FORMALZIING BEHAVIOR CHANGE AT MERCY CORPS

Guidance Note

NOVEMBER 2022

Myriad psychological, social, and structural factors interact to impact how people perceive and relate to their surroundings, make decisions, and act. Humans generally regard themselves and others to be rational—making consistent, deliberate decisions by weighing costs and benefits. But, in reality, we often jump to conclusions, even with insufficient information.[1] We may overweight knowledge we already have or resist unfamiliar information or that conflicts with our worldview. We are also attuned to social influence.[2]

Often program designers and policy makers make assumptions about which factors have the biggest influence on behavior. But acting on assumptions can lead to less effective or even harmful solutions if we misdiagnose people's willingness and ability to modify their actions in the face of crisis. A behavior change (BC) approach, or the systematic and evidence-based study of human decision-making and provides strategies to confront assumptions and improve program and operational effectiveness.
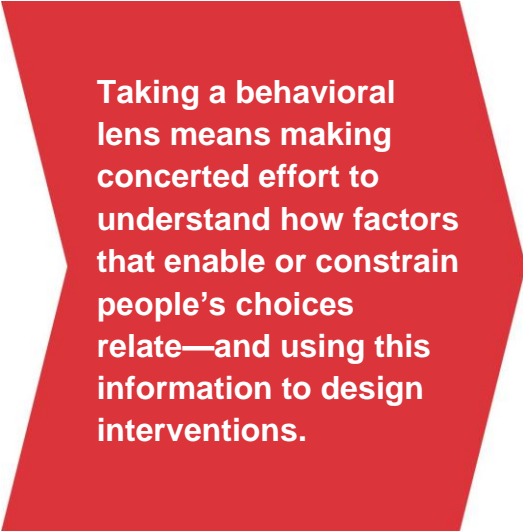
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[1] Kahneman (2003)

[2] Tomasello (2014); ideas42; Schultz, Nolan, Cialdini, Goldstein and Griskevicius (2007).

This document is designed to support team members to better understand what a BC approach is, common drivers of behavior, and BC. Moving forward, it will be paired with technical guidance and tools to support the delivery of behaviorally-informed programs, policies, and processes in a standardized, systematic way.

Defining Behavior Change

Behavior change (BC) is a term used to describe a set of design strategies, informed by the social and behavioral sciences[3], that study how and why individuals make decisions and behave in certain ways.

We blend BC with community engagement and context analyses based on the understanding that people have the right to lead on the choices affecting their lives. 'Choice' is a person's ability to make decisions between actions, where each resulting action is a 'behavior'. The ideal behavior is typically the specific action a person can take to best address a problem they are experiencing. To increase uptake of sustainable land or water management practice, people have the *choice* between opting into the new practice or maintaining their status quo. Possible *behaviors* are more specific, where actions could include participating in community management arrangements for planting or adopting a conservation technique.

Taking a behavioral lens means making concerted effort to understand how factors that enable or constrain people's choices relate—and using this information to design interventions.

BC interventions are often complemented by structural changes to ensure a behavior is feasible to adopt. However, closing information gaps — "educating" people about the problems or benefits of a certain behavior — or financial incentives alone are not necessarily strong enough to sustain desired behaviors. While they may have short term impacts, these strategies can fail or backfire.

This could happen when cultural influences and motivations are not accurately identified during planning or when exposing people to information about the prevalence of a negative behavior unintentionally leads more people to practice or support it.[4] A behavioral lens helps us avoid these traps.

A people-centered approach

Target audiences for BC interventions include any persons who may be involved in programming. This could include community members seeking information or accessing services, representatives of formal or informal governance and market structures and actors, NGOs, CBOs, and other partners.

We focus on individuals as the unit of analysis when we measure behavior change. However, this does not ignore that behaviors are informed by community-level factors, including social dynamics and political context. Instead, we view 'social' change as the aggregation of behavioral changes among many people. Zooming in on the individual helps us determine whether to focus on who is most affected by the problem of interest or who might be responsible for perpetuating it.

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[3] The field draws on theories, insights, and methodologies from several disciplines including anthropology, communications, economics, psychology, and sociology.

[4] See Stibe and Cugelman (2016) for a framework exploring ways BC interventions may backfire. Examples include climate change mitigation (Hart and Nisbet 2011), voting (Gonzales, Gianmarco, and Martinez 2022), and campaigns against child marriage (Muriaas. et al. 2019).

Mercy Corps' journey to mainstream BC means paying attention to how we interact with one another and our partnering communities. For example, we cannot credibly promote vaccine acceptance if our team members are not taking vaccines themselves. Similarly, we already recognize that encouraging low-carbon development must align with reductions to our own carbon footprint. Likewise, we cannot expect to prompt a partner to be transparent about selection criteria for a social program if we do not model good governance principles ourselves. We can use lessons from the behavioral sciences to improve our operations, such as by reducing the complexity of administrative processes and how we share information with our collaborators.

BC in development contexts

Poverty, stress, and trauma are known to lead to decreased cognitive bandwidth[5]. Cognitive bandwidth is the amount of "mental space" someone has to pay attention, interpret information, make decisions, and resist temptations and impulse. Without it, they may be unable to achieve their ideal behavior. Taking a BC lens helps practitioners understand how people make decisions at moments of low bandwidth or when experiencing psychosocial barriers—ensuring our interventions do not impose additional cognitive costs.

Behavioral changes often are central to communities' abilities to build resilience and transform the systemic factors driving vulnerability in the first place. BC is at the center of communities' abilities to sustainably protect wellbeing gains where, when effective, an ideal behavior persists even in the face of shocks, stresses, and prolonged crises. For example, embedding nutrition-focused BC strategies and labelling within emergency cash programs can engage community members to maintain good practices even when facing a shock like displacement, loss of income, or disease outbreaks. BC interventions that respond to people's current realities are easier to act on in the short term, while strengthening the foundation of longer-term food security efforts and decision-making.

Understanding What Drives Behavior

A number of models and theories[6] explain how and why people behave in certain ways. Inspired by these models, the framework below guides MC teams to explore many common factors that influence behaviors.

The factors that impact choices and behaviors include personal characteristics and psychological factors, such as biases[7], emotions, stress, preferences, perceptions, and incentives. They also include social, cultural, and normative influences—including peer influence, how systems are organized, and how resources are managed among groups. One's environment[8] can positively or negatively impact a person's ability to follow through on behavioral intentions.
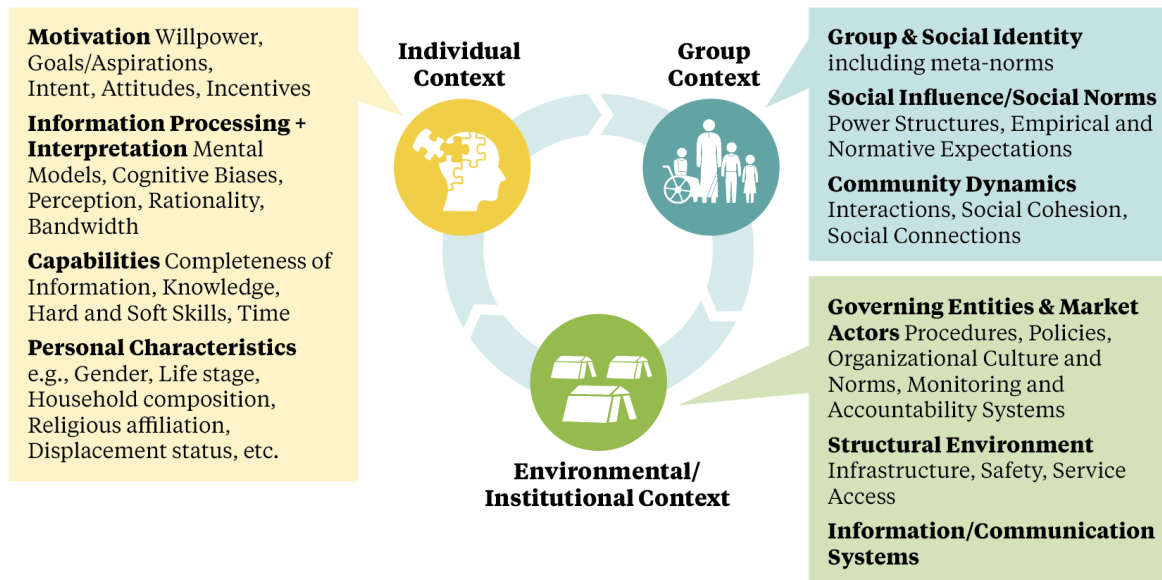
We organize these factors into three contexts (individual, group, and institutional/environmental) that are each made up of multiple sub-factors. Factors noted below are defined in the Behavior Change Glossary.

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[5] The Psychological Lives of the Poor. American Economic Review: Papers & Proceedings 2016, 106(5): 435–440 http://dx.doi.org/10.1257/aer.p20161101.
[6] See pages 9-18 of UNICEF's Behavioral Drivers Model for an overview of well-recognized contemporary approaches to human behavior that are relevant to Mercy Corps' behavior change approach and international development.
[7] Behavioral biases are beliefs and tendencies that unconsciously influence decision making. For common biases, see thedecisionlab.com/biases.
[8] Insights from OECD (2019), UNICEF (2019), and The World Bank (2015).

Individual Context

Motivation Willpower, Goals/Aspirations, Intent, Attitudes, Incentives

Information Processing + Interpretation Mental Models, Cognitive Biases, Perception, Rationality, Bandwidth

Capabilities Completeness of Information, Knowledge, Hard and Soft Skills, Time

Personal Characteristics e.g., Gender, Life stage, Household composition, Religious affiliation, Displacement status, etc.

Group Context

Group & Social Identity including meta-norms

Social Influence/Social Norms Power Structures, Empirical and Normative Expectations

Community Dynamics Interactions, Social Cohesion, Social Connections

Environmental/ Institutional Context

Governing Entities & Market Actors Procedures, Policies, Organizational Culture and Norms, Monitoring and Accountability Systems

Structural Environment Infrastructure, Safety, Service Access

Information/Communication Systems

Exploring which factors might and likely do drive a behavior facilitates entry points for solutions.

For example, imagine your program's goal is to increase men's support for women's economic empowerment. Personal beliefs and motivation (individual context) could influence the support a male spouse or guardian provides to a woman during her job search. Whether he perceives that his neighbors support women working could also influence his support (group context). Policy (environmental/institutional context), such as a new law about childcare, might induce changes in a family's circumstances that lead to increase in the ideal behavior.

1. Individual Context

This decision-making context encompasses psychological factors such as one's:

- interest, intention, and **motivation**;
- **information processing and interpretation**; and
- **capabilities** (abilities and technical and non-cognitive skills).

It responds to the fact that people process information and make decisions consciously and non-consciously.

Identity and personal characteristics also influence behaviors. This includes gender, life stage, household composition, religious affiliation, and displacement status, among others.

> ❯ **EXAMPLE: MISINFORMATION**
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> *MC Puerto Rico's Rumor Tracker Program, designed to address information gaps and misinformation on COVID-19, developed and distributed health information tailored to the needs identified by community members.*
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> *Much of the campaign's information was distributed via social media. However, this strategy was adapted in areas where low literacy levels were likely to impact community members' abilities to interpret and engage with the information provided. Instead, community leaders and health promotion specialists distributed content themselves.*

> **EXAMPLE: SOCIAL COHESION**

Program designers looking to increase social cohesion might consider increased social and economic collaboration to be positive behaviors.

Research from post-ISIS Iraq[9] finds that members of Yazidi households were more likely to accept Sunni returnees if they had been displaced together. The study's results suggest that movement patterns, and therefore instances where they interacted more frequently, shaped social acceptance more than ethno-religious identity.

Photo Credit: Christy Delafield

2. Group Context

This context encompasses social or cultural factors, such as **group identity** or **social influence and norms**.

For example, when one's group identities govern their behaviors, it can lead to negative responses such as stereotyping people with affiliations that differ.

This could have implications for areas such as service delivery— if members of one group control resources—or on conflict—if members of one identity group feel mistrust of or biased towards another.

If a social environment is supportive is often a precondition of BC. Whether one conforms to norms is often influenced by empirical (what we believe others in our network do) and normative (what we believe others believe is appropriate to do) expectations and peer encouragement.

Behaviors are also influenced by identifiable networks (e.g., friends, family, colleagues, place-based ties, formal and informal memberships) and **community dynamics** (e.g., intergroup contact, social cohesion strength of leadership, gender dynamics, integration of young people, presence of private sector actors, etc.).

3. Environmental/Institutional Context

This context encompasses the structural environment and wider system where the behavior takes place. This centers on the role of **governing institutions and entities,** which have capabilities, norms, and identities just as individual people do. Relevant actors include informal and formal governing bodies, private sector actors, and market-focused associations.

Behaviors can be influenced by how **systems and processes** are designed, monitored, and enforced. Systems and processes can constrain behavior by allowing power and control to be maintained by or in service of certain identity groups. This can prevent systematically excluded people from accessing financial resources, information, and social or political power—limiting the options one has to choose between.

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9 Lichtenheld, A., and Saadi, S. (2021). Towards Durable Solutions to Displacement in Iraq: Understanding Social Acceptance of Returnees in Sinjar. Washington, D.C.: Mercy Corps.

Behaviors can also be influenced by how well system actors are willing to enforce a positive behavior. Shifting behavior requires understanding **incentives.**[10] When incentives are strong enough, they can disrupt current behavior and encourage new ones.

Achieving behavior change goals may require addressing **structural and financial barriers**. For Mercy Corps, this likely means working in partnership with other humanitarian, development, peacebuilding, and market actors to make resources available or strengthen or establish an enabling policy/regulatory, social protection, or employment environment.

Communications and information systems are also key. How and what information people access impacts their ability to make decisions. For example, behaviorally-informed community engagement to combat misinformation could be less effective if content moderation and online safety standards are not enforced.

And as systematic threats such as poverty, disaster, climate change, and conflict increase physical and psychological insecurity[11], it may be too risky or physically impossible for people to change behavior or problem solve when under threat. Even those with the intention to act and the skills and mindset needed cannot always change behavior if they face significant environmental or resource constraints.

〉 **EXAMPLE: INCLUSIVE INSTITUTIONS**

BC cannot be sustained if the entities that make up the market system are disincentivized—unable or unwilling—to sustain behavioral shifts in our absence.

In addition to working to change gender norms, Mercy Corps' GIRL-H program mapped the availability of Technical and Vocational Education and Training (TVET) centers in the program areas to ensure participants not only build life skills and motivation, but also have access to the spaces required to apply them.

Photo Credit: Ezra Millstein

The Behavioral Design Process

Behavior change is already central to MC's programming and operations, but it is not always labeled outside of social and behavior change communications (SBCC)[12]. The **behavioral design process** provides structure for understanding the relationships between the factors and contexts discussed in the previous

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[10] The Operational Guide for the Making Markets Work for the Poor Approach outlines categories of incentives: materially-oriented (money, materials), socially-oriented (desire to belong), and purpose-oriented (desire to achieve a personal or collective goal). These relate to the motivations individuals experience, often called intrinsic (performing a behavior for its own sake) and extrinsic (driven by external rewards or punishments) motivation (Bénabou, R. & Tirole, J. 2003).

[11] According to the American Psychological Association, psychological insecurity is "a feeling of inadequacy, lack of self-confidence, and inability to cope, accompanied by general uncertainty and anxiety about one's goals, abilities, or relationships with others."

[12] SBCC is the strategic use of communications to influence changes in knowledge, attitudes, norms, beliefs, and behaviors. SBCC usually involves a multi-channel approach, such as pairing community outreach and engagement techniques with on- and offline mass media strategies.

section. This multidisciplinary process is based on fields such as economics, cognitive and social psychology, neuroscience, and draws on best practices from theoretical frameworks, guidance and toolkits, participatory research, and human centered design (HCD).[13]

The BC design process has six stages that should be incorporated into activity planning and budgeting. Factors that influence how much time is spent on each stage include the problem's complexity, what information the team currently has, and their time, personnel, and financial resources.

Stage 1 includes three activities:

❭ **EMPHATHIZE:** *Who are you designing for and with?*

Establish an understanding of the target stakeholders and their context. Ground your team as "learners" rather than as "expert problem solvers" to prepare you to respond better to a stakeholder group's emotions and experiences rather than preconceived expectations and knowledge.

❭ **WHO MAKES UP YOUR TEAM?**

Behavioral design requires being conscious of who makes up your team: technical and contextual experts, what stakeholders you need to generate buy-in, and skill or capacity gaps.

Teams new to BC might seek input from in-house and external behavioral scientists, human centered designers, mixed methods researchers, and survey methodologists.

Prioritize including members from your target audience or at least local experts within your design team.

Methods can include mapping out power dynamics, accurately identifying the emotional and physical needs of your target audience and collaborators and selecting strategies to build relationships and trust. BC models and frameworks do not always call out this step explicitly, leading implementers to design for who their perceive is their "average" participant, without accounting for equity gaps.

❭ **DEFINE THE PROBLEM:** *What type of behavior change is necessary?*

Get specific about the behavior(s), or observable actions, of interest. *When* and *where* should the ideal behavior happen? *Who* are the stakeholders that should engage in it? Explore existing quantitative and qualitative data to build a better understanding of your audience needs and decision-making, identify if additional data can be collected, and segment stakeholder groups to help narrow your focus.

❭ **DIAGNOSE BEHAVIORAL DRIVERS:** *Why is the target or ideal behavior not occurring?*

Draw on tools such as Barrier Analysis and Journey Mapping[14] to outline the logical steps[15] and specific actions your audience needs to take to get to one's ideal behavior. Consider both behavioral drivers and system-level and structural constraints that might prevent them from changing behavior.

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[13] Some common resources include idea42's Changing Behavior to Improve People's Lives: A Practical Guide, the Behavioural Insights Team's EAST Framework and TESTS Methodology, IDEO.org's Design Kit, USAID's Designing for Behavior Change: A Practical Field Guide and the Capability, Opportunity, Motivation and Behavior (COM-B) Model by Susan Michie, Lou Atkins and Robert West.
[14] See USAID 2013 and IDEO.org sample resources.
[15] As noted, people often make decisions in ways counter to what we might expect. Mapping out the steps someone takes to engage in a behavior can include moments where they have to make a choice between alternatives, take specific actions, interact with people or systems, and overcome logistical and structural difficulties.

Use research tools like surveys, focus groups, interviews, literature review, small-scale experiments, and data analysis to test your assumptions, validate initial findings, or inform new hypotheses. Adapt research activities to your context and problem of interest, carefully considering how population groups[16] may experience the problem differently. Analyze your data and adjust as needed.

Stage 2 includes three additional activities:

> **DESIGN:** *What could and should be done to motivate and sustain the behavioral shift?*

Use data from the diagnostic phase to prioritize the barriers identified and brainstorm strategies to address them based on your theory of change. Design interventions that could possibly bring about the desired changes, seeking input from the target population along the way. Your intervention might address multiple factors driving behaviors or focus on one in particular.

Prepare an experimentation or evaluation plan. Remember, barriers should be significantly reduced or eliminated for behavior change to occur.

> **IMPLEMENT AND EVALUATE:** *How will we measure if behaviors are in fact changing?*

Test your potential solutions and capture results. Where possible, use quasi-experimental, such as field experiments and questionnaires, or experimental approaches, such as A/B testing[17] and Randomized Controlled Trials, to establish causal evidence for your intervention or isolate if something else might be leading to behavioral change.

Qualitative methods such as focus groups, process tracing, and interviews can also uncover possible explanations for unexpected findings or lessons learned.

> **ADAPT AND SCALE:** *What else must be done?*

Identify your learnings captured during the evaluation stage. Use these to re-define the problem, re-diagnosis behavioral barriers, and re-design your interventions as needed.

> ## BEST PRACTICES FOR BEHAVIORAL DESIGN

This process is nonlinear and iterative.

Behavioral designers often revisit earlier steps to reprioritize the target behaviors or complete more research to expand their understanding of the problem.

This is likely to happen between Stages 1 and 2, or between the 'define' and 'diagnose' phases in Stage 1.

While the BC design process can require a greater upfront investment than program design models that do not explicitly assess behavioral drivers, it often means cost savings and increased effectiveness. Future adaptation becomes more likely to involve small tweaks rather than significant redesign.

Teams are encouraged to communicate their findings even if they have low or no effect. This will help others consider what may or may not work in their own

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[16] This step often includes identifying positive deviants, or people who have already attained the ideal behavior despite constraints.
[17] A/B testing is a research methodology that involves statistically testing how audiences respond to two variants ('A' and 'B') of an intervention and scaling the most successful result.

Consider what your results say about local-level impacts and whether they may generalize to a wider area.

Operationalization, Priorities and Principles

Mercy Corps teams can choose to use the behavioral design process for background research or follow the whole process. The process is especially recommended for new program design because it helps guide the sequencing of activities. The diagnostic phase could be completed during an inception phase, program analysis/assessment or formative research phase to help reveal how stakeholder groups influence one another.

For example, a maternal and child nutrition program might require increasing the motivation of or challenging stereotypes held by community health workers, before focusing on the care behaviors of new mothers. Plus, transitions—such as having a baby, elections, starting an income generating or educational endeavor, relocating or migrating, or the introduction of a new policy—can be positive moments to encourage behavioral or normative change.[18] While these moments could provide a useful spark, changing behaviors, especially those tied to norms, can take time. This is why we seek to invest in BC on an ongoing basis, allowing space for reinforcing the supportive behaviors initiatives timed for optimal engagement.

Importantly, Mercy Corps' analytic tools and program management approach already allow space to capture behavioral insights. Part of formalizing our BC approach requires working across teams to incorporate a behavioral lens into existing and emerging approaches and analytic processes. For example:

> **Gender and Social Inclusion** and **Conflict Sensitivity Analyses** capture essential information like personal beliefs, perceptions, and power dynamics.

> **Infrastructure and Market Analyses** help teams consider ways an environment could prevent or support behavior change.

> Methods and processes, such as our community mobilization process **CATALYSE** and the related **Mobilising for Health** framework, may facilitate behavior change by promoting an enabling environment to foster more responsive and inclusive institutions and action plans.

> Our **Digital Communities Approach** and **Digital Ecosystem Assessment** can ensure information goes beyond reaching a target audience and measurably enables them to make more informed decisions and better navigate challenges.

Effective BC is also related to monitoring, evaluation, and learning and research. Traditionally, behaviors are identified as a causal mechanism within a theory of change rather than an intended outcome. This would mean that, if a target outcome is achieved, we presume behaviors have shifted too. However, we cannot know this definitively if we do not intentionally track behavior change. This can lead one to assume behaviors are changing without building in strategies to measure if they actually are.

Beginning with a behavioral lens enables practitioners to select strong indicators and integrate behaviors into the program's logic model. If a program is already in the implementation phase, having space in the workplan for testing and adaptation provides an entry point for BC methods. It could be more challenging to

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[18] According to the principle of habit discontinuity (Verplanken & Wood 2006), this is because people are more sensitive to new information and ways of thinking when their existing habits are disturbed.

assess if behaviors are changing if a results framework is set, outcomes are not defined as specific behaviors, or baseline data is not available.

Planning measurement strategies early—whether using data routinely collected by a government partner or visiting a community to observe how people engage with a service—helps us assess financial costs, possible risks, and logistical requirements to capturing this information. For example, a behaviorally informed assessment of Mercy Corps' PROSPER program,[19] a governance training program in Myanmar, allowed our team to assess not just *if* participants developed increased comprehension of good governance principles but *how* training in normative principles of good governance led to new behaviors. Understanding the mechanisms through which the training activities and factors (e.g., participant motivation, education, skill level) led leaders to change their behaviors helps inform programs to engage decision makers more effectively in promoting good governance norms.

Building Self-Awareness through Behavioral Design

Humans are subject to beliefs and attitudes that shape our actions and choices. This includes intuitions about the roots of a problem and generalizations or preferences about how to solve it. Our identity, personal and past on-the-job experiences, and emotions inform what we believe is the best course of action. As pausing to interrogate these assumptions is rarely second nature, the optimal solution may be overlooked.

Behavioral designers are encouraged to **notice, pause,** and **reflect**. These stages were informed by concepts from Liberatory Design[20], an HCD[21] model that invites team members to push themselves beyond the status quo[22] and validate or challenge assumptions before one's biases unintentionally or unconsciously influence a program.

Creating space for self-awareness aligns with processes and tools where team members engage in reflection and respectful dialogue with one another and our collaborators.

This includes People with Possibility, Mercy Corps' Humanitarian Learning Pathway, the Make Me a Change Agent manual, and Diversity, Equity and Inclusion (DEI) activities.

Photo Credit: Ezra Millstein

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[19] Hakiman, Kamran and Ryan Sheely (2020). Pathways to Good Governance: Supporting Changes in Norms and Behavior Among Local Decision-makers in Myanmar. Washington, DC: Mercy Corps.

[20] Liberatory Design is the result of a collaboration between Tania Anaissie, David Clifford, Susie Wise, and the National Equity Project (Victor Cary and Tom Malarkey). This term emerged from "equity centered design," a design thinking approach designed to merge human-centered design principles and methods and equitable practices.

[21] HCD is an approach to problem-solving that is closely related to behavioral science. It is commonly used to develop solutions to problems by involving the human perspective in all steps of the problem-solving process. Explore common activities at https://www.designkit.org/.

[22] Status quo bias is a common cognitive bias that behavioral solutions help to confront. The Decision Lab defines it as the human preference for the current state of affairs, which results in resistance to change.

Core Principles

All behavior change work at Mercy Corps will share the following principles:

> **Human-centered and context-specific**: We commit to understanding the needs, interests, emotions, and experiences of individuals and groups to preserve their autonomy. Aligned with localization, we prioritize co-creation and participation—involving community members with first-hand experience of the problem and who will be affected by an intervention and central to its sustainability.

> **Ethical:** BC focuses on voluntary behaviors that change people's lives for the better. Our interventions should never force an individual to act in a certain way. However, BC efforts could be interpreted as doing so because changing behavior often requires shifting the choices available. We prioritize community consultation, informed consent, and CARM channels to ensure BC initiatives are transparent about methods and aims. We work to prevent and address unintended consequences a person might face from the desired behavior.

> **Inclusive:** Our BC work complements Mercy Corps' Gender Equality, Diversity and Social Inclusion (GEDSI) strategy and goal of supporting inclusive, resilient communities. We view factors such as gender, age, geography, ethnicity, sexuality, religion, and disability, education, socioeconomic, and employment status as behavioral determinants. Failing to consider identity may reinforce adverse norms and unequal power dynamics and mean an intervention does not engage all target populations. We respond to how our own identities and positions of power impact behavioral design.

> **Iterative, in response to uncertainty:** We adapt in the face of complexity or uncertainty. Our choices are informed by evidence we capture throughout a project's life cycle — related to what interventions are needed and how they are implemented. This is key as crises such as COVID-19, conflict, climate change, and natural disasters require recognizing and responding to how shifts to a community's priorities or coping strategies impact behaviors as new risks emerge.

Planning for BC should be done alongside Context, Conflict, Do No Harm, and Youth and Gender analyses. Behavioral approaches must prioritize the protection and dignity of community members, cultural context, and how community systems currently function.

Strategic Priorities

We endeavor to build consensus and commitment to the following priorities through our BC activities:

> **Build in-house behavior change expertise:** Mercy Corps will adapt existing and develop new tools and trainings to broaden the agency's base of people engaging with behavioral design. This will enable implementers to more confidently leverage BC approaches, complementing their rich contextual knowledge.

> **Leverage behavioral diagnostics:** We will formally integrate behavioral diagnostics into our workplans to help uncover factors facilitating or preventing the adoption of a target behavior.

❯ **Evaluate, test and research:** We aim to test solutions to ensure resources are dedicated to the most promising methods. Teams are encouraged to leverage formative research to track progress on behavioral outcomes[23] and think through tradeoffs such as cost, response biases, time, and measurement of observable behaviors, behavioral intention, or self-reported behaviors. We challenge how psychological and behavioral research historically focus on WEIRD (Western, Educated, Industrialized, Rich, Democratic) populations.[24]

❯ **Thought leadership and partnerships:** We will collaborate with peer organizations, academia, and research firms to develop behavioral solutions relevant to places where we work and on topics where MC has expertise. We will grow to understand best practices for motivating donors to invest in and sustain BC efforts.

	Action	Methods	Target Outcome
Capacity Strengthening and Learning	Introduce array of team members to basic principles of behavioral science and design	Workshops, learning-by-doing, training modules, presentations, general and sector-specific guidance notes	MC team members are confident in authority and ability to adapt program and operational approaches based on behavioral insights
	Reinforce skills, complementing HCD and participatory processes		
Behavioral Design and Implementation	Provide guidance throughout program life cycle, via point-in-time or in-depth engagement	Behavioral diagnostics, Strategy and intervention design, Implementation support	MC programs and operations consistently consider mechanisms driving human behavior
Evaluation and Research	Rigorously test behavioral assumptions, adapting and scaling accordingly	Data collecting instruments and mixed method evaluations	Attitudes, behaviors or other psychological constructs are captured and validated. What does and does not work to sustain BC is tracked
Thought Leadership and Partnerships	Seek new and leverage existing partnerships to share knowledge and collaboratively apply and scale behavior change approaches	Collaborative research processes, publications, events, donor engagement	MC is a global BC leader, championing signature approaches including community ownership and BC in fragile settings

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[23] USAID's Think BIG provides a wealth of tools for defining outcomes as specific behaviors.
[24] The Atlantic (2010). https://www.theatlantic.com/daily-dish/archive/2010/10/western-educated-industrialized-rich-and-democratic/181667/.

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About Mercy Corps
Mercy Corps is a leading global organization
powered by the belief that a better world is possible.
In disaster, in hardship, in more than 40 countries
around the world, we partner to put bold solutions into
action — helping people triumph over adversity and
build stronger communities from within.
Now, and for the future.

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