The Behavioral Insights Group: Policy Analysis Exercise Clients

USAID Global Health Bureau
Washington, DC

Contact Information: If any of the projects below are of interest, please email Derek Pham (Derek_Pham@hks16.harvard.edu) and Abigail Dalton (Abigail_Dalton@hks.harvard.edu).

Brief Client Background: Client is the Social Behavior Change Communication (SBCC) team in the Bureau for Global Health’s (GH) Office of Population and Reproductive Health (PRH) at USAID. SBCC in the context of global health is defined as the use of communication strategies—mass media (radio, TV, newspaper, etc.), community-level activities (community mobilization, community radio, etc.), and interpersonal communication (counseling, peer education, etc.) — to influence individual and collective behaviors that affect health. The SBCC team manages one large flagship SBCC program (HC3; 2012-2017) with the core mandate of capacity strengthening, technical leadership, and research & evaluation. Because missions generally do not have specialized SBCC staff, the GH SBCC team provides direct technical assistance and support to USAID missions overseas. USAID missions typically fund and support their own SBCC programs, but sometimes invest funds into the flagship SBCC project HC3 for either capacity strengthening and R&E or direct program implementation.

Project of Interest #1: Management practices that support effective implementation of integrated SBCC/social marketing projects (projects that span a number of USAID funding streams and include managers from different health areas/teams).

Defined Problem: USAID funding is allocated according to health areas (family planning, HIV/AIDS, maternal child health, infectious diseases, etc) but the SBCC projects are often cross-cutting across these health areas. Different health areas prioritize SBCC in different ways. USAID missions on the ground must also respond to host-country government priorities. In addition, management practices at USAID are largely decentralized. There are no specifically articulated criteria for measuring the effectiveness of management practices for projects. For example, HC3 core funds (meaning from USAID HQs) predominantly come from the Office of HIV/AIDS, Office of Population and Reproductive Health, and the Office of Health Infectious Diseases and Nutrition (Malaria, Maternal Child Health, and Infectious Diseases). Each Office has its own strategic priorities in SBCC and invests in different amounts (ie not equal across the offices). The HC3 Project Manager sits in the Office of Population and Reproductive Health, with SBCC technical specialists within each office or major health area. This means that each technical office oversees their portfolio of health area SBCC activities, with little investment in cross-cutting activities (PRH is only funding unit that invests in cross-cutting project resources). This has created challenges to effectively align, integrate, and implement HC3’s portfolio of project activities: both cross-cutting and health area specific.

Strategic Questions:
a. What management practices are there that streamline project coordination across teams and across different health areas?
b. How do we get groups/teams to function strategically and communicate seamlessly?
c. What are our criteria for measuring impact and how are they implemented?

**Potential Challenges:** While an assessment of management practices and recommendations for restructuring to improve work stream might be well received in some offices, it may not be as well received in others. Deep engagement across USAID as a whole will be inconsistent given shifting priorities and cementing perceptions of how an organization such as USAID has been—and should continue to—run.

**Project of Interest #2:** Strategies for more effectively integrating social and behavior change with health services interventions

**Defined Problem:** Historically, USAID supported SBCC (both at the global and country-level) has not strategically or systematically aligned SBCC interventions with the actual service delivery (and vice versa). For example, the SBCC program in country A might target contraceptive use for young people, however, the service delivery program focuses on ensuring health clinics and providers provide family planning services to adult married women of reproductive age. Therefore, youth may (after watching a TV ad, for example) want to go to the clinic for contraceptives, only to find that the clinic focuses their family planning services to adult women. In addition, given providers are trained to work with married women of reproductive age, they will likely not have effective skills to work with youth and will likely also have a bias in providing these services to youth. This misalignment adversely impacts the reach of both the SBCC and service delivery intervention. There is a growing and recognized need within the Office of Population and Reproductive Health to address this problem.

**Strategic Questions:**

a. How does USAID more strategically and systematically align SBCC with service delivery (and vice versa), since these have generally operated as two separate streams in-country?

**Potential Challenges:** None, really. The SBCC team is particularly enthusiastic about this project and mentioned there would be a lot of support from other colleagues at USAID for a product examining these questions.

**Project of Interest #3:** Innovative strategies for increasing membership and active use of a social media platform (healthcomspringboard.org) among health communication professionals in developing country contexts

**Defined Problem:** As part of its capacity strengthening portfolio, HC3 implements an activity called the Springboard. The activity was officially launched in May 2014. HC3's Springboard is a face-to-face and online platform that supports and nurtures regional and country-specific communities of SBCC practitioners, scholars and policy-makers. The platform has a global Springboard interface
(http://healthcomspringboard.org/activity/), as well as country-specific Springboard interfaces (http://healthcomspringboard.org/groups/tag/country/). HC3 has a long-term vision of the Springboard (20+ years), but has to date not secured any funding for it to continue post HC3. The SBCC team described the virtual platform as a cross-between “LinkedIn/Facebook, but targeting SBCC professionals.” Essentially, SBCC professionals in different countries use the online platform to facilitate in-person technical exchanges on SBCC, which could potentially help strengthen communities of practice and individual/organizational technical capacity in SBCC. So far, success has been measured by output (number of people subscribed on the platform) and the quality of the exchanges (harder to measure). To date, HC3 has struggled to create traction for the platform. The SBCC team suspects some reasons for this may include: lack of a clear strategic approach by HC3; lack of regional or in-country Springboard leadership and/or champions; weak existing communities of practice; weak internet connectivity in countries; bureaucratic challenges imposed by USAID; low funding or ineffective use of funding by HC3; and/or ineffective positioning of the Springboard to a range of audiences (USAID, Ministries of Health, SBCC bilaterals, SBCC practitioners). Results of an HC3 Midterm Evaluation due in September 2015 will likely identify key issues hampering the Springboard’s success and identify more appropriate strategic questions for this Defined Problem.

Strategic Questions:

a. How can HC3 either focus their existing efforts or integrate new out of the box thinking into their strategic approach to building Springboard traction in countries in Asia and Africa in the last 2 years of the project? What kinds of HC3 strategies would be most appropriate for countries with existing robust communities of practice versus countries with weak communities of practice? What kinds of strategies would be most appropriate for countries with strong internet connectivity versus weak internet connectivity?

b. How can HC3 more effectively position the Springboard to meet user needs and preferences, while considering a range of audiences (USAID, Ministries of Health, SBCC organizations, SBCC practitioners)?

c. How can HC3 more effectively use the Springboard to promote capacity strengthening for SBCC professionals at the country, regional, and global level?

d. Who should be charged with leading the process for implementation of Springboard, monitoring, and follow-up?

e. What should subscribers do on Springboard and what can USAID or HC3 do to assist/support SBCC Best Practice exchanges?

Other Considerations

1. If there is enough interest, we can split up and do all the projects, as well as amplify to other BISG networks to see if other MPP2s might be interested.

2. There may be travel involved, especially with Project #3, since our client is interested in gathering perspectives on the ground of the user experience with Springboard.

3. DC is home base, with our project liaison both Zarnaz and someone else (up through November) and then Hope, Zarnaz, and someone else from November onward through the end of project.
4. We will need to establish a working project timeline with deliverables once projects are finalized.

The World Bank
Washington, DC

Contact Information: If you are interested in working on a project with the World Bank, please email Abigail Dalton (Abigail_Dalton@hks.harvard.edu).

The World Bank recently attending BIG’s Behavioral Insights Conference on “Lessons from the Front Lines of Global Policy,” and is interested in pursuing several potential projects with students, including:

- Knowledge Transfer: What are the most effective and efficient knowledge products and formats to transfer knowledge to practitioners? Students will examine, for example, case studies, briefs, videos, as well as learning activities. Examples from the World Bank and outside, and how these could be adapted to the World Bank’s working environment, would be very useful.

- Strengthening and Expanding Linkages Between Academics and Practitioners: What are the most common bridges, why, and how can the World Bank improve them? What are successful and failed practices? The World Bank would like to explore this in the context of the Global Delivery Initiative partners (a list will be provided by the World Bank). Questions include, which are the major call for papers from the GDI partners? Where are partners spending most of their resources, and what have been the results?

Joao Goulart Foundation
Rio de Janeiro, Brazil

Contact Information: If you are interested in working on a project with the Joao Goulart Foundation, please email Abigail Dalton (Abigail_Dalton@hks.harvard.edu).

The Joao Goulart Foundation in Rio de Janeiro is interested in working with students on building the first behavioral insights unit in Brazil. This project would focus on creating the guidelines for developing such a unit, including potential templates for implementing behaviorally-informed interventions, and working on a manual of best-practices. Students will work to determine the best steps to be taken on creating a unit, and what such a unit would look like in the specific cultural context.

Other organizations that are interested in pursuing PAEs, but do not have project ideas in mind yet, include:
Administration for Children and Families, U.S. Department of Health and Human Services
Washington, DC

Georgetown University Institute for Reproductive Health
Washington, DC

Please email Abigail Dalton (Abigail_Dalton@hks.harvard.edu) for more information.