Development Sector Behavior Change Frameworks

The following is a summary of 11 behavior change frameworks identified as commonly used by stakeholders working in the development sector. The frameworks on this list were identified either through interviews with stakeholders working in health or development programs, or through literature referenced during this landscaping process (both grey and peer reviewed). While they are referred to generally as 'frameworks', they can be categorized into one of the following 'types':

1. **Theoretical Model –** A theory-based conceptual framework for behavior change informed by social science research or program experience

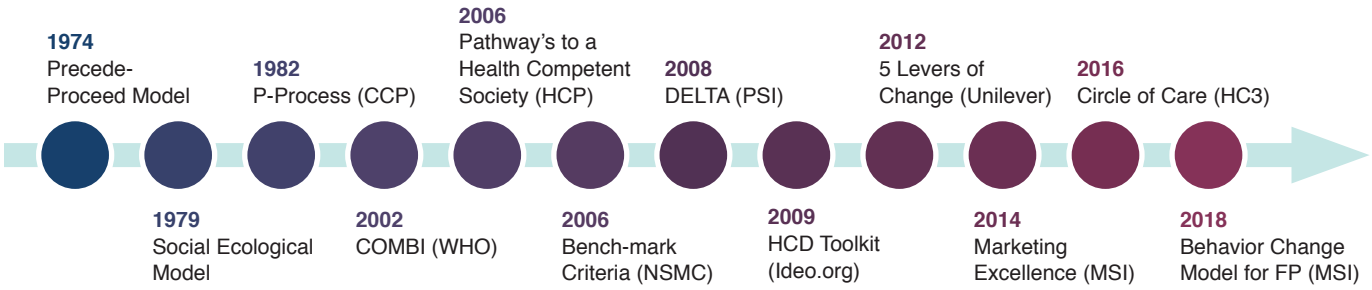
2. **Planning Process and/or Toolkit –** A document or tool outlining a step-by-step planning process for behavior change (social marketing, SBCC, HCD) program design

3. **Standards of Excellence –** A checklist of criteria for quality based on a set of pre-determined standards

Each of these frameworks has its own strengths and weaknesses in terms of framing a program's approach, strategy, and/or measurement. We will examine whether and how any of these tools have been used in the programs we profile in the development sector case studies, and seek to draw conclusions about how these frameworks contributed to each program's outcome.

These approaches are described below, chronologically by when they were developed.

FIGURE 1. Referenced Behavioral Approaches Spanning 1974-2018



A. PRECEDE-PROCEED MODEL[31]

THEORETICAL MODEL

This theoretical framework was developed in two phases: PRECEDE was developed by Lawrence Green in 1974, and PROCEED was added by Green and Kreuter in 1991. PRECEDE stands for *Predisposing, Reinforcing, Enabling Constructs in Educational/Environmental Diagnosis and Evaluation*. PROCEED stands for *Policy, Regulatory and Organizational Constructs in Educational and Environmental Development*. Together the combined framework provides a road map for designing health education and promotion programs, and guides planners through a process that starts with desired outcomes and works backwards to identify a mix of strategies for achieving objectives. This model is often credited with advancing the ecological perspective on health that currently dominates today's public health practice. It views health behavior as influenced by both individual and environmental forces, and helps practitioners bridge the health promotion goal of enabling individuals to improve their own health, with the larger objective of creating the conditions that enable individuals to be healthy.

[31] Theory at a Glance, National Cancer Institute, 2005

B. SOCIAL ECOLOGICAL MODEL/FRAMEWORK

THEORETICAL MODEL

What is commonly referred to today as the Social Ecological Model (SEM) or Social Ecological Framework (SEF) is based on American psychologist Urie Bronfenbrenner's Ecological Systems Theory[32] developed in 1979. This theory was grounded in the idea that in order to understand human and, specifically, child development and behavior, the entire ecological system within which the child exists has to be considered. Bronfenbrenner's model describes the existence and interaction of 5 environmental systems with the child at the center: *Microsystem* (family, peers); *Mesosystem* (interaction between microsystems); *Exosystem* (industry, mass media, neighbors, local politics); *Macrosystem* (ideologies, cultural norms); and *Chronosystem* (the existence of time based events, e.g., death, divorce over the course of a child's life). This model has been adapted over the years and has guided much of today's thinking around social and behavior change. Today, the SEF/SEM is most often used to describe the importance of context in human behavior and to help identify the most important factors in each of the 'systems' that affect an individual's decision to adopt a product, service or behavior. This theory is the underpinning of several of the models described below including WHO's COMBI and CCP's Pathways to a Health Competent Society.

C. CCP'S P PROCESS – 5 STEPS TO STRATEGIC COMMUNICATION[33]

PROCESS

Link: (P Process)

Johns Hopkins University Center for Communication Programs (CCP) developed this process in 1982 as a tool for planning strategic, evidence-based health communication programs. It is defined by a 5- step road map to guide practitioners from a loosely defined concept about changing behavior to a theory-based program design. The process was updated in 2014 under CCP's Health Communication Capacity Collaborative. The updated 5 steps are as follows:

1. **Inquire:** understand the problem, identify the audience(s) and their barriers to behavior change.
2. **Design the strategy:** assemble all players in a design process, develop the project scope and budget, assess risk factors, select a theory or framework, segment audiences, set communication objectives, etc.
3. **Create and test:** create communication products, test ideas with target audience(s).
4. **Mobilize and monitor:** roll out project and monitor activities.
5. **Evaluate and evolve:** measure outcomes, assess impact, disseminate results, and identify future opportunities.

D. UN/WHO COMMUNICATION FOR BEHAVIORAL IMPACT (COMBI)

PROCESS

Link: (COMBI Approach)

The Communication for Behavioral Impact (COMBI) model was developed at New York University and later adapted by the WHO in 2002. COMBI is based on the principles of integrated marketing and was developed to address identified gaps in existing social marketing frameworks, which were seen as devoid of social mobilization and focused too narrowly on the individual. COMBI is comprised of 5 integrated communication action areas: 1) public relations, advocacy, stakeholder mobilization 2) community mobilization 3) sustained, appropriate advertising that is Massive, Repetitive, Intense and Persistent (M-RIP) 4) personal selling/interpersonal communication/counseling at the community level in homes and at service points, and 5) additional incentives to allow careful listening to people's concerns.

COMBI has been used in a wide range of health programs all over the world: HIV and AIDS, Dengue, leprosy, Ebola, malaria, TB. The model is still used in health communication and marketing programs developed and led by the UN system and its partners.

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[32] Bronfenbrenner U. (1979). The Ecology of Human Development: Experiments by Nature and Design. Cambridge, Massachusetts: Harvard University Press

[33] Health Communication Capacity Collaborative (November 2013). The P Process, Five Steps to Strategic Communication. Baltimore: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs.

E. CCP'S PATHWAYS TO A HEALTH COMPETENT SOCIETY[34]

FRAMEWORK

Link: (Pathways to a Health Competent Society)

CCP's Pathways to a Health Competent Society model was developed in 2006 as part of CCP's global SBCC project, Health Communication Partnership. The model has been subsequently adapted to various health areas ranging from family planning to malaria to HIV prevention. Drawing upon the Social Ecological Framework, the model grounds communication strategies in a particular socio-ecological context, including enabling environments, service delivery systems, communities, husbands and wives, family members and individuals. The model is used to identify pathways to change within these systems and to develop appropriate integrated strategies, applying a range of approaches including: digital and/or broadcast media, community mobilization, interpersonal communication, advocacy and capacity building.

F. THE NATIONAL SOCIAL MARKETING CENTER (NSMC) SOCIAL MARKETING BENCHMARK CRITERIA

STANDARDS OF EXCELLENCE

Link: (The NSMC)

Building on Alan Andreasen's 2002 six-point criteria, these standards were developed by the UK-based National Social Marketing Center (NSMC) in 2006. The standards were designed to support better understanding of core social marketing concepts and principles, and promote a consistent approach to review and evaluation. The criteria were not designed to be a simple tick-box checklist but a set of integrated concepts that should define high quality social marketing strategies. These criteria are outlined along with planning guidance and various implementation tools for use by social marketing implementers through the NSMC's Planning Guide and Toolbox.

G. PSI'S DELTA PROCESS

PROCESS

Link: (PSI DELTA Companion)

DELTA is a step-by-step marketing planning process developed by PSI in 2008. Over the course of 10 years, the DELTA process was used, mostly by PSI and its implementing partners, to design global social marketing programs for a variety of health areas, including malaria, HIV prevention, family planning and reproductive health. The DELTA process draws on marketing planning principles and is centered on audience insight and brand positioning. The process results in a DELTA marketing plan, comprised of 4 sections answering the following questions:

1. Where are we now? – situation analysis, audience insight, positioning
2. Where do we want to go? – marketing objectives
3. How do we get there? – specific strategies to be employed to achieve the stated objectives following the marketing 4 Ps (Product, Price, Place and Promotion)
4. How are we doing? –research plan, workplan and budget

In 2018, PSI retooled the DELTA process into a new process, Keystone. This new tool broadens a process reliant on the traditional '4Ps' to enable a market development approach (MDA). An MDA is a process that looks broadly at the market as a system - it identifies failures or under-performance in the market, analyzes the root-causes of those failures, and develops interventions supporting scale, equity and sustainability. The traditional focus on the consumer has also been deepened by the adoption of key tenets of human centered design: empathy, insights and prototyping.

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[34] Research Brief. Pathways to Health Competence for Sustainable Health Improvement: Examples from South African and Egypt. Health Communication Partnership. Baltimore, Maryland. (publication date unknown). Accessed via web: http://ccp.jhu.edu/documents/StoreyKaggwaHarbour.pdf

H. IDEO.ORG HCD TOOLKIT

PROCESS

Link: (IDEO Design Kit)

Human Centered Design is a creative problem solving approach popularized by IDEO.org beginning in 2009. The HCD process is articulated in IDEO's multi- step toolkit and process defined by three phases:

1. Inspiration – program designer conducts various immersive techniques to learn about the people the program is being designed for
2. Ideation phase – interpret learnings, identify opportunities for design and prototype possible solutions
3. Implementation phase – the solution is brought to life and eventually to market

Over the course of the past 9 years, IDEO has worked to build global capacity around the HCD process through online courses and a variety of design tools and field guides, most of which are available for free. HCD approaches have been applied in a range of health and development programs, including financial services, adolescent sexual and reproductive health services, and HIV prevention.

I. UNILEVER'S 5 LEVERS OF CHANGE

FRAMEWORK

Link: (Five Levers Youtube Video)

In 2012, Unilever developed its own model for effective behavior change, the *Five Levers for Change*. The model is designed as a practical tool to behavior change intervention design, and is based on the company's learning from consumer research and observation of human behavior. The *Five Levers* start by first gathering necessary insights to identify **barriers** to the desired behavior, the necessary **triggers** to get people to start and the **motivators** that will help the consumer to stick with the new behavior. The insights derived from this process are then used to determine how the five levers are applied. The levers are:

1. Make it understood – Raise awareness and encourage acceptance of the desired behavior
2. Make it easy – Ensure the new behavior is convenient and build confidence among the target consumer to adopt and maintain the behavior
3. Make it desirable – Position the desired behavior as something that fits within the consumer's actual or aspirational self image
4. Make it rewarding – Clarify the reward for the behavior by demonstrating the proof and the payoff
5. Make it a habit – Once people have made a change, reinforce the new behavior and remind the consumer to continue to practice it.

The model has been interwoven into Unilever's *Sustainable Living Plan*, which guides how it will grow its business in ways that sustainably improve people's health and wellbeing. Unilever believes its Five Levers can also be used to increase the likelihood of long lasting impact, and therefore encourages the use of this model by other practitioners working in behavior change.

J. MSI'S MARKETING EXCELLENCE FRAMEWORK

PROCESS

MSI developed a 6-part framework in 2014 to help define standards of excellence for its marketing programs. The framework was articulated in a multi-step toolkit, Reach Out, to be used by global MSI staff during program design, implementation and evaluation to improve marketing capability throughout the organization. The framework was comprised of 6 steps:

1. Market Analysis
2. Audience Segmentation
3. Brand Strategy
4. Objectives

5. Market Strategy
6. Monitoring and Evaluation

The results of each step were used to inform the content of a strategic marketing plan. While the Marketing Excellence Framework is still used somewhat, it is now less used than the Behavior Change Framework detailed below.

K. CCP CIRCLE OF CARE – SOCIAL AND BEHAVIOR CHANGE ALONG THE SERVICE DELIVERY CONTINUUM[35]

FRAMEWORK

Link: (CCP's Circle of Care Model)

The Health Communication Capacity Collaborative (HC3) created the Circle of Care model in 2016 to demonstrate how service delivery and SBCC can strategically align to create improved health outcomes. The model guides understanding about the role that SBC interventions, particularly strategic communication, play in improving health services throughout the service delivery continuum – before, during and after services. Grounded in an understanding of the needs and wants of both clients and providers, the framework articulates the ways in which communication works with health services to: 1) to create informed demand among the targeted client 2) to improve client-provider interactions and quality of care during services and 3) to improve maintenance of health behaviors including any follow up care.

L. MSI'S BEHAVIOR CHANGE FRAMEWORK

PROCESS

This new framework was developed in 2016 to guide MSI's understanding of clients' family planning choices, and to better tailor services for women in need. The framework is framed around the consumer journey and is designed to be used at the strategic level to guide market analysis, at the community level to identify and understand target populations and inform demand generation, and at the individual level to guide interactions of mobilizers or service delivery staff with clients and potential clients. The Framework is defined by 3 overarching steps and is used widely throughout MSI's network:

- Step 1: Use data to identify and understand the target population
- Step 2: Design behavior change activities:
  - Stage 1: the population lacks information
  - Stage 2: stigma, community norms, misconceptions that prevent individuals from seeking services
  - Stage 3: practical barriers or brand perceptions stops people from coming to MSI
  - Stage 4: women are discontinuing their method or going to a different provider
  - Stage 5: getting regular FP users to become advocates
- Step 3: Evaluate the impact of behavior change activities. ■

[35] Service Communication Implementation Kit. Accessed online: https://sbccimplementationkits.org/service-communication/web-credits/Health Communication Capacity Collaborative. 2018