



Think | BIG

Behavior Integration Guidance

ADAPTIVE MANAGEMENT GUIDANCE AND TOOLS

www.thinkbigonline.org

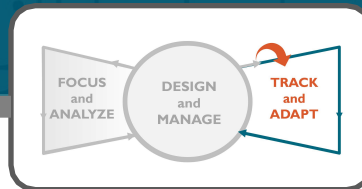


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OVERVIEW

PURPOSE

USAID defines adaptive management as “an intentional approach to making decisions and adjustments in response to new information and changes in context.”¹ Adaptive management responds to the complexity of development problems by incorporating adaptability into design and using data and learning to inform course-corrections within the lifetime of projects, rather than just between projects. The basic premise of adaptive management is that if you are not getting the results you expected, examine why, and make necessary adjustments. Figure 1² describes an adaptive management cycle. Adaptive management enables programs to adjust program elements in a timely manner based on meaningful indicators and thereby improve performance.

Adaptive management emphasizes:

- Rapid learning and feedback to inform program changes that are better aligned to desired outcomes
- Flexibility throughout implementation based on dialogue and learning with partners
- Decision-making power in the hands of staff as close to implementation as possible
- Shared accountability for outcomes based on recognition of the complexity of development efforts

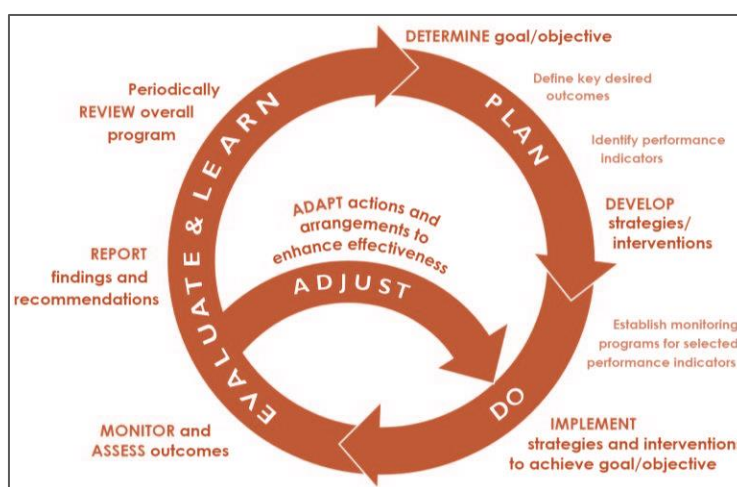


Figure 1: Adaptive Management Cycle

The Think | BIG adaptive management tools can help you use available data to analyze your pathways to change to ensure that they are having the desired effect of moving you towards your goal, and, if not, determine how to course-correct.

INTENDED USERS

Anyone responsible for project or activity outcomes can use these tools to guide adaptive management. Use these tools to inform annual work planning, following or as part of a mid-term evaluation, or as needed to maximize program effectiveness.

¹ ADS Chapter 201, Program Cycle Operational Policy, <https://www.usaid.gov/sites/default/files/documents/1870/201.pdf>

² Adapted from *Evaluating Management Effectiveness: The Monitoring and Reporting System for Tasmania's National Parks and Reserves*

HOW THIS FITS INTO THINK | BIG

Adaptive Management is part of Step 3 of Think | BIG – Track and Adapt. You will have already completed Step 1 “Focus and Analyze,” embarked on Step 2 “Design and Manage,” and begun to track indicators. Figure 2 illustrates where this step fits into Think | BIG.

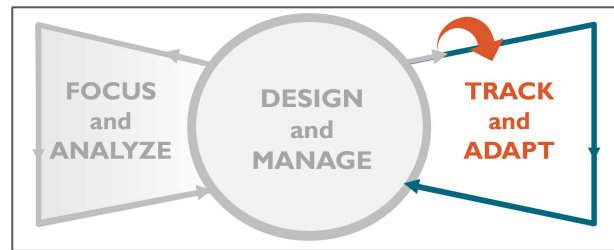


Figure 2: How Adaptive Management Fits into Think | BIG

ESTIMATED TIME NEEDED

After program data have been collected and synthesized, approximately **two-to-four hours**, depending on the size of your program, number of Priority Behaviors, and the amount and type of available data.

TEMPLATES INCLUDED

- Appendix A: Review Your Program Plan – Behaviors, Analyses, Indicators, Targets, and Subgroups
- Appendix B: Read and Interpret Your Data – Behavioral and Factor-level Indicators

SAMPLES INCLUDED

- Appendix C: Sample Priority Behaviors List
- Appendix D: Sample Behavior Profile

ADDITIONAL HELPFUL RESOURCES

- Behavior Profiles or equivalent analyses of the behaviors the program seeks to enable
- Up-to-date monitoring data (and evaluation data, if available) on the behavioral and factor-level outcomes of interest, preferably in an outcomes dashboard or other indicator tracking tool
- Data on contextual factors (negative and positive) that may have affected progress
- Other monitoring data useful in determining if adaptations are needed
- Qualitative and quantitative data from assessments, analyses, and other research
- New users of data can benefit from Appendix E: How to Read Behavioral Data

BEFORE YOU START

- Gather your Behavior Profiles. To most effectively adapt your programs using behavioral data you will need:
 - Clearly defined priority behaviors that will help achieve the goal
 - Clear pathways to change
 - Good behavioral and factor-level indicators
 - Appropriate targets

If you do not have these, use the online or offline Prioritize, Create a Behavior Profile, Establish Behavioral Indicators (offline only), and Set Targets tools at <https://thinkbigonline.org/tools> to generate them.

- Gather all relevant data on the program’s behavioral outcomes (see Figure 3) and factor-level indicators (see Figure 4). Data need to be of good quality and available at appropriate intervals.

Visit the Track and Adapt tab at <https://thinkbigonline.org/resources> to find examples of quality indicators and guidance on how to establish and assess indicators to help ensure quality data.

- Download Appendix A: Review Your Program Plan – Behaviors, Analyses, Indicators, Targets, and Subgroups, and Appendix B: Read and Interpret Your Data – Behavioral and Factor-level Indicators. The [Behavior Profile Review Checklist](#) and the Track and Adapt tab at <https://thinkbigonline.org/resources> provide additional guidance and resources.
- Gather the team that will review the Behavior Profiles and data and contribute to decision-making about needed adaptation. This team should include managers and implementers at all levels to ensure that relevant insights are raised and considered, and to support broad program ownership. Using this tool with an inclusive, multi-level group will also help promote a culture of data use, collaboration, learning, and adapting

INSTRUCTIONS

PART I: REVIEW YOUR PRIORITY BEHAVIORS LIST, BEHAVIOR PROFILES, INDICATORS, AND TARGETS

Reviewing your Priority Behaviors List and Behavior Profiles (see Appendices C and D for examples) after a period of implementation will allow you to improve them as needed based on the program’s experience and evolving context. For example, an important new driver of the targeted behavior may have emerged, or experience may have revealed major data quality challenges with a selected indicator.

Reviewing the Behavior Profiles as a group will also help ensure a common understanding of the behaviors to be changed. Part I of this document will walk you through how to use Appendix A: Review Your Program Plan – Behaviors, Analyses, Indicators, Targets, and Subgroups to review the foundational elements of your program and determine if and when to make adaptations.

Apply each of the following actions to A through E, below. A through E detail what each section of the template requires. The numbers in brackets [] refer to the item number in Appendix A.

Actions to apply to A-E, below

1. Answer “YES,” “NO,” or “DON’T KNOW” to all of the questions in the tool.
2. For each question where the answer is “NO” or “DON’T KNOW,” indicate the reason for the shortcoming or lack of information.
3. Discuss and try to agree on what changes are needed to rectify the situation. These are your adaptations.
4. Finally, decide on a timeline for each adaptation and work with the team to implement the needed changes. This will likely require adjustments to the workplan, the monitoring, evaluation and learning plan (MELP), or other program documents.

A. Priority Behaviors: Review Your Priority Behaviors List or Equivalent Documentation

1. Confirm that adoption of the prioritized behaviors will directly contribute to achieving your goal. Ideally, the behaviors will have been chosen based on their uptake (e.g., low enough that significant improvement will lead to progress toward your goal, or close to reaching a meaningful target such as producing “herd immunity”) and contextual factors (such as government priorities, available resources, or structural or environmental impediments).
2. Confirm whether the wording of each behavior accurately references the primary actor and what you want to help enable them to do.

B. Pathways to Change: Review Your Behavior Profile(s) or Equivalent Documentation

1. Assess the Behavior Profiles or other documentation to determine whether steps to perform the behaviors, critical factors motivating or impeding the behaviors, supporting actors and their actions needed to enable or support the behaviors, and strategies to achieve the behaviors have been clearly delineated. [Items 4-6]
2. Also examine the logical pathways from the steps to the strategies to ensure every strategy is appropriately aligned with one or more factors and, as appropriate, supporting actor actions. [Items 7-9]
3. Now assess whether the delineated steps, critical factors, supporting actors and actions, and strategies are (still) appropriate for the program context. [Item 10]

C. Quality Indicators: Review Your Behavioral and Factor-level Indicators

Take time to review the validity and feasibility of your chosen indicators and to modify as necessary.

Behavioral outcome indicators track uptake of the behaviors you have determined have the most potential to impact your goal. Figure 3 provides an example. Generally, expect to measure each behavior using a single indicator, and measure that indicator at mid- and end-project, or as resources permit.

<p>Antenatal Care Pregnant women complete a full course of quality antenatal care (ANC)</p> <p>✔ Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits</p>
<p>Delivery in Health Facility Pregnant women deliver in a health facility with an equipped, qualified provider</p> <p>✔ Percentage of live births in the three years preceding the survey delivered at a health facility</p>

Figure 3: Behavior Outcome Indicator Examples

Factor-level indicators (generally one indicator per factor) track critical factors that impede or encourage practice of a behavior. Figure 4 provides examples. Plan to measure the most critical factor-level indicators as often as appropriate and as resources permit.

SAMPLE FACTOR-LEVEL INDICATORS	
BEHAVIOR: Pregnant women complete a full course of quality antenatal care (ANC)	
FACTOR	INDICATOR
Pregnant women cannot complete ANC due to the costs involved, such as transport to a clinic	Among women delivering at facilities, the % who report not completing 4 ANC visits because of costs involved
Pregnant women cannot obtain quality ANC because providers do not effectively communicate relevant technical information	Among pregnant women who obtained ANC services in the last 30 days, % who said they did not understand their service provider’s guidance or feedback
Pregnant women do not seek ANC early or regularly because they do not understand the benefits of early or regular benefits	Among women delivering at facilities, the % who report not completing 4 ANC visits because they do not understand the benefits

Figure 4: Factor-level Indicator Examples

Good indicators help you get good quality data.

1. Use the questions in the inset box to help you assess the quality of your indicators. Find more detailed guidance and tools in the [Track and Adapt](#) section of www.thinkbigonline.org.
2. Consider whether the available timeframe is long enough to observe changes in the factor-level indicators.

Criteria for Quality Indicators

1. Are you directly measuring the behavior, steps, or factors? If not, why?
2. As written, is this indicator specific enough to accurately measure the factor?
3. Will you be able to collect the data for this indicator? How?
4. Could these data be free from all bias?
5. Using the dollar sign scale below, how much would it cost to collect the data for this indicator? Can you afford to collect the data?
 - a. \$ - reviewing existing data
 - b. \$\$ - some data collection
 - c. \$\$\$ - national survey

D. Appropriate Targets: Review Your Targets

A target is the specific, planned level of a result to be achieved within a specific timeframe. Indicators can have interim (e.g., quarterly, annual, mid-term) targets. Take time to revisit whether your planned targets are appropriate and revise as necessary.

1. Ensure that each indicator has a final target and at least one interim target.
2. Assess the source and accuracy of the baseline data.
3. Review the targets set for each indicator to see if they are reasonable given the measurement timeframe. [Set Targets](#) provides detailed guidance on establishing appropriate targets.

E. Subgroups: Review Your Selection of Intervention Regions and Other Subgroups

Confirm whether the sub-national locations targeted for intervention are still the most appropriate. If you have a choice, and if the regions selected are not the most in need, are not where your program can make a meaningful difference, or are not ready to implement, adjust the selection, stagger implementation, or take other measures to help maximize the impact of your efforts. Similarly review your selection of any other subgroups (e.g., married women, urban dwellers).

PART 2: BROADLY REVIEW YOUR MONITORING AND EVALUATION DATA

Now that you've updated your plan and tools as necessary in Part 1, take a close look at your monitoring and evaluation data for both factor-level and behavioral indicators to track how well your behavior profile's theory of change is moving the needle on critical factors and on your behavioral outcome. If you do not yet have data on behavioral outcomes, focus on whether the factors your intervention directly targets appear to be changing at the desired pace.

Consider an example in which a program intends to improve completion rates of four antenatal care (ANC) visits as its ultimate behavioral outcome. Based on evidence that contributed to the program's Behavior Profile, they've identified poor quality of ANC health provider communication with patients as a critical factor that impedes progress toward this behavior. Therefore, they have designed an intervention to improve ANC provider communication, and they administer quarterly exit surveys with a sample of ANC patients to track changes in the quality of provider communication. They also have access to data from a recent representative survey regarding ANC completion rates. Figures 5 and 6 provide examples. After a year of implementation, they examine these data following the steps below.

- I. Look at your Think | BIG Outcomes Dashboard (behavioral outcomes only), Indicator Tracking Table (download template from the Track and Adapt tab at <https://thinkbigonline.org/resources>) or other data visualization tool. In the first half of the program, you will most likely only have factor-level data. Generally speaking, are indicators moving in the right direction? Are they moving quickly enough?

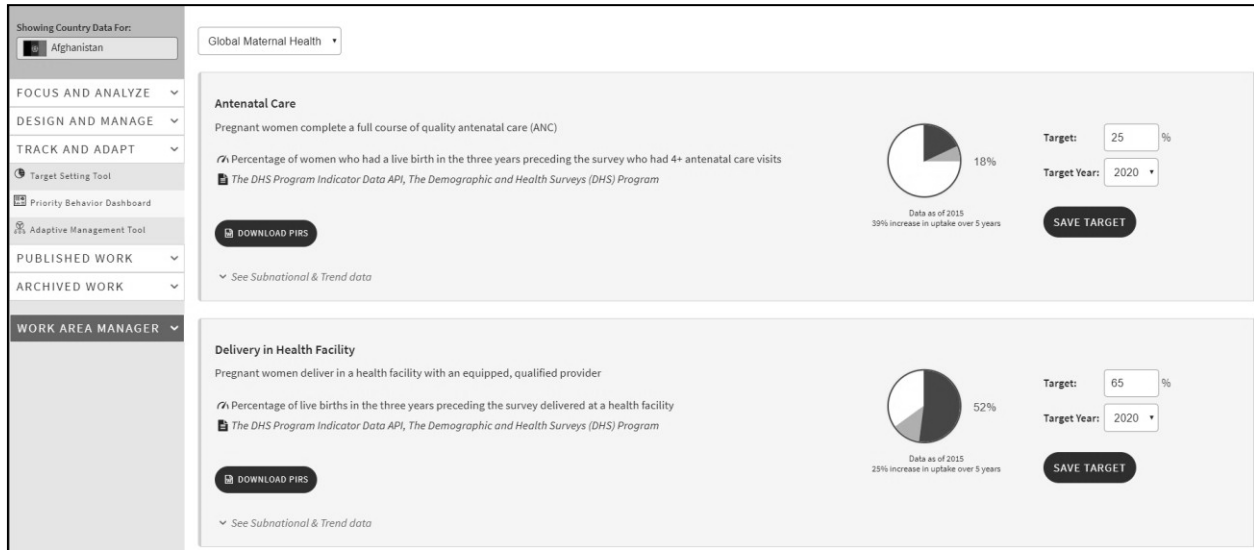


Figure 5: Sample Behavioral Outcomes Dashboard

Think BIG Indicator Tracking: National Maternal Health Project																		
Indicators	Desired Direction of Change (+ or -)	Baseline		09/2019			09/2020			09/2021			09/2022			09/2023		
		Date	Actual	Target	Actual	Change	Target	Actual	Change	Target	Actual	Change	Target	Actual	Change	Target	Actual	Change
Goal: Reduce maternal mortality																		
Impact Indicator																		
Number of maternal deaths per 100,000 live births (MMR)	-	2018	512														461	
Behavior and Outcome Indicator 1 - Pregnant women complete a full course of quality antenatal care (ANC)																		
Percentage of women who have had a live birth in the three years preceding the survey who had 4+ antenatal care visits	+	2018	57%							60%							65%	
Factor-level Indicators																		
Among women delivering at facilities, % who report completing 4 ANC visits because they understand the benefits	+	11/18	57%	61%	59%	5%	65%			70%			80%				10%	
Among women delivering at facilities, % who report being able to complete 4 ANC visits because they are free or affordable	+	11/18	49%	55%	56%	14%	60%			65%			70%				75%	
Among pregnant women who obtained ANC services in the last 30 days, % who said they understood their service provider's guidance	+	11/18	66%	70%	70%	12%	74%			80%			85%				90%	
Behavior and Outcome Indicator 2 - Pregnant women deliver in a facility with an equipped, qualified provider																		
Percentage of live births in the three years preceding the survey delivered at a health facility	+	2018	39%							43%							50%	
Factor-level Indicators																		
% of public-sector health facilities that provide free maternity care to all pregnant women	+	06/18	55%	56%	56%	2%	58%			60%			62%				65%	
Among women attending ANC services, % who report having support from their partner to deliver in a health facility	+	11/18	50%	52%	53%	6%	54%			58%			62%				65%	
Among women attending ANC services, % who say they believe government facilities provide better delivery care than traditional birth attendants	+	11/18	61%	63%	63%	3%	66%			70%			75%				80%	

Figure 6: Sample Indicator Tracking Table

2. If you have mid-line or other data on behavioral indicators, they are moving in the right direction, you are satisfied with the pace, and you have good reason to believe your interventions are causing most of the difference, you probably do not need to adapt anything.
3. If the factor-level indicators are moving in the right direction, you are satisfied with the pace, and they do not contradict midline or other data on the related behavioral indicators, you probably do not need to adapt anything.
4. If all critical indicators (those that absolutely must move to achieve your objectives and goal) are moving in the right direction but less important indicators are not, you might decide to make minor adjustments to improve performance on lagging indicators. Proceed to Part 3, below, using Appendix B: Read and Interpret Your Data.
5. If critical indicators are lagging, proceed to Part 3, below, using Appendix B: Read and Interpret Your Data.

PART 3: READ AND INTERPRET YOUR DATA

Use Appendix B: Read and Interpret Your Data – Behavioral and Factor-level Indicators to help you assess progress toward achieving your goal and determine if and when to make adaptations. Appendix E: How to Read Behavioral Data provides examples of different types of behavioral and factor-level indicator data and how to read them.

▮ Note: You can adapt the Indicator Tracking Table to accommodate all indicators of interest.

Apply each of the following actions to A through E, below. A through E detail what each section of the template requires. The numbers in brackets [] refer to the item number in Appendix B.

1. Answer “YES,” “NO,” or “DON’T KNOW” to all the questions in the tool.
2. For each question where the answer is “NO” or “DON’T KNOW,” indicate the reason for the shortcoming or lack of information.
3. Discuss and try to agree on what changes are needed to rectify the situation. These are your adaptations.
4. Finally, decide on a timeline for each adaptation and work with the team to implement the changes. Be sure to adjust the workplan, MELP, or other program documents as needed.

A. Priority Behaviors: Is Uptake Moving in the Right Direction?

1. Look at your indicator tracking tool (dashboard, table, or otherwise). For each behavioral indicator, note whether it is moving in the right direction. [Items 1-2]
2. Consider any contextual factors that might be impacting your data. Contextual factors are any situations, forces, or circumstances external to a program that can influence the program’s success or failure. Examples include the opening of a new road, a national or local crisis, or a national-level decision to prioritize the issue on which you work. Contextual factors can have a positive or negative impact on your program. For example, your topic becoming a national priority could mean more funding made available for your program, or it could mean less flexibility to try potentially high-risk, high-reward strategies. [Item 3]
3. Note the extent to which you are able to determine the type and amount of impact contextual factors are having on your results. Do you have enough information about contextual factors to inform decision-making about potential about adaptation? If not, how can you get the information you need? [Item 4]

B. Pathways to Change: Do Factor-level Changes Support Your Theory of Change?

1. Note any factor-level indicators for which there are no data for decision-making. [Item 5]
2. Indicate whether factor-level indicators are moving in the desired direction. [Item 6]

▮ Note: How the indicator is written and displayed will determine whether an increase or decrease is good or bad.

3. As above, consider any contextual factors that might have impacted factor-level results. [Item 7]
4. As above, indicate whether it is possible to determine the impact contextual factors are having on your results or if you have enough information about contextual factors to inform decision making about potential adjustments. [Item 8]
5. Sometimes positive changes in factors believed critical to change do not result in changes in the behavior of interest. This might be due to the need to allow for a reasonable time lag between addressing factors and people taking up the new behavior, or it might signal a problem. Note and address any unexpected dissonance between behavioral and factor-level indicators. [Item 9]

C. Quality Indicators: Are You Getting What You Need?

Verify whether the selected indicators are providing the information you actually need to assess progress toward your goal. [Items 10-11]

D. Targets: Are You Meeting Them?

Looking at the data overall, determine whether the program is likely to meet its targets if the program proceeds at the expected pace. [Items 12-13]

E. Subgroups: Are There Differences Sub-nationally or Across Other Subgroups?

If you have behavioral, factor-level, or contextual data for the different subgroups of intervention, use this section to note any important differences between them. [Items 14-17]

APPENDICES

The following appendices are included with this document:

Appendix A: Review Your Program Plan – Behaviors, Analyses, Indicators, Targets, and Subgroups

Appendix B: Read and Interpret Your Data– Behavioral and Factor-Level Indicators

Appendix C: Sample Priority Behaviors List

Appendix D: Sample Behavior Profile - Antenatal Care

Appendix E: How to Read Behavioral Data

APPENDIX A: REVIEW YOUR PROGRAM PLAN – BEHAVIORS, ANALYSES, INDICATORS, TARGETS, AND SUBGROUPS

Purpose: Used several months into program implementation, this tool will help users reality-check their behavior prioritization and analysis.

Intended Audience: Anyone using Behavior Profiles or similar analyses to manage a development program

INSTRUCTIONS FOR USE

Section 1: Review Priority Behaviors List, Behavior Profiles, Indicators, and Targets

1. If using with a group, make copies of the Priority Behaviors List, Behavior Profiles, Indicators, and Targets for meeting participants.
2. If assessing multiple Behavior Profiles, decide whether to use one form for all, or one form for each. Make the requisite number of copies or conduct the exercise on-screen.
3. Answer YES, NO, or DON'T KNOW to each of the questions below, based on the documents listed above.
4. For any NOs or DON'T KNOWs, continue to Section 2 and make changes to the relevant document(s).
5. If you have all Yesses, congratulations! Your behavior prioritization, behavioral analysis, and selection of indicators, targets, and subgroups appear to be appropriate.

Section 2: Clarify and Improve

6. For every question to which you answer NO, complete the THEN WHAT (Clarify and Improve) section
7. Be as specific as possible about “Why not?” and “What changes need to be made?”.

REVIEW YOUR PROGRAM PLAN								
Section 1: Review				Section 2: Clarify and Improve				
QUESTIONS TO ASK OF YOUR BEHAVIOR PROFILES, INDICATORS, AND TARGETS	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	If no or don't know, what changes need to be made to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Other
A. PRIORITY BEHAVIORS³								
1. Will the behaviors directly contribute to achieving the goal?								
2. Does the wording of the behavior accurately describe the primary actor(s) and what you want to enable them to do?								
B. PATHWAYS TO CHANGE⁴								
3. Are the steps needed to perform the behavior clearly delineated?								
4. Have critical factors motivating or impeding the behaviors been identified?								

³ For additional support, see *Prioritize Behaviors*

⁴ For additional support, see the *Behavior Profile Review Checklist*

REVIEW YOUR PROGRAM PLAN								
Section 1: Review				Section 2: Clarify and Improve				
QUESTIONS TO ASK OF YOUR BEHAVIOR PROFILES, INDICATORS, AND TARGETS	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	If no or don't know, what changes need to be made to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Other
5. Are the actors required to support or enable the behaviors identified? Are their actions clearly stated?								
6. Have strategies to achieve the behaviors been outlined?								
7. Would you expect leveraging or overcoming the critical factors to positively impact the behaviors?								
8. Do the interventions/strategies link to the factors and ultimately to the behaviors?								
9. Do the interventions/strategies target the supporting actors and actions needed to address structural and social factors?								
10. Would you expect adequate implementation of each strategy/intervention to positively impact the factors associated with the strategy/intervention?								

REVIEW YOUR PROGRAM PLAN								
Section 1: Review				Section 2: Clarify and Improve				
QUESTIONS TO ASK OF YOUR BEHAVIOR PROFILES, INDICATORS, AND TARGETS	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	If no or don't know, what changes need to be made to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Other
C. QUALITY INDICATORS⁵								
11. Do the behavioral indicators meet all of the needed criteria? (See the criteria listed below this table.)								
12. Do the factor-level indicators meet all of the needed criteria?								
13. Can all of the structural factor indicators be moved within the program timeframe?								
14. Can all of the social factor indicators be moved within the program timeline?								
15. Can all of the internal factor indicators be moved within the program timeline?								
D. APPROPRIATE TARGETS⁶								

⁵ For additional support, see *Establish Behavioral Outcome Indicators* and *Assess the Quality of Behavioral Outcome Indicators*

⁶ For additional support, see *Set Targets*

REVIEW YOUR PROGRAM PLAN								
Section 1: Review				Section 2: Clarify and Improve				
QUESTIONS TO ASK OF YOUR BEHAVIOR PROFILES, INDICATORS, AND TARGETS	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	If no or don't know, what changes need to be made to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Other
16. Have you set a target for each behavioral and factor-level indicator?								
17. Were good data used to establish the baselines and the targets?								
18. Are the behavioral outcome targets reasonable in the timeframe available to the program?								
19. Are the targets for the structural factor indicators reasonable?								
20. Are the targets for the social factor indicators reasonable?								
21. Are the targets for the internal factor indicators reasonable?								
E. SUBGROUPS								
22. Is the priority behavior uptake low in your regions where mortality, poverty rate, illiteracy, or other consequence, depending on the goal, is high?								
23. Are you investing in all regions with low uptake of								

REVIEW YOUR PROGRAM PLAN								
Section 1: Review				Section 2: Clarify and Improve				
QUESTIONS TO ASK OF YOUR BEHAVIOR PROFILES, INDICATORS, AND TARGETS	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	If no or don't know, what changes need to be made to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Other
priority behaviors and high mortality, poverty rate, illiteracy, or other problem (as relates to the goal)?								
24. Is your rationale for selecting other subgroups still valid?								

Criteria for Quality Indicators

1. Are you directly measuring the behavior, steps, or factors? If not, why?
2. As written, is this indicator specific enough to accurately measure?
3. Will you be able to collect the data for this indicator? How?
4. Could these data be free from all bias?
5. Using the dollar sign scale below, how much would it cost to collect the data for this indicator? Can you afford to collect the data?
 - a. \$ - reviewing existing data
 - b. \$\$ - some data collection
 - c. \$\$\$ - national survey

To conduct a more detailed assessment, see [Assess the Quality of Behavioral Outcome Indicators](#).

APPENDIX B: READ AND INTERPRET YOUR DATA – BEHAVIORAL AND FACTOR-LEVEL INDICATORS

Purpose: This tool will help users determine whether and which course corrections are needed to achieve the program goal. You can use this tool to read and interpret data for a single behavior or for multiple behaviors.

Intended Audience: Anyone responsible for program outcomes can use this tool.

INSTRUCTIONS FOR USE

Section 1: Read the Behavior Profile and Available Data

1. Gather all the indicator and other relevant data available to you. Synthesize or summarize as needed and put in a format useful for participants (e.g., PowerPoint presentation or handouts).
2. Make copies of this tool (adapting as needed) for participants if using with a group, or plan to complete a projected version.
3. With the assembled group, answer YES or NO to each of the questions below, based on the data you have in front of you.
4. If you have any NOs, you should make changes to your program, activities, or your measurements (i.e., indicators and how they are measured). Continue to Section 2.
5. If you have any DON'T KNOWs, determine how to get the needed information and whether not having it or the inability to get it requires any changes to your program.
6. If you have all Yesses, then your program is on the right track. Congratulations! Record and share your successes.

Section 2: Interpret the Data and Decide If, What, and How to Adapt

7. For every question to which you answer NO or DON'T KNOW, complete the THEN WHAT (Interpret) section.
8. Be as specific as possible, on “Why not” and “what changes need to happen.”

READ AND INTERPRET YOUR DATA								
Section 1: Read				Section 2: Interpret				
QUESTIONS TO ASK OF YOUR DATA	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	What changes need to happen to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Before Next Evaluation
A. PRIORITY BEHAVIORS - UPTAKE								
1. Are all behavioral outcome indicators being measured?								
2. Is uptake of the behaviors moving in the right direction?								
Behavioral Indicator 1								
Behavioral Indicator 2								
Behavioral Indicator 3								
Behavioral Indicator 4								
Behavioral Indicator 5								
3. Have changes in the behavioral outcome indicators been free of the influence of contextual factors (e.g., sudden conflict, change in government priorities, natural disaster)?								
4. Is there adequate data for these contextual factors?								
B. PATHWAYS TO CHANGE - IMPROVEMENT								
5. Are all critical factors that you identified in the								

READ AND INTERPRET YOUR DATA

Section 1: Read			Section 2: Interpret					
QUESTIONS TO ASK OF YOUR DATA	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	What changes need to happen to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Before Next Evaluation
behavior profiles being measured?								
6. Since program start-up, are data on the factor-level indicators moving in the right direction?								
Factor Indicator 1								
Factor Indicator 2								
Factor Indicator 3								
Factor Indicator 4								
Factor Indicator 5								
Factor Indicator 6								
Factor Indicator 7								
Factor Indicator 8								
7. Have changes in the factor-level indicators been free of the influence of contextual factors?								
8. Are there adequate data on these contextual factors?								
9. If the factor-level indicators are moving in the desired direction, but the associated behavioral outcome indicators are not, have all the factors that could have an impact on uptake of the								

READ AND INTERPRET YOUR DATA								
Section 1: Read				Section 2: Interpret				
QUESTIONS TO ASK OF YOUR DATA	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	What changes need to happen to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Before Next Evaluation
behaviors been included in pathways?								
C. QUALITY INDICATORS - USEFUL?								
10. Are the indicators providing adequate information on uptake of the behaviors?								
11. Are the indicators providing adequate information on the critical factors?								
D. TARGETS - BEING MET?								
12. Is the program on track to meet all of the behavioral outcome targets?								
13. Is the program on track to meet all of the factor-level targets?								
E. SUBGROUPS - DIFFERENCES?								
14. Are the data moving in a positive direction for all of the regions and other subgroups on which you are focusing?								
15. Is it possible to control for all contextual factors that might be impacting change								

READ AND INTERPRET YOUR DATA

Section 1: Read			Section 2: Interpret					
QUESTIONS TO ASK OF YOUR DATA	Check one			IF NO, THEN WHAT?				
	YES	NO	Don't Know	If NO, why not? (If "Don't Know," why not?)	What changes need to happen to say "YES"?	When to make these changes		
						Now	With Revised Workplan	Before Next Evaluation
among regions or other subgroups?								
16. Are there adequate data on these contextual factors?								
17. If data are available for non-intervention areas and subgroups, are the positive changes in the intervention areas and subgroups greater than in non-intervention areas and subgroups?								

APPENDIX C: SAMPLE PRIORITY BEHAVIORS LIST

MATERNAL HEALTH - BENIN

Project Goal

Reduce maternal mortality

Health Goal

Maternal mortality reduced by 5% globally by 2024

Priority Behaviors

<p>Antenatal Care Pregnant women complete a full course of quality antenatal care (ANC)</p> <p>📈 Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits</p> <p>📄 DOWNLOAD PIRS</p> <p>📄 See Subnational & Trend data</p>	 <p>52%</p>
<p>Birth Spacing After a live birth, women or their partners use a modern contraceptive method to avoid pregnancy for at least 24 months</p> <p>📈 Percentage of currently married or in union women using family planning for spacing</p> <p>📄 DOWNLOAD PIRS</p> <p>📄 See Subnational & Trend data</p>	 <p>10%</p>
<p>Delivery in Health Facility Pregnant women deliver in a health facility with an equipped, qualified provider</p> <p>📈 Percentage of live births in the three years preceding the survey delivered at a health facility</p> <p>📄 DOWNLOAD PIRS</p> <p>📄 See Subnational & Trend data</p>	 <p>85%</p>
<p>HIV Testing Women and men test for HIV and obtain test results</p> <p>📈 Percentage of women who have ever had an HIV test and received their results</p> <p>📄 DOWNLOAD PIRS</p> <p>📄 See Subnational & Trend data</p> <p>📈 Percentage of men who have ever had an HIV test and received their results</p> <p>📄 DOWNLOAD PIRS</p> <p>📄 See Subnational & Trend data</p>	 <p>35%</p>  <p>18%</p>
<p>Intermittent Preventive Treatment of Malaria in Pregnancy Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits</p> <p>📈 Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit</p> <p>📄 DOWNLOAD PIRS</p> <p>📄 See Subnational & Trend data</p>	 <p>13%</p>

APPENDIX D: SAMPLE BEHAVIOR PROFILE - ANTENATAL CARE

BEHAVIOR PROFILE: ANTENATAL CARE			
HEALTH GOAL	Improve maternal and child survival		
BEHAVIOR	Pregnant women complete a full course of quality antenatal care (ANC) 77 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
<p>What steps are needed to practice this behavior?</p> <p>Behavior</p> <p>Pregnant women complete a full course of quality antenatal care (ANC)</p> <p>Steps</p> <ol style="list-style-type: none"> 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 (history, examination, screening and tests, treatments, preventive measures, health education and counseling) from qualified provider at each visit 6. Adhere to provider instructions during and following each visit, including when to return for the next visit 	<p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: Pregnant women cannot access health facilities because they are too far.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>SOCIAL</p> <p>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.</p> <p>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.</p> <p>Norms: Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy.</p> <p>INTERNAL</p> <p>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.</p> <p>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.</p> <p>Knowledge: Most pregnant women attend at least one ANC visit because they understand its benefits.</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Policymakers: Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing.</p> <p>Policymakers: Ensure pregnant adolescents can still attend school.</p> <p>Managers: Provide effective supervision and on-site support to ensure quality ANC services.</p> <p>Logistics Personnel: Monitor and properly forecast stock of essential tests, medicines, and supplements.</p> <p>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.</p> <p>COMMUNITY</p> <p>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.</p> <p>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.</p> <p>HOUSEHOLD</p> <p>Family Members: Actively participate in ANC and support women, especially first-time mothers and adolescents, in all aspects of pregnancy and delivery planning.</p> <p>Male Partners: Actively support finances, planning, and transportation for ANC for pregnant women.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>Strategy requires Communication Support</p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC.</p> <p>Financing: Finance task-shifting and explore community-based service delivery such as iron and folic acid supplements.</p> <p>Policies and Governance: Adopt and enforce policies to permit pregnant adolescents to attend school.</p> <p>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.</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Supply Chain: Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC.</p> <p>Quality Improvement: Train and support providers to emphasize value of completing all ANC visits as well as active birth planning.</p> <p>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.</p> <p>Quality Improvement: Ensure that services are client- and family-friendly and that counseling on follow-up care is provided to both the pregnant women and any family members accompanying her.</p> <p>DEMAND AND USE</p> <p>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.</p> <p>Communication: Create pregnancy and new-mother groups to help mothers understand the benefit of care throughout pregnancy and the post-partum period.</p> <p>Collective Engagement: Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits.</p>

APPENDIX E: HOW TO READ BEHAVIORAL DATA

Indicator data can be presented in many ways. This brief guide provides examples and describes how to read them.

The **pie chart** gets its name from the way it looks, just like a round pie that has been cut into slices, usually of varying sizes. Each slice of pie represents a proportion of the whole. The proportions add up to 100% or the total number of things included in the measurement. In the pie chart below, the “slice” labeled Target: 82% represents the difference between the 2018 uptake (71%) and the 2022 target (82%). The program must determine whether and how it can close that gap in uptake by 2022.

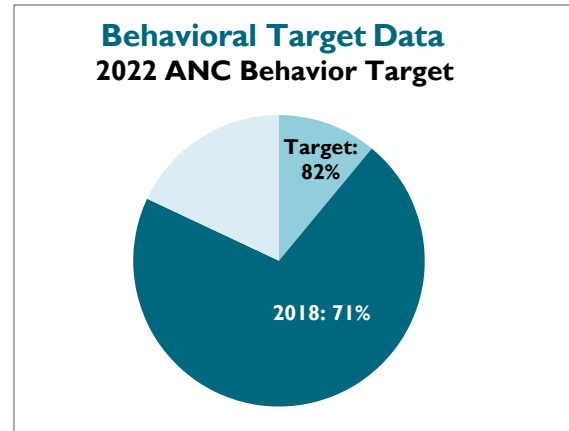


Figure 1: Behavioral Target Data Displayed in a Pie Chart

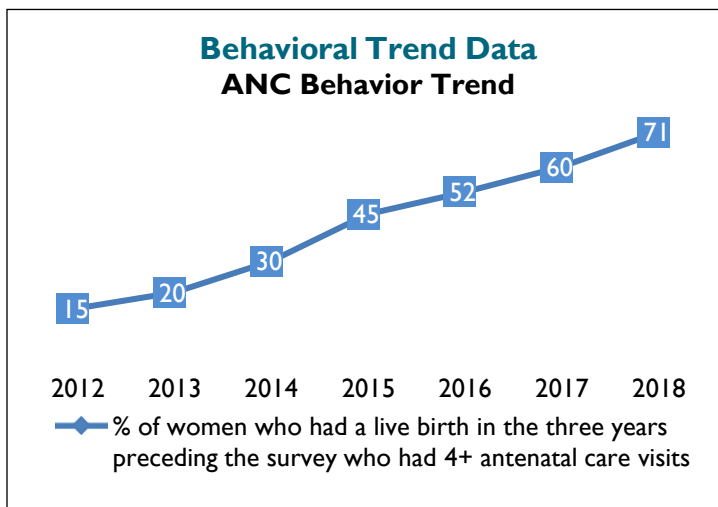


Figure 2: Behavioral Outcome Data Displayed in a Line Graph

A **time-series graph** displays data at different points in time. As the name implies, this type of graph measures trends over time. In a development project the timeframe is typically monthly, biannual, annual, or every five years. The y-axis (vertical line) often represents the percentage or quantity, while the x-axis (horizontal line) represents the time interval. The time series graph in Figure 2 shows the uptake of the behavior as measured annually. The trend is quite positive, with increases in uptake of 5-15 percentage points every year.

A **heat map** is a graphical representation of data where the individual values contained in a matrix are represented as colors (wikipedia.com). The heat map in Figure 3 shows uptake of the behavior by district, with the highest-uptake districts in dark green and the lowest in yellow. The differences might lead program managers to focus resources or adjust strategies in the lower-performing districts. It's also possible that each district would have its own target that would contribute to the overall target.

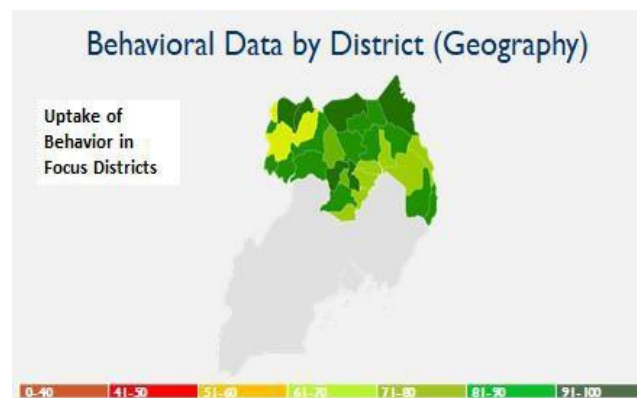


Figure 3: Behavioral Outcome Data Displayed by Location in a Heat Graph

The heatmap in Figure 4⁷ makes it easy to see at a glance the rates of adherence to the recommended number of ANC visits in Mesoamerica within and across countries.

	Guatemala	Honduras	Mexico	Nicaragua	Panama	El Salvador	Total
N	1757	1326	2193	625	1079	1386	8366
Min. # ANC in national guidelines	4	5	5	4	7	5	-
Percent of women with:							
>=1 skilled or unskilled ANC	84%	96%	94%	97%	87%	98%	94%
>=1 skilled ANC	31%	84%	75%	95%	78%	94%	78%
>=2 skilled ANC	25%	80%	70%	93%	47%		72%
>=3 skilled ANC	22%	76%	66%	89%	43%		68%
>=4 skilled ANC	18%	70%	59%	81%	38%	cannot be determined	62%
>=5 skilled ANC	13%	61%	52%	68%	33%		53%
>=6 skilled ANC	9%	51%	44%	54%	26%		44%
>=7 skilled ANC	7%	39%	30%	36%	15%		30%
Average # of skilled visits							
Among all pregnant women	1.3	4.8	4.1	5.4	3.0	cannot be determined	3.9
Among women with at least 1 skilled ANC	4.3	5.8	5.5	5.6	3.8		5.5

Figure 4: Heatmap Showing the Number of ANC Visits by Country

A **bar chart** (Pareto diagram, bar graph) has bars showing different categories and the amounts in each category. The bars can be horizontal or vertical.

The bar chart in Figure 5 shows twice-yearly measurements of factor-level data, with each color representing a different indicator. How the indicator is written will determine whether an increase is good or bad. In Figure 5, you would want the first indicator to increase over time, but you would want the other two indicators to decrease over time. So the "right direction" for the first is up, while the "right direction" for the other two is down. Attention to such details can be the difference between correct

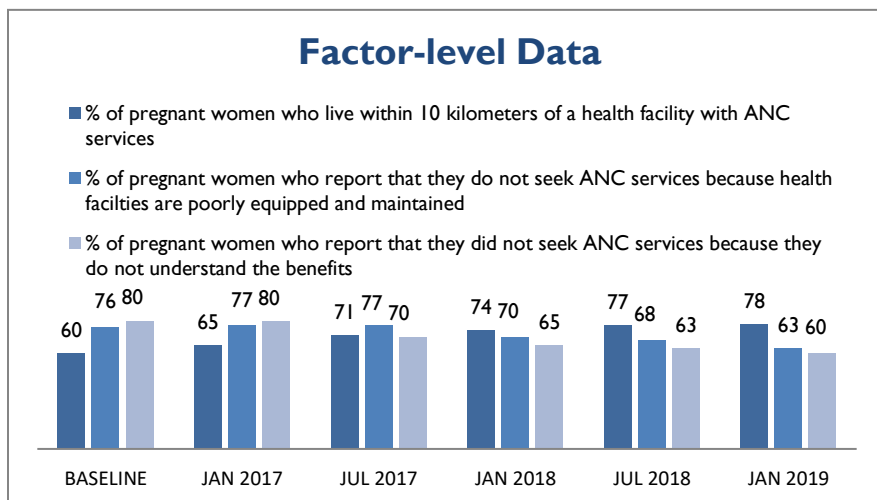


Figure 5: Bar Chart with Factor-level Data Where Indicators Should Not All Move in the Same Direction

⁷ Dansereau, E., McNellan, C.R., Gagnier, M.C. et al. Coverage and timing of antenatal care among poorwomen in 6 Mesoamerican countries. *BMC Pregnancy Childbirth* 16, 234 (2016). <https://doi.org/10.1186/s12884-016-1018-5>

and vastly incorrect interpretation of data.

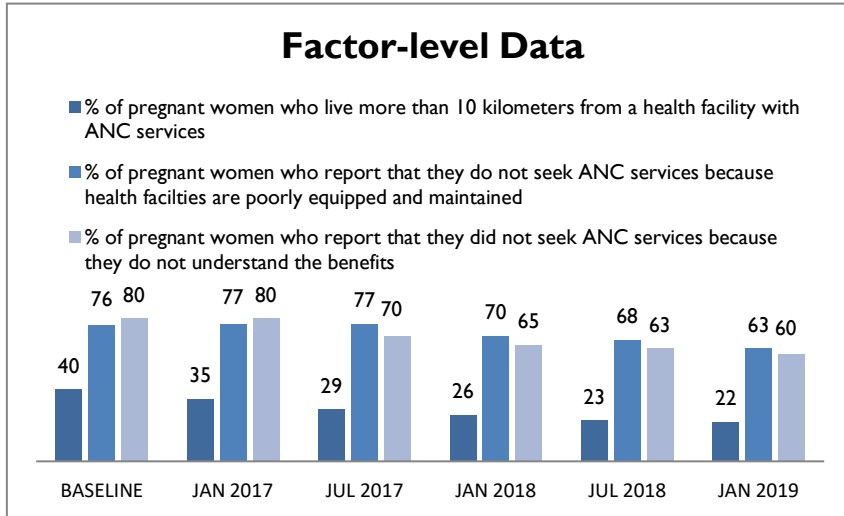


Figure 6: Bar Chart with Factor-level Data Where All Indicators Should Move in the Same Direction

In Figure 6, the first indicator was revised (% of pregnant women who live **more than** 10 kilometers from a health facility with ANC services). Now decreases in all three indicators represent progress. Note: While this seems an easy fix to make reading the bar chart easier, in actual programs such decisions must be made thoughtfully, with consideration to how the change might affect data collection and the reliability and meaning of the findings.