

Democratic Republic of the Congo Health February to December 2016

USAID Lead: USAID DRC Mission Health Office

Partners: USAID Ghana Mission Health Office and Washington Social and Behavior Change (SBC) Team Members

Background:

DRC Mission Health Office team was dissatisfied with its impact and was trying to decide how best to move forward. The team was developing a Scope of Work for an upcoming integrated health project and was unsure how to identify and program around key behaviors that would lead to health impact. Mission health staff grappled with how to describe and prioritize behavior change in an upcoming Program Description for an SBC flagship buy-in.

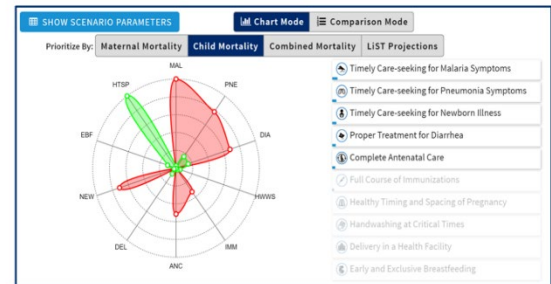


Figure 1: Sample Epidemiological Data

Key Activities:

Working together, ACCELERATE and the DRC Health team prioritized seven Accelerator Behaviors out of a list of 18 based on epidemiological (Figure 1) and context-specific data, and then developed appropriate behavioral metrics for each; thoroughly analyzed all priority behaviors, creating intentional pathways to change; and then

summarized these analyses to develop a refined health sub-strategy and corresponding indicators. We then compared both to the existing CDCS and PMP to ensure that it aligned (Figure 2). As part of this process, ACCELERATE conducted a workshop

What is Social and Behavior Change?

- Transformation or modification of human actions
- Broad range of activities and approaches which focus on individual, community, environmental, and policy influences on behavior
- Many theories – 2 things in common:
 - Identify motivators and barriers
 - Suggest a change in a current practice

Figure 2: Workshop Material

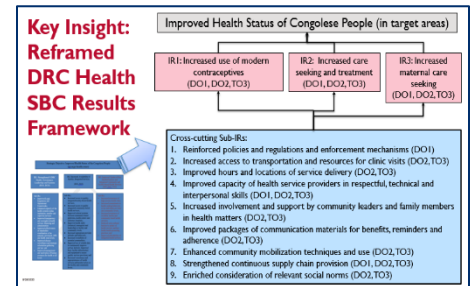


Figure 3: Alignment with CDCS and PMP

defining SBC for the full Mission (Figure 3). Finally, the team provided recommendations to the Washington SBC team members tasked with writing the SBC buy-in Program Description to ensure behaviors were prioritized by implementing partners in their activity designs, including clearly defined intentional pathways to change.

Key Learning:

The team learned that: (1) SBC is a holistic process of ensuring all elements are in place for someone to adopt a desired behavior, and is not just a task for Communication; (2) behaviors can be prioritized in a sub-strategy that is redefined mid-way through an existing CDCS, and doing so can help realign thinking around behaviors no matter where a Mission team is in the program cycle; and (3) corresponding behavioral metrics can be designed, linked to, and representative of existing PMP indicators.

Key Outputs:

Key outputs comprised a behaviorally-focused, realigned health sub-strategy; behavioral metrics aligned with an existing PMP; a workshop on “What is SBC?” that moved Mission staff thinking forward around a holistic SBC approach; and recommendations on incorporating behaviors and intentional pathways into both existing programming and buy-ins.