Working Paper 40
Developing anti-corruption interventions addressing social norms: Lessons from a field pilot in Tanzania

Claudia Baez Camargo | July 2022

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Abstract

This Working Paper provides guidance on developing anti-corruption interventions based on a Social Norms and Behaviour Change (SNBC) approach. Still a relatively nascent field, SNBC interventions typically address social norms that make corruption acceptable or expected, and attempt to influence behaviours away from corrupt practices.

The guidance is based on lessons learned from a largely successful pilot project in Tanzania that targeted social norms fuelling bribery ("gift giving") in health facilities and attempted to change the behaviours of both health care providers and users away from exchanging gifts.

The guidance covers: how to identify when a SNBC approach is suitable; the essential background research needed to design anti-corruption SNBC interventions; frameworks to formulate theories of change; specific elements to build into SNBC interventions; what practitioners should expect when embarking on an SNBC intervention; and ways they can help build evidence and understanding of SNBC approaches in the anti-corruption field.

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1 Introduction

Problems of corruption are often many, manifesting in a diverse range of modalities (e.g. bribery, embezzlement, kickbacks, influence peddling) across sectors, processes and levels of government. Attention is being given to an increasing number of studies that show how behavioural drivers (such as those having to do with social norms)[1] are linked to the prevalence and persistence of certain types of corruption. This partly is because, for those who are familiar with such contexts, the narrative resonates with the experiences and observations encountered in the field.

However, although the social norms explanation makes intuitive sense and has therefore triggered great interest across the anti-corruption community, practitioners often struggle to identify where and how a Social Norms and Behaviour Change (SNBC) approach might be adequate.[2] The problem is that, beyond describing the mechanisms and instances where local norms incentivise and fuel corruption, there is still very little evidence on what works to address socially entrenched forms of corruption.

This report harvests the experience designing and piloting an intervention to tackle social norms of reciprocity fuelling bribery in health facilities in Tanzania. This project was led by the Basel Institute on Governance in collaboration with a transdisciplinary[3] team.[4] The outputs from that project, including all details about the intervention design, impact measurement methodology and results from the data analysis, are published separately (Baez Camargo et al, 2022). For the purposes of this report, suffice it to say that the impact measurement analysis suggests substantial reductions (14–44%) in survey-based measures of gift-giving intentions, attitudes and positive beliefs among hospital users eight weeks after the intervention started, as compared to the baseline measurement obtained four weeks before the intervention (Baez Camargo et al, 2022).

Research on behavioural drivers, especially pertaining to social norms, has taught us how behaviours associated with corruption are often prevalent, entrenched and difficult to eradicate because they are embedded in wider social and cultural practices and understandings. In a sense, they occur frequently and easily because they "go with the grain," linking seamlessly to existing modes of connecting, sharing, exchanging, rewarding and controlling among social groups. In contrast, enforcing anti-corruption rules often feels like an uphill battle. The promise of SNBC approaches thus resides in generating insights as to how we may intervene to promote collective behaviour change that promotes better anti-corruption outcomes, while harnessing

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1   Social norms can be understood as those "informal rules that govern behaviour in groups and societies." (See Bicchieri et al 2018)

2   Behaviour change interventions that in one way or the other work with social norms have for years been developed and tested to address challenges in fields such as public health, environmental protection, conflict prevention, public revenue collection, just to name a few (see Yamin et al 2019 for a review of the SNBC literature). Applying SNBC approaches to the field of anti-corruption is still a nascent endeavour.

3   Transdisciplinarity is understood here as an approach that seeks to address complex social problems by bringing together academics and practitioners in a process whereby the development and testing of potential solutions is informed by both scientific rigour and a profound understanding of needs, constraints and opportunities prevailing in each particular context. For more about transdisciplinarity see: https://transdisciplinarity.ch/en.

4   The team encompassed partners from the University of Dar es Salaam, the UK Behavioural Insights Team, the University of Utrecht, the Medical Association of Tanzania and Mwananyamala Regional Referral Hospital in Dar es Salaam. The pilot intervention project was funded by the Global Integrity Anti-Corruption Evidence Programme (GI-ACE). See https://ace.globalintegrity.org/projects/tanzhealth/.

social contexts in a manner that makes change easy to adopt and sustainable. This means closely tailoring interventions to particular contexts.

The present document seeks to make a contribution to the above by:

- discussing approaches to identify when a SNBC intervention approach is fit for purpose (section 2);

- providing guidance on the background research that is necessary to properly design anti-corruption SNBC interventions (section 3);

- pointing to conceptual and analytical frameworks that might be useful to formulate theories of change for anti-corruption SNBC interventions (section 4);

- suggesting some concrete intervention elements that can be considered when designing SNBC anti-corruption approaches (Section 5);

- reflecting on lessons learned and future directions (Section 6).

The intervention: targeting social norms fuelling bribery in health facilities in Tanzania

Users of public health facilities proactively offer bribes (colloquially referred to as "gifts") to heath workers in order to create a social relationship. The expectation is that, on the basis of deeply ingrained norms of reciprocity, behaving in this manner will entitle them to consistently jump the queue and obtain other privileges in accessing health services in the future.

A pilot intervention was tested in a hospital in Dar es Salaam between November 2021 and February 2022 (henceforth referred to as the GG – Gift Giving- – intervention). The aim of the GG intervention was twofold, namely, to ascertain whether it is possible to:

a.   **target social norms** to promote better anti-corruption outcomes; and

b.   **use social networks** as a delivery mechanism to implement anti-corruption interventions.

The intervention included the following components:

→   A peer-driven approach by recruiting anti-corruption champions amongst health workers, who disseminated messages against receiving gifts from users through their social networks.

→   Environmental cues to alter the choice architecture (Thaler and Sunstein, 2014; Thaler 2020) in the hospital. This involved:

— Messages directed at users placing posters and desk signs alerting them that the hospital staff does not accept bribes.

— Messages directed at health service providers appealing to their professional ethics and endorsed by the hospital management and the Medical Association of Tanzania (MAT). In addition, the desk signs included provider-facing guidance on how to tactfully reject "unsolicited gifts" from users.

2 Discerning when a SNBC approach is appropriate

This section aims to help anti-corruption practitioners decide whether a SNBC anti-corruption programme or intervention is an appropriate approach to deal with a particular corruption problem they wish to address. It provides guidance to discern whether a SNBC approach is **relevant** — i.e. adequate to address at least some of the drivers at play in the corruption problem of interest — and **feasible** — i.e. by discussing examples of tensions that can be exploited to promote change.

2.1 Assessing the relevance of a SNCB approach

In most instances, problems of corruption are multidimensional, embedded in complex systems and requiring approaches that somehow take that complexity into account.[5] Therefore, although this has been said before, it is worth repeating: **a SNBC approach is not a silver bullet to address problems of corruption. It must be justified for its relevance** to each context and carefully evaluated as a complement to other approaches (Jackson and Köbis 2018, Scharbatke-Church and Chigas 2019).

Therefore, a first task involves diagnosing the underlying drivers that contribute to the prevalence of the corruption patterns of interest. One element of that involves ascertaining whether a social norm might be at play and somehow underpinning or exacerbating the corruption problem.

Personal attitudes: are personally held beliefs or judgements about the acceptability of a particular pattern of behaviour. *Example: I believe that health workers receiving gifts from users are contradicting their professional ethics.*

Descriptive social norms: are norms about what are perceived to be the dominant patterns of behaviour within a given group (what most people are doing) in response to a particular type of situation. *Example: Everyone knows that in public health facilities most health providers accept gifts from users.*

Injunctive social norms: are norms about the acceptability of a behaviour, i.e. whether it is considered to be the right course of action by most people in response to a particular type of situation. *Example: Health providers agree that accepting gifts from users is not wrong because it shows gratitude and expressing gratitude is in our culture.*

Behaviours: what decisions and course of action individuals ultimately take. *Example: Health workers in public health facilities accept or reject gifts from users.*

Reference network: network of people whose behaviour and expectations matter to the decision maker. *Example: Networks of health workers in a hospital.*

Choice architecture: refers to approaches aimed at influencing choice by altering the context in which people make decisions. *Example: Placing anti-gift giving messages in visible locations in a hospital.*

For a more fine grained discussion on these concepts see Bicchieri 2016, Jackson and Köbis 2018, Scharbatke-Church and Chigas 2019, and Thaler et. al. 2013).

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5   For example, Cheyanne Scharbatke-Church and Diana Chigas adopt a Systems Thinking approach to understand and deal with problems of corruption, particularly in fragile and conflict afflicted contexts (See Scharbatke-Church and Chigas 2019)

Cheyanne Scharbatke-Church and Diana Chigas (2019: pp 65-73) have developed a very useful framework for diagnosing social norms and readers are advised to consult this source for details; the concrete steps are not repeated here. However, it is worth emphasising these authors' simple formulation for identifying a social norm, which asks for the following indicative statement to be completed in relation to the corrupt behaviour of interest:

> *X people are expected to do **Y behaviour**; if they do not, **Q negative sanction**, or if they do, **R positive social response** will occur.*

Following this formulation, the social norm identified and targeted in the GG intervention was formulated as:

> *"Public health facility workers are expected to **accept gifts and bribes from users**, if they do not, they are criticised, **face verbal aggression and/or shaming** by users, if they do they are **regarded as trustworthy and get recommended across the users' social networks**."*

If social norms are identified as an important element at play in incentivising and/or perpetuating corruption patterns, then developing a SNBC approach to anti-corruption will, in all likelihood, make sense.

A logical question that follows is whether a social norm needs to be at play for an anti-corruption SNBC approach to be adequate and effective. The answer is "not necessarily". As suggested by Cislaghi and Heise (2016) "even if a behaviour is not primarily driven by norms, programmes can use norm theory to try to create a new norm that would help shift behaviour in a more helpful direction." It really will depend on whether the problem at hand has elements suggesting that incorporating a social dimension to an intervention to address it might be helpful.

A classic example that has been extensively researched and documented involves whether tax evasion rates can be decreased by appealing to a social norms nudge (see Larkin et al 2018 – textbox below- and also Calvo-González et al 2018). Apparently, telling individuals that the majority of people in their community follow the formal rules can be a strong tool to change the behaviours of a minority of "wrongdoers". Another example is to reward positive outliers through social recognition, appealing to the fact that considerations of status, reputation and respect have a strong influence on decision making (Buntaine et al 2022).[6]

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6   Such considerations underpin campaigns such as Integrity Icon (https://integrityicon.org/).

Increasing tax collection through a social norms approach

Larkin et al (2018) conducted a field experiment in the United Kingdom aimed at improving local government tax collection. Two interventions were tested that were delivered in the form of reminder letters sent to individuals delinquent in paying their taxes.

→ The first intervention advised the non-paying individuals that most of their peers pay promptly and highlighted their non-conformity, thus emphasising their deviation from a descriptive social norm. This intervention appeals to behavioural responses in that it hinges on the expectation that individuals wish to conform to the patterns of behaviour most commonly adopted by individuals in their communities.

→ The second intervention underscored how close the non-paying person was to receiving a court summons, therefore emphasising the costs of non-compliance by pointing to the risk of and proximity to punishment. This intervention was therefore designed following the expectation of a more conventional cost-benefit analysis playing a decisive role in influencing decision making.

Both interventions increased the propensity to pay the local tax. However, the social norm intervention performed significantly better (75.69% of households in this group paid their taxes) than the enforcement salience letter (69.84% payment rate), and both interventions topped the results from the control group (62.97%). The implication of these findings was that in that context, if the tax authority were to send the social norms letter as a first reminder to those late in making their payments, an extra GBP 2,774,320 in tax revenue would be accrued.

In the end, it can be said that the central defining feature of SNBC interventions is the shift of attention from acting on incentives at the individual level to formulating incentives that appeal to collectively observed rules or social identities. In other words, it is about identifying strategies to change behaviours by harnessing the power of sociality and people's understandings and expectations about collective values, behaviours and norms prevailing in their communities.

The main point here is that the **relevance** of a SNBC approach to anti-corruption programming should be based on a diagnosis ascertaining:

a. whether the pattern of corruption in question is incentivised and/or perpetuated through social mechanisms such as peer pressure, social punishments or rewards; and/or

b. whether the desired change in behaviour can be encouraged by appealing to social mechanisms such as peer pressure and social punishments and rewards.

2.2 Feasibility considerations: are there tensions to exploit?

A second step requires assessing the **feasibility** of addressing a corruption problem through a SNCB approach. A dilemma that often arises is when a high-corruption situation works for most of the parties and none of those involved or those who hold the formal power to act on the problem have any incentives to push for change. This is a scenario with which many anti-corruption practitioners will be familiar and will know that it is indeed very difficult to change behaviours under such circumstances.

However, even in cases where corruption is functional (e.g. helping access services, obtaining contracts, winning elections), the social interactions involved in sustaining corrupt behaviours can give rise to tensions.[7] The key is in identifying those tensions and acting on them, as they provide the entry points for intervening and supporting behaviour change.

Tensions arise, for example, if personal preferences clash with social norms. In the GG intervention, several of the champions stated that they personally rejected the practice of gift giving, some even saying they hated it because it makes the users who give the gifts feel entitled to subsequently demand special favours and treatment from the health worker who accepted the gift. Some providers thought the intervention was helpful because they were already receiving complaints about other staff asking for money from users.

Tensions may also arise as a result of changes in the context that impinge on individuals' perceptions about the cost-benefit calculation of engaging in a particular type of behaviour. In the case of Tanzania, the coming to power of John Magufuli in 2016, and his forceful enforcement of actions to punish public officials suspected of engaging in corrupt action, brought about significant changes in how health workers in public facilities expressed their perceptions about bribery. Whereas research from the pre-Magufuli times clearly indicated a widespread normalisation and social acceptability of practices of bribery in public health facilities (Baez Camargo and Sambaiga, 2016), by 2019 health workers were unequivocally indicating that the context had changed.

Under the new situation it was felt that demanding and accepting bribes could no longer be openly done, and many even expressed the conviction that undercover agents from the anti-corruption agency might be offering bribes to health workers in order to catch them red handed. It was clear that, while the expectations about the probability of detection and punishment for bribery had drastically changed among health workers, practices on the part of users to proactively offer bribes (or gifts) had not.

For the reasons outlined above, the backdrop to the GG intervention was deemed to be suitable for the development and piloting of a SNBC intervention since there were tensions with at least some health providers, who expressed a preference for changing the status quo and reducing the pressure to accept gifts from users.

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7   An example of this comes from research on informal governance, which has suggested that building and sustaining in-formal social networks associated with various patterns of corruption is always a double-edged sword. This is because while the networks are very effective in pursuing collective (illegal) goals and protecting the culprits, they also lock in and trap members, often generating obligations and costs that are extremely difficult to exit (see Baez Camargo and Ledeneva, 2017). Also, explore the findings from a research project on informal governance and corruption at: https://baselgovernance.org/public-governance/informal-governance.

3 Essential background research

Once the first considerations have been made on whether a SNBC approach is appropriate, the next step is to thoroughly narrow down on the details about the concrete behaviour that will be targeted. Also important is to assess the constraints and opportunities that the context lends for broad intervention design considerations.

3.1 Fully characterising the target behaviour

The importance of narrowing down to the specific behaviours that give rise to the corruption pattern observed cannot be emphasised enough (see also findings from Stahl, 2022). For example, it does not suffice to speak about corruption, or even bribery, in health facilities. Rather, it is important to provide answers to questions to thoroughly characterise and understand the circumstances around which the concrete behaviour of interest happens. Indicative questions about the target behaviour include:

- Where does it take place? *E.g. in the provider's office, in the hallways, in a private setting.*

- When does it take place? *E.g. before the service has been provided, immediately after or at a later time.*

- Who partakes in it? *E.g. Doctors, nurses or administrative staff; patients, family of patients or escorts; brokers.*

- What are the respective understandings, narratives around the behaviour, how is it understood and justified by those who partake in it? *E.g. the offering of gifts is linked to feelings of gratitude, gifts are given from the heart, gifts are part of the culture and are difficult to refuse.*

- What are the local language expressions and terms used to refer to the behaviour? *E.g. For the GG intervention, research revealed that the local term to refer to the behaviour of interest was "zawadi".*

Background research is also important to assess the prevalence of the behaviour of interest across different administrative or organisational levels in order to choose the right level and units of analysis for the intervention locations.

This background research phase is essential because it provides the nuanced information necessary to devise what elements the SNBC intervention might adopt to make it as intuitive as possible to the intended recipient groups, to make interventions speak the language of those engaging in the target behaviour and, importantly, to try to incorporate intervention elements that in one way or the other account for the motivations of the individuals involved. A central message here is that practitioners working on anti-corruption interventions are advised to avoid framing approaches in a generic way (cf. Stahl 2022). Rather, specificity is the key; it about adopting the opposite of a one-size-fits-all approach and, like a tailor, designing the suit that exactly fits each individual case.

3.2 Testing tools and approaches

An important component of the background research activities involves piloting possible intervention approaches and data collection tools for impact measurement.[8] One of the lessons learned from applying behavioural insights to public policy and development cooperation is that it is impossible to know a priori what messages and approaches will resonate sufficiently with the target groups to trigger a significant change in behaviours.

Piloting the key intervention components is therefore a fundamental step in the process of designing SNBC interventions in order to enhance effectiveness. For the GG intervention, several anti-gift giving messages were crafted that addressed different narratives based on the evidence compiled through the background research. These framed, alternatively, gift giving as:

1. Corruption

2. Contravening professional ethics

3. Impacting equity in the services

4. Generating social pressures from the givers.

The messages were tested for resonance, through focus group discussions with health workers and with experts from an NGO active in the Tanzanian health sector regarding issues of accountability. The results were unequivocal that the most relevant message was that appealing to professional ethics.

Piloting is also fundamental for mitigating risks and, to the greatest extent possible, avoiding unintended negative side effects of the intervention. In addition to the approach utilising posters and desk signs, the GG intervention considered an alternative that consisted of installing gift boxes in the intervention treatment hospital units. The idea was to give an alternative to users rather than trying to eliminate gift giving altogether. Instead of giving the gift directly to providers, users would be instructed to deposit it in the collective donation box that would benefit the entire health facility. The goal was to redirect the behaviour while eliminating the element of instrumentally establishing a personal connection with an individual health worker, which is the problematic aspect of the practice that results in regressive outcomes.

Piloting of mock-ups for both intervention modalities took place among health workers, which revealed a generalised belief that the donation box idea would likely backfire, as it would unnecessarily create tensions and potential altercations among staff about the distribution (or not) of the contents of the box.

Designing an impact measurement approach that is as rigorous as the context allows is a fundamental element of intervention design. Many programmes and

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8   While recognizing that the most rigorous approaches to impact measurement (such as Randomised Control Trials RCTs) are desirable, but also complicated and expensive to implement, in this note the emphasis is simply on encouraging practitioners to incorporate some basic and well justified elements of impact measurement in their interventions. In addition, transparently reporting on methodologies and findings is a hugely important part of building knowledge in the field of anti-corruption practice and all practitioners are also encouraged to do so.

interventions fall short in this area but it is the only means by which it is possible to build evidence and advance our knowledge on what works and what does not work in advancing anti-corruption outcomes with the degree of detail that practitioners need. Piloting data collection tools is therefore an important part of the preliminary research activities.

Piloting surveys and interview questionnaires is crucial to ensure **validity** — are we measuring what we want to measure? — and **reliability** — will measurements be consistent, for example, if taken by different individuals? Only by testing is it possible to troubleshoot. For example, some questions might be difficult for respondents to correctly interpret, or some terms might be vague.

Piloting measurement tools is particularly important for capturing adequate measurements of social norms prevalence. It is also important generally for anti-corruption research and practice, where social desirability bias (people reticent to disclose information that can be considered to be socially inacceptable) is always a concern. It is therefore a good idea to test the measurement of key and particularly sensitive variables through different approaches and formulations, an interesting example being the use of vignettes (see Textbox).

Finally, piloting data collection tools is crucial to assess the feasibility of the impact measurement design. For example, estimating how many surveys can be collected in a day per enumerator can help assess whether the available financial and human resources are commensurate to the proposed impact measurement approach and whether the intervention timeline needs to be adjusted in any way.

Using vignettes as a measurement approach

Vignettes are short stories about a hypothetical person, used during research (quantitative or qualitative) on sensitive topics (see for example Gourlay et al 2014, Lowcock et al 2017).

This technique aims to depict a scenario that will be familiar to respondents yet allows the respondent to distance him or herself from the response. This helps to reveal true information about attitudes and behaviours while avoiding the concern of self-incrimination and reducing social desirability bias.

Vignettes have been used effectively to obtain measurements on social norms linked to corruption (see for example Scharbatke-Church 2017 and Jackson and Köbis 2017, p. 21-23).

In the GG intervention, vignettes were applied in an exit survey outside the intervention hospital to capture a baseline and then detect changes in perceptions about the presence of a social norm associated with gift giving in the hospital. Three vignettes were used that measured perceptions about the prevalence of descriptive and injunctive social norms of gift giving among users, and of descriptive and injunctive social norms of accepting gifts among doctors in the hospital. An example of the latter was framed as follows:

"Imagine a doctor called Dr. Charles. One of Dr. Charles' patients, Imani, whom he treated several weeks ago, has come to see him again for a follow-up visit. Imani offers Dr. Charles a gift to say thank you for the good treatment she received previously. Dr. Charles politely refuses the gift, explaining that he will risk his job if he accepts the gift."

→ In your opinion, how many of the doctors at the hospital you have just visited behave like Dr. Charles, refusing when they are offered a gift?

→ In your opinion, how likely is it that patients would talk disapprovingly of Dr. Charles?

A key insight to developing effective vignettes is to find the right level of specificity, where respondents can immediately recognise and hopefully personally identify with the situation without adding details that might obscure or otherwise distract the respondent.[9]

Vignettes can also be used to narrow down on the right language to localise the intervention. In the GG intervention, the chosen expression for the type of gift giving that occurs with an ulterior motive of befriending the provider and gaining benefits was found out by testing vignettes depicting different (but related) behaviours and asking respondents the terms they would give to each of the actions happening in the vignettes.

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9   The author wishes to thank Cheyanne Scharbatke-Church for her guidance on this point.

4 Building theories of change for SNBC anti-corruption interventions

4.1 Proposing plausible pathways of change

Practitioners are more than aware about the importance of developing well-informed theories of change for programme management and success. In the case of the emerging field of anti-corruption SNBC interventions, it is clear that there is still a lot to learn about how change in corruption-related behaviours that are influenced by social norms can take shape. The fact is that there is not yet a conclusive theoretical grounding that can guide us on how to enable behaviour change addressing and/or working with social norms. For example, Cristina Bicchieri (2016) suggests that the starting point is working on personal attitudinal change towards reaching a tipping point that can promote a shift in the social norms. Some other work suggests that personal attitudinal change is not necessary to change behaviours if shared perceptions and expectations about the social norm shift (Paluck, 2009).

Evidence is needed that can help uncover possible pathways to behaviour change in anti-corruption SNBC interventions. It seems important for practitioners interested in this type of approach to develop theories of change that can remain open to capture inductively how key variables affect one another in the course of implementing a SNBC intervention.

4.2 The four key elements of SNBC interventions

The variables that are essential in a theory of change for this kind of intervention are:

- Personal beliefs

- Descriptive social norms

- Injunctive social norms

- Behaviours

Evidence is still scarce about feasible pathways of change to involve these four dimensions for the purpose of advancing anti-corruption goals. This is another area in which practitioners are encouraged to be explicit about how they engage with these variables in their programmes and about the results obtained.

The GG intervention incorporated multiple entry points to promoting change across the four dimensions.

The first step was promoting and strengthening **personal attitudes** of the champions about the negative impacts of gift giving and the importance of not accepting gifts from users.

Building on this attitudinal change, the intervention in the hospital sought to target both the **injunctive and the descriptive** social norms simultaneously. The

injunctive social norm was tackled amongst health providers through a two-pronged approach whereby they heard the message against accepting gifts:

a.   from trusted sources, namely colleagues in the form of the champions disseminating the anti-gift giving message through their social networks in the hospital;

b.   from sources endowed with formal and reputational authority, namely the hospital general manager and the Medical Association of Tanzania.

This sought to create the perception that receiving gifts from users was no longer considered an acceptable behaviour at the hospital. Desk signs and posters were placed in visible spots across the facility. This was meant to create a perception that the descriptive norm normalising gift giving is no longer true. The strategy was to trigger cognitive dissonance between the perception of exchanging gifts as the commonplace practice and messages visible to everyone stating the contrary.

Finally, the intervention also sought to make adopting the new **behaviour** easier for providers by adding practical steps to be followed to reject a gift being offered by a user. How the four key dimensions relevant to a SNBC intervention were addressed in the GG intervention is illustrated in Figure 1.

Outcome level variable targeted

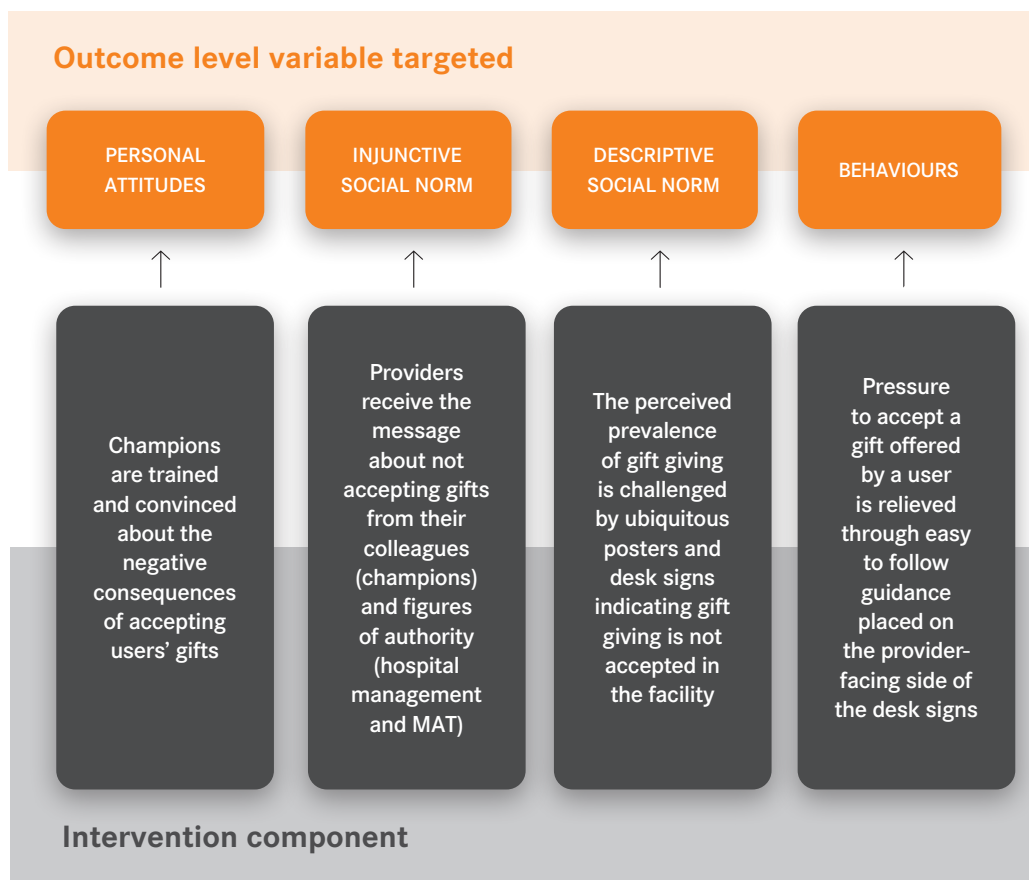| PERSONAL ATTITUDES	INJUNCTIVE SOCIAL NORM	DESCRIPTIVE SOCIAL NORM	BEHAVIOURS
Champions are trained and convinced about the negative consequences of accepting users' gifts	Providers receive the message about not accepting gifts from their colleagues (champions) and figures of authority (hospital management and MAT)	The perceived prevalence of gift giving is challenged by ubiquitous posters and desk signs indicating gift giving is not accepted in the facility	Pressure to accept a gift offered by a user is relieved through easy to follow guidance placed on the provider-facing side of the desk signs

Intervention component

Figure 1: Elements of the theory of change of the GG intervention

Note that possible interactions among the outcome variables are not specified in the above model, for the simple reason that there were no substantive indications of which direction causality might operate in this particular context based on the background research conducted.

4.3   Exploiting tensions and alleviating pressures

Another way to unpack the theory of change is by reference the framework proposed by Jackson and Köbis, which suggests alleviating social pressures as a way to promote behaviour change. These authors identify four sources of social pressures, namely sociability, kinship, vertical (hierarchical) and horizontal (peer) pressures, as illustrated in Figure 2.
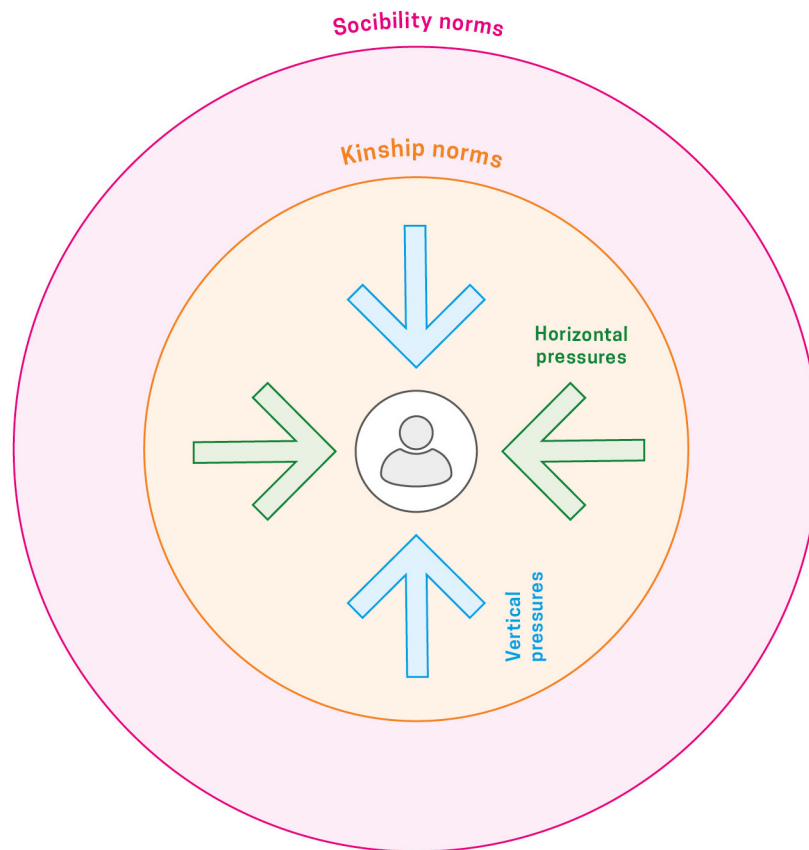
Figure 2 : Sources of normative pressures. Source: Jackson and Köbis (2018:6)

The GG intervention emphasised relieving the hierarchical and horizontal pressures by having peers and authority figures communicate and reinforce the message about the unacceptability of receiving gifts from users. Additionally, it provided resources, in the form of visual references and easy to follow steps to refuse gifts from users, to deal with sociability pressures.

5 Intervention design suggestions

This section provides some ideas about intervention components that might prove useful to practitioners seeking to design SNBC anti-corruption interventions. The list of suggestions below is by no means exhaustive but simply aims to inspire ideas. The following should be understood as examples of intervention elements and not as stand-alone interventions. This is because SNBC interventions to address problems of corruption will, most likely than not, require multi-pronged strategies, meaning that one element will likely not suffice on its own.

5.1 Intervening where "hot states" happen

Awareness-raising campaigns about the negative impacts of corruption and trainings to enhance integrity in public service do not always yield the expected results. This can happen when social pressures or other triggers unleash strong visceral emotions that prevent individuals from acting in what they rationally know to be the right manner. This is what in behavioural science is known as the empathy gap, which explains why decision making can vary greatly depending on whether one is more in a "cold" (calm, logical and rational) or in a "hot" (emotional, stressed and irrational) state.[10]

Intervening in the choice architecture where "hot states" happen (for example where a bribe would be offered) can introduce "tools" or resources to help individuals bring the visceral state under control and redirect the focus towards making the right decision. This was the intention behind placing posters in visible locations in the hospital and utilising desk signs that had a provider-facing side that gave a four-step practical guidance to reject a gift offered by a user. Several providers recounted that, when patients offered a gift, having the materials at hand helped to justify their refusal.[11]

Part of such an approach can also be to create cognitive dissonance by placing environmental cues contradicting, denouncing, rejecting or dissuading from the negative behaviour in those places where it presumably takes place.

Figure 3 shows the poster that was used in the GG intervention. The poster combines graphic depictions advising against the exchange of gifts and tailored messages advising users against gift giving.

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10   See for example https://www.behavioraleconomics.com/resources/mini-encyclopedia-of-be/hot-cold-empathy-gap/ and https://thedecisionlab.com/biases/empathy-gap.

11   Interestingly enough, this seems to have been more the case for the posters than for the desk signs. These were not mentioned at all by the respondents in the post-intervention interviews, where the engagement of providers with different elements of the intervention was probed. See Baez Camargo et al 2022.

Figure 3: Anti-gift giving poster of the GG intervention

The messages in the poster read as follows:

> *Please help us stay professional/ethical at this hospital and don't offer a gift.*

> *The Ministry of Health considers gifts from patients to staff at this facility as one of the drivers of corruption.*

> *It doesn't matter whether the gift is given before or after the service! It doesn't matter whether it's money or something else! It doesn't matter whether it's given out of gratitude or to get something in return: Providers who accept gifts put themselves at risk of getting into trouble.*

By placing posters in patient waiting room areas, the GG intervention aimed to create the perception among users that offering gifts to health workers was no longer the common practice. The intention was for the posters to signal that the descriptive social norm had changed. Post-intervention interviews revealed that users unequivocally understood what the intervention was about, and furthermore that the posters and signs made patients scared of giving gifts. Several users

thought it was good for the hospital's reputation, demonstrating the management is committed to promoting positive change and ethical behaviours amongst staff. Some users also said the intervention relieves them from concerns about having to give gifts because they are poor and cannot afford to pay for them.

Figure 4: Anti-gift giving poster of the GG intervention

5.2   The power of information: the message matters

Practically all anti-corruption interventions include an awareness raising, training or education component, which responds to the fact that information is a powerful tool to influence and change behaviours. However, unleashing the power of information requires strategic considerations regarding the outcomes that are being sought and adequate contextualisation. This involves carefully tailoring any anti-corruption message to ensure that it resonates most with the group whose behaviour the intervention is trying to change (cf Stahl, 2022). This can be done, preferably, by piloting various plausible meaningful messages based on the findings from the background research.

For example, the GG intervention posters emphasised that neither the timing nor the intention when giving the gift make a difference but that all gifts are considered inappropriate. This nuance was informed by the background research, which showed that many users thought it was ok to offer gifts if this happened after the service was provided or if the stated intention was to show gratitude.[12] As mentioned in section 3.2 above, in the case of health workers, several formulations of the anti-gift giving message were also tested through focus group discussions.

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12   It should be stressed that the approach against gift giving included these concrete allusions, not because gifts of gratitude are in and of themselves bad, but because the research showed that the exchange of the gift is understood by users and providers alike as creating a personal relationship that subsequently leads to favouritism in the provision of services.

The importance of testing different messages cannot be underestimated. Even the most experienced practitioner, who has researched a particular corruption problem thoroughly, cannot fully anticipate what particular framing or formulation for a SNBC message will resonate most with the target group. Furthermore, we know that messages can backfire. For example, underscoring the prevalence of the undesirable behaviours might be counterproductive if it confirms and validates the beliefs of people about the descriptive norm (everybody does it) (Cislaghi and Heise, 2016; Cheeseman and Peiffer, 2020).

In framing anti-corruption messages, it might be particularly important to narrowly and precisely emphasise the behaviour that is explicitly being targeted and stay away from general, normative formulations (see Stahl 2022). For example, messages such as "this is a corruption-free zone" are likely too vague and therefore not compelling enough, presumably allowing room for individuals to justify their own actions as not amounting to corruption.

5.3 The messenger matters too

Besides crafting a tailored message, it is equally important to consider how or by whom the message will be communicated. In this regard, understanding the social environment is important. Harnessing social capital and working with stakeholders whom the intervention target groups trust and respect can make a huge difference in how the message is received.

The GG intervention adopted a dual approach. On the one hand, it worked with champions recruited amongst the intervention target group (health facility workers). On the other hand, it brought onboard the Medical Association of Tanzania and the hospital management to formally endorse the intervention. The combination worked and showed that the messenger matters to convince the target group about a change in the injunctive norm.

Post-intervention interview data with health workers showed that they felt this dual approach was effective. This is because the champions found many opportunities to connect with their colleagues and the support of the message by formal authority figures was considered to add credibility to the intervention. The fact that the hospital manager actively champions initiatives to improve quality and accessibility of services was without a doubt a hugely important factor in mobilising and inspiring health workers to support the intervention.

5.4 Emphasise positive roles and shared identities

Every person plays different roles and has multiple identities depending on where and with whom they are located at any given moment. Emphasising group salience — in cases where this helps build and strengthen shared narratives and identities for standing up against corruption — can be a powerful approach.[13]

In the GG intervention, understanding that the appeal to professional ethics was important for providers provided important information for stakeholder engagement. In this regard, bringing MAT on board to endorse and spearhead the

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13   For more on group salience see Scharbatke-Church and Chigas (2019 p.43)

intervention was key. The relevance of professional ethics also influenced the manner in which champions were engaged. This involved a narrative for why gift giving should be avoided that emphasised the safeguarding of the standard of care at the hospital.

Creating the role of champion helped to give salience to positive attributes and shared goals. Interviews showed that most intervention participants felt responsible and endowed with a sense of duty through their role as champions. Furthermore, many of those who were not originally recruited as champions reported their wish to play this role as well.

5.5   Adopt a network approach

Social norms do not exist in a vacuum. Rather, empirical evidence on social norms that fuel bribery and other patterns of petty corruption indicates that social norms are operationalised and enforced by informal networks (Baez Camargo 2017). Indeed, we know that social networks play a fundamental role in shaping behaviours (Christakis and Fowler, 2009 and 2013), which substantiates the proposal for the adoption of an explicit network approach to anti-corruption interventions (Baez Camargo et al 2021). This approach might be particularly relevant for SNBC interventions. Building networks can be an important resource to ensure that the champions — who will initially be positive deviants with regard to the corruption practices — are not alone but can rely on others.

The experience of convening a network of champions in the GG intervention highlights the importance of adjusting to the context and to the expectations of local stakeholders. Studies that have applied a network intervention approach to dissemination generally suggest recruiting "champions" on the basis of aspects such as popularity and motivation. In the GG intervention, such recruitment criteria were not possible to apply. As an alternative, we adopted a two-stage process, driven by hierarchical considerations defined by the local implementing partners. First, the heads of the treatment units were appointed as champions; second, each of them nominated a second colleague from their units to also act as champions. While this at first sight was not optimal from a purely methodologically point of view, in the end letting the local implementing partners make those decisions was key to promoting ownership and buy-in, and still resulted in highly motivated champions.

5.6   Embrace ambivalence

Local narratives around informal practices and transactions associated with corruption are often ridden with ambivalence and double standards, the nuances of which is useful to capture to the fullest degree possible. In the GG intervention, people described gift giving as an act of gratitude, while also accepting that a gift often creates a social bond endowing the giver with future entitlements to privileged treatment.

Such ambivalences are important to be discussed with intervention participants as they might actually trigger the realisation about contradictions between one's own beliefs and actions. In turn, this can enhance the buy-in for an intervention.

6 Lessons learned and future directions

6.1 Perceptions about the likelihood of detection and sanction are important

One important lesson learned from the GG intervention was that it is central to integrate intervention elements that contribute to making the anti-corruption message credible. Particularly important is to generate the perception that the likelihood of detection and enforcement of sanctions has increased.

Interestingly, the GG intervention confirmed what other studies such as those by Peisakhin and Pinto (2010), Peisakhin (2012), Olken (2007) and Marquette and Peiffer (2018) have suggested about how the threat of monitoring and sanctions (as opposed to actual increased monitoring and enforced sanctions) can act as a strong deterrent to corruption.

In the GG intervention, deploying visible intervention elements directly where the actions of corruption happen worked well as an approach. The conspicuousness of the posters and desk signs made providers and users alike more aware that gift giving is not an accepted practice at the hospital. In addition, post-intervention interviews with users revealed that the posters and desk signs generated in some respondents a sense that their actions were being monitored.

This deterrent effect was furthermore reinforced on the side of providers by: a) the letter staff received from MAT endorsing the intervention; and b) remarks made by the hospital management during staff meetings that accepting gifts from users is not tolerated and those who continue to do so would face consequences. Post-intervention interviews with providers suggest that many came to perceive a greater certainty of punishment for receiving a gift.

6.2 Cultivate local ownership around shared goals

A successful anti-corruption intervention does not need to vociferously denounce corruption. Appealing to identities, values and aspirations as a means to change behaviours can be effective without directly invoking the "C" word, which in many contexts is sensitive and politicised.

Furthermore, the extent to which a purely normative approach to anti-corruption can deliver the desired results is questionable (Baez Camargo et al 2021, Cheeseman and Peiffer, 2020). Therefore, it might be useful to avoid framing anti-corruption as an end in and of itself (Stahl, 2022). Rather, control of corruption should, when possible, be framed as a means to attain outcomes and goals that are recognised as useful and beneficial to the intended target groups. This might be especially relevant for interventions that seek to elicit attitudinal and behaviour change in contexts where the implementation gap is significant.

Part of making anti-corruption work for those target groups has to do with involving them as active participants and recognising their agency in coming up with their

own approaches to identify and implement avenues to address the problems at hand. As mentioned above, the GG intervention sought to prime champions' awareness about their professional ethics. Concretely, the notion that reducing the prevalence of gift giving is an important means to ensure equity in the provision of services was emphasised. This would be an important step towards making their facility a role model for high standards of care and ethics. With those goals set out, the champions were given ample space to come up with their own approaches to disseminate the intervention messages. They also came up with their own strategies to deal with challenges that they thought may arise in the course of their activities.

In practice, champions often engaged with their colleagues and were able to incorporate a personal approach to delivering and disseminating the message, for example by invoking personal reasons for not accepting gifts or using humour to engage their colleagues. All in all, the majority of champions were highly motivated, active and proud of their role. Indeed, it is possible that the champion approach even yielded some interesting unintended positive consequences. Some of the champions reported that, sparked by the intervention, they have been speaking to users more than they had before and that an improvement in the relationship between health workers and users could be felt.

Further validating the intervention modality that was piloted, most champions commended the approach for being participatory, for making them protagonists and encouraging them to exercise their agency. Champions also commended the intervention by comparing its inclusive approach to that of other government campaigns that they described as exclusively top-down, only giving directives to be implemented, or that are impersonal, relying only on advertisements or public announcements but lacking any involvement of the intended target groups.

6.3   Be prepared for the long haul

Piloting SNBC interventions and rigorously measuring obtained outcomes is indispensable in order to build our evidence base and understanding about what works in changing behaviours associated with different patterns of corruption. This means coming up with context-sensitive indicators for capturing baseline and post-intervention data. Ideally, it also means complementing quantitative measurements that can capture direction, magnitude and statistical significance of any changes with qualitative data from interviews, focus group discussions and observations that can provide enough detail to clarify mechanisms of change. In that manner we can build our shared understanding on whether things change as a result of concrete interventions and learn important details to help us correctly interpret any change.

What should we consider success? There is no easy answer to this question as any change can be short lived and it is, of course, not realistic to expect that entrenched patterns of corruption can be eradicated overnight. In the GG intervention, together with the positive outcomes described above, there were also a number of providers who stated that they did not engage with the champions and thought the intervention was not relevant. Similarly, some users did not pay attention to the intervention materials, while others could not understand how gift giving is wrong and didn't think anything would change. Sustainable change will therefore, in all likelihood, require persistence to move the needle from a situation

where patterns of corruption and their social acceptability are the norm to another where, as social acceptability decreases, more and more effort is required to organise, execute and camouflage acts of corruption.[14]

Practitioners piloting SNBC interventions should be prepared for failure but should also be ready to act on instances where positive change has been elicited. Promising interventions should be built upon. Champions who have been mobilised should be given the means and tools to build upon their activities and safeguard the improvements realised, not least because SNBC interventions are incentivising behaviour change that goes against the tide. Continued impact measurement and monitoring is also desirable after the intervention period is over in order to reap all the learnings, including for example detecting unintended consequences such as the targeted behaviour re-emerging in a different form (see for example Peiffer, Armytage and Marquette, 2018 for one such case study from Uganda).

6.4   A final word of cautious encouragement

In the experience designing the GG intervention, perhaps one of the most surprising things was the amount of background research that was needed. In addition, a significant level of effort was required to develop a clear and coherent intervention protocol, design a rigorous impact measurement approach, and coordinate parallel activities undertaken by different team members. This goes to show that making the leap from testing interventions in a controlled setting (in a lab, with university students or virtual participants) to doing so in the field (engaging with the actual intervention target groups, beneficiaries and stakeholders as well as changing conditions in the intervention context) involves a considerable increase in complexity and resources required. Needless to say, practitioners will immediately understand this carries considerable budgetary implications.

These considerations bring into focus a key challenge that the anti-corruption community faces. On the one hand, evidence is needed about approaches that work in real-world settings. On the other hand, it would be very problematic if the costs of generating that evidence potentially outweigh the gains (e.g. if it takes USD 300k to refine an intervention that will reduce petty corruption by USD 50k even in the medium term). Therefore, for practitioners interested in evidence and approaches that work in real settings, the question logically arises as to whether it is even worthwhile to continue to pursue rigorous testing of anti-corruption programmes in the field.

This author's opinion is that, although the GG intervention experience admittedly could be interpreted as throwing into question whether rigorous intervention design and testing is a good value-for-money proposition, it is still too early to throw the baby out with the bathwater. Generating more empirical evidence on whether concrete intervention approaches (such as intervening in the choice architecture and mobilising networks of champions) can work to elicit collective behaviour changes in support of anti-corruption would be extremely valuable. Such

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14   This was one of the insights from a comparative study of practices of petty corruption in East Africa. In the case of Rwanda, government anti-corruption efforts combined a top down enforcement approach with programmes to enhance a culture of integrity bottom up. The research revealed that, compared to its neighbours Uganda and Tanzania, where corruption took place in broad daylight, in Rwanda the orchestrators and perpetrators of acts of corruption went to great lengths to hide the exchange of bribes.

evidence can form the basis upon which to inform less research-intensive pilots that adopt light-touch tailoring of tried-and-tested approaches. In this sense, and because generating evidence about the effectiveness of SNBC interventions to fight corruption in real settings is still a nascent field, one could argue that we are still at a stage where making an investment is required in order to reap the benefits down the line.

There are several considerations as we move forward that can help to make this investment as profitable as possible.

First and foremost, it seems that it is very important to share experiences in testing SNBC anti-corruption interventions empirically, including about what has not worked, to avoid repeating identifiable mistakes. Furthermore, when an intervention shows promise, it is crucial to properly harvest the results and explore the learnings, implications and potential to the fullest extent possible. One must remain mindful that revealing that a pilot SNBC intervention has succeeded in triggering some measure of positive change is only a first step towards delivering results relevant for evidence-based policy making.

Building on promising results as more SNBC anti-corruption interventions are piloted, the next steps will involve shifting the focus towards implementation science (Al-Ubaydli et.al. 2021; Nilsen and Bernhardsson, 2019) to further test the effectiveness of intervention approaches and address the question of scalability. This means generating evidence to understand how the successful intervention approaches can work in different contexts and with different populations, and whether the effects can still be measurably significant at scale.

In particular, it will be necessary to generate evidence regarding how SNBC interventions that show promise can be:

1. **Made sustainable.** There is not much known about what it takes to significantly and durably change social norms that incentivise and perpetuate corrupt practices. The above notwithstanding, it is very likely that sustainability hinges to a great degree on whether intervention participants and beneficiaries remain interested and incentivised to continue with the activities associated with the positive results well after the intervention period and associated funding have elapsed. Whether considerations of incentivising agency and ownership of participants and beneficiaries have been considered in the design of the intervention might be a necessary, although probably not sufficient, condition. Interventions might need to evolve with time to remain relevant and to continue to build new habits, identities and defaults that replace the old ones.

2. **Replicated, scaled up and mainstreamed.** When researchers develop and pilot an innovative intervention, they often do so by working in contexts and with stakeholders and partners that are deemed ideal to deliver proof of concept. Positive outcomes obtained under such conditions should therefore be taken with a grain of salt until they can be put to the test and replicated under less than ideal conditions; those that practitioners and decision makers seeking to roll out programmes at scale will be typically encountering.

3. **Generalisable, to be adapted to other sectors and issue areas.** As particular SNBC approaches are tested empirically, we will build experience in how to operationalise and refine elements that are key to intervention design. For example, piloting a variety of messages with different demographic groups can help us increasingly gain a more nuanced understanding of what type of framing works for different target groups such as youth, minorities and public officials. Learning about how intended intervention recipients engage with interventions that target the choice architecture will also help us develop a better understanding of what are useful resources that work for people to make the right decisions when under pressure.

The way ahead is still long to collect the evidence about what works to elicit durable behaviour change in those areas where corruption has proven to be resilient against other approaches. However, building on rigorously collected evidence from real-world settings is the way to go. The path to success will still require significant investment but we can be confident that, in doing so, we will be building on solid foundations.

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