

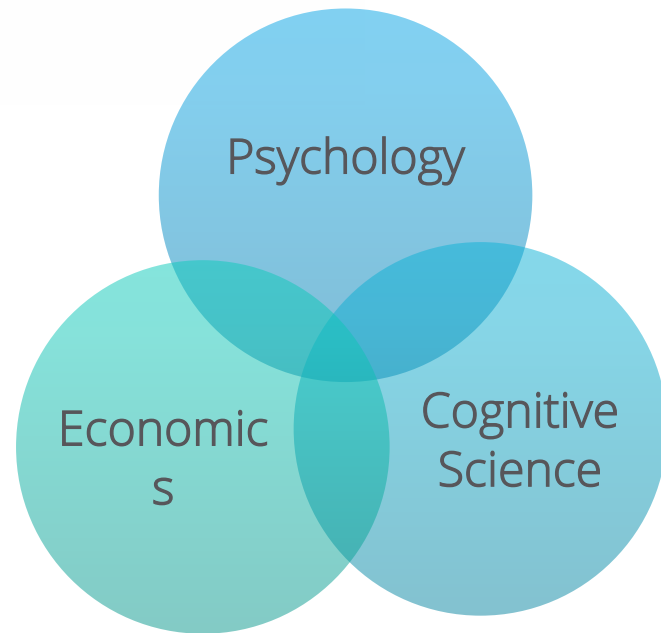
SBC Spotlight: Behavioral Economics

Virtual Expert Consultation
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What is behavioral economics?

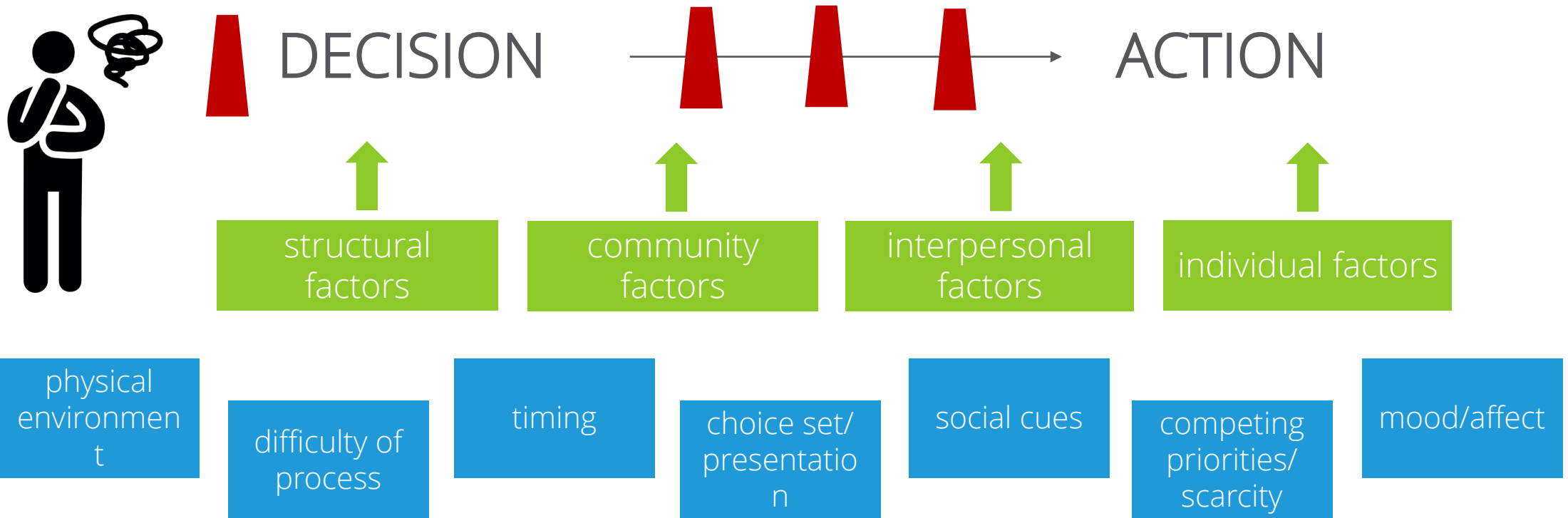


“The intersection of psychology and economics that investigates **what happens when agents display human limitations and complications in making choices and allocating resources.**”

–Adapted from Mullainathan & Thaler (2000)

Using behavioral economics to identify barriers

socioecological context



In order to examine the context and identify barriers, we map the process at a granular level

Decision making process:

- Do I need to use FP?
- Will my family approve?
- What will other people think of me?
- How much will it cost?
- Where should I go to get FP counseling?
How will I get there?
- Can I use a traditional method?
- Will I still be able to have another child?

Decision: Should I use Family Planning?



Action: Begin (and continue) using a modern FP method

Behavioral Process:

- Discuss options with provider
- Discuss options with husband
- Select FP method
- Go to health facility for take up
- Continue to return on time for method refills

We identify where the context is leading to behavioral barriers

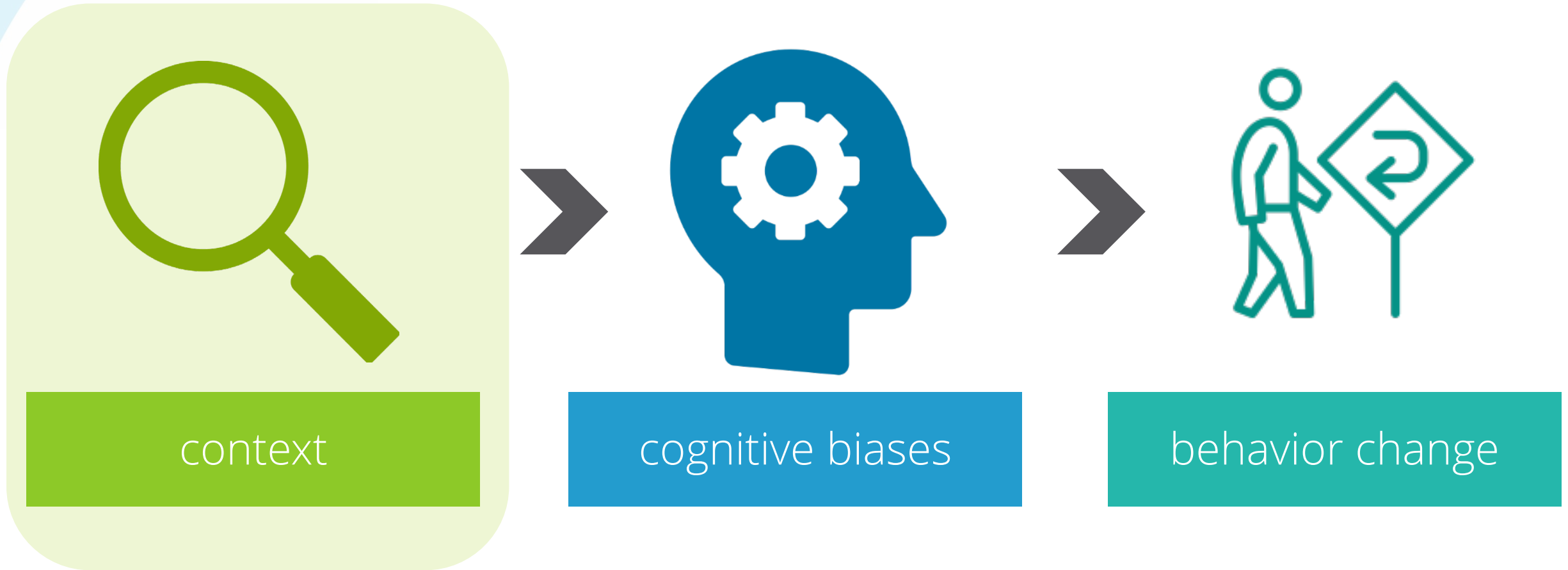


- **Judgement and Decision Making (JDM) Biases:** Systematic cognitive processes (such as heuristics, mental models, confirmation bias, availability bias...) which impact how we make decisions.



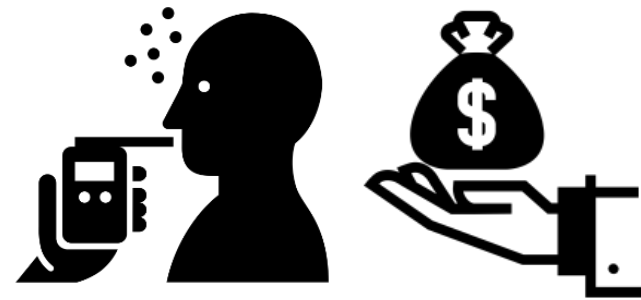
- **Intention-Action Gaps:** The discrepancy between what people plan or want to do and what they actually do; intention-action gaps are also impacted by systematic and predictable cognitive biases.

...and then we design solutions to change the context
(rather than the person)



We can introduce short term incentives to enable participation in effective behavior change programming

Men in India want to improve relationships with their wives, but harmful drinking patterns increase the likelihood of IPV and prevent men from engaging in proven behavior change strategies, including Behavioral Couples Therapy (BCT).



Daily
breathalyzer
tests



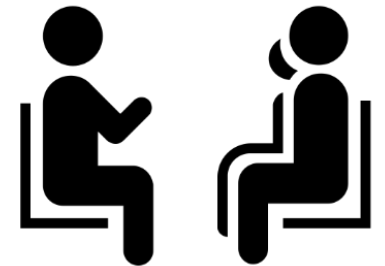
Incentives
for sobriety



Contingency
Management

+

Behavioral
Couples Therapy
(BCT)



We can introduce new tools to help combat scarcity

Overburdened providers in rural Madagascar have little support, and under stressful conditions, do not remember to administer oxytocin within the recommended time frame.



oxytocin timer



support task badges



We can alter or introduce processes to change priorities

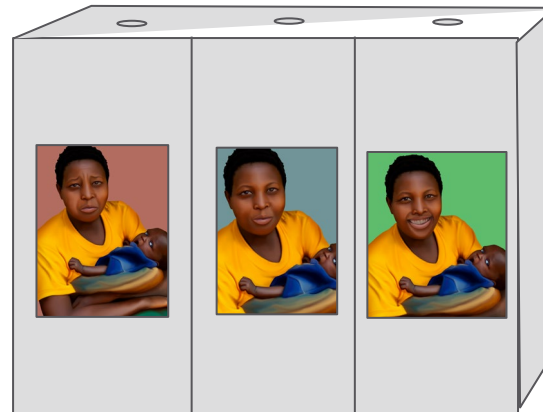
client-provider promise

Providers in Zambia are under stress and focus primarily on the clinical outcomes of childbirth, without considering the importance of respectful care.

Clients do not have the means to prompt providers to change their behavior.



feedback box



PROVIDER-CLIENT PROMISE
to work as a team to keep mother and baby comfortable and safe

 (Provider responsibilities)	 (Provide resources to client, who reports)
As your provider, I promise to: <ul style="list-style-type: none"> I will provide support and encourage you. I will explain why procedures are needed. I will help you to manage pain. I will not yell, scold, or slap at any point... promise to treat you well.	As the client, I promise to: <ul style="list-style-type: none"> I will not push until you tell me it is time. I will open my legs so you can see my progress and explain. I will lie on my side when you ask me. I will let you know when I am in pain or have a question.
Provider's name/sign: _____	Mother's name/sign, date, and location: _____
Provider's contact for more signs to add later: _____	

We can change how the choice set is presented to encourage thoughtful and active choice

In Malawi, providers' FP counseling focuses primarily on the most commonly accepted methods, leading women to default into FP methods that might not meet their needs.

Women are not prompted to reconsider whether their current method is meeting their reproductive needs.



new method referral card

Which method is right for you?

Circle your choice above
You can circle now or later.

Provider Name _____

Date to get method: DD / MM / YYYY _____

If applicable: facility, provider or organization that can give the method _____

USAID Breakthrough ACTION

gamified counseling tool

Ganizilani njira zakulera zomwe ndi zoyenera kwa inu!

Lupu
Ka pulasitiki kofewa komwe kamakidwa mu chiberekero

Njira ya pamkomo
Timachubu tomwe timakidwa pansu pa khungu la mkono

Njira za muyaya
Opaleshoni yaling'ono kutseka njira ya dzira kwa amayi ndi njira ya umuna kwa alhambo kwa muyaya

Jakisoni
Mankhwala a mchere ya mthupi omwe amabizidwa pa mkono

Mapiritisi
Mankhwala a mapiritisi a mchere ya mthupi omwe amamwedwa tsiku ndi tsiku

Makondomu
Chotchinga chovalidwa nthawi inaliyonse imene mukugonana

Nthawi yomwe mungagwiritsa ntchito njira ya kuterayo mutachira

Nthawi yomwe mungathe kulimanso

Zoyenera kukumbukira

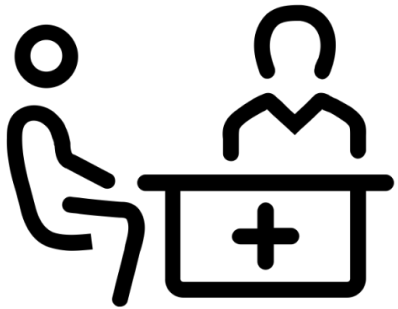
USAID Breakthrough ACTION

Why apply a BE lens to IPV/FP?

1. BE can help program designers to understand the context in which relevant actors (including women, their partners, and providers) make decisions.
 - *What does the process look like for women who want to see GBV response services? How long does it take? Where do women need to go? What steps can be put off indefinitely?*
2. BE can help to identify where barriers exist in the decision making and behavioral processes and how the context **enhances** these barriers.
 - *Does the process require women to make a concrete decision about seeking services? If not, do women unconsciously avoid making a decision about whether to seek GBV response services because doing so would cause them to have to take unpleasant steps?*
3. Once barriers and features in the context have been identified, BE can help to optimize decision making and increase intention follow through by:
 - *Redesigning or reshaping processes or environments to remove barriers*
 - *Introducing cost-effective tools into existing processes or environments to help individuals overcome existing barriers*

Behavioral problem: GBV response in Venezuela

PROBLEM: There are high disclosure rates of GBV at a non-profit clinic in Venezuela but **low uptake of psychological services**



All patients are screened for GBV by a trained advisor

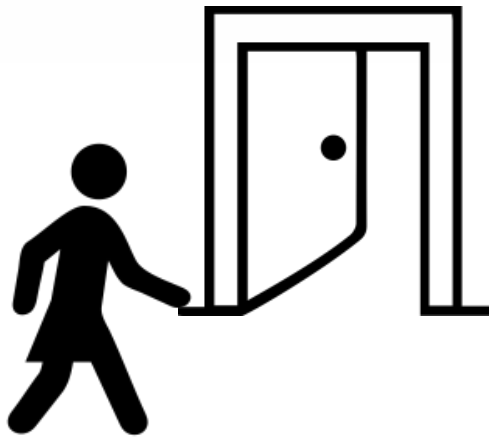


Psychological services are available

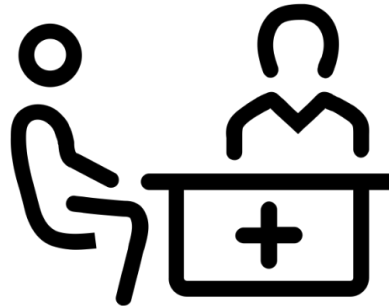


Service prices are low and accessible

Ideal process for client services in the clinic



Client comes to clinic

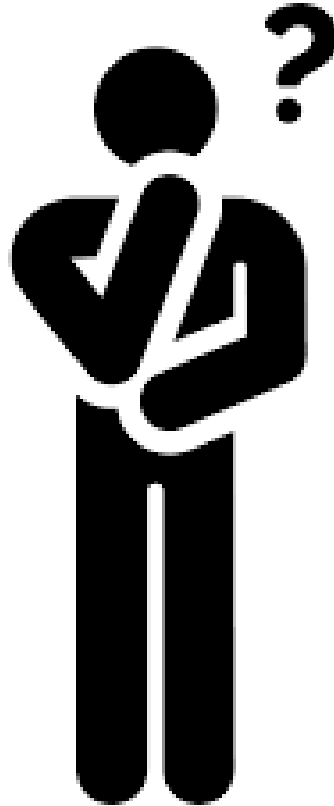


GBV screening, referred to a psychologist if experiencing violence



Consult with psychologist

What might be driving this problem?

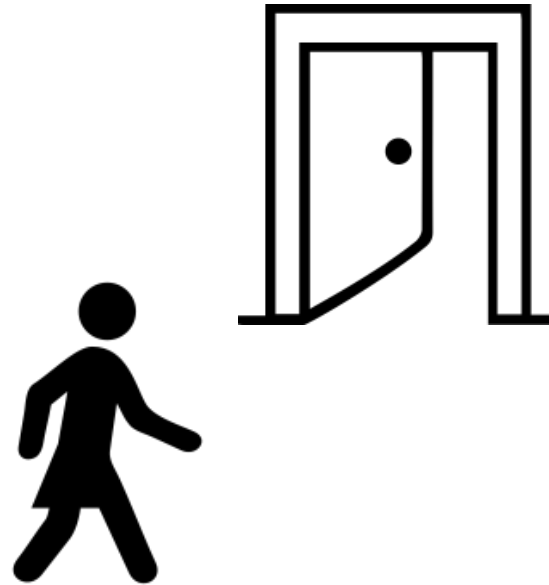


Possible behavioral challenges in the delivery of GBV services

Few women actively accept the referral to psychological services.

Once referred, women do not see the psychologist.

Step 1 of actual process:
Client comes to the clinic (e.g., for FP)



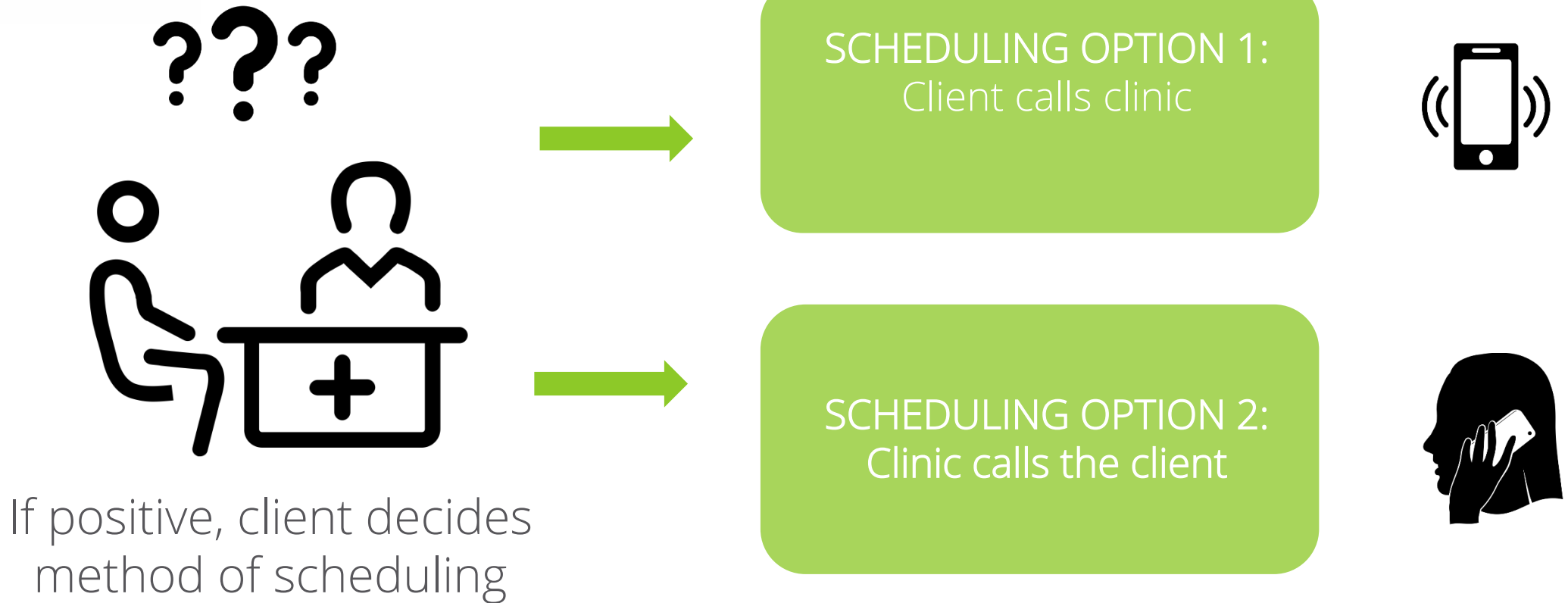
Client is not seeking psychology
services

Step 2 of actual process:
Advisor screens client on their way to another service



If positive, client decides
method of scheduling

Step 2 of actual process: Advisor screens client on their way to another service



Step 3 of actual process:
Client receives the other service and returns home



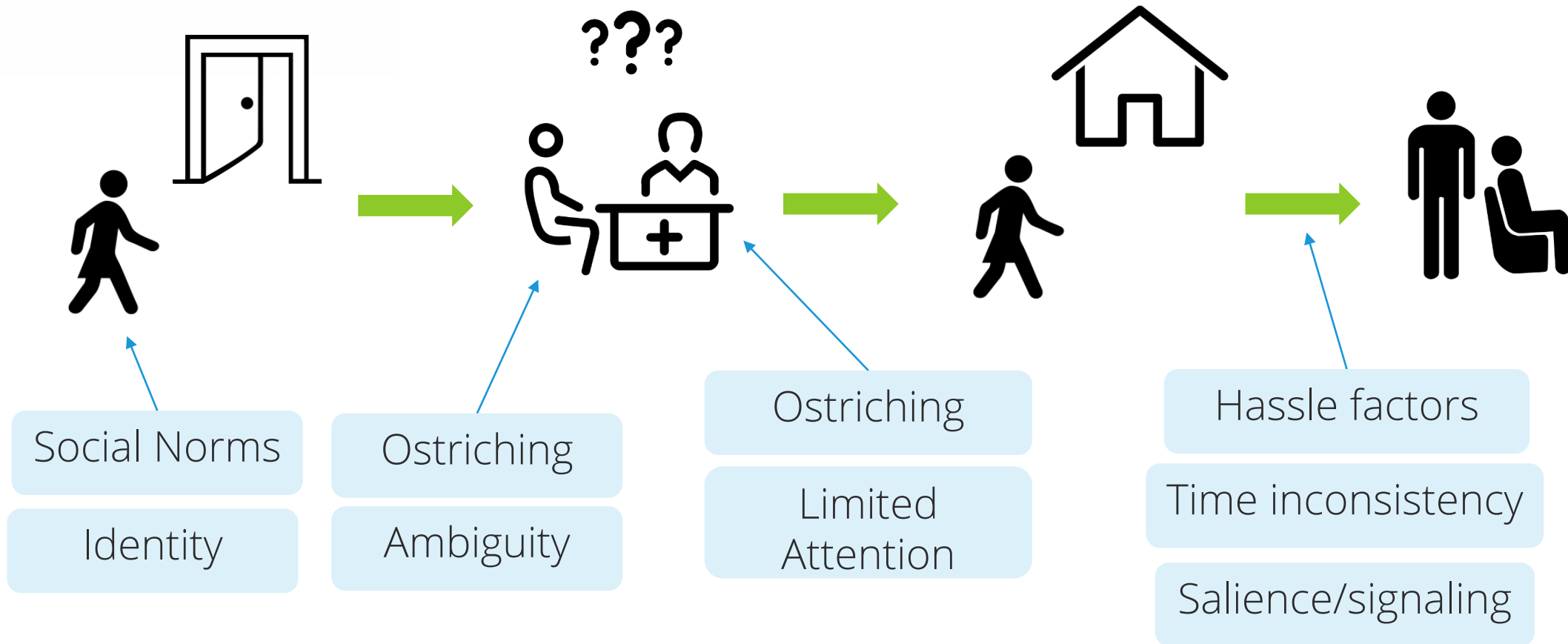
Client returns home and may or may not end up scheduling a consultation

Step 4 of actual process:
Client attends scheduled appointment

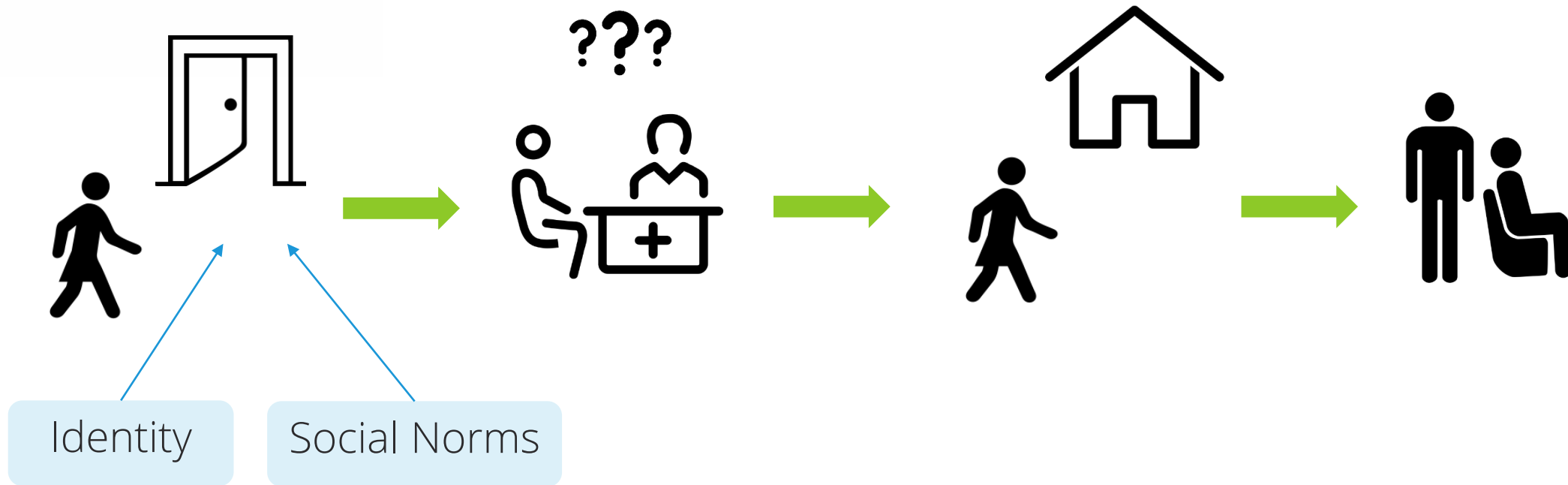


Client returns to the clinic on a
separate day for a counseling session

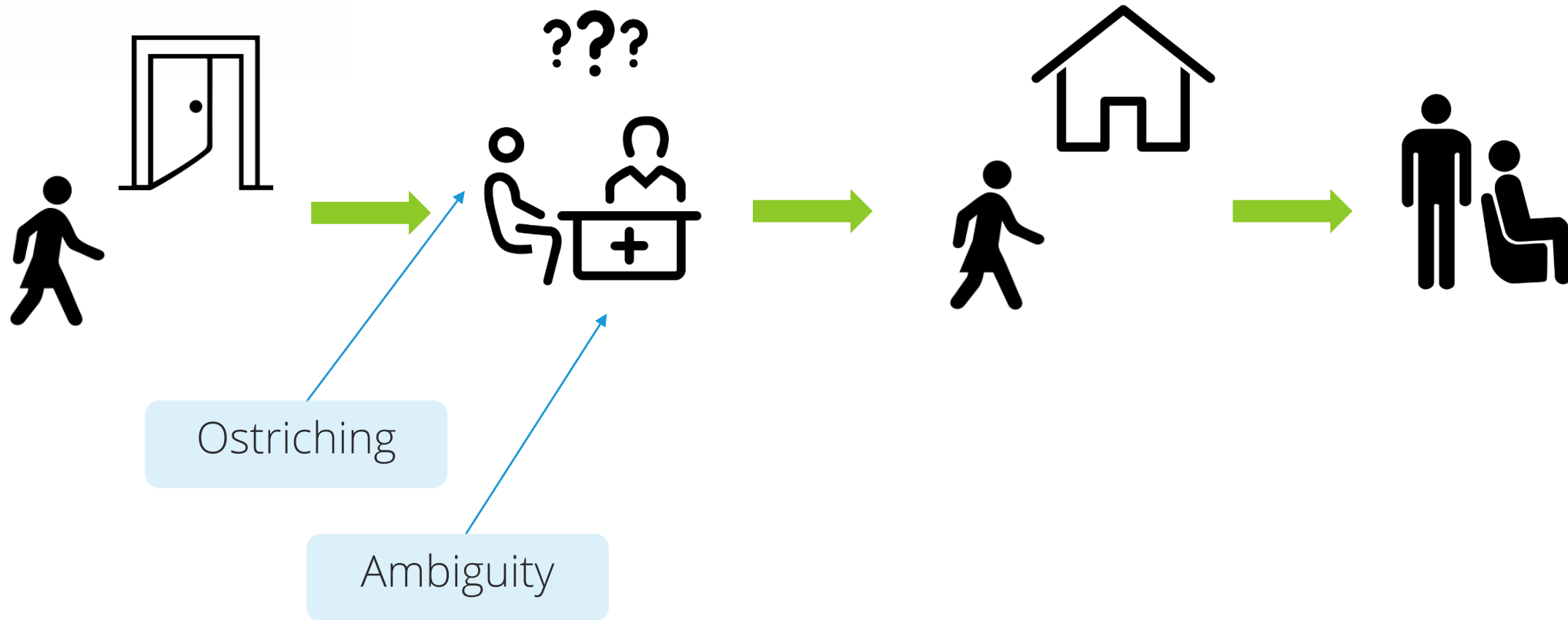
Barriers appear at each step that prevent women from receiving care



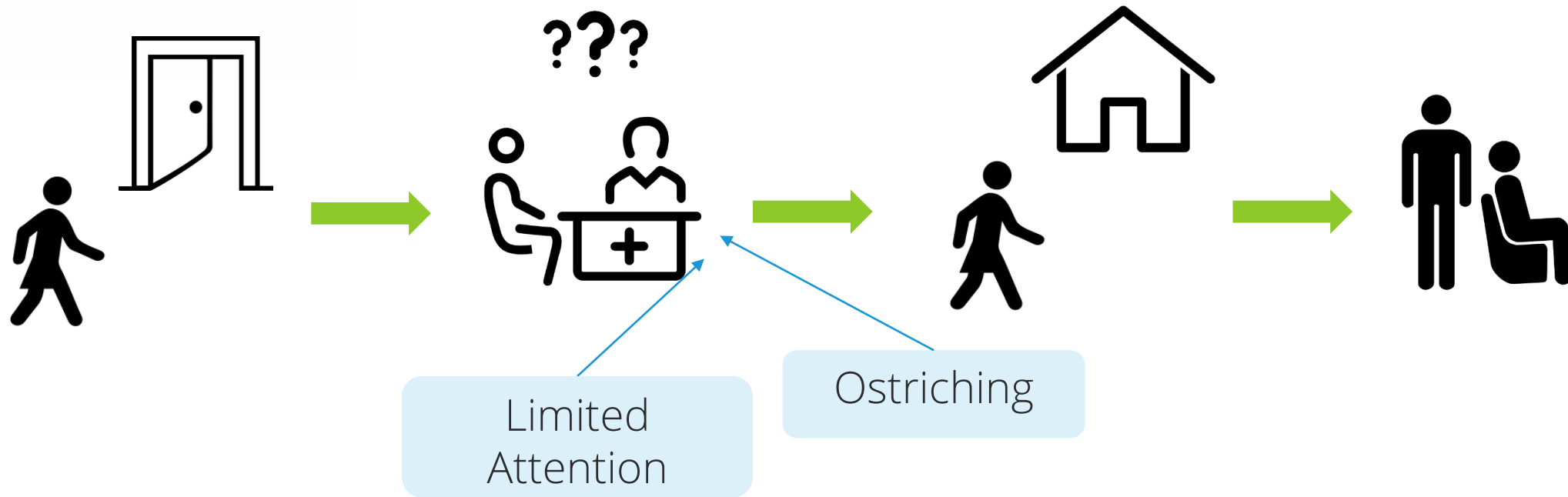
Clients have ideas about who sees a psychologist that makes it unappealing



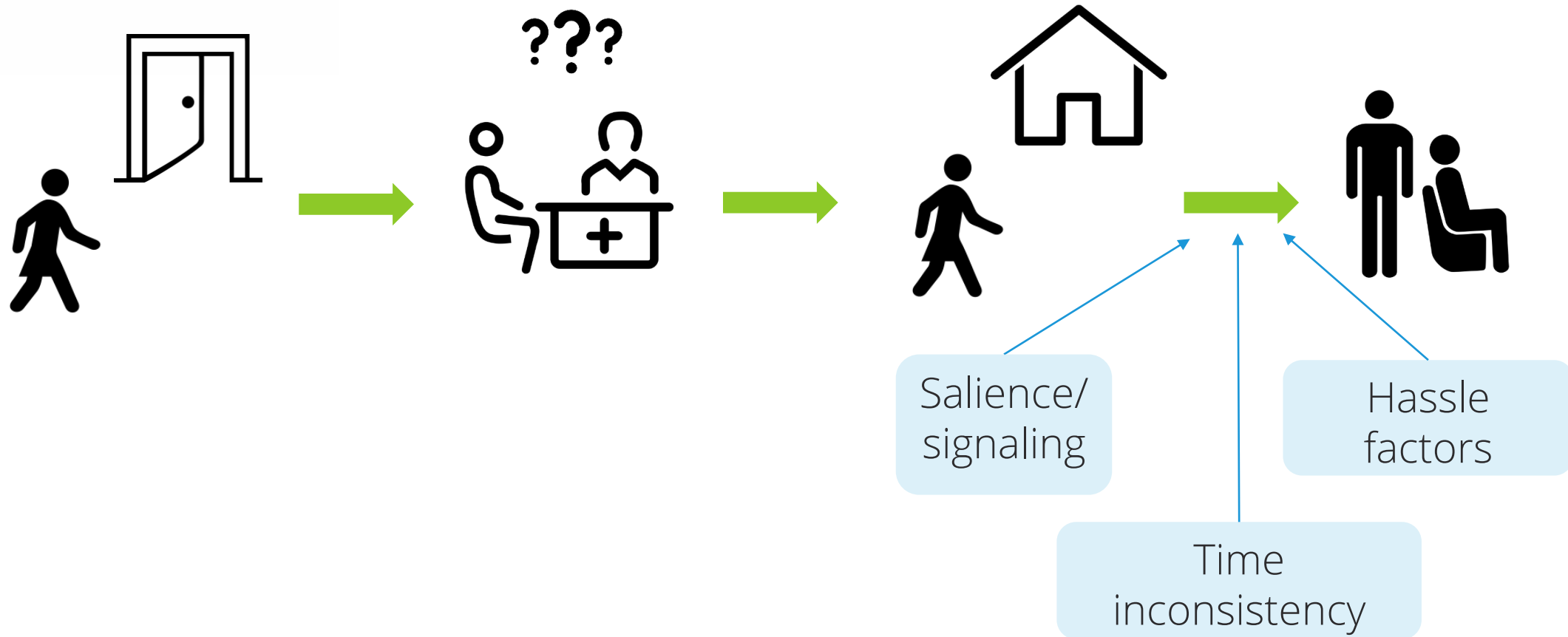
The default option for clients is to not take action to schedule an appointment



Providers do not provide an effective screening and referral



The path for clients to access support is unclear and delayed



How would you solve for these issues?

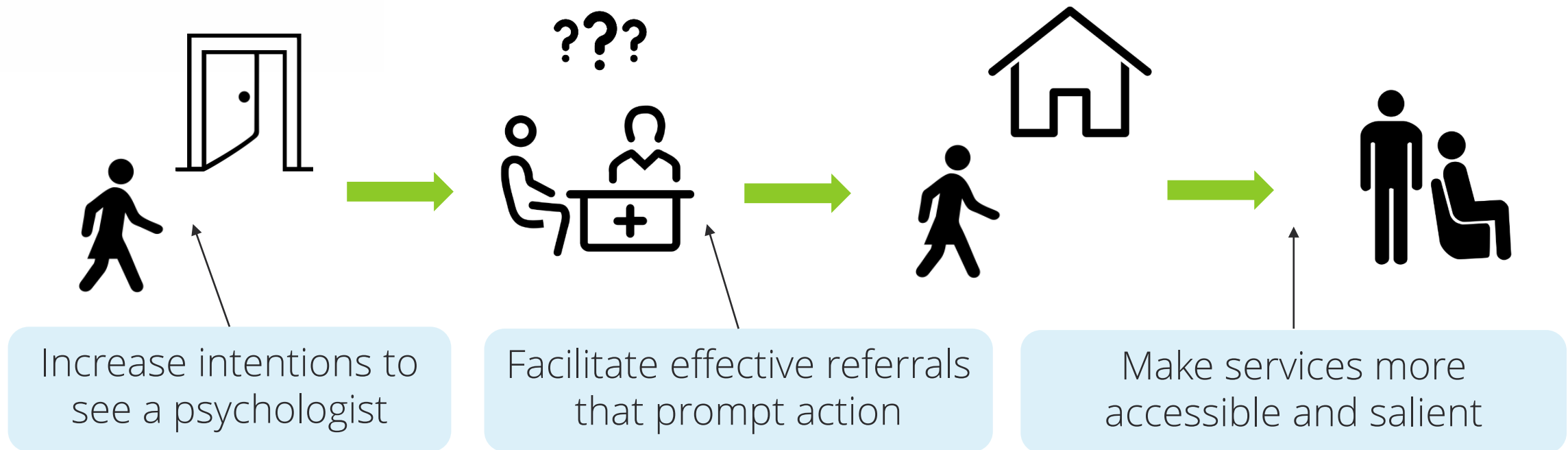


How can we implement solutions to address these problems?

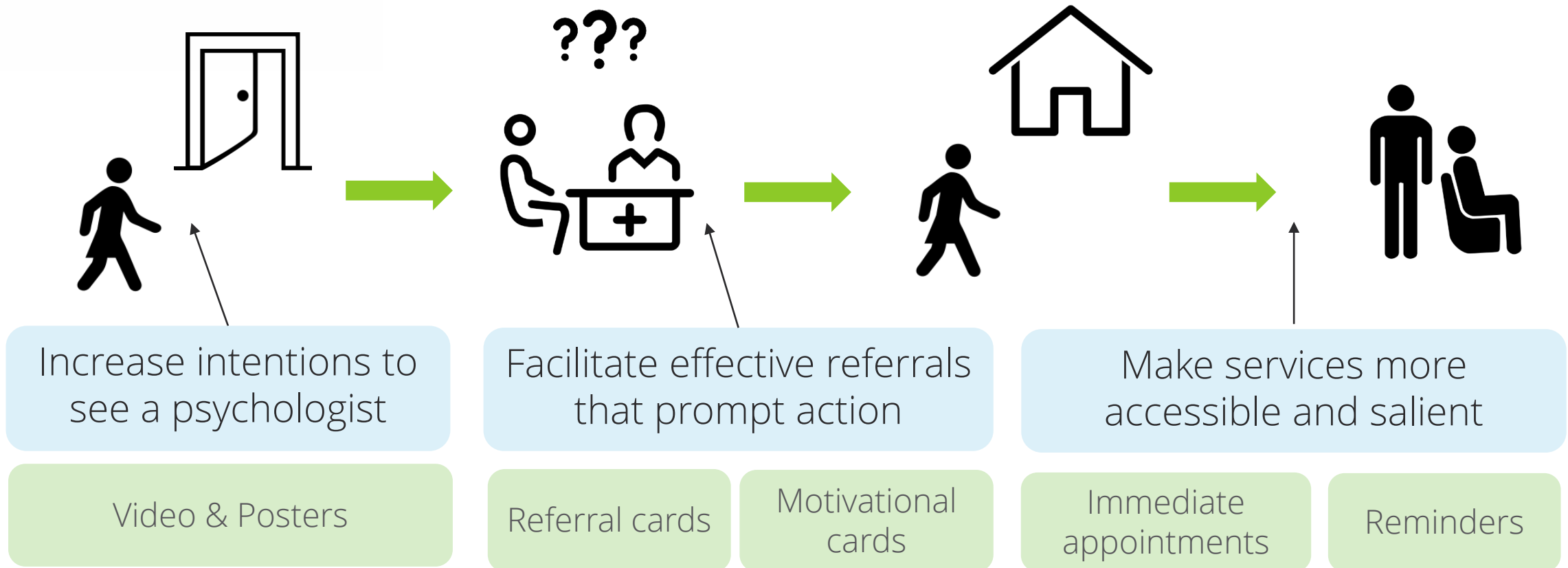
1. Redesign the parts of the process that create barriers and do not require additional resources.

2. Imbed new cost-effective tools into the redesigned process to address additional barriers.

We designed specific solutions to overcome each of these bottlenecks



We designed specific solutions to overcome each of these bottlenecks



Activity

Imagine a woman who wants to access FP and/or IPV response services.

- **Process mapping:** What are each of the steps a woman needs to take to access FP services? IPV response services? Where could these processes intersect?
 - Consider both the decision to access services and the process of accessing services.
- **Mini diagnosis:** For each step in the process, what might get in the way of women accessing and utilizing services?
 - Consider micro-features of the context (such as choice set, timing, physical environment, chronic scarcity, etc.)



Thank You



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