

Behavior Integration: Principles and Scoring Sheet for Portfolio Development and Management

Behavior Integration is a way to align programming using behavioral outcomes to maximize investments and accelerate impact. Behavior Integration means ensuring that the behaviors required to achieve the results you seek—for example, a reduction in maternal and child deaths—are at the center of program planning and implementation.

This 2-part package is designed to help funding organizations assess the extent to which behaviors have been integrated into strategies, programs, proposals, and projects. Completing it thoughtfully and making or requesting changes based on the results can aid in the selection of well-developed and promising Social and Behavior Change (SBC) proposals and help improve ongoing and future programming.

PART 1 describes four principles of Behavior Integration and suggests ways to measure related behavioral outcomes.

PART 2 is an appraisal tool for rating strategies, proposals, and other program documents on how well they integrate behaviors into their design. Use of the scoring tool:

- Provides a picture of the quality of the portfolio and can generate specific recommendations and lessons learned
- Focuses attention strategically at the portfolio rather than on the tactical specifics of individual partners or awardees
- Encourages adherence to a set of standards for quality SBC programs

The appraisal of Principles 1 and 2 focuses on the donor and requires a review of strategic and program documents. The appraisal of Principles 3 and 4 can be performed via partner/awardee interviews or by reviewing the partner's or project's latest work plan and monitoring and evaluation (M&E) plan. The scoring sheet can help focus partners on the areas that need to be strengthened.

Sample and blank Behavior Profiles are included at the end of this document for reference and use.

PART 1: PRINCIPLES OF BEHAVIOR INTEGRATION

Principles 1 and 2 measure how well donors have integrated behaviors into the design of their portfolio.

PRINCIPLES	MEASURES	SOURCES OF VERIFICATION
<p>Principle 1. Behaviors are identified and prioritized to achieve the Development Goal.</p> <p>To ensure activities in the portfolio contribute to the achievement of the development goal, an analysis is completed to identify the causes of the problem you are trying to solve.</p> <p>For example, one goal could be to reduce maternal mortality. The next step would be to identify the behaviors that would best contribute to addressing top causes of maternal mortality. Then the behaviors are examined to determine which of them (1) would have the most significant impact on addressing the top causes of mortality and (2) currently have insufficient uptake. Those become the priority behaviors on which to focus.</p>	<ol style="list-style-type: none"> 1.1. Leading causes of the problem that might be addressed to achieve the development goal are selected. 1.2. Behaviors to address the selected causes of the problem are identified and prioritized. 	<ul style="list-style-type: none"> • Results Framework • Project Appraisal Documents • RFAs/RFPs
<p>Principle 2. Behavior analyses are completed and used to strengthen strategic documents.</p> <p>Prioritized behaviors are further analyzed (via desk research) to determine the logical pathways to change*.</p> <p>A Behavior Profile is a structured way to identify the steps needed to practice the priority behavior, the factors inhibiting or supporting adoption of the behavior, the supporting actors and their actions required, and interventions needed (see page 9 for a sample Behavior Profile and page 10 for a blank one). These Behavior Profiles are used to inform the design of results frameworks.</p> <p>*Logical pathways to change link the behavior and the interventions, through the appropriate factors and supporting actors.</p>	<ol style="list-style-type: none"> 2.1. Factors preventing or supporting the practice of each behavior and its associated steps are identified and prioritized. 2.2. Supporting actors and actions for each structural and social factor are identified. 2.3. Strategies or interventions directly linked to specific factor(s) and/or supporting actor(s) are identified. 2.4. Logical pathways identified for each behavior are reflected in relevant Results Framework, RFAs/RFPs, and other strategic documents. 	<ul style="list-style-type: none"> • Behavior profiles or the equivalent • Results Framework • RFAs/RFPs • Other strategic documents

PART I: PRINCIPLES OF BEHAVIOR INTEGRATION

Principles 3 and 4 measure how well Behavior Integration is reflected in the activities designed and managed by Partners/Awardees.

PRINCIPLES	MEASURES	SOURCES OF VERIFICATION
<p>Principle 3. Logical pathways are established between the behavioral outcome indicators and interventions.</p> <p>Logical pathways demonstrate how activities and specific interventions align to a set of behavioral outcome indicators and will lead to changing the priority behaviors.</p>	<p>3.1. Behavioral outcome are defined and used to align specific interventions carried out within partner or awardee projects.</p> <p>3.2. Additional analyses of factors are completed to inform intervention design.</p> <p>3.3. Factor indicators are defined and used to align specific interventions carried out within partner or awardee projects.</p> <p>3.4. Interventions included in activity work plans are linked to behaviors through the logical pathways proposed in the solicitation document.</p>	<ul style="list-style-type: none"> • Partner or awardee project mapping based on behavior profiles • Partner/awardee project work plans with intervention details
<p>Principle 4. Data on appropriate indicators are collected and used to inform partner or awardee project adjustments.</p> <p>Ensure partner or awardee activities are accountable to achieving behavioral outcomes for the prioritized behaviors. Behavioral outcome indicators, factor outcome indicators and intervention outputs are established and measured on a regular basis using a consistent methodology.</p>	<p>4.1. Indicators to track prioritized behaviors and prioritized factors are included in the M&E Plan.</p> <p>4.2. Indicators to track prioritized behaviors and prioritized factors are analyzed at least annually and used to inform project modifications.</p>	<ul style="list-style-type: none"> • Partner or awardee M&E Plan • Partner or awardee progress reports • Partner/awardee M&E reports

PART 2: APPRAISAL SCORING SHEET

Use this Behavior Integration Principles Appraisal Scoring Sheet to assess the quality of your strategy, draft RFP, proposals received, and partner or awardee work plans and M&E plans. Reviewing the principles, document(s) and scoring sheet with partners or awardees can help focus on the areas that need to be strengthened.

Instructions for Use:

1. Review Part I of this package, Principles of Behavior Integration.
2. Review the desired document, e.g. proposal, work plan, M&E plan, or annual report, you wish to assess, asking the questions found on the Scoring Sheet.
3. For each question, circle the number of the answer that you feel best reflects what you see in the document.
4. Sub-total your scores for each principle, then average them.
5. Total all the averages, and then calculate their average for an overall score.
6. Use –Reading your Scores! (see below scoring sheet) to decide if and how you need to work with your partners or awardees to improve the quality of behavior integration in their project.
7. If documentation of an ongoing project is under review, it is highly recommended that the principles be read and the scoring sheet completed with the partner/awardee.
8. If a proposal is being reviewed, then this scoring sheet will help you determine what changes you might want to request from bidders.

[Principles 1 and 2 measure the extent to which Behavior Integration has been used to inform strategic documents – such as Results Frameworks – that influence program design.]

PRINCIPLE 1: BEHAVIORS ARE IDENTIFIED AND PRIORITIZED TO ACHIEVE THE DEVELOPMENT GOAL.

MEASURES	SCORING				COMMENTS
1.1. Are leading causes of the problem stated — causes that might be addressed to achieve the development goal?	(1) No specific causes of the problem are stated	(2) Specific causes of the problem are stated, but no development goal is established	(3) Specific causes of the problem are stated and a development goal is established, but one or more essential causes of the problem are missing	(4) Specific causes of the problem are stated and clearly link to development goal	
1.2. Are behaviors identified and prioritized to address the selected causes of the problem?	(1) No behaviors have been identified	(2) Behaviors have been identified but not prioritized, and not all are linked to stated causes of the problem	(3) Behaviors have been identified and prioritized, but not all are linked to stated causes of the problem	(4) Behaviors have been identified and prioritized, and all are linked to stated causes of the problem	

Subtotal for Principle 1:	Average score for Principle 1:
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PRINCIPLE 2: BEHAVIOR ANALYSES ARE COMPLETED AND USED TO STRENGTHEN STRATEGIC DOCUMENTS.

MEASURES	SCORING				COMMENTS
2.1. Are the factors preventing or supporting the practice of each behavior identified and prioritized?	(1) No prioritization is conducted	(2) Prioritization is based on experience and anecdotal evidence	(3) Prioritization is based on evidence from existing and new research to determine which are important	(4) Prioritization is based on evidence from existing and new research to determine which are most critical	
2.2. Are supporting actors and actions for each structural and social factor identified?	(1) No potential actors or actions are identified	(2) Potential supporting actors and actions are identified based on experience and anecdotal evidence	(3) Potential supporting actors and actions are identified based on existing and new research	(4) Potential supporting actors and actions are identified based on experience, lessons learned, and existing and new research	
2.3. Are interventions identified and linked to leveraging or overcoming a specific factor(s) and through supporting actor(s), where applicable, i.e. has a logical pathway from the intervention back to the behavior been established?	(1) No interventions are identified	(2) Interventions are identified, but do not have a logical pathway to the behavior	(3) Interventions are identified and more than half (but not all) have a logical pathway to the behavior	(4) Interventions are identified and all have a logical pathway to the behavior	
2.4. Are logical pathways identified for each behavior reflected in relevant Results Frameworks, RFAs/RFPs, and other strategic documents?	(1) No elements of the logical pathways are found in any strategic documents	(2) Elements of the logical pathways are found in RFA/RFP documents	(3) Elements of the logical pathways are found in Results Frameworks and RFA/RFP documents	(4) Elements of the logical pathways are found in relevant Results Frameworks, RFA/RFPs, and other strategic documents	

Subtotal for Principle 2:

Average score for Principle 2:

[Principles 3 and 4 measure the extent to which the priorities outlined in the development portfolio’s strategic documents are reflected in the strategies, approaches, and plans designed and managed by partners or awardees.]

PRINCIPLE 3: LOGICAL PATHWAYS ARE ESTABLISHED BETWEEN THE BEHAVIORAL OUTCOME INDICATORS AND INTERVENTIONS.

MEASURES	SCORING				COMMENTS
3.1 Are behavioral outcome indicators defined and used to align specific interventions carried out within partner or awardee projects?	(1) No behavioral indicators are established	(2) Behavioral indicators are established and fewer than half of interventions are aligned to them	(3) Behavioral indicators are established and more than half of (but not all) interventions are aligned to them	(4) Behavioral indicators are established and all interventions are aligned to them	
3.2 Are additional analyses of factors completed to inform intervention design?	(1) No additional analysis is conducted	(2) Additional analysis is completed for fewer than half of the factors	(3) Additional analysis is completed for more than half of (but not all) the factors	(4) Additional analysis is completed for all of the factors	
3.3 Are factor indicators defined and used to align specific interventions carried out within partner or awardee projects?	(1) No factor indicators are established	(2) Factor indicators are established and fewer than half of interventions are aligned to them	(3) Factor indicators are established and more than half of (but not all) interventions are aligned to them	(4) Factor indicators are established and all interventions are aligned to them	
3.4 Are the interventions included in project work plans linked to the logical pathways established?	(1) No interventions link to the logical pathways	(2) Fewer than half of the interventions link to the logical pathways	(3) More than half (but not all) of the interventions link to the logical pathways	(4) All of the interventions link to the logical pathways	

Subtotal for Principle 3:

Average score for Principle 3:

PRINCIPLE 4: DATA ON APPROPRIATE INDICATORS ARE COLLECTED AND USED TO INFORM PARTNERS OR A WARDEE PROJECT ADJUSTMENTS.

MEASURES	SCORING				COMMENTS
4.1 Are indicators to track prioritized behaviors and prioritized factors included in the M&E Plan?	(1) No indicators are used to track changes in the prioritized behaviors and prioritized factors	(2) Fewer than half of the prioritized behaviors and prioritized factors have indicators defined in the M&E Plan	(3) More than half (but not all) of the prioritized behaviors and prioritized factors have indicators defined in the M&E Plan	(4) All the prioritized behaviors and prioritized factors have indicators defined in the M&E Plan	
4.2 Are indicators to track prioritized behaviors and prioritized factors analyzed at least annually and used to inform activity adjustments?	(1) No analysis or use of collected indicators is conducted	(2) Indicators are analyzed and used only at project end	(3) Indicators are analyzed and used to inform adjustments at least every two years	(4) Indicators are analyzed and used to inform adjustments at least annually	


Subtotal for Principle 4:	Average score for Principle 4:
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Total of all average scores:	Average total score:
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READING YOUR SCORES	
Any average sub-total ≤ 2.5	Revisit the behavioral and factor outcomes, pathways to change, and interventions related to the relevant principle or question.
Average Total Score (Note: If the proposal or project does not effectively integrate behaviors, use the information in Column 4 [the ideal scenarios] to see how and where the proposal or project can be improved or strengthened.)	
≤ 2.5	Re-examine and revise the behavioral and factor outcomes, pathways to change, and chosen interventions to ensure that the work follows principles that will increase the likelihood of behavior change and project success.
2.75 – 3.25	The work is on the way to following a logical pathway to change. Make small changes that will increase the likelihood of success.
≥ 3.5	The work follows a logical pathway to change. Still revisit any principle sub-total score of less than 2.5.

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) 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? Behavior Pregnant women complete a full course of quality antenatal care (ANC) Steps <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 	What factors may prevent or support practice of this behavior? 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. 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.	Who must support the practice of this behavior, and what actions must they take? 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.	What strategies will best focus our efforts based on this analysis? 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 women 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. Collective Engagement: Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits.

HEALTH GOAL:			
BEHAVIOR:			
Behavioral Indicator 			
BEHAVIOR ANALYSIS			STRATEGY
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? These should be analyzed for each country context.	Who must support the practice of this behavior?	How might we focus our efforts based on this analysis? <i>Indicate if strategy requires Communication Support</i>