation and violence against children. While the primary target audience was adolescent girls, they also included boys, as well as the parents of the adolescent girls and community influentials (teachers and community and religious leaders).

The behavioural monitoring plan included data from five rounds over a period of two and a half years. Four areas were identified for each of the target groups: attendance in the programme, knowledge about the Kishori Abhijan issues, communication with others about Kishori Abhijan issues, and actions taken. An indicator matrix with 20 indicators was developed to cover six behavioural objectives. A total of nine checklists were developed, including attendance records, meeting minutes, information sheets on knowledge, discussion, and actions.

Additional monitoring was achieved directly through a series of five programme activities that were part of the overall Kishori Abhijan curriculum:

I AM: In this free-listing exercise, adolescents describe themselves (I am...) by writing down the first 10 descriptive words that reflect

how they define themselves. This activity measured self-concept/ self-identity from the perspective of the adolescents themselves.

STORIES OF CHANGE: This is as an open-ended platform for adolescents to reflect on their lives and experiences with the Kishori Abhijan project. Adolescents were asked to think about, identify, and write stories about the important changes in their own lives as a result of their involvement in Kishori Abhijan; by analysing these stories, it was possible to assess the extent to which changes reported by the adolescents were connected to the project messages.

FAMOUS ME: One of the key indicators of the Kishori Abhijan project was the percentage of regularly attending adolescents (i.e. those participating in at least 80 per cent of sessions) that talked about specific Kishori Abhijan topics to individuals within their social networks (parent, family members, peers, friends, community members). This activity used social network maps based on the social ecological model where the adolescents reported their network partners.

IDEAL PARTNER: Participants were asked to draw a picture of their ideal marriage partner. Once they had completed their drawing they were asked to report on the characteristics of this person. This activity allowed programme implementers to examine if perceptions about child marriage were changing over time.

MY ENVIRONMENT: Participants were asked to map the places they felt comfortable going to alone, to determine the characteristics of these locations and to see if the Kishori Abhijan centre was one of these locations. This activity addressed issues of mobility among adolescent girls.

Training was provided to local non-governmental organizations to develop their capacity to undertake both programme and behavioural monitoring. A monitoring and evaluation task force was established to ensure that implementers could gather information routinely. To ensure robustness, a local research agency gathered additional data from a randomly selected sub-sample of respondents from all the selected centres/ associations.



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DESIGN AND DELIVER MYTHS

MYTH # 1: It's simple to design a VAC campaign.

- ✔ **RESPONSE:** Designing a VAC campaign is far from simple. Addressing VAC requires more than a campaign to engage and motivate community-based changes. There is no blueprint; we must understand the context, the drivers of violence, and the perspectives of the most affected group and then select activities that can trigger and sustain the change.

MYTH # 2: It's possible to produce effective material in a short timeframe. The government often wants television spots and posters to be produced quickly for national events or Children's Day.

- ✔ **RESPONSE:** Successful communication interventions must be planned and based on research. It is critical to understand audience perceptions and preferences to know what is more likely to lead to behaviour change. Furthermore, ad hoc or one-off activities are rarely sustained, evaluated, or useful.

MYTH # 3: The magic is in the creative design. Hiring a leading creative agency will ensure success.

- ✔ **RESPONSE:** Although creative design is very important, the art needs to be blended with the science of communication. The creative design needs to build on research (e.g. the situation assessment, baseline and pretesting) and must convey technically accurate information in an engaging manner. The messages and the call to action must also be realistic and linked to service delivery.

MYTH # 4: We know from other countries what type of approaches, activities and messages have led to impact. So, we can simply replicate these global best practices.

- ✔ **RESPONSE:** While global best practices can give us useful ideas for C4D approaches,

activities and messages, we must remember that violence is closely linked to socio-cultural norms and practices. It is therefore essential that we contextualize and tailor our strategy to the local context.

MYTH # 5: Once we have done formative research, we can wait until the end of the programme to see if it worked. We don't have the capacity for ongoing monitoring.

- ✔ **RESPONSE:** Even if we do not have the capacity for continual monitoring, periodic checking-in is vital to know if the programme is going as planned. Monitoring allows us to make corrections, to adapt and to scale-up (or stop!).

DESIGN AND DELIVER RECOMMENDATIONS

- ✔ **TAILOR MESSAGES FOR DIFFERENT PARTICIPANT GROUPS.** We need to design different messages and select different approaches for each participant group; what works for lawmakers will not work for parents; what works for teachers will not work for adolescents. A one-size-fits-all approach has to be avoided, as each audience group has different information needs, preferences and communication hooks.
- ✔ **ENGAGE RELEVANT PARTICIPANT GROUPS.** Effective C4D goes beyond dissemination of messages and must engage stakeholders and participants in the development of content as well as in the delivery of interventions.
- ✔ **ENCOURAGE TWO-WAY COMMUNICATION.** When designing a C4D strategy and selecting communication channels and platforms, consider how they can be participatory and interactive. For example, there is value in ensuring that a community theatre performance or film viewing is followed by a group discussion. Likewise, media activities can include telephone or digital media engagement. The dialogues that accompany or follow mediated messages are critical for social and behaviour change.

REINFORCE MESSAGES THROUGH MULTIPLE CHANNELS AND PLATFORMS. Evidence shows that multi-layered interventions that reinforce messages through multiple channels are more likely to be effective. Draw on a variety of platforms and channels based on the local communication landscape (mediated and interpersonal networks) and remember that different groups may have access to different channels.

- ✔ **FOCUS ON KEY MESSAGES AND A MAIN TAKEAWAY.** Violence is a complex and sensitive issue and it is not always easy to communicate. Avoid overloading messages, and have a simple takeaway or call to action. Instead of developing complex or broad messages, keep them focused, short, simple and actionable. Avoid jargon or technical language; go for language that is easy to understand.
- ✔ **PRETEST ALL MESSAGES, PLATFORMS AND ACTIVITIES.** Pretesting is essential. What the programme planners and creative team like and understand will likely be very different from what the intended audience like or understand. It is through pretesting that we will find how we can tweak our messages and activities to inspire the interest and achieve the understanding of our local audience. Pretesting will also guide us on the effectiveness and suitability of the platforms we are using.

- ✔ **INTEGRATE PROCESS MONITORING AS PART OF THE IMPLEMENTATION PLAN.** By integrating our process monitoring in the programme and by building it into the implementation process, we can ensure that we will have regular feedback on what is working and what isn't, and what changes are beginning to occur (or not). This allows for timely adaptations and fixes, and will save both time and money in the long run.

DESIGN AND DELIVER ACHIEVEMENTS

IMPLEMENTATION PLAN

An implementation plan (or work plan) helps us to delineate timelines, budget allocations, sub-activities or steps for each activity, staffing and key responsibilities. Implementation plans will vary in level of detail, but they should, at a bare minimum, answer: **what we are doing, what steps are necessary, where we will be implementing the programme** (e.g. which districts or provinces), **the scale and frequency we are considering** (e.g. how often or how many), **who is responsible for leading each activity, what resources are required** (human and financial), and **when each step will take place** (e.g. milestones and overall timeline). Process monitoring is an important element of implementation, and in order to be able to track progress, we need to have a well-developed work plan. In fact, participatory monitoring can become part of our media or community engagement. *Figure 25* illustrates some of the key considerations for implementation planning.

Figure 25: Considerations for implementation planning





MESSAGES AND MATERIALS

Ultimately, our strategy or campaign should use a mix of communication materials. Materials can include: mass media products, such as television or radio spots; serials; print material, such as brochures or posters; or toolkits or training manuals for interpersonal outreach and group communication. We can also develop specific tools for participatory activities or community engagement (e.g. guides for community mapping or participatory theatre, fact sheets or discussion points for religious leaders or community volunteers). These materials are the interface between our desired outcomes and our audience. Messages and materials need to be carefully designed so that we get the right balance between technical content and creative appeal. The materials must be easy to understand, positively framed, visually appealing, memorable and culturally contextualized. The messages themselves should have a clear call to action such as ‘see something, say something’.

As noted earlier, different audience members or participants will require different material and messages. For example, picture books or comics may suit children or families with lower levels of literacy, but policy makers will be looking for testimonials or informational briefs that highlight the severity or nature of the issue at hand. Some tips to follow while developing messages and materials on VAC are:

- ✔ **Promote respect, human rights and dignity of characters:** Avoid blaming, stigmatizing or showing negative portrayals that depict helplessness. Instead, show individuals or community members who are taking positive actions.
- ✔ **Portray positive images, role models and aspirational characters:** Avoid showing all men as violent or all women as victims. Instead show fathers who use positive discipline and female characters who are confident and motivational.
- ✔ **Don’t focus on the violence itself but on the consequences of violence, and the preventive actions that can be taken:** Avoid showing physical or sexual violence. Instead, use signs or symbols to convey the act – for instance a teacher could notice bruises on a child and try to intervene.
- ✔ **Emphasize that violence against children is everybody’s problem:** Avoid portraying violence as only occurring among a certain class or group of people. Instead, highlight that violence cuts across class, ethnicity, education level or location.



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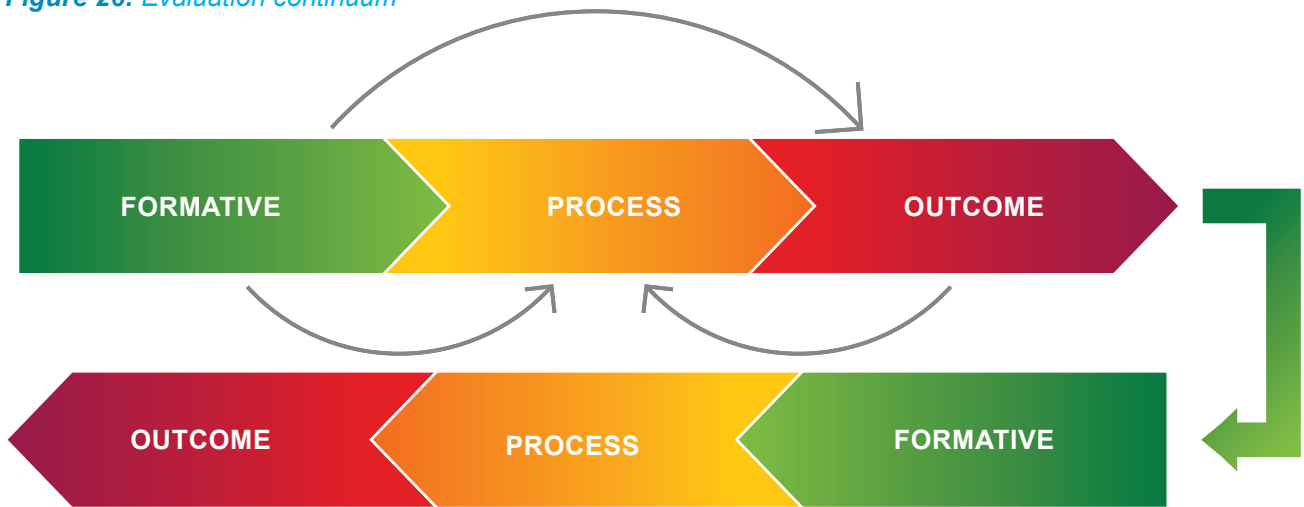
4. Evaluate

To describe the third section of the C4D programming approach as ‘Evaluate’ is misleading. Although this step may appear third in the process, we have to think about evaluation from the very start. Planning, designing, implementing and evaluating happen along a continuum.

The development of evidence-based C4D interventions requires evaluation to begin as part of the *planning* phase together with situation analysis and formative research (see *Figure 26*). Along with a communication strategy, the development of a robust M&E plan is an integral part of planning, and has the added benefit of ensuring that formative, process and outcome assessments are embedded throughout the entire process.

As discussed in the planning stage, it is also important to think about baselines. Knowing where potential participants are before the implementation of an intervention is crucial if we wish to examine what change has occurred in individual and social behaviours over time. Our ability to compare pre- and post-intervention measurements gives us higher reliability and validity than an evaluation that is planned and executed post-implementation. Just as baselines are important at the planning phase, so is process evaluation during the design and deliver stage. Process evaluation allows us to examine if a C4D intervention is being implemented according to plan and to redesign and adapt interventions that may not be appropriate for intended audiences or that may have unintended

Figure 26: Evaluation continuum



negative consequences. Mid-course corrections are a vital part of ensuring that our C4D interventions are heading in the right direction.

Earlier in this *Technical Guidance*, we looked in Section 2 at situation assessments, formative research, baselines, and in Section 3 at pretesting and process evaluation. Here in this fourth section we will focus on impact assessments and plans for replication and scale-up.

ENDLINE (OUTCOME ASSESSMENT)

An outcome evaluation serves “to measure the effects of a programme against the goals it set out to accomplish, as a means of contributing to subsequent decision-making about the programme and improving future programming” (Weiss, 1995). An outcome evaluation answers the question: ‘Does the programme make a difference?’. It enables us to see what has changed and by how much, and whether that change is consistent with programme objectives. A successful programme is one that achieves its stated results. But sometimes C4D approaches do not have the results we expect. It is important to realize that a programme can have a positive or negative impact, meaning it can incite change in the direction we anticipate, or in the opposite direction.

Long-running interventions give researchers and interventionists more time to understand the true benefits of programmes. Social and behaviour changes take time, so the longer interventions run,

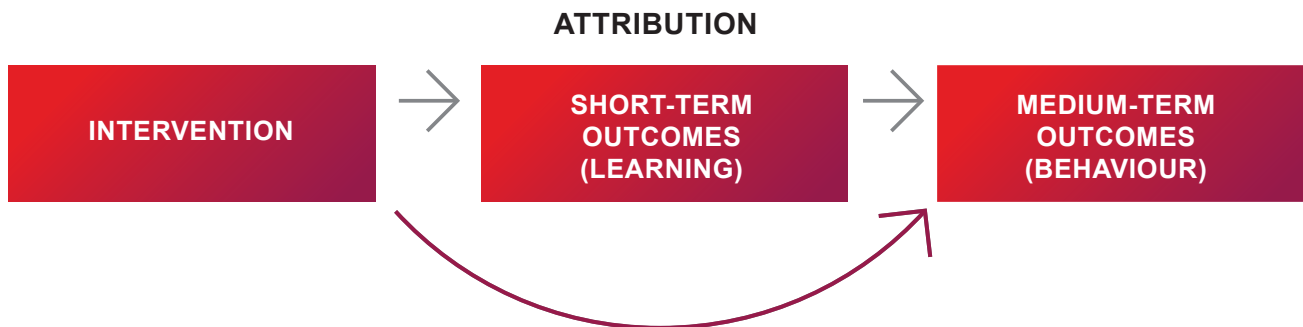
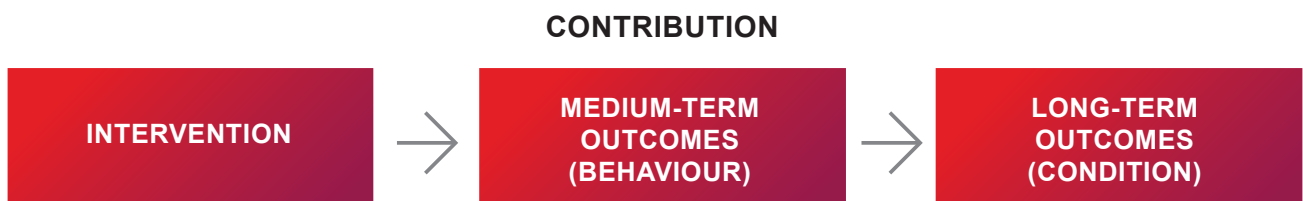
the more accurately we can assess them and the more confidently we can understand if and how they work. For example, an evaluation of a bullying prevention intervention for primary school children compared three schools with differing intervention lengths. Data revealed that students in the two-year intervention reported more positive attitudes towards those being bullied than was found amongst students in the shortest intervention that lasted only three months (Beran, Tutty and Steinrath, 2004).

Data from outcome evaluations in UNICEF’s *Systematic Review* (Sood and Cronin, 2019) reiterate the importance of tailoring programmes to specific contexts and populations, as discussed in earlier sections. Similarly, there is data to suggest that interpersonal and community interventions tailored specifically for at-risk populations achieve more success. For instance, *PeaceBuilders* is a school-based, universal violence prevention intervention that disaggregated students into low-, medium- and high-risk groups for future violence (Flannery et al., 2003).

Outcome evaluations included in UNICEF’s *Systematic Review* highlighted the complexity of VAC and the need for multi-level programming that promotes change across social-ecological domains. Interventions that used a gender-transformative approach to promote equitable relationships between men and women, that looked beyond the individual and that considered the social context, were more effective in generating behaviour change when compared to more narrowly focused interventions (Barker et al., 2010).



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Figure 27: Attribution or the direct effects model*Figure 28: Contribution or the indirect effects model*

Outcome evaluations should not only tell us what worked and what did not, but also, and importantly, they should explain why something worked or did not work. They do this through analysing the theory of change by comparing programme participants over time (panel) or by establishing a matched control group (individuals who were exposed to the C4D activities). Programme planners and funders use the results from effectiveness evaluation to improve future programming, replicate interventions in other settings and with other populations, and propel the scale-up of promising interventions. Encouraging findings, for example, can be used to reassure stakeholders of the benefits a community is reaping and can demonstrate that financial resources are being used wisely. Discouraging findings can be just as informative. They can prompt researchers and programme planners to go back to the drawing board and rethink an issue or approach, allowing for experimentation and innovation to take root. In short, outcome evaluations help us understand the past (what was implemented) while also getting us to think about the way forward (what will be implemented next).

There is a choice of design options for child protection programmes - indeed, for any programme. When deciding what evaluation to use, the following questions should be considered (UNICEF, 2015b):

1. What is the purpose of evaluating the programme?

2. When should evaluations be conducted?
3. What types of evaluations are required?
4. What designs will the evaluation use?
5. How much will the evaluations cost?

OPTION 1: If we go for a **non-experimental evaluation with no baseline**, it is comparatively simple to arrange, but since there is no comparison group, results may be wrongly attributed to the programme, and we have no evidence in quantitative terms regarding the degree of change and what caused it.

OPTION 2: If we go for a **non-experimental evaluation with a baseline**, progress is compared to the baseline measures taken at the beginning of an intervention, so it can provide information regarding the degree of change, but again, like option 1, we cannot be sure why a change has happened, and have no information about the trends and progress during the two snapshots (the baseline and the endpoint measure).

OPTION 3: If we go for a **non-experimental evaluation with a longitudinal design**, although we still don't have a comparison or control group, it's a multiple approach, which includes baseline, mid-term, terminal and/ or follow-up evaluations.

It's a strong evaluation design with broad coverage (outputs, outcomes, impact), but it will be costly and resource intensive due to multiple evaluations.

OPTION 4: If we go for a **quasi-experimental evaluation**, which means that we use a (non-randomly-selected) comparison group that does not benefit from a child protection intervention at all, or that benefits from a different intervention, then we will get a reasonably good estimate of the scale of change caused by the programme. However, it may be difficult to find the comparison group, and the use of comparison groups can raise deeply problematic moral and human rights questions.

OPTION 5: If we go for an **experimental or 'randomized design' evaluation**, where we use a randomly selected comparison group that does not benefit from a child protection programme, we will get reliable and credible evidence and can statistically control for sample selection, but random assignments may be ethically or practically impossible and are likely to be costly and resource intensive, and again the use of comparison groups can raise deeply problematic moral and human rights questions.

None of the options are perfect - it's a matter of finding the most suitable (or least worst); but the worst of all options is to do no evaluation at all.

Measuring the added value of C4D in VAC programming

In thinking about the results of programmes, we are delineating the cause-and-effect link between what our VAC programme *does* (i.e. the C4D activities it implements) and what results it *achieves* (the outputs, outcomes and impacts). Robust evaluations allow for the direct and indirect effects of C4D approaches to be captured.

ATTRIBUTION: DIRECT PROGRAMME EFFECTS

Attribution refers to whether changes that occur (e.g. in social norms or child protection) are a direct result of exposure to or involvement in the

intervention (see *Figure 27*). Let's say a parent attends a positive parenting intervention where parents learn about the harmful effects of violence on child development. Shortly afterwards, that parent starts using positive disciplining techniques. Would this have happened even if the positive parenting intervention hadn't taken place? If it might have happened anyway, then we cannot attribute the change to the intervention. But if we can show that these changes in behaviour are linked directly to the parent's participation in the positive parenting intervention, then we can *attribute* the results to the intervention.

So, for example, a claim might be made that e.g.: 80 per cent of parents now practice positive parenting techniques compared to 62 per cent in 2016 **due to the UNICEF-supported programme**.

CONTRIBUTION: INDIRECT PROGRAMME EFFECTS

Contribution refers to a link between exposure or involvement in an intervention and the achievement of results that occur indirectly through the completion of outputs (see *Figure 28*). Say, for example, that an entertainment-education programme addressing child marriage, gender-based violence and FGM airs nationally for two years. The programme is hugely successful. Exposure to the programme is directly associated with changes in knowledge and attitudes and even encourages interpersonal communication about these taboo topics. Five years after its initial debut, national data show a decrease in rates of child marriage and FGM. The question becomes: Can these decreases be linked back to individuals' having watched the entertainment-education programme? If so, then we can say that the programme indirectly contributed to changing social norms (outcomes and impacts) that came about through direct changes in outputs.

So, for example, a claim might be made that: the entertainment-education programme contributed to the percentage of community members supporting child marriage falling from 89 per cent to 79 per cent.

PROGRAMME SPOTLIGHT 6:

Breakthrough's Bell Bajao approach

The comprehensive evaluation conducted for Breakthrough's Bell Bajao (Ring the Bell) campaign¹⁹ in India is an excellent example of how robust research can be used for a violence prevention communication initiative. Launched in 2008 to address domestic violence,²⁰ the campaign called upon men and boys to act when they witnessed violence. Using an integrated approach that included television spots, radio, print, online multimedia, educational materials, and travelling video vans, the campaign brought what had been considered a private issue to public attention, and reached over 130 million people in its first three years. A range of M&E techniques were used in the Bell Bajao intervention before, during, and after the campaign (Aleya, 2012).

Formative research included a baseline survey of prevalent knowledge, attitudes and practices related to gender-based violence, women's rights and legal frameworks. The baseline also provided information on media habits and trusted sources of information. Secondary data such as national health surveys and lessons learned from previous campaigns complemented the primary research. The baseline measures were used to create benchmarks to be monitored regularly during the campaign. A combination of quantitative and qualitative tools was used for the ongoing monitoring of the campaign. This included a rapid assessment survey conducted in two waves following each media burst, and the collecting of stories using the Most Significant Change Technique.²¹ In-depth interviews were also conducted with partners to assess the extent of their ownership of the campaign and the issue of domestic violence. The endline evaluation was carried out in two districts in each of the two intervention states (Karnataka and Uttar Pradesh), and this aimed to measure the

changes in knowledge, attitudes and practices that resulted from the campaign. Comparisons were made between the treatment group, who experienced both the educational and media components of the campaign, and a control group, who experienced only the campaign's media components. In addition, Breakthrough used *audience reach* measurement tools to identify the numbers and demographic information of people reached through television, print and internet, drawing upon data from Television Audience Measurement, the National Readership Survey, Nielson ratings, Google Analytics and Google Adwords. It also assessed website viewership and participation on blogs, social networking sites, and distribution of campaign materials (Breakthrough, n.d.). It was shown that, amongst people impacted by the Bell Bajao intervention, there were shifts in attitude and in the ability to demand and receive rights.

The robust M&E design ensured ongoing feedback to improve the campaign as well as reliable measures of the changes resulting from the intervention. Because multiple methods were used, it was possible to triangulate results. Quantitative methods were used to measure changes in levels of knowledge, attitudes, practices, and media preferences pre- and post-intervention. Qualitative methods such as the Most Significant Change Technique enabled individual stories of change to be captured at different levels of the social ecological model. One story, for instance, describes how attitudes towards women changed at a personal level; another describes how confidence-building efforts led to community action in the face of violence. The stories also reveal specific actions that resulted from the intervention, such as men beginning to treat women differently, or women acting to end HIV-related discrimination.



19 Additional information on the campaign is available at <http://www.bellbajao.org>

20 Domestic violence refers to violence that is perpetrated by an intimate partner, spouse or family member, and occurs typically within the confines of the home. While domestic violence is most often discussed within the context of gender-based violence and is usually perpetrated by males in positions of trust and power, at times women may also be perpetrators of violence and men and boys may also experience domestic violence (UNICEF, 2000).

21 For more on Most Significant Change see *Appendix D*



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REPLICATE AND SCALE-UP

One of the key recommendations from the *Systematic Review* concerns the importance of scaling up promising interventions, by incorporating best practices from around the globe into locally contextualized programming (Sood and Cronin, 2019). Key examples come from positive parenting and anti-bullying interventions. A recent review of randomized control trials using social and behaviour change communication to address VAC (Cronin et al., 2018) indicates that there is robust evidence on the efficacy of school-based interventions to address **bullying** that focus on whole school approaches, with clear roles for school administrators, teachers, parents and children. **Corporal punishment** interventions that focus on positive parenting can

also be replicated, while at the same time, serving as entry points to tackle other forms of VAC and harmful traditional practices.

There are two distinct types of scale-up to be considered. First is the expansion of an effective intervention to cover larger and more diverse audiences and/ or a wider location (horizontal scale-up). When planning for scaling-up, it is important to ensure the quality of the scale-up, reaching out to all those 'left behind' and ensuring the sustainability and adaptability of results. Second is the trans-creation of a best practice into a new context and its adoption at the policy or institutional level (vertical scale-up). The combination of both horizontal and vertical scale-up results in sustainable change.

PROGRAMME SPOTLIGHT 7:

Scaling-up anti-bullying interventions

One successful example of both vertical and horizontal scaling is the KiVa anti-bullying programme. In 2006, the Finnish Ministry of Education and Culture, in partnership with the University of Turku, developed the KiVa programme, a comprehensive anti-bullying programme for Grades 1-9 in Finnish schools. KiVa uses a bystander approach, a prevention strategy that focuses on the little things that individuals can do to generate momentum for social change. KiVa has combined theory and evidence-based approaches with systematic and sustainable implementation to successfully deliver desirable social outcomes across languages and countries.

The KiVa programme uses constructs from Social Learning Theory to reduce school-based bullying. It seeks to change the attitudes of bystanders and bullies towards bullying, and to increase the self-efficacy of bystanders to defend individuals being bullied. It also uses Stages of Change Theory, in that it gives students techniques to make a difference, helping them move from one stage of change to another, for example from preparing to intervene, to actually intervening when bullying occurs (Salmivalli and Poskiparta, 2012). The KiVa programme focuses on group engagement and involves students in discussions,

group work and role-playing scenarios, introducing bullying as a collective responsibility and raising awareness about bullying.

The KiVa anti-bullying programme takes a two-prong approach, promoting both 'universal' and 'indicated' actions. Universal actions focus on preventing bullying by creating an anti-bullying culture. Indicated actions are put into operation when cases of bullying are brought up. Ongoing data collection allows for schools to follow their own trends of the prevalence of bullying, comparing results to national trends and documenting attempts and achievements to tackle bullying. Interestingly, studies show that a well-designed, research-based programme such as KiVa can reduce multiple forms of bullying, and there might be no need to develop specific programmes for different forms of bullying.

The KiVa programme has been implemented and evaluated in numerous countries outside of Finland. Currently the programme has implementation partners in 16 countries on three continents. Additionally, research on its efficacy has been evaluated in three countries: Greece, South Africa, and the United States of America. The indications are clear that the programme is scalable and sustainable (Salmivalli, Kärnä and Poskiparta, 2011).



EVALUATE MYTHS

MYTH #1: I can't do M&E because that's not my job and I don't understand it.

- ✔ **RESPONSE:** While not everyone needs to be an M&E expert, with a little study, practice, and guidance (like the one provided in this resource) anyone can understand the core concepts of M&E and apply them.

MYTH #2: M&E is all numbers.

- ✔ **RESPONSE:** Visual and narrative data can provide rich contextual information with which to better understand numeric data. Further, numeric data doesn't only come from quantitative methods. We can use qualitative and participatory methods to elicit numeric data, for example by having community members conduct household or school observations. Combining stories and numbers can yield incredibly rich results.

MYTH #3: M&E is hard.

- ✔ **RESPONSE:** That depends. There are many things we can do to make it much easier, such as thinking about M&E during programme planning; using a theory of change to guide programme design and M&E; establishing expected results including outputs, outcomes and impacts; and thinking through each phase of evaluation.

EVALUATE RECOMMENDATIONS

- ✔ **EVALUATE FREQUENTLY.** Instead of thinking of evaluation as the last step in a linear process, we need to think about evaluation as a key component of planning, implementation and measuring effectiveness, and ensure it is part of all three steps.
- ✔ **PLAN FOR ATTRIBUTION AND CONTRIBUTION.** When measuring effectiveness, we need to examine which changes can be directly attributed to C4D, and which changes the C4D intervention contributed to through an intermediary. Mapping both direct and indirect pathways to change provides sufficient evidence to explain not just what works but how it works. Measuring these types of relationships requires the collection of quantitative data and the application of advanced multivariable statistics to make a strong case.
- ✔ **INCLUDE A COMPARISON GROUP (OR MEASURE CHANGE OVER TIME).** In order to measure if an intervention is effective, it is not enough simply to measure changes in knowledge, attitudes and practice in intervention sites; we must also look at the *counterfactual* – what happens in the absence of an intervention. At the very minimum, we should compare those who received the C4D interventions with those who did not (unexposed group). Of course, where C4D programmes offer full coverage it is difficult to find any completely unexposed comparison group, so in such cases we can look at the frequency, duration and intensity of exposure, and make a comparison between groups with higher 'doses' of the intervention and those with lower 'doses'. Another difficulty with creating comparison groups is that it may entail withholding an intervention from a group of people. In the case of VAC, this raises strong ethical concerns. One option that avoids having to intentionally exclude a group of people from support, resources and advice on preventing VAC is to choose a different comparison. Rather than compare beneficiaries from non-beneficiaries, we can compare the same population at different times, before and after the intervention. This way, no one needs to be excluded. However, it does require us to have baseline (pre-intervention) data against which to compare our post-intervention results.
- ✔ **EVALUATION IS CYCLICAL.** Outcome evaluation should be viewed not only as an end in and of itself, but also as a starting point for re-planning and scale-up. Through evaluations, we can build up a repository of lessons learned,

recommendations and best practices that can be adapted for other contexts.

- ✔ **IMPROVE ACCOUNTABILITY.** Another key recommendation is to use the feedback obtained not only for internal accountability, such as making programme and personnel decisions, but also for external accountability, such as providing reports on programme effectiveness to government organizations and funding agencies. This data can also be used for advocacy purposes to generate more political and financial support for VAC programmes.
- ✔ **THINK, ACT, MEASURE 'GLOCAL'.** Violence against children is a global issue that exists in all countries, societies and cultures in some shape or form. However, VAC is both visible and invisible. This presents certain measurement challenges, and local indicators of VAC are often not accessible. It is important to prioritize resources for research and, whenever possible, make use

of the standard global indicators. Essentially the recommendation is to position VAC as a 'glocal' (global + local) issue by utilizing global indicators of VAC, which can in turn be used to design individual and social change interventions tailored to the local realities.

EVALUATE ACHIEVEMENTS

There are two products that should emerge from the evaluate phase of an intervention:

a comprehensive research report and a knowledge management plan.

In addition to outlining the methods, sampling, tools, and informed consent procedures followed, a good quality research report will not only present the results, but will also interpret the findings (discussion), document lessons learned and draw up recommendations to guide future research and practice (see Figure 29).

Figure 29: Key elements often missing in research reports



The table below provides a template for writing successful and comprehensive research reports.

Table 13: Research report template

REPORT COMPONENT	DESCRIPTION
Summary of research findings	<ul style="list-style-type: none"> ✔ Clean, concise and well-organized summary of the research findings.
Background and rationale	<ul style="list-style-type: none"> ✔ Literature review summarizing extant theory, practice and robustness of existing research. Explanation of why the research was carried out, the context in which it was undertaken, what it contributes to existing knowledge, what potential impacts it will have, how it advances work in this field of inquiry, information on ongoing or similar research, the added value of this particular study, and who will utilize these findings. ✔ Description of research aims and objectives, hypotheses and related research questions, conceptual frameworks and theories of change.
Research methodology	<ul style="list-style-type: none"> ✔ Information and justifications covering research approach and methodology including research design, sampling strategy (sampling frame and units of measurement, calculations, sample size, populations, and discussion around representativeness of sample), definition of key variables and concepts, inclusion and exclusion criteria for respondents, participant recruitment strategy and length of involvement, data source or data collection methods, data analysis methods and ability to disaggregate data to show differences between group where applicable, discussion of strengths and weakness of research/ study and other relevant methodological issues. ✔ For quantitative research, explanation of statistical models and power calculations with justification of sample size. ✔ For qualitative research, explain data analysis approach and linkages to theoretical framework. ✔ Inclusion of study/ research timeline (e.g. Gantt chart). ✔ Explanation of review process if applicable.
Ethics	<ul style="list-style-type: none"> ✔ Discussion of issues related to research ethics, human rights, gender and privacy, how study applied the 'do no harm' principle, how risks were mitigated, how data collection processes considered cultural, ethnic, and legal concerns. ✔ Information on how ethical approval was obtained (e.g. through IRB), use of consent/ assent forms, and provision of information for respondents to contact the research team for follow-up.
Evidence, analysis, and findings	<ul style="list-style-type: none"> ✔ Information presented, analysed and interpreted in a systematic and logical manner linking back to the research questions, hypotheses, frameworks and theory of change. Data disaggregated where appropriate to indicate impact or effects across groups. ✔ Transparency with sources and quality of data, data triangulation, clear connection between the evidence, findings, and recommendations/ conclusions. ✔ Contextualization of findings, insights into cross-cutting issues, consideration of attribution and contribution issues. Identification of unintended and unexpected findings. ✔ Concrete recommendations that are sufficiently detailed to be operationally applicable. Lessons contributing to general knowledge, valid, and reflecting the interests of different stakeholders.
Annexes	<ul style="list-style-type: none"> ✔ Acknowledgement of research team, partners and advisory boards. ✔ Original Terms of Reference, protocol/ inception report, research framework (with research questions), and bibliography.

The second thing that should be achieved from the evaluation of a VAC programme is to get the information out there. A Knowledge Management Plan (dissemination strategy), which ideally should have been developed prior to the completion of the study, will spell out how the results can best be shared with the appropriate audiences. Having independent colleagues with subject matter expertise peer-review research ensures objectivity and lends validity and reliability to the study. Research reports or presentations may be disseminated to other investigators,

professionals and policymakers, and within professional networks. Readership and citations for the work can be enhanced by writing books, book chapters, and peer reviewed journal articles. A brief research report can also be submitted to professional organizations or the media. Press releases should also be considered, as this is an efficient mechanism for dissemination. Communicating study results to participants is based on the Belmont principle of respect for persons, and although not required, it is an ethical consideration given their participation.

EVALUATE

Some possible means of communicating and disseminating research findings are listed in *Figure 30*. All of these actions allow evaluation results to be used as a guide for future practice and evaluation.

This way, indirectly, the evaluation itself can contribute to VAC awareness and prevention.

Knowledge management plans can be organized in many different ways. *Table 14* offers one example of what could be included.

Figure 30: Means of disseminating research findings

WRITTEN	ORAL	ELECTRONIC
Books, book chapters, research report, executive summary, peer-reviewed journal article, research or policy briefs, newsletters, press release	Conference presentations, posters, Power Point presentations, panel discussions, debriefs, town halls, radio/television, community meetings	Web site, webinars, social media (Facebook, Twitter, Google), podcasts, mobile updates, blogging, YouTube, slideshows, online reference managers

Table 14: Knowledge management plan template

MEDIUM	SPECIFIC PRODUCT	AUDIENCE	RELEASE DATE	PERSON(S) RESPONSIBLE	STATUS	FOLLOW-UP ACTIVITIES	NOTES
Paper							
Face-to-face							
Online							





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5. Final considerations and conclusion

As we approach the end of these guidance notes, it is worth looking at several final and critical considerations in the context of planning, designing and delivering and evaluating VAC programming using C4D: the humanitarian context, human rights, gender, disability research, and ethics.

HUMANITARIAN CONTEXTS

Health outbreaks such as ebola, zika and cholera, natural disasters such as earthquakes, floods, hurricanes and tsunamis, as well as armed conflicts, wars and famines are all considered humanitarian crises. C4D has a unique role to play during such situations, from the perspective of planning ahead and disaster preparedness, to coordinating immediate and long-term responses during a crisis, and focusing on behaviour and social change for recovery in the aftermath. Children are among the most vulnerable population groups during emergencies and humanitarian crises, and child protection becomes even more critical as children's vulnerability to violence, abuse and exploitation increases.

C4D is grounded in the human rights-based and results-based approach to programme planning and development, and facilitates community mobilization and participation in responding to humanitarian

crises. A participatory approach is appropriate in such contexts, as it enables people to make informed decisions, take action, and adopt positive behaviours. It is a commonly held myth that affected communities are in so much shock and so helpless that they cannot take responsibilities for their own survival. On the contrary, most communities, especially children, experience psycho-social healing and return to normalcy faster when they participate in helping others during and after a crisis. Recent experiences with C4D efforts during health outbreaks, natural disasters and other emergencies have highlighted the role of community engagement and social mobilization.

C4D contributes to maintaining humanitarian principles by raising awareness, building trust, and advocating for children's and community members' rights. Such principles include:

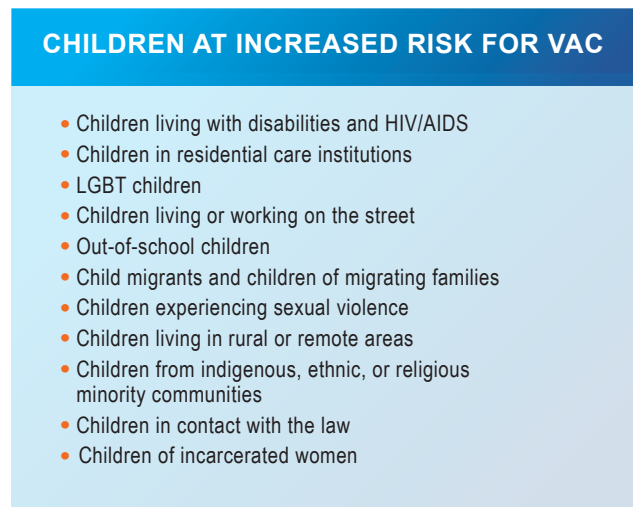
- ✔ **HUMANITY:** ensuring that all those affected are treated humanely, by saving lives and alleviating suffering, while ensuring respect for the individual.
- ✔ **IMPARTIALITY:** ensuring that assistance is delivered to all, based only on their needs, equally and without any discrimination.
- ✔ **NEUTRALITY:** a commitment not to take sides in hostilities and to refrain from engaging in controversies of a political, racial, religious or ideological nature.

HUMAN RIGHTS

As the Convention on the Rights of the Child (CRC) states, children have the inherent right to life and state parties should take appropriate measures to ensure the protection of children from all forms of physical or mental violence, injury or abuse, neglect, maltreatment or exploitation (CRC, 2007). We must consider the CRC when developing and implementing interventions as it provides a framework for legal principles and standards to protect children from violence (Pinheiro, 2006).

While all children are vulnerable, there are some populations that are at an increased risk of violence (see Figure 31). State parties have an obligation to identify the barriers, factors and circumstances that impede members of these vulnerable groups from accessing violence prevention and response efforts. It is critical that these specific groups are not overlooked and forgotten in planning and programming.

Figure 31: Children at increased risk of violence



GENDER MATTERS

Gender is a key factor influencing the nature and severity of VAC.²² Issues of gender are deeply connected to conceptions of power, culture and agency, and each society's construction of gender, power, culture and agency is unique. We need to know how these concepts are interwoven if we are to understand the context around violence, and then to design effective and sustainable interventions.

Not all forms of VAC affect girls and boys in the same way or with the same magnitude. For example, girls suffer from the impacts of sexual exploitation and honour killings at a higher rate than boys, but boys are more vulnerable to gang violence and domestic (or school-based) corporal punishment (Hasanbegovic, 2003). We need to tailor our interventions to make sure they address the specific needs of girls and boys. Moreover, gendered norms can limit the ways in which children and adolescents respond to acts of violence. Girls may have less mobility in public spaces than their

22 This section draws upon work done by Ami Sengupta as part of the global Systematic Review.



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male counterparts, and thus have fewer options to flee a violent situation, whereas this same physical freedom may place boys at increased risk of kidnapping into child labour or being trafficked. It is clear, then, that gender can complicate VAC issues and the ways in which they should be approached. Likewise, the stigma attached to sexual abuse may limit how both girls and boys report incidences. In the case of girls, notions of honour and chastity may be a factor in not reporting, while for boys the norms associated with masculinity may prevent them from telling anyone about abuse.

There are several other considerations to keep in mind when developing equitable and context-appropriate C4D interventions addressing VAC. First, segmenting audiences is useful in order to ensure that C4D activities geared towards girls and boys address their specific needs from the outset.

Second, C4D can be integrated into a gender equality framework to create gender-responsive VAC interventions that work to change harmful or inequitable norms and power structures. Gender-focused programmes, especially those using a gender-transformative approach, are only possible through the engagement of all sectors of the community, including both genders, adults and children, in order to be both long-lasting and inclusive. Men and boys are often blamed for violence, but

it is important to remember they too experience violence. Evidence from the *Systematic Review* clearly highlighted the value of female empowerment as a means of addressing the needs of girls and renegotiating gender norms linked to VAC.

Thirdly, inclusivity is key when it comes to addressing VAC issues. Are the most vulnerable populations of girls, boys and those outside of the gender binary being addressed? Is the intervention addressing the varied needs of its population of interest? These and other questions have to be considered if we are to ensure that our C4D approaches are effective, culturally appropriate, and sustainable.²³

DISABILITY MATTERS

Worldwide, children with disabilities are among the most marginalized populations and are at higher risk of violence than those without disabilities. This is due to negative traditional beliefs within communities, lack of social support, discrimination, and heightened vulnerability due to their medical care needs (Groce et al., 2005; Jones, et al., 2012). With girls having a higher prevalence of disabilities than boys, it is important to be mindful of unique barriers that they may face when accessing treatment and justice (United Nations, 2013).

²³ For more on gender and gender norms, see p. 116 of [Lennie and Tachi \(2011\)](#).

As the slogan for the disability movement states, 'Nothing for us, without us'. Inclusion and equity cannot be fully realized without the participation of children with disabilities in VAC programming and research. Incorporating the voices and perspectives of children with disabilities into programming efforts is likely to lead to more effective prevention and response strategies. Moreover, to ensure that C4D interventions are equitable for children with disabilities, we must consider: Who is the decision-maker in the household? How much difficulty will they encounter when reporting or accessing treatment? How easily can they communicate violence to members outside of their family? By considering such questions we can ensure that interventions are accessible and appropriate for children with disabilities.

RESEARCH ETHICS

This global resource has already touched upon the importance of involving children in issues that affect them, not only because they have the right to be heard but also as a means of enriching research findings. We need to think about how children can be meaningful participants of research endeavours in a way that fulfils international legal and ethical requirements and considers a child's age and developmental capacities. Research with human subjects must legally adhere to high ethical standards. This is all the more critical when working

with children (a vulnerable population) and when discussing violence (a sensitive topic).

Anyone considering research involving children would be well advised to consider the questions in *Text box 5*. When collecting data on VAC for C4D programmes, we may want to explore children's experiences with violence. However, as researchers, we should tread carefully, making every attempt to minimize the possibility of re-traumatizing a child. To minimize distress or discomfort, we should adopt a child-centred approach, incorporate child-friendly debriefing sessions, and if possible have a primary caregiver present. Furthermore, it is important to realize that by asking children to disclose or report violent events such as abuse, we may be putting the child at risk of further violence if the perpetrator should overhear or learn about what the child has told us. It is important therefore to have private spaces available, an established confidentiality protocol, and mechanisms to securely store data. Finally, the way that a child participates in a research activity should be dictated by the age, competence and vulnerability of the child. This applies to all components of the research activity: from the research design, to the informed consent procedures, to the data collection and knowledge management processes. Researchers should challenge themselves to be as inclusive as possible, without jeopardizing the rights, dignity, well-being or safety of a child.

Text box 5: Key ethical questions concerning research involving children

Take a moment to reflect upon the following questions adapted from Graham et al. (2013) before embarking on research activities involving children:

- Is the research necessary? Should it be undertaken?
- Are you, the researcher, ready and capable to conduct research with children? Do you have the requisite skills and resources to work effectively with children?
- How will you obtain informed consent? Will you also collect parental consent?
- What are your assumptions about childhood? What are those of the community you are working with?
- What are the potential risks faced by a child, their family or community by being involved in the research activity?
- What are the potential benefits for the children, or their family or community?
- Are there any issues of power and status to contend with before involving children as research participants? If so, how will these be mitigated?
- What child protection protocols are planned to ensure the safety of children?
- If a child becomes distressed, what will you do?



6. Roadmap to accompany technical guidance for C4D programmes addressing violence against children

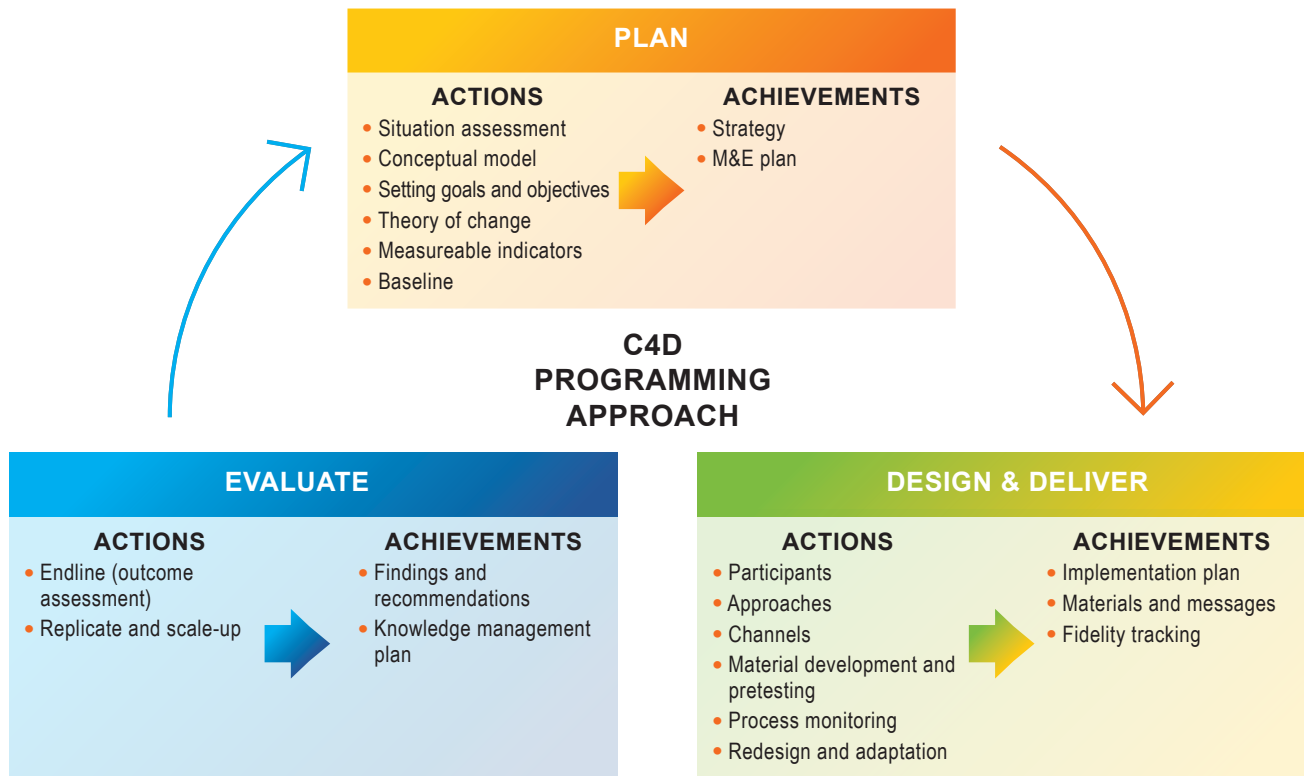
INTRODUCTION

This Roadmap was developed to accompany three five-day regional workshops - in the the East Asia and Pacific Regional Office (EAPRO), the Europe and Central Asia Regional Office (ECARO), and the Latin America and Caribbean Regional Office (LACRO) - that were designed to strengthen communication for development (C4D) efforts to prevent and respond to violence against children (VAC).

The workshops aimed to enhance the capacity of UNICEF staff to plan, implement and evaluate evidence-based C4D strategies to address VAC. The roadmap is provided here to help you apply the knowledge in this Technical Guidance to develop or modify your C4D research, M&E or VAC strategies, based on your current or forthcoming country action plans.

Individual sections of the Roadmap follow the three-step C4D programming approach (see *Figure 2*).

Figure 2: C4D programming approach with actions and achievements



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PRIORITY ISSUES IN VAC

Task: Based on your country programme priorities (CPD; strategies), list the CO priority area(s) for VAC (for example: positive/ non-violent parenting; violence in schools; online/cyber bullying; gender-based violence). If you are working on more than one VAC issue, you may rank three issues in order of priority.

If you identify more than one priority area, you will have to follow the same process for each area – situation assessment, development of outcomes and outputs, strategic approaches, activities etc. In your real-world context, you may include all the priority issues in one roadmap, by creating complementary sub-sections for each issue.

PRIORITY AREA(S) BY RANK
1.
2.
3.

SITUATION ASSESSMENT

Task: Briefly outline some of the key aspects of the situation in your country. Consider the questions provided below, and highlight what you know, what you do not know but need to know, and what you will do to fill in the information gaps.

Note: Refer to the section on Situation assessment in the Technical Guidance

QUESTIONS TO CONSIDER FOR SITUATION ASSESSMENT	
What is known about the issue? What are the most affected areas (if relevant) and who are the most affected or vulnerable populations?	
What do we know or not know about the participant groups' knowledge, beliefs, misconceptions, attitudes, and practices?	
Are the practices influenced by social norms? If yes, what are the sanctions and reinforcements associated with the practices? How are those who do not conform to the social norm treated by others?	
What sources and channels of communication do people use, like and trust? Who do they trust on issues related to children's health and development?	
What programmes and services already exist? What are the barriers to accessing these services or programmes?	
Who can influence or impede the desired change? What are their interests and reasons behind their (potential) resistance or support?	

At this point, there may be several areas about which you do not have adequate information. In the box below, please outline areas where you need more information, and what will be required to fill in these gaps. **Keep in mind the aspects of inclusion and empowerment, scale, sustainability, partnerships, coordination, capacity building and resources.**

Situation assessment (what you do not know yet and need to find out):
Follow-up steps (how you will go about filling these information gaps):

CONCEPTUAL MODELS

Task: Review the conceptual models and think about what you are trying to change, and which models you can apply in your country context. Identify theoretical constructs and approaches that are relevant to your VAC priority area(s) and are suited to your country context, by level of influence. **Keep in mind the aspects of inclusion and empowerment, scale, sustainability, partnerships, coordination, capacity building and resources.**

Note: Refer to the section on Conceptual models in the Technical Guidance

LEVEL OF INFLUENCE	INTENDED AUDIENCE (STAKEHOLDERS)	CONSTRUCTS
Individual		
Family		
Community		
Institutional		
Policy/ systems		

THEORY OF CHANGE

Task: Develop a diagram to illustrate your C4D for VAC theory of change that reflects the linkage and flow between the identified problem, strategies and the expected results. **Keep in mind the aspects of inclusion and empowerment, scale and sustainability, partnerships, coordination and capacity building.**

Note: Refer to the section on Theory of change in the Technical Guidance

THEORY OF CHANGE	
Problem	
Results: short-term (i.e. outputs associated with participation)	
Results: medium-term (behaviours)	
Results: long-term (impact)	
Activities/ strategies	
Outputs (associated with activities)	
Inputs	

COMMUNICATION GOALS AND OBJECTIVES

Task: Define your communication goal, using a broad statement to describe what your strategy aims to achieve. Then identify objectives. These should convey exactly what you want your intended audience to know, feel and do as a result of exposure to C4D messages.

Note: Refer to the section on Setting goals and communication objectives in the Technical Guidance

WHAT IS YOUR COMMUNICATION GOAL?		
Objectives		
Individuals	Know	
	Feel	
	Do	
Families	Know	
	Feel	
	Do	
Communities	Know	
	Feel	
	Do	

RESULTS AND INDICATORS

Task: Examine the ‘know, feel and do’ objectives you have identified, select one of the ‘do’ objectives and apply the SMART and SPICED criteria to it.

OBJECTIVE ‘DO’ = RESULT = MEDIUM-TERM OUTCOME	
SMART	SPICED

COMMUNICATION APPROACHES AND ACTIVITIES

Task: Describe the approaches you will use to help achieve your stated results. Describe the activities and the participant groups, the techniques and channels to be used to initiate, support and sustain change based on the constructs from conceptual models and from your theory of change. The activities should be designed to achieve stated results. **Keep in mind the aspects of inclusion and empowerment, scale and sustainability, partnerships, coordination and capacity building.**

Note: Refer to section on Communication approaches in the Technical Guidance

C4D APPROACHES	SCOPE AND TYPE OF ACTIONS AND AUDIENCES
Advocacy	
Social mobilization	
Social change communication	
Behaviour change communication	

PROPOSED ACTIVITIES	
Participant groups	Activities/ channels

PARTNERSHIPS AND COORDINATION

Task: Identify the stakeholders who can and should be involved to ensure better coordination and use of resources, and who can also help implement the activities at scale and ensure sustainability.

COORDINATION	
Describe the coordination mechanisms (internal as well as at national and local levels) and how those will function.	
PARTNERSHIPS	
Who are the key stakeholders at national, sub-national and local levels that need to be involved and why? Who are the influencers you can consider? What will be the role and contribution of each stakeholder?	

PRE-REQUISITES AND RESOURCES

Task: List the main pre-requisites. What must be in place for you to implement the strategy?

PRE-REQUISITES	TIMELINE	RESPONSIBLE

Task: Describe the resources/ funds available, the resources/ funds required and potential funding strategies.

RESOURCES/ FUNDS AVAILABLE	RESOURCES/ FUNDS REQUIRED	POTENTIAL FUNDRAISING STRATEGIES

PROCESS EVALUATION

Task: To monitor and ensure your activities are on track, describe the key outputs by the Social Ecological Model levels. How you will you know you are on track? List the indicators, baselines and targets and means of verification (both routine and participatory).

Note: Refer in the Technical Guidance to the sections on Process monitoring, Indicators and Baselines.

OUTPUTS	INDICATORS	BASELINES	TARGETS	MEANS OF VERIFICATION
1.				
2.				
3.				
OUTCOMES	INDICATORS	BASELINES	TARGETS	MEANS OF VERIFICATION
1.				
2.				
3.				

PREPARING FOR IMPACT/ EVALUATION

Task: Thinking ahead about assessing impact, consider the following questions in the table below.

Note: Refer to the section on Evaluation in the Technical Guidance.

QUESTIONS TO CONSIDER FOR EVALUATION	
What is the purpose of the evaluations?	
When should evaluations be conducted?	
What types of evaluations are required?	
What designs will the evaluations use?	
How much will the evaluations cost?	

Also consider the changes C4D is indirectly contributing to, and those that are directly attributable to C4D:

CONTRIBUTION (INDIRECT EFFECTS)		
Inputs	Mediators	Outcomes

ATTRIBUTION (DIRECT EFFECTS)	
Inputs	Outcomes

TIMELINE

Task: Present the sequence of activities, highlighting what will be done. Keep in mind working at scale and achieving sustainability; some activities may be implemented over several years – i.e. developing training curricula will entail drafting the modules, testing the modules, adapting, and integrating into official training curricula of universities.

	YEAR 1	YEAR 2	YEAR 3	RESPONSIBLE	PARTNER(S)
SITUATION ASSESSMENT					
Activity 1:					
Activity 2:					
Activity 3:					
STRATEGY DEVELOPMENT					
Activity 1:					
Activity 2:					
Activity 3:					
Outcome 1					
Activity 1:					
Activity 2:					
Activity 3:					
Outcome 2					
Activity 1:					
Activity 2:					
Activity 3:					
MONITORING					
Activity 1:					
Activity 2:					
Activity 3:					
PREPARING FOR IMPACT / EVALUATION					
Activity 1:					
Activity 2:					
Activity 3:					

Note: add more lines as needed.

SCALING UP AND SUSTAINABILITY

Task: Consider how your programme can be scaled up horizontally and vertically. Describe how sustainability will be ensured (so activities do not stop once the interventions supported by UNICEF stop; results are maintained in time; activities are integrated into national/ local systems and mechanisms, etc.). Highlight which stakeholders will be involved to ensure sustainability of your interventions. Ensure these actions are part of your interventions/ planned actions, rather than a component to be considered after their implementation.

Note: Refer to the Replicate and scale-up section in the Technical Guidance.

SCALING UP	
Horizontal (expansion and replication)	
Vertical (policy, political legal and institutional)	
SUSTAINABILITY	
Stakeholders	How and when will they be involved

SUPPORT AND TECHNICAL ASSISTANCE NEEDED

Task: Describe the support and technical assistance you may require from the headquarters, regional offices and external partners, to ensure effective implementation of the roadmap.

REQUIRED SUPPORT	YEAR 1	YEAR 2	YEAR 3
Regional office (section)?			
Headquarters			
External support			

GLOSSARY OF KEY TERMS²⁴

Advocacy: Consolidating information into arguable objectives and engaging stakeholders in an issue in order to influence policy and effect social change.

Behaviour change communication: Evidenced-based and strategic use of communication to promote and improve positive health outcomes, using mass media, interpersonal communication and community mobilization to achieve these goals.

Bullying: Intentional, repeated hurtful acts, words, or other unwanted behaviour among school-aged children. These acts are not intentionally provoked by those experiencing violence, and there must exist a real or perceived imbalance of power between the parties involved.

Child labour: Any work performed by a child that is detrimental to his or her health, education, or physical, mental, spiritual, moral, physical or social development.

Child marriage/ early marriage: Marriage of a girl or boy before the age of 18.

Child protection: Sets of policies and practices to protect children from violence, exploitation, and abuse, both intentional and unintentional, applying particularly to the duty of organizations towards children in their care.

Communication campaigns: Direct, purposeful attempts to influence and shape behaviour towards specific social outcomes, using both interpersonal and community-based forms of communication.

Communication for development: A systematic social process based on dialogue that encourages participatory communication within and across communities, seeking sustained and meaningful change via a human-rights based approach.

Community mobilization: A bottom-up and participatory process of engagement and empowerment among various sectors of society (including local

leaders and ordinary people) to plan, conduct, and evaluate activities to improve social issues.

Corporal punishment: ‘Corporal’ or ‘physical’ punishment is any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involves hitting (‘smacking’, ‘slapping’, ‘spanking’) children, with the hand or with an implement (a whip, stick, belt, shoe, wooden spoon, etc.). But it can also involve, for example, kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding, or forced ingestion.

Discrimination: Unequal treatment or harassment that causes harm to individuals and communities on the basis of difference.

Domestic violence: Violence that is perpetuated by an intimate partner, spouse or family member, and occurs typically within the confines of the home. While domestic violence is most often discussed within the context of gender-based violence and is usually perpetrated by males in positions of trust and power, women may also be perpetrators of violence, and men and boys may experience domestic violence.

Evaluation research: The science and process used to assess and appraise the value and worth of a social intervention or development programme.

Female genital mutilation and cutting (FGM): Comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Formative research: Research that collects data useful for the development and implementation of interventions, allowing researchers to identify the characteristics, behaviours, and needs of their target population.

²⁴ Sources for these terms are included in the references section.

Gang violence: Physical harm, or the threat of harm, conducted by members of a gang, which is a group of three or more that has adopted a group identity based on fear and intimidation and who engage in criminal activity. This violence can be directed at members of rival gangs, or at those unaffiliated with any such group.

Gender based-violence: A term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. While men and boys can be survivors of some types of GBV (particularly sexual violence), GBV tends to have a higher impact on women and girls. GBV includes physical, sexual, psychological, economic and social violence.

Honour killing: A murder, often committed within a patriarchal family structure, that has been justified by the perpetrator(s) on the basis that it was committed in order to defend or to protect the honour of the family.

Impact evaluation: A systematic and empirical assessment of the direct, indirect, primary and secondary effects produced by an intervention.

Interactive communication technologies (information and communication technologies) (ICTs): Information-handling tools that are used to produce, store, process and exchange information; includes mediums such as television and radio as well as the internet and wireless technologies.

Participatory communication: A strategy that involves a variety of voices and emphasizes cultural identity and dialogue to organize around and implement a solution to a common development problem or goal.

Process monitoring: Allows practitioners to examine how programme activities are being delivered, and if they are being implemented as planned; helps to determine if resources and capacity available are sufficient and being used effectively.

Social media: Means of interacting among people in web-based or virtual networks in which individuals can connect, create and share information.

Social mobilization: Multi-sectoral coalition-building at national and local levels to organize, raise awareness and initiate collective action around a given development objective.

Strategic communication: The use of communication to transmit the core mission or purpose of an organization or a project.

Sexual abuse: Child sexual abuse is engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities. It involves engaging in sexual activities with a child where coercion, force, or threats are used, and involves a power imbalance, abusing a position of trust or authority over a child, including within the family unit.

Sexual violence: A sexual act or an attempt to obtain a sexual act via coercion or force that can occur within the family or in the general community, or can be perpetrated and condoned by the state during armed conflict.

Sexual exploitation: It is a type of sexual abuse in which persons, including children, are treated as sexual objects and commercial objects, used by their abuser(s) for obtaining money, power, or status.

Trafficking: The recruitment, transportation, transfer, harbouring or receipt of persons, including children, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Violence: The threat or use of physical force and power to harm another individual, another community or oneself, that can lead to injury, death, or psychological harm. Violence encompasses physical, mental, psychological, and emotional violence.

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APPENDIX A: WHERE TO LOOK FOR VAC DATA

A strong situation assessment draws upon quantitative and qualitative data. There are several existing surveys that are good sources of VAC data (see Table 15).

Given the importance of understanding contextual factors when tackling violence, we need to search for or undertake qualitative research. There are useful existing studies across the social science disciplines: sociological studies might offer a bird's eye views of violence against children, whereas anthropological or ethnographic research tends to study a particular group in greater depth. Google Scholar is a good place to find both peer-reviewed and grey literature. Academic databases (e.g. PubMed, Academic One File, EBSCO Host, etc.) make it simple to scan the

literature from multiple disciplines using a common set of key terms. Alternatively, we can search specific journals that publish qualitative research and/ or specifically focus on violence.

When conducting qualitative research, go beyond traditional focus group discussions and individual interviews to include more participatory approaches. For instance, transect walks and community mapping activities can be used to generate maps of where violence occurs within a community. These can be done with mixed groups of adults and children, or girls and boys, or done separately, to see if age- or gender-based differences emerge from the maps.

Table 15: Where to look for VAC data

INTERNATIONAL SURVEY PROGRAMME	RELEVANCE FOR CHILD PROTECTION	TOOLS
Multiple Indicator Cluster Survey (MICS)	<p>UNICEF-supported MICS surveys collect national data on child protection issues (including child discipline, birth registration, child labour, child marriage and attitudes towards domestic violence and FGM). In particular, the module on child discipline includes:</p> <ul style="list-style-type: none"> ✔ Questions, addressed to an adult member of the household and concerning one randomly selected child aged 1 to 14 years, as to whether any member of the household had used various disciplinary practices with that child during the past month. ✔ The survey covers eight violent disciplinary practices: two psychological (such as shouting and name calling) and six physical (such as shaking, spanking and hitting with an implement). There are also three non-violent disciplinary practices (such as taking away privileges and explaining why something is wrong). ✔ An assessment of respondents' attitude towards physical punishment. 	<ul style="list-style-type: none"> ✔ Information on methodology and tools for each child protection issue area. The country reports on this website may be especially useful. ✔ The MICS compiler allows users to search across surveys and indicators and display them in the form of tables, graphs and maps. ✔ List of core MICS indicators for child protection in Global Monitoring for Child Protection Brochure from Violence, Exploitation and Abuse, UNICEF. ✔ Questionnaires and indicator list for MICS.

INTERNATIONAL SURVEY PROGRAMME	RELEVANCE FOR CHILD PROTECTION	TOOLS
Demographic and Health Survey (DHS)	<ul style="list-style-type: none"> ✔ Data first collected in 1984. ✔ Collect data on a range of issues, including data on domestic violence through an optional module for girls and women aged 15–49. Percentage of girls and women aged 15–49: <ul style="list-style-type: none"> ✔ who have ever experienced different forms of violence, by current age, since age 15; ✔ who experienced any physical violence in the past 12 months (age group 15–19 available); ✔ who have ever experienced physical violence during pregnancy; ✔ who have experienced sexual violence; ✔ whose first experience of sexual intercourse was forced, by age of first forced sexual intercourse; ✔ who have ever (including in childhood) experienced sexual violence and who experienced any sexual violence in the past 12 months (age group 15–19 available); ✔ percentage of ever-married girls and women age 15–49 years who have experienced physical, sexual or emotional violence committed by their current or most recent husband/partner, ever and any in the past 12 months; ✔ DHS also include questions related to child marriage and birth registration in their standard questionnaire. 	<ul style="list-style-type: none"> ✔ A compilation of DHS data can be found at MEASURE DHS Statcompiler.
Living Standard Measurement Studies (LSMS)	<ul style="list-style-type: none"> ✔ LSMS surveys collect household data that can be used to assess household welfare, understand household behaviour, and evaluate the effects of various government policies on living conditions. ✔ Data on many dimensions of household well-being are generally collected, including data on migration, disability, child labour, caring for children, and domestic violence. 	<ul style="list-style-type: none"> ✔ The LSMS Survey Finder provides a list of all LSMS.
Statistical Information And Monitoring Programme On Child Labour (SIMPOC)	<ul style="list-style-type: none"> ✔ SIMPOC is the statistical arm of ILO's International Programme on the Elimination of Child Labour (IPEC). ✔ SIMPOC assists countries in the collection, documentation, processing and analysis of child labour relevant data and to make available a wealth of statistical tools, data, reports, manuals and training kits. 	<ul style="list-style-type: none"> ✔ SIMPOC survey reports.
Global School-Based Student Health Surveys (GSHS)	<ul style="list-style-type: none"> ✔ School-based surveys of children aged 13–15 developed by the WHO and CDC. ✔ Not conducted at regular intervals but implemented upon request from countries. ✔ One of the 10 core modules is on violence and unintentional injury and contains two questions about physical violence (experience of being physically attacked and involvement in physical fights in the last year) and two about bullying (frequency and type of bullying experienced in the past 30 days). ✔ In its expanded version, the GSHS questionnaire also includes questions on dating violence, physical attacks, sexual abuse, carrying of weapons, perception of safety and physical violence by teachers. 	<ul style="list-style-type: none"> ✔ Data can be accessed from the GSHS website.
Health Behaviour In School-Aged Children (HBSC) surveys	<ul style="list-style-type: none"> ✔ WHO collaborative study with 43 member countries in Europe and North America and a network of more than 350 researchers. ✔ Conducted at regular intervals (last round 2009–2010). ✔ School-based surveys of children (average sample size of 1,550 for each age group: 11, 13 and 15 years old). ✔ The standard HBSC survey contains three questions related to violence against children: one about physical violence (involvement in physical fights) and two on bullying (being bullied and bullying others). 	<ul style="list-style-type: none"> ✔ Access to the HBSC data bank can be requested.

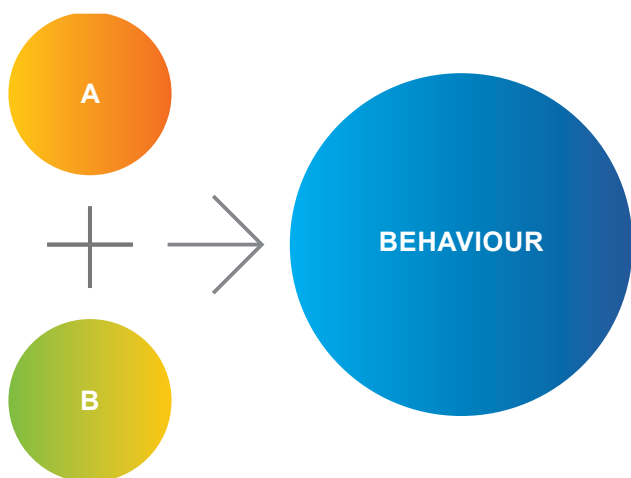
APPENDIX B: SOCIAL AND BEHAVIOUR CHANGE THEORIES

This appendix provides an overview of the most common continuum and stages of change theories, as well as an example of how they can be applied to VAC issues.

CONTINUUM OF CHANGE THEORIES

Continuum theories identify variables that influence action and combine them into a predictive equation. Figure 32 shows a simple version of a continuum of change theory; if factors A and B are addressed then the behaviour is likely to be performed. Some examples of individual-, interpersonal- and community-level continuum of change theories are illustrated below:

Figure 32: Simple continuum of change model



Individual-level continuum theories

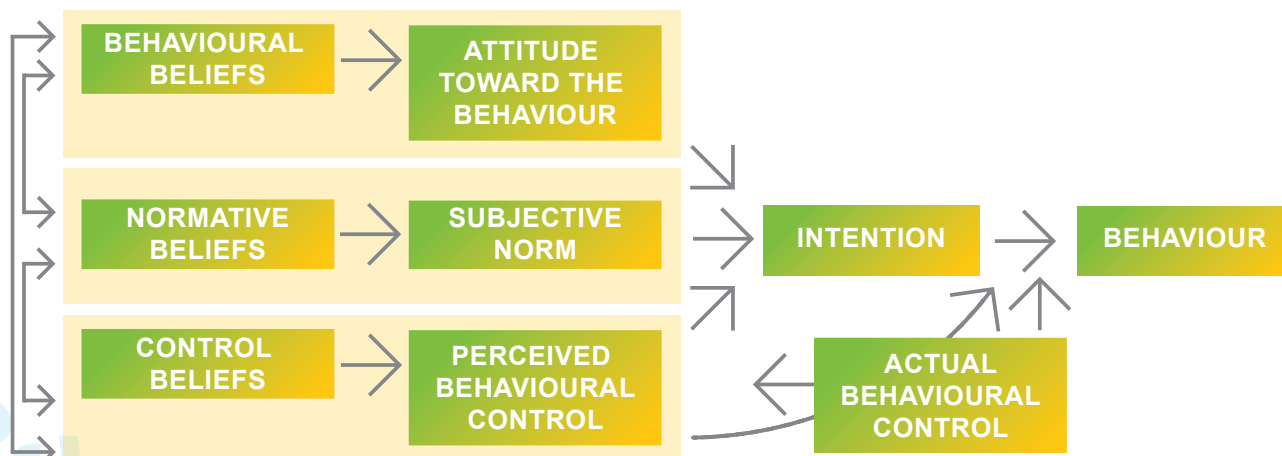
Individual-level theories address factors that explain or shape an individual's behaviours. These theories often focus on factors that exist within the individual self or mind such as knowledge, attitudes, beliefs, motivation, intention, self-concept and skills (Glanz, Rimer and Viswanath, 2008). Two classic individual-level theories are the *Theory of Planned Behaviour* and the *Health Belief Model*.

THEORY OF PLANNED BEHAVIOUR

The *Theory of Planned Behaviour* explores the relationship between behavioural intention, attitudes, norms and the ability to perform the behaviour (Figure 33). The *Theory of Planned Behaviour* was designed to explain all behaviours that individuals have the ability to control; in other words, it addresses behaviours that are deliberate or planned (Glanz et al., 2008). The four key concepts that underlie this theory are:

- ✔ **Behavioural intention:** perceived likelihood of performing a behaviour
- ✔ **Attitude:** personal evaluation of the behaviour
- ✔ **Subjective norm:** beliefs about whether surrounding people approve or disapprove of the behaviour

Figure 33: Applying the theory of planned behaviour to corporal punishment



- ✔ **Perceived behavioural control:** belief that one has control over performing the behaviour.

The theory of planned behaviour argues that behavioural intention is the best predictor of how an individual will behave (Glanz et al., 2008). According to this theory, behavioural intention is influenced by a person’s attitude toward performing a specific behaviour combined with perceived control and norms, especially subjective norms (whether or not those around you will approve/ disapprove of a specific behaviour) (Glanz et al., 2008). The more favourable the attitude, subjective norm and perceived control, the more likely a person is to adopt or perform the specific behaviour. Remember, though, that intention does not guarantee behaviour. *Table 16* provides an example of how to apply the theory to address corporal punishment by parents.

HEALTH BELIEF MODEL

The health belief model focuses on an individual’s perceptions of the risks posed by a problem

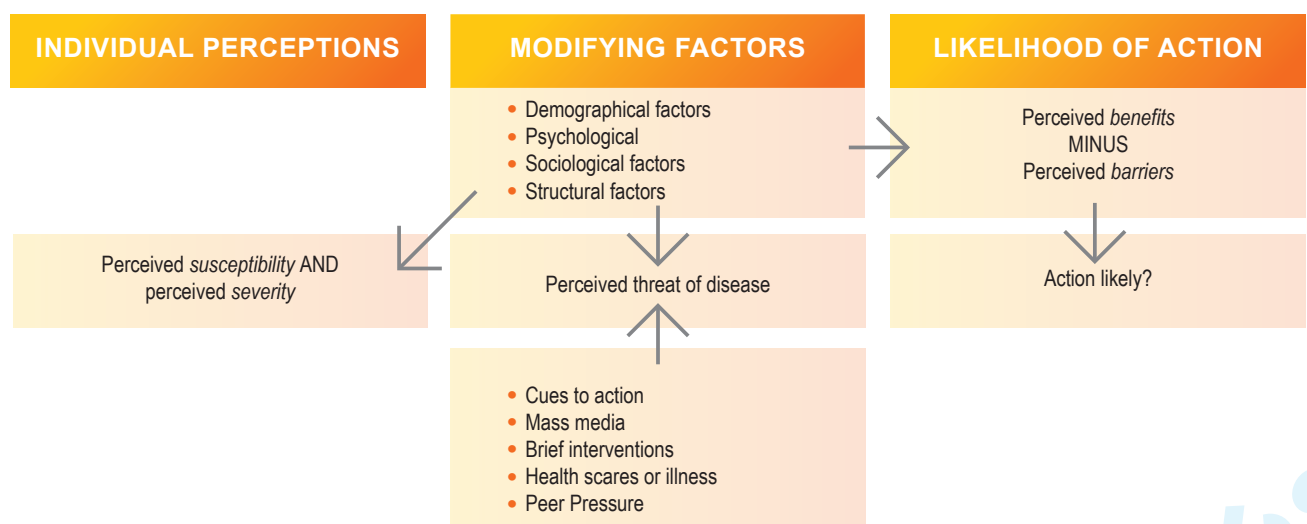
(susceptibility and severity), the benefits of avoiding that threat, and the factors influencing the decision to act (barriers, cues to action, and self-efficacy) (Glanz et al., 2008). The model consists of six core constructs (*Figure 34*):

- ✔ **Perceived susceptibility:** Beliefs about one’s chances of getting a condition
- ✔ **Perceived severity:** Beliefs about the seriousness of a condition and its consequences
- ✔ **Perceived benefits:** Beliefs about the effectiveness of acting to reduce the risk or seriousness
- ✔ **Perceived barriers:** Beliefs about the material and psychological costs of taking action
- ✔ **Cue to action:** Factors that activate ‘readiness to change’
- ✔ **Self-efficacy:** Confidence in one’s ability to act

Table 16: Applying the theory of planned behaviour to corporal punishment

CONSTRUCT	DEFINITION	VAC APPLICATION
Behavioural intention	Perceived likelihood of using positive discipline	Building parents’ self-efficacy to use positive discipline techniques
Attitude	Personal evaluation of positive discipline	Teaching parents about child development
Subjective norm	Beliefs about whether surrounding people approve or disapprove of positive discipline	Showing parents videos on corporal punishment’s negative effects
Perceived behavioural control	Belief that one has control over using positive discipline	Building parents positive discipline techniques

Figure 34: The health belief model



Motivation is central to this theory’s framework of how behaviour change occurs. Gauging how susceptible a population feels to VAC, whether VAC is believed to be a serious issue, and whether something can be done to reduce or prevent VAC is critical for catalysing change. See *Table 17* for an application of the health belief model to gang violence prevention.

Interpersonal-level continuum theories

Interpersonal-level theories emphasize the social environment within which individuals exist. Such theories assert that the opinions, advice, support and behaviours of those closest to you – family members, friends, and peers – impact what you as an individual do (Glanz et al., 2008).

SOCIAL COGNITIVE THEORY

Social cognitive theory is one of the most frequently used behaviour change theories and one upon which many interventions in the VAC systematic review rely (for example, *Table 18* applies social cognitive theory to bullying). It draws upon several theories relating to learning and behaviour.

At its core, social cognitive theory posits that change is a product of the interactions between personal factors, environmental factors, and human behaviour (see *Figure 35*). We’ll focus on six of social cognitive theory’s key constructs:

- ✔ **Reciprocal determinism:** The interaction between the person, behaviour, and environment

- ✔ **Behavioural capability:** Knowledge and skill to perform a behaviour
- ✔ **Expectations:** Anticipated outcomes of a behaviour
- ✔ **Self-efficacy:** One’s confidence in the ability to act
- ✔ **Observational learning (modelling):** Learning by watching others doing a behaviour and the benefits reaped from that behaviour
- ✔ **Reinforcements:** Encouragements that increase a person’s likelihood of continuing with the behaviour

Figure 35: Social cognitive theory

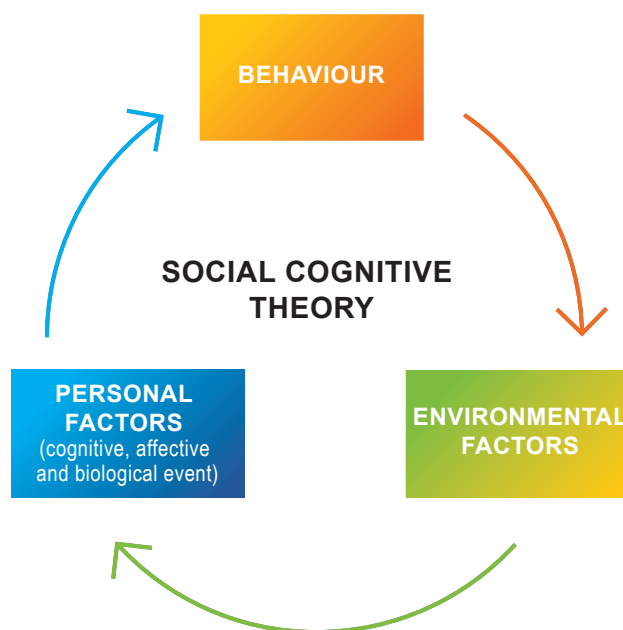


Table 17: Applying health belief model to gang violence

CONSTRUCT	DEFINITION	VAC APPLICATION
Perceived susceptibility	The belief that one is susceptible to VAC perpetration or victimization	Provide information (e.g. morbidity and mortality stats) so youth understand the risks of joining a gang.
Perceived severity	The belief that VAC has serious consequences	Take students on field trips to prisons, detention centres or to hear testimonials from individuals who have lost loved ones to gang violence.
Perceived benefits	The belief that taking action would reduce one’s susceptibility to the VAC victimization or perpetration or its severity	Establish a peer mentoring programmes with successful individuals from the community to demonstrate benefits of staying in school or working
Perceived barriers	The belief that the costs of taking action are outweighed by the benefits	Provide alternative after-school programmes for students to avoid joining gangs
Cue to action	Factors that prompt action	Provide rewards for those who stay off the streets
Self-efficacy	One’s confidence in the ability to take action	Build skills and efficacy to resist joining a gang

Table 18: Applying social cognitive theory to bullying

CONSTRUCTS	DEFINITIONS	VAC APPLICATION
Reciprocal determinism	The interaction between the person, bullying, and environment	Implementing policies to reduce bullying in schools
Behavioural capacity	Knowledge and skill to intervene when someone is being bullied	Teach students what to do when they see someone being bullied
Expectations	Anticipated outcomes of a behaviour	Role model how to intervene by having students act out scenarios
Self-efficacy	One's confidence in the ability to take action	Provide simple actionable steps students can take to intervene in a bullying situation
Observational learning (modelling)	Learning by watching others doing a behaviour and the benefits reaped from that behaviour	Promote positive roles models e.g. individuals who have intervened when someone was being bullied
Reinforcements	Encouragements that increase a person's likelihood of continuing with the behaviour	Offer prizes to those who intervene when bullying takes place

Social cognitive theory emphasizes that learning takes place in a dynamic social environment and that much of what we learn is guided by our observations. It recognizes that learning and actually performing a behaviour are two separate processes. Learning can take place without change occurring. The theory assumes that learning is more than just the acquisition of a new behaviour, and also involves cognitive constructs such as knowledge, values, and skills (Glanz et al., 2008).

Community-level continuum theories

Community-level models explore how social systems function, and offer strategies to work in different settings such as health care institutions, schools, worksites, community groups and government agencies. Community-level models tend to focus on bringing about social change through participation, community capacity, empowerment, social capital or diffusing innovations into communities (Glanz et al., 2008).

COMMUNITY ORGANIZING AND COMMUNITY BUILDING

Community organizing and community building both bring community members together to generate change. Community members identify common issues within their community, mobilize resources, set collective goals, and develop and implement strategies to resolve those issues (Glanz et al., 2008). However, the two use entirely different approaches. Community organizing brings community members together around a specific need and typically take on powerful institutions,

and will sometimes adopt confrontational approaches such as protests and strikes to assert demands and advocate for change. Community building, on the other hand, uses a consensus-building approach to facilitate collaborations and community connectedness (Glanz et al., 2008). This in turn allows community members to use existing assets in their community to bring about change from within.

As an example, the *Hui Malama o ke Kei* programme aimed at preventing youth violence and substance abuse among fifth and sixth grade students in a mainly Hawaiian community (Akeo et al., 2008). Previous attempts to address violence and substance abuse, spearheaded by local grassroots organizations and community mobilizers, had leveraged traditional methods in the form of sign campaigns. Upon realizing the ineffectiveness of such an approach, an after-school intervention was created to provide students with structured tutoring and recreational activities designed to impart Hawaiian cultural values. Intervention staff and students participated in community service events and activities such as mural painting and beach clean-ups. The community became an essential resource and component of the intervention in a number of ways: from local businesses giving small donations, to grandmothers making meals for the youth attending the intervention. This in turn created an opportunity for inter-generational dialogue and enabled youth to learn how to respect their elders, an important Hawaiian cultural value.

DIFFUSION OF INNOVATION

Diffusion of innovation studies how new ideas, products, or social practices spread through a community or social system. Diffusion is defined as “the process by which an innovation is communicated through certain channels over time among members of a social system” (Sood, Menard and Witte, 2004, p. 124).

Individuals undergo a mental decision-making process that helps them determine whether or not to accept the innovation. First, individuals learn about an innovation; they then form an opinion about the innovation, decide to adopt or reject it, go through with the decision, and finally confirm the decision.

The adoption of an innovation within a social system occurs as a classic bell curve with five categories of adopters (Figure 36). These are:

- ✔ **Innovators:** the first people to use the innovation
- ✔ **Early adopters:** the first people to use the innovation as soon as it becomes available
- ✔ **Early majority adopters:** the people who adopt the innovation just before the average member of the community
- ✔ **Late majority adopters:** the people who adopt the innovation just after the average member of the community
- ✔ **Laggards:** the last to adopt an innovation.

One way of using diffusion of innovation to guide the design of interventions is by classifying individuals by adopter category. Programme planners can come up with a set of approaches that are tailored to reach different adopters. In doing so, these approaches in

Figure 37: Individual decision-making process



concert can generate momentum for the adoption of the innovation. To create such enabling environments for an innovation to be adopted and diffused, it is important to leverage formal and informal types of communication, in particular the power of social networks. How quickly change will occur and the extent to which an innovation will be taken up depends on the following factors:

- ✔ **Relative advantage:** Is the innovation better than the status quo?
- ✔ **Compatibility:** Does the innovation fit within the intended audience?
- ✔ **Complexity:** How easy is it to implement the innovation?
- ✔ **Trialability:** Can the innovation be tried before deciding to adopt it?
- ✔ **Observability:** Will the innovation produce tangible results?

Figure 36: Social cognitive theory

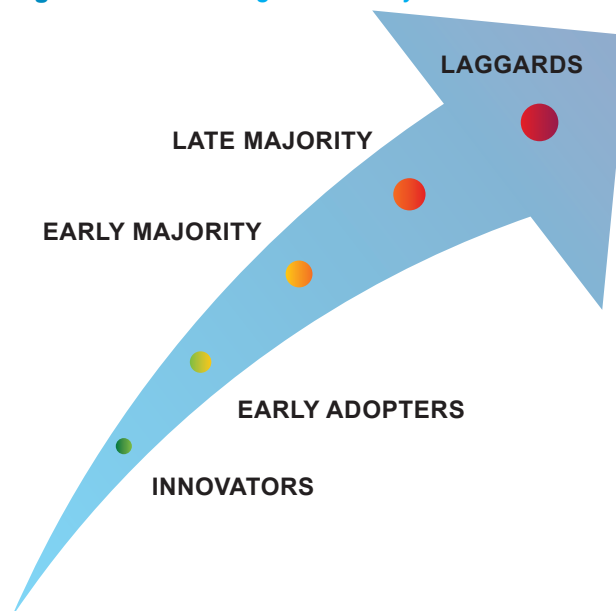


Table 19: Applying diffusion of innovations to FGM elimination

FACTOR	KEY QUESTION	APPROACH
Relative advantage	Is an uncut girl better than a cut girl?	An intervention could highlight the harms of cutting and facilitate a discussion around human rights
Compatibility	Does promoting an uncut girl fit with the intended audiences?	An intervention could obtain support from formal and informal leaders of a community to ease adoption of a new norm of not cutting girls
Complexity	How easy is it to implement and establish a new norm of not cutting girls?	An intervention could work with community members to create a replacement for the actual cutting. This would promote the new norm of not cutting while preserving traditional customs and identity
Trialability	Can a new norm of not cutting girls be tried before adopting it?	From a programmatic standpoint, an intervention could showcase positive role models – individuals who do not support the practice such as fathers who chose not to cut their daughters to generate momentum for the new norm
Observability	Will not cutting girls produce tangible results?	An intervention could generate awareness of the benefits of not cutting girls for girls and the larger community

Table 19 shows how to assess these five factors in the context of a hypothetical intervention seeking to replace FGM with a new norm of not cutting girls.

STAGES OF CHANGE THEORIES

Stages of change theories (Figure 38) focus on the process that individuals go through in deciding, adopting, and maintaining a behaviour. The theories below all outline different pathways to change marked by a unique and clear set of steps (Glanz et al., 2008).

Figure 38: Basic stages of change model



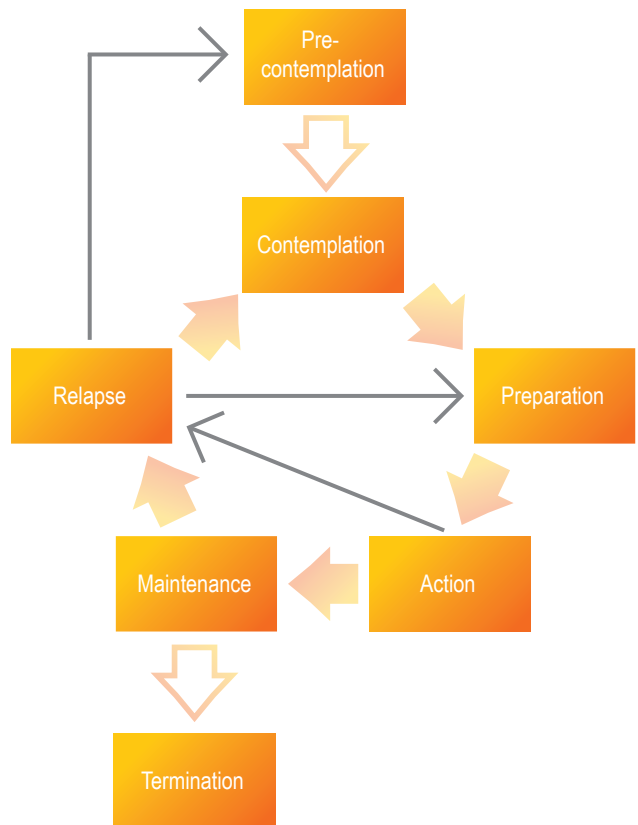
Individual level

TRANSTHEORETICAL MODEL

The Transtheoretical model, also known as the stages-of-change model, embraces the idea that behaviour change is a process, not an event. As a circular model with five stages (Figure 39), it posits that individuals do not simply pass from one stage to the next in a linear fashion. Rather, individuals may enter the model at any stage, relapse to an earlier stage, or start the process all over again.

- ✔ **Pre-contemplation:** An individual has no intention of acting within the next six months.

Figure 39: The transtheoretical model



- ✔ **Contemplation:** An individual intends to act within the next six months.
- ✔ **Preparation:** is when the person intends to act within the next thirty days and has already taken some behavioural steps in that direction.
- ✔ **Action:** is when the person has changed the specific behaviour for less than six months.

- ✔ **Maintenance:** is the second-to-last stage in which the person has changed the behaviour for more than six months.
- ✔ **Termination:** is when an individual has no temptation to relapse and is 100 per cent self-efficacious. This is last stage of the cycle.

The informational and support needs for individuals vary at each stage of the change process. Therefore, interventions using this theory must be tailored to meet the needs for each stage accordingly. It is also important to realize that individuals may never complete the change process or that it may take individuals multiple attempts to work through the change process (Glanz et al., 2008). *Table 20* demonstrates how the model

can be used to guide a bystander intervention for adolescents to prevent sexual violence (adapted from Banyard, Eckstein and Moynihan, 2010).

Interpersonal level

SOCIAL NETWORK AND SOCIAL SUPPORT

Social network theory posits that, more often than not, an individual makes decisions that are shaped by group relationships, expectations, and social/cultural norms (Ulin, Robinson and Tolley, 2005). Social networks are the connections between individuals. These connections can be important sources of social support, both positive and negative. As *Figure 40* shows, there are four types of social support.

Figure 40: The four types of support

EMOTIONAL SUPPORT	Provision of empathy, love, trust, and caring
INSTRUMENTAL SUPPORT	Provision of tangible aid and services to an individual in need
INFORMATIONAL SUPPORT	Provision of advice, suggestions, and information an individual can use to solve problems
APPRAISAL SUPPORT	Provision of information such as constructive feedback and affirmation for self-evaluation purposes

Table 20: Applying the transtheoretical model to sexual violence prevention

CONSTRUCT	DEFINITION	APPROACHES	APPLICATION TO VAC
Pre-contemplation	An individual has no intention of taking action within the next six months	Promote awareness of the need to change; Provide personalized information about risks and benefits	Raise awareness of sexual violence using local and national statistics
Contemplation	An individual intends to take action within the next six months	Motivate and encourage individuals to make plans to change	Educate participants on what it means to be a bystander for sexual violence and motivate them to think about what a bystander could do to prevent sexual violence
Preparation	A person intends to take action within the next thirty days and has already taken some behavioural steps in that direction	Help individuals to create and implement action plans and goals for change.	Outline safe actions that participants can do to be a bystander. Use role-playing scenarios to help participants practice their intervening skills
Action	The person has changed the specific behaviour for less than six months	Provide social support, problem-solving, feedback, and reinforcement	Create a space where participants can support each other and discuss challenges of being a bystander
Maintenance	The person has performed the desired behaviour for more than six months	Provide reminders, help participants cope with challenges and avoid relapses	Encourage individuals to share bystander actions with others

These relationships between individuals can also serve other functions. For C4D and VAC programming, it is important to examine who or what the sources of information within an individual’s network are, and who or what the most trusted source of information is. This information can identify key actors for VAC prevention initiatives and inform the selection of communication approaches and channels. This information can also help determine if an intervention should work to enhance or expand an existing social network. Monitoring social networks over time can provide information on the interpersonal communication results of a programme, such as whether more individuals are talking about VAC, or if social networks are growing. Understanding who is connected to whom, as well as the number and types of connections, can yield valuable information for programme design, implementation and evaluation.

Some key characteristics of social networks that may also be used for C4D and VAC planning and M&E are provided in *Table 21*.

Community-level

COMMUNITY READINESS MODEL

The Community Readiness Model applies many of the concepts from the stages-of-change theory for personal change and from diffusion of innovation’s individual decision-making process to a community (Edwards et al., 2000). The Model defines community readiness as the degree to which a community is willing and prepared to take social action to address an issue, and outlines nine stages of readiness (*Figure 41*).

Even though the model looks linear, readiness levels can increase and decrease. The time it takes for a community to go from one level to another varies by community and by issue and is also influenced by the type of approach used to bring about social change and by external factors. To determine the stage of readiness of a community, we need to measure the attitudes, knowledge, efforts, activities, and resources of community members and leaders. This assessment process helps a community to identify its strengths and weaknesses, as well as barriers and facilitators to social action. Much like community building and organizing approaches, the community readiness model then works to derive and implement locally tailored solutions with the end goal of expanding those efforts so that they are fully community-owned.

Figure 41: The community readiness model



Table 21: Applying some social network characteristics to VAC

CHARACTERISTICS	DEFINITION	VAC APPLICATION
Density	The extent to which network members know and interact with each other	Who are people talking to about VAC? Over time, are more discussions taking place as a result of a programme?
Homogeneity	The extent to which network members are demographically similar	Who are the individuals that bridge different groups of individuals? How could they be leveraged to disseminate VAC messaging?
Geographic dispersion	The extent to which network members live in close proximity to the focal person	Are programme messages reaching all intended audiences?
Strength	The extent to which social relationships offer emotional closeness	Do participants have someone to turn to if violence occurs or if violence is imminent?

Table 22 defines each of the stages of readiness and applies them to child marriage.

Table 22: Applying the community readiness model to child marriage

STAGE OF READINESS	DEFINITION	APPLICATION TO VAC	
		Stages of readiness	Community readiness strategies
No awareness	VAC is normative and accepted	Child marriage is widely practised	Raise awareness of child marriage
Denial/ resistance	A community does not believe VAC is an issue, or believes that change is impossible	Community members especially fathers see no reason to stop marrying off their daughters who are under 18.	Raise awareness that child marriage is a problem in the community
Vague awareness	A community recognizes VAC is a problem but is not motivated to act	Some community members realize that child marriage poses certain health risks for girls.	Raise awareness that the community can do something about child marriage
Preplanning	A community recognizes VAC is a problem and agrees something must be done	More community members recognize that child marriage is a problem and start to think about what can be done.	Raise awareness with concrete ideas to address child marriage
Preparation	A community sketches out a plan of action	The community meets to decide what can be done to prevent child marriage and who will do it	Gather existing information to help plan child marriage prevention strategies
Initiation	A community implements an action plan	A few community members form a child marriage watch group	Provide community-specific information about the child marriage watch group
Stabilization	The community has taken responsibility and there is ongoing commitment to address VAC and sustain efforts	The child marriage watch group grows in size as more community members participate	Provide support for the child marriage watch group
Confirmation/ expansion	The community works to expand and improve efforts to address VAC	The community leader publicly endorses the child marriage watch group	Expand and enhance the child marriage watch group
Community ownership	Most community members have detailed knowledge of local VAC efforts and the prevalence of VAC in their community	Community leaders and families begin to publicly denounce child marriage	Maintain momentum and diversify efforts

APPENDIX C: BEST PRACTICES IN C4D INTERVENTIONS ADDRESSING VAC

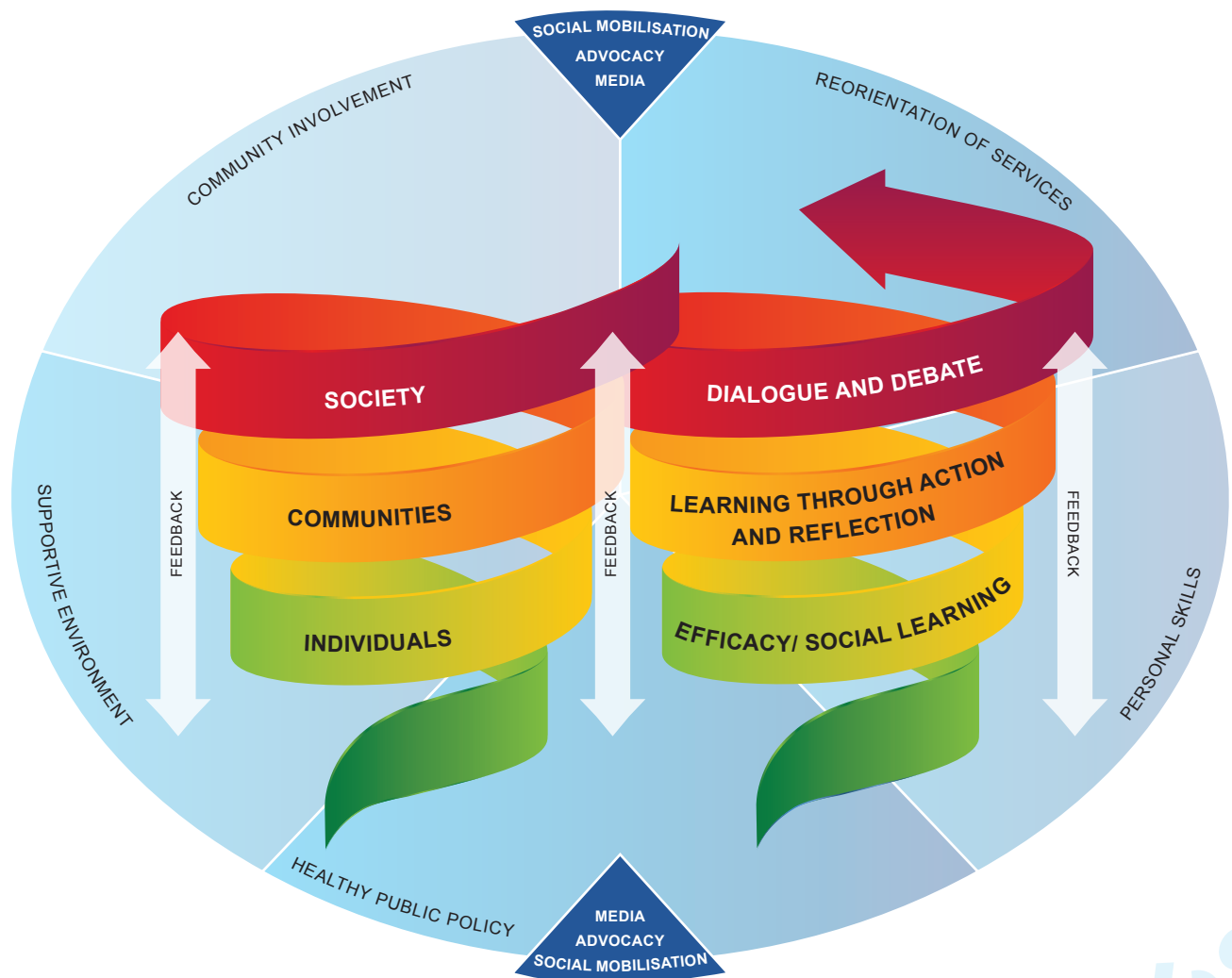
This appendix provides a collection of vignettes showcasing best practices from a number of strong C4D interventions that tackle a range of VAC issues.

SOUL CITY: FOSTERING MULTILEVEL CHANGE

Data shows that successful programmes engage multiple stakeholders and use multiple C4D approaches. Here, we look at Soul City’s model of social and behaviour change (Figure 42). Domestic violence was a major theme in the fourth series of Soul City. Soul City recognized early on that

behaviour change interventions aimed solely at individuals have limited impact, so the intervention must address multiple, mutually reinforcing levels: individual, community and socio-political environment. At the individual level, Soul City sought to 1) shift attitudes, awareness, knowledge, intentions and practice; 2) enhance self-efficacy; 3) increase supportive behaviours; and 4) connect people to support services. At the interpersonal and community-level the objectives were to 1) promote interpersonal and community dialogue; 2) promote community action; and 3) shift social norms. At the

Figure 42: Soul City’s model of social and behaviour change



societal level the programme aimed to 1) increase public debate in the national media and 2) advocate for the speedy implementation of the *Domestic Violence Act*. To achieve these objectives, the programme used a multifaceted strategy combining advocacy, social mobilization and media. The high-quality multimedia campaign consisted of prime time radio and television dramas, print materials and community events based on the entertainment-education format. Entertainment-education has been effective in promoting social change, self- and collective efficacy, and role modelling of positive norms, attitudes and behaviours, such as help-seeking and help-giving actions. Community action and sustained advocacy were built into the narrative of the drama and other materials.

Soul City is noted for the robust evaluation that accompanies its programming. Soul City demonstrated a positive impact, reaching 86 per cent, 25 per cent, and 65 per cent of audiences through television, printed booklets and radio, respectively. Shifts in knowledge around domestic violence were noted with 41 per cent of respondents hearing about the helpline. Additionally, attitudinal shifts were observed with a 10 per cent increase in respondents disagreeing that domestic violence was a private affair. Qualitative findings highlight an increase in women's and communities' sense of efficacy, enabling women to make more effective decisions around their health and communities to take action. At the policy level, the evaluation ascertains that the implementation of the *Domestic Violence Act* can largely be attributed to the intervention. The evaluation shows a strong association between exposure to the intervention components and a range of intermediary factors indicative of and necessary to bring about social change (Usdin, Scheepers, Goldstein and Japhet, 2005).

Key learnings from Soul City:

1. The need to address multiple levels of change, i.e. individual, community, and society, when designing C4D interventions to respond to VAC.
2. The importance of integrated approaches to ensure that changes in knowledge go hand-in-hand with the availability of services and supportive legislation. In this case it was the helpline and the *Domestic Violence Act*.
3. Intervention targeted social change at three levels (individual, community, and socio-political) by taking an ecological approach.

ENGAGING CHILDREN: ENHANCING LIFE SKILLS AND SELF-EFFICACY

Child clubs or group training or education sessions for children and youth have been used for a range of violence-related issues in several countries. These efforts are typically broad-based, covering health, human rights, and the underlying gender norms that lead to many forms of violence and usually have a life skills component. The approach aims to provide a platform to generate dialogue and raise awareness about such issues, along with building skills in critical thinking, decision-making, negotiation, and conflict resolution. The clubs may be part of a larger mediated communication strategy or may stand alone, focusing on interpersonal communication, life skills, peer counselling or mentoring.

In Bangladesh, the *Kishori Abhijan* (Adolescent Girls' Adventure) programme provided a safe space for, and life skills training to, adolescent girls, with the aim of delaying the age of marriage, promoting school retention and increasing girls' mobility and economic independence. Girls' clubs would meet on a weekly basis and included peer mentoring. Life skills training consisted of enhancing self-esteem and leadership skills and providing education related to gender roles and discrimination, health and nutrition, and legislation and legal rights. There was a particular emphasis on early marriage and girls' and women's rights. Livelihood training included vocational skills such as poultry care, handicrafts, sewing, photography and teacher training. Initiated by UNICEF in 2001 as a pilot intervention to test whether livelihoods opportunities could ameliorate the situation of early marriage and other adverse outcomes for girls in rural Bangladesh, *Kishori Abhijan* has shown increased knowledge about health, family planning, nutrition and the causes of disease. The girls enjoyed greater mobility, as measured by reported activities such as meeting

friends, visiting neighbours and moving about autonomously in the village. For younger girls (aged 12–14) in the poorest district, the programme contributed to improved school-enrolment rates and lower marriage rates (Amin, 2011).

Many mediated interventions commonly use clubs to foster group listening or viewing followed by discussion. For example, Soul Buddyz, the children’s arm of the Soul City Institute, uses a multimedia platform that includes television, radio, life skills, parenting publications and Soul Buddyz clubs. According to Soul City Institute, there are over 8,642 Soul Buddyz Clubs with over 140,000 children participating in club activities. It is a national movement for children aged 8-14 years and provides a space where children come together to learn, play, develop skills, read, and act as agents for change in their schools and communities. Soul Buddyz was designed to promote health and well-being of children, focusing on children’s rights, valuing and respecting other children, role modelling good behaviour towards elders, and positioning children as valuable yet vulnerable members of society (Figure 43). Conveyed through television, radio and printed learner material, the stories closely reflect the lives, struggles and joys of children in South Africa. This model of child club allows for community-based engagement that is directly linked to the media messages. Furthermore, viewers relate to and look up to the attractive and engaging characters. Some highlights of the Soul Buddyz clubs include:

- ✔ The Soul Buddyz Clubs programme is implemented in all nine provinces, which extends the fun, learning, and active participation from the television screen
- ✔ Established in 2003, Soul Buddyz Clubs are the result of children wanting to join the club after watching the popular children’s television drama
- ✔ Regular club meetings are held
- ✔ Discussions and debates on important themes are organized and school-based competitions are planned (seven competitions are run per year)

Figure 43: Soul Buddyz Poster



- ✔ Members get to become Soul Buddyz themselves (example of role modelling) by engaging with special material, activities, meetings and events that are run by trained Soul Buddyz facilitators (educators or librarians).

Key learnings from child engagement:

1. Children are important agents of change and must be given the space for group discussion, dialogue and peer support to be able to speak up and take actions to end VAC.
2. Increasing awareness, along with building individual and collective efficacy, is vital for preventing and responding to violence.
3. Child participation becomes a critical aspect for C4D efforts addressing child protection and violence prevention, as children need to be able to make safer choices and seek support when needed.

ENDING CHILD MARRIAGE: PROMOTING SOCIAL CHANGE IN YEMEN

We have highlighted in several places that violence is a complex issue requiring a social change approach. Social change requires participation, dialogue and community engagement, all of which are labour and time intensive. Remember, social change takes time and requires sustained efforts. A short, intensive intervention like a media campaign during special events (e.g. international day of the girl child, or 16 days of activism against gender-based violence) may bring the issue to the public attention and begin generating dialogue, but complementary and continuous activities will need to follow for long-term change. One good example comes from an intervention to end child marriage in Yemen. The *Safe Age of Marriage* programme aimed to delay marriage and reduce maternal and neonatal mortality by changing social norms about the value of girl children. A community-based pilot intervention was implemented in Al-Sawd and Al-Soodah districts in Yemen's Amran governorate in 2009. The objectives of the programme were: 1) to improve community knowledge of the social and health consequences of child marriage; 2) to strengthen community support for keeping girls in school as an alternative to child marriage; and 3) to secure endorsement of increased age of marriage by religious leaders and other stakeholders.

Male and female volunteer community educators, including religious leaders and nurse midwives, were selected and trained to conduct outreach activities with families. Each community educator was expected to hold a minimum of four awareness-raising sessions per month, using a range of techniques, such as discussions, role-plays, storytelling, poetry recitations and debates. These sessions were held in schools, literacy classes, health centres, mosques, Yemeni Women's Union branches and other social gatherings.

Community events such as monthly fairs, mobile clinics and speeches by local authorities, ministry officials and religious leaders were also organized, and a film was screened showing the story of a young Yemeni girl who got married early and died during child birth. The movie screening would be followed

by facilitated discussion on the consequences of early marriage. School students were organized to perform plays about child marriage, and a magazine competition was initiated where students from 20 schools contributed poems, stories and drawings on the risks of early marriage and the importance of staying in school. Plaques were awarded to 'model families' who had delayed the marriage of their daughters and ensured that they completed the 12th grade. The awards were distributed at the end of project ceremony officiated by the Amran Governor, thereby recognizing these families publicly.

This project highlights several community-based efforts that together served to generate a 'buzz' about the issue. During the one-year pilot programme, community educators conducted over 1,316 outreach interventions, reaching nearly 29,000 people and were instrumental in postponing or preventing 53 girl-child and 26 boy-child marriages. In order to further bolster the community-based efforts, printed material such as newsletters and brochures were distributed, and three radio messages were aired daily. The Ministry of Religious Affairs in Amran asked all religious leaders to include child marriage messages in their Friday sermon. The programme has been scaled up in two additional districts and is partnering with a larger number of religious leaders to address the religious beliefs and misconceptions that promote child marriage. There is also a push to advocate for a law that prohibits marriage under the age of 17 (USAID, 2010). Though only a pilot and limited in scope, this programme serves to showcase the community mobilization that must occur for social or norm change to take place. Engaging local influentials such as religious leaders, organizing community events, recognizing positive role models, and conducting regular community sessions for people to come together and discuss issues are necessary for social change to occur.

Key learnings from the social change approach in Yemen:

1. Addressing social norms, such as with child marriage, requires long-term investments. VAC-related communication efforts need to go beyond short-term campaigns and ensure

sustained community engagement, public events and local activities.

2. Partnering with key influentials, such as religious leaders, is vital for bringing about community-level change to denounce certain norms and promote new ones.
3. Public recognition of positive role models and families that have delayed marriage or kept girls in school or practised positive discipline can motivate others to follow.

CORPROVISIONARIOS EFFORTS TO END DOMESTIC VIOLENCE: PROMOTING NEW NORMS

Let us look at one more example of changing norms related to domestic violence, this one in Barrancabermeja, Colombia.

STEP 1 DIAGNOSIS: To understand the issues facing the people of Barrancabermeja, researchers at *Corpovisionarios* used a mixed-methods interdisciplinary approach, including a large-scale survey, interviews, focus groups, participatory tools and analysis of existing data, including information about other programmes already in place. Children were asked to draw how they see their community. Additional analysis revealed that intimate partner violence was a major problem in Barrancabermeja.

STEP 2 PRIORITIZATION: *Corpovisionarios* engaged the community in identifying what issue they would like to address. Five potential problems or issues were presented, and a series of community meetings were held to determine which issue to focus on. This allowed the community to make decisions and generated a sense of ownership.

STEP 3 ENGAGEMENT: *Corpovisionarios* implemented programmes to address the problem of domestic violence in partnership with community members. They used several creative strategies:

- ✔ Whistles against abuse: 20,000 were distributed along with a card with instructions on 'better communication'. The distribution event was visible and shown on television and in the local media.

- ✔ Theatre-forum: 75 public theatre performances on partner violence. When someone intervened, discussion among spectators was facilitated by the actors.
- ✔ VACcine against violence: Conducted by trained psychologists, so people took them seriously.
- ✔ Zero Hour: A new starting point and a massive event in the central plaza.

Text box 6: Principles for changing social norms

Fundamental principles for changing social norms

BE DELIBERATIVE, NOT DIDACTIC OR MANIPULATIVE:

Favour deliberative processes that mobilize core values already shared, rather than top-down strategies that employ overly negative messaging. People need shared reasons to change.

BE PARTICIPATORY: Involve the whole community in a participatory process that decides the nature and direction of change.

MAKE KNOWLEDGE PUBLIC, NOT PRIVATE: Everyone must see that others want to change. Everyone must see that everyone else is changing.

BE CREATIVE: Look to art, music, and stories to bring about norms change.

(Adapted from: Bicchieri and Penn Social Norms Training and Consulting Group, 2016)

Corpovisionarios' model engaged community members from the initial planning stages to actual implementation. Highly visible, participatory and deliberative activities were used. This innovative approach yielded significant results, with a marked decrease (22 per cent in the first year and 23 per cent in the second year) in the incidence of domestic violence between 2009- 2011 in Barrancabermeja (Bicchieri and Penn Social Norms Training and Consulting Group, 2016).

Key learnings from Corpovisionarios' approach:

1. This case study emphasizes the role of community-based activities and making new norms public and highly visible.

2. Understanding why certain issues exist from a social norms lens is important when addressing VAC. The drivers or determinants of the issue must be understood. Furthermore, given the complexity of VAC, multiple sources and types of data are required to design a C4D intervention.

MINGA PERU: ENGAGING COMMUNITIES FOR SUSTAINABLE CHANGE

Minga Peru's radio programme *Bienvenida Salud* (Welcome to Health) has been on air in the Peruvian Amazon for almost two decades, reaching over 120,000 listeners. Addressing issues of social justice, health, human rights and violence, the programme content is shaped by listeners. Audience input through letters is a way to ensure that passive listeners become active radio producers and also ensures that the storyline and themes are real and relevant to the lives of the indigenous population. To date over 40,000 letters have been received from the furthest reaches of the jungle.

In addition to the radio programme, Minga has a large network of female promoters (*Promotora Comunitaria*) who provide outreach and leadership on rights-based issues in their communities. These women are nominated by the community members and provide ground-based support reinforcing radio messages and training the community on issues they have learned at Minga Peru's capacity-building workshops. Each woman trains an additional 5 to 20 women, resulting in a large network of women leaders who are communicators, local entrepreneurs and role models. As part of an adolescent engagement initiative, Minga works with student peer trainers across rural schools. Much of the listening in these communities is communal, which is well-suited for dialogue and has brought personal issues into public discourse.

The region faces several challenges related to reproductive health and human rights, particularly

rights of indigenous people and domestic violence, which affects families and children. Minga realized early on that to bring about change, it was not enough simply to train women, and began to work with men and children. Minga's efforts have resulted in individual-, family- and community-level change. Over time, male attitudes have transformed and spouses who were previously resistant to their partners working with Minga are now proud to be associated with these empowered women leaders, giving way to new norms of masculinity. Women, too, have gained a sense of confidence and respect and no longer experience the shame or embarrassment they felt before. Minga's model recognizes the role of dialogue and interpersonal outreach along with context-specific, tailored communication material. The programme's success also reflects the importance of long-term engagement and participation (Sengupta and Elias, 2012).

Key learnings from Minga Peru:

1. Mediated messages go hand-in-hand with interpersonal outreach. For sensitive issues like VAC, the female promoters played a critical role in reinforcing the message, providing peer counselling, community support and leadership.
2. Local contextualization is the core of Minga's approach. Addressing violence requires understanding of the context and prioritizing of local beliefs and practices. Messages considered effective in the capital, Lima, would not have been understood or effective among indigenous population in the Amazon region.
3. Engaging men as partners is important for ending violence against children and women. Fathers and male relatives have a big role to play in ending violence and promoting gender equitable norms, and communication interventions need to address the role of men and boys in both messages and activities.

APPENDIX D: PARTICIPATORY RESEARCH TECHNIQUES

This section provides an overview of participatory research techniques that can be used in conjunction with more traditional methods such as focus group discussions, in-depth interviews and surveys. These methods can be used in formative research, process monitoring, and impact assessment. In fact, these methods can also be embedded within programmes as activities. In this way, these techniques can serve a dual evaluation and programmatic function.

ASK 5

The Ask 5 tool consists of five short filter questions. Filter questions are very common in survey research and serve to check whether or not a participant is qualified to answer a question or is telling the truth. How can this be used for VAC? Well, we know that VAC and school attendance are interrelated. In fact, school attendance is considered a protective factor for several VAC issues: child labour, child marriage, trafficking, gender-based violence, and gang violence. Ask 5 can be used as a tool to assess school attendance among children and adolescents. This information can be used to validate school records and to provide a robust estimate of regular school attendance. Questions can include: What time did you come home from school on Monday? What are you learning in science class? What was the last holiday celebrated at your school?

DIRECT OBSERVATIONS

Direct observations involve gathering data by making note of things as they happen. Observations can capture the frequency and/ or intensity of a behaviour and can be done in an unobtrusive manner (Guest, Namey, and Mitchell, 2013). Observations are a great way of confirming if individuals are doing what they claim to be doing, especially when it comes to sensitive issues (e.g. corporal punishment). Observational data can enrich our understanding of gender dynamics and its influence on behaviour change, and if data is collected over time, can help illuminate patterns and trends. However, this data

is limited to what is observed. The day and time of data collection can easily skew the data, hence the importance of conducting multiple observations at different times and settings. One example where direct observations have been used for VAC is a study in Ghana, which used structured classroom observations to validate teachers' self-reported data on the use of corporal punishment as a form of discipline (Agbenyega, 2006). Another example is that of a home visitation programme for low-income families addressing corporal punishment, which used household observations to assess parent-child interactions and safety levels of the home environment (Wagner, Spiker, and Inman Linn, 2002).

SOCIAL NETWORK MAPS

Individuals seldom make decisions alone. Rather, individuals are influenced by group relationships, norms and expectations (Ulin, Robinson, and Tolley, 2005). Social network maps are a way of diagramming who talks to whom and about what. Mapping social networks lets us see how individuals are connected, which in turn helps us understand and uncover how information flows through a network. By examining these relational patterns, network maps can be utilized to identify where and how to make changes, and who the key change agents are.

Two examples demonstrate how social network mapping can be used in the context of VAC programming.

In Parsa, Nepal, maps were created with the Para-Legal Committee (also known as the Gender-based Violence Watch Group) to better understand the individuals and institutions that the committee could turn to for help in their endeavours to prevent child marriage and domestic violence ('allies'), as well as the people and institutions that were perceived as working against them ('barriers'). Two photos from this social network mapping activities are displayed in *Figure 44*.

Figure 44: Social network mapping in Parsa, Nepal



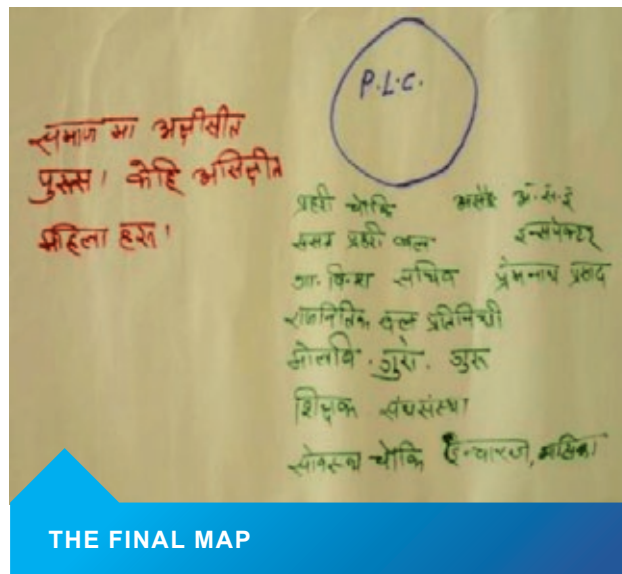
CREATING THE MAP

In San Francisco, a group of families who had a child under seven years of age that had suffered from neglect were asked to draw maps identifying sources of social support: household, other family, people at work/ school, friends/ neighbours, and other contacts (Roditti, 2005). This was used to get a sense of who could support these vulnerable children.

BODY MAPPING

Body mapping is a visual technique that uses diagrams of part or all of the body to start a discussion about a sensitive topic or event. While it has been used in health research to examine knowledge about reproduction, it can and has been adapted to understand experiences with violence. Body mapping is often a group-based activity that asks children to actively trace their bodies on a piece of paper and then fill in these images with pictures or text that communicate their experience. This method can be used with older children, and works best when children work on them individually and then discussions are had more broadly about shared experiences (Crivello et al., 2009).

Body maps are already used in many countries for official reports of abuse. Children are presented with an image of a body and asked to point or make markings on the map to indicate where harm has been exacted or felt. These serve as records of what is seen/ heard/ felt for the child. They include both drawings and written descriptions of the



THE FINAL MAP

injuries. Several of the authors working with UNICEF Jamaica tested the viability of using body maps to explore children’s experiences with physical and psychological violence (Figure 45). Participants described the fictional character’s experience of being punished through a series of questions focused on the five senses (i.e. What do the eyes see? What do the ears hear? etc.). Looking ahead, body maps could also be used to describe the experiences girls undergo during FGM. Participants could draw or describe in words the experience of being cut. This

Figure 45: Body mapping physical and psychological VAC in Jamaica



THE GIRLS' BODY MAP

could be done as a guided session in which more direct questions are asked or could be more free-flowing in which children draw, write, or describe what speaks most deeply to them with a debriefing discussion held afterward. Sharing the body maps with communities could help promote social action towards eliminating the practice of cutting.

MOST SIGNIFICANT CHANGE

Most significant change stories¹⁹ give participants an opportunity to reflect upon their involvement in an intervention and any changes they identify with or feel have had a significant impact on their lives, their family, peers and community. The most significant change approach leverages stories as a means of assessing an intervention's impact. It uses both a systematic and subjective approach. It is subjective in that participants decide what changes to record, and it is systematic in that all participants are asked the same question (Byrne et al., 2005). The stories can shed light on the impact an intervention is having (or not having) and also the processes by which social and behaviour change is taking shape (Davies and Dart, 2005).

As mentioned at the very beginning of this resource, most significant change was one of the techniques used to monitor the impact that the Bell Bajao! campaign was having on those it reached (Aleya, 2012). The *Kishori Abhijan* project in Bangladesh had the adolescent girl participants write stories

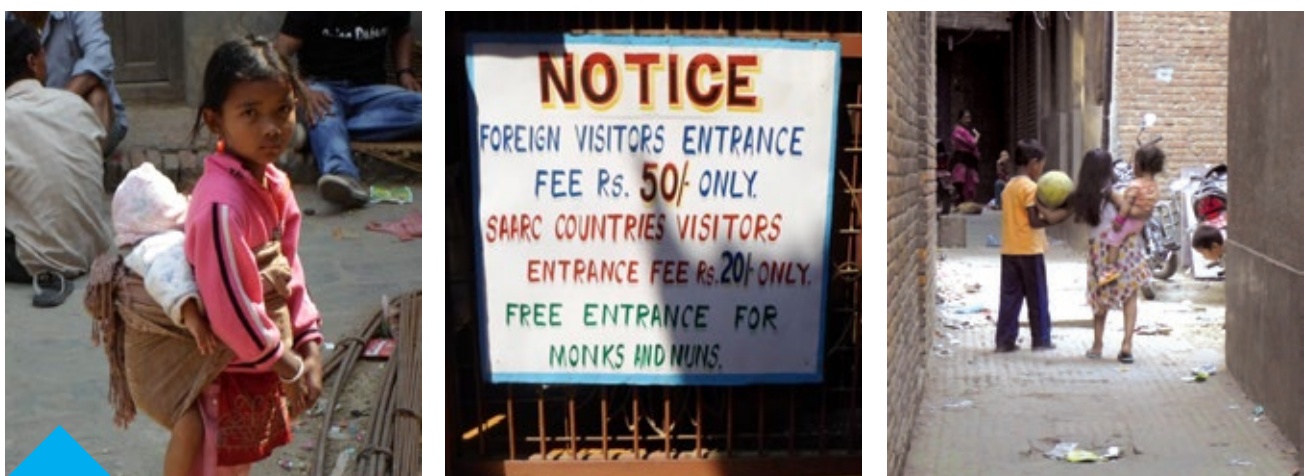
about the most important changes they experienced as a result of their involvement in the initiative. These stories were used to monitor the programme, and captured both project successes and failures in empowering girls and preventing child marriage.

PHOTO VOICE

Photo voice is a data collection technique in which individuals are provided with cameras enabling them to capture scenes that are representative of their lives and convey their perceptions and experiences in more depth than words often do. Visual images are an easy way to get groups to think critically about important community issues and discuss the social, cultural, economic, and political forces at play. As cameras are increasingly easy to use, the images can be taken by virtually anyone. Giving individuals cameras (or tablets with camera functionality) recognizes and leverages their expertise and allows researchers to gain an insider perspective. In so doing, photo voice can help empower marginalized and vulnerable populations as it gives a voice to those who are often unheard and makes the invisible visible.

For VAC programming, photo voice can be used to generate a local understanding of what violence means and what it looks like, and where it occurs. Some of the authors were involved in field-based pretesting in Nepal, where adolescents were given

Figure 46: Photo voice on discrimination with adolescents in Kathmandu, Nepal



WHAT DOES DISCRIMINATION MEAN TO YOU?

19 For more on MSC, see pgs. 81-82 of Lennie and Tachi (2011).

FREE LISTING

Free listing asks participants to brainstorm ideas around a given issue in order to get a sense of word and thought associations. This can help in uncovering meanings of topics relevant to VAC on a local level, as well as inform further investigation. Free listing can be used as an initial probe into a given domain. Domains are words or concepts in a culture that belong together (Schensul et al., 1999).

In Jamaica, some of the authors used free listing to understand community conceptions about the four dimensions of effective parenting: nurturance, recognition, structure and empowerment. Participants made a list of words, phrases and expressions to describe love (nurturance), 'bigging up' (recognition), setting rules (structure), and 'pass through the worst'/ prepare for life (empowerment). On another project, some of the authors had participants in Sierra Leone engage in a free listing activity to understand what child welfare meant in the local context. In an example hailing from Guatemala, free listing was used with various stakeholders (e.g. key informants, child protection service professionals, non-professional employees from governmental and non-governmental organizations, and children) to define child neglect, determine what behaviours individuals associated with child neglect, and what perceived risk factors contributed to child neglect (Coope and Theobald, 2006).

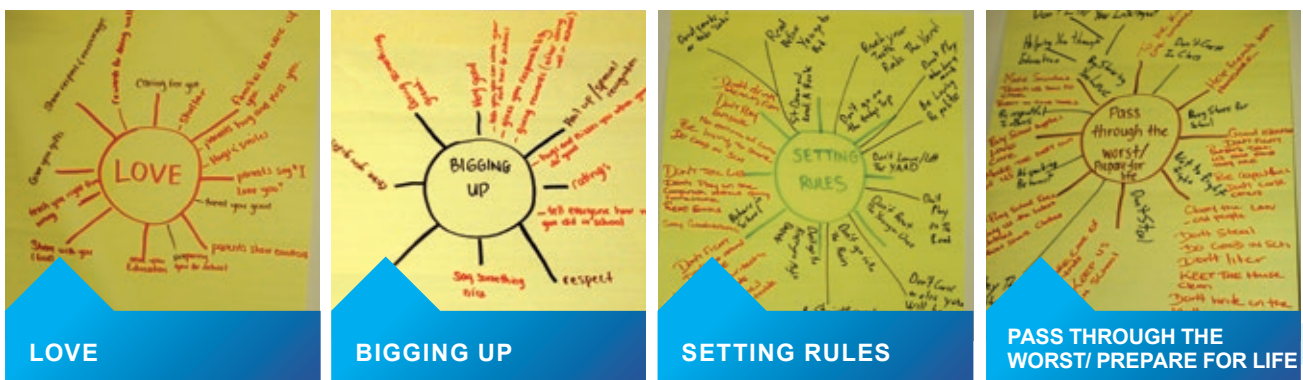
MOBILE PHONES FOR MAPPING

Mobile phones have been used to develop maps of risks, violence and other community issues. Harnessing GPS technology and photo-taking

capabilities on mobile phones, projects often ask community members to walk about their community, taking pictures of places that are reflective of, or have been impacted by, a given issue. Using mobile phones for mapping has been shown to be useful in a wide variety of contexts as the numbers of mobile phone users increases (UNICEF, 2010), and they are an excellent source of visual data. Mobile phones have been used to track population movements, disease patterns, blight and community assets.

The MAP-PAP programme in Port Au Prince, Haiti, works to have youth identify the areas in their community that are nodes for HIV/AIDS risk in their community, and map areas where violence occurs. They presented this information to local leaders, and their maps are also available on the Internet (Koné and Sydney, 2013). In Benin, moto-taxi drivers are key members of an SMS campaign to reduce child trafficking. These taxi drivers were trained to recognize kidnapping or trafficking and if they saw something suspicious they were instructed to send a text to a web-based platform and the appropriate authorities responded in kind (Plan International, 2010). In Egypt, crowd sourced mapping is being used to reduce the incidence of street harassment towards women and girls. This works especially well in this context, as 97 per cent of Egyptians have a mobile device. Thus, upon experiencing an episode of harassment, individuals can report that incident (and where it happened) via SMS text, a phone call, email, or twitter. Harrassmap employees will direct those who reported an incident to the appropriate support services and map the incident as a resource for police and concerned citizens (Gad and Hassan, 2012).

Figure 48: Free listing effective parenting in Jamaica





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