

## West Africa Regional Health Office (WARHO), July 2019

**USAID Lead:** West Africa Regional Health Office and USAID Office of Health Programs

**Partners:** USAID West Africa Regional Health Office

### Background:

While officially a team, WARHO members tended to each work in their own specific areas, with little consultation across areas on how they could intersect, share learnings, or build synergy. The team was working on a number of different initiatives, across a number of different countries and in numerous technical areas. At times, their efforts worked at cross-purposes. ACCELERATE was engaged to help WARHO build a regional health office team unified around a set of priority behaviors, and to foster cohesion across WARHO's health portfolio through behavioral integration.

### Key Activities:

To help foster a sense of team amongst the WARHO members, ACCELERATE conducted specific team-building exercises and activities, such as Building a team around a shared behavioral vision and Creating a team picture based on the countries, audiences, and partners with whom they work, and infused all behavior integration activities with team building aspects. To initiate the selection of shared priority behaviors and creation Behavior Profiles, ACCELERATE conducted a training on the concept of Behavior Integration, and the process for implementing it, known as Think | **BIG** (for Behavior Integration Guidance). Collectively, the group re-examined the health team's contribution to the West Africa Regional Development Cooperation Strategy (RDCS) goal and vision and brainstormed the causes inhibiting the team from fully achieving this contribution.

By asking "who needs to do what to overcome these causes," they developed and prioritized a list of behaviors that could help them overcome these issues. They then analyzed those behaviors, creating a Behavior Profile for each and drafting corresponding behavioral outcome indicators for each priority behavior. Finally, ACCELERATE and its USAID WARHO partners drafted a behavior-centered health sub-strategy by summarizing all of the priority behavior profiles, determining the linkages between it and the RDCS, and team members' activities under a unified behavior-centered health sub-strategy.

### Key Learning:

The behavioral analysis required to complete the Behavior Profiles, and the synthesis of these analyses in a Behavior Summary, can help teams coalesce around common factors, actors, and USAID, donor and government interests and to find synergies in their strategies.

### Key Outputs:

The team developed 10 Behavior Profiles, a Behavior Summary summarizing those behaviors across sectors, and a behaviorally-focused Results Framework reflecting the unified regional health priorities. This Results Framework was submitted for inclusion in the RDCS, currently under review by USAID Washington.

#### Point of Interest

The WARHO team identified insufficient USAID resources as a cause preventing the Office from achieving its goal.

As a result, the team defined two behaviors for WARHO to adopt to attract the needed resources.

These "internal" behaviors were initially intended only to guide discussion, and were to be removed in the final version of the Results Framework.

However, they were found to be so useful to WARHO and the other Mission teams that they were ultimately included in the Mission's RDCS.