



Think | BIG

Behavior Integration Guidance

**Translate Behavior Profiles or a
Behavior Summary into a
Results Framework**

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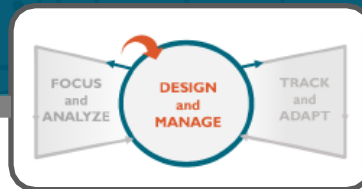


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OVERVIEW

PURPOSE

The purpose of this document is to show how you can easily transform Behavior Profiles or a Behavior Summary into a Results Framework that maintains the integrity of your behavioral analysis while ensuring the linkages and connections for a solid theory of change. The Results Framework can be for an activity, program, project, or Country Development Cooperation Strategy (CDCS).

INTENDED USERS

This document is intended for use by USAID staff and implementing partners.

HOW THIS FITS INTO THINK | BIG

Results Frameworks are created in Step 2 of the Think | BIG process – Design and Manage. You will have already completed Step 1 “Focus and Analyze,” and are now ready to develop a strategy using your behavioral analysis from Step 1. The figure on the right illustrates where this step fits into Think | BIG.

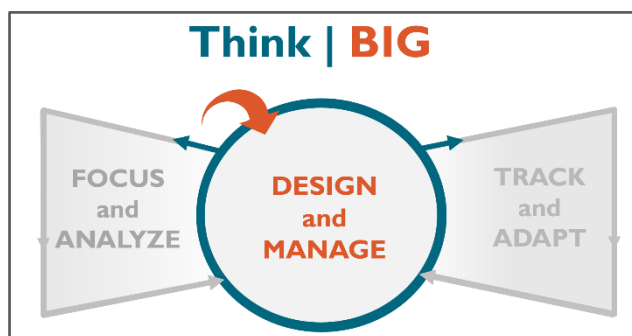


Figure 1: Where Summarize fits into Think | BIG

ESTIMATED TIME NEEDED

You will need between **two and four hours** to develop a good first draft.

SAMPLES INCLUDED

- **Appendix A:** Cross-walk from Behavior Profile(s) to Results Framework
- **Appendix B:** Cross-walk from Behavior Summary to Results Framework
- **Appendix C:** From One Behavior Profile to an Activity or Project Results Framework Using Behavioral Language
- **Appendix D:** From Up to Four Behavior Profiles to an Activity or Program Results Framework in a Single Technical area (e.g., malaria) Using Traditional Language
- **Appendix E:** From 2 to 4 Behavior Profiles to an Activity or Program Results Framework – 2-4 technical areas (e.g., modern contraceptive use, antenatal care visits, handwashing with soap, and immunization)
- **Appendix F:** From Behavior Summary of 4+ Behaviors to an Activity or Program Results Framework Representing Factors with –ed Adjectives
- **Appendix G:** From Behavior Summary of 4+ Behaviors to a CDCS Results Framework – High-level
- **Appendix H:** From Behavior Summary of 4+ Behaviors to a CDCS Results Framework – Detail-level

INSTRUCTIONS

1. Open or print your Behavior Profile(s) or Behavior Summary, depending on whether you are working with one behavior or several behaviors.
2. Review the cross-walk that corresponds to your needs (Appendix A and B). These crosswalks indicate which parts of a Profile or Summary are “translated” into sections of a Results Framework.
3. Consider how you want to “translate” phrases:
 - a. Do you want to use behavioral language for the intermediate results or reflect your behaviors through traditional language (“Caregivers appropriately manage care...” vs. “Increased prompt care-seeking...”? See Appendices C and D.
 - b. Do you want your factors to use “-ed” adjectives or not (“Women empowered ...” vs. “Empower women...”? See Appendices E and F for with and without.
 - c. Are you simply trying to develop a high-level Results Framework? See Appendix G.
 - d. Do you want your strategies to end with an “-ed” adjective or simply state the output (“Policies created...” vs. “Providers proficient...”? See Appendices E vs. F and H for the possibilities.
 - e. Do you want to insert the type of factor or strategy into your framework? See Appendices E vs. F and H for the difference.

4. Translate your behavioral analysis into a Results Framework.

Note: What is most important is ensuring that your Results Framework reflects your behavioral work and decision making. As long as the Results Framework accurately reflects your behaviors, you can “translate” your behaviors, factors, and strategies as you see most appropriate.

Note: While identifying and working with cross-cutting factors and strategies can improve project and activity effectiveness, it is not always necessary to have cross-cutting factors or strategies. Sometimes the behaviors and their factors are truly distinct from one another.

5. As you develop text describing/detailing your results framework, use the following formula to state your development hypothesis:

If [Behavior 1] + [Behavior 2] + [Behavior 3] (etc.), then [Development Outcome (or Objective)].

For example: If government strengthens the enabling environment for growth; citizens demand equitable growth; and businesses expand through efficient, productive practices; then broad-based economic growth will be accelerated and sustained.

APPENDICES

The following appendices are included with this document:

Appendix A: Cross-walk from Behavior Profile(s) to Results Framework

Appendix B: Cross-walk from Behavior Summary to Results Framework

Appendix C: From One Behavior Profile to an Activity or Project Results Framework Using Behavioral Language

Appendix D: From Up to Four Behavior Profiles to an Activity or Program Results Framework in a Single Technical area (e.g., malaria) Using Traditional Language

Appendix E: From 2 to 4 Behavior Profiles to an Activity or Program Results Framework – 2-4 technical areas (e.g., modern contraceptive use, antenatal care visits, handwashing with soap, and immunization)

Appendix F: From Behavior Summary of 4+ Behaviors to an Activity or Program Results Framework Representing Factors with –ed Adjectives

Appendix G: From Behavior Summary of 4+ Behaviors to a CDCS Results Framework – High-level

Appendix H: From Behavior Summary of 4+ Behaviors to a CDCS Results Framework – Detail-level

APPENDIX A: CROSS-WALK FROM BEHAVIOR PROFILE(S) TO RESULTS FRAMEWORK

Behavior Profiles

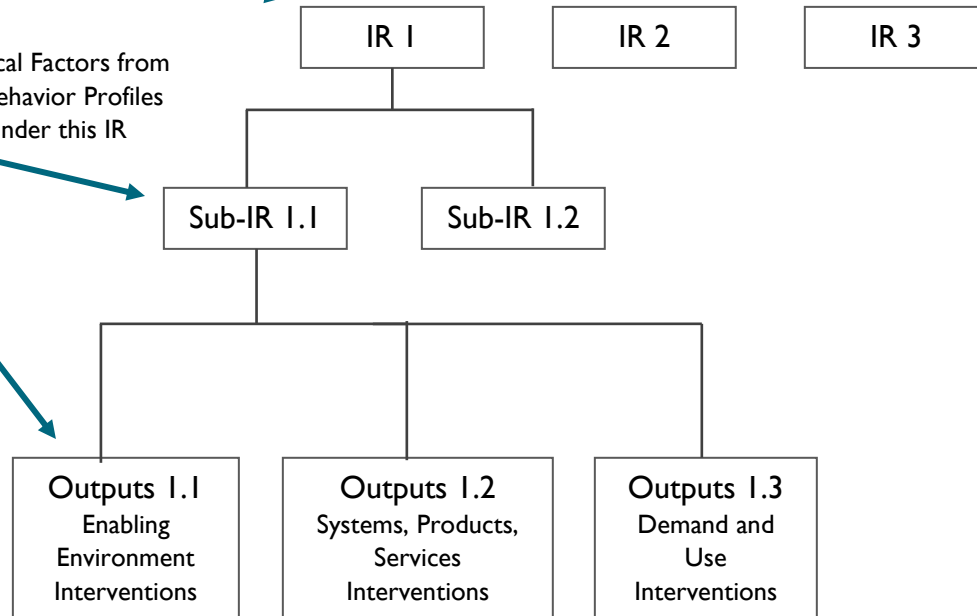
HEALTH GOAL	ACCELERATOR STRATEGY	BEHAVIOR ANALYSIS	STRATEGY
Improve maternal and child survival	Conducts appropriate management care for signs and symptoms of ARI in children	<p>1. Recognize signs and symptoms of ARI</p> <p>When does one consider the presence of behavior?</p> <p>1. Recognize signs and symptoms of ARI</p> <p>2. Monitor temperature, respiratory rate, and oxygen saturation</p> <p>3. Obtain appropriate diagnostic and treatment from a qualified provider</p> <p>4. Adhere to full course of prescribed treatment</p> <p>5. Continue or increase household water supply for age</p> <p>6. Continue other RUTs and hand hygiene as possible during illness</p> <p>7. Provide oral fluid management for age</p> <p>8. Provide oral rehydration solution as appropriate for age</p> <p>9. Continue other RUTs and hand hygiene as possible during illness</p> <p>10. Provide oral fluid management for age</p> <p>11. Provide oral rehydration solution as appropriate for age</p>	<p>POSSIBLE PROGRAM STRATEGIES</p> <p>IDENTIFY PROBLEMS</p> <p>Programs should address any of the following issues to improve the health of children and their families:</p> <p>KNOWLEDGE</p> <p>Programs should address any of the following issues to improve the health of children and their families:</p> <p>ATTITUDE AND BELIEFS</p> <p>Programs should address any of the following issues to improve the health of children and their families:</p> <p>ENVIRONMENT</p> <p>Programs should address any of the following issues to improve the health of children and their families:</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Programs should address any of the following issues to improve the health of children and their families:</p> <p>DEMAND AND USE</p> <p>Programs should address any of the following issues to improve the health of children and their families:</p>

Behaviors:
Results = Behaviors

Results Framework

Critical Factors from all Behavior Profiles under this IR

Illustrative interventions with primary actors and/or supporting actors



Measured using:

+ Behavioral outcomes determined by USAID

+ Factor-level outcomes determined by IP or USAID and IP together

+ Outputs determined by IP

* Assess pathways by tracking outputs to factor-level outcomes to behavioral outcomes over time and adapt based on learning

APPENDIX B: CROSS-WALK FROM BEHAVIOR SUMMARY TO RESULTS FRAMEWORK

Behavior Summary

Bundle of Behaviors: **Results = Behaviors**

Critical summarized factors from within this bundle

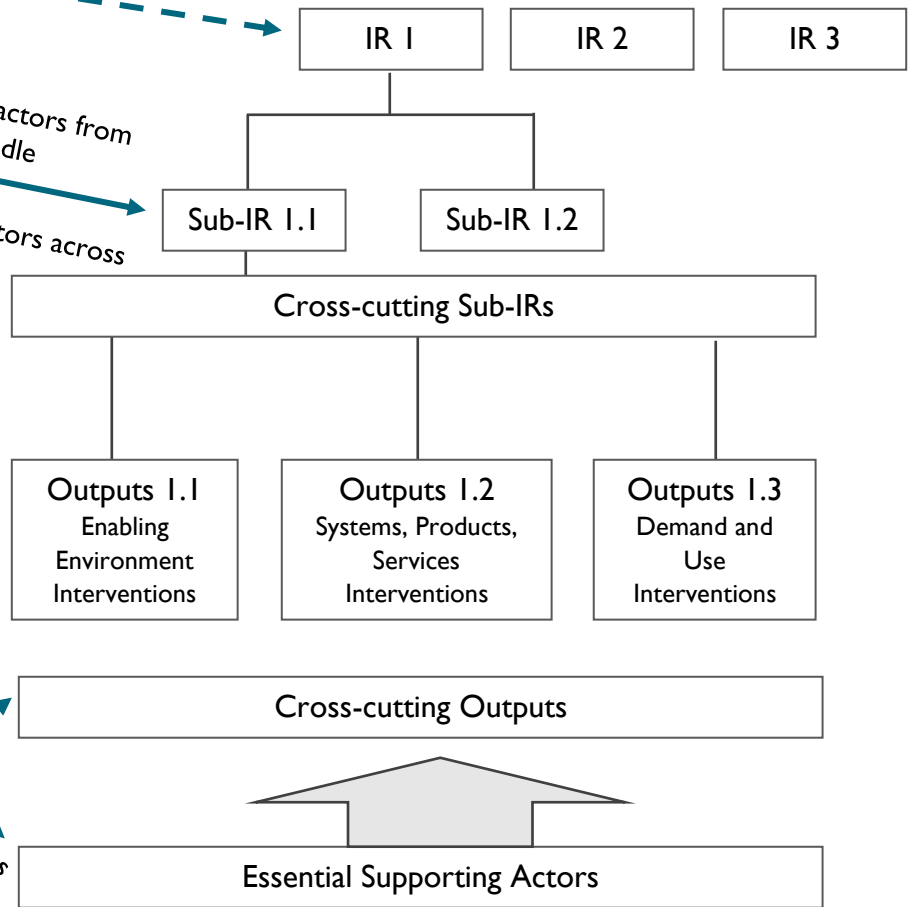
Critical summarized factors across all bundles

Supporting actors across all bundles

Illustrative strategies within this bundle

Illustrative strategies across all bundles

Results Framework



Measured using:

- + Behavioral outcomes determined by USAID
- + Factor-level outcomes determined by IP or USAID and IP together
- + Outputs determined by IP

Assess pathways by tracking outputs to factor-level outcomes over time and adapt based on learning

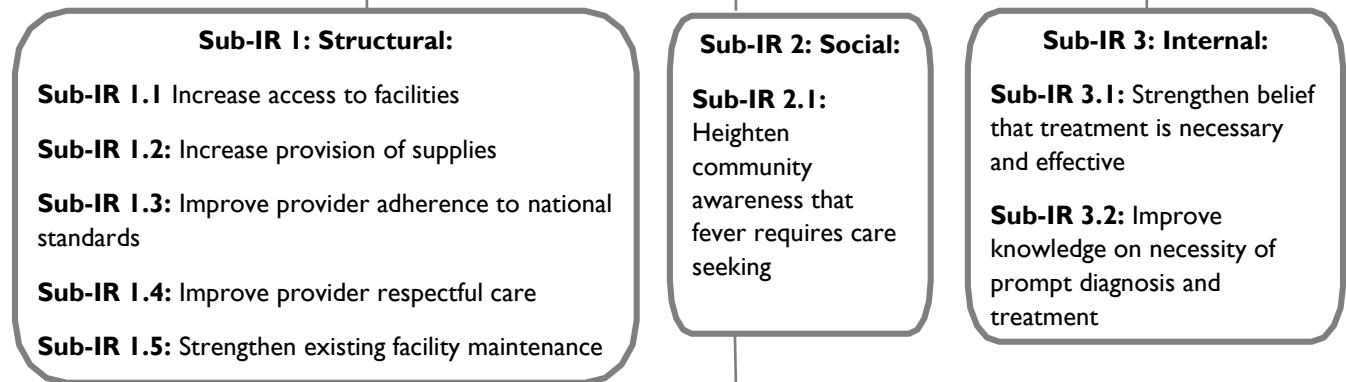
APPENDIX C: FROM ONE BEHAVIOR PROFILE TO AN ACTIVITY OR PROJECT RESULTS FRAMEWORK USING BEHAVIORAL LANGUAGE

GOAL: Reduce child deaths due to malaria

Behavior to change becomes the intermediate result (IR)

IR: Caregivers appropriately manage care for signs and symptoms of malaria for children

Factors to address become the Sub-IRs



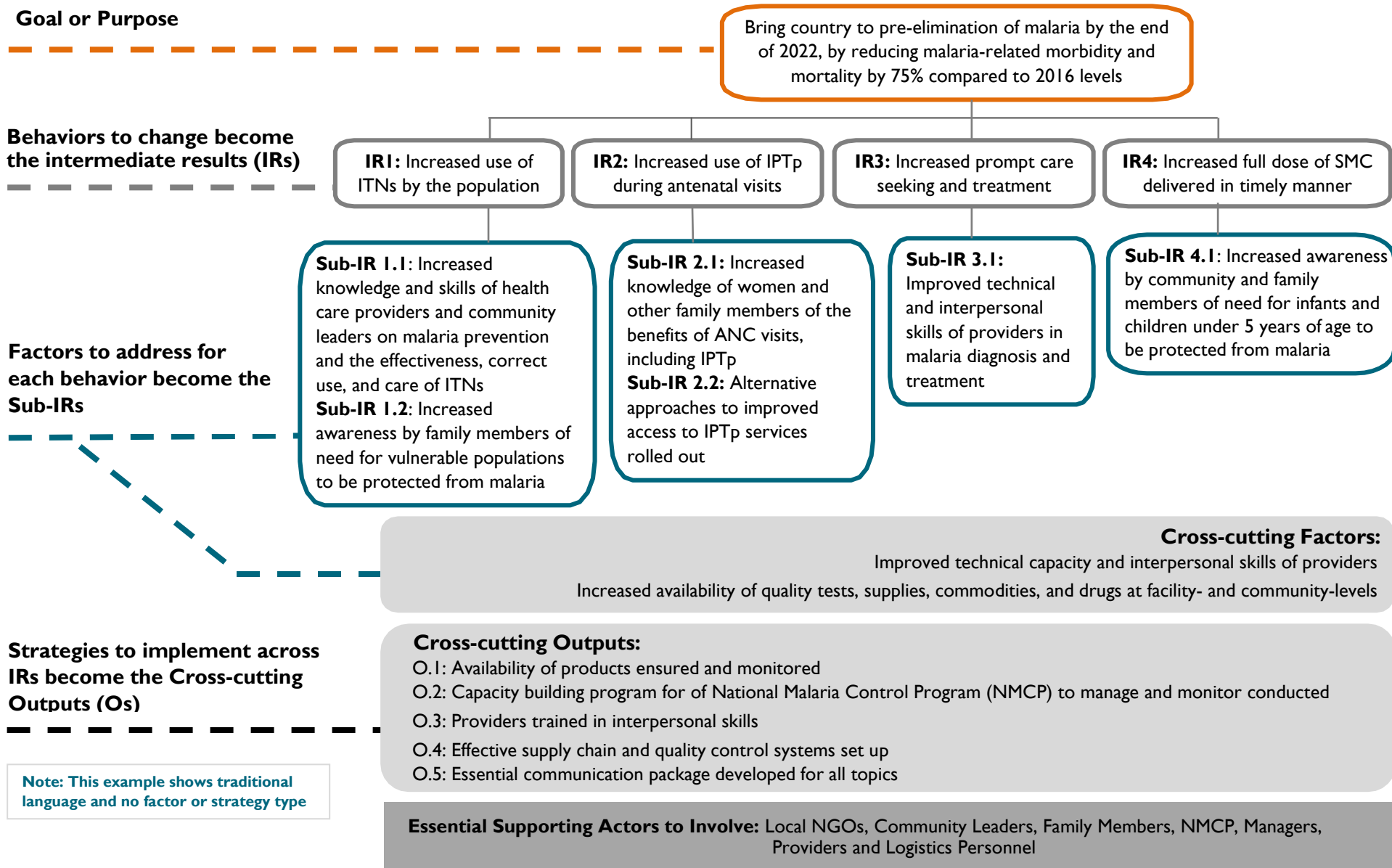
Strategies to implement become the Outputs (Os)



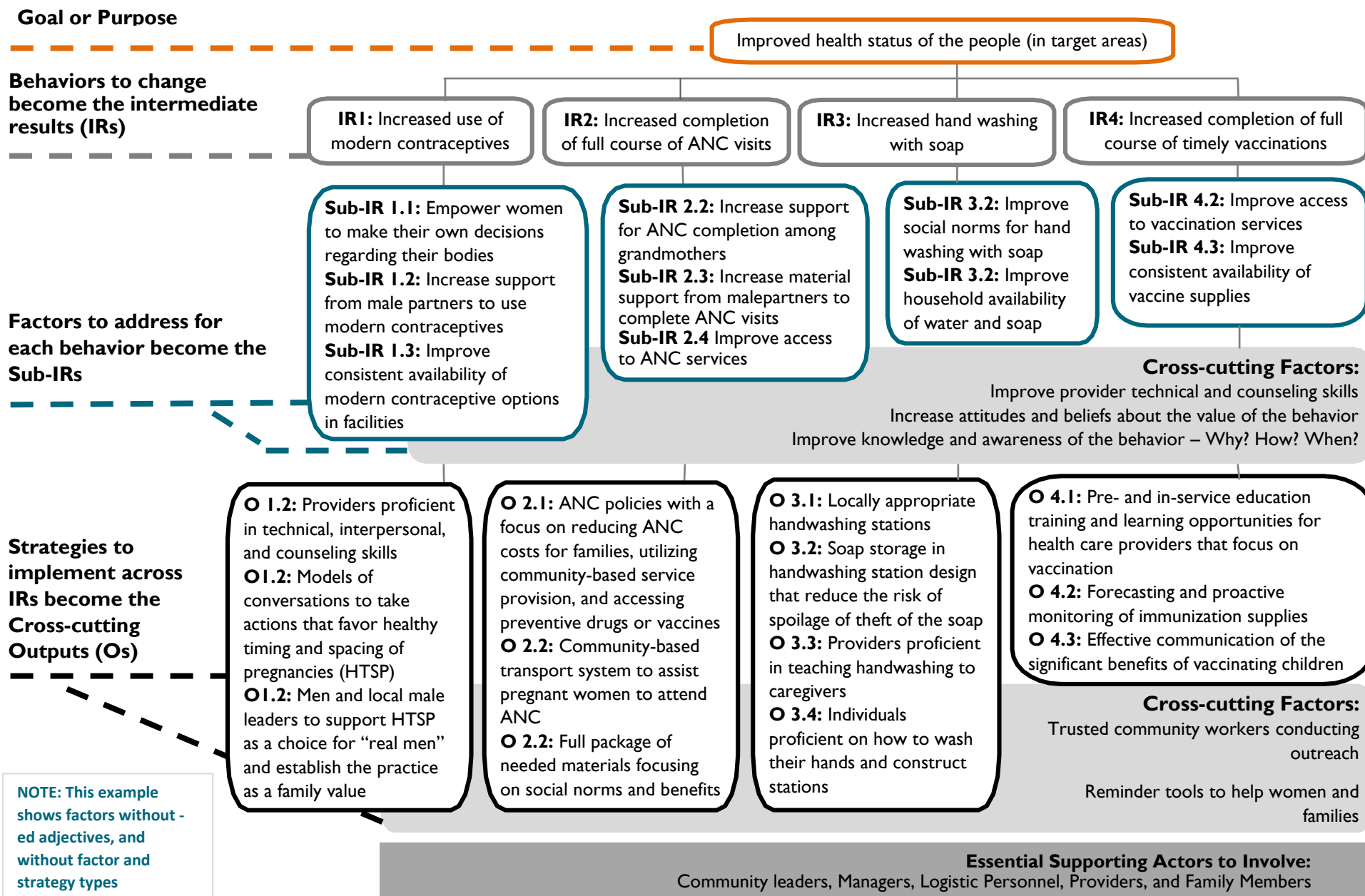
Essential supporting actors to involve:

Providers, logistics personnel, facility managers, and community and religious leaders

APPENDIX D: FROM UP TO FOUR BEHAVIOR PROFILES TO AN ACTIVITY OR PROGRAM RESULTS FRAMEWORK IN A SINGLE TECHNICAL AREA (E.G., MALARIA) USING TRADITIONAL LANGUAGE



APPENDIX E: FROM 2 TO 4 BEHAVIOR PROFILES TO AN ACTIVITY OR PROGRAM RESULTS FRAMEWORK – 2-4 TECHNICAL AREAS (E.G., MODERN CONTRACEPTIVE USE, ANTENATAL CARE VISITS, HANDWASHING WITH SOAP, AND IMMUNIZATION)



APPENDIX F: FROM BEHAVIOR SUMMARY OF 4+ BEHAVIORS TO AN ACTIVITY OR PROGRAM RESULTS FRAMEWORK REPRESENTING FACTORS WITH -ED ADJECTIVES

GOAL: Reduce deaths due to maternal and child mortality

Behaviors to change become the intermediate results (IRs)

IR 1: Caregivers adopt healthy home-based care practices
(Complementary feeding, feces disposal, ITN use, essential newborn care)

IR 1: Caregivers use quality routine services (IPTp, modern contraceptive use, HIV test and treat, facility delivery)

Common Factors to address within IRs become the Sub-IRs and cross-cutting factors become cross-cutting Sub-IRs

Structural:
Sub-IR 1.1 Increased availability of user-friendly products and services
Sub-IR 1.2 Increased availability of complimentary foods
Internal:
Sub-IR 1.3 Increased caregiver knowledge of newborn care
Sub-IR 1.4 Increased caregiver newborn care self-efficacy

Cross-cutting Factors:
Structural: Improved providers skills in interpersonal communication
Social: Enhanced societal support for healthy behaviors
Internal: Improved perception of value of healthy behaviors

Structural:
Sub-IR 2.1 Increased access to commodities
Sub-IR 2.2: Improved affordability of products and services
Internal:
Sub-IR 2.3: Improved caregiver skills
Sub-IR 2.4: Increased women's involvement in decision making

Common Strategies to implement within IRs become the Outputs (Os) and across IRs become cross-cutting Os

Enabling Environment:
 ○ 1.1: Partnerships cultivated
 ○ 1.2: Health accountability ensured
Systems, Products, and Services:
 ○ 1.3: Innovative technologies explored

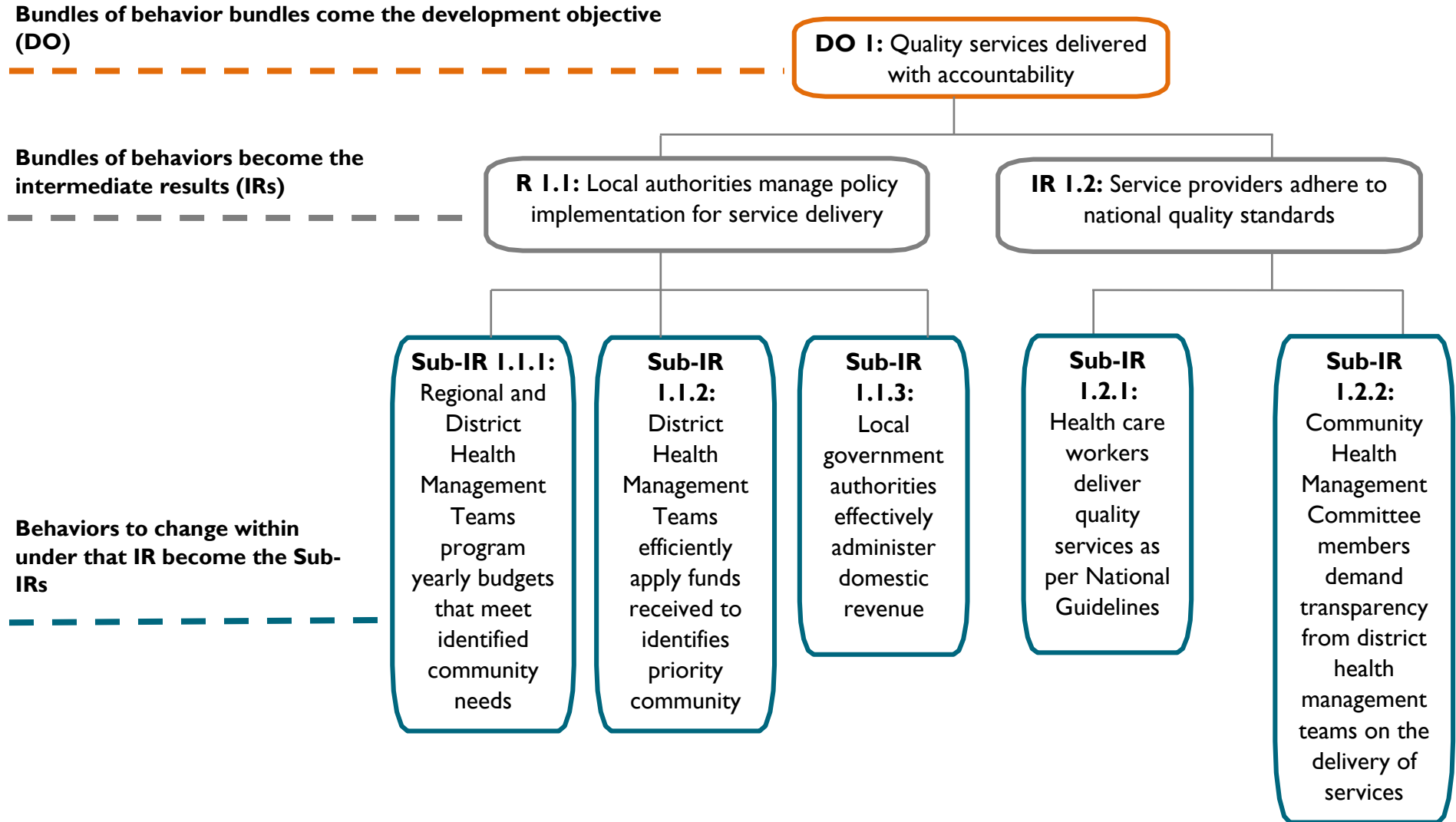
Cross-cutting Outputs:
Enabling Environment: Institutional capacity for evidence use strengthened
Systems, Products, and Services: Quality of routine services ensured, Supply chain strengthened, Positive influencers and champions engaged
Demand and Use: "Disruptive" social behavior change strategies developed

Enabling Environment
 ○ 2.1: Opportunities to improve facility structure explored
Systems, Products, and Services:
 ○ 2.2: Providers trained and equipped

NOTE: This example shows factors and strategies using -ed adjectives and showing the factor and strategy type

Essential Supporting Actors to Involve:
 Policy Makers, Logistics Personnel, Community and Religious Leaders, Family Members, and Male Partners

APPENDIX G: FROM BEHAVIOR SUMMARY OF 4+ BEHAVIORS TO A CDCS RESULTS FRAMEWORK – HIGH-LEVEL



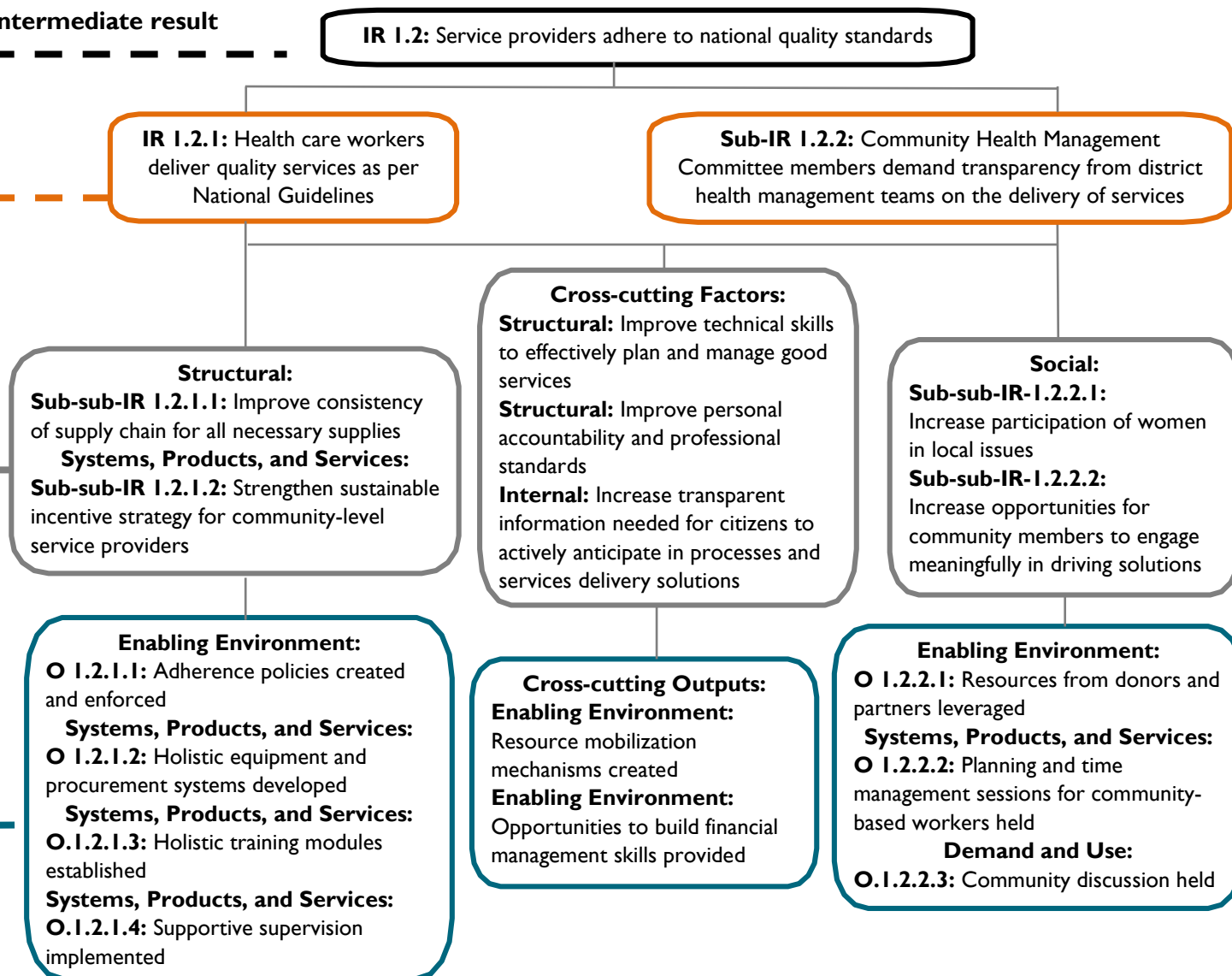
APPENDIX H: FROM BEHAVIOR SUMMARY OF 4+ BEHAVIORS TO A CDCS RESULTS FRAMEWORK –DETAIL-LEVEL

Bundles of behaviors remain the intermediate result

Behavior to change (and in the IR bundle) remain the Sub-IRs

Common Factors to address within the sub- IRs become the Sub- Sub-IRs and across Sub-IRs become cross- cutting Sub-Sub-IRs

Common Strategies to implement within IRs become the Outputs (Os) and across IRs become cross-cutting Os



Essential Supporting Actors to Involve:
 Government Staff Supervisors and Managers, Media, CSOs, Community Leaders, and Technical Bodies such as Quality Services Audit Authorities