



Visit to a postpartum mother in a village in Surkhet, Nepal

The future of Behavior Change is listening, not telling

Across the humanitarian and development sectors, practitioners are realizing that meaningful behavior change depends not only on what communities know, but also on the real conditions that shape their daily choices. Traditional communication methods are no longer enough, so a more evidence-based and people-centered approach is gaining importance. As part of IFRC's eCBHFA¹ work, the COM-B model by Michie and Stralen (2011) is helping the Swiss Red Cross and its partners in Nepal, Bangladesh, Laos, and other countries move from assumptions to evidence-based, practical, participatory solutions that lead to lasting change. Globally, COM-B is now widely used in public health, implementation science, and programme design, showing a growing shift toward methods that are grounded in evidence and real-life context.

This piece of write-up explores why the COM-B model matters, what practitioners have learned during a recent regional and local behaviour change training, and how it is shaping behavior change efforts across health, disaster preparedness, and community resilience.

Why evidence matters in Behavior Change

Behavior change is essential for long-term progress, but it is never easy. Whether it is encouraging birth preparedness in remote areas, improving household water treatment, helping older people stay active, or promoting disaster preparedness, information alone is not enough. Messages and media campaigns cannot easily change beliefs, habits, or social norms that people have followed for years. Real change happens only when we understand why people behave the way they do and identify practical ways to support and influence those behaviors in a systematic and meaningful way.

The COM-B model, which looks at Capability, Opportunity, and Motivation, helps fill this gap. Developed as part of the Behavior Change Wheel, it offers a clear, research-based way to understand behaviors and design interventions that actually work.

Traditional Behavior Change Communication (BCC) methods often rely on pamphlets, announcements, jingles, or community theatre. These approaches assume that if people have enough information, they will change. Short-term campaigns may influence immediate actions, especially during emergencies, but do not sustain change unless deeper motivations and contextual barriers are addressed.

But field experience, from Kalikot to Cox's Bazar, shows that information alone rarely leads to new behaviors. People may know what to do, yet still face challenges related to capability, opportunity, or motivation. Global research also shows that lack of knowledge is usually only one of many barriers, alongside



Ms. Bijaya Laxmi, Government Representative during a behavior change training facilitated by the NRCS.

¹ <https://ecbhfa.ifrc.org/>

time, cost, social norms, weak infrastructure, and competing priorities. COM-B helps practitioners identify why change does not happen even when awareness is high.

What COM-B changes in practice

Experiences from the recent COM-B Training of Facilitators for Nepal, Bangladesh, and Laos show how the model helps bridge the gap between assumptions and real evidence. Participants, from public health staff to Red Cross volunteers, shared that the training helped them see problems differently. A health worker from Surkhet noted that after many years of preparing IEC materials, she realized that understanding the real reasons behind a behavior must come first. Others shared examples of farmers not adopting risk-reduction practices or mothers struggling to prioritize nutrition, even when they were fully aware. The issue was not knowledge, but the conditions and motivations around them.



Dr. Abhishek Rimal, Regional Coordinator at IFRC Bangladesh, noted that governments have also recognized that access to infrastructure is not the main issue any longer, but serious gaps in behavior change persist which limits impact in disease prevention and epidemic control.

This shift in thinking is powerful. Unlike one-way BCC campaigns, COM-B focuses on careful diagnosis, understanding context, and designing solutions together with communities. The Behavior Change Intervention starts with identifying the target group, the problem and behaviours, analysing root causes, choosing behaviour change techniques that address those barriers, and co-designing suitable Behavior Change interventions with the community. This makes interventions more focused, practical, and owned by the people who will carry them forward. The COM-B has become an important tool in humanitarian and development work, including in low- and middle-income countries. Organisations such as UNICEF also recommend COM-B as a practical theory of change for designing behavioral informed programs.



This approach was strongly connected with participants during the training. They practiced diagnosing behaviors through individual interviews, following their transcriptions with sticky notes, and doing a “Doer vs Non-Doer” analysis, to identify root causes. Many realized that past interventions had failed because they did not consider people’s real motivations or the environmental limitations they faced. Por Hachit, the Swiss Red Cross behavior change focal person in Laos, shared that COM-B “helps identify the core drivers of behavior.” A public health officer from a Municipality in Jajarkot district in Nepal also highlighted the need to integrate behavioral science into local guidelines. Several municipalities where COM-B is being used have already shown interest in allocating more budgets to expand behavior change assessments to design relevant interventions.

COM-B is applicable across many areas, including public health, disaster preparedness, healthy ageing, and climate resilience. It is already being applied to behaviors such as physical activity, hand hygiene, vaccine uptake, digital health use, water conservation, youth engagement, and creating age-friendly environments. Whether the goal is to increase vaccination, strengthen household preparedness, improve water purification, or promote climate-friendly habits, COM-B helps communities think, feel, and act differently while recognizing the realities and limitations they face.

A listening-driven future for Behavior Change

Bangladesh Red Crescent Society's Health Coordinator Mofijur Rahman Mamun explains how COM-B strengthened safe-delivery interventions in Cox’s Bazar by enabling local influencers to support mothers and improve service access. He highlights that the model “compels facilitators to think differently, innovate, and center community voices,” resulting in more skilled and adaptive volunteers.

NRCS, Deputy Director Bal Krishna Sedai emphasizes that COM-B asks essential questions: Can people do it? Is the environment supportive? Do they want to do it? When these conditions align, change becomes achievable.



Ms. Bijaya Laxmi Subedi and Mr. Udaya Rana, local government representatives, expressed: “The training helped us understand behavior change in a much clearer and more practical way. Using the COM-B model makes it easier to uncover real causes behind behaviors and design targeted, evidence-based solutions.”



Dr Abhishek further states, “The COM-B training showed me that targeted behavior change intervention is far more effective than broad approaches. My ‘aha’ moment was seeing an opportunity that lasting change can be shaped not only at individual and community levels, but also at organizational and policy levels.”

The British Red Cross (BRC) strongly promotes this approach and contributes scaling up. As Ms. Gita Pandey, BRC - Senior Officer notes, “The COM-B model is practical and evidence-based, helping design targeted interventions that are effective and sustainable.” This reflects a global trend where governments, NGOs, and multilateral agencies are incorporating COM-B and related frameworks into guidance documents, training materials, and programme designs.



Raj Kumar Kshetri, Program Manager, NRCS Karnali Province, shares, “The COM-B Model is truly transformative. What makes it exceptional is that these solutions are co-created with the very communities we aim to support. This model empowers us to turn challenges into real, meaningful change.”

Ms. Kamala Yogi, Disaster Focal Person at the Provincial Government, shared, “I had always seen behavior change activities as routine tasks, relying on workshops, seminars, and messages to bring results. We rarely paused to ask why change was not happening or to measure our outcomes. This training completely shifted my perspective. It opened my eyes to the real depth of behavior change and showed me how powerful evidence-driven, people-centered approaches can be.”

SRC Senior Health Advisor Monika Christofori-Khadka, who facilitated the BC training adds, “behavior is linked to every aspect of life, and COM-B can be applied in any sector.”

Ultimately, COM-B reminds us that real change is not achieved by telling people what to do. It comes from understanding why behaviors exist, listening deeply, responding to real barriers, and designing interventions with communities rather than for them. This listening-driven, evidence-based, and participatory approach makes COM-B a powerful pathway for lasting change across health, disaster preparedness, and beyond.

For more information on eCBHFA and the COM-B model, please contact the Swiss Red Cross Senior Health Advisors:

- **Monika Christofori-Khadka:** monika-christofori-khadka@redcross.ch
- **Nicole Raehle:** nicole.raehle@redcross.ch