SOUTH
ASIA
SOCIAL
NORMS
LEARNING
COLLABORATIVE

LANDSCAPE ANALYSIS

Social Norms Programming in South Asia

January 2022

LANDSCAPE ANALYSIS

Social Norms Programming in South Asia

January 2022

© 2022 Centre for Social and Behaviour Change, Ashoka University

Recommended Citation:

Social Norms Programming in South Asia: Landscape Analysis. January 2022. The South Asia Social Norms Learning Collaborative. Delhi, India: The Social Norms Learning Collaborative.

This report was created by the South Asia Social Norms Learning Collaborative, part of The Social Norms Learning Collaborative (the Learning Collaborative). The Learning Collaborative facilitates building knowledge and developing tools among researchers and practitioners across regions and disciplines to advance effective, ethics-informed social norm theory, measurement, and practice at scale, and is made possible by the generous support of the United States Agency for International Development through the Passages Project. The contents of this document are the responsibility of the South Asia Social Norms Learning Collaborative and do not necessarily reflect the views of Georgetown University, the University of California San Diego, or the United States Agency for International Development.

ACKNOWLEDGEMENTS

We thank the Institute of Reproductive Health, Georgetown University, for giving us the opportunity to co-host the South Asia Social Norms Learning Collaborative (SA-SNLC) secretariat. We are delighted to have this opportunity to engage with organisations and individuals who work on norms and behaviour practices in WASH, health, nutrition, and gender in the region. In particular, we are grateful to Dr Anjalee Kohli and Dr Bryan Shaw for key inputs that informed the theoretical basis of this report. Dr Kohli also offered constructive observations on an earlier version of this document. Our SA-SNLC co-hosts, Project Concern International (PCI) India, have been sources of invaluable support.

We would also like to express our deep gratitude to Anand Pawar, Samyak; Kamani Jinadasa, Shanthi Maargam; Khairul Islam, WaterAid; Madhumita Das; Manisha Gupte, Mahila Sarvangeen Utkarsh Mandal (MASUM); Priti Prabhughate, International Planned Parenthood Federation (IPPF); Ravi Verma, International Center for Research on Women; Ruchika Chugh Sachdeva, Bill & Melinda Gates Foundation; and Sushmita Mukherjee, Project Concern International (PCI) India for their thoughtful commentary on the gaps and challenges faced by practitioners and nuanced analysis of the situation of social norms programming in South Asia.

Our sincere thanks to Dr Pavan Mamidi and Vanni Sharma, colleagues at the Centre for Social and Behaviour Change, Ashoka University, for their contributions to this report. We would also like to thank Indrajit Chaudhuri and Sharmistha Chakraborty from Project Concern International, India, for their unconditional support throughout the process of putting this project together.

We also acknowledge the World Health Organization (WHO), United Nations Children's Fund (UNICEF), STRIVE, CARE, and all the individual researchers and practitioners for their work and open access publications which have been great sources of information and of immense help to us. A comprehensive list of these sources is presented in the references section of this report.

Authors

Shweta Naik Bankar
Rangoli Gupta
Centre for Social and Behaviour Change, Ashoka University

SOUTH ASIA
SOCIAL NORMS
LEARNING COLLABORATIVE

TABLE OF CONTENTS

INTRODUCTION **2**

Objective 2

Methodology 2

OVERVIEW OF THEMATIC AREAS **5**

WASH 5

Health 6

Nutrition 6

Gender 7

LANDSCAPE ANALYSIS: THEORIES, PROGRAMMES, AND MEASUREMENT **10**

Theories 10
- Social Norms Approach 10
- Theory of Planned Behaviour 11
- Diffusion Innovation Theory 12
- Ideational Model 12

Programmes: Case Studies Across WASH, Health, Nutrition, and Gender 14
- WASH 14
- Health 20
- Nutrition 26
- Gender 32

Measurement 38
- Cislaghi and Heise's Funnel 38
- CARE's Social Norms Analysis Plot (SNAP) 39
- CARE's SNAP in South Asia 43

GAPS AND CHALLENGES **46**

Gaps 46

Challenges and Learnings in Programming and Implementation 47

Challenges and Learnings in Measurement 49

ENDNOTE **52**

The South Asia Social Norms Learning Collaborative (SA-SNLC) 52

The Centre for Social and Behaviour Change (CSBC), Ashoka University 52

Project Concern International (PCI), India 53

APPENDIX **55**

Questionnaire for In-Depth Interview 55

REFERENCES **57**

FIGURES

Figure 1: The Social Norms Approach..... 11
Figure 2: Theory of Planned Behaviour. 11
Figure 3: The Ideational Model 12
Figure 4: The CATS 'triggering' process and social norms concepts. 15
Figure 5: Timeline of CATS evolution in Nepal. 16
Figure 6: The RANI study protocol..... 21
Figure 7: Conceptual framework for the relations between messages from interventions, social networks, norms, and practices 27
Figure 8: The 'funnel' of norms exploration and measurement 38

TABLES

Table 1: Summary of Selected WASH Projects in the Region 17
Table 2: Summary of Selected Health Projects in the Region..... 23
Table 3: Summary of Selected Nutrition Projects in the Region..... 29
Table 4: Summary of Selected Gender Projects in the Region 35
Table 5: SNAP measurement stages and methods. 40
Table 6: SNAP project sites. 40
Table 7: SNAP framework 41

ACRONYMS AND KEY PHRASES

ANC	Antenatal Care
BCC	Behaviour Change Communication
BRAC	Bangladesh Rural Development Council
CARE	Cooperative for Assistance and Relief Everywhere
CATS	Community Approaches to Total Sanitation
CF	Complementary feeding
CM	Community Mobilisation
CSO	Civil Society Organisation
DPOs	Disabled People's Organisations
EBF	Exclusive Breastfeeding
ECFM	Early, Child, And Forced Marriage
FGD	Focus Group Discussion
FLHW	Front Line Health Workers
FPD	Fixed-Point Defecation
FSM	Faecal Sludge Management
GBV	Gender Based Violence
GEA	Group Education Activities
HIV	Human Immunodeficiency Virus
IFA	Iron-Folic Acid
IPC	Interpersonal Communication
IPV	Intimate Partner Violence
IYCF	Infant And Young Child Feeding
KAP	Knowledge, Attitude and Practices
KMC	Kangaroo Mother Care
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and others
LHW	Lady Health Worker
LMIC	Low-To-Middle-Income Country
MHHM	Menstrual Health and Hygiene Management
MM	Mass Media
MoHFW	Ministry Of Health and Family Welfare
MoWCA	Ministry Of Women and Children Affairs
MWRA	Married Women of Reproductive Age
NFHS	National Family Health Survey
NGOs	Non-Governmental Organisations
OD	Open Defecation
ODF	Open Defecation Free
OPP	Orangi Pilot Project
OPP-RTI	Orangi Pilot Project – Research and Training Institute
PEM	Protein-Energy Malnutrition
PLA	Participatory Learning and Action
RCT	Randomised Controlled Trial
ReNEW	Redefining Norms to Empower Women

RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
SHG	Self-Help Group
SNA	Social Norms Approach
SNAP	Social Norms Analysis Plot
SRHR	Sexual And Reproductive Health and Rights
TESFA	Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls
THR	Take-Home Rations
TPB	Theory of Planned Behaviour
VDC	Village Development Committee
WASH	Water, Sanitation, and Hygiene
WRA	Women of Reproductive Age

Introduction

INTRODUCTION

Social norms are the informal, primarily unwritten, rules that define acceptable, appropriate, and obligatory actions in a given group or society.[1] Over the past decade, the influence of undesirable social norms such as those connected to gender-based violence, childbearing, and women's economic engagement has received more attention. As more programmes strive to promote norms that support healthy behaviours, there is an opportunity to expand our understanding of social norms: what they are, how to measure them, how they influence behaviour, and how to scale up promising norm-shifting interventions.

Social norms programming has expanded to South Asia. Made up of incredibly diverse countries, South Asia is quickly heading towards economic development. Significant philanthropic funding from the Global North is being invested in norm-shifting programming in the region as well. Consequently, the present moment is a crucial juncture to analyse the state and record of social norms programming. To that end, this document will detail some of the efforts in South Asia to improve WASH, health, nutrition, and gender through the lens of social norms programming.

Objective

This landscape analysis focuses on the four thematic areas (WASH, health, nutrition, gender) and aims to do the following:

1. Develop a high-level view of social norms programming in South Asia.
2. Investigate the frameworks (theoretical and project-related), measurement methods, and tools being deployed in the region.
3. Present some case studies of norm change programming in South Asia.
4. Pinpoint lacunae in norm programming in the South Asia region.

The findings of this landscape analysis will contribute to the implementation of other ongoing and future initiatives in the region and across the globe. It will aid in identifying frameworks, priority areas, and areas of interest to accelerate the support needed to achieve the best in social norms programming and research. This document can provide the reference and support organisations require to expedite the change of harmful norms in South Asian communities.

Methodology

The research team conducted an extensive literature review on social norms programming in South Asia to fulfil the objectives listed above. Literature was sourced primarily from the Google Scholar database with additional contributions from the ALiGN platform.

Articles were searched on Google Scholar using the keywords (“gender” OR “WASH” OR “health” OR “nutrition” OR “measurement”) AND (“Bangladesh” OR “India” OR “Nepal” OR “Pakistan” OR “Sri Lanka” OR “South Asia”) AND (“norm” or “norms”) and limited to articles published in English. Approximately 140 articles

[1] Cislaghi, B., & Heise, L. (2018). Theory and practice of social norms interventions: eight common pitfalls. *Globalization and health*, *14*(1), 1-10.

were narrowed down through title screening, and 82 articles were selected after scanning the abstract or introduction for relevance and uniqueness. Of these 82, 34 are peer-reviewed articles, 26 are programme reports, and 22 are other articles which are not peer-reviewed. The case studies were drawn from this process as well. Approximately 8-10 programmes were identified under each theme and 6 were chosen based on uniqueness, scalability, geographical diversity, and intersection with other thematic areas. The thematic analysis was carried out using deductive coding using predefined codes for the different themes in the report. For the other sections, insights were drawn using inductive coding, i.e., identifying the emerging themes by scanning the literature. The references section includes a complete list of sources used in the landscape analysis, sorted by section and thematic area.

Seven in-depth interviews with sector experts who have contributed to social norms programming in South Asia complement the learnings from the literature review. These experts were identified through a process of stakeholder mapping. The interviews explored key issues in the thematic areas explored in the landscape analysis, the common theoretical frameworks being used, intersectionality, interventions of interest, and lacunae in programming. These interviews have guided much of the discussion on gaps and challenges in social norms programming. The questionnaire is provided in the appendix.

Overview of Thematic Areas

OVERVIEW OF THEMATIC AREAS

This section provides a high-level introduction to social norms programming in South Asia with respect to the four thematic areas covered by the South Asia Social Norms Learning Collaborative. Inputs to this section come from the literature review and were supplemented by the interviews.

WASH

WASH is a key concern in South Asia. Critical targets under WASH in the region include curbing open defecation (OD), increasing access to safe drinking water, and improving hygiene practices, particularly menstrual health and hygiene management (MHHM). Past and existing WASH programmes in South Asia have focused on OD, fixed-point defecation (FPD), faecal sludge management (FSM), handwashing, MHHM, and universal sanitation coverage.

The region has seen progress in FPD: communities exposed to interventions promoting it tend not to go back to OD, according to sector experts. Additionally, there is a sense among those working in the field that post-disaster disease patterns in South Asia are showing lesser water-borne diseases, implying that people are gradually understanding the value of safe drinking water. Interventions to address handwashing and MHM have been increasing in the past half-decade as well. Global health crises like COVID-19 have made the practice of handwashing salient while MHM programmes are being created for schoolchildren.

There is a significant gender component to WASH issues: water usage is gendered, open defecation poses a challenge to women's safety, MHHM involves increased use of water for hygiene and hygienic use of absorbents, and women are primarily responsible for fetching water. Our interactions with sector experts shed light on the fact that minorities and underprivileged communities are the last to access resources, creating barriers to proper WASH habits. Social norms-focussed programming can pave the way for addressing these inequalities while promoting good WASH habits.

Further, there are several constraints on the sustainable growth of sanitation coverage, including a lack of political commitment at multiple levels, fragmented and dysfunctional institutional arrangements, un-implemented policies or strategies, a lack of access to affordable sanitation products, and existing norms and practices around WASH and lack of will to change them in rural communities.[2]

For this last reason, the past two decades have witnessed an increased focus on behavioural approaches to stimulate demand for – and use of – sanitation facilities by practitioners and administrations.[3] The underlying assumption is that sanitation requires the cooperation of all in a community to reap public benefits. For example, as Bicchieri and Noah discuss, communities often face a collective action problem whenever they move from open defecation to latrine use.[4] It may be in each individual's "best interest" to defecate in the

[2] Zuin, V., Delaire, C., Peletz, R., Cock-Esteb, A., Khush, R., & Albert, J. (2019). Policy diffusion in the rural sanitation sector: lessons from community-led total sanitation (CLTS). *World Development*, *124*, 104643.

[3] Jenkins, M. W., & Sugden, S. (2006). *Rethinking sanitation: Lessons and innovation for sustainability and success in the new millennium* (No. HDOCPA-2006-27). Human Development Report Office (HDRO), United Nations Development Programme (UNDP).
AND Venkataramanan, V. (2017). Review of Rural Sanitation Approaches.
https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/review-of-rural-sanitation-approaches---background-report.pdf

[4] Bicchieri, C. & Noah, T. (2017). Applying social norms theory in CATS programming.
https://repository.upenn.edu/pennsong/15

open because they will not have to spend money on building or maintaining latrines. However, if every person in the community believes and acts in this way, the community will suffer a negative public health impact. Thus, shifting norms to support latrine usage can be a powerful mechanism to solve the social dilemma embedded in collective action.[5]

Health

While reforms in policy and the increased focus on implementation and social measures of healthcare are improving access to healthcare in South Asia, much remains to be done. Key issue areas include sexual and reproductive health and rights (SRHR), reproductive, maternal, newborn, child and adolescent health (RMNCH+A), and access to primary healthcare. Norm-shifting interventions have targeted various issues like family planning, immunisation, antenatal care, and SRHR, with varying degrees of success.

The coverage of primary health interventions such as skilled birth attendance, routine childhood immunisations, and family planning differ widely between the lowest and highest socioeconomic quintiles.[6] This variation translates into lower life expectancy, higher morbidity, and undernutrition in low socioeconomic strata. Further, rural areas have fewer available health services. The population experiences barriers to access from the need to travel long distances, inadequate transport services, and low health knowledge, all of which are more pronounced for women and girls. The same barriers cause poor SRHR and RMNCH+A outcomes as well, as this landscape analysis will describe.

While there is a reasonably extensive government health infrastructure providing free services to people of all income brackets, the quality of care is poor, especially in remote areas. Local and international non-profit organisations have become essential to the supply of last-mile healthcare in Bangladesh, India, and Pakistan. Critical to improving these conditions is a feedback loop within programmes that involves dialogue with intervention populations about whether their needs are being met satisfactorily.

Nutrition

Despite economic growth, food and nutrition security have not improved in South Asia, and the region has the highest number of undernourished children.[7] Critical focus areas for nutrition programming include breastfeeding, complementary feeding (CF), tackling micronutrient deficiency, anaemia, and stunting. Interventions to improve maternal and child nutrition and dietary diversity have been undertaken in the region.

However, the resilience of food systems depends upon political, economic and social relations, and these factors are deeply gendered. Poor child nutrition outcomes result from proximal causes such as poor infant and young child feeding practices, poor nutrition among women before and during pregnancy, and poor sanitation practices.[8] Further, social norms restrict women's utilisation of health services and dictate practices

---

[5] Ibid.

[6] Zaidi, S., Saligram, P., Ahmed, S., Sonderp, E., & Sheikh, K. (2017). Expanding access to healthcare in South Asia. *BMJ, 357*(j1645), 1-4.

[7] Global Hunger Index. (2020). Synopsis: Global Hunger Index. https://www.globalhungerindex.org/pdf/en/2020/synopsis.pdf

[8] Rao, N. (2020). The achievement of food and nutrition security in South Asia is deeply gendered. *Nature Food*, *1*(4), 206-209.

such as early marriage and early childbearing, household food distribution, and food taboos during pregnancy and lactation, thereby contributing to malnutrition.[9]

Governments have offered welfare programmes to assist the rural poor in the form of provisions, prepaid electricity, cash and in-kind entitlements. Such measures have helped, but the ongoing exclusion from sources of income, both due to the gender segregation of labour markets and the wage gaps within them, constrain the choices available to women. Migration, for example, impacts nutrition: while men can migrate to find work, women are left with the responsibility of the farm, the household and caring for the young and elderly, restricting the nutritional security they can attain.[10]

There has been a call to make nutrition programmes gender intentional, involve local leaders and the community, and engage men to combat these barriers. Initial results show promise. For example, Poshan Gyan is an effort to create an accessible database of information on nutrition issues in various local languages in India.[11] Another example is engaging husbands and mothers-in-law to address lactation failure linked to perinatal depression.[12]

Gender

Harmful gender norms affect the health and lives of girls, boys, men, and women at all levels of society, leading to undesirable consequences such as emotional distress, mental health problems, and poor reproductive health. In South Asia, crucial issues under the umbrella of gender include the empowerment of girls and women, women's economic and social mobility, the dissolution of the gender binary, and gender budgeting.

Sector experts reveal that social norms-based approaches to bring about the targeted change have worked on one of these two interrelated levels:[13]

- **Community:** interventions that target broad norms on gender among communities.
- **Institutional:** interventions that aim to influence policies made by different institutions on gender issues.

However, these efforts are often isolated, which impedes systemic and comprehensive change around gender norms. This explains why women and LGBTQIA+ individuals continue to face inequality across crucial development indicators, including health, education, nutrition; discriminatory laws; and high levels of precarity in income, employment conditions, safety and wellbeing. In addition, there is a question of female survival itself, resulting from sex selection before birth or growing incidents of violence throughout their lives. Varied forms of structural violence restrict women's mobility and access to labour markets and productive

[9] Chaparro, C., Oot, L., & Sethuraman, K. (2014). Overview of the nutrition situation in four countries in south and central Asia. http://www.fantaproject.org/sites/default/files/download/South-and-Central-Asia-Nutrition-Overview-Mar2014.pdf

[10] Rao, N. (2020). The achievement of food and nutrition security in South Asia is deeply gendered. *Nature Food*, *1*(4), 206-209.

[11] *Poshan Gyan*. (2021). Poshan Gyan. https://poshangyan.niti.gov.in/about-us

[12] Stuebe, A. M., Grewen, K., Pedersen, C. A., Propper, C., & Meltzer-Brody, S. (2012). Failed lactation and perinatal depression: common problems with shared neuroendocrine mechanisms?. *Journal of Women's Health*, *21*(3), 264-272.

[13] An interview with a sector expert revealed that interventions directed at individuals that affect attitudes towards SRHR, marriage, and life skills, among others might also be considered a norms-shifting approach, however, there is little to no evidence from literature to support this.

assets. Furthermore, these unfair norms directly affect personal behaviour, including the acceptability and use of violence.

Additionally, siloed interventions hinder cross-sectoral progress because gender cuts across areas like WASH, health, nutrition, and others.

Landscape Analysis: Theories, Programmes, and Measurement

LANDSCAPE ANALYSIS: THEORIES, PROGRAMMES, AND MEASUREMENT

This segment discusses the theory, practice and measurement of social norms programming in South Asia. The first section briefly summarises the main theories behind social norms programming. The second section details case studies of successful programmes in four thematic areas: WASH, health, nutrition, and gender. Case studies are followed by short summaries of other successful programmes within the same thematic area. The third section lays out an overview of measurement approaches in the region.

Theories

This section describes the main theoretical frameworks used in social norms programming. While these theories differ in their approach of using social norms to effect behaviour change, there is consensus on the following factors that foster norm-shifts as revealed by conversations with sector experts:

- **Multiple norms influence a specific behaviour.** Descriptive, injunctive and meta-norms influence behaviour.
- **Group identity.** Reference groups and social networks influence individuals to adopt new behaviours, attitudes, beliefs.
- **New ideas diffuse outward.** Diffusion of ideas that influence social networks and norm change tipping points are significant components of norm shift.
- **Intentions predict behaviours.** While a dynamic interplay of complexity and systems affects individuals' behaviours, intentions are usually good predictors of behaviour.

Short summaries of the main types of frameworks used in social norms programming follow. Key stakeholders in the field across a range of sectors reveal that norm shifts in South Asia, especially those resulting from programmes implemented in the last few decades, were not necessarily deliberate. Rather, they were offshoots of social development projects. Thus, it is difficult in many cases to map theoretical frameworks to programmes conducted in the region. Nevertheless, a basic understanding is useful from the perspective of completeness.

Social Norms Approach

The Social Norms Approach (SNA) is a widely used intervention strategy for promoting positive behaviours. The premise is that individuals misperceive their peers' attitudes and behaviours for a range of positive and negative behaviours, respectively.[14] The greater these misperceptions, the more likely an individual is to engage in harmful behaviours and reduce healthy ones.

[14] Dempsey, R. C., McAlaney, J., & Bewick, B. M. (2018). A critical appraisal of the social norms approach as an interventional strategy for health-related behavior and attitude change. *Frontiers in Psychology*, *9*, 2180.

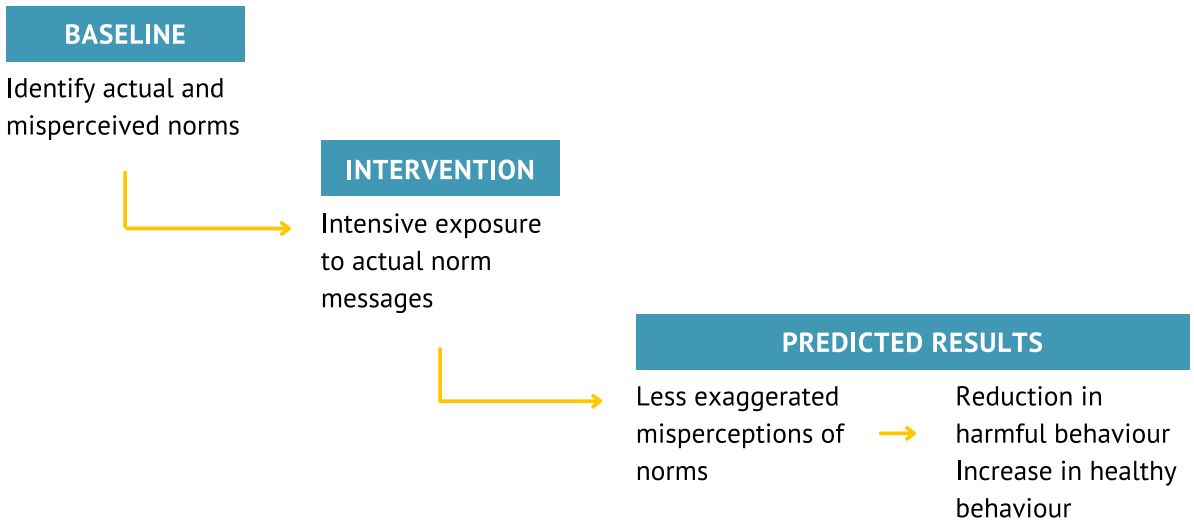

Figure 1: *The Social Norms Approach, modified from Perkins, 2003*

Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB) is designed to help programme implementers design interventions that address a particular behaviour effectively. It is primarily intended to develop interventions that target health-enhancing individual behaviour that may be socially unacceptable, such as condom use, smoking cessation, self-check-ups, voluntary testing, and medication adherence.

When using this theory, implementers consider behavioural beliefs, normative beliefs and control beliefs that guide human behaviour.[15] According to the Communication Initiative Network, the TPB holds that "attitudes toward behaviour are shaped by beliefs about what is entailed in performing the behaviour and outcomes of the behaviour and that a causal chain of beliefs, attitudes, and intentions drives behaviour"[16].

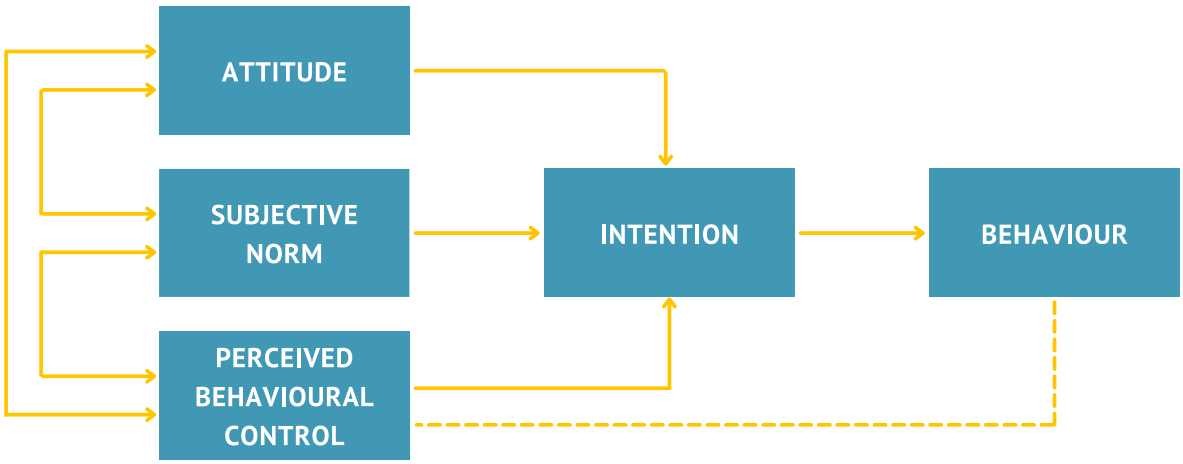

Figure 2: *Theory of Planned Behaviour, modified from Health Communication Capacity Collaborative.*

[15] Health Communication Capacity Collaborative. Theory of planned behavior. https://www.healthcommcapacity.org/wp-content/uploads/2014/03/theory_of_planned_behavior.pdf
[16] The Communication Initiative Network. Theory of planned behavior. https://www.comminit.com/policy-blogs/content/theory-planned-behavior

Diffusion Innovation Theory

This theory seeks to explain how innovations spread across a group or social system and why. According to this theory, new ideas are communicated through different channels in a social system, and individuals decide whether or not to adopt the new behaviour or innovation.[17] This theory contributes to our understanding of how change occurs across social systems by highlighting the role of communication and networks. By considering the position of individuals within their personal social network and within a social system of multiple networks, social network theories could provide valuable insights into social norms.[18] They can explain the process of behaviour change, identify early adopters of a new behaviour, the critical mass required for social norm change to occur, and the rate of change across networks. More recent theories that have emerged from this central theory include Neo-Diffusionism and Organised Diffusion.

Ideational Model

This model demonstrates how instructive communication can teach the skills and knowledge required to perform an action. It shows how both directive (one-way influence) and nondirective (entertainment, counselling, and interpersonal) communication can impact ideational factors, and how public communication (such as advocacy) can influence environmental factors.[19] Ideational factors are grouped into three categories: cognitive factors, emotional factors, and social factors.[20] They impact behaviour and can be measured to assign

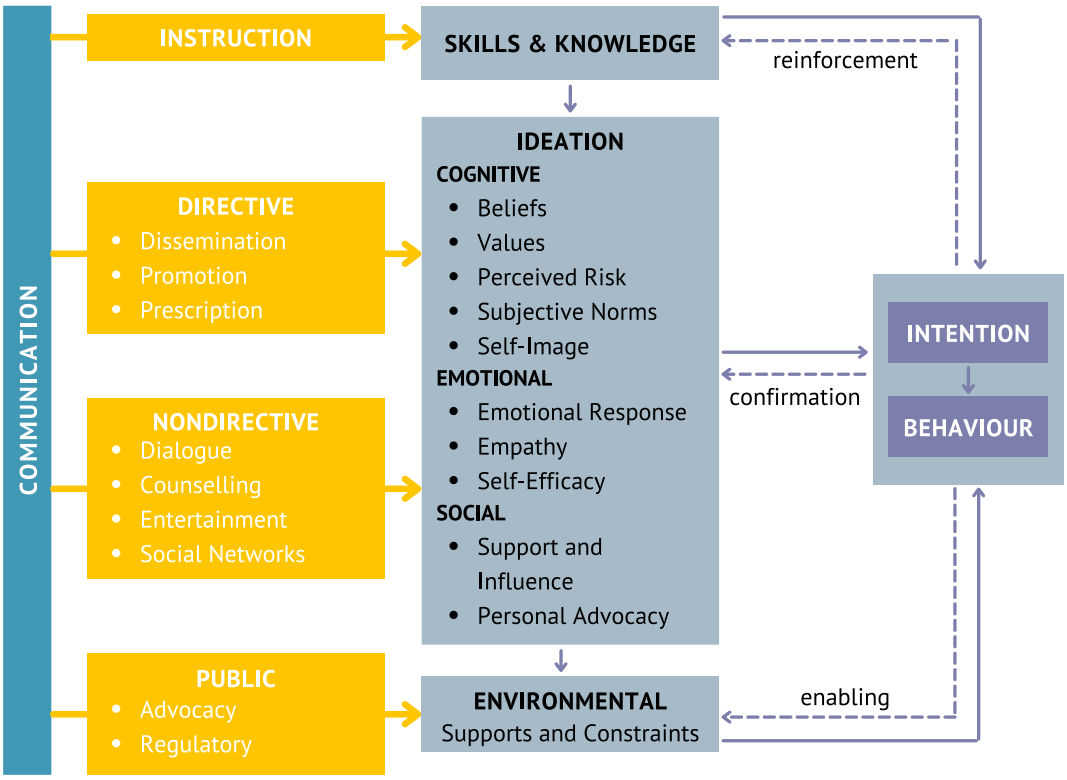

Figure 3: *The Ideational Model, modified from Krenn, Cobb, Babalola, Odeku, & Kusemiju, 2014.*

[17] Rogers, E. M. (2010). *Diffusion of innovations*. Simon and Schuster.
[18] Ibid.
[19] Johns Hopkins Center for Communication Programs. Ideation. https://www.comminit.com/jhuccp/content/ideation AND Health Communication Capacity Collaborative. Ideation. https://www.healthcommcapacity.org/wp-content/uploads/2015/02/Ideation.pdf
[20] Health Communication Capacity Collaborative. Ideation. https://www.healthcommcapacity.org/wp-content/uploads/2015/02/Ideation.pdf

an ideation score that predicts how likely that person is to adopt a behaviour.[21] As a result, according to the Health Communication Capacity Collaborative, ideational elements are "strongly predictive" of health-related behaviours.[22]

[21] Ibid.
[22] Ibid.

Programmes: Case Studies Across WASH, Health, Nutrition, and Gender

This section contains case studies across the four thematic areas in South Asia. Under each theme, there is a central case study that is explained in detail, followed by five shorter project summaries. The case studies were drawn from an extensive literature review. Approximately 8-10 programmes were identified under each theme and 6 were chosen based on uniqueness, scalability, geographical diversity, and intersection with other thematic areas. The thematic analysis was carried out using deductive coding using predefined codes for the different themes in the report.

WASH

The following is an exploration of programmes that worked on open defecation (OD), menstrual health and hygiene management, handwashing, and sanitation.

CASE STUDY

Community Approaches to Total Sanitation (CATS): Nepal Scale-up

Location: Nepal
Duration: 2006 - 2017
Implementation: UNICEF Nepal, Government of Nepal and various NGOs

Existing norms: Open defecation (OD) is acceptable, building a latrine near or inside the home can make the home 'impure', cleaning sewage pits is not only unpleasant but also demeaning, and that open defecation is a 'masculine' activity
Existing behaviour: Open defecation (OD)

Platform: Group activities within the community using audio/visual components to drive reflection
Expected outcome: Constructing and using latrines

Introduction

Community Approaches to Total Sanitation (CATS), which UNICEF officially adopted in 2008, is an umbrella term used by sanitation practitioners to encompass a wide range of community-based sanitation programming. The success of CATS in achieving open defecation (OD) free communities by creating a new social norm and a global scale-up make it a critical programme to explore in detail.

Although CATS was not initially derived from Social Norms Theory, the theory provides a framework to understand why the demand creation components of CATS are successful in many communities and how to improve programme effectiveness.

The social norms approach emphasises the ways in which so many behaviours are interdependent: they depend on our beliefs about what others do and think. For example, OD in most contexts is a custom (people do it mainly because it meets their needs, rather than in response to social expectations). Through CATS, community members stop engaging in OD because they come to believe that others do not defecate in the open and because they believe that others think that they should not defecate in the open.

Programme Summary

Eliminating OD involves three key components: demand creation, supply consideration, and strengthening the enabling environment. Successful implementation of CATS leads communities to collectively abandon OD and create a new social norm of using toilets, reinforced by supply interventions and a supportive enabling environment.

At the community level, creating demand for sanitation begins with changing or creating new social norms. The CATS 'triggering' process creates empirical and normative expectations about latrine use within a community. The triggering process is to discuss, map and visualise what is happening in the community regarding sanitation. This involves showing powerful images of how faecal matter is carried from defecation areas to food and water sources and stimulating reactions of disgust and shame as people understand and visualise the effects of OD for everyone in the community. This visualisation provides a new perspective, and this is usually a solid motivation to change.

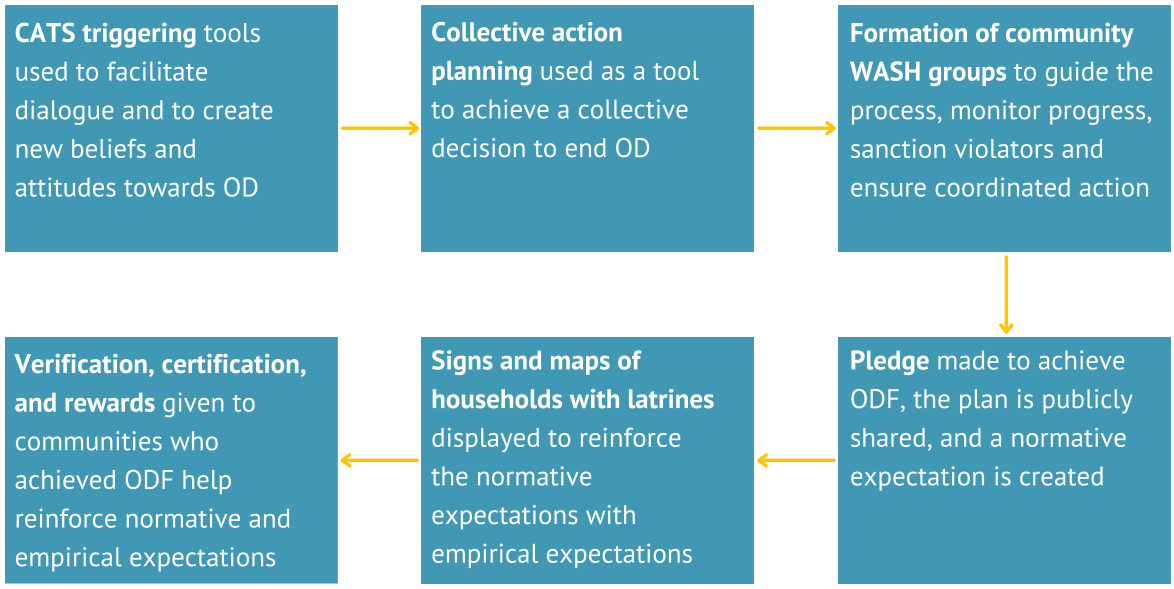

Figure 4: *The CATS 'triggering' process and social norms concepts, modified from UNICEF, 2017.*

In addition, the themes of dignity, pride and prestige have been highlighted as crucial in triggering by leaders in Kathmandu and facilitators and children in the districts – this is again consistent with the experience globally with community-based total sanitation strategies.

Outcomes

The Government of Nepal has demonstrated a strong commitment to CATS by incorporating it into national policies and strategic plans. As a result, the Nepal CATS programme has seen tremendous growth since the beginning of its implementation. There is a robust decentralised structure for CATS implementation that

allows various non-governmental organisations to train and build the capacity of local actors. According to the Government of Nepal, access to sanitation is at 87% as of mid-2016, surpassing the Millennium Development Goal of 53%.[23] As of mid-2016, UNICEF supported 946 Village Development Committees (VDCs) in Nepal and 61 municipalities to achieve open defecation free (ODF) status. From 2010 to 2016, sanitation coverage increased from 52% to 86% in UNICEF-supported districts. As a result of this support and collaboration with key partners, approximately 8 million people in Nepal now live in OD free communities in UNICEF-supported districts.

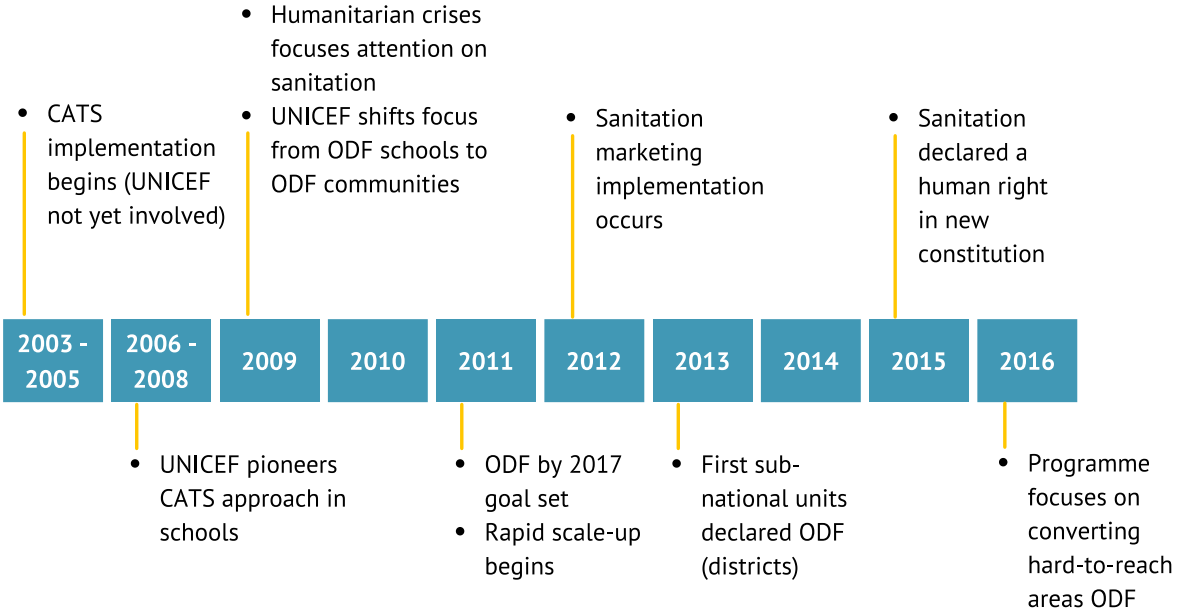

Figure 5: *Timeline of CATS evolution in Nepal, modified from UNICEF, 2017.*

SOURCES

All information about the CATS programme and the Nepal scale-up has been sourced from the following:

UNICEF Nepal. (2014). Sanitation for all: all for sanitation (lessons from Nepal's sanitation social movement). https://reliefweb.int/sites/reliefweb.int/files/resources/wash-case-study_low.pdf

UNICEF. (2017). Field notes on community approaches to total sanitation. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/UNICEF_CATS_Field_Notes_5countrylearning.pdf

More information on other programmes related to community-led approaches to total sanitation can be found at www.communityledtotalsanitation.org/

[23] UNICEF. (2017). Field notes on community approaches to total sanitation. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/UNICEF_CATS_Field_Notes_5countrylearning.pdf

Table 1: Summary of Selected WASH Projects in the Region

PROJECT	IMPLEMENTATION	NORMS	BEHAVIOURS	OUTCOMES
Orangi Pilot Project (OPP)[A] **LOCATION:** Pakistan **DURATION:** 1980 – present **SOURCE:** [B][C]	- Orangi Pilot Project – Research and Training Institute (OPP-RTI) - Local governments - NGOs	- Open defecation (OD) is acceptable - Women should not engage with community-level issues.	- Open defecation. - Not involving women in discussions about OD.	The project strengthened the position of women in the communities by encouraging participation in community affairs. The OPP-RTI approach has also been widely used elsewhere, with training provided to Nepal, Cambodia, Vietnam, Central Asia, South Africa, and Sri Lanka.
Girls' Adolescent and Reproductive Rights: Information for Management and Action (GARIMA) **LOCATION:** India **DURATION:** 2013 - 2016 **SOURCE:** [D][E]	- Dornsife School of Public Health, Drexel University - NR Management Consultants India Pvt. Ltd	- Discussing MHHM and reproduction is shameful or harmful. - Broad gender norms.	- Improper MHHM practices among adolescent girls. - Inadequate understanding of the physiological reasons for menstruation, embarrassment, and lack of conversation on the issue.	Those in the 'high' encoded exposure group had higher knowledge about puberty, reproductive parts, and positive attitudes towards gender. However, the intervention did not address knowledge and attitudes about absorbent use attitudes towards social/religious restrictions, personal restrictions and structural restrictions successfully, which are significant issues, given the links between WASH and gender norms.
World Vision Australia (WVA) Civil Society WASH project **LOCATION:** Sri Lanka	- Deaf Link - Northern Province Consortium of Organizations for the Differently	- Disability inclusion is not important. - WASH facilities do not need to be designed	- Not involving DPOs in designing WASH facilities and interventions.	This project improved the capacity of the DPOs, captured evidence on the local situation for people with disabilities, and strengthened project outcomes and

[A] While the project is no longer in the pilot stage, it continues to be called the "Orangi Pilot Project".

[B] World Habitat. Orangi Low-cost Housing and Sanitation Programme. https://world-habitat.org/world-habitat-awards/winners-and-finalists/orangi-low-cost-housing-and-sanitation-programme/

[C] SIGUS - Special Interest Group in Urban Settlement, School of Architecture and Planning, MIT. Orangi Pilot Project - Karachi, Pakistan. https://web.mit.edu/urbanupgrading/upgrading/case-examples/ce-PK-ora.html

[D] Ramaiya, A., Malhotra, A., Cronin, C., Stevens, S., Kostizak, K., Sharma, A., ... & Sood, S. (2019). How does a social and behavioral change communication intervention predict menstrual health and hygiene management: a cross-sectional study. *BMC public health*, *19*(1), 1-12.

[E] Drexel University, UNICEF and NR Management Consultants (2018). Evaluation of the GARIMA Project in Uttar Pradesh India. https://www.alignplatform.org/resources/girls-adolescent-and-reproductive-rights-information-management-and-action-garima

DURATION: 2013 - 2018 **SOURCE:** [F][G]	Abled (NPCODA) - World Vision	with disabled people in mind.		capacity for civil society organisations (CSOs).
Behaviour change intervention to improve shared toilet maintenance and cleanliness in urban slums of Dhaka: a cluster-RCT **LOCATION:** Bangladesh **DURATION:** 2014 - 2015 **SOURCE:** [H][I]	- Dustha Shasthya Kendra (DSK) - International Centre for Diarrhoeal Disease Research Bangladesh (ICDDR. B) - Stanford University - Johns Hopkins University Bloomberg School of Public Health	- Maintaining clean toilets is not a community responsibility. - It is wasteful and shameful to use water to clean latrines and flushing.	- Improper behaviours related to toilet maintenance leading to unclean and dysfunctional shared sanitation facilities.	The study identified individual-level behaviours that were keeping latrines unclean. Low-cost hardware designed to support cleaner latrines was piloted, and the team developed behaviour change communication messages to support the regular use of shared facilities. An RCT demonstrated that compounds that received this intervention were still actively using it at the endline evaluation. Most still had a waste bin in place, and they were more likely to have water available to flush the toilet pan. Intervention compounds were significantly more likely to have cleaner toilets.
Behaviour Change without Behaviour Change Communication: Nudging Handwashing among Primary School Students in Bangladesh **LOCATION:** Bangladesh	- Center for Applied Social Research - University of Oklahoma - Save the Children	- Handwashing is not important.	- Not washing hands after a toileting event.	**2014:** By connecting latrines to handwashing station via paved pathways painted in bright colours and painting footprints on footpaths guiding students to the handwashing stations and handprints on stations, handwashing with soap among school children increased to 68% the day after nudges were completed

[F] World Vision Australia. Engaging with DPOs to implement disability inclusive WASH programming - learning from the Australian Aid-funded Civil Society WASH Fund. http://www.cswashfund.org/sites/default/files/CS%20WASH%202_CBM-WV_Engaging%20with%20DPOs%20for%20inclusive%20WASH_Lessons%20Learnt_2018NOV.pdf

[G] CBM Australia. (2018). Creating a new 'business as usual': reflections and lessons from the Australian Aid program on engaging with disabled people's organisations in development programming and humanitarian action. https://www.internationaldisabilityalliance.org/sites/default/files/2.2_engaging_with_dpos_discussion_paper_dfat.pdf

[H] Water & Sanitation for the Urban Poor. (2016). Can behaviour change approaches improve the cleanliness and functionality of shared toilets? A randomised control trial in Dhaka, Bangladesh. https://assets.publishing.service.gov.uk/media/57a0895be5274a27b200003b/DP009-ENGLISH-Can-behaviour-change-approaches-improve-the-cleanliness-and-functionality-of-shared-toilets.pdf

[I] Alam, M. U., Winch, P. J., Saxton, R. E., Nizame, F. A., Yeasmin, F., Norman, G., ... & Luby, S. P. (2017). Behaviour change intervention to improve shared toilet maintenance and cleanliness in urban slums of Dhaka: a cluster-randomised controlled trial. *Tropical Medicine & International Health*, *22*(8), 1000-1011.

DURATION: *Proof-of-concept study:* 2014; *Follow-up cluster RCT:* 2017 **SOURCE:** [J][K]				and 74% at both two weeks and six weeks post-intervention. **2017:** The nudge and health education interventions were equally effective at sustained impact over five months post-intervention.

[J] Dreibelbis, R., Kroeger, A., Hossain, K., Venkatesh, M., & Ram, P. K. (2016). Behavior change without behavior change communication: nudging handwashing among primary school students in Bangladesh. *International journal of environmental research and public health*, *13*(1), 129.

[K] Grover, E., Hossain, M. K., Uddin, S., Venkatesh, M., Ram, P. K., & Dreibelbis, R. (2018). Comparing the behavioural impact of a nudge-based handwashing intervention to high-intensity hygiene education: a cluster-randomised trial in rural Bangladesh. *Tropical medicine & international health*, 23(1), 10-25

Health

The following is an exploration of programmes that worked on anaemia, perinatal health, and sexual and reproductive health and rights (SRHR).

CASE STUDY

Reduction in Anaemia through Normative Innovations (RANI) Project

Location: India
Duration: 2018 - 2020
Implementation: George Washington University, DCOR Consulting, IPE Global, Odisha Livelihoods Mission

Existing norms: women are not at risk of iron deficiency during pregnancy, Iron-Folic Acid (IFA) supplementation can harm the baby
Existing behaviour: low adherence to iron and folic acid (IFA) supplementation among women of reproductive age (WRA)

Platform: Interpersonal communication (IPC), Participatory Learning and Action (PLA) media, Self-help groups (SHGs)
Expected outcome: Increased adherence to Iron-Folic Acid (IFA) supplementation among women of reproductive age (WRA) through the creation of positive descriptive and injunctive norms around IFA

Introduction

Anaemia is a serious health concern in India, where more than half the women of reproductive age (WRA) are anaemic.[35] While it is mainly associated with fatigue and thus poor work productivity, if left untreated, anaemia can lead to poor birth outcomes, including a higher risk for preterm delivery and maternal mortality.[36] Anaemia during pregnancy can also inhibit physical and cognitive development in children.[37] Previous studies have shown the importance of participatory interactions and interpersonal communication in improving women's health.[38] The Reduction in Anemia through Normative Innovations (RANI) study investigated the

[35] International Institute for Population Sciences. (2007). *National family health survey (NFHS-3), 2005-06: India* (Vol. 1).
[36] Horton, S., & Ross, J. (2003). The economics of iron deficiency. *Food policy*, *28*(1), 51-75.
AND Scholl, T. O., Hediger, M. L., Fischer, R. L., & Shearer, J. W. (1992). Anemia vs iron deficiency: increased risk of preterm delivery in a prospective study. *The American journal of clinical nutrition*, *55*(5), 985-988.
[37] Casey, G. J., Phuc, T. Q., MacGregor, L., Montresor, A., Mihrshahi, S., Thach, T. D., ... & Biggs, B. A. (2009). A free weekly iron-folic acid supplementation and regular deworming program is associated with improved hemoglobin and iron status indicators in Vietnamese women. *BMC Public Health*, *9*(1), 1-8.
AND Preziosi, P., Prual, A., Galan, P., Daouda, H., Boureima, H., & Hercberg, S. (1997). Effect of iron supplementation on the iron status of pregnant women: consequences for newborns. *The American journal of clinical nutrition*, *66*(5), 1178-1182.
AND Wiegersma, A. M., Dalman, C., Lee, B. K., Karlsson, H., & Gardner, R. M. (2019). Association of prenatal maternal anemia with neurodevelopmental disorders. *JAMA psychiatry*, *76*(12), 1294-1304.
[38] Shet, A. S., Zwarenstein, M., Rao, A., Jebaraj, P., Arumugam, K., Atkins, S., ... & Galanti, M. R. (2019). Effect of a community health worker–delivered parental education and counseling intervention on Anemia cure rates in rural Indian children: a pragmatic cluster randomized clinical trial. *JAMA pediatrics*, *173*(9), 826-834.

effect of general health and anaemia-specific interpersonal communication on improving iron-folic acid use among WRA. This is the first study that tests a norms-based intervention's impact on improving IFA demand among WRA in India through a randomised controlled trial.

Programme Summary

In this study, villages were randomised on a 1:1 ratio to receive the treatment or continue with usual care (pre-existing efforts to reduce anaemia in Odisha). Treatment is defined as "exposure to one or more components" of the RANI project to create "positive descriptive norms" (like the belief that other WRA are taking IFA) and "positive injunctive norms" (i.e., perceptions of support from their mothers-in-law and husbands) and broader norms about food intake.[39] As this was a community-level intervention, a cluster design was used to prevent contamination across communities.

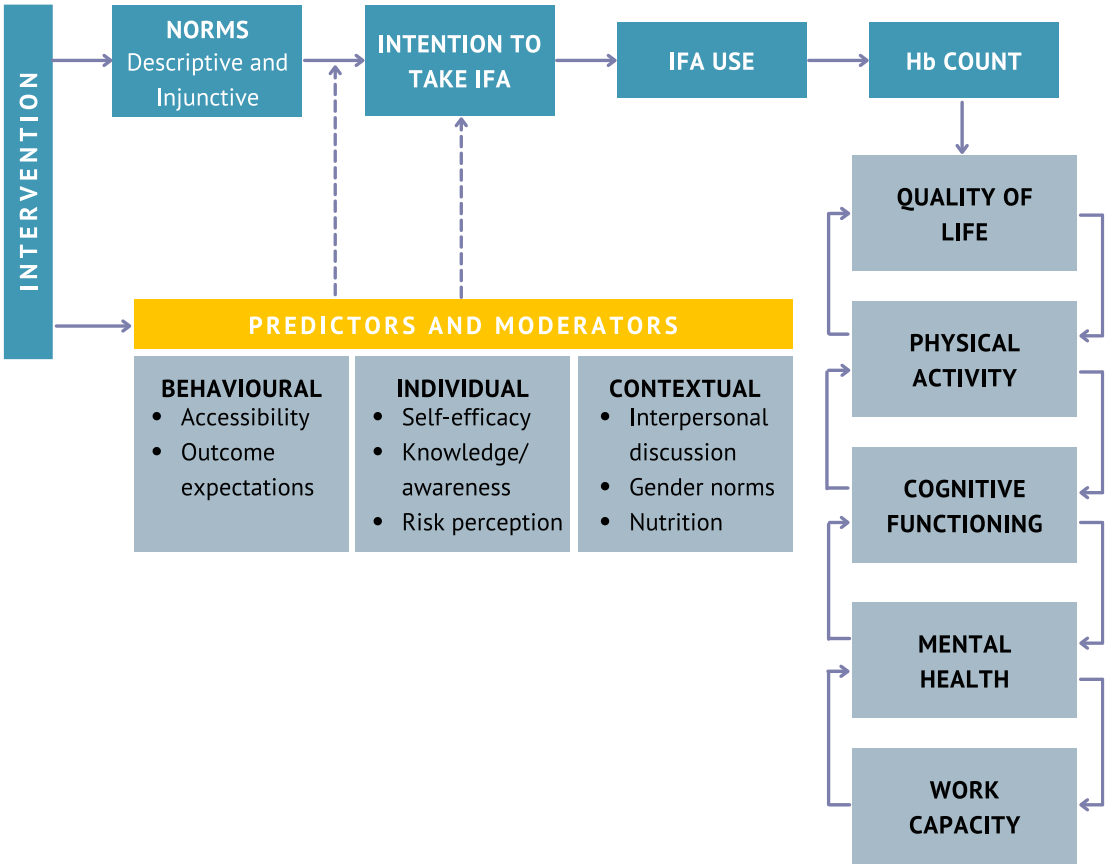

Figure 6: *The RANI study protocol, modified from Yilma, Sedlander, Rimal, Pant, Munjral, & Mohanty, 2020.*

AND Singh, M., Honnakamble, R. A., & Rajoura, O. P. (2019). Knowledge, attitude and practice change about Anemia after intensive health education among adolescent school girls of Delhi: an intervention study. *International Journal of Medicine and Public Health*, *9*(3).

AND World Health Organization. Regional Office for the Western Pacific. (2011). Weekly iron and folic acid supplementation programmes for women of reproductive age: an analysis of best programme practices. https://apps.who.int/iris/handle/10665/207489

AND Hazra, A., Atmavilas, Y., Hay, K., Saggurti, N., Verma, R. K., Ahmad, J., ... & Irani, L. (2020). Effects of health behaviour change intervention through women's self-help groups on maternal and newborn health practices and related inequalities in rural India: a quasi-experimental study. *EClinicalMedicine, 18*, 100198.

[39] Yilma, H., Sedlander, E., Rimal, R. N., Pant, I., Munjral, A., & Mohanty, S. (2020). The reduction in anemia through normative innovations (RANI) project: study protocol for a cluster randomized controlled trial in Odisha, India. *BMC public health*, *20*(1), 1-13.

Interventions include:

- **Participatory Learning and Action (PLA) sessions and community engagement meetings** on information related to anaemia, knowledge and awareness about IFA supplements, dietary diversity, social norms, malaria, water and sanitary hygiene (WASH), and deworming. Sessions and community engagement meetings include a mix of didactic learning and games focused on specific topics related to anaemia prevention and theoretical constructs.[40]

- **Short videos** that highlight the programme's key messages (including modelling positive social norms around IFA) and address the myths and barriers around anaemia and IFA consumption.

- **Testing and tracking haemoglobin levels along with IFA consumption status.** Cards with different colours indicate anaemia severity (green, yellow, orange, red) and relevant behavioural nudges were shared. Researchers shared individual, group, and inter-village results to trigger IFA uptake and consumption of iron-rich foods.

- **mRANI or mobile-RANI,** a minor intervention built into the larger RANI trial, to increase demand and adherence to IFA supplements using interactive norms-based audio messages.

Outcomes

The RANI intervention improved women's diet diversity scores, indicating that the social norms-based intervention, albeit without food or iron supplementation, effectively improved diet quality among women of reproductive age living in rural India. Compared to the control arm, IFA use significantly increased in the treatment arm, and health communication and anaemia-specific communication increased. These findings also emphasise the importance of distinguishing between general interpersonal communication and health topic-specific interpersonal communication. Strategic use of targeted interpersonal communication in promoting behaviour change is a viable strategy in increasing IFA use, leading to anaemia reduction.

SOURCES

All information about the RANI project has been sourced from the following:

Chandarana, S., Rimal, R., Talegawkar, S., Bingenheimer, J. B., Sedlander, E., Pant, I., ... & Ganjoo, R. (2021). Promoting Interpersonal Communication for Anemia Reduction: Findings From the Reduction in Anemia Through Normative Innovations (RANI) Project. *Current Developments in Nutrition, 5*(Supplement_2), 634-634.

Talegawkar, S., Jin, Y., Sedlander, E., Ganjoo, R., Behera, S., DiPietro, L., & Rimal, R. (2021). A Social Norms-Based Intervention Improves Diet Diversity Among Women of Reproductive Age in Rural Odisha, India: The RANI Project. *Current Developments in Nutrition*, *5*(Supplement_2), 691-691.

Yilma, H., Sedlander, E., Rimal, R. N., Pant, I., Munjral, A., & Mohanty, S. (2020). The reduction in anemia through normative innovations (RANI) project: study protocol for a cluster randomized controlled trial in Odisha, India. *BMC public health*, *20*(1), 1-13.

More information on RANI can be found at www.rani.gwu.edu.

[40] Ibid.

Table 2: Summary of Selected Health Projects in the Region

PROJECT	IMPLEMENTATION	NORMS	BEHAVIOURS	OUTCOMES
Saving Newborn Lives (SNL) **LOCATION:** Bangladesh, Nepal, Pakistan **DURATION:** 2000 - 2003 **SOURCE:** [A]	- Save the Children	- Antenatal Care (ANC) is shameful, especially if examinations are being conducted by male health workers. - Preparing for childbirth only invites problems. - There is no reason to seek postnatal care unless the baby has problems. - If absolutely necessary, traditional remedies are better for maternal and infant illnesses.	- Lack of birth and emergency preparedness and care-seeking. - Improper antenatal and postnatal care.	**BANGLADESH:** Behaviour change communication messages were developed to educate mothers, mothers-in-law and other caregivers on the importance of seeking maternal and newborn care. These messages stressed the importance of routine antenatal and postnatal care and emphasised critical maternal and newborn danger signs requiring prompt care from qualified providers. **NEPAL:** Programme strategies included developing training and educational materials for community-based workers to educate and motivate newborn caregivers on the need for care in antenatal and postnatal periods and seek qualified care for maternal and newborn danger signs. **PAKISTAN:** The care-seeking focus of these programme inputs was to educate male and female subjects on danger signs and promote timely care-seeking from qualified providers by increasing timely referrals to qualified providers from informal healers.
Implementing community-based perinatal care: results from a pilot study in rural Pakistan **LOCATION:** Pakistan **DURATION:** 2003 – 2005	- Aga Khan University - Lady Health Workers Programme, Pakistan	- Honey, water and goat's milk are good for the baby because they are light and nutritious. - The vernix is dirty and must	- Improper maternal and newborn care resulting in high perinatal mortality. - Babies are given honey and water and goat's milk	This pilot study investigated the feasibility of delivering a package of community-based interventions for improving perinatal care using lady health workers (LHWs) and traditional birth attendants (*Dais*). In intervention villages, there were significant reductions from baseline in stillbirth and

[A] Syed, U., Khadka, N., Khan, A., & Wall, S. (2008). Care-seeking practices in South Asia: using formative research to design program interventions to save newborn lives. *Journal of perinatology*, *28*(2), S9-S13.

SOURCE: [B]		be removed immediately.	instead of breastmilk. - Babies are bathed the same day they are born.	neonatal mortality rates. A household survey indicated a higher frequency of critical behaviours (e.g., early and exclusive breastfeeding, delayed bathing and cord care) in intervention villages.
Suraj Social Franchise **LOCATION:** Pakistan **DURATION:** 2010 - 2014 **SOURCE:** [C][D]	- Marie Stopes Society	- Having many children is good. - Married women should not use contraceptives.	- Low contraceptive use. - Lack of family planning.	The Suraj model effectively increased awareness about FP methods among married women of reproductive age (MWRA) by 14 percentage points, current contraceptive use by 5 percentage points, and IUD use by 6 percentage points. Additionally, the Suraj intervention led to a 35% greater prevalence of contraceptive use among MWRA.
MaMoni: Introducing Kangaroo Mother Care (KMC) in Public-Sector Health Facilities in Bangladesh **LOCATION:** Bangladesh **DURATION:** 2013 - 2018 **SOURCE:** [E]	- Ministry of Health and Family Welfare (MoHFW) Bangladesh - Save the Children	- Home births are better than going to a hospital.	- Low confidence in caring for premature infants, resulting in newborn death. - No skin-to-skin contact for premature infants and mothers. - No exclusive breastfeeding.	Overall, there was a trend towards weight gain in newborns. 69% gained weight, while 13% had no weight change, and 18% lost weight post-intervention. The MoHFW has initiated a scale-up plan to introduce KMC at all local-level health centres.
Hello Saathi Project **LOCATION:** Nepal **DURATION:** 2018 - 2019	- engageSPARK - Hamro Palo - People in Need	- It is shameful to talk about mental health, especially that of women and children.	- Low knowledge about mental health. - Sustained poor mental health and	The significant outcome of the project was increased awareness of issues related to maternal and infant health, issues related to gender norms and how they impact the health, safety, and

[B] Bhutta, Z. A., Memon, Z. A., Soofi, S., Salat, M. S., Cousens, S., & Martines, J. (2008). Implementing community-based perinatal care: results from a pilot study in rural Pakistan. *Bulletin of the World Health Organization*, *86*, 452-459.
[C] Gul, X., Siddiqui, J., Nasar, A., Shaikh, F., Gardezi, L., & Balal, A. (2016). Social franchising for improving the clinical quality of family planning services and increasing client volumes at privately owned clinics: evidence from the Suraj social franchise network, Pakistan, 2013-2014. *Quality Measurement in Family Planning: Past, Present, Future*, 61-70.
[D] Azmat, S. K., Hameed, W., Hamza, H. B., Mustafa, G., Ishaque, M., Abbas, G., ... & Temmerman, M. (2016). Engaging with community-based public and private mid-level providers for promoting the use of modern contraceptive methods in rural Pakistan: results from two innovative birth spacing interventions. *Reproductive health*, *13*(1), 1-15.
[E] USAID. (2018). MaMoni Project Brief: Introducing Kangaroo Mother Care in Public-Sector Health Facilities in Bangladesh https://pdf.usaid.gov/pdf_docs/PA00TF9F.pdf

SOURCE: [F][G]			disempowerment of young mothers.	empowerment of rural adolescent mothers.[H]

[F] People in Need. (2019). Nepalese Adolescent Mothers Challenging Harmful Social Norms. https://nepal.peopleinneed.net/en/nepalese-adolescent-mothers-challenging-harmful-social-norms-6624gp

[G] engageSPARK. Case Study: People in Need - SMS, Voice, WhatsApp, and Airtime Campaigns in 200+ Countries. https://www.engagespark.com/customers/case-studies/people-in-need

Nutrition

The following is an exploration of programmes that worked on infant and young child feeding (IYCF), maternal nutrition, iron-folic acid (IFA) supplement adherence, and food fortification.

CASE STUDY

Improving Infant and Young Child Feeding (IYCF) Practices through Social Norms

Location: Bangladesh
Duration: 2010-2014 and follow-up in 2016
Implementation: Alive and Thrive, Bangladesh Rural Advancement Committee (BRAC)

Existing norms: Breastfeeding provides insufficient nutrition for infants, fear of being perceived as not providing appropriate care or food to children
Existing behaviour: Sub-optimal infant and young child feeding (IYCF) practices related to breastfeeding and complementary feeding (CF)

Platform: Intensive interpersonal counselling (IPC), Community mobilisation (CM), Mass media (MM)
Expected outcome: Achieving and sustaining proper IYCF practices

Introduction

Bangladesh has made tremendous progress in improving key human development indicators, such as life expectancy at birth and per capita income. Nevertheless, much work remains to address malnutrition, which affects more than 80% of infants.[49] Maternal and child health issues also have a gender component. Social norms can be a powerful tool for changing IYCF practices, such as breastfeeding, which can help improve nutritional outcomes.

This case study draws on the experience of Alive and Thrive and the Bangladesh Rural Development Council (BRAC) in implementing such programs in Bangladesh. This case study was chosen as it cuts across thematic areas of gender and nutrition. Alive and Thrive used the dissemination of information and programming of social norms to intervene and increase interactions within the network and mothers' groups, which led to positive changes in infant and young child feeding practices.

Programme Summary

The intervention plan was implemented in 20 rural streets as a subset of BRAC's ongoing plan, which provides services at the community level such as consultation and promotion of healthy nutrition practices through its volunteers and front-line staff.

[49] United Nations Development Programme. (2019). Human Development Report 2019. http://hdr.undp.org/sites/default/files/hdr2019.pdf

It involved the rollout of behaviourally informed interventions. These included interpersonal counselling for 1.7 million mothers, community mobilisation with 1.6 million members and mass media campaigns.

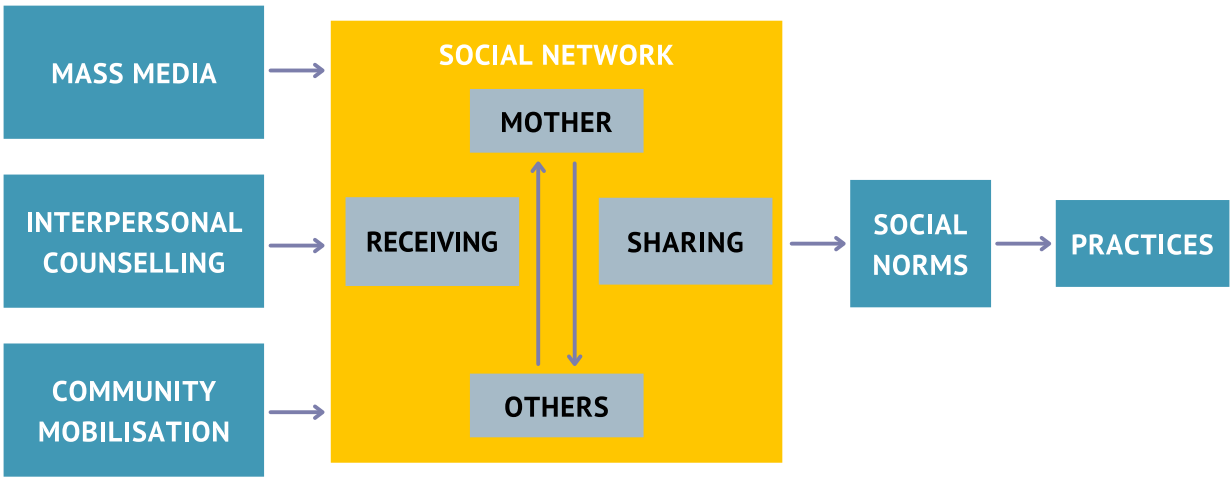

Figure 7: *Conceptual framework for the relations between messages from interventions, social networks, norms, and practices, modified from Nguyen, Frongillo, Kim, Zongrone, Jilani, Tran, ... & Menon, 2019.*

The change process involved the target group of mothers partaking and receiving information on practices and norms from a mix of media, interpersonal counselling and community mobilisation activities. This led to the intended effect of mothers sharing information on practices within their groups and also others, like husbands, family members and other community leaders. A social network of adopters and diffusion of message served a crucial role in changing injunctive norms. This subsequently led to change in social norms, which evolved with the 'normative understanding' of practices, leading to subsequent behavioural changes in feeding practices.

Outcomes

The interventions saw an increase in information sharing around IYCF practices and perceived injunctive norms and descriptive norms. Perceptions of descriptive norms (that is, the proportion of mothers who believed most mothers in their community followed certain IYCF norms) related to breastfeeding and complementary feeding practices improved by 8 - 16 percentage points in intensive areas and 17 - 28 percentage points in non-intensive areas.

The outcomes positively linked breastfeeding practices with networks, diffusion of information and norms. With this information, the ability of mothers increased to follow healthier IYCF practices like breastfeeding.

The programme's interventions innovate in adopting social norms as a key part of bringing change in breastfeeding practices while improving gender and health outcomes. The significant gains showcase that apart from traditional behaviour change communication through mass media campaigns, community-level interventions through mobilisations and interactions can sustain better nutrition outcomes.

SOURCES

All information about the project has been sourced from the following:

BRAC. (2014). Scaling up and sustaining support for improved infant and young child feeding: BRAC's experience through the Alive & Thrive Initiative in Bangladesh. https://www.aliveandthrive.org/sites/default/files/attachments/BRAC-Final-report-8.28.2014.pdf

Nguyen, P. H., Frongillo, E. A., Kim, S. S., Zongrone, A. A., Jilani, A., Tran, L. M., ... & Menon, P. (2019). Information diffusion and social norms are associated with infant and young child feeding practices in Bangladesh. *The Journal of nutrition*, *149*(11), 2034-204

More information on this and other Alive and Thrive projects can be found at www.aliveandthrive.org.

Table 3: Summary of Selected Nutrition Projects in the Region

PROJECT	IMPLEMENTATION	NORMS	BEHAVIOURS	OUTCOMES
Thriposha programme **LOCATION:** Sri Lanka **DURATION:** 1973 – present **SOURCE:** [A]	- CARE - Government of Sri Lanka	- Women should eat last. - Pregnant women should eat light food so the baby does not become too big.	- Lack of knowledge among low-income mothers on correct feeding during pregnancy and weaning. - Poor eating practices among low-income mothers with infants.	Children who had been part of the Thriposha programme had the lowest incidence of protein-energy malnutrition (PEM). The reduction in the prevalence of PEM was most significant among children aged 13 to 24 months. These findings established that Thriposha, when effectively targeted, could significantly reduce PEM incidence among young children. As the Thriposha programme is associated with the primary health and MCH system, infant and maternal mortality are also reduced.
Effects of third-trimester counselling on pregnancy weight gain, birthweight, and breastfeeding among urban poor women in Bangladesh **LOCATION:** Bangladesh **DURATION:** 2005 **SOURCE:** [B]	- Bangladesh Breastfeeding Foundation - College of Home Economics, Azimpur, Dhaka - International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) - Maternal and Child Health Training Institute	- Women should eat last. - Pregnant women should eat light food so the baby does not become too big. - Exclusive breastfeeding (EBF) will not give infants adequate nutrition.	- Poor eating habits among women. - Low adherence to EBF.	After being given nutrition education twice in the first month and once a month for the next 2 months before delivery, women in the intervention group gained 1.73 kg more weight during the third trimester than women in the comparison group (who were given routine hospital advice on food intake, immunisation, personal hygiene, and breastfeeding). The mean birthweight of babies of women in the intervention group was 0.44 kg greater than that of babies of women in the comparison group. Nutrition education only during the third trimester improved weight gain during pregnancy, reduced 78% of low birth

[A] Jayatissa, R. (2005). National Nutrition Thriposha Intervention Programme to combat malnutrition in Mothers and Children of Sri Lanka.

[B] Akter, S. M., Roy, S. K., Thakur, S. K., Sultana, M., Khatun, W., Rahman, R., ... & Alam, N. (2012). Effects of third trimester counseling on pregnancy weight gain, birthweight, and breastfeeding among urban poor women in Bangladesh. *Food and nutrition bulletin*, *33*(3), 194-201.

				weight, and improved breastfeeding practices.
Training healthcare workers increases IFA use and adherence: Evidence and cost-effectiveness analysis from Bangladesh **LOCATION:** Bangladesh **DURATION:** 2012 - 2014 **SOURCE:** [C]	- Nutrition International - Government of Bangladesh	- Taking IFA supplementation can harm the baby (for example, it can increase foetus size and birth complications).	- Low adherence to IFA supplementation.	Capacity-building through FLHW training significantly increased IFA supplement consumption and adherence during pregnancy. This was accompanied by higher reported implementation and comprehensiveness of IPC following training and increased knowledge of frontline health care workers and women around IFA, which are known to affect consumption. The findings are consistent with evidence that inadequate skills and training of health care providers are a barrier to adherence.
Anna Amrutha Hastham and Arogya Lakshmi scale-up **LOCATION:** India **DURATION:** 2013 - present **SOURCE:** [D][E][F]	- Anganwadi workers - ASHA workers - Governments of Andhra Pradesh and Telangana	- Women should eat last. - Taking IFA supplementation can harm the baby (for example, it can increase foetus size and birth complications).	- Poor eating habits among pregnant and lactating women. - Low adherence to IFA supplementation.	The Arogya Lakshmi scheme has helped the state achieve a significant reduction in stunting of children under the age of 5 and anaemia as per the NFHS-4 (compared to NFHS-3). 'Spot feeding' is a unique characteristic of the programme, which ensures the food is consumed by the beneficiaries at the centre. Earlier, in the absence of this programme, take-home rations (THR) were provided to women; but this did not ensure consumption by them, though it raised the

[C] Kurzawa, Z., Cotton, C. S., Mazurkewich, N., Verney, A., Busch-Hallen, J., & Kashi, B. (2021). Training healthcare workers increases IFA use and adherence: Evidence and cost-effectiveness analysis from Bangladesh. *Maternal & child nutrition*, *17*(2), e13124.

[D] Department of Women and Child Welfare, Government of Telangana. Arogya Laxmi. https://wdcw.tg.nic.in/Arogya_Lakshmi.html

[E] Times of India. (2017). Arogya Lakshmi should be replicated pan India: UNICEF. https://timesofindia.indiatimes.com/city/hyderabad/arogya-lakshmi-should-be-replicated-pan-india-unicef/articleshow/61940430.cms

[F] Parasar, R., & Bhavani, R. V. (2018). Supplementary Nutrition Programme under ICDS: case study of Telangana and Tamil Nadu.

				availability of nutritious food within the household.
Food Fortification Programme (FFP) Pakistan **LOCATION:** Pakistan **DURATION:** 2016 - 2021 **SOURCE:** [G]	- Nutrition International - Mott MacDonald	- Women should eat last. - Micronutrients are not important.	- Low uptake of fortified food.	In 2019, this collaboration helped increase the total production of fortified edible oil and wheat flour in Pakistan and ensure that more than 65 million people had access to critical micronutrients.

[G] Nutrition International. Saving lives through food fortification in Pakistan. https://www.nutritionintl.org/project/food-fortification-program-ffp-pakistan/

Gender

The following is an exploration of programmes that worked on gender-based violence (GBV) and early, child, and forced marriage (ECFM).

CASE STUDY

Gender Equity Movement in Schools (GEMS) Pilot

Location: India
Duration: 2008 - 2011
Implementation: International Center for Research on Women (ICRW), Committee of Resource Organizations for Literacy (CORO), Tata Institute of Social Sciences (TISS)

Existing norms: Gender-based inequalities are appropriate, gender-based violence is normal.
Existing behaviour: persistent gender-based inequalities and violence.

Platform: Role plays, games, debates and discussions in school
Expected outcome: Increasing the adoption of egalitarian attitudes and behaviour towards gender

Introduction

GEMS is a school-based primary violence prevention programme for young adolescents aged 12-14 years. GEMS reaches out to all children attending grades six to eight to challenge inequitable behaviour and violence instead of engaging with only those who exhibit threatening or aggressive behaviour.

School provides a stimulating environment that engages children and influences their knowledge, behaviour and attitudes about gender, equity and power, thereby becoming an impactful platform to reach children. GEMS draws its approach and strategies from four conceptual pillars:

- starting young;
- engaging both girls and boys in the gender discourse;
- using a gender transformative approach; and
- using institutional settings for normative change.[57]

Since the pilot programme in 2008, GEMS has reached 2.5 million students in 25,000 schools, and 26,000 teachers have been trained to implement the programme across five states in India. GEMS was scaled up at

[57] Achyut P., Bhatla N., Verma H., Uttamacharya, Singh G., Bhattacharya S. and Verma R. (2016). Towards gender equality: The GEMS journey thus far. ICRW. https://www.icrw.org/wp-content/uploads/2016/12/GEMS-report-Jharkhand.pdf

the government level in India and expanded to Bangladesh, the Philippines, and Vietnam, making this a vital intervention to study in-depth.

Programme Summary

Forty-five schools were selected to participate in the initial pilot study and randomly assigned to the group education activities + school-based campaign (GEA+), campaign-only, or control arms.

The GEA used participatory methodologies such as role-plays, games, debates and discussions to engage students in meaningful and relevant interactions and reflection about key issues.[58] The intervention included teaching a two-year curriculum consisting of 24 sessions. Sessions in the first year were designed around three broad domains (gender, violence and body), focusing on creating an understanding of concepts and their manifestations. In the second year, sessions were designed around gender, relationships, emotions, and violence. These sessions used participatory fun activities, including role-play, games and debates. In year 1, sessions were conducted separately for girls and boys, keeping in mind their relative ease and comfort in discussing these issues. The second-year sessions were conducted in mixed groups in response to requests from the students.

The GEMS school campaign was a week-long series of events designed in consultation with the students and involved games, competitions, debates and short plays.

The research team developed a scale to measure students' attitudes toward gender equality. On the questionnaire, the students indicated whether they agreed, disagreed, or were unsure about 15 statements that clustered around role/privileges/restrictions, attributes, and violence.

Outcomes

Over two years of intervention, GEMS resulted in a significant shift in attitudes toward gender equality and egalitarian behaviour. Students found support among peers and teachers in case of discrimination and violence. Some highlights of the programme are:

- After the first round of the intervention, there was a positive shift in students' attitudes toward gender equality. Boys and girls demonstrated the greatest improvements in the gender roles/privileges/restrictions domain. Students who participated in both rounds of the interventions sustained their support for gender equality.
- There was a significant positive trend in the GEA+ schools that girls should be older at marriage than the legal age of 18 years. Overall, students in GEA+ schools were more likely to have high gender equality scores, support a higher age at marriage (21+ years) and higher education for girls, and oppose partner violence.
- After the second round of the intervention, more students in both intervention groups reported they would take action in response to sexual harassment.
- The results pertaining to students' involvement in school violence were mixed.

[58] Ibid.

SOURCES

All information about the GEMS Pilot programme has been sourced from the following:

Achyut P., Bhatla N., Khandekar S., Maitra S., & Verma R.K. (2011). Building Support for Gender Equality among Young Adolescents in School: Findings from Mumbai, India. ICRW. https://www.icrw.org/wp-content/uploads/2016/10/GEMS-Building-Support-for-Gender-Equality-Adolescents.pdf

Achyut P., Bhatla N., Verma H., Uttamacharya, Singh G., Bhattacharya S. and Verma R. (2016). Towards gender equality: The GEMS journey thus far. ICRW. https://www.icrw.org/wp-content/uploads/2016/12/GEMS-report-Jharkhand.pdf

International Center for Research on Women. (2017). CHANGING COURSE: Implementation and Evaluation of the Gender Equity Movement in Schools (GEMS) program in specific sites – Vietnam, India and Bangladesh. https://www.icrw.org/wp-content/uploads/2018/10/GEMS-Evaluation-Report-18-06-2018-UPDATED.pdf

International Center for Research on Women. Flagship program: gender equity movement in schools (GEMS). https://www.icrw.org/research-programs/gender-equity-movement-in-schools-gems/

- Boys and girls in the GEA+ schools reported greater changes in their behaviour than those in the campaign-only schools.

Table 4: Summary of Selected Gender Projects in the Region

PROJECT	IMPLEMENTATION	NORMS	BEHAVIOURS	OUTCOMES
Empowering Men to Engage and Redefine Gender Equality (EMERGE) LOCATION: Sri Lanka DURATION: 2010 - 2014 SOURCE: [A][B]	- CARE Sri Lanka - Family Planning Association of Sri Lanka - Partners 4 Prevention - Sewalanka Foundation	- Men should be able to commit violence against women. - Domestic tasks are the responsibility of women.	- Violence against women. - Women carrying out all domestic chores.	Youth who participated in EMERGE reported better understanding and awareness about gender and gender roles and the need to work together to combat violence against women. Male youth mentioned changing their behaviour at home, helping with housework and other activities that they usually would not, and accepting their roles as men in affecting women's lives.
CHOICES LOCATION: Nepal DURATION: 2011 SOURCE: [C][D]	- Save the Children, Nepal - Institute of Reproductive Health, Georgetown University - Local partner NGOs	- Early marriage, early childbearing, and dowry are acceptable practices. - Girls should stay at home.	- Early marriage, early childbearing and dowry. - Gender-based division of household chores and girls stay at home and have limited access to education, limited freedom to play and lower overall autonomy.	Statistically significant differences between the results at baseline and endline among the experimental group were seen in scales measuring discrimination, social image, control and dominance, violence and girls' education, gender roles, acceptance of traditional gender norms. In general, qualitative results reinforce those findings, showing that most children recognise gender inequity and feel it is unfair and should be changed.
Project Samata LOCATION: India DURATION: 2013 - 2017	- Karnataka Health Promotion Trust (KHPT)	- Men make decisions at home.	- Early, child, and forced marriage (ECFM).	Samata was a mixed-methods approach that resulted in the proportion of girls completing secondary school education becoming higher (75.1%

[A] Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Empowering Men to Engage and Redefine Gender Equality (EMERGE). https://www.care.org/our-work/health/fighting-gender-based-violence/empowering-men-to-engage-and-redefine-gender-equality-emerge/

[B] Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2015). Final Evaluation: Empowering Men to Engage and Redefine Gender Equality (EMERGE). https://www.careevaluations.org/wp-content/uploads/EMERGE-Final-Evaluation-FINAL-FINAL-to-Share.pdf

[C] Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID). (2011). Utilizing Participatory Data Collection Methods to Evaluate Programs with Very Young Adolescents: An Evaluation of Save the Children's Choices Curriculum in Siraha, Nepal.

[D] Institute for Reproductive Health, Georgetown University & Save the Children (2011). Transforming Gender Norms among Very Young Adolescents: An Innovative Intervention and Evaluation in Nepal. https://resourcecentre.savethechildren.net/node/15365/pdf/choices_8.5x11_web_0.pdf

SOURCE: [E][F]	- London School of Hygiene and Tropical Medicine (LSHTM) - STRIVE - Government of Karnataka - The World Bank	- Girls should stay at home. - The *devadasi*[G] tradition should be carried on.	- Girls stay at home and have limited access to education, lower self-esteem and lower overall autonomy. - Improper safe-sex practives leading to HIV	control; 74.6% intervention), and the proportion reporting marriage becoming lower (9.6% control; 10.1% intervention) at the end line. In one of the two districts, secondary school entry and completion increased significantly among girls in the intervention arm compared with the control arm.
Marriage: No Child's Play (MNCP): India **LOCATION:** India **DURATION:** 2016 - 2021 **SOURCE:** [H]	- More Than Brides Alliance (MTBA) - Population Council - Local partners[I]	- Girls should stay at home. - Girls should get married early. - It is shameful to discuss sex and reproduction.	- Early, child, and forced marriage (ECFM). - Girls stay at home and have limited access to education, lower self-esteem and lower overall autonomy.	The programme increased knowledge of legal age at marriage and decreased the proportion of girls who were currently married. Girls living in intervention areas were less likely to be married at the endline than girls in comparison areas. However, both areas showed a decline in child marriage over the evaluation period. There were also improvements in some health indicators: knowledge of HIV more than doubled in intervention communities in India overall (from 22.4% to 50.2%), with more modest increases in comparison communities. The MNCP programme successfully increased school enrolment, with MNCP intervention areas showing

[E] Prakash, R., Beattie, T., Javalkar, P., Bhattacharjee, P., Ramanaik, S., Thalinja, R., ... & Isac, S. (2017). Correlates of school dropout and absenteeism among adolescent girls from marginalized community in north Karnataka, south India. *Journal of adolescence*, *61*, 64-76.

[F] Beattie, T. S., Bhattacharjee, P., Isac, S., Davey, C., Javalkar, P., Nair, S., ... & Heise, L. (2015). Supporting adolescent girls to stay in school, reduce child marriage and reduce entry into sex work as HIV risk prevention in north Karnataka, India: protocol for a cluster randomised controlled trial. *BMC Public Health*, *15*(1), 1-12.

[G] Under the *devadasi* tradition, girls from certain families are dedicated to the goddess *Yellemma*, and upon reaching menarche, commence socially sanctioned sex work. From: Blanchard, J. F., O'Neil, J., Ramesh, B. M., Bhattacharjee, P., Orchard, T., & Moses, S. (2005). Understanding the social and cultural contexts of female sex workers in Karnataka, India: implications for prevention of HIV infection. *The Journal of infectious diseases*, *191*(Supplement_1), S139-S146.

[H] Melnikas, A.J., Saul, G, Singh, S.K., Mkandawire, J., Gueye, M., Diarra, A., & Amin, S. (2021). More Than Brides Alliance: Endline Evaluation Report.

[I] Local implementation partners: Network for Enterprise Enhancement and Development Support (NEEDS); Child in Need Institute (CINI); Save the Children India; Bihar Voluntary Health Association (BVHA); Fakirana Sister Society (FSS); Samagra Seva Kendra (SSK); Center for Health and Resource Management (CHARM); Association for Social and Health Advancement (ASHA-ODISHA); Social Welfare Agency and Training Institute (SWATI); Voluntary Health Association of India (VHAI); Shiv Shiksha Samiti Ranoli (SSSR); Urmul

				an increase in school enrolment while comparison areas experienced no change.
Enabling Gender Norm Change through Communication: A Case Study of a Trans-Media Entertainment-Education Initiative in Bangladesh **LOCATION:** Bangladesh **DURATION:** 2017 **SOURCE:** [J]	- Asiatic Marketing Communication Limited - BRAC University James P. Grant School of Public Health - Drexel University - Ministry of Women and Children Affairs (MoWCA), Bangladesh - PCI Media - UNFPA - UNICEF - Local government	- Girls should stay at home. - Girls should get married early.	- Early, child, and forced marriage (ECFM). - Girls stay at home and have limited access to education, lower self-esteem and lower overall autonomy. - Sexual harassment.	Positive changes in attitudes around gender were noted over time and by level of exposure, though not all of these changes were statistically significant. When examined by other background variables, those with higher education and health held significantly more positive perceptions. Adolescent girls had a significantly higher mean score on positive attitudes towards both boys' and girls' education at the endline than baseline. There was a significant increase in beliefs at the endline that girls are not responsible for eve-teasing. Mobility for mothers of adolescents and adolescent girls improved significantly from baseline.

[J] Sengupta, A., Sood, S., Kapil, N., & Sultana, T. (2020). Enabling Gender Norm Change through Communication. *The Journal of Development Communication*, *31*(2), 34-45.

Measurement

Measuring the effects of interventions at different times is the only way to ensure that real and sustainable change occurs. Thus, this section is a brief outline of the primary measurement approaches in social norms programming in South Asia. The first part presents a global approach to guide exploratory work in social norms programming, the second part elaborates on a measurement tool, and the third part discusses its use in South Asia.

Cislaghi and Heise's Funnel

Structural and individual factors interact with norms to impact human behaviour. While norms address the ideas and rules of groups, attitudes are concerned with individual beliefs. There is a degree of dependence: attitudes are socially and contextually created; nevertheless, unlike norms, which express the perceived will of the community, attitudes might be in opposition to or in accordance with existing norms.

According to Cislaghi and Heise, people can hold a given individual attitude and yet behave contrarily to conform with a social norm.[69] This can happen on a large scale, with most people in a group holding an attitude in opposition to a specific behaviour and yet engaging in that behaviour under the belief that others expect them to, a phenomenon Cislaghi and Heise call "pluralistic ignorance".[70]

Acknowledging the difference between social norms and individual attitudes has practical implications for measurement. Asking study participants whether they individually think an action is good or bad might not be

Figure 8: *The 'funnel' of norms exploration and measurement, modified from Cislaghi & Heise, 2017.*

[69] Cislaghi, B., & Heise, L. (2017). STRIVE technical brief: Measuring social norms. *London: London School of Hygiene and Tropical Medicine*.

[70] Ibid.

enough to anticipate their actions, according to Cislaghi and Heise.[71] This is particularly true if their actions are motivated less by their attitudes or preferences than by their sense of what others expect. Indeed, what they see others do and what they think others approve and disapprove of may be more defining of what they end up doing than their personal preferences.[72]

Good measurement requires robust evidence that can help interpret the quantitative data on norms. The 'funnel' of norms exploration and measurement is a tool designed by Ben Cislaghi and Lori Heise to help practitioners consider what evidence they possess on norms and has been used to design exploratory work on social norms in South Asia by STRIVE, a multi-year research consortium, led by the London School of Hygiene & Tropical Medicine with partners in India, South Africa, Tanzania, Uganda and the United States.[73]

SOURCES

All information about the funnel has been sourced from the following:

Cislaghi, B., & Heise, L. (2017). STRIVE technical brief: Measuring social norms. *London: London School of Hygiene and Tropical Medicine*.

[71] Ibid.
[72] Ibid.
[73] More information about the STRIVE project in question can be found here: Cislaghi, B., & Bhattacharjee, P. (2017). Honour and Prestige: The influence of social norms on violence against women and girls in Karnataka, Southern India. General information about STRIVE can be accessed through their website: http://strive.lshtm.ac.uk/

CARE's Social Norms Analysis Plot (SNAP)

For projects that start in the formative stages of Cislaghi and Heise's funnel, CARE has developed and piloted a combination of quantitative and qualitative tools and processes to explore existing social norms:

Table 5: SNAP measurement stages and methods, modified from CARE, 2017.

STAGE	PURPOSE	METHODS
FORMATIVE RESEARCH	Identify possible social norms, sanctions, and reference groups	Literature review and informal discussions with the community
BASELINE	Verify social norms, assess strengths, identify "cracks" in norms, and opportunities for interventions	Quantitative surveys, qualitative interviews, and vignettes in FGDs
MONITORING	Observe signs of norm change and monitor backlash	Activity monitoring and observation
ENDLINE	Changes in social norms, correlate with changes in behaviour and attitudes	Quantitative surveys, qualitative interviews, and vignettes in FGDs

For subsequent stages in the funnel, CARE experimented with a modified "short cut route" to identify norms under programmes built on previous programming years and had relevant, context-specific data. Through discussion, the project team selected social norms which they deemed to be the most influential in holding back specific behavioural outcomes, then developed vignettes to validate and further explore these norms.

This methodology was developed using an iterative piloting and learning process across three project sites:

Table 6: SNAP project sites, modified from CARE, 2017.

PROJECT	TARGET	COUNTRY	DURATION	FUNDER
ReNEW	Engaging men and boys to reduce IPV on tea plantations	Sri Lanka	2014-2016	Johnson & Johnson (J&J) Corporate Contributions
TESFA	Understanding the needs of ever-married adolescent girls	Ethiopia	2015-2017	Johnson & Johnson (J&J) Corporate Contributions
Abdiboru	Reducing early marriage and improving health and nutrition outcomes for young adolescent girls	Ethiopia	2015-2020	Bill and Melinda Gates Foundation (BMGF)

As for the actual evaluation within projects, CARE takes both quantitative and qualitative approaches to measurement. The quantitative approach involves a Knowledge, Attitude and Practices (KAP) survey that includes sections with prompts that ask about others' behaviours and attitudes (empirical expectations and normative expectations). This data was then analysed against actual behaviour and personal attitudes to reveal instances of pluralistic ignorance.

The qualitative approach involves CARE's Social Norms Analysis Plot (SNAP), which identifies a norm's key components and additional questions that will help develop vignettes and measure changes in norms over time. This information is "vital" both for helping to design interventions and for "constructing questions to monitor shifts in normative beliefs over time", according to Cislaghi and Heise.[74]

The SNAP framework defines "components of social norms upon which tools are built, allowing the evaluator to assess the strength of a particular norm and ways it may have shifted over time".[75] The first three components of the SNAP framework are drawn directly from social norms theory and describe the nature of the norm in a given context. The other two components of the SNAP framework further characterise the strength of the norm in question in its current state.

Table 7: SNAP framework, modified from CARE.

COMPONENT	EXPLANATION
EMPIRICAL EXPECTATIONS	What I think others do.
NORMATIVE EXPECTATIONS	What I think others expect me to do.
EXCEPTIONS	Under what situations is it acceptable to break the norms.
SANCTIONS	Anticipated reactions of others whose opinions matter to me.
SENSITIVITY TO SANCTIONS	How much sanctions matter for me.

The SNAP framework helped guide Tipping Point's understanding of the nature of gender equity and child marriage norms and how they were shifting, weakening, or remaining fixed.[76]

[74] Cislaghi, B., & Heise, L. (2017). STRIVE technical brief: Measuring social norms. *London: London School of Hygiene and Tropical Medicine*.
[75] CARE Tipping Point. Monitoring and Evaluation Methods. https://caretippingpoint.org/methods-briefs/
[76] Ibid.

SOURCES

All information about the framework has been sourced from the following:

CARE Tipping Point. Monitoring and Evaluation Methods. https://caretippingpoint.org/methods-briefs/

Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2017). Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming. http://gender.careinternationalwikis.org/_media/care-social-norms-paper-web-final_july_2017.pdf

Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Social Norms Measurement. https://www.care.org/wp-content/uploads/2020/11/TP_Social_Norms_measurementFINAL.pdf

Cislaghi, B., & Heise, L. (2017). STRIVE technical brief: Measuring social norms. *London: London School of Hygiene and Tropical Medicine*.

CARE's SNAP in South Asia

The SNAP framework has been used in Sri Lanka and Nepal. Condensed reviews of the programmes in these countries and brief summaries of the usage of the framework follow.

ReNEW (Redefining Norms to Empower Women), Sri Lanka

ReNEW was a social norms pilot programme that aimed to engage men and boys in reducing intimate partner violence (IPV) on Sri Lankan tea plantations that ran from 2014 to 2016. In these communities, social norms-based theoretical techniques were utilised to target and quantify the usage of male aggression in conflicts between husbands and wives, as well as the prevalence of violence against women.[77]

The researchers created two vignettes about couples who lived on plantations. Each narrative highlighted parts of the norm that was being studied in the project, followed by a series of questions designed to elicit information about various facets of social norms. These vignettes were used to guide FGDs conducted with separate groups of men and women on the estates.

To obtain a more holistic picture, composite indices were created based on FGD responses by grouping variables into three main thematic areas: empirical expectations about men and women, normative expectations about men and women, and female and male social norms (combining questions on empirical and normative expectations for each gender).[78] Finally, the base-line and end-line composite indexes thus created were to see the variance of indexes throughout time.[79]

The SNAP framework allowed researchers to measure the change in normative and empirical expectations around men's use of aggression to resolve conflicts with their wives.[80]

SAFE Justice Project, Nepal

The SAFE Justice project aimed to promote more active justice-seeking behaviour among marginalised populations in general, and women and girls in particular. The goal was to break cultures of silence, improve the responsiveness, effectiveness and gender sensitivity of justice service providers. It was implemented in five districts in Nepal between 2016 and 2019 and was funded by the Department for International Development.

The SNAP framework was administered using short vignettes to assess the strength of the prevalent social norm on justice-seeking behaviour, specifically the culture of silence on IPV. The tool was administered with same-sex and same-age groups to understand specificities related to gender and sex on accessing justice and breaking culture of silence on IPV. Researchers measured all five norm components under the framework: empirical expectations, normative expectations, exceptions, sanctions, and the sensitivity to sanctions.

---

[77] Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2017). Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming. http://gender.careinternationalwikis.org/_media/care-social-norms-paper-web-final_july_2017.pdf

[78] Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2016). Redefining Norms to Empower Women: Experiences and Lessons Learned. https://insights.careinternational.org.uk/images/in-practice/EMERGE-ReNEW/ReNew_Learning-paper_2016.pdf

[79] Ibid.

[80] Ibid.

The vignettes for female groups (women and girls) looked at the norms on culture of silence on IPV and sanctions for breaking that culture of silence to seek external support. The vignette for male groups (men and boys), looked at the norms on resistance against breaking the silence on IPV by women and sanctions for supporting women's decision to seek external support.

The SNAP framework revealed changes around the empirical and normative expectations on seeking justice for IPV. It also showed the sanctions imposed by family and friends, as well as positive and negative exceptions to change these norms.

SOURCES

All information about these projects has been sourced from the following:

Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2017). Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming. http://gender.careinternationalwikis.org/_media/care-social-norms-paper-web-final_july_2017.pdf

Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2016). Redefining Norms to Empower Women: Experiences and Lessons Learned. https://insights.careinternational.org.uk/images/in-practice/EMERGE-ReNEW/ReNew_Learning-paper_2016.pdf

Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2019). Social Norms Analysis Plot Final Report: SAFE Justice Project. http://www.careevaluations.org/wp-content/uploads/Annex-4-SNAP-Report.pdf

Gaps and Challenges

GAPS AND CHALLENGES

Over the course of this landscape analysis, certain gaps in social norms programming in South Asia have emerged, as have concomitant challenges in programming and measurement. Consequently, this segment contains a high-level discussion of the factors that often do not get accounted for during programming and the issues they raise gathered from interviews with key stakeholders. The first section discusses four primary gaps in programming. The second section details crucial challenges in implementation. The third section lays out challenges in measurement. These are based on interviews with stakeholders and have been supplemented by programme reports and published papers and put within the framework given by Cislaghi and Heise.

Gaps

Context

Interviews with sector experts shed light on the fact that programmes that do not consider the contextual difference in South Asia tend to not go too far in terms of effectiveness. This is because norms emerge and sustain within a given context, and thus, a top-down approach will have limited efficacy. Further, honest introspection about whether a given programme is trying to change norms in a way that is appropriate for the population it is serving is essential, as responses and coping strategies for different situational contexts vary significantly from geography to geography. Thus, without a tailor-made theory of change, programmes tend to have limited success. An example of tools designed without appropriate context customisation are depictions of running water in programmes related to handwashing. In most regions in South Asia, the water source for handwashing is a pitcher or bucket, not piped water. Yet, multiple experts mentioned that programme materials often miss this level of detail.

Components

Components are aspects of the ecosystem that need to be accounted for or elements that can be operationalised during programming, like engaging with institutions like schools or local government and identifying and engaging relevant reference groups, et cetera. A thorough understanding of the same is necessary to design effective interventions. With respect to gender, for example, engaging men and boys in discussions of masculinity, entitlement, patriarchy and hierarchy, and going beyond the gender binary is generally thought to have a profound impact on the sustainability and acceptability of programmes. Collaboration with other players in the area, whether they are governmental or non-governmental, is also a necessary consideration. Discussions with stakeholders yielded the insights that this is not common in programming. An issue that may potentially complicate this is that researchers and practitioners must be careful in maintaining accountability and responsibility towards the intervention population.

Frameworks

Generally, policymakers and donors define the areas for intervention and social norms programmers design and execute the interventions. It has been observed by practitioners working in the region that most interventions are implemented using a trial-and-error methodology instead of conducting randomised control trials (RCT), qualitative studies, or participatory studies based on concrete theoretical frameworks. Furthermore, most programmes are behaviour change communication (BCC) programmes, which are termed 'social norm change' if they last long enough. Most programmes also only last three to five years, so

sustainable behaviour change is hard to come by. Nevertheless, not all is lost as health programmes tend to last decades and lead to intergenerational change and norm shifts. There is also a positive trend in norms related to fixed-point defecation (FPD) and safe drinking water. However, the initial approaches left much to be desired for norms related to handwashing and faecal sludge management (FSM).

Measurement

Given that behaviour change programming qua deliberate social norms programming is relatively new to the region, measurement demands capacity and time. Training of enumerators working with CARE included the basics of social norms theory, the SNAP, facilitation skills, and ample practise with the tools. Some components of the SNAP, such as sensitivity to sanctions and exceptions, required additional practice (role-playing) and example responses.[81] Good facilitation skills proved particularly important in moderating vignettes. There are also added demands for coding and making sense of this new kind of data, especially vignette data. Given added demands on time and capacity at this nascent stage of testing, replication of this measurement approach may be more appropriate in places where strong research partners are available and can build on solid programming experience.

Challenges and Learnings in Programming and Implementation

Cislaghi and Heise have identified pitfalls that practitioners must avoid as they plan to integrate a social norms perspective in their interventions.[82] These include focusing solely on discordant attitudes and norms while ignoring attitudes that align with norms (which are often more "sticky"). Thus, according to them, messaging should highlight the negative consequences of widely-held attitudes and motivate individuals to become 'champions' of the new behaviour to establish a new norm. Practitioners must avoid overlooking protective norms, i.e., existing norms that can be strengthened or leveraged to increase desired behaviours. Last, they should not underestimate the value of people-led social norm change.

Some of these issues are reflected in this literature as well. In particular, the challenges faced by practitioners working on social norms in South Asia that include:

Internal Diversity

South Asia is an incredibly diverse region. Even within countries, there is great socioeconomic and cultural difference. This heterogeneity presents a challenge during scale-up, as programmes need to be redesigned to be effective in a new geography. Additional barriers included language, lack of intersectionality, and difficulties engaging with minority populations. This also affects the inclusion of relevant components during programming.

[81] Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2017). Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming. http://gender.careinternationalwikis.org/_media/care-social-norms-paper-web-final_july_2017.pdf

[82] Cislaghi, B., & Heise, L. (2018). Theory and practice of social norms interventions: eight common pitfalls. *Globalization and health*, *14*(1), 1-10.

Intervention Areas and Funding

Funding for social norms interventions is disjointed and short-term. Further, given that funding is at the discretion of donors, intervention areas too are dictated by them. This is one reason why there is a surge in the amount of work being done on women's property rights while progress in fundamental areas like menstrual health and hygiene management (MHHM) or gender-based violence (GBV) is slow.

Identification of Norms

Identification of norms is the primary challenge. Often, there is a lack of clarity between norms, attitudes, beliefs, and customs, which can hamper the effectiveness of intervention programmes. Specifically, while attitudes and knowledge are essential factors for behaviour change, addressing social norms is also crucial in transforming more intractable behaviours.

Centrality of Norm Change

Many programmes that work on community development focus on cultural practices and behaviour change, and attitudes but lack insights into norms. This is akin to treating the symptom and not the disease because social norms support the practice of certain harmful behaviours and strengthening of beliefs. Eradicating these behaviours and beliefs requires interventions that specifically address the supporting norms.

Atomistic Approach

Norm change interventions are generally not holistic, multi-stakeholder projects. The different components of the ecosystem are not engaged, even though norm-shifting affects all members of the intervention community. This also results in issues of accountability. It is essential to identify the right stakeholders and key influencers in the ecology of the community (family, social networks, community, organisation, institutions) to sustain the norm change.[83]

Resource Load

Changing social norms is a time and labour-intensive goal, and most programs only run for a short number of years. Thus, changes observed are often few and not sustained after a point in time. A continuously funded effort is needed for sustainable, narrative-based norm change. Further, the standard of materials provided to participants during study or intervention is often unable to be maintained. This is because improving the reach and quality of resources requires strengthening the entire supply chain and constant monitoring. This is resource-intensive and, thus, often unsustainable.

Cislaghi and Heise have also identified corresponding learnings for practitioners.[84] These are:

- Social norms and attitudes are different.
- Social norms and attitudes can coincide.

[83] For more on the socio-ecological model, refer to: Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American psychologist*, *32*(7), 513.

[84] Cislaghi, B., & Heise, L. (2018). Theory and practice of social norms interventions: eight common pitfalls. *Globalization and health*, *14*(1), 1-10.

- Protective norms can offer important avenues for effective social change.
- Harmful practices are sustained by a matrix of interacting factors.
- The prevalence of a norm is not necessarily a sign of its strength.
- Social norms can exert both direct and indirect influence.
- Publicising the prevalence of a harmful practice can recruit more people to the practice.
- People-led social norm change is both the right and the smart thing to do.

As the understanding of how norms evolve in LMIC advances, practitioners will develop a greater understanding of what works to help people lead change in harmful norms within their contexts.

Challenges and Learnings in Measurement

In addition to the challenges practitioners face in designing and implementing programmes, some constraints affect the proper measurement of the efficacy of norm change interventions. Some of these are discussed in this section. These are based on the SNAP and programme reports of projects that included a significant measurement component.

Monitoring

The monitoring of outputs and outcomes of interventions overall is weak. In addition to facilitating progress on measurement and reporting, proper monitoring would incentivise action. Further, facilitators need to be versed in what makes a social norm to not confuse assessing norms with assessing only individual attitudes and behaviours.

Multimodal Tools

A very structured tool for exploring social norms can yield clean data but might be restrictive for formative or exploratory research. Compared to using vignettes, FDGs using the norm-by-norm approach are less time-consuming (preparing the tool and using the tool) and, therefore, more cost-effective and flexible for capturing data on specific social norms.

Methodological Considerations

Methods for data collection and analysis need to be contextualised to the intervention population. Further, while the approaches in the Global North seem to favour a largely quantitative approach, the heterogeneity of the Global South may be better suited to a primarily qualitative approach.

Incentives

There is an ongoing debate about the appropriateness and role of incentives in self-report measurement. It is important that the incentives should be tailored to the context and should be just large enough to prime respondents to give accurate answers representing their beliefs and expectations. An incentive that is not well-calibrated to the target population will not do the work it is supposed to do.

Reporting of Bias

Reporting bias, particularly around sensitive topics such as sexual relationships, marriage, pregnancy, sex work, and experiences of sexual harassment and violence, may lead to an underestimation of these outcomes, reducing the power to detect a difference between control and experimental study arms.

Participants' Agency

It is essential to consider participant agency in capturing data on social norms, as it is possible that previously unnamed norms, sanctions, or even examples of positive deviants could emerge.

Measuring norms is a challenging task. There are, however, some learnings on tools and methods that might lend themselves to more profound analysis. For example, CARE showed that when participants are provided with participatory and creative methods to document their experiences visually, they can capture social norms change and its impact on their lives. These can generate richer and nuanced qualitative data about people's experiences of social norms but should be combined with other methods to draw conclusions.

Endnote

ENDNOTE

Social norms programming is at the heart of the South Asia Social Norms Learning Collaborative (SA-SNLC). This landscape analysis is an attempt to briefly investigate the status and accomplishments of social norms programming in South Asia and identify the areas that need attention. Overcoming regressive social norms is a complex effort, but one which provides an unprecedented opportunity to change South Asia's economic and social trajectory for decades to come. We hope this landscape analysis will prove helpful in this endeavour.

The South Asia Social Norms Learning Collaborative (SA-SNLC)

The South Asia Social Norms Learning Collaborative (SA-SNLC) is part of a network of communities under the Learning Collaborative to Advance Normative Change. This global initiative was launched in 2016 with funding from the Bill & Melinda Gates Foundation and support from USAID through the Passages Project.

Since then, the Learning Collaborative has catalysed a global network of researchers, practitioners and donors to advance social norms theory, measurement and practice. Over 400 members from more than 100 organisations work together to synthesise and share new evidence and learning on social norms, advancing the understanding of social norms interventions and their costs, scale-up considerations and evaluation practices.

The Centre for Social and Behaviour Change (CSBC), Ashoka University and Project Concern International (PCI), India, host the Secretariat of the Collaborative in South Asia. The Learning Collaborative aims to engage with organisations and individuals who work on norms and behaviour practices in Health, Nutrition, WASH, and Gender in the region.

In its first year, the South Asia Social Norms Learning Collaborative has provided a platform for in-depth discussions on bridging the gap between theory and practice in social norms programming, the intersection of behaviour science and norm change, and women's collectives as norm change agents. It has also facilitated a workshop on capacity-building in social norms programming. The experience, expertise, and insight of the community is sure to provide sustained meaningful engagement in the years to come.

The Centre for Social and Behaviour Change (CSBC), Ashoka University

Since its founding by Ashoka University, the Centre of Social and Behavioural Change (CSBC) has been dedicated to expanding and sharing knowledge and underscoring the pivotal role behavioural science plays in building public policies that directly affect society at large.

CSBC seeks to establish a globally reputed Indian institution, driving behavioural change measures for people and communities in need.

The Centre advances the science and practice of behaviour changes, harnessing cross-disciplinary expertise in the areas of nutrition, sanitation, maternal health, family planning, and financial services. CSBC executes this vision through a mix of:

1. **Behaviour Change Interventions:** In partnership with the Government of India and non-government organisations, CSBC implements interventions to alter behaviour and decision making.

2. **Foundational Research:** CSBC conducts pioneering interdisciplinary research to advance behavioural science and identify strategies to drive change in marginalised communities.

3. **Capability Building:** CSBC adopts a systematic management approach to learning and development and deliver it to the right people, strengthening their capabilities to affect grassroot-level behavioural change.

Project Concern International (PCI), India

PCI, a Global Communities Partner, has been working in India since 1998 to empower people and enhance health, end hunger, overcome hardship, and advance women and girls. PCI envisions a world in which the most vulnerable people will have the power to lift themselves out of poverty and to create vital, healthy lives for their families and communities now and for the future.

PCI works with the government as well as social actors to create an enabling environment to improve and activate the social position of marginalized populations, especially women and girls, as well as strengthen convergent actions on the ground. Knowledge and evidence-based decision making and data-driven management have been a trademark of their programmes in India. For over two decades, PCI has maintained a diverse portfolio in India, with a presence in more than one-fifth of all districts in the country, reaching over 10 million people in 2019 alone. PCI's health, gender, and community development programming focuses on low-income, vulnerable and hard-to-reach populations, especially adolescent girls, women of reproductive ages and children.

By integrating its community mobilization and empowerment approaches into the government strategies and systems, PCI is helping to ensure that millions of vulnerable women, children, families, and communities throughout India have the ability to advocate for, access and utilize quality health, nutrition, and empowerment services and information for generations to come.

Appendix

APPENDIX

Questionnaire for In-Depth Interview

1. Can you give us an overview of the norm change interventions in South Asia with a focus on your area of work? Can you give us a top-level view of five key issues being addressed by these norm-change interventions in these areas?

2. What are the common theoretical frameworks that you have seen being used in this area? What is the rationale behind using these frameworks in particular? Are there any other frameworks that you think could help programming? Why do you think they are not being used?

3. Are there any insights you can give us on how these frameworks affect Intersectional approaches to norm change?

4. What, in your experience, are considerations that need to be taken into account to promote inclusivity and interaction with minority populations during norm change programming?

5. What are the components of your area of expertise for which a social-norms-based approach has worked in South Asia? Why do you think that is?

6. What are some important interventions or research studies addressing norms around this theme in South Asia?

7. What are the components for which a social-norms-based approach has not worked? Why do you think that is?

8. What are some challenges that you have come across in designing and implementing norm change interventions?

9. What are some gaps in norm change programming that you think future programmes should address?

References

REFERENCES

INTRODUCTION

1. Cislaghi, B., & Heise, L. (2018). Theory and practice of social norms interventions: eight common pitfalls. *Globalization and health*, *14*(1), 1-10.

OVERVIEW OF THEMATIC AREAS

WASH

1. Bicchieri, C. & Noah, T. (2017). Applying social norms theory in CATS programming. https://repository.upenn.edu/pennsong/15

2. Jenkins, M. W., & Sugden, S. (2006). *Rethinking sanitation: Lessons and innovation for sustainability and success in the new millennium* (No. HDOCPA-2006-27). Human Development Report Office (HDRO), United Nations Development Programme (UNDP).

3. Venkataramanan, V. (2017). Review of Rural Sanitation Approaches. https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/review-of-rural-sanitation-approaches---background-report.pdf

4. Zuin, V., Delaire, C., Peletz, R., Cock-Esteb, A., Khush, R., & Albert, J. (2019). Policy diffusion in the rural sanitation sector: lessons from community-led total sanitation (CLTS). *World Development*, *124*, 104643.

Health

1. Zaidi, S., Saligram, P., Ahmed, S., Sonderp, E., & Sheikh, K. (2017). Expanding access to healthcare in South Asia. *BMJ, 357*(j1645), 1-4.

Nutrition

1. Chaparro, C., Oot, L., & Sethuraman, K. (2014). Overview of the nutrition situation in four countries in south and central Asia. htttps://www.fantaproject.org/sites/default/files/download/South-and-Central-Asia-Nutrition-Overview-Mar2014.pdf

2. Global Hunger Index. (2020). Synopsis: Global Hunger Index. https://www.globalhungerindex.org/pdf/en/2020/synopsis.pdf

3. *Poshan Gyan*. (2021). Poshan Gyan. https://poshangyan.niti.gov.in/about-us

4. Rao, N. (2020). The achievement of food and nutrition security in South Asia is deeply gendered. *Nature Food*, *1*(4), 206-209

5. Stuebe, A. M., Grewen, K., Pedersen, C. A., Propper, C., & Meltzer-Brody, S. (2012). Failed lactation and perinatal depression: common problems with shared neuroendocrine mechanisms?. *Journal of Women's Health*, *21*(3), 264-272.

LANDSCAPE ANALYSIS: THEORIES, PROGRAMMES, AND MEASUREMENT

Theories

1. Dempsey, R. C., McAlaney, J., & Bewick, B. M. (2018). A critical appraisal of the social norms approach as an interventional strategy for health-related behavior and attitude change. *Frontiers in Psychology*, *9*, 2180.

2. Health Communication Capacity Collaborative. Ideation. https://www.healthcommcapacity.org/wp-content/uploads/2015/02/Ideation.pdf

3. Health Communication Capacity Collaborative. Theory of planned behavior. https://www.healthcommcapacity.org/wp-content/uploads/2014/03/theory_of_planned_behavior.pdf

4. Johns Hopkins Center for Communication Programs. Ideation. https://www.comminit.com/jhuccp/content/ideation

5. Krenn, S., Cobb, L., Babalola, S., Odeku, M., & Kusemiju, B. (2014). Using behavior change communication to lead a comprehensive family planning program: the Nigerian Urban Reproductive Health Initiative. *Global Health: Science and Practice*, *2*(4), 427-443.

6. Perkins, H. W. (2003). The emergence and evolution of the social norms approach to substance abuse prevention. *The social norms approach to preventing school and college age substance abuse: A handbook for educators, counselors, and clinicians*, 3-17.

7. Rogers, E. M. (2010). *Diffusion of innovations*. Simon and Schuster.

8. The Communication Initiative Network. Theory of planned behavior. https://www.comminit.com/policy-blogs/content/theory-planned-behavior

Programmes: Case Studies Across WASH, Health, Nutrition, and Gender

WASH

1. Alam, M. U., Winch, P. J., Saxton, R. E., Nizame, F. A., Yeasmin, F., Norman, G., ... & Luby, S. P. (2017). Behaviour change intervention to improve shared toilet maintenance and cleanliness in urban slums of Dhaka: a cluster-randomised controlled trial. *Tropical Medicine & International Health*, *22*(8), 1000-1011.

2. CBM Australia. (2018). Creating a new 'business as usual': reflections and lessons from the Australian Aid program on engaging with disabled people's organisations in development programming and humanitarian action. https://www.internationaldisabilityalliance.org/sites/default/files/2.2_engaging_with_dpos_discussion_paper_dfat.pdf

3. Dreibelbis, R., Kroeger, A., Hossain, K., Venkatesh, M., & Ram, P. K. (2016). Behavior change without behavior change communication: nudging handwashing among primary school students in Bangladesh. *International journal of environmental research and public health*, *13*(1), 129.

4. Drexel University, UNICEF and NR Management Consultants (2018). Evaluation of the GARIMA Project in Uttar Pradesh India. https://www.alignplatform.org/resources/girls-adolescent-and-reproductive-rights-information-management-and-action-garima

5. Government of Nepal. (2012). National Population and Housing Census 2011. https://unstats.un.org/unsd/demographic-social/census/documents/Nepal/Nepal-Census-2011-Vol1.pdf

6. Grover, E., Hossain, M. K., Uddin, S., Venkatesh, M., Ram, P. K., & Dreibelbis, R. (2018). Comparing the behavioural impact of a nudge-based handwashing intervention to high-intensity hygiene education: a cluster-randomised trial in rural Bangladesh. *Tropical medicine & international health*, 23(1), 10-25

7. Ramaiya, A., Malhotra, A., Cronin, C., Stevens, S., Kostizak, K., Sharma, A., ... & Sood, S. (2019). How does a social and behavioral change communication intervention predict menstrual health and hygiene management: a cross-sectional study. *BMC public health*, *19*(1), 1-12.

8. SIGUS - Special Interest Group in Urban Settlement, School of Architecture and Planning, MIT. Orangi Pilot Project - Karachi, Pakistan. https://web.mit.edu/urbanupgrading/upgrading/case-examples/ce-PK-ora.html

9. UNICEF. (2017). Field notes on community approaches to total sanitation. https://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/UNICEF_CATS_Field_Notes_5countrylearning.pdf

10. UNICEF Nepal. (2014). Sanitation for all: all for sanitation (lessons from Nepal's sanitation social movement). https://reliefweb.int/sites/reliefweb.int/files/resources/wash-case-study_low.pdf

11. Water & Sanitation for the Urban Poor. (2016). Can behaviour change approaches improve the cleanliness and functionality of shared toilets? A randomised control trial in Dhaka, Bangladesh. https://assets.publishing.service.gov.uk/media/57a0895be5274a27b200003b/DP009-ENGLISH-Can-behaviour-change-approaches-improve-the-cleanliness-and-functionality-of-shared-toilets.pdf

12. World Vision Australia. Engaging with DPOs to implement disability inclusive WASH programming - learning from the Australian Aid-funded Civil Society WASH Fund. http://www.cswashfund.org/sites/default/files/CS%20WASH%202_CBM-WV_Engaging%20with%20DPOs%20for%20inclusive%20WASH_Lessons%20Learnt_2018NOV.pdf

13. World Habitat. Orangi Low-cost Housing and Sanitation Programme. https://world-habitat.org/world-habitat-awards/winners-and-finalists/orangi-low-cost-housing-and-sanitation-programme/

Health

1. Azmat, S. K., Hameed, W., Hamza, H. B., Mustafa, G., Ishaque, M., Abbas, G., ... & Temmerman, M. (2016). Engaging with community-based public and private mid-level providers for promoting the use of modern contraceptive methods in rural Pakistan: results from two innovative birth spacing interventions. *Reproductive health*, *13*(1), 1-15.

2. Bhutta, Z. A., Memon, Z. A., Soofi, S., Salat, M. S., Cousens, S., & Martines, J. (2008). Implementing community-based perinatal care: results from a pilot study in rural Pakistan. *Bulletin of the World Health Organization*, *86*, 452-459.

3. Casey, G. J., Phuc, T. Q., MacGregor, L., Montresor, A., Mihrshahi, S., Thach, T. D., ... & Biggs, B. A. (2009). A free weekly iron-folic acid supplementation and regular deworming program is associated with improved hemoglobin and iron status indicators in Vietnamese women. *BMC Public Health*, *9*(1), 1-8.

4. Chandarana, S., Rimal, R., Talegawkar, S., Bingenheimer, J. B., Sedlander, E., Pant, I., ... & Ganjoo, R. (2021). Promoting Interpersonal Communication for Anemia Reduction: Findings From the Reduction in Anemia Through Normative Innovations (RANI) Project. *Current Developments in Nutrition, 5*(Supplement_2), 634-634.

5. engageSPARK. Case Study: People in Need - SMS, Voice, WhatsApp, and Airtime Campaigns in 200+ Countries. https://www.engagespark.com/customers/case-studies/people-in-need

6. Gul, X., Siddiqui, J., Nasar, A., Shaikh, F., Gardezi, L., & Balal, A. (2016). Social franchising for improving the clinical quality of family planning services and increasing client volumes at privately owned clinics: evidence from the Suraj social franchise network, Pakistan, 2013-2014. *Quality Measurement in Family Planning: Past, Present, Future*, 61-70.

7. Hazra, A., Atmavilas, Y., Hay, K., Saggurti, N., Verma, R. K., Ahmad, J., ... & Irani, L. (2020). Effects of health behaviour change intervention through women's self-help groups on maternal and newborn health practices and related inequalities in rural India: a quasi-experimental study. *EClinicalMedicine, 18*, 100198.

8. Horton, S., & Ross, J. (2003). The economics of iron deficiency. *Food policy*, *28*(1), 51-75.

9. International Institute for Population Sciences. (2007). *National family health survey (NFHS-3), 2005-06: India* (Vol. 1).

10. People in Need. (2019). Nepalese Adolescent Mothers Challenging Harmful Social Norms. https://nepal.peopleinneed.net/en/nepalese-adolescent-mothers-challenging-harmful-social-norms-6624gp

11. Preziosi, P., Prual, A., Galan, P., Daouda, H., Boureima, H., & Hercberg, S. (1997). Effect of iron supplementation on the iron status of pregnant women: consequences for newborns. *The American journal of clinical nutrition*, *66*(5), 1178-1182.

12. Scholl, T. O., Hediger, M. L., Fischer, R. L., & Shearer, J. W. (1992). Anemia vs iron deficiency: increased risk of preterm delivery in a prospective study. *The American journal of clinical nutrition*, *55*(5), 985-988.

13. Shet, A. S., Zwarenstein, M., Rao, A., Jebaraj, P., Arumugam, K., Atkins, S., ... & Galanti, M. R. (2019). Effect of a community health worker–delivered parental education and counseling intervention on Anemia cure rates in rural Indian children: a pragmatic cluster randomized clinical trial. *JAMA pediatrics*, *173*(9), 826-834.

14. Singh, M., Honnakamble, R. A., & Rajoura, O. P. (2019). Knowledge, attitude and practice change about Anemia after intensive health education among adolescent school girls of Delhi: an intervention study. *International Journal of Medicine and Public Health*, *9*(3).

15. Syed, U., Khadka, N., Khan, A., & Wall, S. (2008). Care-seeking practices in South Asia: using formative research to design program interventions to save newborn lives. *Journal of perinatology*, *28*(2), S9-S13.

16. Talegawkar, S., Jin, Y., Sedlander, E., Ganjoo, R., Behera, S., DiPietro, L., & Rimal, R. (2021). A Social Norms-Based Intervention Improves Diet Diversity Among Women of Reproductive Age in Rural Odisha, India: The RANI Project. *Current Developments in Nutrition*, *5*(Supplement_2), 691-691.

17. USAID. (2018). MaMoni Project Brief: Introducing Kangaroo Mother Care in Public-Sector Health Facilities in Bangladesh https://pdf.usaid.gov/pdf_docs/PA00TF9F.pdf

18. Wiegersma, A. M., Dalman, C., Lee, B. K., Karlsson, H., & Gardner, R. M. (2019). Association of prenatal maternal anemia with neurodevelopmental disorders. *JAMA psychiatry*, *76*(12), 1294-1304.

19. World Health Organization. Regional Office for the Western Pacific. (2011). Weekly iron and folic acid supplementation programmes for women of reproductive age: an analysis of best programme practices. https://apps.who.int/iris/handle/10665/207489

20. Yilma, H., Sedlander, E., Rimal, R. N., Pant, I., Munjral, A., & Mohanty, S. (2020). The reduction in anemia through normative innovations (RANI) project: study protocol for a cluster randomized controlled trial in Odisha, India. *BMC public health*, *20*(1), 1-13.

Nutrition

1. Akter, S. M., Roy, S. K., Thakur, S. K., Sultana, M., Khatun, W., Rahman, R., ... & Alam, N. (2012). Effects of third trimester counseling on pregnancy weight gain, birthweight, and breastfeeding among urban poor women in Bangladesh. *Food and nutrition bulletin*, *33*(3), 194-201.

2. BRAC. (2014). Scaling up and sustaining support for improved infant and young child feeding: BRAC's experience through the Alive & Thrive Initiative in Bangladesh. https://www.aliveandthrive.org/sites/default/files/attachments/BRAC-Final-report-8.28.2014.pdf

3. Department of Women and Child Welfare, Government of Telangana. Arogya Laxmi. https://wdcw.tg.nic.in/Arogya_Lakshmi.html

4. Jayatissa, R. (2005). National Nutrition Thriposha Intervention Programme to combat malnutrition in Mothers and Children of Sri Lanka.

5. Kurzawa, Z., Cotton, C. S., Mazurkewich, N., Verney, A., Busch-Hallen, J., & Kashi, B. (2021). Training healthcare workers increases IFA use and adherence: Evidence and cost-effectiveness analysis from Bangladesh. *Maternal & child nutrition*, *17*(2), e13124.

6. Nguyen, P. H., Frongillo, E. A., Kim, S. S., Zongrone, A. A., Jilani, A., Tran, L. M., ... & Menon, P. (2019). Information diffusion and social norms are associated with infant and young child feeding practices in Bangladesh. *The Journal of nutrition*, *149*(11), 2034-2045.

7. Nutrition International. Saving lives through food fortification in Pakistan. https://www.nutritionintl.org/project/food-fortification-program-ffp-pakistan/

8. Parasar, R., & Bhavani, R. V. (2018). Supplementary nutrition Programme under ICDS: case study of Telangana and Tamil Nadu.

9. Times of India. (2017). Arogya Lakshmi should be replicated pan India: Unicef. https://timesofindia.indiatimes.com/city/hyderabad/arogya-lakshmi-should-be-replicated-pan-india-unicef/articleshow/61940430.cms

10. United Nations Development Programme. (2019). Human Development Report 2019. http://hdr.undp.org/sites/default/files/hdr2019.pdf

Gender

1. Achyut P., Bhatla N., Khandekar S., Maitra S., & Verma R.K. (2011). Building Support for Gender Equality among Young Adolescents in School: Findings from Mumbai, India. ICRW. https://www.icrw.org/wp-content/uploads/2016/10/GEMS-Building-Support-for-Gender-Equality-Adolescents.pdf

2. Achyut P., Bhatla N., Verma H., Uttamacharya, Singh G., Bhattacharya S. and Verma R. (2016). Towards gender equality: The GEMS journey thus far. ICRW. https://www.icrw.org/wp-content/uploads/2016/12/GEMS-report-Jharkhand.pdf

3. Beattie, T. S., Bhattacharjee, P., Isac, S., Davey, C., Javalkar, P., Nair, S., ... & Heise, L. (2015). Supporting adolescent girls to stay in school, reduce child marriage and reduce entry into sex work as HIV risk prevention in north Karnataka, India: protocol for a cluster randomised controlled trial. *BMC Public Health*, *15*(1), 1-12.

4. Blanchard, J. F., O'Neil, J., Ramesh, B. M., Bhattacharjee, P., Orchard, T., & Moses, S. (2005). Understanding the social and cultural contexts of female sex workers in Karnataka, India: implications for prevention of HIV infection. *The Journal of infectious diseases*, *191*(Supplement_1), S139-S146.

5. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Empowering Men to Engage and Redefine Gender Equality (EMERGE). https://www.care.org/our-work/health/fighting-gender-based-violence/empowering-men-to-engage-and-redefine-gender-equality-emerge/

6. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2015). Final Evaluation: Empowering Men to Engage and Redefine Gender Equality (EMERGE). https://www.careevaluations.org/wp-content/uploads/EMERGE-Final-Evaluation-FINAL-FINAL-to-Share.pdf

7. Institute for Reproductive Health, Georgetown University & Save the Children (2011). Transforming Gender Norms among Very Young Adolescents: An Innovative Intervention and Evaluation in Nepal. https://resourcecentre.savethechildren.net/node/15365/pdf/choices_8.5x11_web_0.pdf

8. Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID). (2011). Utilizing Participatory Data Collection Methods to Evaluate Programs with Very Young Adolescents: An Evaluation of Save the Children's Choices Curriculum in Siraha, Nepal.

9. International Center for Research on Women. (2017). CHANGING COURSE: Implementation and Evaluation of the Gender Equity Movement in Schools (GEMS) program in specific sites –Vietnam, India and Bangladesh. https://www.icrw.org/wp-content/uploads/2018/10/GEMS-Evaluation-Report-18-06-2018-UPDATED.pdf

10. International Center for Research on Women. Flagship program: gender equity movement in schools (GEMS). https://www.icrw.org/research-programs/gender-equity-movement-in-schools-gems/

11. Melnikas, A.J., Saul, G, Singh, S.K., Mkandawire, J., Gueye, M., Diarra, A., & Amin, S. (2021). More Than Brides Alliance: Endline Evaluation Report.

12. Prakash, R., Beattie, T., Javalkar, P., Bhattacharjee, P., Ramanaik, S., Thalinja, R., ... & Isac, S. (2017). Correlates of school dropout and absenteeism among adolescent girls from marginalized community in north Karnataka, south India. *Journal of adolescence*, *61*, 64-76.

13. Sengupta, A., Sood, S., Kapil, N., & Sultana, T. (2020). Enabling Gender Norm Change through Communication. *The Journal of Development Communication*, *31*(2), 34-45.

Measurement

1. CARE Tipping Point. Monitoring and Evaluation Methods. https://caretippingpoint.org/methods-briefs/

2. Cislaghi, B., & Bhattacharjee, P. (2017). Honour and Prestige: The influence of social norms on violence against women and girls in Karnataka, Southern India.

3. Cislaghi, B., & Heise, L. (2017). STRIVE technical brief: Measuring social norms. *London: London School of Hygiene and Tropical Medicine*.

4. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2016). Redefining Norms to Empower Women: Experiences and Lessons Learned. https://insights.careinternational.org.uk/images/in-practice/EMERGE-ReNEW/ReNew_Learning-paper_2016.pdf

5. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2017). Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming. http://gender.careinternationalwikis.org/_media/care-social-norms-paper-web-final_july_2017.pdf

6. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2019). Social Norms Analysis Plot Final Report: SAFE Justice Project. http://www.careevaluations.org/wp-content/uploads/Annex-4-SNAP-Report.pdf

7. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Social Norms Measurement. https://www.care.org/wp-content/uploads/2020/11/TP_Social_Norms_measurementFINAL.pdf

GAPS AND CHALLENGES

1. Cislaghi, B., & Heise, L. (2018). Theory and practice of social norms interventions: eight common pitfalls. *Globalization and health*, *14*(1), 1-10.

2. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). (2017). Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming. http://gender.careinternationalwikis.org/_media/care-social-norms-paper-web-final_july_2017.pdf

3. Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American psychologist*, *32*(7), 513.

SOUTH
ASIA
SOCIAL
NORMS
LEARNING
COLLABORATIVE

© 2022 Centre for Social and Behaviour Change, Ashoka University.