GUIDANCE NOTE
Developing Human Capital Accompanying Measures in West Africa

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SUMMARY

Children born in West African countries today are expected to reach 30 to 40 percent of their potential productivity in the future, due to poor health and education outcomes. Social safety net programs that include human capital accompanying measures are well placed to encourage household level investments in child health, nutrition, education, and development and strengthen the impact of social protection programs on human capital outcomes. Human capital accompanying measures, defined as communication activities that encourage investments in human capital, are widely implemented in West Africa. However, content and implementation modalities vary across countries, and need to take into account a variety of different factors to be effective and operational. This guidance note outlines the steps and considerations for developing human capital accompanying measures in West African countries, further standardising their design and implementation. It is designed to be a starting point for practitioners. Step-by-step guidance is provided on the development of content, identification of the recipient population, identification of service providers, design of program activities, and design of monitoring and evaluation systems. Each section details key considerations, the average timeline, stakeholders involved in each decision, and good practice from similar contexts. This guidance note concludes with an examination of two case studies of human capital accompanying measures that have proven to be effective and/or impactful in The Gambia and Mauritania.

ACKNOWLEDGEMENTS

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1. Background

Human capital, defined as the knowledge, skills and health of a population, is vital to the World Bank's mission to end extreme poverty and boost shared prosperity. The accumulation of human capital within a population increases individual productivity and, consequently, economic growth. This is evident in the strong correlation between levels of human capital and GDP per capita. A large proportion of lower income countries have a human capital index below the median and the opposite is true of higher income countries (World Bank Group n.d.). In 2020, children born in low-income countries were expected to accumulate only 37 percent of their full potential human capital throughout their lifetime. This value increases to 48 percent in lower-middle income countries, 56 percent in upper-middle income countries, and 71 percent in high income countries (World Bank Group n.d.).

Investments in human capital are essential at all stages of life. However, evidence shows that the return on these investments is highest when made earlier in life (Heckman 2008). In early childhood, children undergo a significant amount and rate of cognitive and physical growth and development. Disruptions to growth and development during this period can have lasting impacts on future human capital outcomes. In varying contexts, childhood stunting (low height-for-age) has impaired cognitive development, which is associated with lower educational attainment, poor academic performance, and reduced earning potential in adulthood (Victora et al. 2008). Investing in human capital in early childhood, referred to as *building human capital* throughout this document, creates a solid foundation through which individuals can continue to accumulate human capital in their lifetime.

Although this document focuses on *building* human capital, particularly in early childhood, strengthening human capital also requires efforts to *protect* and *utilise* human capital. Protecting human capital refers to strategies that build the resilience of a population, preventing or reducing divestments in human capital in the face of shocks. Efforts to build and protect human capital are complemented by the creation of opportunities for youth and adults to *utilise* the skills, health, and knowledge accumulated in childhood.

Historically, efforts to build human capital focused on improving health, education and nutrition outcomes. Earlier efforts recognised that investments in these three areas are critical for enhancing productivity, economic development, and economic growth. However, in recent years, this scope of work has broadened to include cross-sectoral policy issues such as climate change, gender inequality, and productive inclusion. Both climate change and gender inequality have negatively impacted health, education, and nutrition outcomes, particularly among the poorest and most vulnerable populations.

In West Africa, children born today are expected to achieve only 30 to 40 percent of their potential human capital over their lifetime. Lower levels of human capital in the region are primarily due to limited investments in health, nutrition, and education at the household and national level. As a result, high levels of multidimensional poverty persist – with poor health, education and quality of life outcomes in childhood, adolescence, and adulthood. 2021/2022 data from Benin estimates that more than half of the population (55.9 percent) experiences poverty in all three dimensions – health, education, and quality of life (Oxford Poverty and Human Development Initiative 2024a). The situation is even more dire in Chad, where 84.2 percent of the population experienced multidimensional poverty in 2019 (Oxford Poverty and Human Development Initiative 2024b).

After adjusting for out-of-school children, between 24 percent and 98 percent of end of primary school aged children in Sub-Saharan African countries have a reading proficiency below the minimum (World Bank and UNESCO Institute for Statistics 2022). Almost one in three children under five years old in Sub-Saharan Africa are stunted (height-for-age), with 33 percent of all stunted Sub-Saharan African children living in West Africa (UNICEF, WHO, and World Bank 2023). Multidimensional poverty in West Africa is further compounded by increasingly frequent and severe climate shocks.
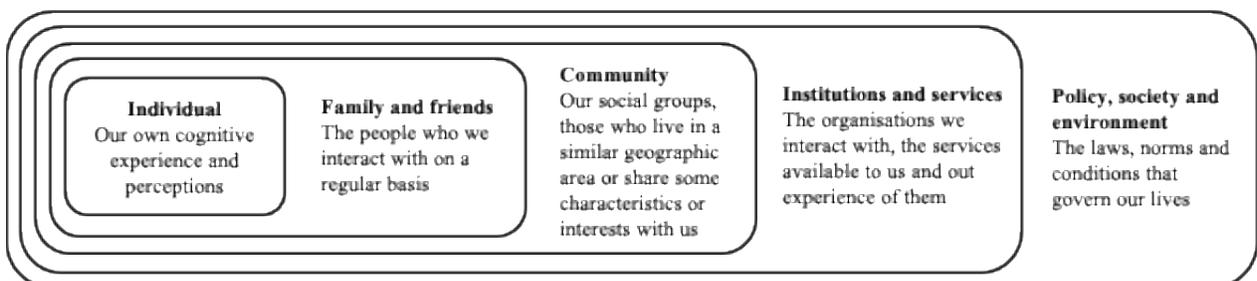
2. Social protection and human capital

Social protection programs employ various strategies to reduce poverty and inequality while building resilience among the poorest and most vulnerable populations. Building human capital is critical to achieving all three objectives. Improved health, nutrition, and education outcomes in childhood are associated with a lower likelihood of poverty in adulthood, breaking the cycle of intergenerational poverty and decreasing future dependence on social protection.

Alongside the distribution of cash or in-kind transfers, social safety net programs typically include communication activities which are referred to in this document as *accompanying measures.* Accompanying measures are communication activities that encourage the adoption of positive behaviours at various levels (e.g. individual, household, community) to improve household welfare, strengthening the impact of social protection programs. Human capital accompanying measures encourage behavioural changes that increase monetary and non-monetary investments in child health, nutrition, cognitive and socio-emotional development, and education. These investments create a strong foundation through which individuals can continue to accumulate human capital throughout their lifetime.

Extensive research has examined the complexity of decision making and behaviour, highlighting the influence of a multitude of factors. The socioecological model and the behavioural drivers model have been used in the field of human development and informed the design of behavioural change communication interventions across low- and middle-income countries. The socioecological model asserts that individual behaviour is shaped by factors at multiple levels — individual, interpersonal, community, institutions, and policy/society (***Error! Reference source not found.***). The behavioural drivers model, developed by UNICEF, expands on the socioecological model by pinpointing specific factors at each level. The three categories of factors that shape behaviour include psychological, social, and environmental (***Error! Reference source not found.***). UNICEF provides more detail about both theories and implications for the design and implementation of behavioural change interventions (UNICEF 2023).

Figure 1: Socioecological Model

Individual
Our own cognitive experience and perceptions

Family and friends
The people who we interact with on a regular basis

Community
Our social groups, those who live in a similar geographic area or share some characteristics or interests with us

Institutions and services
The organisations we interact with, the services available to us and out experience of them

Policy, society and environment
The laws, norms and conditions that govern our lives

Source: UNICEF 2023

Figure 2: *UNICEF Behavioural Drivers Model – Level 1*

Source: Petit 2019

Note: Green boxes signify psychological factors, red boxes signify social factors, blue boxes signify environmental factors, and grey boxes signify personal and contextual characteristics

3. Rationale and aim

This guidance note provides an overview of the steps and considerations for developing human capital accompanying measures, specifically tailored to the West African context, drawing from case studies in six Sahel countries. Although human capital accompanying measures are widely implemented in West Africa, their impact on child health, nutrition, and education has been mixed. In four Sahel countries[1], social safety net programs which included human capital accompanying measures improved school attendance and enrolment. However, few studies attempt to measure the value added of human capital accompanying measures (compared to cash transfers alone).[2] Given the multitude of options in topics and implementation modalities of human capital accompanying measures, there is a need to further standardise the development of human capital accompanying measures and, where needed, strengthen their impact on human capital outcomes, particularly in childhood. To address the above gap, this guidance note provides step-by-step guidance and insight on developing human capital accompanying measures and concludes with an overview of two case studies of human capital accompanying measures that have proven to be effective and/or impactful. This document also signposts resources, projects and teams where additional insight can be sought out.

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[1] See the SASPP Mapping Impact Series for country-specific summaries of adaptive social protection programs and their impacts across dimensions in Burkina Faso, Niger, Mali and Senegal.
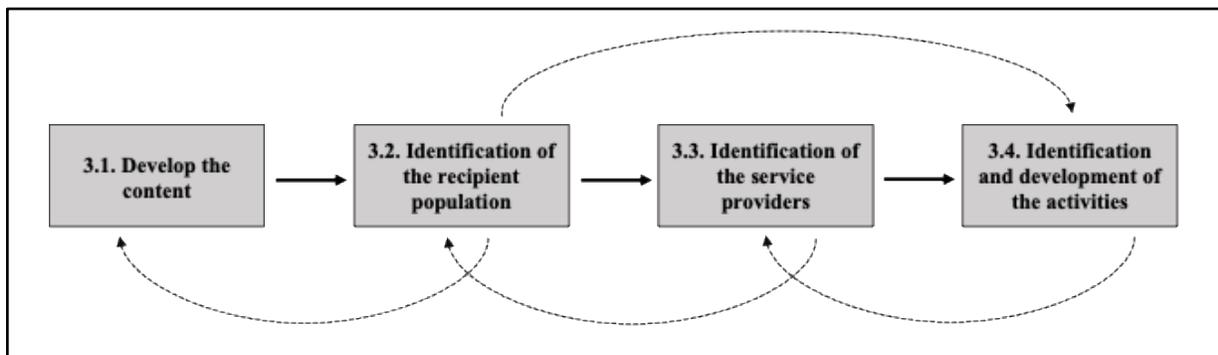https://www.worldbank.org/en/programs/sahel-adaptive-social-protection-program-trust-fund/publications#4

[2] In Niger, except for cognitive/psychosocial development, most accompanying measures positively impacted child rearing practices but had limited or no impact on childhood human capital outcomes. (See Niger SASPP Mapping Impact).

A range of actors are involved in the development and implementation of human capital accompanying measures. This document references four categories of institutions – governmental, bilateral, multilateral, and non-governmental. It further distinguishes between for-profit and non-profit non-governmental institutions. For-profit non-governmental institutions are referred to as firms, while non-profit non-governmental organisations are simply referred to as non-governmental organisations (NGOs). Multilateral development banks and bilateral organisations are referred to as development partners or partners, and UN agencies are referred to as such.

4. Developing human capital accompanying measures

This section outlines step-by-step how to develop the content of human capital accompanying measures, identify the recipient populations, identify service providers, identify and develop activities, and develop and integrate strong monitoring and evaluation systems. Each section includes examples of approaches used in West African countries and details the responsible parties, average timelines, and associated tasks. Although these activities and steps are presented sequentially, in practice they are interdependent and there is constant interplay between the various steps (**Error! Reference source not found.**).

Figure 3: *Diagram of the steps for developing human capital accompanying measures*

Source: Original from authors

4.1. Developing the content

The content of human capital accompanying measures are organised in themes, sub-themes, and evidence-based practices. Each theme includes multiple sub-themes, and each sub-theme highlights one to three evidence-based practices. A curriculum typically includes three to four themes. The number of themes selected depends on the duration of the curriculum and frequency of interactions. *Box 1* presents the curriculum of the latest iteration of human capital accompanying measures in Chad which includes a total of four themes and fifteen sub-themes. Similarly, in Guinea, the 18-month curriculum comprised of three themes.

Box 1: Curriculum of human capital accompanying measures in Chad

Theme 1: WASH
Sub-theme: Hygiene (water, food, body and environment)
Sub-theme: Hand washing
Sub-theme: Use and maintenance of latrines

Theme 2: Nutrition (Infant and Young Child Feeding)
Sub-theme: Breastfeeding (0 to 6 months)
Sub-theme: Complementary feeding (6 to 23 months)
Sub-theme: Maternal nutrition during pregnancy

Theme 3: Health
Sub-theme: Reproductive health
Sub-theme: Child health
Sub-theme: Immunisation of children
Sub-theme: Behaviour change (substance use, education, sexual and reproductive health)
Sub-theme: Social education (juvenile delinquency, unwanted pregnancies)
Sub-theme: Gender based violence

Theme 4: Education of girls
Sub-theme: Causes and consequences of poor education of girls
Sub-theme: Importance of girls' schooling
Sub-theme: Equality between girls and boys

Step 1. Identification of a preliminary list of themes

- **Responsible parties:** The institution managing the program, with technical assistance from the partner, and inputs from government, NGO, and UN stakeholders.
- **Average timeline:** 6 to 12 weeks
- **Tasks:** desk review, statistical analysis, small scale study, and technical discussions

The aim of this step is to identify broad policy issues or topics that could be included in the curriculum. As early as possible, begin initiating discussions with the institution managing the program to ensure mutual understanding of the aims of the human capital accompanying measures and how they will be developed. Once this has been established, the institution managing the program and the partner can begin to identify policy issues of interest, with an additional focus on childhood human capital. To prepare for these discussions, teams should conduct desk reviews and engage in technical discussions with the institution managing the program and the partner. The Nurturing Care Framework for Early Childhood Development can be used as a guide for the identification of policy issues.[3] Statistical analysis of household data (e.g. DHS, MICS, LSMS) can further support the identification of risk factors and determinants of child health, nutrition, or education outcomes, and provide insight into the most relevant themes for a given context.

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[3] The Nurturing Care framework was developed by the WHO, World Bank, and UNICEF and includes five components - good health; adequate nutrition; responsive caregiving; security and safety; and opportunities for early learning. See more here: https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf

Once a preliminary list of themes has been identified by the institution managing the program and the partner, discussions should be continued to revise and refine the list of themes. Ideally, these discussions should involve stakeholders tasked with managing the implementation of the program and government stakeholders from relevant sectors. At this stage, teams could conduct a study with key stakeholders – namely, beneficiaries, community members, and previous service providers. In settings where the beneficiary population is more heterogenous, additional effort should be taken to ensure that the sample population is fairly representative (e.g., rural and urban stakeholders and various ethnic groups). The primary aim of this study is to identify human capital challenges that are of interest or importance to the target population. The secondary aims of the study are to evaluate beneficiary willingness and availability to participate in different activities and at different frequencies, and to examine the available communication channels. Details about activity type, intensity, and frequency are included in a later section. In most settings, a small-scale study can comprehensively examine the above (e.g., three focus group discussions per study participant group or phone surveys with 100 to 200 individuals). *Box 2* summarises a small-scale study conducted in Guinea to support the development of human capital accompanying measures.

Box 2: Small-scale study in Guinea

In Guinea, a small-scale study was conducted to support the design of human capital accompanying measures. The study sample was 214 cash transfer beneficiaries. A quantitative questionnaire was used to collect data on three areas: household composition and demographic information, themes, and modes of communication. Study participants were asked to rate their interest in a preliminary list of topics (e.g. child nutrition, social cohesion, family planning) and propose other topics that they would be interested in learning about. Additionally, the study explored beneficiary availability (e.g. frequency, duration and scheduling of activities – time of the day, day of the week, and season), preferred mode of communication, and the distance that beneficiaries are willing to travel to attend activities.

Step 2. Develop the sub-themes, practices and key messages

- **Responsible parties:** The institution managing the program, with support from the partner
- **Average timeline:** 4 to 8 weeks
- **Tasks:** technical discussions

Using the information collected through the first step, the institution managing the program, with technical assistance from the partner, can begin to develop the curriculum. The curriculum typically includes three to four themes and corresponding sub-themes, evidence-based practices and key messages. In most settings, each sub-theme promotes one to three evidence-based practices, and each evidence-based practice is promoted through one to three key messages. Key messages should be short, simple, and impactful. These messages should articulate *what* the evidence-based practice is, *how* the practice is implemented in the specific intervention context, and *why* the practice is important and/or beneficial.

The curriculum can include teachings about two or more of the five components of the Nurturing Care Framework for Early Childhood Development – health, nutrition, responsive caregiving, early learning, and security and safety. Step one will inform whether additional topics will be included in the accompanying measures; which topics may require additional focus; and whether/how emerging cross-sectoral topics such as climate change, gender equality, and productive inclusion could be integrated into the curriculum. *Box 3* provides additional detail about three emerging cross-sectoral topics and *Table 1* provides additional detail about Sahel countries that have integrated emerging cross-sectoral topics. It is important to note that minor modifications may be made to the content in later development stages based on the recipient population for each activity, the mode of delivery, duration of the curriculum, and human capital messaging from other programs.

When developing the curriculum, there are three additional considerations that teams should keep in mind. First, it is important to prioritise the repetition of key messages. Research demonstrates that repetition helps individuals retain information. At each session or activity, this could be done through a summary of the key messages introduced during the previous session. Second, it is recommended that each session cover more than one topic or theme to ensure that at least one topic is relevant to each participant profile. This is particularly important in settings where participant profiles vary — e.g. breastfeeding mothers, mothers of school aged children, and fathers participating in sessions together. Third, teams should prioritise the development of a curriculum that is dynamic and facilitates regular updates to the content/key messages disseminated, in line with emerging needs and interests in the target populations. For example, a more dynamic curriculum is typically shorter in duration.

Box 3: Emerging human capital topics and themes

Several West African countries are now incorporating messages about climate change, gender equality, and productive inclusion in their human capital accompanying measures curricula. Messages about climate change largely centre around climate change adaptation and mitigation. In Chad, the next iteration of human capital accompanying measures will include key messages about climate change mitigation and a pilot will develop and test the integration of key messages about cleaner cooking in households. In Senegal and The Gambia, climate change messages centre around agricultural diversification and practices to limit the impact of climate shocks.

In Burkina Faso and Mauritania, accompanying measures have included key messages about gender-based violence. Additionally, given the success of productive inclusion packages, particularly in Sahel countries (Niger, Burkina Faso, Mauritania, and Senegal), there is growing demand for the integration of key messages into human capital accompanying measures. In Senegal, an abridged version of the productive inclusion module has been integrated into the human capital accompanying measures. Similarly, in Guinea, a "light touch" productive inclusion module will be integrated into the accompanying measures.

Table 1: Themes/Topics in the Latest Iteration of Human Capital Accompanying Measures in Six Sahel Countries

	Burkina Faso	Chad	Mali	Mauritania	Niger	Senegal
Nutrition	Yes	Yes	Yes	Yes	Yes	Yes
Health	Yes	Yes	Yes	Yes	Yes	Yes
WASH	Yes	Yes	Yes	Yes		
Education	Yes	Yes	Yes	Yes		Yes
Child rights and protection	Yes		Yes	Yes	Yes	Yes
Cognitive and socioemotional development	Yes		Yes	Yes	Yes	Yes
Gender based violence	Yes	Yes				
Climate change		Yes				Yes
Productive inclusion				Yes		Yes

Step 3. Adaptation of the content

- **Responsible parties:** The institution managing the program, with technical assistance from the partner, and inputs from government, NGO, and UN stakeholders.
- **Average timeline:** 4 to 16 weeks
- **Tasks:** desk review and technical discussions

The aim of this step is to ensure that the curriculum is well adapted to the local context. The institution managing the program should lead this activity, ensuring strong coordination and input from relevant institutions. This begins by establishing whether other institutions (governmental or non-governmental) previously, currently, or plan to implement programs which include a childhood human capital component. Specifically, identify the key messages or curriculum being used, to ensure that the human capital accompanying measures developed complement and supplement these curriculums well. Alongside the partner, government officials, UN colleagues and NGO colleagues, the institution managing the program should identify a list of related programs and obtain relevant documentation of key messages and tools. Although this is listed as the third step in developing content, in some settings the information obtained through this step could further support the preliminary identification of themes and development of the curriculum.

Second, given that human capital accompanying measures are inherently multisectoral, it is recommended that content from each of the included sectors be validated by the relevant authorities. For example, health related content would be validated by the relevant health authority and nutrition related content would be validated by the relevant nutrition authority.

4.2. Identification of the recipient population

To comprehensively address the policy issues identified in the previous steps, accompanying measures should promote behavioural change at various levels. The socioecological model, detailed in the introduction, demonstrates how individual decisions are influenced by family, peers, and community members. For example, in the context of undernutrition, while mothers are typically responsible for feeding young children, feeding practices are shaped by the social environment. The household head may decide what food to purchase, and peers/extended family members may influence what is considered an appropriate meal for a young child. Therefore, to foster evidence-based feeding practices, behavioural change should be encouraged among all these groups and messages should be tailored to each group.

Box 4 - Human capital accompanying measures in Mali's *Jigisemejiri* program

In Mali, an earlier iteration of the *Jigisemejiri* program included human capital accompanying measures which sought to improve maternal and child nutrition; water, sanitation, and hygiene practices; child protection; and investments in child schooling. Grounded in the socioecological model, the human capital accompanying measures targeted both the wider community and the beneficiaries of cash transfers. The entire community was invited to participate in group education sessions and, in addition, cash transfer beneficiaries received home visits by the social protection service providers.

Step 1. Preliminary identification of the target population

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** 2 weeks
- **Tasks:** desk review and technical discussions

Once the preliminary list of themes and sub-themes has been identified, the institution managing the program should determine who the program would *want* to target - e.g. the entire community, safety net beneficiaries, a subpopulation of the program beneficiaries. Within each of the above categories, teams should further specify which household members the program would target. Ideally, at least one activity included in the accompanying measures should target the entire community. According to the socioecological model, communities shape individual behaviours. In order to comprehensively encourage behavioural change, it is important to disseminate key messages to the wider communities that influence individual behaviours. Additionally, wider dissemination of program information increases the likelihood of buy-in at the community level and improves program coordination. The exact recipients of the accompanying measures will be finalised once the capacity of the implementation agency and funding is reviewed, and once the activities included in the accompanying measures are finalised.

Step 2. Identification of community members who influence evidence-based practices

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** 2 weeks
- **Tasks:** desk review and technical discussions

Using the above information and depending on the themes included in the curriculum, the preliminary list of target/recipient populations of the accompanying measures should be further refined. Alongside the institution managing the program or relevant government officials, identify a list of community members outside of the preliminary target population who are considered authority figures or have influence on practices related to the selected themes. In the context of child feeding, this may include parents of older children or elderly women in the community who are well respected. Targeting individuals with influence or authority within a community creates an environment that supports behavioural changes among program beneficiaries. The socioecological model can guide teams in identifying relevant populations and, at a later stage, relevant activities or delivery mechanisms.

4.3. Identification of service providers

There are three main models for the delivery of human capital accompanying measures that have been implemented across low- and middle-income countries: government, non-governmental, or hybrid models. The government model typically relies on service providers and supervision structures across social sectors/ministries or recruited specifically for the intervention. The supervision structure refers to the systems and people established to monitor and support the implementation of behavioural change activities. Service providers refer to community level program staff who deliver one or more behavioural change activities. The non-governmental model outsources the provision of services and supervision to NGOs (e.g. CSOs), UN agencies, or private firms. The third hybrid model may take one of two forms. First, one or more NGOs/firms manage the delivery of accompanying measures at the community level while using government supervision structures. Second, within different populations, different actors deliver accompanying measures at the community level with government supervision structures. Within the West African context, the latter is the most commonly implemented hybrid model (*Table 1*).

The appropriate delivery model will vary by context and depend on the presence and capacity of existing delivery systems. Where feasible, teams are encouraged to leverage existing delivery systems, rather than build separate structures. The use and, where relevant, strengthening of existing government structures is vital in developing a program that will incur less costs and be more sustainable. Strengthening the existing workforce and supervision structures, creates a foundation through which the government can continue to implement behavioural change activities, even outside of social protection programs, centred around building human capital.

Where the existing workforce is unable to *effectively* deliver human capital accompanying measures, teams can propose the non-governmental or hybrid model depending on the gaps that need to be filled. The following sections outline how to assess which model is best suited for varying contexts. Importantly, UN agencies or Civil Society Organisations (CSOs) typically bring a breadth of knowledge of childhood human capital policy issues and behavioural change strategies, with familiarity of the national or regional context.

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This knowledge can strengthen the development of program tools and the delivery of services. In fragile or conflict regions, NGOs, CSOs, UN agencies, or private firms are also sometimes able to access populations that are remote or considered hard-to-reach.

Table 2: Models for the Delivery of Accompanying Measures in Six Sahel Countries

	Mauritania	**Burkina Faso**	**Senegal**	**Chad**	**Niger**	**Mali**
Delivery model	Government	NGO	Hybrid	Hybrid	Hybrid	Hybrid
Service provider	Government	NGO	Government and NGO	NGO	NGO	NGO
Supervision	Government	NGO	Government and NGO	Government	Government	Government

Step 1. Identification of existing service providers

- **Responsible parties:** The institution managing the program and the partner
- **Average timeline:** 4 weeks
- **Tasks:** technical discussions

The aim of this step is to determine whether there are any existing government, NGO, UN or private firm structures that could identify staff to provide services to beneficiaries. Alongside the institution managing the program, NGO and UN colleagues, establish a list of existing service providers at different administrative levels, in or near the populations of interest, who could facilitate or manage the activities included in the human capital accompanying measures. At this stage, it is important to also obtain information about the availability of these service providers, notably the amount of time that they could allocate to deliver relevant activities, the geographical area that they could cover, qualifications, relevant training, and existing supervision structures. Second, at this stage it would be important to estimate the ratio of existing service providers to program beneficiaries. In settings where government, NGO, UN, and/or private firm options are available and feasible, it would be important to assess and compare the costs and benefits of each option.

Step 2. Assessment of the capacity of existing service providers

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** 4 to 8 weeks
- **Tasks:** mixed-methods study and technical discussions

Once the above has been established and depending on the preliminary target population, the team will need to determine whether there is a need to hire or identify additional service providers. Begin with an assessment of the competency of existing service providers in the following areas: experience with behavioural change communication and general knowledge of the policy issues identified in section one. Although all service providers will receive training prior to implementing the accompanying measures, it is better for them to have a basic understanding of the topics, and, most importantly, for them to have experience with behavioural change interventions.

At this stage, teams should take note of existing gaps in knowledge as this will also inform the design and duration of training. This should be followed by an assessment of the supervision structures that support each of the service providers and the service provider to beneficiary ratio. This will similarly inform whether additional services providers or supervisors need to be hired.

The recommended ratio of beneficiary households mapped to each service provider will vary based on the context and the frequency of activities. In contexts where activities are delivered on a more regular basis, the number of beneficiary households mapped to each service provider will likely need to be lower. As it relates to the delivery of activities, the ratio of service providers to beneficiary is typically around 1 to 25. In Senegal, where activities are delivered every three months, one service provider is mapped to 900 beneficiary households and activities are delivered in groups of around 25 beneficiaries. In the context of Mauritania, where activities are also delivered every three months, one service provider is mapped to 1,000 beneficiary households and activities are delivered to groups of 40 or less beneficiaries. The larger than average group size in Mauritania is the result of a combination of language, geographic accessibility, and financial constraints. It is recommended that beneficiaries are grouped with members of their community, those who speak the same language, and in a way that ensures that they don't have to travel more than five kilometres to reach the location where activities are delivered.

Step 3. Finalise the delivery model

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** 4 weeks
- **Tasks:** costing and effectiveness analysis

The aim of this step is to finalise the delivery model (governmental, NGO/UN/private firm, or hybrid), based on a costing exercise of the above structures. Costs will largely stem from training and hiring of additional staff. Training costs will vary depending on the training design, specifically who conducts the training and whether or not cascade training is implemented. In settings where service providers have limited competency in the areas that are detailed in the previous step, training costs are likely to be higher. This may require more detailed training content and activities, extend the duration of training, or require additional training during implementation.

Training can be conducted by the institution managing the program, a specialised firm, NGO, or UN agency with relevant technical expertise. In countries with low capacity and limited experience with behaviour change communication, a specialised firm may need to be hired to develop and deliver the training. Contracting a firm to conduct the training is typically the more expensive option. However, in contexts with low capacity, firms typically have more experience with behaviour change communication, strengthening both the training and potential program impact.

For both of the aforementioned training options, one of two models is typically used. The private firm, NGO, UN agency or institution managing the program could train supervisors who would then train community level service providers. Alternatively, the private firm, NGO, UN agency or institution managing the program could train both supervisors and service providers directly. The first option typically costs less and would build national-level capacity but requires more coordination and time to complete all trainings. The success of the first model depends heavily on how well the supervisors are trained and their ability to absorb the information well enough to teach others.

An additional concern with the first option is that supervisors and community level service providers sometimes require different types of training and a different level of understanding of the curriculum. In these contexts, supervisors may not be best placed to train service providers. In contrast, the second option ensures more homogeneous training of both supervisors and service providers but tends to be more costly.

A final consideration is the required frequency of training. In various contexts, the quality-of-service provision has been impacted by a considerable lapse of time between training and delivery of services. During this period, service providers may become less familiar with the content or have difficulty remembering key messages. This is particularly the case in settings where the curriculum is developed for longer periods of time (e.g. five years). To address this, countries like Senegal have introduced continuous training which occurs annually. During each training period, service providers are trained on content that will be delivered in the upcoming year. This format of training is particularly beneficial in settings where teams are developing dynamic curriculums that are easily adaptable to emerging needs and concerns within target populations, for example, being able to easily incorporate messaging about recent shocks.

4.4. Identification and development of the activities

Information from the previous steps can now be used to inform the identification and development of behavioural change activities. Across West Africa, human capital accompanying measures typically include combinations of the following activities: community sensitisation through mass media campaigns, community forums, discussion sessions, and home visits. The exact combination of activities varies depending on the context, need, and number of service providers delivering activities. Importantly, there should be at least one activity that reaches stakeholders at the different levels of influence (e.g. family, peers, communities). *Box 5* includes a more detailed descriptions of some potential activities.

Box 5: Potential activities

1. Community sensitisation includes any activity that sensitises the wider population to the program through mass media campaigns, such as through the radio. Importantly, this is not an avenue to disseminate detailed information. Rather, it is a way to familiarise beneficiary and non-beneficiary communities with key messages that encourage buy-in.

2. Community forums are events, at the community or neighbourhood level, during which leaders and authority figures in beneficiary communities are further sensitised to the program. Although this activity primarily targets community leaders, all community members are welcome to join. Importantly, this is an avenue to sensitise the community that informs both social norms and individual practices. In the Sahel, these sessions typically last between 45 minutes to two hours. Although this activity is well placed to introduce themes and sub-themes, it isn't designed to promote further engagement with the material through questions or discussions.

3. Discussion sessions are smaller forums during which beneficiaries interact in small and more homogenous groups (typically 20 to 25 beneficiaries per group and sometimes separated by sex). In the Sahel, these sessions last for about one hour. Through activities and discussion, beneficiaries engage in detail with the material introduced during large group education sessions. It is also an opportunity for beneficiaries to share their experiences, encourage each other, and receive support in the implementation of recommended practices.

4. Home visits are interactions between a service provider and one or more household members of a beneficiary household. In the Sahel, these visits are usually about an hour long and include tailored education of key messages and themes. This activity is usually the most labour and cost intensive. However, it is an important avenue for service providers to discuss individual constraints to behaviour change and fill gaps in beneficiary knowledge.

Step 1. Establish activity type and intensity

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** 2 weeks
- **Tasks:** technical discussions

The aim of this step is to establish the type of activities that should be prioritised and the intensity of each activity. Activity formats range from one-to-one interactions; small groups; and large groups (*Box 5*). One-to-one and smaller group activities can usually only be provided to a smaller population and are a space where individuals can engage with the content on a more personal level. Larger group activities can be provided to a larger population and provide a space for individuals to be introduced to the program or key themes.

All accompanying measures should include one larger group activity and at least one smaller group activity to ensure sufficient reach and depth of the program. The socioecological model underscores the influence of community on individual behaviour. As a result, in order to encourage behaviour change, it is important to target both individuals and the wider community that informs social norms and individual practices.

In addition to beneficiaries, larger group activities could reach non-beneficiary households and/or non-beneficiary household members in beneficiary households, increasing buy-in and acceptability of the program. Given the broad reach of larger group activities, the content is typically broader and accessible to a wider audience. In contrast, smaller group activities allow for the dissemination of more tailored and personalised messages. Participants are typically given the opportunity to ask targeted questions and groups are likely more homogenous. Furthermore, smaller group activities are a platform through which service providers can assess and strengthen the knowledge, attitudes, and practices of beneficiaries.

It is advised that each of the above activities range from 45 minutes to two hours in duration. The duration of each activity is established based on both the activity format and the frequency of interactions, discussed further in the next step. In Sahel countries, home visits and discussion sessions are usually each around an hour in length. Community forums in the Sahel ranges from 45 minutes to two hours in length. Programmes with a lower frequency of interactions typically have longer group education sessions and the opposite is true of programmes with a higher frequency of interactions.

> **Box 6: Innovative behavioural change activities in Burkina Faso**
>
> In the FCV context, Burkina Faso piloted the remote delivery of behavioural change messages. Nutrition related messages for women and young children were delivered through one of three avenues: WhatsApp audio and pictures, direct audio calls, and/or prerecorded voice calls. Nutrition messages were delivered remotely to 178 former female beneficiaries of the labour intensive improvement works program who met three conditions: had a child under six years old, owned a personal phone, and were able to use WhatsApp. Each nutrition message lasted no longer than 30 seconds and was translated into local languages. Preliminary research/consultations were conducted to establish the number of messages that would be delivered and which weekdays messages would be delivered.
>
> The impact of the remote delivery of behavioural change messages in Burkina Faso hasn't been assessed. However, research evaluated the acceptability of this mode of delivery. In this setting, WhatsApp picture/audio messages were the most accepted and accessible mode of delivery, and still effective despite significant network/connectivity issues in the target population. WhatsApp picture/audio messages had the lowest cost per beneficiary but highest initial set up costs. Importantly, while the remote delivery of behavioural change messages might be less impactful than in-person delivery, it could be a cost-effective way to deliver messages to hard-to-reach populations (e.g. difficult security contexts or geographically isolated populations). However, this method of delivery requires a certain degree of network coverage and mobile phone access and use.

Step 2. Establish activity frequency

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** 1 week
- **Tasks:** technical discussions

As the type and intensity of interactions are being decided, establish the ideal frequency of interactions between service providers and beneficiaries. This should be determined based on the following: the capabilities of the implementation agency and the service providers, available funding or budgetary concerns, the willingness of beneficiaries to attend sessions depending on their frequency/intensity, and the pre-established duration of the curriculum.

Various behaviour change models stress the importance of a higher frequency of interactions and repetition of key messages to encourage sustained behaviour change. *Table 3* briefly details the annual frequency of activities for the most recent iteration of human capital accompanying measures in six Sahel countries: Burkina Faso, Chad, Niger, Mali, Mauritania, and Senegal.

Table 3: *Annual Frequency of Activities for Human Capital Accompanying Measures in the Sahel**

	Burkina Faso	Chad	Niger	Mali	Mauritania	Senegal
Home visits per beneficiary	12	5	12	None	None	None
Discussion sessions	None	None	12	None	None	4
Community forums	24	5	12	24	4	4
Total	**36**	**10**	**36**	**24**	**4**	**8**

* Excluding community sensitisation

Step 3. Develop the tools needed for each activity

- **Responsible parties:** The institution managing the program, behaviour change communication specialist, with technical assistance from the partner
- **Average timeline:** 6 to 8 months
- **Tasks:** technical discussions

The above decisions will ultimately inform the type of tools needed for each activity and the development of each tool. Tools can include skits, live demonstrations, video material, audio material, flip charts and radio messaging. Each tool varies according to the level of engagement, cost and whether delivery/implementation requires additional considerations (*Table 4).* Video material, skits, and live demonstrations are typically the most engaging tools. However, their delivery requires electricity, screens, projectors, props, and transportation and storage of these material. Additionally, video and audio material are typically more time-consuming and costly to develop. The development of video or audio material is usually outsourced to a specialised firm and requires translation into the local language of each target population. Flip charts, although slightly less engaging, are commonly used in West African settings and have proven to be a cost-effective way to engage smaller groups. Furthermore, the use of video material, skits, and audio material typically increases the likelihood of more homogenised program delivery.

It is important that the tools are developed by a team with experience in creating social and behaviour change communication material and are adapted to the literacy levels of the targeted beneficiaries. This expertise will support the development of material that is both educational and engaging.

Table 4: *Qualitative Ratings of Potential Tools*

	Demonstrations	Video material	Skits	Flip charts	Audio material
Engagement	High	High	High	Medium	Low
Reach	Medium	High	Medium	Medium	High
Relative cost	Low	High	Low	Low	High
Reliance on service providers	High	Low	High	High	Low
Additional considerations	- Demonstrators - Props	- Electricity - Screens - Projectors - Transportation - Storage - Location	- Actors - Props		- Electricity - Speakers - Transportation - Storage

Step 4. Pilot and finalise all tools

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** 2 to 4 weeks
- **Tasks:** small scale qualitative study and technical discussions

Once the tools for each activity have been development, it is recommended to test them within a small population of individuals who are representative of the population targeted through the program. In most settings, a small-scale qualitative study can be conducted to obtain the input of beneficiaries through focus groups. Input obtained through this study should be used to finalise all the tools.
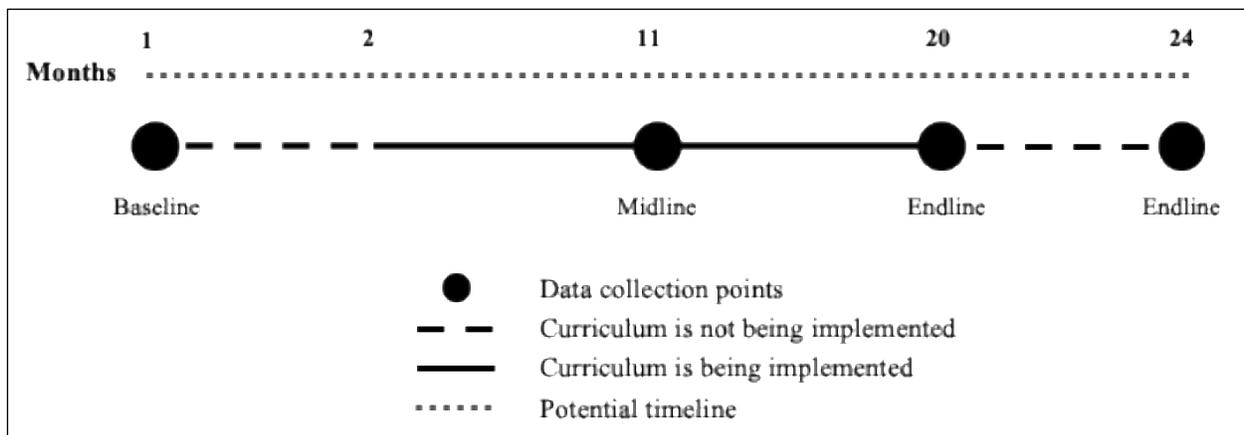
4.5. Monitoring and evaluation

- **Responsible parties:** The institution managing the program, with technical assistance from the partner
- **Average timeline:** Varied, periodically throughout program implementation
- **Tasks:** mixed-method studies and technical discussions

Throughout the development of human capital accompanying measures, it is important to integrate a system that supports regular monitoring and evaluation of the program. In addition to monitoring through supervision structures and grievance redress mechanisms, teams should regularly collect data to assess program implementation and impact. Program implementation could be monitored through routine data collection and reporting structures. Implementation data could include session attendance, and the number, duration, and timing of sessions delivered. Additionally, a well-developed feedback mechanism will ensure that this data is reported to relevant authorities and, where necessary, program delivery is strengthened. Where feasible, and particularly when new activities are being piloted, teams could conduct small-scale process evaluations to obtain more detailed data about program implementation and areas to strengthen program delivery or impact.

Assessments could take the form of baseline, midline, and endline surveys (*Error! Reference source not found.***).** These surveys should include quantitative and qualitative data collection tools. Quantitative data collection tools should assess the impact of the program on attitudes, knowledge, and practices among the recipient population. Qualitative surveys should be used to further examine the above areas and experiences of the recipient populations, and implementation challenges or best practices among service providers. In settings where the above isn't feasible, periodic small scale qualitative studies can be used to collect data from beneficiaries, communities, and service providers. Where feasible, two endline surveys at different time points can be used to assess shorter- and longer-term impacts.

Although human capital accompanying measures could strengthen the impact of social protection programs on human capital in childhood, there is limited evidence about their impact. Their impact on evidence-based practices, and child health, nutrition, and development outcomes, should be further studied (*Box 7*). Rigorous data collection will provide valuable insight into how program design and implementation can be strengthened to maximise impact.

***Figure 4:** Potential evaluation timeline, with an 18-month curriculum*

Source: Original from authors

Box 7: Resources to support the creation of data collection tools

1. Development and education
The early childhood development index 2030: a new measure of early childhood development (UNICEF, 2023)

2. Health and nutrition
Guidelines for assessing nutrition-related knowledge, attitudes and practices (FAO, 2014)

5. Case studies

5.1. Mauritania

The Tekavoul social safety net program delivers cash transfers and human capital accompanying measures to beneficiary households over a five-year period. A five-year curriculum was developed through a consultative process with stakeholders across relevant government ministries and supports the delivery of activities centred around six themes — hygiene/health, nutrition, child rights, early childhood development, child development, and economic inclusion.

Program beneficiaries participate in group discussion sessions that are scheduled in between the delivery of cash transfers every three months. Sessions are facilitated by service providers, hired by the government, to groups of no more than 40 program beneficiaries. Each session typically lasts between 1.5 to 2 hours. Guided by the curriculum and facilitation guide, service providers use a combination of films and activities/exercises to disseminate key messages. Given the diverse profiles of beneficiaries attending group education sessions, every session covers three theme and three corresponding key messages.

Due to the time lapse between each session, the program identified two strategies to encourage information retention and increase beneficiary engagement with the material. First, two consecutive sessions are dedicated to each combination of themes and sub-themes. Second, although not mandatory, beneficiaries are given homework to complete in between sessions. This serves as an opportunity for beneficiaries to continue engaging with the program material. For example, when learning about positive parenting practices, caregivers are encouraged to create toys at home with their children. Those who complete the homework assignment are encouraged to bring the toy to the following session and discuss the assignment with other beneficiaries during the group sessions. At this stage, beneficiaries are also given the opportunity to discuss any constraints that they have faced and encouraged to make a commitment to adopt the recommended practices.

Human capital accompanying measures in Mauritania are implemented through a government model. The government hired service providers to deliver the above activities. Furthermore, service providers and supervisors were trained by the government program staff, with support from UNICEF and experts from relevant sectors or ministries. Relevant government ministries trained service providers and supervisors on the content of the curriculum. UNICEF supplemented this with training on behaviour change communication. When first implemented, training occurred once, prior to program implementation. Training of service providers now occurs annually.

Following the implementation of the first phase of the human capital accompanying measures, opportunities to improve program effectiveness have been identified and modifications will be integrated into the second phase of implementation. As the program evolves, future considerations include opportunities to make the accompanying measures more dynamic. This includes reducing the curriculum from five years to three years, allowing for regular updates to the curriculum in line with growing needs in target populations. The second phase of implementation will also introduce annual training of service providers, strengthening program delivery.

5.2. The Gambia

The Nafa program is a social safety net program that includes the delivery of cash transfers and human capital accompanying measures over a three-year period. The content of social and behavioural change activities implemented through Nafa centre around six themes - climate change,

entrepreneurship and financial literacy, early childhood development, gender-based violence, health and nutrition, and adolescent health and education. The curriculum of the human capital accompanying measures were developed by a multisectoral working group coordinated by the National Nutrition Agency. The working group included stakeholders from government ministries, civil society organisations, and UN agencies. The multisectoral working group developed a national strategy for social and behaviour change communication, with the primary objective of improving health and nutrition outcomes. This work was informed by primary research (e.g. key informant interviews) and secondary research (e.g. literature reviews) identifying barriers to behaviour change and additional policy issues in the populations of interest.

The government of Gambia implements the human capital accompanying measures through a hybrid model, leveraging existing structures to deliver behavioural change activities. At the community level, government and NGO extension workers supervise and coach community members to deliver social and behavioural change activities. Outside of the Nafa program, each community has a Village Development Committee (VDC) that is an entry point for the community and includes subcommittees, primarily Village Support Groups (VSG). VSG are volunteers identified in each community to disseminate social and behaviour change messages. In the context of Nafa, VSG are leveraged to deliver the human capital accompanying measures. VSG are supervised by the VDC and the VDC are in turn supervised by extension workers.

Nafa program staff and service providers are trained through cascade training. National and regional level technical specialists train national trainers; national trainers train regional level program staff; regional level program staff train district level program staff; district level program staff train the VDC and VSG. The training of district level staff by regional level staff is supervised by national trainers, and the training of VDC and VSG is similarly supervised by regional level staff. During training, each level of program staff is required to develop a workplan for how they will carry out their duties (e.g. supervision, coaching, or program delivery). At this stage, VSG develop a personalised plan for their communities specifying how activities will be delivered (i.e. frequency of activities). Training occurs every three years for all program staff, to account for any modifications to the curriculum or onboarding of program staff/volunteers.

Although the frequency and intensity of interactions varies by community, key messages are delivered to community members through the same five avenues. This includes community forums delivered alongside the delivery of cash transfers; group discussion sessions organised outside of the delivery of cash transfers; home visits; leveraging social events (e.g. baby naming ceremonies) to deliver brief group education; and radio shows. Service providers deliver messages through a combination flip charts, posters, and audio files. The radio shows are broadcasted using a national schedule and are complemented by intermittent panel discussions about the topics explored through the radio shows. During panel discussions, experts are invited to the radio program to answer questions that people can submit or call in to ask.

Embedded within the design of the Nafa program is a robust monitoring and evaluation system. First, there is a well-established hierarchy through which program staff are coached and supervised. Second, the workplans developed by program staff and volunteers facilitate structured monitoring and assessment of program implementation. Furthermore, community members and volunteers are encouraged to share grievances or feedback with the VDC. This feedback is then used to inform program modification and strengthening.

Table 5: *Human Capital Accompanying Measures in Case Study Countries: Mauritania and The Gambia*

	Tekavoul (Mauritania)	Nafa (The Gambia)
Duration	Five years	Three years
Themes	1. Hygiene and health 2. Nutrition 3. Child rights 4. Early childhood development 5. Child development 6. Economic inclusion	1. Climate change 2. Entrepreneurship and financial literacy 3. Early childhood development 4. Gender based violence 5. Health and nutrition 6. Adolescent health and education
Target	Program beneficiaries	All community members
Delivery model	**Government:** Service providers and supervisors were hired for this program.	**Hybrid:** Existing government and NGO extension workers supervise and coach community volunteers to deliver activities.
Training model	Training was delivered by government program staff and experts from relevant ministries, with support from UNICEF. Both service providers and supervisors were trained by the aforementioned actors. Training occurred once, prior to program implementation.	Training was delivered through a cascade model. National and regional level technical specialists trained national trainers; national trainers trained regional level program staff; regional level program staff trained district level program staff; and district level program staff trained the community volunteers who delivered activities. Training occurs every three years.
Activities	Group discussion sessions were delivered to groups of 40 or less program beneficiaries. Sessions lasted between 1.5 to 2 hours and were delivered in between every three-month payment of cash transfers. **Tools:** Films and activities/exercises.	Five avenues were used to deliver key messages, although the frequency and intensity of interactions varied by community. Community forums delivered alongside the delivery of cash transfers; group discussion sessions organised outside of the delivery of cash transfers; home visits; leveraging social events (e.g. baby naming ceremonies) to deliver brief group education; and radio shows. **Tools:** Flip charts, posters, audio files, and radio shows.
Monitoring and evaluation	Following the implementation of the first phase of the human capital accompanying measures, opportunities to improve program effectiveness have been identified and modifications will be integrated into the second phase of implementation. Efforts are being made to make the curriculum more dynamic by shortening the curriculum to three years and providing annual training for program staff.	During training, program staff and community volunteers develop workplans that facilitate structured monitoring and assessment of program implementation. Community members and volunteers are also encouraged to share grievances or feedback with community level service providers, to inform program modifications and strengthening.

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