THINK | BIG ABOUT BEHAVIOR CHANGE

USAID's ACCELERATE 5-year Journey (2015-2020)

FINAL REPORT

ACCELERATE

Think | BIG about Behavior Change

USAID's ACCELERATE 5-year Journey, Final Report
October 1, 2015 - September 30, 2020

Submitted on: October 27, 2020

Submitted to:
United Stated Agency for International Development
under Task Order No. AID-OAA-TO-15-00052

Submitted by:
The Manoff Group, Inc. in association with
Howard Delafield International,
OneWorld UK, Social Impact, Inc.,
and Sonjara, Inc.

Acknowledgments

ACCELERATE has laid a firm foundation for a fundamental shift in the way development programs can be designed and managed to be more human-centered and mindful of maximizing resources by ensuring that investments are aligned to enable change. The ACCELERATE team is proud of its work that has reoriented thinking, the robust set of tools and resources developed to support the process, and the efforts undertaken that demonstrated the benefit that a focus on achieving prioritized behavioral outcomes can have on the design and management of USAID programs. The achievements described in this package are the result of a strong collaborative effort between many different entities and individuals mentioned below. We joined together in good faith on a five year journey "to integrate behavior in health portfolios" and ended creating a paradigm shift in program design and management.

First, to the individuals critical to conceiving this project, who took a risk and supported the team throughout its journey: Elizabeth Fox, who started us out and was the ACCELERATE COR during her tenure at USAID Global Health Bureau; Sharon Cromer, USAID Ghana Mission Director who took the risk of structuring the Ghana Mission's CDCS around critical behavioral outcomes to support Ghana's Journey to Self Reliance; Kama Garrison, USAID Office of Health Systems and ACCELERATE Activity Manager; and Rachel Marcus, USAID Office of Health Systems and ACCELERATE COR. It was your unflagging commitment to the importance of achieving behavior outcomes as a stepping stone to realize sustainable improvement in development outcomes that encouraged ACCELERATE to change the program design paradigm from intervention-driven to behavior-led.

Second, to the teams we had the pleasure of working with: the USAID SBC Working Group; the USAID Washington technical teams in the Global Health Bureau and the Democracy, Human Rights and Governance Learning Center; the Mission Health team staff in the Democratic Republic of Congo, Ghana, Kenya, Senegal, Zambia and the West Africa Regional Office as well as the full Mission team in Ghana; and implementing partners in Kenya, Ghana (WASH for Health), and South Africa (CCI and all local partners). It was your collaboration and partnership that ensured sound, well-tested and user friendly tools and resources, and pushed ACCELERATE to find new, critical dimensions in social and behavior change work.

Third, to the superb sub-partners on ACCELERATE: – Howard Delafield International, OneWorld UK, Social Impact, and Sonjara: you each brought unique skills and were able to masterfully adapt and blend them to the task. Our work sessions were learning experiences, and your enthusiasm for new, innovative solutions and the professionalism with which they were delivered were essential to ACCELERATE getting the job done.

And finally, to the small and mighty Manoff Group team: you were the mind and the heart of ACCELERATE. Your can-do, positive attitude, your perseverance and most importantly your willingness to adaptively manage the project's trajectory, listening to and trying different ideas, evaluating and adjusting as needed, made the difference in the quality of products and in the experiences we had during each co-creation experience. Staying true to the vision, plus blending innovative thinking with practicality, led to ACCELERATE's success.

With deep appreciation, thank you all!

Marcia Griffiths
President, The Manoff Group
Technical Advisor, ACCELERATE

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PROJECT BRIEF:
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ACCELERATE PROJECT HIGHLIGHTS
ACCELERATE'S OBJECTIVES AND ACHIEVEMENTS

The ACCELERATE project had four primary objectives: 1) help USAID, especially Mission staff, focus on behavior and apply appropriate behavior change methods; 2) provide technical assistance directly to Missions, working with six to demonstrate what could be done to incorporate behavior change outcomes within their health portfolios; 3) establish behavior metrics to track; and 4) establish a portal with resources on behavior change methods and techniques to help USAID staff familiarize themselves with some of the latest behavioral science.

To that end, the project developed Behavior Integration, a way to design and implement development programs that defines outcomes as specific behaviors required to achieve the development goal, along with suite of tools and resources to support its application known as Think | BIG (Behavior Integration Guidance). The team worked with five Global Health Technical Teams (President's Malaria Initiative [PMI], Nutrition, Newborn, Water, Hygiene and Sanitation [WASH], and Child Health and Immunization) to develop guidance for Missions on the use of Behavior Integration in their programming.

ACCELERATE provided direct technical assistance to health office staff in USAID Missions in Democratic Republic of Congo (DRC), Senegal, Kenya, Ghana, West Africa Regional Health Office (WARHO), and Zambia. The project also worked with the entire USAID Ghana Mission to develop a behaviorally-focused CDCS and PMP, and received funding from the Washington Democracy, Human Rights and Governance (DRG) Learning Center to craft a behaviorally-focused school-related gender-based violence (SRGBV) prevention strategy with the USAID South Africa Regional Mission and local implementing partners.

ACCELERATE advanced behavioral metrics by developing behavioral indicators for the original 18 Accelerator Behaviors and for all additional technical team and country priority behaviors and providing clear guidance for users to identify their own contextually-specific priority behavior indicators.

Finally, ACCELERATE built an open source, online platform that allows user to focus their priority behaviors, analyze and develop their intentional pathways to change, design and manage their programs using these pathways; and track and measure their behavioral progress.

KEY LEARNINGS

When used for strategy development, project design and management, ACCELERATE's Behavior Integration approach helps accelerate achievement of outcomes in three elemental ways. The project team gained six key insights that helped identify these elements of its success.

Element 1
Put behaviors upfront

INSIGHT: Focus on behaviors driving outcomes

INSIGHT: Encourage shared accountability

Element 2
Map intentional pathways

INSIGHT: Use a structured framework

INSIGHT: Identify linkages from behaviors to interventions

Element 3
Determine behavioral metrics

INSIGHT: Generate behavioral data for monitoring and evaluation

INSIGHT: Use behavioral metrics to adapt programs

THE KEY MOMENTS THAT LED TO ACCELERATE

In June 2012, USAID partnered with other donor and technical organizations for the _Child Survival Call to Action: A Promise Renewed,_ setting a global goal to end the 70 percent of the world's preventable child deaths which occurred in just 25 countries by 2035.

In support of the _Call to Action_, in 2014, USAID collaborated with UNICEF to conduct an evidence review of population-level behavior change approaches and programs to enhance child survival and development. This published evidence strengthened USAID's interest in focusing on behavior and behavior change methods to hasten the pace of mortality reduction.
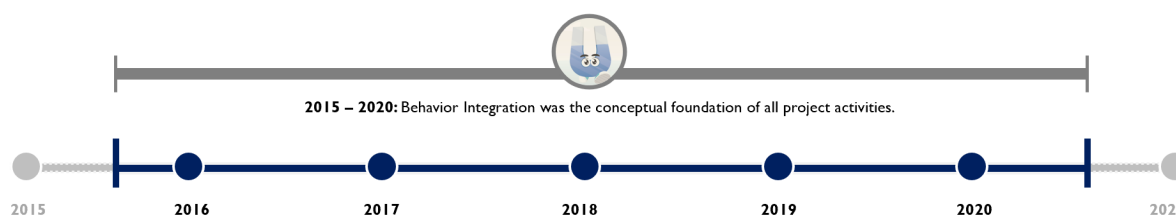
The USAID Global Health Bureau developed a Behavior Change Framework based on the evidence review and data collected from the Lives Saved Tool (LiST). This framework included ten Accelerator Behaviors prioritized for their high potential to accelerate the decline of child and maternal deaths if practiced at the population level.

In 2015, USAID issued a task order responding to a Global Health Bureau-articulated need: _Enhance USAID's ability to carry out effective, evidence-based behavior change programming in the highest-priority health areas that affect the main causes of preventable child and maternal mortality in priority countries._ It sought assistance in four areas: 1) help USAID, especially Mission staff, focus on behavior and apply appropriate behavior change methods; 2) establish behavior metrics to track; 3) establish a portal with resources on behavior change methods and techniques to help USAID staff familiarize themselves with some of the latest behavioral science; and 4) provide technical assistance directly to Missions, working with six to demonstrate what could be done to incorporate behavior change outcomes within their health portfolios.

ACCELERATE Task Order AID-OAA-TO-15-00052 was awarded to The Manoff Group, Inc. (TMG) and its consortium in 2015. From the proposal through the initial workplans, TMG understood that what USAID was requesting would require a **paradigm shift in the way USAID global health programming was carried out by technical and management staff.**

The ACCELERATE consortium was exceptionally well-prepared to facilitate this paradigm shift. ACCELERATE was led by The Manoff Group, Inc., in collaboration with four subcontractors: Howard Delafield International (HDI), OneWorld UK (OW), Social Impact, Inc. (SI), and Sonjara, Inc. TMG, as the pioneer of Behavior-centered Programming, brought an approach that puts behaviors up front in program design considerations and uses behavioral research and analysis to guide program strategy development, implementation, and monitoring. With more than 50 years implementing creative communication programming, TMG knew that to promote behavior change, policies, provider competencies, and even physical infrastructure can influence the successful uptake of critical behaviors as much as supportive communication. HDI contributed innovative behavior change approaches guided by corporate marketing and consumer-driven insights. OW offered data visualization and prototyping for tracking behavioral data. SI brought a keen understanding of USAID performance indicators and rigorous program monitoring. Sonjara took their information technology expertise and focused on sustainable, efficient, and open-data software development and user-driven web design.

ACCELERATE'S RESPONSE
BEHAVIOR INTEGRATION

2015 – 2020: Behavior Integration was the conceptual foundation of all project activities.

2015   2016   2017   2018   2019   2020   2021

From the beginning, the team's approach was to collaborate and co-create with USAID Global Health staff to identify and address USAID's desire to integrate behaviors into their work throughout the program cycle. To meet USAID's requirements, meant developing an adaptable and theory-agnostic approach, giving rise to Behavior Integration. Behavior Integration is a way to design and implement programs that defines outcomes as specific behaviors required to achieve the development goal, ensuring that strategy, project and activity design and management are behavior-led, not intervention-driven. Throughout the life of ACCLERATE the Behavior Integration approach was enhanced and adapted leaving a robust process that can work at any point in the Program Cycle.
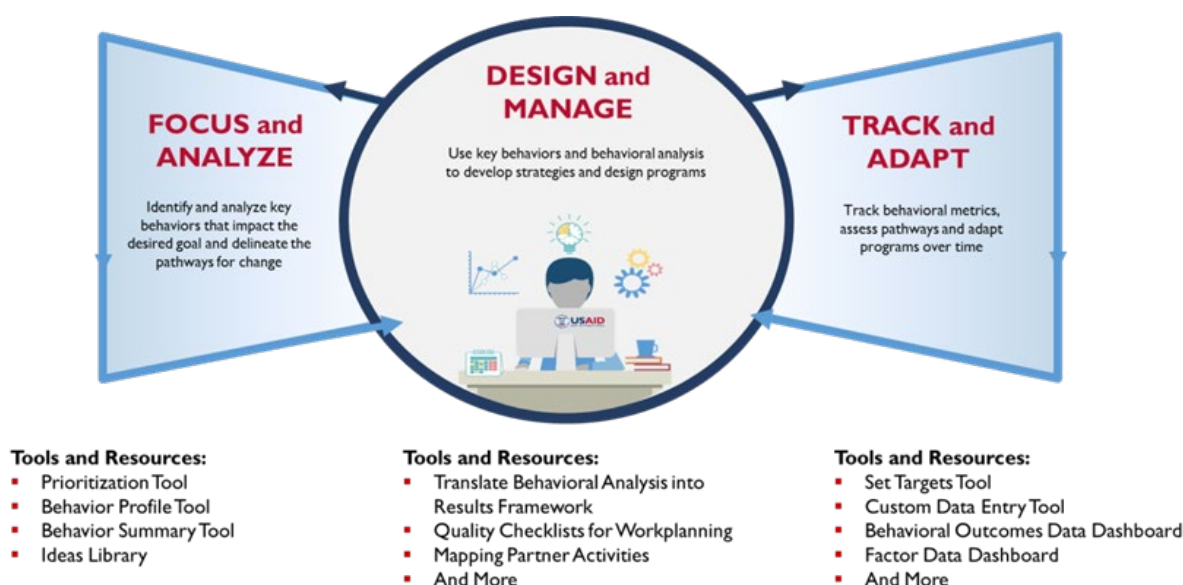

FOCUS and ANALYZE

Identify and analyze key behaviors that impact the desired goal and delineate the pathways for change

DESIGN and MANAGE

Use key behaviors and behavioral analysis to develop strategies and design programs

TRACK and ADAPT

Track behavioral metrics, assess pathways and adapt programs over time

Tools and Resources:
- Prioritization Tool
- Behavior Profile Tool
- Behavior Summary Tool
- Ideas Library

Tools and Resources:
- Translate Behavioral Analysis into Results Framework
- Quality Checklists for Workplanning
- Mapping Partner Activities
- And More

Tools and Resources:
- Set Targets Tool
- Custom Data Entry Tool
- Behavioral Outcomes Data Dashboard
- Factor Data Dashboard
- And More

*Figure 1: The Behavior Integration process and Think | **BIG** tools and resources*

THINK | BIG WEB PORTALS, TOOLS AND RESOURCES

2016	2017	2018	2019	2020
Website launched; Behavioral data added; 18 Accelerator Behaviors identified	Ideas Library, Behavior Profile & Prioritization online tools launched	Partner site launched	Behavior Summary online tool launched	Set Targets & Data Entry tools launched; Core package offline materials completed

2015   2016   2017   2018   2019   2020   2021

WEB PORTALS

To facilitate the application of the Behavior Integration approach, ACCELERATE developed a set of tools and resources , coined Think | BIG (Behavior Integration Guidance). Developing Think | BIG to assist USAID staff was an early priority for the ACCELERATE team. To that end, the team launched the first iteration of a website within six months of project launch. Initially offering key program information, the site evolved to support the application of Behavior Integration and to facilitate access to and use of tools within USAID technical teams. The project team ultimately launched two websites, both products of near-constant iterative development: one accessible only by USAID staff, to meet the Agency's stringent security requirements, and another partner site, accessible to anyone and sustainable after the end of the project. Both sites feature all of the tools, resources, and special features developed by ACCELERATE.

Figure 2: Partner site homepage (http://thinkbigonline.org)

Key Think | BIG Tools

✓ **Behavior Prioritization Tool**
Uses quantitative data to guide prioritization and strategy selection

✓ **Behavior Profile Tool**
Captures the analysis of qualitative data for each priority behavior

✓ **Behavior Summary Tool**
Facilitates synthesis of substantial datasets with assistance from machine learning to identify commonalities

✓ **Set Targets Tool**
Uses data and standard formulas to assist users in establishing realistic targets

✓ **Data Entry Tool**
Allows users to input data from additional data sources, including their own research

All **Think | BIG** tools are available here.

TOOLS AND RESOURCES DEVELOPED

The key tools and resources for each of the three steps of Behavior Integration are available in both on- and off-line versions from the website, and their use is bolstered by guidance available in the form of online video tutorials and step-by-step how-to guides.

Other resources on the website include:

- The Ideas Library, a searchable repository of 100+ examples of work from around the world that have successfully addressed or leveraged one or more critical factors required to enable behavior change. The Ideas Library invites users to find inspiration for their own behavior change strategies from amongst these nearly 200 examples, which were culled from the literature over the life of the ACCELERATE Project. {Ideas Library overview} {Ideas Library}
- A database featuring DHIS data from over 40 LMIC countries, to facilitate data-driven decision-making by program designers and managers.
- The Behavior Data Dashboard, which encourages programmers to track the progress of their priority behaviors and their behavioral outcomes, and the Factor Data Dashboard, which allows programmers to track the factors motivating or inhibiting adoption of priority behaviors. Both display results in detailed graphics so that users can visualize their progress.
- An interactive game designed to allow USAID staff to "see" the benefits of Behavior Integration in action {Think | BIG game overview} {Think | BIG game}
- A home for more than 40 sample Behavior Profiles to set the stage for countries to use global evidence as a guide for country-specific programming.
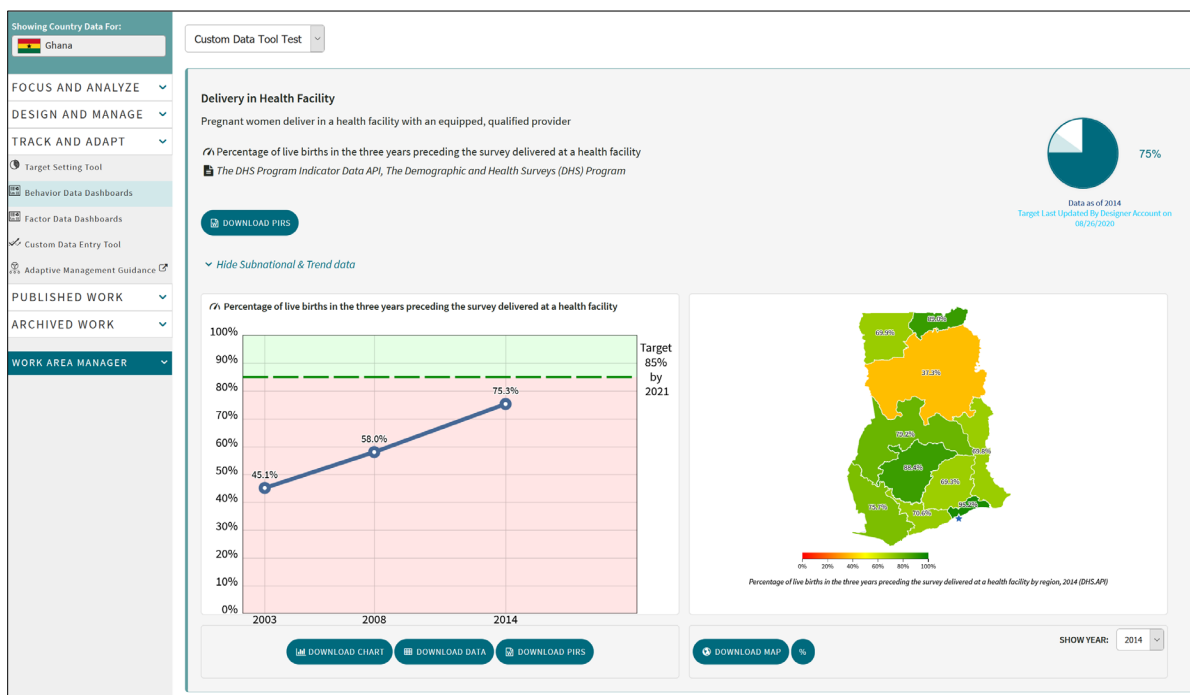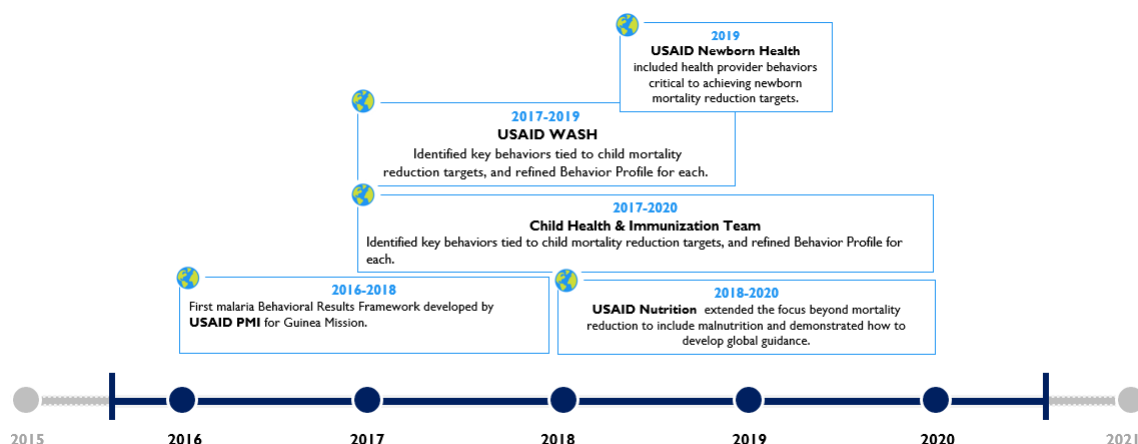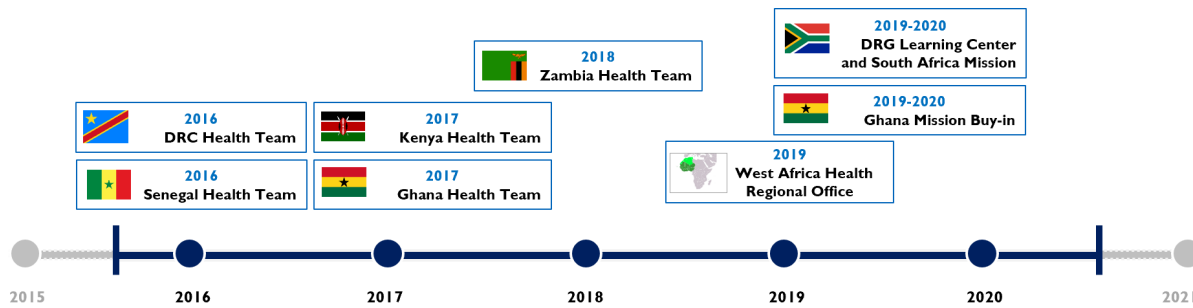

Figure 3: Behavior Data Dashboard
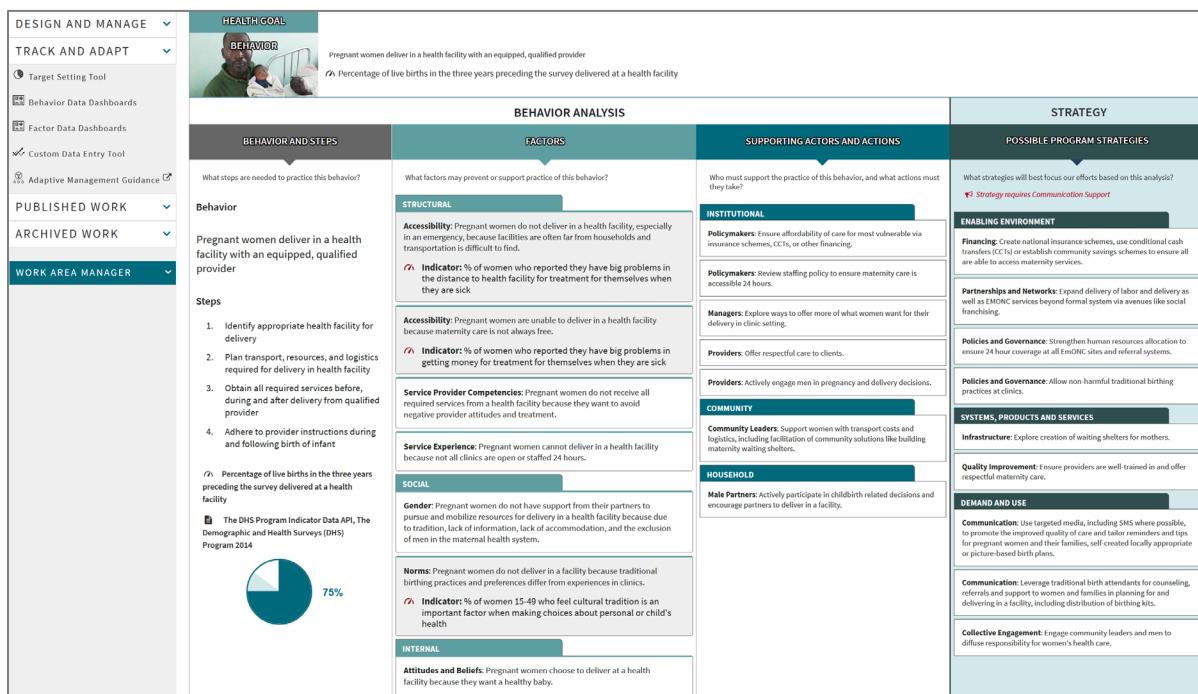
Figure 4: Factor Data Dashboard (Sample Completed Behavior Profile Including Key Factor–level Indicators)

GLOBAL HEALTH TEAM CO-CREATION

2019
USAID Newborn Health included health provider behaviors critical to achieving newborn mortality reduction targets.

2017-2019
USAID WASH Identified key behaviors tied to child mortality reduction targets, and refined Behavior Profile for each.

2017-2020
Child Health & Immunization Team Identified key behaviors tied to child mortality reduction targets, and refined Behavior Profile for each.

2016-2018
First malaria Behavioral Results Framework developed by **USAID PMI** for Guinea Mission.

2018-2020
USAID Nutrition extended the focus beyond mortality reduction to include malnutrition and demonstrated how to develop global guidance.

2015   2016   2017   2018   2019   2020   2021

ACCELERATE served as an extension of USAID's SBC team, and worked with Agency staff in Washington and in the Missions as a full partner to help them apply Behavior Integration in their planning processes. Over the life of the project, ACCELERATE worked with the global health teams in PMI, Child Health and Immunization, Nutrition, WASH, and Newborn Health to prioritize behaviors and develop sample Behavior Profiles for each behavior.

MISSION STAFF CO-CREATION

2016 DRC Health Team	2017 Kenya Health Team	2018 Zambia Health Team
2016 Senegal Health Team	2017 Ghana Health Team	2019 West Africa Health Regional Office
		2019-2020 DRG Learning Center and South Africa Mission
		2019-2020 Ghana Mission Buy-in

2015 — 2016 — 2017 — 2018 — 2019 — 2020 — 2021

ACCELERATE worked with the Health Offices at USAID Missions in Senegal, DRC, Kenya, Ghana, and Zambia, as well as with WARHO. Given the opportunity to expand the application of Behavior Integration beyond health, ACCELERATE provided assistance to the DRG team in South Africa and expanded its relationship with the Ghana Mission to include support to all technical teams in the redesign of their CDCS.

SKILLS BUILDING SESSIONS

2016 **CORE Group SBC Conference** Washington, DC

2016-2018 **Quarterly USAID SBC Working Group Sessions** Washington, DC

2018 **SBCC Summit,** Nusa Dua Indonesia

ACCELERATE Regional Training, Accra

2019 **SBCC West Africa Summit,** Abidjan

SBC Advisor Training, Washington, DC

2015 — 2016 — 2017 — 2018 — 2019 — 2020 — 2021

In addition to the direct technical assistance provided to USAID Washington and the six Missions, ACCELERATE conducted skills-building sessions with other USAID staff, including at the 2016 CORE Group SBC Conference; via an SBC Advisors Training; in quarterly USAID SBC Working Group Sessions from 2016-2018; at the 2018 SBCC Summit in Nusa Dua, Indonesia (including a Special Session with USAID Missions and Washington staff); in a 2018 regional training in Accra, Ghana; and the 2019 SBCC West Africa Summit in Abidjan, Cote d'Ivoire.

Regional Staff Skills-building Workshop

HOW ACCELERATE ANSWERED THE BIG QUESTION

During the co-creation of Behavior Integration and its suite of tools, one big question arose: **How can integrating behaviors into strategy development and project design help accelerate improvements in outcomes?**

The ACCELERATE team found, first, that collaborating Missions were able to reorient their strategy and program design process to focus on behavioral outcomes and use behavioral analysis to guide design and in some cases implementation decisions. Second, having gone through the process, all participants found that Behavior Integration brought a new perspective to standard operations, supporting programming that is more responsive to people.

Three elements were recognized as fundamental to achieving this new perspective, and six important insights emerged with application of Behavior Integration in different contexts. The result is a tested approach, refined tools and abundant resources that can guide USAID and other partners in a design and program management process that is human-centered, intentional in establishing priorities, integrative in aligning the inputs from all disciplines and sectors required for change, and focused on measurement. The three elements and examples of the key insights are highlighted below.

ELEMENT 1: *Behavior Integration starts by putting behaviors upfront, defining program outcomes as behaviors, because people and what they do are the best reflection and measure of any development goal.*

Development is complex because people are complex, and people are at the heart of development. Too often, program design starts with decisions about which interventions are going to be implemented. Instead, Behavior Integration posits that achieving different health outcomes requires that people **do** something differently—that is, change their behaviors. Thus, people's behaviors are the most proximal outcome to a health or development goal that we can influence. Intentionally developing a strategy with interventions designed to enable people to practice critical behaviors from the beginning is the best way to achieve our desired health outcomes. Once development goals are defined by the behaviors that need to be carried out, we open the door to more specific, creative, and integrated multidisciplinary solutions.

INSIGHT: *A focus on select priority behaviors most proximal to the development goal allows for reasoned decision-making about investments.*

WORKING WITH THE DRC HEALTH TEAM

The DRC Mission's health team applied Behavior Integration to consolidate their many health priorities to six priority behaviors on which to align their programming. LiST and the first version of the Behavior Prioritization Tool was used to "match-up" behavioral data with burdens of disease to isolate which behaviors might have the most impact on the DRC's health goals. Additionally, using a set of both objective and subjective criteria, the DRC health team prioritized their investments not only on behaviors with the potential to impact mortality, but also on what change was feasible (based on the Government of DRC's interest and commitment to change), and on the prospect of the change being sustainable. The result was a well-reasoned, defensible list of health priorities.

WORKING WITH THE GHANA HEALTH TEAM

The Ghana Mission's health team identified their strategic priorities for the future by first identifying those priority behaviors most proximal to achieving their maternal and child mortality reduction goals. Trends in the uptake of the behaviors, over time and sub-nationally, were examined. Program fit questions were considered, e.g., realistic timeframes to achieve results, resource allocation, and USAID-manageable interests. An evidence-based analysis of each potential priority behavior helped the health team eliminate several behaviors where critical causes could not be addressed within a five-year time period with the resources available, e.g. lowering adolescent birth rates. Using the Behavior Prioritization Tool, the health team focused on the behaviors where they could make the most progress and have the biggest impact.

Clinic in Kinshasa DRC
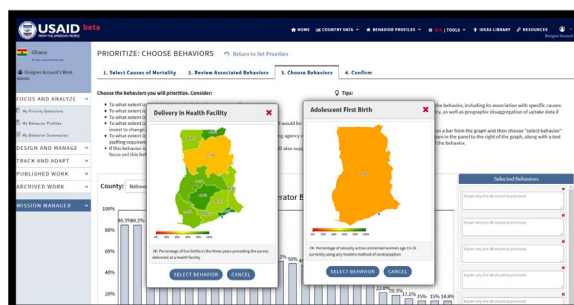
Figure 5: Sample Behavior Prioritization Tool screenshot

INSIGHT: *Shared accountability among implementing partners can result from this focus on priority behaviors.*

Encourage shared accountability

WORKING WITH THE KENYA HEALTH TEAM

The Kenya Health Office was committed to improving coordination amongst its implementing partners. The team wanted to use their priority Behavior Profiles to map implementing partner activities and identify which pathways had gaps in programming. They found that most of the partners implementing health programs were working solely or in part to improve home-based healthy practices. Because projects often only focused on their own implementation plan, none of them had considered that they were working on resolving the same problem until mapping revealed those synergies. This mapping led to joint work planning sessions with partners to achieve the shared behavioral outcomes. It also gave both the partners and USAID an opportunity to look at the problem of changing behavior holistically, and to make sure that at least one partner was, in fact, covering ALL of the important factors. In this way, USAID and the group of partners working in country could be sure that their efforts added up to more than the sum of the parts.

WORKING WITH THE SENEGAL HEALTH TEAM

The Senegal Health Office had several activities coming to the end at the same time, and they were unsure whether their existing activities were moving the Office towards its goals. ACCELERATE led a behavioral outcomes assessment with Office staff and representatives of implementing partners to determine the extent to which both were focused on achieving the desired behavioral outcomes. The team learned that while many partners were individually doing an excellent job achieving their outputs (i.e., number of providers trained, number of workshops held, number of campaigns conducted, number of clinics rehabilitated, these outputs were not always tied into higher level outcomes, and those outcomes were seldom articulated as improved behaviors. The impact pathways were not clear, which meant that in many cases the inputs needed to change the determinants of behavior were missing. The result was that critical behaviors remained unchanged and health impacts near static. With this analysis the health team realized the importance of having prioritized behavior outcomes and developed theirs for the future. They also saw clearly that all implementing partners needed to share accountability for supporting the achievement of the desired behavioral outcomes.

Figure 6: Sample Output - USAID Kenya's Partner Mapping

Clinic in Khomobole Senegal

ELEMENT 2: *Behavior Integration maps intentional pathways from behaviors to interventions.*

Intentional pathways detail the linkages from the desired behavioral outcome, through the steps needed to carry out the behavior and the factors (barriers and motivators) that influence the behavior, to the supporting actors who must enable the behaviors, to the best practice or innovative interventions to influence these factors. The ultimate result of following the pathways is sustained behavior change. Mapping the pathways requires that the behaviors first be unpacked into their smaller steps (e.g. for caregivers to appropriately manage care for signs and symptoms of pneumonia in children, they must (1) recognize the signs and systems, (2) mobilize transport and other resources, (3) obtain an appropriate diagnosis and prescribed treatment, and (4) adhere to the full course of prescribed treatment). Second, behavioral research and a thorough analysis of the critical factors influencing the behavior needs to be done to understand the development ecosystem and identify structural, social, and internal factors that influence behavior, so that interventions can be selected and implemented that address the critical factors tied to the practice of the behavior. All critical factors that influence the behavior must be considered, and strategies (e.g. products, policies, communication, services, and collective engagement) must be purposefully chosen to have the desired impact. Communication alone seldom lead to sustained behavior change.
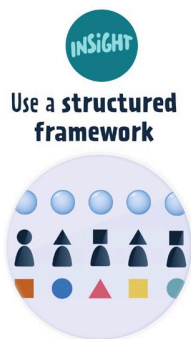
INSIGHT: *A clear, structured, simple framework is essential for consistently creating intentional pathways.*

WORKING WITH THE WASHINGTON PMI TEAM

Work with the Malaria team gave rise to the Behavior Profile Tool and several of its iterations. Four malaria Behavior Profiles were developed and a composite Malaria Behavioral Framework was developed. The malaria Behavior Profiles include ITN use, care for malaria, IPTp, and seasonal malaria chemoprevention. Five Provider Action Profiles were also developed covering testing, treating, tracking, counseling and respect.

WORKING WITH THE WASHINGTON NUTRITION TEAM

The Nutrition team developed Behavior Profiles for those behaviors tied to malnutrition that impact maternal and child survival (wasting and stunting. Twelve Behavior Profiles were completed for nutrition-specific behaviors and three child health profiles were adapted for use in nutrition programming. The nutrition Behavior Profiles included daily intake and diet diversity for women during and after pregnancy and for children, feeding during illness and during recovery from illness, and exclusive and continued breastfeeding, among others.

WORKING WITH THE WASHINGTON NEWBORN TEAM

The Newborn team developed their profiles with the provider as the primary actor, creating Behavior Profiles on how to change provider behavior to achieve skin-to-skin, nurturing care, delayed cord clamping, and comprehensive post-natal care. They provided detailed instructions for how to adapt the Profiles for in-country use.

Figure 7: Malaria ITN Behavior Profile showing intentional pathways.

Figure 8: Nutrition Sample Behavior Profiles

INSIGHT: *When there are clear linkages from the program outcome (defined as a behavioral outcome), to the factors influencing this outcome, to the interventions intended to address the factors, bringing in key actors to drive change, the product is an integrated Results Framework that aligns the work of an entire system to move the needle on the behavioral outcomes and sustainable change.*

WORKING WITH THE WEST AFRICA REGIONAL HEALTH TEAM

Over the course of two weeks, WARHO identified ten priority behaviors, including the traditional (i.e., health providers deliver quality services), the less traditional (i.e., CSOs hold governments accountable), and usually-out-of-project-scope behaviors for the team itself (i.e., Regional Health Officer exerts technical and policy formulation leadership). To develop a cohesive strategy, WARHO developed ten priority Behavior Profiles and synthesized them using the Behavior Summary Tool in a way that allowed the team to see the commonalities across the ten behaviors, and the elements unique to a single behavior. Using the Profile Summaries, the team easily developed a behaviorally-focused Results Framework that grouped behavioral outcomes by their commonalities. As an added benefit, they built a stronger, more cohesive, and effective team.

WORKING WITH THE GHANA MISSION TEAM

Using Behavior Integration and Think | BIG tools, the Ghana Mission developed its new, approved, CDCS and PMP. This was the first time that a focus on the behaviors of key societal actors was used for long term (5-year) strategic planning. The Mission's decision to use this process was influenced by USAID's policy to promote country self-reliance; the reasoning was: What better way to do this than to enable behaviors that support the Government of Ghana's development goals? While the process was a significant re-orientation, especially for sectors such as Economic Growth, which is focused on outputs and market conditions rather than on how actors in the system behave, the concept of Behavior Integration and suite of tools was successfully utilized with Economic Growth, Education, and DRG teams, as well as with Health, Population and Nutrition, the first team in the Mission to prioritize behaviors. Applying Behavior Integration across all sectors had the added benefit of organically integrating behaviors throughout and across Mission technical teams, making traditionally siloed technical work into a holistic integrated framework, and bringing staff who do not normally work together around the table to share accountability for behavioral outcomes.

WARHO health team

Ghana Mission team working on reconstructing their Results Framework

ELEMENT 3: *Behavior Integration defines and tracks behavioral metrics to assess progress along the intentional pathways to provide the rationale for strategic and implementation adaptations.*

Measurable behavioral indicators, defined and used from the beginning, lay the groundwork for accountability and adaptive management. Often insufficient or inappropriate data are used to make decisions, frustrating progress, and wasting resources. While it is important to track output and process indicators, behavioral outcome indicators and indicators for the key factors influencing those behavioral outcomes keep a focus on the change to be achieved and the issues to be overcome or leveraged to achieve that change. Progress measured and tracked along these pathways from outputs to factors to behavioral outcomes offers meaningful and timely information for managing needed implementation and strategy adaptations.

WORKING WITH USAID GHANA, WITH A SPOTLIGHT ON THE HEALTH TEAM

The USAID Ghana Mission's new, approved CDCS Results Framework was designed using Behavior Integration, and, thus, defines all results as behavioral outcomes. The 36 priority behaviors identified across the Mission's Health, Economic Growth, Education and DRG portfolios are the sub-intermediate results (sub-IRs) in the Results Framework. From these 36, 11 groupings were made to form the Result Framework's higher level Intermediate Results (See Figure 7). The Mission's CDCS Performance Monitoring Plan uses behavioral metrics to measure progress —i.e., defining behavioral and factor-level outcomes at the IR and sub-IR level of the Results Framework. Care was taken to align the behavioral outcome measures as much as possible with USAID's F-indicators. When that was not possible, indicators were customized and refined to meet the needs of the Ghana Mission in measuring its progress and success.

 Each technical team wanted to be sure that their specific behavioral priorities and needed metrics were not lost within the high-level synthesized Results Framework. The Mission's Health team, which had led the use of Behavior Integration in the Ghana Mission, integrated behaviors into their portfolio nearly 1½ years before the Mission CDCS work started. Again, they led among the Mission's teams to ensure that critical technical area priorities were not lost in higher-level, composite results. The Health team wanted to retain the specificity of individual health behaviors (e.g., mothers breastfeed exclusively, pregnant women and children sleep under an ITN, and women of reproductive age consume diverse, nutritious diets and its ability to measure them. To align with the higher-level CDCS sub-IR (e.g., citizens adopt healthy behaviors (under IR 1.3 in Fig. 7 while maintaining a focus on specific health behaviors, the team subsumed these sector-specific health behaviors under the sub-IR as sub-behaviors. These sub-behaviors can, therefore, be measured for the specificity needed in activities, and rolled up to define the sub-IR level needed for the CDCS. All behavioral metrics to the sub-behavior level for all Mission teams were incorporated into the approved CDCS PMP.
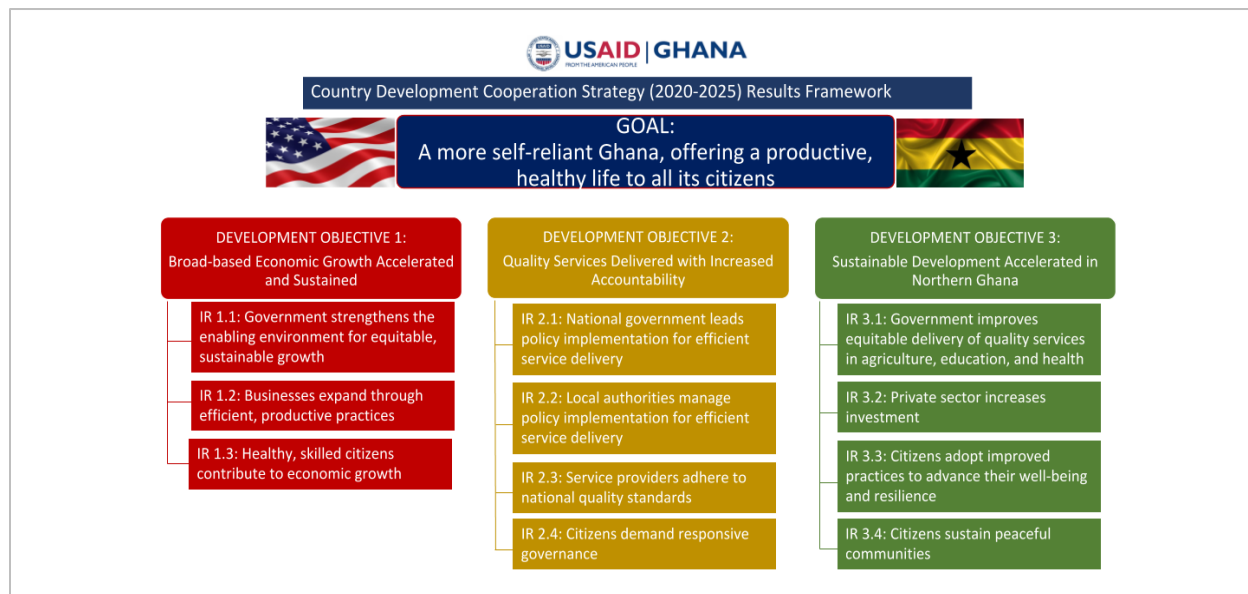
Figure 9: USAID Ghana Results Framework

INSIGHT: *Intentional pathways define a program's theory of change and, when indicators are measured consistently along the pathways, it is easy to spot problems for program re-alignment, maximizing the opportunity for impact.*

WORKING WITH DRG, EDUCATION, AND USAID SOUTH AFRICA

In South Africa, the USAID implementing partner Centre for Communication Impact (CCI) and its local partners used Behavior Integration to develop a behaviorally-focused strategy to reduce school-related gender-based violence (SRGBV). Once the intentional pathways from outcome to intervention were in place, it was clear why it was not enough to measure only an output indicator, such as number of services offered. Factor-level indicators, like increased capacity to provide psychosocial support in schools, showed what challenges needed to be overcome, or advantages leveraged, to achieve that change, and behavioral indicators, such as an increased number of girls seeking support services, showed that most proximal indicator to the needed change that will lead to the desired impact – reduced SRGBV.

In other words, the pathway defines the theory of change: it is necessary for more services to be available to students experiencing SRGBV, but counselors providing these services must have the capacity to support the students' needs, and students must seek help from these services. If each element is not in place having these services won't matter much.

CAPACITY BUILDING ON BEHAVIORAL METRICS

While developing and using factor and supporting actor indicators may lead to more indicators than usual, managers want more information about program progress and behavior change. There continues to be a real thirst for any behavioral metrics-related work and activity, as SBC practitioners at the Francophone SBC Summit in Abidjan can attest. They expressed a strong need for capacity to measure, understand, and learn from their results. At that event, over 100 participants joined a session where they learned, through practical exercises, to read and interpret behavioral data, including factor-level indicators, and considered how they would use them to adapt their programs.
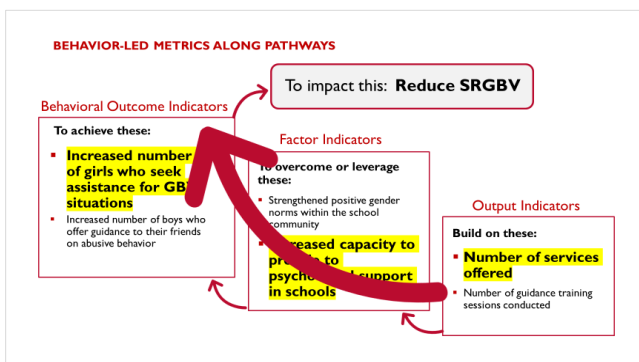

South Africa participants

Figure 10: Behavior-led metrics for the SRGBV

*"This is what we have been needing, a way to track and measure, **and** a means to interpret what we track and what we measure… to adapt."* (Niger participant)

THE FUTURE OF BEHAVIOR INTEGRATION AND THINK | BIG

ACCELERATE leaves a solid foundation from which to build. The foundation is Behavior Integration, a robust new approach to program design and management, which is well-tested and shown to be adaptable across sectors and to user needs at different points in the Program Cycle. As part of this foundation, ACCELERATE leaves a web portal and a suite of Think | BIG tools and resources, available both on- and off-line, to support Behavior Integration. The tools and resources have been developed with users, and refined through their application in various settings. ACCELERATE has shown that the benefits of applying Behavior Integration are four-fold: it centers programming on people and all of their complexity; it defines the intentional pathways between what is required to enable people to practice pro-development behaviors and program actions; it calls for teamwork and enhances accountability by all implementers to shared outcomes, and it defines behavioral outcomes as a meaningful way to measure progress toward development goals.

RIPPLE EFFECTS WITHIN USAID

The next few years will be important to building a fuller understanding of how far and how deeply the Behavior Integration ripples USAID started will extend. Three markers to watch will be:

- The implementation of the Ghana Mission's CDCS, where Behavior Integration was used for strategic development at the very highest level. How will this behaviorally-focused approach impact new Activity designs, and how will those designs impact outcomes? Will the use of behavioral metrics makes a difference in program management?
- The implementation of and subsequent results of South Africa's CCI's strategy to reduce gender-based violence in schools. Will isolating the factors influencing key behaviors, like the use of support services, make a difference? Will tracking progress along pathways allow the program to adapt to unforeseen circumstances during implementation, and lead to better outcomes?
- The continued use of Behavior Integration and Think | BIG among USAID Missions and their technical offices as they build programming that supports host-country self-reliance similar to the Ghana Mission, and as they seek to better align the work of implementing partners similar to the Senegal and Kenya Health Teams. Also important is the extent to which USAID Washington technical teams promote their behavioral priorities and Behavioral Profiles with implementing partners and encourage behaviorally-focused programming in each technical area.

RIPPLES BEYOND USAID

The Manoff Group is committed to broadening and deepening the ripples from ACCELERATE. A broad coalition of partners dedicated to programming centered on people and their behavior in all of its complexity is fundamental, and TMG will foster these alliances. Critical to this future work is:

- The maintenance of a full, open-source portal, thinkbigonline.org, accessible to all. A shared virtual workspace on the website has made virtual facilitation and collaboration possible and productive. Along with maintaining the website, TMG will update and expand the Ideas Library to supply the insights needed to develop behaviorally-focused programs, and will ensure that new Behavior Profiles and adaptations to any of the tools are added as they become available, so that programs can use them as a model for context-specific work.
- Supporting groups that are using Behavior Integration in their work but need to streamline or contextualize it. No process is "one-size fits all" so it is critical to document changes and their outcomes as they take place. Already, off-line tools are being streamlined and enhanced factor analysis is being developed for Behavior Integration's application to entrenched obstacles in health service delivery and immunization coverage.

- Strengthening tools and resources available for particular aspects of Behavior Integration will be important for the strategy development work of Implementing Partners. These include: a) more emphasis on psycho-social factors or important social norms during factor analysis; and b) increased attention to the art of behavior change, i.e. the creativity needed to ensure that recommended activities address the factors in the pathway, resonate and bring that **spark to ignite change. This creativity needs to be cultivated for widespread success.**

While future work in each setting will be different, the application of Behavior Integration is the same – put behaviors upfront as program outcomes, create intentional pathways to change, and assess progress along pathways using behavioral metrics.

End-of-Project Event

Video link:

https://vimeo.com/460183590
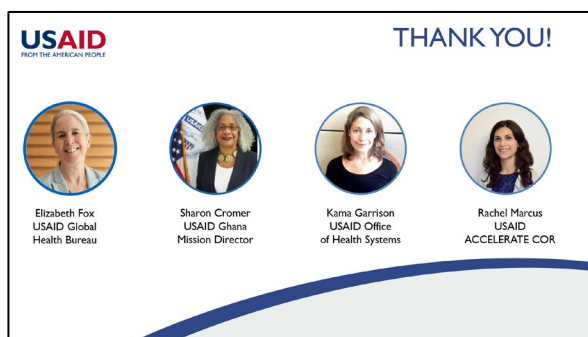
ACCELERATE's USAID leadership
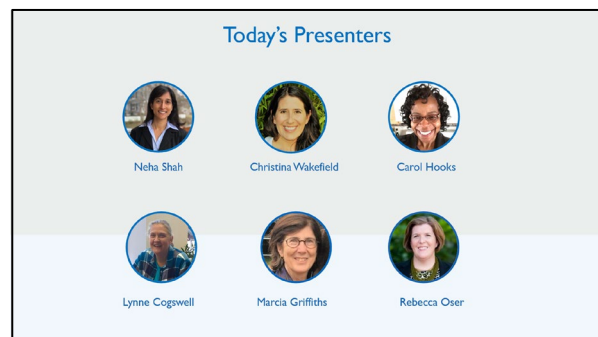
ACCELERATE's End of Project Event presenters

Participants enjoying tai chi to fire up neural pathways

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Behavior Integration

Video link:

https://www.youtube.com/watch?v=tVkYvcHPZmY&feature=youtu.be

A world where all people live health, fulfilling lives is a vision that motivates us all, from community agents to policy makers. While some people see their hard work result in gains, too often improvements are not realized, or sustained. The vision fades.
Why?

Development is complex, because people are at the heart of development, and people are complex. It can seem that the way people behave is random, but behavioral science has much to contribute to understanding influences on behavior.

That's where Behavior Integration comes in--an approach that brings order to this complexity by considering behavioral influences from the outset of program design.

To understand Behavior Integration, imagine human behavior as a magnet with a strong force that attracts certain objects and repels others. When a magnet finds a suitable object, it bonds with it. Drawing near to an unsuitable object, the object will jump away. When a magnet's force is strong, it creates a force field, holding fast, aligning multiple objects.

Human behavior is similar. When motivation is missing and obstacles remain, changing practices is harder. When people are motivated and obstacles have been removed, behaviors are easy to practice. When deciding how to achieve our vision, we have many options. We need the force of the "behavior magnet" to determine the essential pieces and the path forward, or we lose time and money.

Harnessing this behavior force requires us to look at the world through the eyes of the community so that the essential behaviors they need to reach the vision are seen, and the practice supporting or hindering the practice of the behaviors are clarified. By using the "behavior force" to identify and align needed inputs, behavior transformation is possible.

Just as a magnet directs a compass, behaviors guide us in the right direction. Behavior Integration offers the opportunity for programs to use the behavior force from the beginning to attract what's essential, reject what's not, and ensure all the pieces are in place at the right time for the right people to realize their vision.

To learn more about Behavior Integration and its tools, visit thinkbigonline.org or contact The Manoff Group at manoffgroup.com.

Behavior Integration and Think | BIG

Based on TMG's 50 Years of SBC Program Experience + ACCELERATE's Co-Creation Work with USAID

Behavior Integration is a way to design and implement development programs that defines outcomes as specific behaviors required to achieve the development goal. It ensures that behavior is considered along with technical and operational issues in every program element and phase.

Think | BIG (Behavior Integration Guidance) is the process for applying Behavior Integration. Think | BIG provides **guidance and tools** to:

- Prioritize the behaviors most critical to change and establish behavioral metrics.
- Create Behavior Profiles defining logical pathways from desired results (framed as priority behaviors), through the factors inhibiting or motivating practice of those behaviors, to the key supporting actors required to sustain change, and ultimately arriving at the interventions most likely to achieve behavior change.
- Identify commonalities across different behaviors and outcomes and create opportunities for efficiencies in programming.
- Develop program-wide SBC strategies and project-specific behavior change plans.
- Establish and measure behavioral and factor-level indicators.

Importantly:

1) Think | BIG offers a process and tools that cover comprehensive program planning, management, and adaptation. They have proven flexible enough to be applied to a single behavior or issue, and to complex multi-sectoral, large-scale programs.
2) Think | BIG leverages—rather than replaces—formative research, human centered design, best practice design expertise, systems strengthening insights, and opportunities to stimulate innovation.

The Value Add: Why Use Behavior Integration?

- ➤ **Accelerate progress towards desired goals** by focusing on behaviors throughout program design and implementation.
- ➤ **Accelerate behavior uptake** by addressing the WHY of the behavior with the appropriate program actions. This can include, but is not limited to, communication activities, which can have limited effect when siloed from other program inputs such as financing, policies, quality improvement, etc.
- ➤ **Create shared accountability among program partners** by monitoring behavioral outcomes and adapting program activities accordingly.
- ➤ **Maximize program efficiency** by aligning activities to ensure all elements for behavior change are present where and when they are needed.
- ➤ **Increase the opportunity for adaptive management** by tracking behaviors that exhibit early or more rapid change than other outcomes.
- ➤ **Enhance learning about how to support behavior change in different contexts** through tools like the Behavior Profile and Think | BIG enhanced behavioral metrics.

Think | BIG offers guidance and tools to:
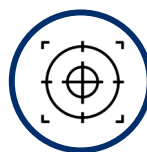
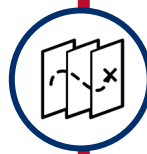**Identify Goal**
Define themes, parameters and desired impact.

Analyze Causes
Identify impediments to achieving the goal.

Prioritize Behaviors
Focus on those behaviors most critical to change to address causes. Identify appropriate phasing of priorities given available resources and other considerations.

Create Pathways
Identify critical factors inhibiting or motivating practice of priority behaviors, key supporting actors and necessary interventions. Ensure appropriate alignment of interventions from all domains.

Apply and Manage
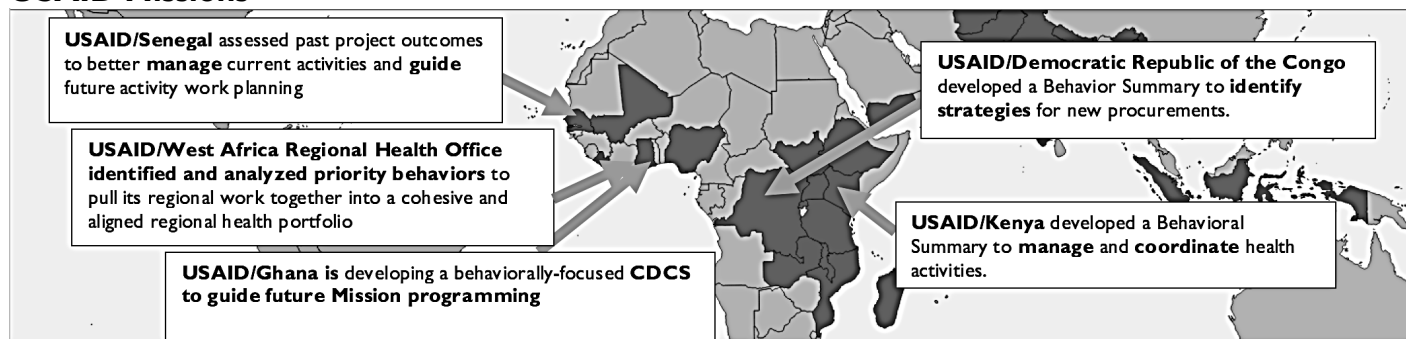Create synergies and efficiencies across behaviors by identifying common factors, actors and interventions.

Track and Adapt
Craft appropriate targets, track key behavioral metrics, and adapt programming as the data indicate.

Experience

USAID Missions

USAID/Senegal assessed past project outcomes to better **manage** current activities and **guide** future activity work planning

USAID/West Africa Regional Health Office **identified and analyzed priority behaviors** to pull its regional work together into a cohesive and aligned regional health portfolio

USAID/Ghana is developing a behaviorally-focused **CDCS** to guide future Mission programming

USAID/Democratic Republic of the Congo developed a Behavior Summary to **identify strategies** for new procurements.

USAID/Kenya developed a Behavioral Summary to **manage** and **coordinate** health activities.

Implementing Partners

Example: WASH for Health, Ghana

- Think | BIG was applied in Project Year 4: behavioral outcomes were defined, behavior profiles and behavior summaries were developed, and each project team's work was aligned to achieve the behavioral outcomes.
- Shared accountability across project teams resulted in dramatic improvements in project outcomes at scale within months. Many districts moved significantly closer to Open Defecation-Free status, and even more difficult indicators showed changes. For example, at the end of Year 3, the practice of handwashing with soap under running water after defecation had increased only 2%. Think | BIG was applied mid-Year 4, and by Year 6 the same behavior saw a further 34% increase.

Key Think | BIG Tools and Resources

①

The Think | BIG website

www.thinkbigonline.org houses a suite of online and offline tools and resources and offers workspace for partners to co-create and collaborate on analysis, strategy development, planning and monitoring.

② TOOLS

- **Prioritize Tool**: guides a process of selecting priority behaviors using epidemiological and contextual data to identify those behaviors most critical to change in order to achieve and sustain a development goal
- **Behavior Profile Creator Tool**: uses a step-by-step approach to incorporate available evidence and insight on a behavior to craft logical pathways to enable change
- **Behavior Summary Tool**: helps users analyze commonalities across different behaviors to identify potential program efficiencies

③ RESOURCES

- Completed **Sample Behavior Profiles** and guidance documents for 50 behaviors in:

  - Global Health

  - Democracy, Human Rights and Governance

  - Economic Growth

  - Education
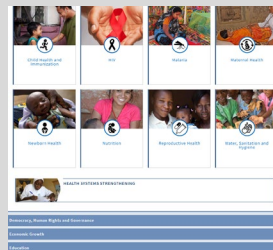
- Dashboards for monitoring behavioral metrics
- Sample **indicators** and **PIRS**
- An **Ideas Library** to help guide application of best practices to different contexts
- A variety of supporting checklists, application guides and resource documents for using profiles and summaries to develop strategies, plans and activities and to ensure quality implementation

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Over the course of implementing ACCELERATE, the project team gained six key insights that helped us identify the essential elements that drive the effectiveness of Behavior Integration.

Element 1: Behavior Integration starts by **putting behaviors upfront**, or defining program outcomes as behaviors, because people and what they do are the best reflection and measure of any development goal.

- **Insight:** A **focus on select priority behaviors** most proximal to the development goal allows for reasoned decision-making about investments

- **Insight: Shared accountability** among implementing partners can result from this focus on priority behaviors

Element 2: Behavior Integration **maps intentional pathways** from behaviors to interventions.

- **Insight:** A clear, simple, **structured framework** is essential for consistently creating intentional pathways

- **Insight: When there are clear linkages** from the program outcome (defined as a behavioral outcome) to the factors influencing this outcome to the interventions intended to address the factors, bringing in key actors to drive change, the product is an integrated Results Framework that aligns the work of an entire system to move the needle on the behavioral outcomes and sustainable change.

Element 3: Behavior Integration **defines and tracks behavioral metrics** to assess progress along the intentional pathways to provide the rationale for strategic and implementation adaptations.

- **Insight:** B**ehavioral metrics** work well for donor-funded programs for monitoring and assessment.

- **Insight:** Intentional pathways define a program's theory of change and, when measured consistently along pathways, it is easy to spot problems for program re-alignment, maximizing the opportunity for impact.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Think | BIG
(Behavior Integration Guidance)

Think | BIG Overview

Behavior Integration is a way to design and implement programs that defines outcomes as specific behaviors required to achieve the development goal. It ensures that behavior is considered along with technical and operational issues in every program element and phase. **Think | BIG (Behavior Integration Guidance)** provides the **tools and resources** to apply Behavior Integration. It has three components: **Focus and Analyze**, **Design and Manage**, and **Track and Adapt**.

DESIGN and MANAGE
Use key behaviors and behavioral analysis to develop strategies and design programs

FOCUS and ANALYZE
Identify and analyze key behaviors that impact the desired goal and delineate the pathways for change

TRACK and ADAPT
Track behavioral metrics, assess pathways and adapt programs over time

STEPS
1. Identify goal
2. Analyze impediments to goal
3. Prioritize behaviors
4. Establish behavioral outcome indicators
5. Analyze behaviors: Factors influencing practice of behavior, key supporting actors and necessary interventions
6. Summarize analysis across multiple behaviors to identify commonalities

STEPS
1. Set behavioral outcome indicators and targets
2. Establish key factor indicators
3. Input custom behavioral outcome and factor data at collection intervals
4. Assess progress along pathways
5. Adapt programs over time

Use this work to Design and Manage and Track and Adapt

Focus and Analyze Tools and Resources

- Prioritization Tool
- Behavior Profile Tool
- Behavior Summary Tool
- Ideas Library

Design and Manage Resources

- Translate Behavior Profiles and Behavior Summary into a Results Framework
- Behavior Integration Sample Language
- Quality Checklist for Proposals
- Quality Checklist for Workplans and Monitoring Plans
- Map and Coordinate Partner Activities
- Manage Activities using Behavior Profiles and Behavior Summary
- Behavior Integration Principles for Portfolio Development

Track and Adapt Tools and Resources

- Set Targets Tool
- Custom Data Entry Tool [includes Custom Behavior and Factor Indicator Entry]
- Behavioral Data Dashboard
- Factor Data Dashboard
- Country Data

Why use Think | BIG?

⇒ Think | BIG offers practical guidance, tools and resources for program planning, management, and adaptation using the Behavior Integration approach. It is proven to be flexible enough to be applied to both a single activity, and to complex multi-sectoral, large-scale programs.

⇒ Think | BIG leverages—rather than replaces—formative research, human centered design, best practice design expertise, systems strengthening insights, and opportunities to stimulate innovation.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Acceleratorbehaviors.org is a website created by ACCELERATE to ensure that all of the project's tools, resources, and guidance were available to USAID staff on a single platform, which met USG security requirements and allowed for password-protected collaborative work by Mission teams.

USAID ACCELERATE Website and Interactive Tools
https://acceleratorbehaviors.org/
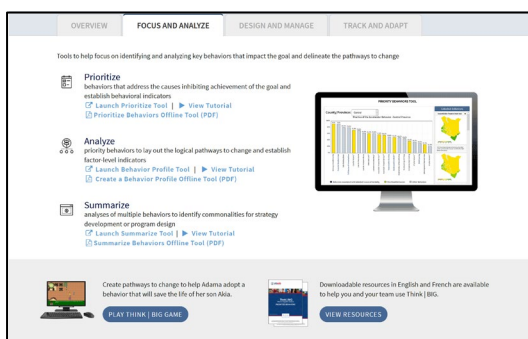
Focus and Analyze tools and resources landing page
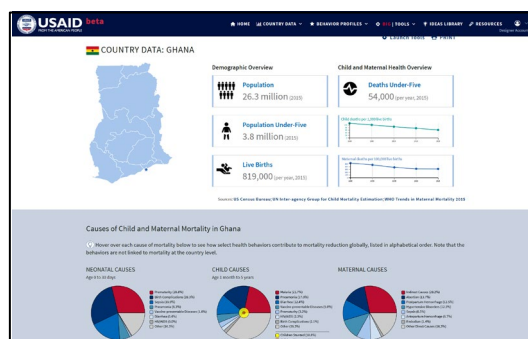
Ghana's country data landing page
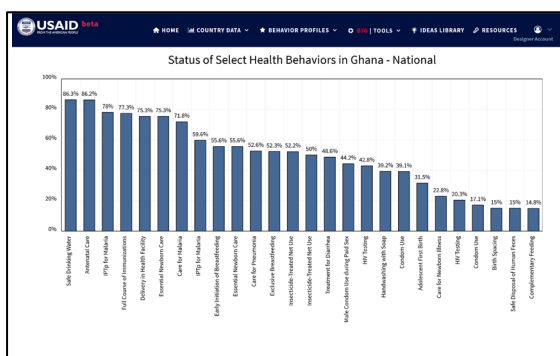
Country Health Behaviors data display
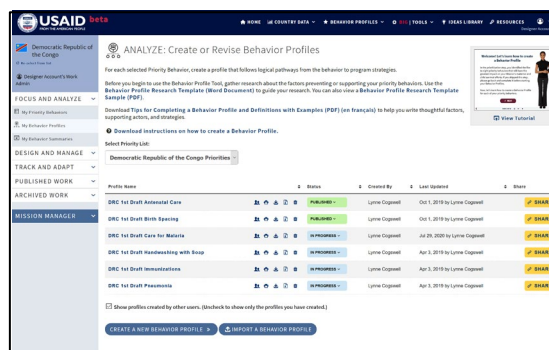
Sample workspace showing list of country Behavior Profiles

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Thinkbigonline.org is a website created by ACCELERATE to ensure that all of the tools, resources, and guidance available through the project's USAID-only website are available to any partner or donor who is interested in using them.

Features of thinkbigonline.org include:

Tools, including:
• The **Prioritize Tool** which guides a process of selecting priority behaviors using data
• The **Behavior Profile Tool** which uses a step-by-step approach to incorporate available evidence and insight to craft logical pathways to enable change
• **Behavior Summary Tool** to analyze commonalities across behaviors to identify potential synergies and areas needing targeted focus
• **Set Targets Tool** to help program planners set realistic and informed targets
• **Custom Data Entry Tool** which allows programmers to input their own country-specific behavior and factor data – at the national and regional levels – for all program indicators

Resources, including:
• Completed **sample Behavior Profiles** and guidance documents for 50 behaviors in:
    - Global Health
    - Democracy, Human Rights and Governance
    - Economic Growth
    - Education
• **Dashboards** for monitoring behavioral metrics
• Sample **indicators** and **PIRS**
• An **Ideas Library** to help guide application of best practices to different contexts
• A variety of **supporting checklists, application guides and resource documents** for using profiles and summaries to develop strategies, plans and activities and to ensure quality implementation

And a fun and interactive **game** that enables players to learn more about using Behavior Integration to achieve better outcomes.
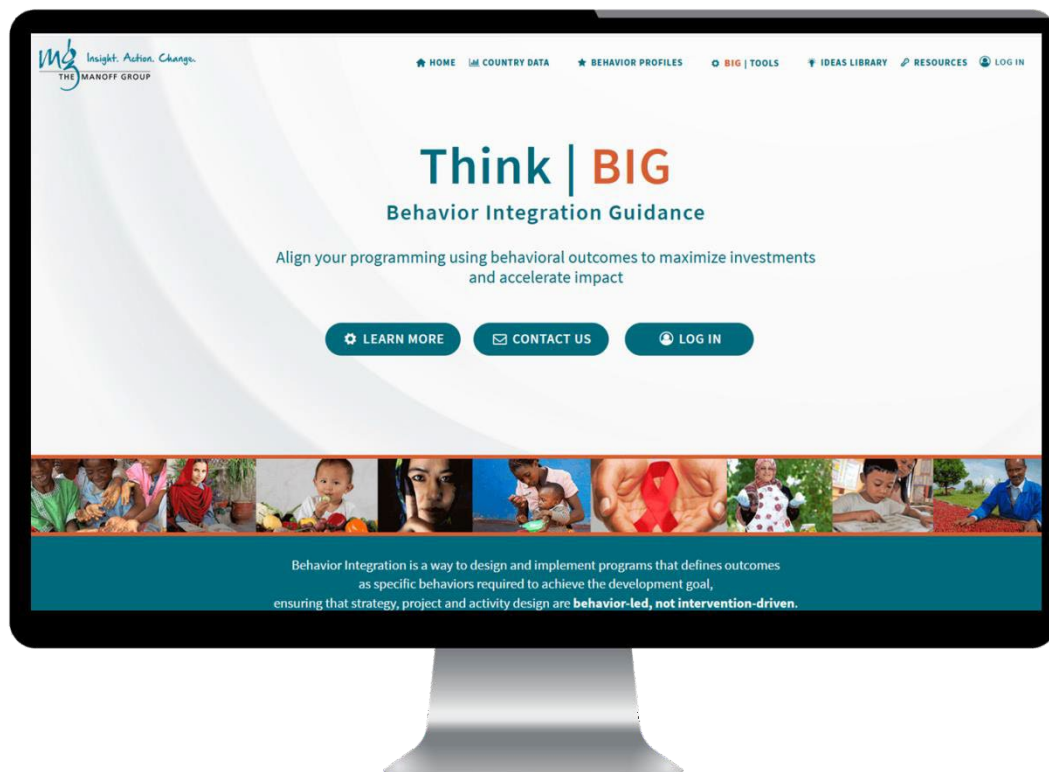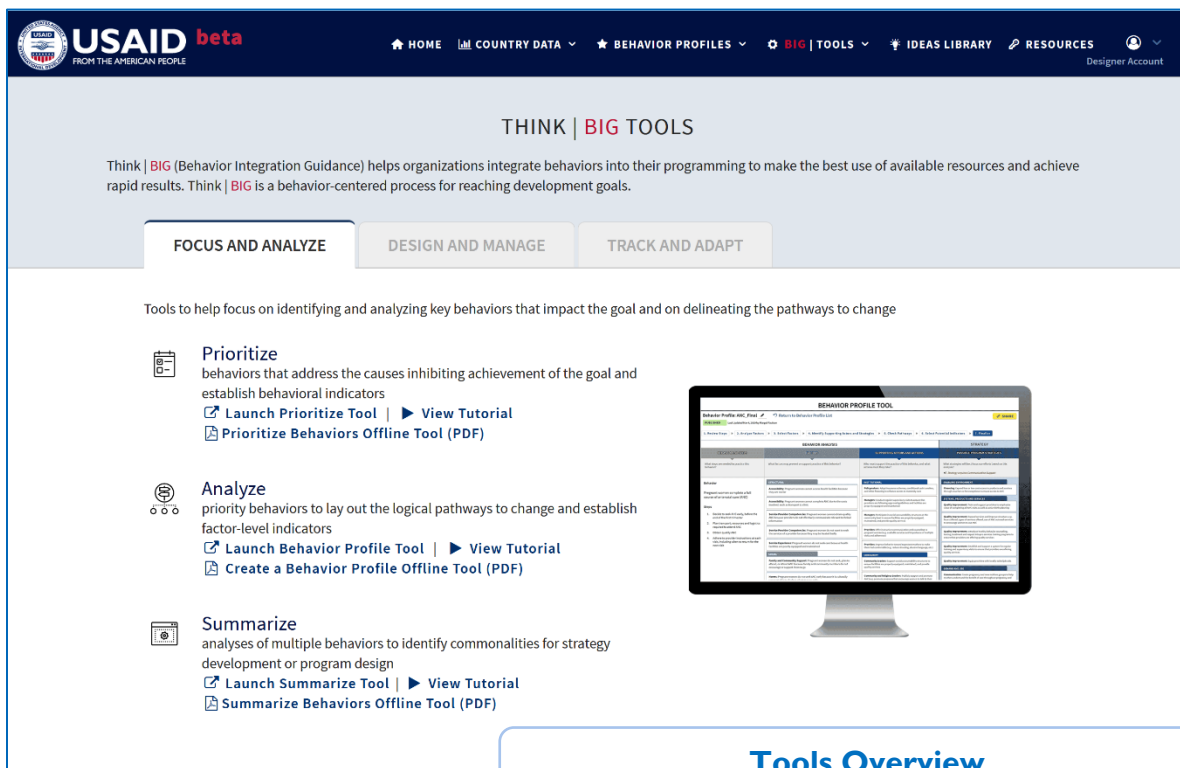
Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Think | BIG
Tools and Resources

Think | BIG Online-only Tools and Resources

Tools Overview
https://thinkbigonline.org/tools

Key Think | BIG Tools

✓ **Behavior Prioritization Tool**
Uses quantitative data to guide prioritization and strategy selection

✓ **Behavior Profile Tool**
Captures the analysis of qualitative data for each priority behavior

✓ **Behavior Summary Tool**
Facilitates synthesis of substantial datasets with assistance from machine learning to identify commonalities

✓ **Set Targets Tool**
Uses data and standard formulas to assist users in establishing realistic targets

✓ **Data Entry Tool**
Allows users to input data from additional data sources, including their own research

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Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Resources in English

https://thinkbigonline.org/resources

Resources in French

https://thinkbigonline.org/resources_french

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Think | BIG Resources:
Sample Behavior Profile

The Behavior Profile tool, available both online and as a downloadable document, captures the analysis of qualitative data for each priority behavior. It allows teams to map the pathways from priority behaviors, through the factors and supporting actors and actions impacting those behaviors, to appropriate strategies.

Sample ITN Behavior Profile with Pathway Highlighted

BEHAVIOR PROFILE: INSECTICIDE-TREATED NET USE

HEALTH GOAL
1. Reduce malaria mortality by one-third from 2015 levels in PMI-supported countries, achieving a greater than 80 percent reduction from PMI's original 2000 baseline levels. 2. Reduce malaria morbidity in PMI-supported countries by 40 percent from 2015 levels.

BEHAVIOR
Population sleeps under an insecticide-treated net (ITN) correctly and consistently

- Percentage of pregnant women who slept under an insecticide-treated net (ITN) the night before the survey
- Percentage of children under age five who slept under an insecticide-treated net (ITN) the night before the survey

BEHAVIOR ANALYSIS			STRATEGY
BEHAVIOR AND STEPS	**FACTORS**	**SUPPORTING ACTORS AND ACTIONS**	**POSSIBLE PROGRAM STRATEGIES**
What steps are needed to practice this behavior?	What factors may prevent or support practice of this behavior?	Who must support the practice of this behavior, and what actions must they take?	What strategies will best focus our efforts based on this analysis? 📢 *Strategy requires Communication Support*
Behavior Population sleeps under an insecticide-treated net (ITN) correctly and consistently **Steps** 1. Acquire sufficient ITNs to cover every sleeping space 2. Hang ITNs appropriately 3. Retreat, repair, or replace the net as needed	**STRUCTURAL** **Accessibility**: Populations cannot access ITNs because ITNs are unavailable. **SOCIAL** **Norms**: Populations do not sleep under ITNs because malaria is considered normal and unavoidable. **Norms**: Some populations do not sleep under ITNs when there is insufficient supply as they are not prioritized. **INTERNAL** **Attitudes and Beliefs**: Populations do not sleep under ITNs because they fear possible adverse outcome from insecticides. **Attitudes and Beliefs**: Populations do not sleep under ITNs because ITNs make them hot or uncomfortable, especially during the hot season. **Knowledge**: Populations do not acquire or use ITNs because they do not know when or how to do so. **Knowledge**: Populations do not sleep under ITNs because they do not understand the benefits of using an ITN to prevent malaria.	**INSTITUTIONAL** **Policymakers**: Add local requirements for ITNs (i.e. color, length, shape preference, hanging considerations) to the procurement process. **Managers**: Couple distribution of ITN with counseling and ongoing monitoring of correct and consistent use, especially in non-permanent sleeping spaces (such as outside, kitchens, etc.) **Logistics Personnel**: Use available tools (e.g. NetCALC) to ensure sufficient supply of ITNs for mass and continuous distribution. **Providers**: Counsel caregivers on the use of ITNs in traditional and non-traditional settings. **COMMUNITY** **Community and Religious Leaders**: Advocate for correct and consistent use of ITNs, especially in non-permanent sleeping spaces (e.g. outside, kitchens, etc.) **HOUSEHOLD** **Family Members**: Obtain, hang, and ensure everyone, especially pregnant women and children under five, sleeps under an ITN.	**ENABLING ENVIRONMENT** **Financing**: Monitor and ensure continuous availability of free nets to ensure that the most vulnerable populations have access to ITNs. **Policies and Governance**: Ensure accountability of health care providers, facilities, and system (e.g. availability of commodities, quality of services, adherence to protocols, etc.) to ensure that targeted population has access to ITNs. **SYSTEMS, PRODUCTS AND SERVICES** **Products and Technology**: Procure ITNs based on housing and population needs to ensure that targeted population has access to ITNs. **Supply Chain**: Procure and distribute adequate ITNs for mass campaigns and routine distribution channels including at antenatal care and EPI visits to ensure that the most vulnerable populations have access to ITNs. **Quality Improvement**: Prioritize the importance of proper procurement, distribution and counseling with providers during in-service training, supportive supervision pre-service training. **DEMAND AND USE** **Advocacy**: Leverage community data to motivate communities and to create social accountability for ITN use. **Communication**: Employ appropriate SBCC activities to reinforce caregivers' knowledge on the importance, efficacy, and benefits of ITN use. **Collective Engagement**: Engage community members in local ownership of malaria control efforts to ensure community access to ITNs.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Think | BIG Resources:
Ideas Library

The Think | BIG Ideas Library is a searchable repository of examples of work from around the world that have successfully addressed or leveraged one or more critical factors required to enable behavior change. The Ideas Library invites users to find inspiration for their own behavior change strategies from amongst these nearly 200 examples, which were culled from the literature over the life of the ACCELERATE Project. The Ideas are organized by the type of critical factor they address—structural, social, or internal. Each Idea highlights a "big idea" to come out of the work, defines the behavior's logical pathway that was followed to identify the appropriate strategy, and summarizes the impact of the strategy once implemented. And each one links back to the original source material from which the example was identified.
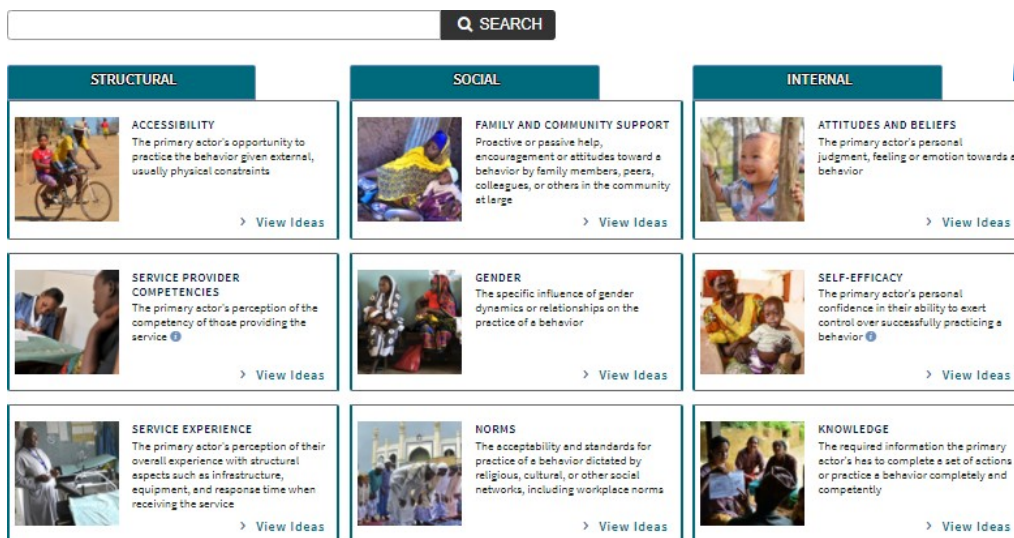
Figure 1: The Think | BIG Ideas Library Homepage
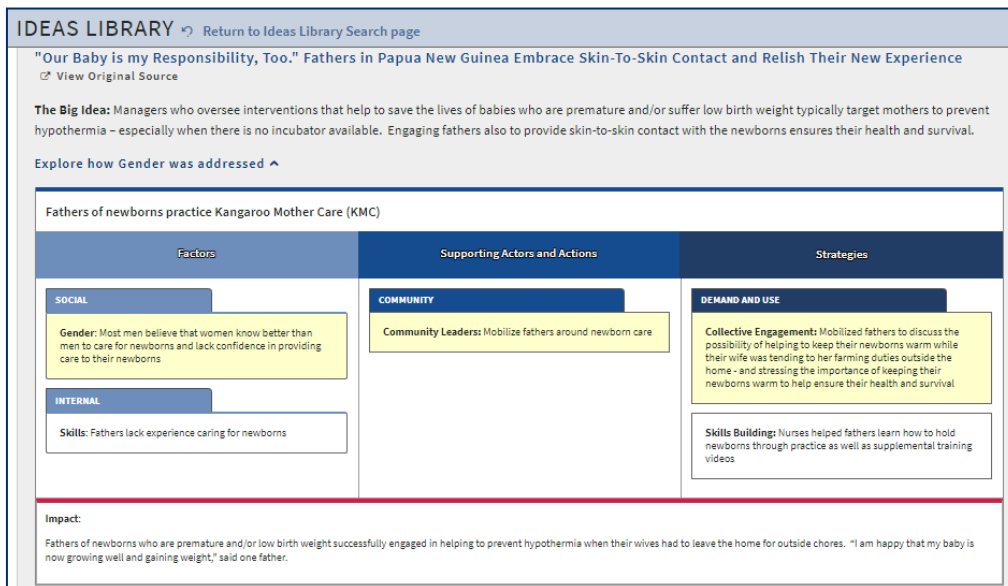
Figure 2: Sample Entry from the Ideas Library

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Think | **BIG** Resources:
Think | **BIG** Game

Adama's son Akia is suffering from a high fever.

1. Want to have fun while developing intentional pathways to better health outcomes for Adama and Akia?
2. Want to examine the factors – barriers and motivators – influencing Adama's choices as she tries to help Akia?
3. Want to determine who can support Adama to be able to better adopt and sustain a priority behavior to help Akia get better and stay healthy?
4. Want to understand how to create linkages from a priority behavior to appropriate strategies to help Adama?

If you said "YES" to any of the above questions, the Think | BIG game is for you!

The Think | **BIG** game is a fun, engaging, interactive way for you to learn more about how to create intentional pathways to better outcomes once you put behaviors upfront in your programming.

The Think | **BIG** game will allow you to:

- Order the **STEPS** required to adopt the priority behaviors that will allow Adama to help Akia.
- Collect the **FACTORS** - barriers and motivators - most critical to overcome or leverage in order for Adama to adopt the priority behaviors.
- Pick **SUPPORTING ACTOR ACTIONS** most influential in overcoming or leveraging these factors.
- Spend your money wisely on appropriate **STRATEGIES** to carry out.
- Connect the linkages along your intentional pathways.
- Hear the results of your work for Adama and her son!

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com
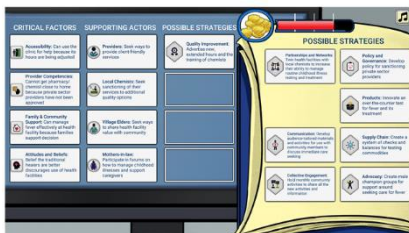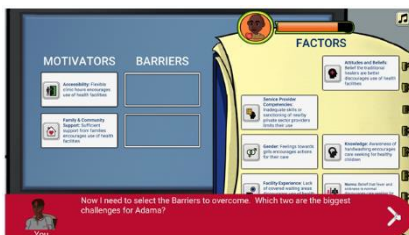
PLAY NOW!

Background:

Behavior Integration requires analyzing factors influencing priority behaviors using qualitative data, and then analyzing the factors often across multiple behaviors to find similarities and differences important to draw out in the strategy. Because of the volume of data involved, conducting this cross-analysis can be burdensome. Machine learning (ML) is the scientific study of algorithms and statistical models that computer systems use to perform a specific task without using explicit instructions, relying on patterns and inference instead. ACCELERATE leveraged ML to summarize research done on factors influencing a program's priority behaviors to identify patterns and commonalities, ultimately assisting programmers with strategy development. ACCELERATE's ML-powered Summarize Tool allows health programmers to quickly deal with several behaviors at once and synthesize qualitative data on factors, supporting actors and strategies influencing these behaviors to develop a strong behaviorally-focused strategy. The Summarize Tool has been used successfully to create both a broad development strategy as well as more focused project strategy.

Key Activities and Outputs:

As ACCELERATE's USAID partners began using Think | BIG by identifying priority behaviors and then creating Behavior Profiles for each, it became clear that the synthesis across Profiles to identify areas of commonality among them or unique needs within them was necessary to create cross-cutting behavioral programming. With each team typically identifying eight to twelve behaviors, each with 64 to 96 different critical factors affecting adoption of these behaviors, this synthesis was time-consuming and difficult. ACCELERATE created the Summarize Tool using ML to pull qualitative data from previously-analyzed priority behaviors. The Summarize Tool can pull the information from any number of analyzed behaviors and group factor, supporting actor and strategy information according to the behavioral typology algorithms it has been trained to use. As the tool gathers more information, it learns to improve its sorting and grouping ability. The tool also allows for merging of information once appropriate groupings have been determined. ACCELERATE's ML-based Summarize Tool has been used by the USAID West Africa Regional Mission (WARHO), by all technical offices in the USAID Ghana Mission, and by a USAID-funded project in Ghana.

WARHO use of the Summarize Tool allowed the team to identify factors that cut across priority health, development, and WARHO team behaviors in less than half a day, and to apply this thinking to a behaviorally-focused five-year sub-strategy. USAID Ghana used the Summarize Tool to develop a fully-integrated, behavior-focused CDCS Results Framework, with all teams aligned to common behavioral goals across all technical areas. And the USAID-funded project in Ghana used the Summarize Tool to easily add new behaviors to an existing strategy late in the project.

Key Learning:

Using a ML tool saves time. It allows programmers to process large sets of qualitative data critical to ensuring behaviors are adequately represented in less than one minute, instead of the several hours it would take to accomplish this manually. But more importantly, ML provides the space and time for the critical thinking essential to a program that will achieve behavioral outcomes. ML should be used to take behavioral programming to the next level by simplifying the complex process of analyzing multiple behaviors, often across multiple sectors, into one cohesive strategy.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Think | BIG in Action:
Adaptations from USAID Advancing Nutrition

Adaptation 1

Website link:

https://www.manoffgroup.com/wp-content/uploads/Think-BIG-in-use_Advancing-Nutrition-1.pdf

Adaptation 2

Website link:

https://www.manoffgroup.com/wp-content/uploads/Think-BIG-in-use_Advancing-Nutrition-2.pdf

Adaptation 3

Website link:

https://www.manoffgroup.com/wp-content/uploads/Think-BIG-in-use_Advancing-Nutrition-3.pdf

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ACCELERATE Team

Insight. Action. Change.

THE MANOFF GROUP

The Manoff Group (TMG)

TMG, as the pioneer of Behavior-centered Programming, brought an approach that puts behaviors up front in program design considerations and uses behavioral research and analysis to guide program strategy development, implementation, and monitoring. With more than 50 years implementing creative communication programming, TMG knew that to promote behavior change, policies, provider competencies, and even physical infrastructure can influence the successful uptake of critical behaviors as much as supportive communication.

Howard Delafield International
contributed innovative behavior change approaches guided by corporate marketing and consumer-driven insights.

OneWorld UK
offered cutting-edge applications for the tracking of behavioral data and use of natural language machine learning to simplify behavioral analysis.

Social Impact
brought a keen understanding of USAID performance indicators and rigorous program monitoring.

Sonjara's
information technology expertise and user-driven web design led to a sustainable, open-data friendly website and tools.

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Activity Synopses

USAID 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:

The DRC Mission Health Office 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.
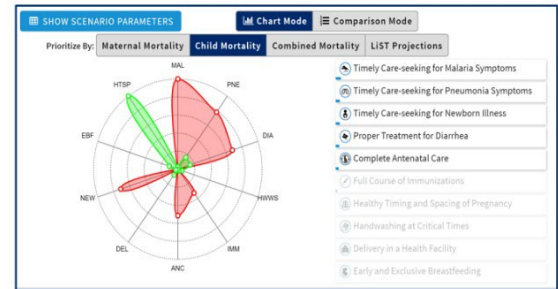

Figure 1: Sample Epidemiological Data

Key Activities:

Working together, ACCELERATE and the DRC Health office 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 3). As part of this process, ACCELERATE conducted a workshop

Figure 2: Workshop Material
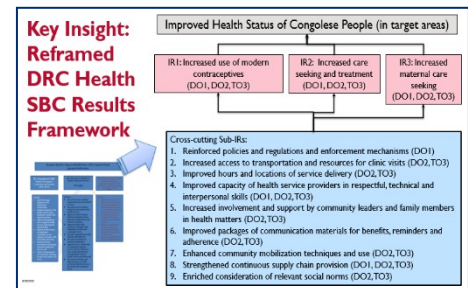
Figure 3: Alignment with CDCS and PMP

defining SBC for the full Mission (Figure 2). 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:

Together, ACCELERATE and the DRC Health Office 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.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Southern Africa Democracy, Human Rights and Governance
May to August 2020

USAID Lead: USAID Washington Democracy, Human Rights and Governance (DRG) Learning Center
Partners: Masiphephe Network, led by Centre for Communication Impact (CCI), funded by USAID's Southern Africa DRG Office and the USAID DRG Human Rights Grants Program; Research partner University of Cape Town Gender, Health and Justice Research Unit; and community partners Agisanang Domestic Abuse Prevention and Training (ADAPT), Gugu Dlamini Foundation, Project Support Association Southern Africa (PSASA), and Sonke Gender Justice.

Background:

An upcoming school-based sexual assault prevention activity was focused on achieving interventions (in this case, capacity building) rather than behavior change, and gender-based violence (GBV) mitigation over prevention..

Key Activities:

Working together, ACCELERATE, CCI and its partners, and USAID Southern Africa's DRG and Education teams refined the goals and objectives of the activity to reflect a behaviors-first approach. Then the team identified impediments to reaching the goal, and ACCELERATE conducted desk research to confirm them. Using that research, the teams determined the priority school-based sexual assault prevention behaviors to foster in order to overcome impediments to the goal.

ACCELERATE then conducted desktop research to analyze the priority behaviors, enabling CCI and partners to identify critical factors they could address or leverage to increase practice of the prioritized behaviors, and the supporting actors and intervention through which they could do it. This analysis is represented in 10 complementary Behavior Profiles that together reflect the roles of the entire school community – manager, teachers, support staff, and learners and define logical pathways to change. Along the way, ACCELERATE and CCI established behavioral outcome and factor-level indicators and recommended methods for measuring them. After summarizing the profiles to identify cross-cutting and unique factors, supporting actors, and interventions, the team developed a behaviorally-focused strategy CCI and its partners will implement in six sites in three provinces.

Because of travel restrictions resulting from COVID-19, all of this work was carried out via video conference and co-collaboration on a shared virtual workspace located on ACCELERATE's partners' website, with the US and South Africa-based teams never meeting face-to-face.

Key Learning:

Co-collaborating with an implementing partner instead of USAID was a unique experience under the ACCELERATE project. While USAID's focus is usually more on strategy (i.e., overarching plan or strategy), an implementing partner's role is more tactical (i.e., implementation plans). Think | BIG proved a useful tool for bridging the divide from strategy to implementation. Another key difference is that implementing partners, because they are working directly with local groups and populations, are more in touch with factors affecting behavior change locally. Think | BIG helped provide evidence for partner observations, and to bring out factors they might not be aware of but should consider. Finally, USAID tends to start out thinking in terms of their internal organizational structures, whereas implementing partners' perspectives make it easier for them to readily see the broad systems of influences, influencers, and interventions needed to enable change.

Key Outputs:

The team developed a behaviorally-focused Masaphephe Network Schools Programme Strategy, including M&E Plan, based on the 10 priority Behavior Profiles.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Ghana Health
March 2017 to March 2018

USAID Lead: USAID Ghana Mission Health Office
Partners: Ghana Mission Health Office and the USAID Washington SBC team members
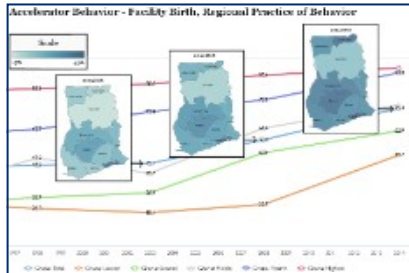

Figure 1: Uptake by Regions

Background:

USAID Ghana's Health Office wanted to do more behaviorally-focused, integrated work as they moved into the future. In anticipation of the start of the Mission's CDCS redesign process, the Health team asked ACCELERATE to help them use a focus on behaviors to reframe and integrate their work, and to enable them to move quickly in developing their recommendations for the health portion of the Mission's planning process.

Key Activities:

Together with ACCELERATE, the Ghana Health team refined its health goal; re-examined the causes inhibiting this goal; prioritized 11 behaviors based on an epidemiological and situational analysis (Figure 1); conducted desktop research into these 11 priority behaviors, creating intentional pathways to change for each behavior; detailed behavioral metrics for each priority behavior; summarized the commonalities and differences across these 11 priority behaviors, creating a broad intentional pathway to change across all behaviors; developed a behaviorally-focused health sub-strategy Results Framework (Figure 2) based this broad pathway; mapped the existing activities against those recommended by the pathways (Figure 3); and designed sample activities based on the mapping and pathways.
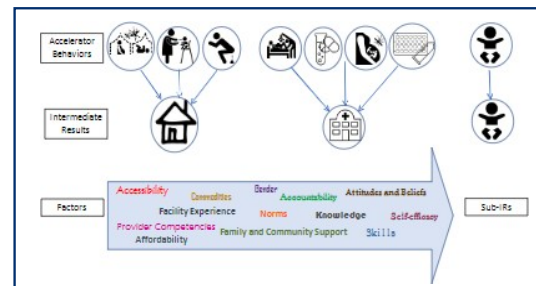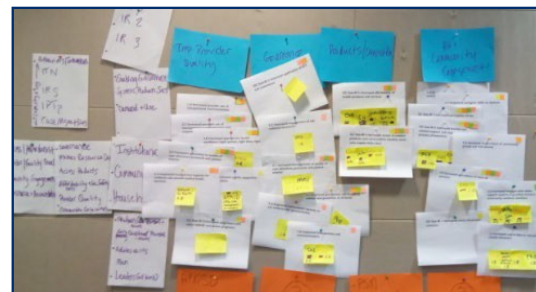

Figure 2: Pictorial of Results Framework

Figure 3: Mapping Existing Activities to Pathways

Key Learning

Together the teams learned that to achieve the desired goal (1) focus is a MUST to maximize resources and the impact of activities; (2) starting with behaviors upfront organically yields integration across units within the health team; and (3) that all implementing partners must have shared accountability for the behaviors to avoid redundancies and working at cross-purposes.

Key Outputs:

Key team outputs comprised a behaviorally-focused Results Framework and a health sub-strategy narrative; behavioral outcome indicators for each priority behavior, and a sample of how all behavioral information could be applied to a behaviorally-focused activity design.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Ghana Mission
July 2018 to August 2020

USAID Lead: USAID Ghana Mission Director and Program Office
Partners: All USAID Ghana technical teams, including the Health, Population, Nutrition Office; the Economic Growth Office; Democracy, Human Rights, and Governance Office, and the Education Office.

Background:

The USAID Ghana Mission Director, aware of ACCELERATE's ongoing work with the Ghana Health team, requested that ACCELERATE use Behavior Integration to guide the Mission's CDCS development. She hoped using a behavioral lens to ensure appropriate and strategic cross-sectoral collaboration, learning and adaptation across the Mission would maximize investments and accelerate progress toward development goals. Led by the Program Office, this work brought together all 85+ staff from the Mission, including Front Office, Program Office, Office of Acquisition & Assistance, Finance, Monitoring & Evaluation, and all four technical teams in a first-ever collaborative creation of the CDCS Results Framework.

Key Activities:

Together, ACCELERATE and the Mission team worked through the process of developing and implementing a CDCS using Behavior Integration. First, the teams held a Mission-wide planning workshop to establish a shared understanding of Behavior Integration, the CDCS development process, and the importance of strategic integration across technical areas. They developed a Mission-wide list of priority behaviors to be measured using behavioral outcome indicators, and drafted a Mission-wide integrated Results Framework, using behaviors as the development results the Mission is seeking to achieve. After building consensus with key stakeholders and implementing partners on the Mission's new strategy and behavioral outcomes, the Mission began working to incorporate behavioral outcomes and intentional pathways for change into project and activity design. Finally, ACCELERATE facilitated the development of the Mission's Performance Management Plan using behavioral outcomes and factor-level outcomes to measure progress.

Key Learning:

The Mission and ACCELERATE teams learned two important facts over the course of this co-collaboration. First, working collaboratively to establish the Mission's overall goal and priority behaviors across all four technical areas builds ownership and buy-in to the CDCS from the beginning, making shared accountability a natural part of future project and activity design. And second, a CDCS Results Framework in which the expected results are framed as behaviors provides a clear and purposeful pathway to support a country's journey to self-reliance.

> "Ultimately, changing behaviors offers the best chance for catalyzing and sustaining Ghana's own self-reliance, as it requires full participation, engagement and ownership by individuals. Think | BIG is inherently a participatory process which requires addressing the core constraints to development and provides meaningful outcomes directly linked to impact."
>
> **Sharon Cromer**
> **USAID/Ghana Mission Director**

Key Outputs:

The behaviorally-focused and strategically integrated USAID Ghana CDCS was approved in August 2020. In the same month, the Mission's Performance Management Plan based on behavioral outcome indicators and factor-level indicators was submitted for approval. Mission staff began using behavioral outcomes and their completed Behavior Profiles and Behavior Summaries to design upcoming projects and activities.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Lead and Partners: USAID Kenya Health Office staff

Background:

The USAID/Kenya Mission Health Office had made a commitment to fostering coordination and collaboration among its partners and within its own internal teams. Still, most of the portfolio was significantly siloed. There were many different partners working on similar issues and, ultimately, similar behaviors. Without logical pathways from desired outcomes to interventions to guide activities, it was difficult to identify the points along those pathways for meaningful collaboration amongst them.

Key Activities:

First, ACCELERATE conducted a landscape analysis with all the key partners in the Health Office's portfolio to better understand the priorities of each and the challenges to both collaboration and progress that each partner faced. Then, together with the USAID Kenya Health Office team, ACCELERATE identified a number of the most critical behaviors in different counties to focus on across the portfolio, using ACCELERATE's Prioritization Tool and locally available data. For each behavior, the teams then worked to collect and analyze local research to create Behavior Profiles, which were then validated with both county government stakeholders as well as all implementing partners working on the issues. Finally, ACCELERATE supported the Health Office team's analysis of the efforts of all the partners, across all critical behaviors, to identify opportunities for collaboration based on where there were similar efforts, work and outcomes.

Key Learning:

The work in Kenya demonstrated the immense value of summarizing across Behavior Profiles as a means to determine the specific areas for collaboration and coordination among partners or within a singular portfolio. It also demonstrated the difficulty in executing this task by hand, as the volume and complexity of information contained within multiple Behavior Profiles becomes significant. This led to the creation of the Behavioral Summary Tool, which harnessed the power of machine learning to group the information in selected profiles so it could be better analyzed and organized by stakeholders. In addition, the work in Kenya revealed the value of the entire process to local level government stakeholders, who understood the tool could allow them to both better strategize and plan their own investments as well as provide a platform from which to coordinate the many implementing partners and donors doing work on their behalf in their regions.

Key Outputs:

Key team outputs included eight Behavior Profiles for identified priority behaviors, validation of those Profiles at the county level with key stakeholders, and a Behavior Summary for all behaviors that recommended areas for coordination and collaboration among USAID partners working in Kenya.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID 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 WAHRO 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.

> **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.

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.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Lead and Partner: USAID Zambia Health Office Social and Behavior Change Advisor

Background:

The SBC Advisor embedded within the USAID Zambia Mission faced challenges in ensuring that SBC activities were appropriately integrated and represented across the many different activities within the Mission's health portfolio. Zambia had traditionally funded its SBC work through bi-lateral awards for social and behavior change communications. The SBC Advisor, however, realized that without better focusing on behavioral objectives, and shared accountability for achieving those objectives across the entire health portfolio, progress would be hampered.

Key Activities:

With only minimal technical assistance from the ACCELERATE team, the SBC Advisor in Zambia identified several high-priority behaviors, on which slow or insufficient progress had been made. These included the behaviors "Sexually active adolescents use a modern contraceptive method to delay first birth until after age 18" and "Urban adolescent girls, age 15-19, use a modern contraceptive method to delay first birth." For each of these, the Advisor created a detailed Behavior Profile to help her identify and understand the challenges Zambian partners were facing in achieving progress. She used these Profiles to support colleagues across the Mission to better coordinate and bring partners together around the priority behaviors, to ensure that all the necessary factors were being addressed by the various Mission activities.

Key Learning:

The Zambian experience revealed that the Think | BIG online set of tools and processes could be used with minimal support from the ACCELERATE team. It was flexible and user-friendly enough to support and strengthen the specific challenges and needs of individual USAID Mission staff.

Key Outputs:

Key outputs included a set of Behavior Profiles focused on increasing voluntary family planning by different adolescent population segments in Zambia, which were used to facilitate the SBC Advisor's support to other Mission technical teams.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

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

Background:

The USAID 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.

Figure 1: Behavior Integration Principles

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 2: Standard 3 Scoring

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 Results Framework--and subsequently the implementing partner strategy framework--need to be made clear upfront. The teams also learned 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.

Figure 3: Clinic in Khomobole, Senegal

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Lead: USAID Global Health Bureau, Nutrition Social and Behavior Change (SBC team
Partners: Members of the Nutrition SBC team from the Bureau for Humanitarian Assistance and the Bureau for Resilience and Food Security

Background:

Recognizing the significant contribution of malnutrition to mortality, the Nutrition SBC team at USAID's Global Health Bureau wanted to give more prominence to nutrition behaviors within health programming. They recognized a need for consensus on the key behaviors and guidance to help program managers navigate the complexity of improving these behaviors. Important to the team was demonstrating that: 1 many nutrition behaviors as routinely stated (eg. complementary feeding are a composite of multiple behaviors, each with different influencing factors; and 2 a system-wide program strategy to address these factors is necessary to achieve results.

Key Activities:

Working together, ACCELERATE and the USAID teams started by defining the activity goal: to identify the behaviors that most directly impact malnutrition (wasting and stunting) contributing to mortality. Reviews by the Lancet, Cochrane Reviews, and other meta-analyses, led to five nutrition-specific behavior clusters. For each, the team isolated the individual behaviors --such as feeding appropriate amounts of food or a diversity of foods under complementary feeding.

Fifteen behaviors were identified and agreed upon.

Click for the 15 Behavior Profiles

Next, drawing from recent published and grey literature, the team developed 15 Nutrition Behavior Profiles which bring together the factors and actors influencing the behavior and connect pathways between these elements and illustrative strategic action(s which address the factors. These pathways establish the logic behind why a particular strategic action would be needed in a program. Finally, the team identified behavior outcome indicators for each behavior using established and new DHS indicators, and suggested custom indicators when needed. Once complete, ACCELERATE thoroughly vetted and adjusted the Behavior Profile with USAID Nutrition team members.

Key Learning:

It was eye-opening to see how a focus on enabling the primary actor (e.g., the caregiver to practice nutrition behaviors could be the key to building a truly human-centered program strategy. The team saw how addressing improved complementary feeding practices means considering, prioritizing and analyzing six carefully defined behaviors, and building intentional pathways to specific strategic actions that included a mix of policy work, reshaping aspects of service delivery or product availability, and enhanced community and family support, as well as communication. As the team defined behavior indicators, they noted DHS's important work to lay the foundation for sound behavioral metrics.

Key Outputs:

A set of agreed-upon priority behaviors and 15 Behavior Profiles that analyze nutrition behaviors critical to reaching the goal of reducing stunting and wasting in young children. The Behavior Profiles will help program staff worldwide consider, for their context, the full range of factors that influence the practice of these behaviors, informing research, program design and management.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Washington Newborn
April 2018 to February 2020

USAID Lead: USAID Global Health Bureau, Newborn Health Technical Team
Partners: Members of the Newborn Health Technical Team

Background:

Although the world has seen steady improvements in overall child mortality, with the current rate continuing to follow a decades-long downward trend, newborn mortality often represents a disproportionate share of those deaths and persists as a significant challenge. In 2018, The World Health Organization conducted a progress review of its Every Newborn Action Plan (the ENAP) and in 2020 will release additional guidelines for the care of small and sick newborns. As a complement to those activities, USAID's Newborn Health Team worked with ACCELERATE to identify and unpack a number of seemingly intractable issues, providing additional global guidance on how to tackle these concerns to truly advance the global agenda.

Key Activities:

Working together, the ACCELERATE and USAID teams started by mapping a number of potential behaviors on which to focus, using the domains established in the ENAP to frame them, clarifying the specific actor(s) and the time of practice, including behaviors both for all babies, and small and sick newborns. Once the initial list was developed, the teams identified which behaviors were lagging the most severely in global uptake, were the least understood or well-addressed, and ultimately selected six key behaviors. For each of these, ACCELERATE conducted a global literature review to determine the factors most likely to impede or motivate practice, and used the data to craft Behavior Profiles. Finally, these Profiles were packaged together into a global guidance document to support country teams in adapting and using them to strengthen programming.

Priority Behaviors Selected by USAID's Newborn Health Team

1. **Skin-to-Skin**: Mother or caregiver maintains skin-to-skin contact (SSC) immediately after birth and during first hour
2. **Immediate Breastfeeding**: Mother initiates breastfeeding within first hour of baby's life
3. **Newborn-related Hand Hygiene**: Skilled health professional and mother, father and other family members practice handwashing at critical times during labor, childbirth, and post-natal period
4. **Delayed Cord Clamping**: Provider delays clamping umbilical cord for 60 seconds post-delivery, or until cord stops pulsating
5. **Comprehensive Post-Natal Care**: Provider delivers comprehensive post-natal care with counseling for the mother-baby dyad
6. **Nurturing Care**: Provider delivers nurturing, respectful care throughout the continuum of antenatal care, delivery, and post-natal care.

Key Learning:

For the first time, the primary actor category was expanded to include providers and policy makers as a means to consider those actors as human beings operating within a complex ecosystem of power dynamics, incentives, norms and structural realities. Using the Profiles to map and organize all of this complexity was a straightforward way to ensure investments would lead to results. In addition, the team also found that situating the potential behaviors within the framework of the ENAP allowed the global newborn community to easily digest and recognize how these Behavior Profiles support and enhance the broader global agenda.

Key Outputs:

The Global Newborn Behavior Profiles analyze six newborn-health-specific behaviors critical to reaching the goal of ensuring all children survive and thrive, and provide a framework for global adaptation and utilization.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

USAID Washington Malaria
April 2016 to August 2018

USAID Lead: USAID Washington PMI
Partners: USAID Washington PMI and Washington Social and Behavior Change Team Members

Background:

The Washington PMI team wanted to achieve three goals: 1) to provide global guidance to Missions on priority malaria caregiver behaviors without limiting their ability to contextualize the needed analysis around these behaviors; 2) to provide a starting point for Mission PMI teams programming country malaria activities; and 3) to incorporate provider actions into the analysis and programming on needed behaviors.

Figure 1: Behavior Profile Creation Tool BEFORE

Figure 2: Behavior Profile Creation Tool AFTER

Key Activities:

The ACCELERATE and Washington PMI teams worked together to prioritize four caregiver behaviors, and thoroughly analyzed each. This collaboration was instrumental in the development of the Behavior Profile Creation tool (Figures 1 and 2), which became the basis for defining intentional pathways to change, and a fundamental component of Behavior Integration. As a result of the work around caregiver behaviors, the team also examined and developed key barriers and motivators for five provider actions which support the adoption of the priority caregiver behaviors. Work with the Washington PMI team was also foundational in creating a Behavior Summary Tool, which identifies commonalities in factors across priority behaviors (Figure 3). Finally, this collaboration with ACCELERATE helped to motivate the Washington PMI team to develop a behaviorally-focused activity in Guinea, supported by ACCELERATE at-a-distance.

Key Learning:

Together the team learned that (1) a simple, straightforward, structured framework (now called a Behavior Profile) is essential to capture all the needed information about priority behaviors; (2) a Global Behavior Profile can provide a useful example for countries to follow when creating their context-specific pathways; and (3) considering providers as a supporting actor in influencing what is needed to ensure caregivers adopt the desired behaviors allows programmers to include activities for them, while still focusing on the priority behaviors.

Figure 3: Summary of Provider Factors

Key Outputs:

Key outputs comprised four global malaria Behavior Profiles; five global Provider Action Profiles; a simple, structured framework for analyzing behaviors and creating intentional pathways to change that is now being used by USAID and implementing partners alike; and the basis for a tool to summarize across priority behaviors.

Learn more at thinkbigonline.org, or contact The Manoff Group at manoffgroup@manoffgroup.com

Stakeholder Perspectives

"We were really looking at a way to do social and behavioral change programs differently.

USAID has a long and a really rich record of communications programs, and I think we were proud of that but we were also frustrated. We were frustrated that often the kinds of indicators, the kind of measures, were process indicators, and we really didn't know if things were making a difference.

And I think we were also frustrated that often at the end of programs we would find that nothing had really changed in behaviors. So we wanted to begin a program that would really look at the underlying behaviors and allow us to focus on them in a much more evidence-based way. So it was a combination of building on a past but also frustration with some of its limitations.

We looked at four things that we really wanted to do with this project. It was a contract but we saw it very much also as a broader partnership because we were looking at working with not only Manoff but also with entities in countries--with ministries, with NGOs and FBOs--that were struggling with the some of the same issues. So we saw this very much as a kind of contribution to the field in terms of ways to move forward.

The first thing we really wanted to do was support missions. The first client or the first partner in this with USAID missions around the world, starting with Health, and one of the things that we have to remember is that this program started at the same time that we were really, really focusing on saving mothers and saving children and looking at reducing child mortality and infant mortality. A lot of the things around that were basic behaviors. So looking at how to help missions in their portfolio of child survival and maternal health to really introduce those behavioral components.

The second thing we wanted was metrics and tracking and everybody wants metrics and tracking and we felt we were ahead of the pack with that point because we said we are going to get some real behavioral measures that can help us know if something is working or not working or if you have to change it. And be able to have metrics that can be shared so we can look across a portfolio and see if something for example, on gender, was doing well in health but not doing well in education so looking at some of the metrics around behaviors in social and behavior change that could be common and that could also be evidence based.

The third thing we looked at which is funny to be talking about today because everyone is doing it, is doing a lot of this online and making it virtual and being able to reduce the cost of sending people out into the field or expensive in-person training and have an online presence that people could play with feel comfortable with and use to design and to evaluate and to plan social and behavior change programs.

And not just missions, but broader, to be used with NGOs to be used ministries and public sector partners and have that common understanding of behavior change programs around maternal and child survival.

And finally we really wanted to directly support missions and I think there is a great track record of that for ACCELERATE and looking at working directly with missions around their whole portfolios in terms of the types of common behaviors, in terms of underlying things that are affecting not just health but education and democracy and governance and women's empowerment because it's the same person and often it's the same underlying behavior that influencing a lot of that. So those are the four things we were looking at and with and I think they have been accomplished to a great extent."

Akua Kwateng-Addo, Regional Health Office Director, USAID West Africa

Video link:

https://www.youtube.com/watch?v=QaynpY6sai8&feature=youtu.be

"As a strong proponent of team building with a purpose, the Think | BIG process really provided us an opportunity to not only strengthen the cohesiveness of our Regional Health Office team but also helped us to better articulate that purpose.

We used our Think | BIG team retreat to do four things: one to develop our overall vision; develop our goal; analyze the causes inhibiting progress in the region; and lastly, helped us determine the behaviors that needed to be changed or employed to achieve our results.

As a regional mission I find we need to clearly reinforce how our programs benefit countries and the Think | BIG process enabled us to clearly articulate who we are, what we do, as well as how we improve health utilization through regional institutions by using a behavior lens. Through the process we jointly developed our behavior focused Results Framework which has now been submitted to USAID Washington as part of the Regional Cooperation and Development Strategy process. Using the Think | BIG process has truly been instrumental to the development of RHO's collaborative vision for our programs in West Africa. So thank you to the ACCELERATE team for all your hard work to make this vision a reality. As we say in West Africa "Vive la cooperation régionale," and thank you once again."

Stakeholder Perspective

Judith Akoto, Specialist on the Education Team at USAID Ghana

Video link:

https://www.youtube.com/watch?v=ruPd_wbxtr0&feature=youtu.be

"The Education team developed ten Profiles and two Behavior Summaries online, and are in the process of using the Behavior Summary tool right now for an Education activity design. Developing the Behavior Profiles took some time to get used to, however the Behavior Profile tool made it very easy to use. The tool kept us focused on the information we needed to know about each of our Education priority behaviors, as well as how to analyze the information to focus on the most critical aspects to address.

The Behavior Summary tool helped us look more carefully at cross-cutting issues where we could have more impact in our design. It highlighted things that had not even occurred to us as we looked at several Profiles at the same time. The Behavior Summary tool also gave us a quick start thanks to the science of machine learning already sorting things for us. It did however leave a lot of room for the art of behavioral focus in synthesizing and merging details while still maintaining the essence of the analysis."

Dr Mbayi Kangudie, MD, MPH, Senior Health Advisor, USAID West Africa

Video link:

https://www.youtube.com/watch?v=M1sGga9K5Ds&feature=youtu.be

"Thank you so much. It was 2018, I remember correctly, August 2018, it was a very interesting training. As you know, many challenges and solutions in health programming are rooted in peoples' behavior. So this course was really a learning process that was both simple and systematic, and it was making it easy for us to understand how the whole Behavioral Integration model into programming was to be done. And the other part of the training that was really interesting is this whole concept of entertainment. We were testing a game that was very much fun and helped us develop the pathway to prioritizing behavior using the game model. The other interesting thing about the course was discussing and understanding the need to prioritize the right behavior and create intentional pathways to be sure that we choose interventions that are likely to impact those behaviors. And lastly obviously it's always a networking opportunity mixing and mingling with colleagues from other USAID missions. In this case I reconnected with colleagues from DRC, Madagascar, Rwanda and all in the context of honing in our skills of social and behavioral change. This is what I remember from this very interactive course."

Stakeholder Perspective

Yaw Duah Akuamoah, M&E Specialist, USAID Ghana DRG Office

Video link:

https://www.youtube.com/watch?v=ZIWnJvbtNMc&feature=youtu.be

"Utilizing the behavioral metrics and behaviors as results has made us think of these results in a more sustainable manner. We have moved beyond the traditional output indicators which we use in most instances to help answer the question, "and so what?"

And if you are thinking in behavioral terms, then the answers which will complement the results metrics is addressed. Using that approach has positioned us to better develop a lot more outcome indicators to help us measure the kind of changes that we want demonstrated, or the kind of behaviors that we want demonstrated by key actors, such as government officials or duty bearers, the private sector, the citizens, etc.

And that has also led us to thinking more in sustainable terms because to the extent that we are thinking about behavioral metrics, we're thinking about the kinds of behaviors we want exemplified or demonstrated from the key actors and so we have to think along the intentional pathways to measure the right things that we wanted to see. And so we did a lot more outcome indicators that included both the Mission and other key actors to be held jointly accountable for the kind of results we wanted to see.
And so ultimately this approach has positioned the Mission in a better state to support Ghana's Journey to Self-reliance.

And then also we started to determine measures for the Performance Monitoring Plan from day 1. We worked on this simultaneously as we worked on the CDCS. And so we didn't have to wait for the CDCS to be completed before we sat to start working on the Performance Monitoring Plan. And so working with the technical officers right from day 1 has meant that the results for the behaviors that we proposed had to be redeveloped for Intermediate Results and Sub-intermediate Results and we worked on these behaviors seeking to make sure that even the behavior statements were modified, or strengthened, or re-worded to help us to develop it most appropriately.

So now that the CDCS has been approved, we have a draft Performance Monitoring Plan that will position us to a more review of the PMP which will ultimately help us to have a more robust Performance Monitoring Plan to aid us in the execution of the CDCS."

Sharon Cromer, USAID Ghana Mission Director

Video link:

https://www.youtube.com/watch?v=PHPmdC_s7Yc&feature=youtu.be

"Hello everyone. I'm excited to share with you our Mission's experience using the Think | BIG approach to develop our five year strategy. At USAID Ghana we saw the enormous potential to use the Think | BIG approach as we considered how to achieve more impactful results: sustainability, accountability, and inclusion became our overarching themes.

At the same time, we wanted to be fully aligned with Ghana's Beyond Aid vision as well as USAID's commitment to supporting countries on their Journey to Self-reliance. Like the Think | BIG approach, Ghana Beyond Aid calls for a shift in mindset, attitudes and behaviors. By adopting a behavior-led approach across all sectors we are focusing on results. We are shifting from a traditional donor-driven, donor intervention-led approach to one in which key country stakeholders at all levels define and solve their problems.

Lasting change starts with people changing their own behaviors. For instance, in the agricultural sector, we notice that women often work at the least paid levels of the value chain because they were least likely to find affordable financing and other business services. So we worked with stakeholders to understand barriers that women face accessing loans to expand their businesses. The approach allows us to program around people and their needs. We jointly identified the critical actors, motivating and impeding factors, and strategies required to encourage behavior change.

I must admit the process was not easy. In fact it was long. But it was rigorous and it is well worth it if we are committed to investing in long-lasting change. It involved thought-provoking and sometimes difficult discussions with many Ghanaian stakeholders including the government, civil society and the private sector.

Using the behavior-led approach bolsters Ghana's own commitment to reduce its dependence on foreign assistance in a generation. I am thrilled that USAID Ghana's Country Development Cooperation Strategy is the first behavior-focused strategy to be approved in the Agency. Under this strategy, I anticipate that USAID Ghana will achieve more sustainable, more impactful results working together with key actors in government, in the private sector, in civil society and communities of Ghana over the next five years.

Thank you for your commitment, thank you for your assistance."
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Index of Documents Submitted to Development Experience Clearinghouse (DEC)

Document Name	DEC Publication Date	DEC Link
ACCELERATE Year 1 Annual Performance Report	October 2016	https://pdf.usaid.gov/pdf_docs/PA00MF1N.pdf
ACCELERATE Year 2 Annual Performance Report	October 2017	https://pdf.usaid.gov/pdf_docs/PA00N6D8.pdf
ACCELERATE Year 3 Annual Performance Report	October 2018	https://pdf.usaid.gov/pdf_docs/PA00TDJW.pdf
ACCELERATE Year 4 Annual Performance Report	October 2019 Resubmitted November 2019	https://pdf.usaid.gov/pdf_docs/PA00W6ZB.pdf
ACCELERATE Year 5 Annual Performance Report	October 2020	https://pdf.usaid.gov/pdf_docs/PA00X32T.pdf

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