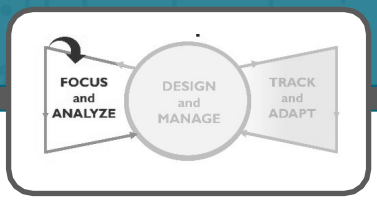
THE MANOFF GROUP

Think | BIG

Behavior Integration Guidance

PRIORITIZE BEHAVIORS



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OVERVIEW

PURPOSE

Focusing on the outcomes with the most potential for impact is critical to ensure lasting impact on the health, well-being, and development of a population, and to make the most of limited resources. To appropriately identify and prioritize certain outcomes over others, we must first clearly identify and articulate the development goal, the causes that stand in the way of meeting that goal, and the behaviors likely to have the greatest impact on addressing the causes. The Think | BIG (Behavioral Integration Guidance) prioritization tool takes you through a systematic process to do just that.

INTENDED USERS

Any development professional seeking to develop a regional, country, or technical strategy, project, or activity. If you are seeking to reduce maternal, child, or newborn mortality, we strongly recommend that you use the Think | BIG online Prioritization Tool as it collects and visualizes the supporting data you will need.

> **Note:** While the examples in this guidance are about health, this process can be used for democracy and governance, education, economic growth, systems strengthening, and other development topics.

HOW THIS FITS INTO THINK | BIG

Prioritization of the behaviors most proximal to the established development goal is the first step of Think | BIG.

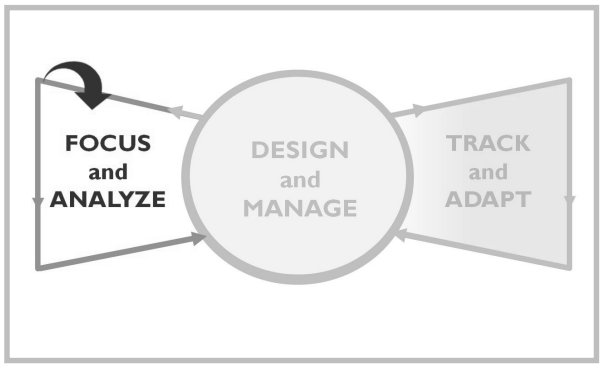

Figure 1: Prioritization is part of "Focus and Analyze," the first step of Think | BIG

ESTIMATED TIME NEEDED

If your program already has a clearly defined goal, prioritization will take approximately **two to three hours**. You may want to divide this into two sessions to allow you to research current practice and context for potential behavior sessions before finalizing your priority behaviors.

In cases where you want to prioritize behavioral outcomes at a broad strategic level (e.g., a Country Development Cooperation Strategy), add significant time for consensus building, assessments, and stakeholder consultations on potential behaviors.

TEMPLATES INCLUDED

- **Appendix A:** Prioritization Worksheet

SAMPLES INCLUDED

- **Appendix B:** Cause Analysis and Prioritized Behaviors for a Country Health, Population and Nutrition Unit
- **Appendix C:** Example of Paper-based Prioritization

ADDITONAL RESOURCES REQUIRED

- Any available research to support the analysis of causes impeding achievement of your goal. For example, if your goal is an accountable government that delivers high-quality services to all citizens, it would be important to have information (formal or informal research, programmatic assessments, or other data) to help you determine what currently stands in the way of that goal. Examples of potential data sources include:
    - Relevant national data sources
    - Donor internal assessments
    - USAID Journey to Self-Reliance data sources
    - Global Health Data Exchange
    - Global Burden of Disease Study 2017
    - World Development Indicators
    - The World Bank DataBank
    - Living Standards Measurement Study - Integrated Surveys on Agriculture (LSMS-ISA)
    - UNICEF
    - Human Development Reports
    - Other context-specific reports and papers (published and non-published)
- Data on current uptake of relevant behaviors, once identified. Find uptake data for health behaviors in a Demographic and Health Survey dataset or in its equivalent for your area of interest. For some areas and behaviors, especially when the primary actor is a policy maker or a provider, there may not be a lot of data available, or qualitative data might be required.

BEFORE YOU START

1. Gather key decision-makers. Prioritization requires sacrifice, so ensure those able to agree to the necessary trade-offs are part of the process.
2. Review your program's overall strategy.

INSTRUCTIONS

If helpful, use Appendix A, the Prioritization Worksheet, to keep track of your decisions and data sources. This worksheet can help structure and organize your thinking and is available as a Word or PowerPoint file. Appendix B: Cause Analysis and Prioritized Behaviors for a Health, Population and Nutrition Unit, provides an example of a completed worksheet. As an alternative, index cards, notebook paper, and flip chart paper work especially well in group settings and might provide more flexibility—shown in Appendix C: Example of Paper-based Prioritization.

PART 1: ARTICULATE YOUR GOAL

1. At the top of the Prioritization Worksheet, insert the program's broad goal, for example a development objective.

2. Write the specific goal (or immediate result) you plan to achieve with this activity, along with the timeframe for achieving it. For example:
   - In the next five years, catalyze Country X's long-term development strategy, offering a productive, healthy life to all its citizens.
   - By 2022, catalyze transformation of a holistic health system to sustain equitable improvements in health for all citizens of Country X.
   - Infant mortality reduced by one-third from 2015 level.

3. If you do not have a goal for this activity, consider the following questions to develop one:
   - What are the most pressing challenges facing Country X in the next 5-10 years?
   - What change or progress do you hope to see in 5-10 years?
   - What can or should your program do to contribute to that change?

PART 2: ANALYZE CAUSES INHIBITING ACHIEVEMENT OF GOAL

1. Now consider what is currently inhibiting achievement of your activity goal. List these causes on the Prioritization Worksheet under Part 2: Causes Inhibiting Achievement of the Goal. List as many different causes as you want, especially if working with a large group.

   > **Note:** As noted above, if your goal is mortality reduction, please use the Think | BIG online Prioritization Tool.

2. Once you have listed the causes currently inhibiting achievement of your activity goal, combine any that seem redundant.

3. Link your thinking to a data source. For example, if "lack of timely funding of the health system by the ministry of finance" is a current cause, note how you know this—is it anecdotal? From a donor's assessment? From outside assessment reports?

4. As much as possible during or after the initial cause analysis, identify data sources to substantiate your analysis or lead you to verified causes.

Note: Causes can be broad, such as "lack of transparency and accountability" or more specific, such as "weak health system information data use."

Note: Appendix B: Cause Analysis and Prioritized Behaviors for a Health, Population and Nutrition Unit and Appendix C: Example of Paper-based Prioritization, provide examples of cause analysis relating to the goal: "Catalyze transformation of a holistic health system to sustain equitable improvements in health."

PART 3: CREATE A LIST OF BEHAVIORS THAT COULD ADDRESS IDENTIFIED CAUSES

1. For each cause identified, ask: Who needs to do what to address this cause? List all of the actors ("who") and behaviors ("what") that you can think of on a separate sheet of paper.

   Here is a formula that can help you write a behavior:

SPECIFIC PRIMARY ACTOR + ACTION VERB + ISSUE TO BE ADDRESSED + GEOGRAPHY OR OTHER SPECIFICS (IF NEEDED)
Examples: • Property-owning citizens pay full property rates annually • Energy consumers use reliable and affordable electricity services • Teachers improve quality of instruction in the classroom • Vulnerable households use social safety nets

2. Begin to consider the pathway from the goal you want to achieve to the primary actors who should be practicing these behaviors. Circle, underline, or highlight the actor-behavior combinations that are the closest (most proximal) to your desired impact.

   Note: Some actors on your list will support others to practice a proximal behavior. They are very important, but they are **not** your primary actors and behaviors. To determine whether or not your listed actor-behavior combinations are proximal, ask, "What will happen as a result of [actor] practicing [behavior]?" When the answer to that question is that you will have achieved your goal, the behavior can be considered proximal. The boxes on the next page provide an example.

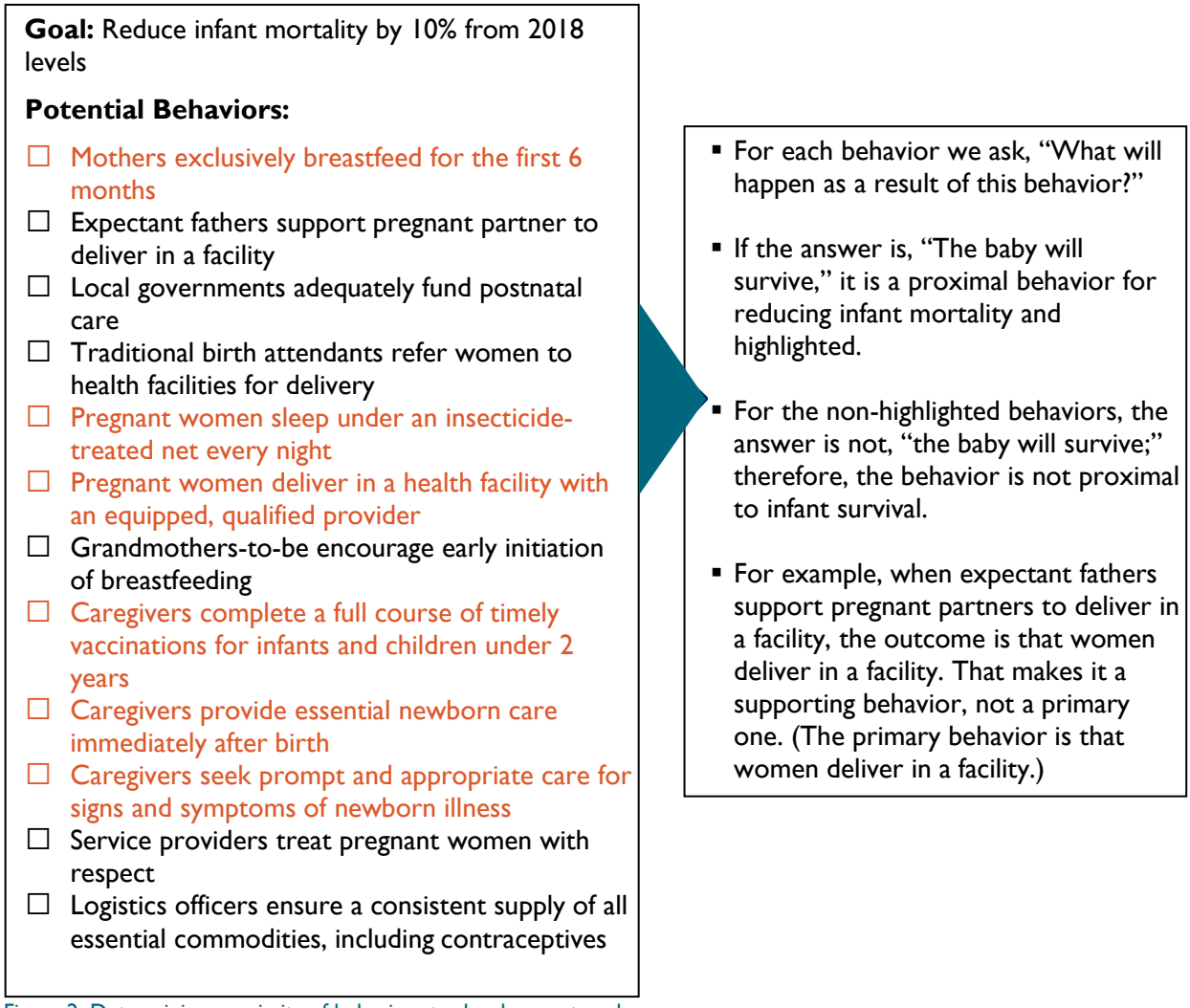

Figure 2: Determining proximity of behaviors to development goal

4. On the worksheet, list all highlighted actor-behavior combinations in Part 3: Potential Priority Behaviors. If the actor and behavior address multiple causes, list them for each cause they address. You will cull the list in Part 4.

> **Note:** Appendix B: Cause Analysis and Prioritized Behaviors for a Health, Population and Nutrition Unit, and Appendix C: Example of Paper-Based Prioritization, provide examples of potential priority behaviors relating to the goal:
> "Catalyze transformation of a holistic health system to sustain equitable improvements in health."

PART 4: PRIORITIZE – SELECT THE FINAL SET OF BEHAVIORS

1. For each potential priority behavior, answer the following questions using a high-medium-low scale:

   - To what extent is this behavior a priority for the government?
   - To what extent is this behavior a problem?
   - To what extent is this behavior sufficiently changeable in the next five years?
   - To what extent is the potential change in this behavior worth the resources that would be required to invest to change it?
   - To what extent is this behavior within your organization's manageable interests, considering agency mandates, staffing requirements, etc.?
   - If this behavior is being addressed by other donors, to what extent should your organization also support (or focus on) this behavior?

2. Based on the answers to these questions, select your Priority Behaviors. Limit the number of Priority Behaviors to what you can manage with the funds and other resources available. The total number of priority behaviors will depend on your team, context, funding, and mandates. For a large program up to 15 behaviors might be acceptable. These behaviors will become the results for your strategy/project/activity. Selecting them means not selecting others, so choose carefully.

3. Enter your selections in Part 4 of the worksheet, reviewing and refining language as needed. You may continue to revisit and refine your behaviors as you move through the Think | BIG process.

Congratulations!

You have Prioritized Behaviors!

Next, develop Behavior Profiles for your new priorities!

APPENDICES

The following appendices are included with this document:

Appendix A: Prioritization Worksheet

Appendix B: Cause Analysis and Prioritized Behaviors for a Health, Population and Nutrition Unit

Appendix C: Example of Paper-based Prioritization

APPENDIX A: PRIORITIZATION WORKSHEET

PART 1: DEVELOPMENT OBJECTIVE **TECHNICAL AREA GOAL AND TIMEFRAME**		
PART 2: CAUSES INHIBITING ACHIEVEMENT OF GOAL	**PART 3:** POTENTIAL PRIORITY BEHAVIORS (TO ADDRESS CAUSES)	**PART 4:** PRIORITIZED BEHAVIORS AND OUTCOME INDICATORS

APPENDIX B: CAUSE ANALYSIS AND PRIORITIZED BEHAVIORS FOR A HEALTH, POPULATION AND NUTRITION UNIT

PART 1:
Development Objective: Sustainable development accelerated in Northern Region
Technical Area Goal: Catalyze transformation of a holistic health system to sustain equitable improvements in health
Time Frame: 5 years

PART 2: CAUSES INHIBITING ACHIEVEMENT OF GOAL	**PART 3:** POTENTIAL PRIORITY BEHAVIORS TO ADDRESS CAUSES	**PART 4:** PRIORITIZED BEHAVIORS (PER CAUSE) AND OUTCOME INDICATORS
Inadequate uptake of health care seeking practices associated with priority maternal and child mortality and morbidity • Social norms and health care seeking behaviors (household and individual) • Food insecurity	1. Families maintain health insurance 2. Family members safely dispose of human feces 3. Pregnant women and children under 5 sleep under an ITN 4. Caregivers care for newborns 5. Pregnant women take at least 3 doses of IPTp during antenatal care visits 6. Women of reproductive age use modern contraception to appropriately time and space their pregnancies 7. People including MSM, FSW, and those at higher risk, seek HIV testing at least once per year and, if positive, enroll in treatment 8. Pregnant women attend a health facility for delivery 9. Caregivers feed adequate amounts of nutritious, age-appropriate foods to children from 6 to 24 months of age, while continuing to breastfeed 10. Pregnant women complete a full course of quality ANC 11. Mothers breastfeed exclusively for six months after birth 12. New mothers access postnatal care for infants within first 24 hours of birth 13. Household decision-makers improve nutritional practices (social norms) 14. Community influencers demonstrate positive social norms and health care seeking behaviors within the household and community	1. Family members safely dispose of human feces *Percentage of households with improved, non-shared toilet facilities* 2. *Caregivers provide essential newborn care immediately after birth* *Among last-born children born in the 2 years preceding the survey, percentage who started breastfeeding within 1 hour of delivery* *Percentage of live births in the three years preceding the survey delivered at a health facility.* *The proxy indicator is based on the assumption that newborns are more likely to receive the elements of essential newborn care if they are born in a health facility* 3. Caregivers feed adequate amounts of nutritious, age-appropriate foods to children from 6 to 24 months of age, while continuing to breastfeed *Percentage of breastfed children age 6-23 months fed four or more food groups and the minimum meal frequency* 4. Pregnant women take at least 3

PART 1: **Development Objective:** Sustainable development accelerated in Northern Region **Technical Area Goal:** Catalyze transformation of a holistic health system to sustain equitable improvements in health **Time Frame:** 5 years		
PART 2: CAUSES INHIBITING ACHIEVEMENT OF GOAL	**PART 3:** POTENTIAL PRIORITY BEHAVIORS TO ADDRESS CAUSES	**PART 4:** PRIORITIZED BEHAVIORS (PER CAUSE) AND OUTCOME INDICATORS
		doses of IPTp during antenatal care visits *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* 5. Women of reproductive age use modern contraception to appropriately time and space their pregnancies *Percentage of currently married or in union women using family planning for spacing* 6. People including MSM, FSW, and those at higher risk, seek HIV testing at least once per year and, if positive, enroll in treatment *Percentage of women who have ever had an HIV test and received their results* *Percentage of men who have ever had an HIV test and received their results*

PART 1:
Development Objective: Sustainable development accelerated in Northern Region
Technical Area Goal: Catalyze transformation of a holistic health system to sustain equitable improvements in health
Time Frame: 5 years

PART 2: CAUSES INHIBITING ACHIEVEMENT OF GOAL	**PART 3:** POTENTIAL PRIORITY BEHAVIORS TO ADDRESS CAUSES	**PART 4:** PRIORITIZED BEHAVIORS (PER CAUSE) AND OUTCOME INDICATORS
Ineffective and inefficient execution of health system processes by the government (financing, governance, information, human resources, quality service delivery, supply chain): • Weak health system financing • Weak health system governance • Weak health system information data use • Weak health system human resources • Weak health system quality service delivery • Weak health system supply chain	15. MOH allocates sufficient resources for health 16. Health providers follow laws guaranteeing quality health care to all citizens 17. MOH effectively manages health human resources 18. MOH distributes HCWs equitably across the country 19. MOH incentivizes HCWs to work in remote, difficult to fill positions 20. Health managers resolve issues identified in supportive supervision visits 21. MOH develops a sustainable training program for HCWs to address gaps 22. MOH sets clear standards and enforces adherence for quality service delivery 23. MOH and DHMTs make decisions using accurate, complete timely data 24. DHMTs organize district peer review learning sessions based on DHIMS2 data 25. MOH prioritizes actionable operational research with local researchers to address major health issues 26. DHMTs conduct quarterly data reviews with sub-district and health facility staff with actionable recommendations 27. Health facilities maintain quality services as per National Guidelines 28. HCWs report quality data in a timely manner 29. Supply Chain Division ensures all facilities provide accurate supply chain information that informs decision making for procurement at all levels. 30. Supply Chain Division ensures available, traceable, quality health commodities at all levels (national to facility) 31. HCWs provide quality services as per National Guidelines	7. National Health Insurance Scheme management team disburses appropriate health funding to service providers *Compulsory financing arrangements (CFA) as percent of current health expenditure (CHE)* 8. MOH staff manage health resources at all levels to meet the needs of target populations *Percentage of MOH staff that disburse funds for identified priority community needs to CHPS zones on a quarterly basis, disaggregated by district* 9. Health care workers deliver quality services as per National Guidelines *Percentage of clients who state that they were treated respectfully by a provider they visited in the last three months* *Percentage of health facilities that have reached X score (85% for eg) based on the supportive supervision tool composite score*

KEY: Antenatal Care **(ANC)**, District Health Management Team **(DHMT),** District Health Information Management System 2 (**DHIMS2),** Female Sex Workers **(FSW) ,** Health Care Workers **(HCW),** Human Immunodeficiency Virus **(HIV),** Intermittent Preventative Treatment of Malaria **(IPTp),** Insecticide-Treated **Net (ITN),** Ministry of Health **(MOH),** Men Who Have Sex With Men **(MSM)**

SOURCES: Anecdotal; Demographic and Health Survey; Global Causes of Maternal Death: A WHO Systematic Analysis, 2014; WHO-MCEE Estimates for Child Causes of Death, 2016; Comprehensive Health Sector Assessment; National Health Facility Assessment; Universal Health Coverage Assessment

APPENDIX C: EXAMPLE OF PAPER-BASED PRIORITIZATION

The images below depict how you might use flip chart and computer paper to work through the four prioritization steps in a group. Following the same instructions, write the outputs of Steps 1 and 2 (goal and cause analysis) on flip chart paper, and then write the outputs of Steps 3 and 4 on individual pieces of computer paper. This allows you to move the behaviors around on a wall, rank them using a marker or sticky notes, and actively reflect group discussion.

PART 1: GOAL - CATALYZE TRANSFORMATION OF A HOLISTIC HEALTH SYSTEM TO SUSTAIN EQUITABLE IMPROVEMENTS IN HEALTH		
PART 2: CAUSES INHIBITING ACHIEVEMENT OF GOAL	**PART 3:** POTENTIAL PRIORITY BEHAVIORS TO ADDRESS CAUSES	**PART 4:** PRIORITIZED BEHAVIORS