THE MANOFF GROUP

Think | BIG
Behavior Integration Guidance

HOW TO USE BEHAVIOR PROFILES AND BEHAVIOR SUMMARIES
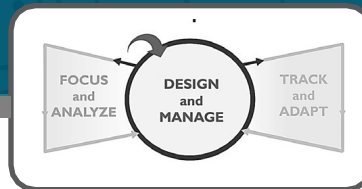
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FOCUS and ANALYZE   DESIGN and MANAGE   TRACK and ADAPT

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OVERVIEW

PURPOSE

This guidance describes how to use Behavior Profiles and Behavior Summaries and provides examples of how such work has been applied already.

INTENDED USERS

USAID Mission staff and implementing partners who are using Think | BIG or a similar behavior-centered programming process to guide country programs.

HOW THIS FITS INTO THINK | BIG

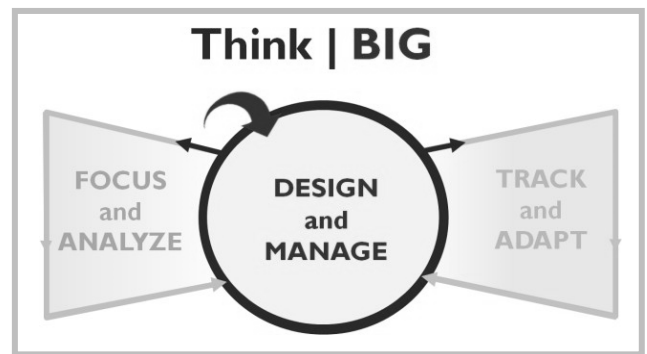Applying Behavior Profiles and Behavior Summaries takes place in Step 2 of Think | BIG: Design and Manage.

SAMPLES INCLUDED

- Appendix A: Sample Antenatal Care Behavior Profile
- Appendix B: Sample Health Behavior Summary

Figure 1: How Using Behavior Profiles and Summaries Fits into Think | BIG

WHAT IS A BEHAVIOR PROFILE?

Figure 2: Sample Antenatal Care Behavior Profile

A Behavior Profile is an analysis of a specific behavior. (Think | BIG defines and writes behaviors as the primary actor + action verb + issue to be addressed + geography or other specifics as needed.) A Behavior Profile identifies the steps needed to practice the behavior, factors inhibiting or supporting the behavior, supporting actors and their actions needed to enable the behavior, and possible strategies (also called illustrative interventions) that can be implemented to enable positive changes in the behavior over time. A Behavior Profile creates logical pathways from the behavior through the factors and supporting actor actions to strategies.

You can Create a Behavior Profile for a specific country or context. Use desktop research, formative research, and what you presently know about the behavior. Appendix A contains a Sample Antenatal Care Behavior Profile.

Note: Thoughtfully selecting (prioritizing) behaviors to change is crucial. Ideally, you will prioritize behaviors based on the extent to which their practice will help achieve your overall goal. The Think | BIG Prioritize tool takes you through a systematic process to help you decide which behaviors to address.

WHAT IS A BEHAVIOR SUMMARY?

Figure 3: Sample Health Behavior Summary

A Behavior Summary allows you to easily see commonalities and differences **across** behaviors. Since the level of analysis in a Behavior Profile is often too detailed for strategic purposes, summarizing essentially synthesizes commonalities in a set of Behavior Profiles into one at-a- glance document easily used to create strategic frameworks. Once you have created Behavior Profiles, you can Create a Behavior Summary. Appendix B contains an example of a Health Behavior Summary.

HOW CAN BEHAVIOR PROFILES AND BEHAVIOR SUMMARIES BE USED?

USING BEHAVIOR PROFILES

Because Behavior Profiles present a logical, holistic analysis that should underlie all development work, you can use the profiles for a variety of purposes. Creating country- or context-specific Behavior Profiles can help you:

1. Develop and design strategies, projects, and activities that together address all identified factors and leverage all supporting actors. Translate Behavior Profiles or a Behavior Summary into a Results Framework provides further guidance.

2. Identify project- and activity-level strategies (illustrative interventions) that directly impact the behavior or the factors that influence the behavior in your context.

3. Define a research agenda to fill gaps in the available information. Constructing Behavior Profiles will identify gaps in understanding and knowledge of factors, actors, and strategies required to enable behavior change.

4. Focus measurement on behaviors rather than interventions and on impact and outcomes rather than outputs. Ask: Does this indicator directly measure a behavior, step, factor, action, or intervention? If not, is it the closest proxy measure? If not, is it worth measuring? Why?

5. Throughout the program cycle, ensure that interventions are tied to and measured against behaviors and the factors determining them. Behavior Integration: Principles and Scoring Sheet for Portfolio Development and Management can assist with this.

6. Dialogue with implementing partners as they initiate and carry out activities. Ask yourself: Does each activity in the implementing partner's technical approach and workplan connect to an identified factor? Are all factors in the profile being addressed?

7. Create checklists to ensure that country or technical strategies, procurements, and implementing partner workplans and Activity Monitoring, Evaluation and Learning Plans (AMELPs) include approaches to address all necessary factors, supporting actors, and metrics. Quality Checklist for Writing and Reviewing Solicitations and Quality Checklist for Workplans and AMELPS can assist.

8. Identify, align, build consensus, and stimulate action among partners at all levels on a cost-effective, sustainable, and integrated set of inputs required to achieve positive behavior change.

9. Coordinate interventions implemented by one or more implementing partners to ensure a comprehensive set of interventions are happening at the same time in the same place to ensure maximum impact. Map and Coordinate Implementing Partner Activities provides specific guidance on coordinating activities.

10. Promote transparency and mutual accountability by showing stakeholders their and others' roles in enabling change.

Before you develop your own country-specific Behavior Profiles, you can use Sample Behavior Profiles, to:

1. Think through some of the inhibiting and motivating factors shown to impact related behaviors.

2. Identify some of the actors, sectors, and strategies that might be required to impact the behavior in your context.

3. Understand or demonstrate how to word behaviors, steps, factors, actor actions, and strategies in your topic area.

4. Demonstrate the pathways to change from desired behavior to strategies, emphasizing the importance of behavior-led (not intervention-driven) programming.

5. Identify outcome indicators that directly measure the uptake of specific behaviors.

6. Engage with stakeholders on how activities might be aligned around behaviors and the pathways to change.

7. Hold discussions with stakeholders on how an activity might be refined based on the identified pathways to change.

8. Identify similar factors, strategies, or pathways to coordinate interventions and ensure all necessary activities are happening in the same time at the same place.

9. Make the case for context-specific development or adaptation of promising interventions.

USING A BEHAVIOR SUMMARY

A Behavior Summary highlights commonalities and differences across behaviors that should underpin a behaviorally-focused strategy.

Practical applications of your country-specific Behavior Summary include:

- Develop projects and activities that address all critical factors and leverage all supporting actors. Translate Behavior Profiles or a Behavior Summary into a Results Framework can help.

- Map interventions across several implementing partners to encourage shared accountability for behavioral outcomes and to reduce redundancies, inefficiencies, and inadequacies. Map and Coordinate Implementing Partner Activities provides guidance.

- Identify cross-cutting themes and activities to discuss, coordinate, and share with implementing partners.

- Discuss strategy and direction with other development partners (especially when used with the specifics of the Behavior Profiles).

Since the Behavior Summary is a broad reflection of a set of Behavior Profiles, use them as a package, with the Behavior Summary providing the at-a-glance perspective and the Behavior Profiles available to fill in specifics as needed.

HOW HAVE PRIORITIZED BEHAVIORS, BEHAVIOR PROFILES, AND BEHAVIOR SUMMARIES BEEN USED?

GHANA: MISSION-WIDE INTEGRATED COUNTRY DEVELOPMENT COOPERATION STRATEGY (CDCS)

THE CHALLENGE: Develop a new CDCS with greater emphasis on impact and to maximize efficient use of resources through integration.

THE RESPONSE: ACCELERATE supported the Mission to identify and prioritize more than 30 priority behaviors across all technical units. Each of those priority behaviors became a sub-intermediate result within the new CDCS, while Behavior Profiles and Behavior Summaries were used to identify synergies and commonalities among the priority behaviors. This allowed for appropriate bundles of behaviors to be created and turned into intermediate results and development objectives. In the end, the Mission created a completely integrated, behavior-led CDCS.

KENYA: IMPROVED PARTNER COORDINATION AND COUNTY GOVERNMENT CAPACITY BUILDING

THE CHALLENGE: Meaningfully coordinate many partners working on similar issues and provide increasingly strategic technical assistance to independent counties.

THE RESPONSE: ACCELERATE supported the Kenya Health, Population, and Nutrition Office (HPNO) team to prioritize eight behaviors needing particular attention and focus, and then to use Behavior Profiles and Summaries to map the work of all current implementing partners. This exercise revealed areas and factors that multiple partners were addressing, which created a meaningful opportunity to bring those partners together to share learning, challenges, and accountability for progress. In addition, Behavior Summaries helped county government officials identify their most pressing priorities and understand how and where to coordinate the many partners working on those priorities.

SENEGAL: STREAMLINED PARTNER FOCUS

THE CHALLENGE: Better focus a large number of partners implementing work on a vast number of behaviors and activities and improve quality assurance for behavior change efforts.

THE RESPONSE: ACCELERATE supported the Senegal Mission to identify critical behaviors and ensure these were clearly identified and articulated in partner workplans. Using Behavior Profiles created for those priority behaviors, the team supported the Mission to create quality assurance checklists and standards for supporting implementing partners on an ongoing basis. These checklists mirror the profiles, highlighting the critical importance of clear, logical pathways between interventions and the behavioral outcome they were designed to address.

DEMOCRATIC REPUBLIC OF THE CONGO: INTEGRATED ACTIVITY DESIGN

THE CHALLENGE: Incorporate state-of-the-art strategic thinking on social and behavior change into a new procurement design process.

THE RESPONSE: ACCELERATE supported the DRC mission to prioritize and create Behavior Profiles for the eight behaviors most critical to achieving their goal, and then supported the mission to write a program description designed to address the factors inhibiting the practice of those behaviors.

GUINEA: FOCUSED ACTIVITY RE-DESIGN

THE CHALLENGE: Redesign a Malaria-specific activity using more streamlined logical pathways between outcomes and interventions.

THE RESPONSE: ACCELERATE supported this Mission to create malaria Behavior Profiles and use them to define the activity results framework. The results were behaviors, rather than interventions. Interventions, including those typically seen in malaria-specific activities, such as support to the National Malaria Control Program, were placed appropriately into the logical pathway if they ultimately would contribute to enabling one of the activity's behavioral outcomes.

WEST AFRICA REGIONAL HEALTH OFFICE: TECHNICAL SUB-STRATEGY DEVELOPMENT AND INTERNAL TEAM STRENGTHENING

THE CHALLENGE: Deliberately and proactively galvanize regional health partners to increase and sustain utilization of quality health services.

THE RESPONSE: ACCELERATE supported the West Office Regional Health Office to create a five-year sub-strategy that allowed them to become a cohesive team focused around priority behaviors common to their regional health programming. The work allowed them to establish clarity of purpose and incorporate their own internal behavior change into the strategy. The final draft strategy comprised nine priority behaviors around use, provision, accountability, and governance and eleven health sub-behaviors on reproductive health, HIV, and maternal and child health.

USAID GLOBAL TECHNICAL HEALTH TEAMS: GUIDANCE TO MISSIONS AND GLOBAL THOUGHT LEADERSHIP

THE CHALLENGE: Guide missions in how to more strategically address priority behaviors and their associated factors.

THE RESPONSE: ACCELERATE supported USAID global technical teams (child health and immunization, malaria, newborn, nutrition, and WASH) to identify global behavior priorities and create corresponding Behavior Profiles from globally available evidence. These profiles were then used to offer specific guidance to missions on how to achieve progress in changing the behaviors. The Behavior Profiles also strengthened USAID's contributions to global thought leadership in these areas, with newborn Behavior Profiles being included in the new Every Newborn Action Plan, for example.

Click here to find Sample Behavior Profiles to inspire development of your own, country-specific Behavior Profiles.

APPENDICES

The following appendices are included with this document:

Appendix A: Sample Antenatal Care Behavior Profile

Appendix B: Health Behavior Summary Example

APPENDIX A: SAMPLE ANTENATAL CARE BEHAVIOR PROFILE

BEHAVIOR PROFILE: ANTENATAL CARE

HEALTH GOAL	Improve maternal and child survival
BEHAVIOR	Pregnant women complete a full course of quality antenatal care (ANC) 檳 Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits

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 AND STEPS

Behavior

Pregnant women complete a full course of quality antenatal care (ANC)

Steps

1. Recognize signs and symptoms of pregnancy
2. Decide to seek ANC early, before the end of the first trimester
3. Plan transport, resources, and logistics
4. Attend all recommended ANC visits
5. Obtain all required services from qualified provider at each visit
6. Adhere to provider instructions during and following each visit, including when to return for the next visit

FACTORS

STRUCTURAL

Accessibility: Pregnant women cannot access health facilities because they are too far.

Accessibility: Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in addition to on-going essential expenditures.

Service Provider Competencies: Pregnant women cannot obtain quality ANC because providers neither respect them nor effectively communicate relevant technical information or explain the benefits of the different services, tests, and medications given during ANC.

Service Experience: Pregnant women do not go for ANC because the health facilities often lack the tests, medications, or supplements that women need, or payment is required when services and products should be free.

SOCIAL

Family and Community Support: Many pregnant adolescents and unmarried women are reluctant to seek early care because of stigma or the risk that they will be asked to leave school or quit their job.

Family and Community Support: Pregnant women do not plan to attend, or attend ANC because family and community members do not encourage or support their attendance.

Norms: Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy.

INTERNAL

Attitudes and Beliefs: Pregnant women do not always perceive a value to multiple ANC visits if they have already had one or more healthy pregnancies.

SUPPORTING ACTORS AND ACTIONS

INSTITUTIONAL

Policymakers: Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing.

Policymakers: Ensure pregnant adolescents can still attend school.

Managers: Provide effective supervision and on-site support to ensure quality ANC services.

Logistics Personnel: Monitor and properly forecast stock of essential tests, medicines, and supplements.

Providers: Offer counseling and support to pregnant women during ANC visits, including thorough explanations of services provided as well as the importance of multiple visits and adherence to supplements or medications given.

COMMUNITY

Community and Religious Leaders: Publicly support or promote ANC including programs that attempt to reduce stigma and encourage women to talk to their partners about early pregnancy care.

Community Health Workers/Peer Educators: Encourage or actively support women to seek a full course of ANC and to continue following provider's instructions once at home.

HOUSEHOLD

Family Members: Actively participate in ANC and support women, especially first-time mothers and adolescents, in all aspects of pregnancy and delivery planning.

Male Partners: Actively support finances, planning, and transportation for ANC for pregnant women.

POSSIBLE PROGRAM STRATEGIES

ENABLING ENVIRONMENT

Financing: Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC. ☐

Financing: Finance task-shifting and explore community-based service delivery such as iron and folic acid supplements.

Policies and Governance: Adopt and enforce policies to permit pregnant adolescents to attend school. ☐

Policies and Governance: Establish a policy for areas with poor health facility access to have the most basic ANC services, such as iron and folic acid supplement resupply managed at the community level. ☐

SYSTEMS, PRODUCTS AND SERVICES

Supply Chain: Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC.

Quality Improvement: Train and support providers to emphasize value of completing all ANC visits as well as active birth planning. ☐

Quality Improvement: Expand services and improve structures, including hours offered, types of services available, transparent costing of services when appropriate and use of ANC outreach services to encourage pregnant women to use ANC. ☐

Quality Improvement: Ensure that services are client- and family-friendly and that counseling on follow-up care is provided to both the pregnant woman and any family members accompanying her. ☐

DEMAND AND USE

Communication: Use targeted media, including SMS where possible, to send tailored reminders and tips for pregnant women and their families on both ANC attendance and adherence to supplements like iron and folic acid.

Communication: Create pregnancy and new-mother groups to help mothers understand the benefit of care throughout pregnancy and the post-partum period.

Attitudes and Beliefs: Pregnant women do not always comply with provider's instructions particularly related to medications, supplements, or foods because of beliefs about the adverse effects of the medication or foods on their fetus.

Knowledge: Most pregnant women attend at least one ANC visit because they understand its benefits.

Collective Engagement: Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits.

APPENDIX B: HEALTH BEHAVIOR SUMMARY EXAMPLE

BEHAVIOR BUNDLES			
		BUNDLE 1: INCREASED HEALTHY HOME-BASED CARE PRACTICES	**BUNDLE 2: INCREASED USE OF QUALITY ROUTINE SERVICES**
		(COMPLEMENTARY FEEDING, FECES DISPOSAL, ITN USE, ESSENTIAL NEWBORN CARE)	(IPTP, REPRODUCTIVE HEALTH , HIV TEST AND TREAT, FACILITY DELIVERY IN NORTHERN REGION)
FACTORS	Structural	– Inadequate user-friendly products and services (FEC, ITN) – Unavailability of complementary foods	– Lack of access to commodities (RPH) – Overly costly products and services (RPH, DEL)
	Social	None	None
	Internal	– Lack of caregiver knowledge (ENC) – Lack of caregiver self-efficacy (ENC)	– Lack of caregiver skills (RPH) – Lack of sufficient women's involvement in decision making (all)
	Cross-cutting Factors	**Structural:** • Inadequate ability of providers to utilize interpersonal communication (all) **Social:** • Lack of societal support for healthy behaviors (all) **Internal:** • Lack of perception of value of healthy behaviors (all)	
SUPPORTING ACTORS AND ACTIONS	Institutional	– Policy makers collaborate with Public Private Partnerships (PPP) (CFD) – Logistics personnel promote ITN logistics according to protocol (ITN)	– Policy makers enforce policy/law (RPH, HIV) – Policy makers support women's empowerment (RPH) – Managers encourage more outreach (DEL, HIV) – Logistics Personnel ensure proper distribution plan, proper forecasting and quantification (all)
	Community	– Community leaders monitor practice adoption and use data to encourage and support practices (all) – Religious leaders mobilize efforts to support healthy behaviors (all) – Teachers employ innovative activities to foster an understanding between good hygiene, sanitation, and good health (FEC)	– Community leaders engage the community in dialogue around healthy behaviors (all) – Community leaders encourage men to participate in their families' and partners' health (all) – Community leaders support women (transport, logistics, etc.) (DEL)
	Household	– Family members support appropriate household members in practicing healthy behaviors (ITN, CFD) – Male partners actively support healthy behaviors – assist, build, purchase, etc. (all)	– Family members support open dialogue (HIV, RPH) – Male partners support open dialogue (HIV, RPH)

	Cross-cutting Actor Actions	**Institutional:** • Policy makers review policies and develop clear guidance and protocols (CFD, RPH, DEL) • Managers conduct regular supportive supervision (CFD, all facility-based practices) • Providers counsel properly in respectful manner (CFD, all facility-based practices) **Community:** • Community leaders and religious leaders advocate and support open dialogue (all home-based practices and HIV) • Community leaders facilitate local solutions (all)	
STRATEGIES	**Enabling Environment**	– Engage positive influencers and champions (FEC, ITN) – Cultivate partnerships (CFD, FEC)	– Explore opportunities to improve facility structures (DEL) – Engage positive influencers and champions (HIV, RH)
	Systems, Products and Services	– Explore innovative technologies (FEC)	– Train and equip providers (IPTp, RPH, DEL)
	Demand and Use	None	None
	Cross-cutting Strategies	**Enabling Environment:** • Ensure health accountability (CFD) • Strengthen institutional capacity for evidence use (all) **Systems, Products and Services:** • Ensure quality of routine services (all) • Strengthen supply chain (all) **Demand and Use:** • Develop "disruptive" social behavior change strategies (all)	

KEY : Complementary Feeding **(CFD)**, Facility Delivery In Northern Region **(DEL)** Essential Newborn Care **(ENC)**, Feces Disposal **(FEC)**, HIV Test And Treat **(HIV)**, ITN Use **(ITN)**, IPTp **(IPTp)**, Reproductive Health **(RPH)**,