

# USAID Senegal Health, April 2016 to August 2017

**USAID Lead:** USAID Senegal Health Office

**Partners:** Senegal Mission Health Office and Economic Growth Office, and the USAID Washington

## Background:

The Senegal Health Office had multiple activities coming to an end at the same time, and they were unsure whether their existing activities were moving them closer to their desired behavioral outcomes. Furthermore, once a new activity was awarded, it was unclear how to ensure priority behaviors were addressed through proposed interventions.

PRINCIPLES	MEASURES	SOURCES OF VERIFICATION
<p><b>Principle 1. Behaviors are identified and prioritized to achieve the Development Goal.</b></p> <p>To ensure activities in the portfolio contribute to the achievement of the development goal, an analysis is completed to identify the causes of the problem you are trying to solve.</p> <p>For example, one goal could be to reduce maternal mortality. The next step would be to identify the behaviors that would best contribute to addressing top causes of maternal mortality. Then the behaviors are examined to determine which of them (1) would have the most significant impact on addressing the top causes of mortality and (2) currently have sufficient uptake. These become the priority behaviors on which to focus.</p> <p><b>Principle 2. Behavior analyses are completed and used to strengthen strategic documents.</b></p> <p>Prioritized behaviors are further analyzed (see desk research) to determine the logical pathways to change.<sup>1</sup></p> <p>A Behavior Profile is a structured way to identify the most needed to practice the priority behavior, the factors inhibiting or supporting adoption of the behavior, the supporting actors and their actions required, and interventions needed (see page 9 for a sample Behavior Profile and page 10 for a table only). These Behavior Profiles are used to inform the design of results frameworks.</p> <p><sup>1</sup> Logical pathways to change link the behavior and the interventions, through the appropriate factors and supporting actors.</p>	<p>1.1. Leading causes of the problem that might be addressed to achieve the development goal are selected.</p> <p>1.2. Behaviors to address the selected causes of the problem are identified and prioritized.</p> <p>3.1. Factors preventing or supporting the practice of each behavior and its associated steps are identified and prioritized.</p> <p>3.2. Supporting actors and actions for each structural and social factor are identified.</p> <p>3.3. Strategies or interventions directly linked to specific factor(s) and/or supporting actor(s) are identified.</p> <p>3.4. Logical pathways identified for each behavior are reflected in relevant Results Framework, RFAU/RFPs, and other strategic documents.</p>	<ul style="list-style-type: none"> <li>Results Framework</li> <li>Project Approval Documents</li> <li>RFAU/RFPs</li> <li>Behavior profiles or the equivalent</li> <li>Results Framework</li> <li>RFAU/RFPs</li> <li>Other strategic documents</li> </ul>

## Key Activities:

First, ACCELERATE conducted a Behavior Integration Quality Assurance Assessment (Figure 1) with USAID Health Office staff and existing implementing partners to assess the extent to which both were focused on achieving desired behavioral outcomes, and measuring behavioral outcomes (Figure 2).

Figure 1: Behavior Integration Principles

Second, ACCELERATE conducted field visits in order to map implementing partner activities with the key behaviors they were designed to address. And the team worked with the USAID Senegal AOR and project staff for a new, integrated health project to provide recommendations for focusing on key behaviors and retroactively identifying behavioral pathways in their work plan.

## Key Learning:

Together the teams discovered that neither USAID nor implementing partners were taking shared responsibility for behavioral outcomes. Linkages between desired behavioral outcomes and USAID's result framework--and subsequently the implementing partner strategy framework--need to be made clear upfront; and that even though a project might start without clear intentional pathways to change in their workplan, they can retroactively reorient the presentation of information to demonstrate the pathways, and identify gaps that need to be filled to achieve the desired behavioral outcomes.

## Key Outputs:

Key team outputs comprised an assessment of USAID's and implementing partners focus on behaviors; recommendations for how to move forward in a new activity; and a sample of how to reorient a work plan to demonstrate pathways, as well as specific recommendations for changes to the to-be-approved workplan.

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Key (Accelerator) Behaviors are focused and prioritized based on their potential impact on the problem and current uptake.	1	3	1	1	1.5
Appropriate research is conducted to identify barriers and motivators for behavior change.	3	3.5	1.5	2	2.5
Barriers and motivators are prioritized using evidence of importance and changeability.	2	3	2	2	2.25
Beneficiaries are segmented.	2.5	4	2	2.5	2.75
Sub-behaviors are identified for each (Accelerator) Behavior.					
Sub-behaviors are prioritized using evidence.					
Evidence is used to identify influencing actors and their supportive behaviors.	2	3.5	2	3	2.625

Figure 2: Standard 3 Scoring



Figure 3: Clinic in Khomobole, Senegal