

Applied Behavioural Science Start Up Pack

A guide for applying a behavioural lens in low resource settings

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Useful Terms

Applied Behavioural Science (ABS)	Applied behavioural science is an interdisciplinary study of how people behave, what influences their behaviour, and the designing and evaluating of interventions that influence behaviour change.
Behavioural lens	Applying a behavioural lens means thinking, seeing and doing with a focus on behaviours, both when understanding problems and when designing solutions.
Community of Practice	Group of actors across programmes, partners and FCDO supporting the dissemination and implementation of the Start Up Pack.
Innovation	Refers to any intervention, product and service in the FCDO Technology and Innovation portfolio.
Grantee/s	Innovators supported via the FCDO Technology and Innovation portfolio and associated programmes; may also be referred to as innovators or investees.
Opportunities	Refers to applications for grants or other funding that will be assessed by decision makers within the context of FCDO programmes.
Programme	Refers to programmes within FCDO's Technology and Innovation portfolio that fund or invest in grantees, including: Frontier Technologies Hub (FT), Assisted Technology 2030 (AT2030), Global Innovation Fund (GIF), GSMA Mobile for Humanitarian (M4H) and Mobile for Development (M4D), Artificial Intelligence for Development (AI4D), and TRANSFORM.

Read me

What is the Applied Behavioural Science Start Up Pack?

This is a start up pack for applying a practical approach to apply behavioural science in technology and innovation projects in low resource settings.

In the discovery phase of the 'Adopting a Behavioural Science Lens in FCDO Technology and Innovation Investments' project,¹ we examined the FCDO Technology and Innovation Unit portfolio by carrying out a rapid review, primary research and prototyping. The key findings are:

- Strong interest and ongoing efforts to apply a behavioural lens across the TIU and its partners.
- Familiarity with behavioural science and its application was limited among programmes and grantees.
- Except for those with expertise already available, few teams had access to practical resources or guidance.
- There was no systematic way to identify when behavioural science could add value.
- When behavioural science was applied, it often happened too late in the process

Based on these findings, and working alongside FCDO staff, partners and grantees, we developed² two complementary resources:

- The **Triage Tool** helps us decide early on whether understanding people's actions is needed, whether it could strengthen a project, and where it would add most value.
- The **Field Guide** provides practical, step-by-step guidance for actually doing the work – from reviewing existing evidence through to planning for scale.
 - Both the Triage Tool and the Field Guide have a supporting **AI Augmentation Guide** which provides practical guidance for using a large language model (LLM) to support the implementation and use of these resources.

Think of the Triage Tool as the *Should we?* question and the Field Guide as the *Here's how we answer*. Both are starting points, not prescriptions. We've designed them to be adapted to your needs and context. You know your users, constraints and opportunities better than anyone – so use what's helpful, modify what isn't, and build on what works.

Who is it for?

These resources are for everyone involved in innovation projects: programme managers, grantees, entrepreneurs, development practitioners, and anyone working in technology and innovation in low-resource settings. No prior expertise in understanding what shapes people's actions is needed.

How do these resources fit together?

1. Start with the Triage Tool during application review or project planning. It helps programmes, partners and grantees assess whether understanding people's actions is relevant, in what ways, and whether applying a behavioural lens could add value.

2. Move to the Field Guide during project development and implementation. It explains why and how to apply this thinking in practice, and signposts further resources. The sections of this guide will apply on a case-by-case basis. We don't need to use every section – just the parts flagged by Triage Tool as relevant.

¹ MAGENTA (2025) Adopting a behavioural science lens in FCDO technology and innovation investments: a portfolio review. London: FCDO. Available at: <https://www.grtd.fcdo.gov.uk/wp-content/uploads/2025/12/FCDO-MAGENTA-Portfolio.pdf>.

² We thank colleagues from Global Innovation Fund (GIF), Frontier Technologies Hub, Brink, Ataneo de Manila University, HappyTap, Impact(Ed) and Rumsan for engaging in the testing and feedback process.

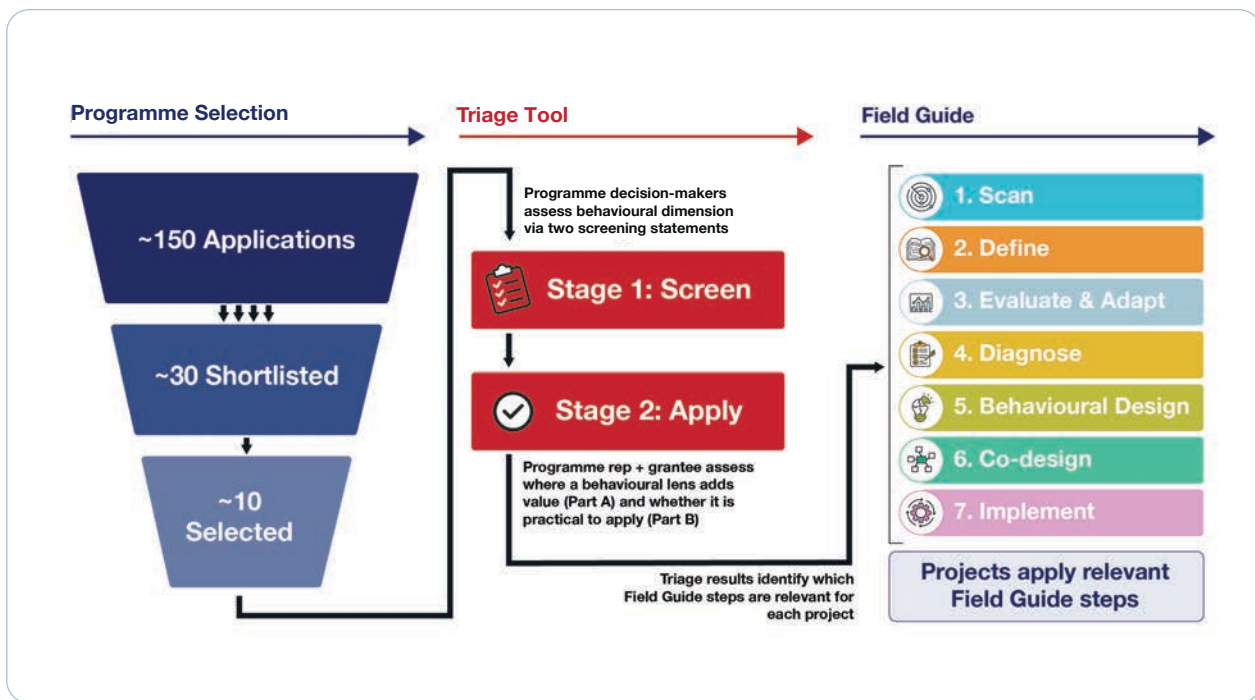


Figure 1: How the Triage Tool and Field Guide fit together

Before you get started

Technology and innovation teams often focus quite rightly on whether their solution works technically. But even the most brilliant technical solution will fail if people do not use it. Understanding why people do or do not adopt innovations, and what makes adoption easy or difficult in constrained, real-world contexts, is where behavioural science can help.

Why does this matter to you? Most innovation projects succeed or fail based on whether people change what they do. For example:

- A new health app that needs users to complete daily check-ins
- A clean cookstove that families need to adopt and use correctly
- A savings product that requires regular deposits

The challenge is that behavioural science can feel academic, jargon-heavy or disconnected from the rapid, iterative way innovation teams work. That is why we created these resources: to make behavioural science practical, accessible and compatible with how you already work.

Most importantly, behavioural science reminds us that the people we design for are not obstacles to overcome or problems to fix. They are experts in their own lives, making sensible decisions given the constraints they face. Our job is to design innovations that work with their realities, not against them.

We hope these resources help you do exactly that.



Tip: Applying a behavioural lens is not restricted to the people we're trying to better understand and design for. Consider what behavioural changes may be needed in your own team – in how you work, communicate or make decisions.

Support and feedback

These resources were developed through the FCDO-funded Behavioural Science for Technology and Innovation Portfolio review project, implemented by MAGENTA and managed by the Research Commissioning Centre (RCC).

If you need support with these resources, please get in touch using the enquiry form below:

[Click here to access](#)



When requesting **support**, let us know who you are, your role, your organisation, your challenge and which part of this pack you need help with. If you submit a request for support, you will be accessing a Community of Practice comprising practitioners and champions – known as ‘Sherpas’ - attached either to the FCDO or their partners and your request will be directed to those best placed to respond.³

Please tell us what worked well, what was unclear or unhelpful, how you adapted the resources for your context, and any suggestions for improvement; using the brief surveys accessible via the following links or QR codes.

Triage Tool feedback form:

[Click here to access](#)



Field Guide feedback form:

[Click here to access](#)



3 The Sherpa network includes champions within FCDO and FCDO programmes, and partners who can help you navigate the resources available.

Applied Behavioural Science Start Up Pack

Triage Tool



Triage Tool



What is the Triage Tool?

Triage Tool is a decision-support tool.⁴ It helps us identify early on whether a project, investment or opportunity could benefit from paying closer attention to what people do and applies a behavioural lens. It is a lightweight screening device that helps us ask the right questions early, so we can direct resources and expertise where they will make the greatest difference.



Tip: As a simple rule of thumb, an innovation project is 'behavioural' if its success depends on people changing their behaviour or doing something differently.



Who is it for?

The Triage Tool is designed for programme decision-makers and the grantees or applicants they work with. Stage 1 involves a small number of programme staff. Stage 2 brings in the grantee or applicant representative most closely involved in project development.

Tip: Integrate Triage directly into your own grant assessment and decision-making processes, adapting as necessary.



How can we use it?

The Triage Tool fits into existing programme selection processes. It has two stages:



Stage 1: Screen

Does this opportunity have a behavioural dimension (i.e. what people do or may need to do differently)?



Stage 2: Apply

Where could a behavioural lens add value and is it practical to apply?

⁴ This tool was developed as part of a project funded by the UK's Foreign, Commonwealth and Development Office (FCDO), designed and implemented by MAGENTA, and managed by the Research Commissioning Centre (RCC).

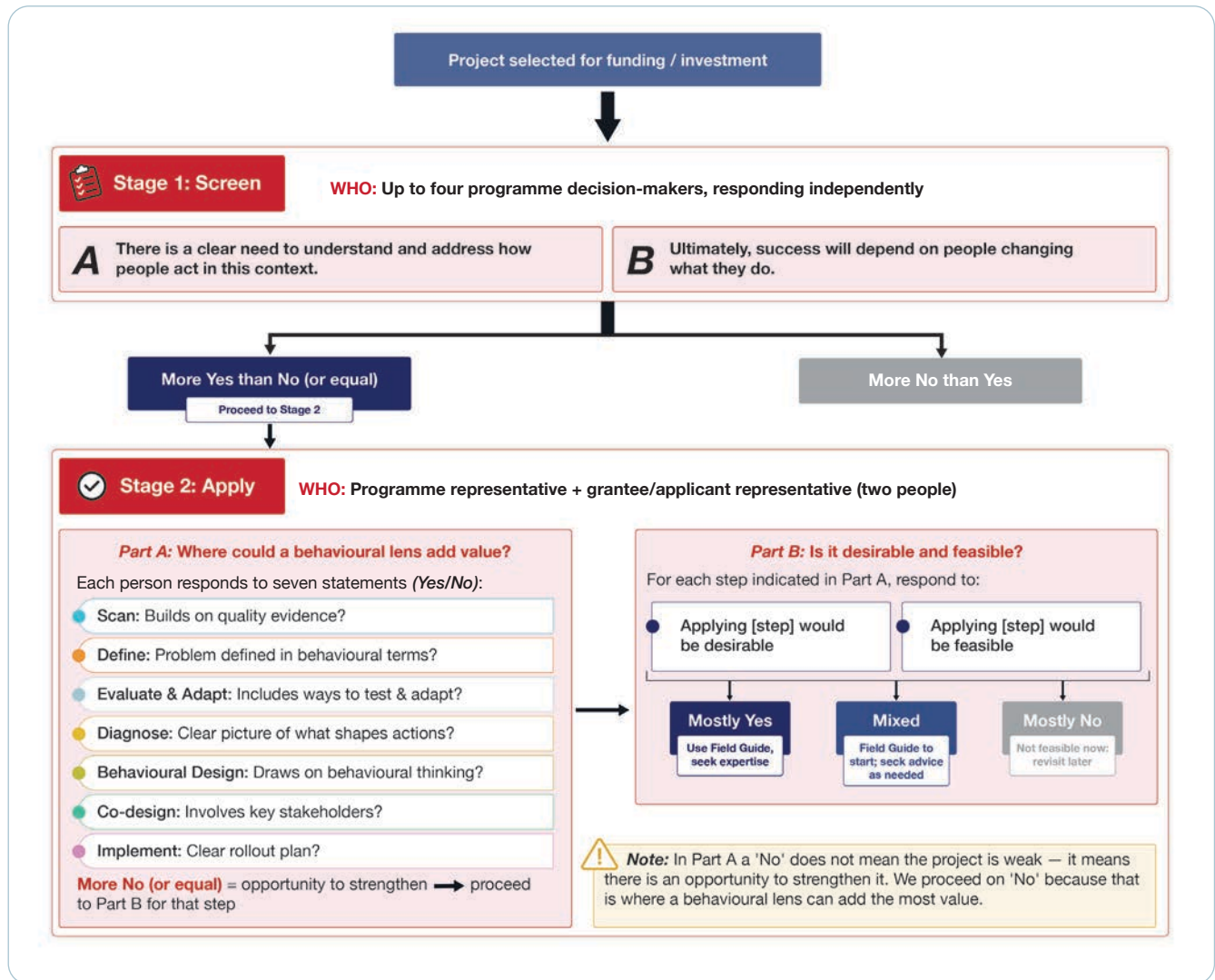


Figure 2: How the Triage process works

Stage 1: Screen

Does this opportunity have a behavioural dimension?



WHEN? Once a project has been selected for funding or investment, *Screen* provides a fast way to gauge whether a behavioural lens is relevant.



WHO? A small number of programme decision-makers involved in the selection process.



HOW? Each person responds independently to two statements for each project:

Statement	Yes	No
A. There is a clear need to understand and address how people act in this context.		
B. Ultimately, success will depend on people changing what they do.		

How to interpret the results

More Yes than No (or equal): Proceed to Stage 2.

More No than Yes: A behavioural lens is unlikely to be a priority for this project. No further action needed.

(See the Appendix for a worked example of Stage 1 scoring)

Stage 2: Apply

Where could a behavioural lens add value and is it practical to apply one?



WHEN? As soon as possible after Stage 1, ideally within a week or at the next review or decision point in the process.



WHO? A focused conversation between two people: the key programme representative and the grantee or applicant representative most closely involved in developing the project.



HOW? Consists of two parts as detailed below.

Part A: Where could a behavioural lens add value?

Each person responds to the following statements independently. These map directly to the seven steps in the Field Guide, so the results will point you to the most relevant sections.

Tip: Where you are not sure, select 'No'

Statement	Yes	No
 Scan: The innovation proposal is based on good quality behavioural evidence from similar interventions and users' contexts.		
 Define: The problem or challenge is clearly understood and defined in terms of what people do.		
 Evaluate and adapt: The approach includes ways to monitor and learn whether the innovation is working (e.g. being adopted, used and changing intended behaviours).		
 Diagnose: We have a clear picture of what shapes relevant actions, such as why people do or don't adopt the innovation.		
 Design: Innovation design will draw on behavioural science thinking and real-world understanding.		
 Co-design: Innovation design involves key stakeholders and users of the innovation.		
 Implement: There is a plan for the innovation to be used more widely and for a sustained period.		

How to interpret the results

More No than Yes (or equal) for a given statement: This is an area where a behavioural lens could add value. Proceed to Part B for that step.

More Yes than No: This area appears well covered. No need to proceed to Part B.

(See the Appendix for a worked example of Part A scoring.)

Part B: Is it desirable and feasible to apply this approach?

For each relevant step selected in Part A, we now check whether applying a behavioural lens is both desirable and feasible. Each person responds to the two statements below for each relevant step.

Statement	Yes	No
Applying [insert step] would be desirable		
Applying [insert step] would be feasible		

Tip: ‘Desirable’ means applying a given step would be considered useful or necessary by those involved. ‘Feasible’ means it can realistically be delivered with the resources and conditions available.

How to interpret the results

If the step is:

Desirable and feasible (mostly Yes): This component is seen as both valuable and practical. We’d recommend using the Field Guide and, where possible, involving someone with relevant expertise to integrate this into project planning as soon as possible (see ‘What happens next’).

Either feasible or desirable (e.g. one Yes, one No): There may be value here, but it needs further thought. The Field Guide can help get you started.

Not desirable and not feasible (mostly No): This component is unlikely to be practical right now. It may be worth revisiting later if circumstances change.

(See the Appendix for a worked example of Part B scoring.)

What happens next?

The **Triage Tool** results give us a clear starting point. They tell us which areas of a project could benefit most from a behavioural lens and whether it is practical to pursue them.

From here, work with the **Field Guide**. It provides practical, step-by-step guidance for each of the seven steps you’ve looked at in Triage. We don’t need to use every section; just the parts that the Triage Tool has highlighted as relevant or where there might be a gap for further exploration.

Applied Behavioural Science Start Up Pack

Field Guide



Field Guide

You know your innovation. We know behavioural science. Let's work together!



What is the Field Guide?

The Field Guide provides practical resources for applying a behavioural lens and an understanding of what shapes people's actions in innovation projects. It breaks this down into seven steps, each with a consistent structure: what it is about, why it matters, how to do it in practice, and where to find more resources.



Tip: As a simple rule of thumb, an innovation project is likely to benefit from a behavioural approach if its success depends on people changing what they do or doing something differently.



Who is it for?

This guide is for everyone involved in innovation projects in resource-constrained settings. That includes innovators, entrepreneurs, development practitioners, grantees, innovators and behavioural science practitioners. If you're designing a new technology, adapting an existing solution, or trying to understand why uptake isn't happening as expected, this guide is for you. It provides a common language and framework so everyone can work together more effectively.

Tip: Applying a behavioural lens doesn't just apply to the people we're trying to better understand and design for. Consider what behavioural changes may be needed in your own team – in how you work, communicate or make decisions.



How can we use it?

We've designed this guide to be practical and flexible. You don't need to use every section, just the parts that fit your stage and context, and you can find out which parts are most relevant by applying the Triage Tool. Each section follows the same structure:

- **WHAT** is this about?
- **WHY** does it matter?
- **HOW** might we do this in practice?
- **WHERE** can we find more resources?

Seven steps

This guide breaks down a behavioural approach into seven steps. We can work through them one by one in order or focus on one or more steps as needed.

Tip: *Define*, *Diagnose* and *Design* were identified in phase one of this project as the steps where applied behavioural science is most likely to add value.

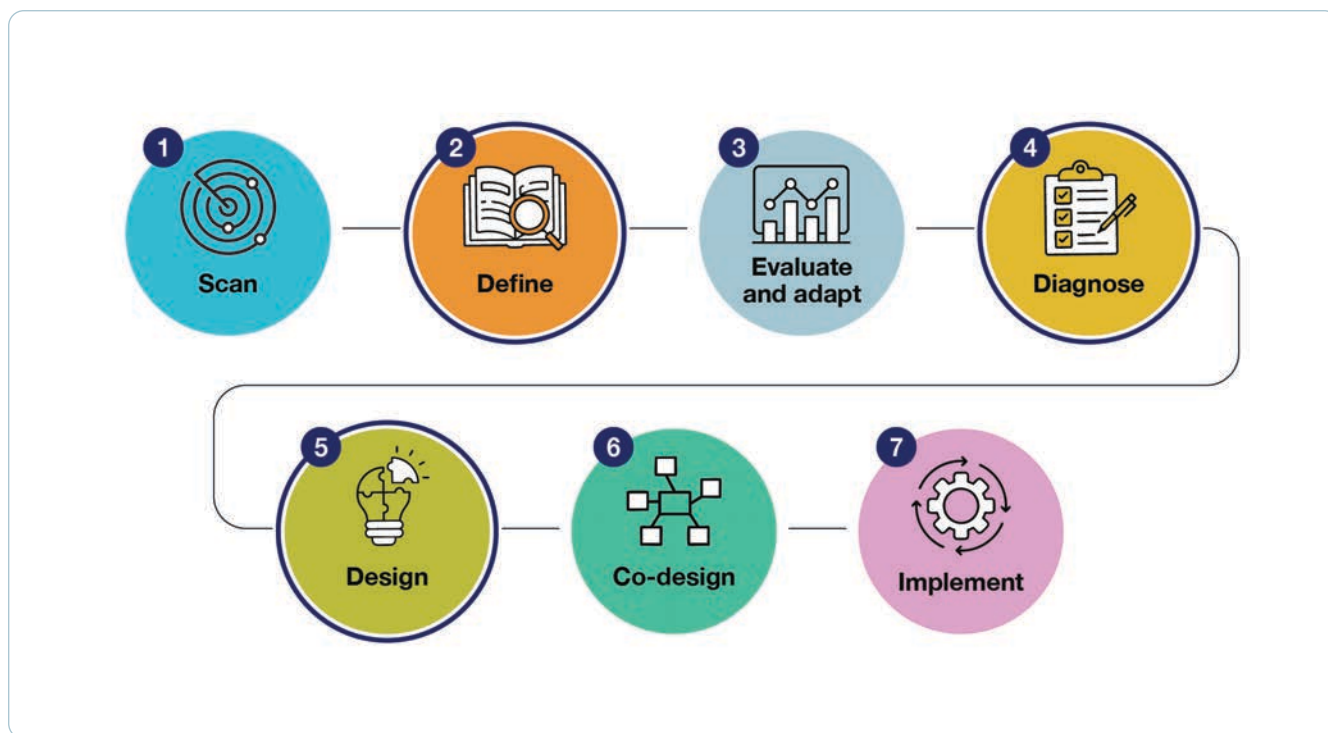


Figure 3: Seven steps of applied Behavioural Science

1. **Scan:** Learn from what others have done and understand your users and context.
2. **Define:** Be clear about exactly what we are trying to change.
3. **Evaluate and adapt:** Build learning and adaptation into the process from the start.
4. **Diagnose:** Understand what's really shaping the behaviours we want to change.
5. **Design:** Create solutions grounded in behavioural science thinking and real-world understanding.
6. **Co-design:** Work with our users to refine and improve what we have built.
7. **Implement:** Think about spreading, scaling or sustaining the innovation from the start.

Tip: Think about equity at every stage of the process. At every point, consider who benefits and who loses and whether the consequences and degree of loss differ for some people compared with others.⁵

5 Khan, S., & Moore, J. E. (2023). Equity Guiding Questions. The Center for Implementation. Retrieved from <https://thecenterforimplementation.com/equity-guiding-questions>



1. Scan

Learn from what others have done and understand your users and context

WHAT is this about?

Scan responds to the question: *does the innovation build on good quality behavioural evidence from similar interventions, audiences and contexts?*

First, find out what is already known about our challenge before we start designing: what approaches have been effective, what has not worked, and why. Second, develop a grounded understanding of our users and their context.

WHY does it matter?

This is a quick and easy way to learn from ideas that may have been tested before and build on relevant evidence about what does and doesn't work. A few hours of focused review of existing evidence can save weeks of trial and error. Building on existing evidence can give us a better chance at getting it right.

HOW might we do this in practice?

To run a rapid evidence scan we might:

1. Frame the question clearly

- Use this format: *"What is known about [specific behaviour] for [target population] in [context]?"*
- Example: *"What is known about increasing handwashing among healthcare workers in low-resource clinics in Sudan?"*

2. Search for relevant evidence

Run a search using a relevant tool e.g. Google Scholar Labs⁶ or Elicit⁷

- Prioritise recent evidence (e.g. last 5 years) and existing evidence synthesis (e.g. systematic reviews)
- Aim for 5-10 relevant sources. We are looking for useful, not exhaustive.

3. Capture what matters

- Create a simple table: Source | Key finding | Year and country | Implication for our work
 - Implications might be insight into what approaches others have used or types of adaptation that might strengthen our innovation.

⁶ Google Scholar Labs: AI-powered scholar search. Available at: <https://scholar.googleblog.com/2025/11/scholar-labs-ai-powered-scholar-search.html>

⁷ Elicit, AI for Scientific Research Available at: <https://elicit.com/>

Tip: Evidence from other contexts can point us in useful directions, but it will not tell the whole story. Think about:

- How different levels of income and spare time may change decision making (scarcity⁸).
- Whether individuals already have many things to decide on (mental bandwidth).
- How different levels of trust may affect whether individuals will try new things.
- How culture and norms may influence the way individuals behave.
- How power dynamics (e.g. bargaining power) influence who can do what.
- How people may be more or less willing to take risks because of their socio-economic circumstances.
- How people perceive risks differently.

Think about whether the evidence is gathered through a certain perspective, for example, published academic papers tend to reflect Western perspectives.

4. Develop empathy with users

- If time and resources allow, complement Scan with direct engagement: a handful of informal conversations, brief observations, or consultation with people who know the context well or have relevant lived experience.
- Pay particular attention to how differences in income, trust, gender, power and risk perception shape what people do in practice.
- Even brief engagement can surface insights that published evidence misses.

5. Share and apply learning

Discuss findings with your team and any other key actors combining wider evidence with local contextual understanding. Ask:

- How do wider evidence and local understanding compare?
- What is interesting or surprising?
- What or who is missing?
- What changes do we need to make to our approach or innovation?

Use this discussion to agree on feasible and desirable adjustments going forward.

Case study: HappyTap

HappyTap is a social enterprise that set out to transform global handwashing practices by addressing a simple but pervasive problem: while knowledge about hand hygiene is widespread, actual handwashing rates remain extremely low.^{9 10} The innovation, a portable, attractive handwashing station that could be deployed in classrooms, clinics and households, was grounded in existing evidence¹¹ and informed by Behaviour Centred Design¹². Research identified that the most salient barriers to hand hygiene were practical—convenience, access and desirability—rather than awareness. Building on this evidence allowed HappyTap to focus design effort where it mattered most.

8 Mullainathan, S., & Shafir, E. (2015). *Scarcity: the true cost of not having enough*. Penguin Books.

9 HappyTap Available at: <https://www.happytap.net/>

10 TRANSFORM, Portfolio learnings: how HappyTap is changing handwashing behaviour. Available at: <https://www.transform.global/insights-and-resources/insights/portfolio-learnings-how-happytap-is-changing-handwashing-behaviour.html>

11 Hulland, K. et al. (2013) 'Designing a handwashing station for infrastructure-restricted communities in Bangladesh', *International Health*, 5(4). Available at: <https://pubmed.ncbi.nlm.nih.gov/24060247/>

12 London School of Hygiene & Tropical Medicine, Behaviour Centred Design. Available at: <https://www.lshtm.ac.uk/research/centres-projects-groups/bcd#resources>

WHERE can we find more resources?

Source	Description
3ie Evidence Hub	Impact evaluation and systematic review repository with interactive evidence gap maps.
3ie DevChat	Evidence chatbot for 3ie's Development Evidence Portal; beta registration available .
B-Hub	Strategies drawn from insights about human behaviour, proven to solve real world problems.
Innovations for Poverty Action (2016) Resources for Finding and Using Evidence Reviews and Evaluations	General purpose resource for finding and using evidence.



2. Define

Be clear about exactly what we are trying to change

WHAT is this about?

Define responds to the question: *is the problem or challenge clearly understood and defined in terms of what people actually do?*

This step helps us clarify a problem or challenge from a behavioural perspective: what people are doing, not doing or might need to do differently. We then prioritise which changes would have the most impact on the outcome we want.

WHY does it matter?

Most technology and innovation solutions depend on whether or not people use or engage with them. It helps to be specific early on about what we are asking people to do. Defining and prioritising the changes we are looking for saves time and effort, and gives our design work a clear focus.

HOW might we do this in practice?

To define our challenge from a behavioural perspective we might:

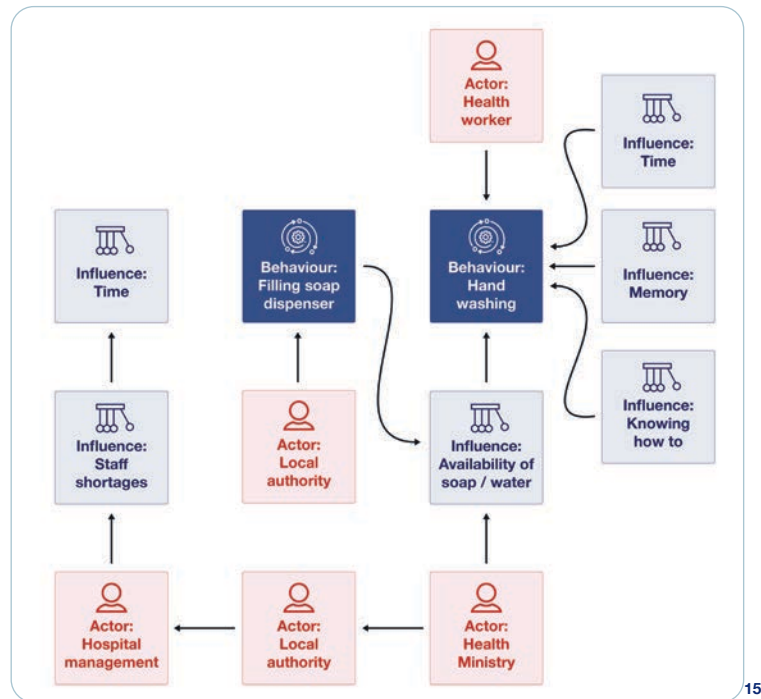
1. Map what people are doing (and not doing)¹³

- Brainstorm and map the system of relevant people and what they do, guided by two questions: Who needs to do what differently (including when and how)? What other things are people doing that support or get in the way of this change?
- Focus on observable, measurable things: what can we actually see and track?

Tip: Remember, behaviours are observable actions that can be seen and measured.¹⁴

¹³ Unlocking Behaviour Change (2019) UBC Briefing 2: Choosing behaviours to target Available at: <https://www.unlockingbehaviourchange.com/pdfs/5c766a6656ef3355028485.pdf>

¹⁴ Public Health Wales (2023) Deciding on a target behaviour and target population tool Available at: <https://phwwhocc.co.uk/wp-content/uploads/2023/07/Deciding-on-Behaviours-and-Populations-Tool-v1b.pdf>

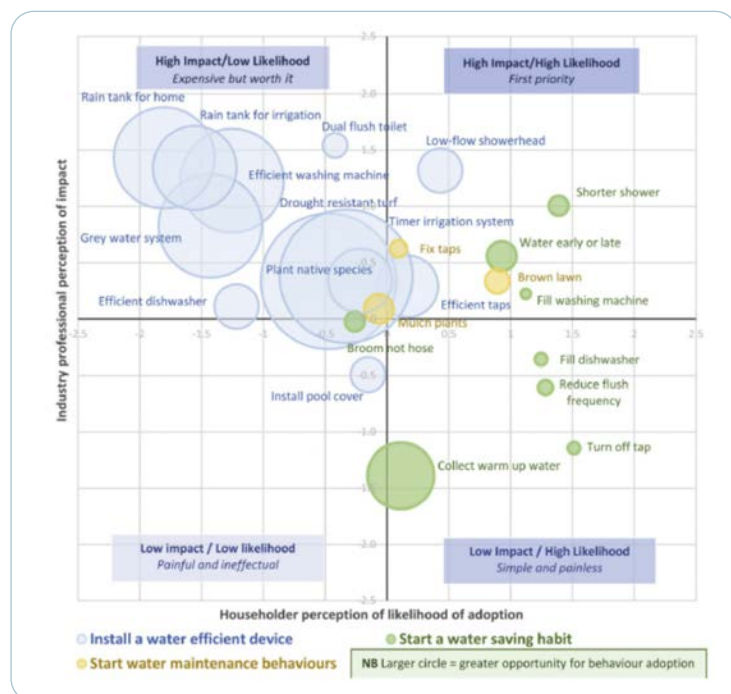


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Figure 4: A simple behavioural systems map

2. Prioritise what to focus on

- After mapping, select which behaviour or action changes to prioritise. For each, ask: What is the likely impact of changing this? How feasible is it, given available resources?
- Use simple ratings (e.g. low, medium, high) to prioritise clearly. Focus on a small number (e.g. one to three) of priority changes.



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Figure 5: Behavioural prioritisation matrix

15 A simple behavioural systems map developed internally by FCDO focusing on hand hygiene during COVID. For a helpful introductory guide to behavioural system mapping, see Bellman, K. (2025) A Stepwise Guide to Behavioural System Mapping Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5444814

16 BehaviourWorks Australia, Behavioural Prioritisation: what it is and how to do it Available at: <https://www.behaviourworksaustralia.org/blog/behavioural-prioritisation-what-and-how>

Tip: It is easy to choose behaviours or actions to target because they seem attractive to stakeholders, or to focus only on individual users while ignoring the wider system of people who influence what users can do. Try to select targets that genuinely impact the problem, and be aware of the wider context.

3. Define behaviours

Define each priority behaviour in terms of WHO (e.g. smallholder farmers) DOES WHAT (e.g. plant cover crop)s WHERE (e.g. on at least 25% of their land) WHEN (e.g. at the end of the harvest season).^{17 18} Being clear and specific helps with other steps, especially diagnosis, design and evaluation.

Case study: HelpMum

HelpMum partnered with the Behavioural Insights Team to strengthen a WhatsApp immunisation chatbot aimed at increasing routine immunisation among Nigerian mothers.^{19 20} From the outset, the project team identified and defined a target: getting caregivers [WHO] to complete clinic visits with relevant documentation [WHAT] at specific, accessible, identified clinics [WHERE] within a specific period [WHEN]. Specifying this at the outset provided a clear focus for diagnosis and subsequent design.



17 BehaviourWorks Australia, Behavioural Prioritisation: what it is and how to do it Available at: <https://www.behaviourworksaustralia.org/blog/behavioural-prioritisation-what-and-how>

18 There are other approaches to specifying behaviours clearly such as Presseau, J. et al. (2019) 'Action, actor, context, target, time (AECTT): a framework for specifying behaviour', Implementation Science, 14(102). Available at: <https://link.springer.com/article/10.1186/s13012-019-0951-x>

19 HelpMum, Available at: <https://www.helpmum.org/>

20 Frontier Tech Hub (n.d.) Learning through uncertainty: From pandemic networks to vaccine chatbots Available at: <https://www.frontiertechhub.org/insights/learning-through-uncertainty-vaccines-chatbot>

WHERE can we find more resources?

Source	Description
Behavioural Insights Team (2022) TESTS Guide, Chapter 1: Target	Helps choose specific targets in a particular population and assesses impact and feasibility. See Worksheets 1a & 1b.
Public Health Wales (PHW) Behavioural Science Unit: ‘Define’ resource page	A selection of resources covering how to decide on targets and populations.
Public Health Wales (PHW) Behavioural Science Unit: Deciding on a target behaviour and target population tool	A tool that focuses on unpacking the various stages of ‘deciding on a target’ including worksheets.



3. Evaluate and adapt

Build learning and adaptation into the process from the start

WHAT is this about?

Evaluate and adapt responds to the question: *does our approach include ways to monitor and learn whether the innovation is working and adapt accordingly?*

Evaluation helps develop understanding of whether or not an innovation is effective²¹, embedding learning from the start. This is not just about formal evaluation at the end. It is about embedding a cycle of prototyping, testing, learning and iteration throughout our work. If our innovation seeks to change what people do, we need ways to track whether that is happening, and to course correct when it is not.

WHY does it matter?

Understanding whether our innovation is having the desired effect helps us refine and improve it (e.g. uptake, use and behaviour change). Building in testing and learning from the start also helps prevent investing time and resources in approaches that are not working. In resource-constrained settings, where budgets and timelines are tight, early and lightweight evaluation is particularly valuable because it helps us fail fast, learn cheaply, and redirect effort where it counts.

HOW might we do this in practice?

To build evaluation and adaptation into our process we might:

1. Develop a measurement plan or learning roadmap

- For each priority identified in 'Define', determine how and when we might track progress and whether existing data or new data is required.
- It may also be useful to track changes in the influences on what people do, for example, exploring whether their capability, opportunity or motivation has changed (See 'Diagnose').²²
- Specify what will be measured, how, when, how often, and by whom.

2. Create a simple Theory of Change

- Map out a basic flow: If we do X [our intervention], then Y [change in what people do] will contribute to Z [desired outcome].^{23 24 25 26}

21 As with Scan, we are interested in questions of the type "what works, for whom, under what circumstances and how?" or "What works, compared with what, how well, with what exposure, with what behaviours (for how long), for whom, in what settings and why?".

22 Keyworth, C. et al (2020) Acceptability, reliability, and validity of a brief measure of capabilities, opportunities, and motivations ("COM-B"). Available at: <https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12417>

23 Better Evaluation, Develop programme theory / theory of change. Available at: <https://www.betterevaluation.org/frameworks-guides/rainbow-framework/define/develop-programme-theory-theory-change>

24 Early Intervention Foundation, Step 1: Creating a theory of change. Available at: <https://evaluationhub.eif.org.uk/theory-of-change/>

25 World Health Organization, Guide to evaluating behaviourally and culturally informed health interventions in complex settings (esp. P3, 47 & Tool 11). Available at: <https://iris.who.int/server/api/core/bitstreams/e50ba4bc-6955-45e6-bfe6-2d84a34a50f1/content>

26 Public Health Wales (2024) Evaluating behaviour change interventions (esp. pp. 17–22). Available at: <https://phwwhocc.co.uk/wp-content/uploads/2024/02/Evaluating-Behaviour-Change-Interventions.pdf>

- Theory of Change can be grounded in what drives people by using frameworks like COM-B (see below and 'Diagnose').²⁷
 - Intermediate indicators, such as changes in knowledge, attitudes, sign-ups or attendance, can provide useful early signals of whether we are on track.

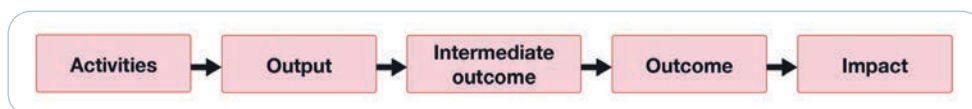
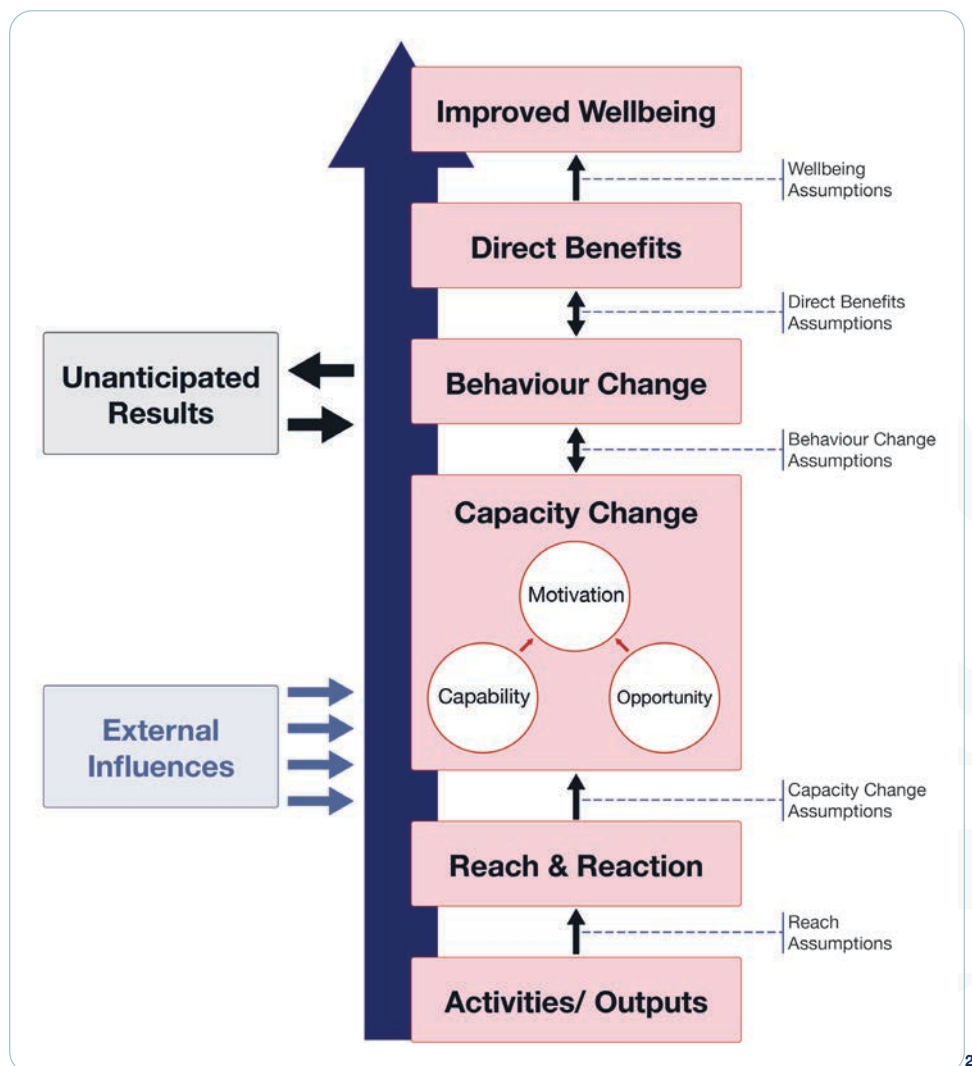


Figure 6: FCDO Theory of Change model



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Figure 7: COM-B Theory of Change

3. Prototype, test and iterate

- This is a core part of the innovation process. Before investing in wider implementation, we should be testing our innovation through rapid, low-cost cycles of prototyping and feedback. This might involve:
 - Paper prototypes, mock-ups or minimum viable versions tested with small numbers of users
 - Quick usability testing to check whether the innovation works the way we intended
 - Small-scale qualitative research or analysis of routinely collected data
 - Design sprints where we build, test and revise within short timeframes

²⁷ Mayne, J. (2019) An evergreen briefing note: developing useful theories of change for complex settings. Available at: <https://www.researchgate.net/publication/334959556>

²⁸ Mayne, J. (2016) The COM-B Theory of Change Model. Available at: https://www.researchgate.net/profile/John-Mayne-2/publication/301701597_The_Capabilities_Opportunities_and_Motivation_Behaviour-Based_Theory_of_Change_Model/links/577afc8708ae213761c9c50a/The-Capabilities-Opportunities-and-Motivation-Behaviour-Based-Theory-of-Change-Model.pdf

Case study: Launchpad methodology

Many of the most effective innovations in the FCDO portfolio have been shaped by iterative testing rather than getting things right the first time. The Frontier Technologies Hub's Launchpad methodology²⁹, for example, uses a Lean Impact approach where innovations are tested through rapid cycles of learning, with teams expected to pivot or stop based on what they find. Building this kind of evaluation and adaptation into our process from the start, rather than treating it as something that happens at the end, is what separates innovations that work in the real world from those that only work on paper.

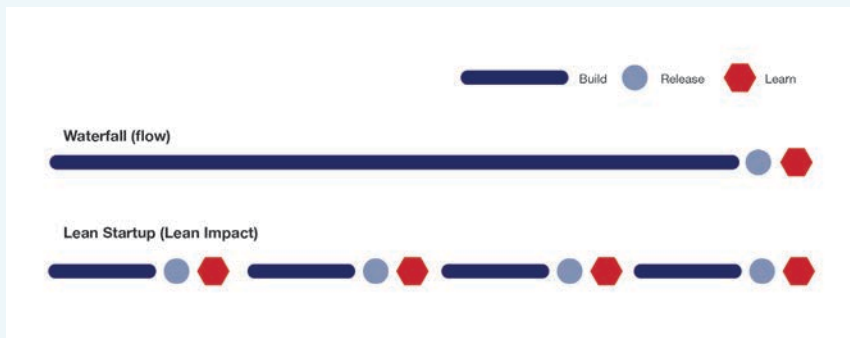


Figure 8: The launchpad methodology

Tip: A common mistake is to treat pilot testing as a rubber stamp for proceeding. We should be genuinely prepared to revisit the basic idea of our innovation if the learning suggests we may need to make changes. Testing and iteration may overlap with Co-design, where users are actively involved in refining what we have built.

4. Decide on a wider evaluation approach

- If and when we move beyond early-stage testing, the evaluation approach will depend on the stage of the innovation, the questions we need answered, data availability, time and resources.³⁰
- Whatever the stage, the principle is the same: learn from what we observe and use those insights to improve. After early stage testing but before any later stage evaluation ongoing, light-touch monitoring of an innovation based on theory of change can go a long way to understanding whether something is working.

WHERE can we find more resources?

Source	Description
Behavioural Insights Team (2022) TESTS Guide, Chapter 4: Trial	Focuses on conducting impact evaluations, specifically RCTs. See Worksheet 4a
Public Health Wales (PHW) Behavioural Science Unit - Evaluating Behaviour Change Interventions	Key considerations for planning evaluations of behaviourally informed interventions - not restricted to RCTs - with worksheets.

²⁹ Frontier Tech Hub, Launchpad - Lean Impact: Why the FT Hub uses this methodology Available at: <https://www.frontiertechhub.org/insights/launchpad-lean-impact>

³⁰ Public Health Wales (2024) Evaluating behaviour change interventions, p. 27. Available at: <https://phwwhocc.co.uk/wp-content/uploads/2024/02/Evaluating-Behaviour-Change-Interventions.pdf>



4. Diagnose

Understand what's really shaping the behaviours we want to change

WHAT is this about?

Diagnose responds to the question: *do we have a clear picture of what shapes relevant actions – such as why people do or don't adopt an innovation?* This helps us move beyond assumptions about behaviour and towards a grounded understanding of the real barriers and enablers.

WHY does it matter?

When we understand why people do what they do, we have a much better chance of designing innovations that work. Without diagnosis, we risk solving the wrong problem.

HOW might we do this in practice?

To undertake a behavioural diagnosis we might:

1. Set up a diagnostic framework

- A simple way to understand behaviour is whether people have the capability, opportunity, and/or motivation to do it.³¹ For every priority behaviour identified in *Define*, create a simple table or canvas with the following questions³²: Do our target users to:
 - Know about the behaviour, understand why it is important and how to do it? (Capability)
 - Have the time and money and material resources to do it? (Opportunity)
 - See it as normal and commonplace? (Opportunity)
 - Want to prioritise it or can be led to do it without thinking? (Motivation)



Figure 9: The COM-B model of behaviour

³¹ <https://www.com-b.org/explainers> The COM-B model of behaviour is widely used to identify what needs to change in order for a behaviour change intervention to be effective. It identifies three factors that need to be present for any behaviour to occur: capability, opportunity and motivation.

³² Unlocking Behaviour Change (2019) UBC Briefing 3: Undertaking a Behavioural Diagnosis using COM-B. Available at: <https://www.unlockingbehaviourchange.com/pdfs/5c766b0b3b4c3446081049.pdf>

³³ <https://www.com-b.org/explainers>

Tip: The COM-B model of behaviour is widely used to identify what needs to change in order for a behaviour change intervention to be effective. It identifies three factors that need to be present for any behaviour to occur: capability, opportunity and motivation.

In context: In many of the contexts where we work, certain influences are especially powerful:

- Trust (or distrust) of institutions, technologies and delivery agents shapes whether people are willing to try something new.
- Scarcity of money, time and attention changes how people make decisions, often in ways that are rational given their constraints.
- Social norms, gender dynamics, age and status determine who can do what, and when.
- Risk perception is different when people have no safety net.

Keep these front of mind during diagnosis.

2. Collect insights

- Brainstorm responses to these questions drawing on what we already know from other steps e.g. *Scan* outputs. Categorise findings using the COM-B model.

Tip: Where there are gaps in what we know, and if timings and budget allow, try additional consultation with a small number of stakeholders or brief primary research with the relevant population (e.g. a handful of interviews, focus groups, observations or user journey mapping).

3. Identify key barriers

- Identify the two or three most significant barriers for a given priority. For each, write a brief description of what it is and why it matters.
- Where possible, share this with a small number of users to validate and refine.

4. Document for design

- Summarise the priority, key barriers (using the capability, opportunity and motivation structure) and the supporting evidence for each. Use this output to inform our design work.

Case study: Balloon Ventures

Balloon Ventures provides loans to SMEs in Kenya and Uganda and supports them to grow. For years, the prevailing assumption was that increasing financial literacy and knowledge would motivate SMEs to apply for available loans. However, despite training and outreach, uptake remained low.³⁴ Behavioural research identified the critical barrier was not knowledge or skills, but trust. Entrepreneurs hesitated to engage with lenders because they did not trust the process, the institutions or the people representing them. This insight shifted the focus from training to building trusting relationships, with recruitment, onboarding and engagement strategies redesigned to build and sustain trust at every stage.

WHERE can we find more resources?

Source	Description
Baxter, W. et al. (2025) Setting-driven design: a context-driven approach to behavioural design	A context-driven approach that shifts focus from individuals to the broader setting in which decisions happen. Builds on Behaviour Centred Design (BCD) .
Behavioural Insights Team (2022) TESTS Guide, Chapter 2: Explore	Helps understand context and identify barriers. See Worksheet 2A & 2C . BIT also provide an online barrier identification tool based on COM-B.
Public Health Wales (PHW) Behavioural Science Unit - Behavioural Diagnosis: How to collect behavioural insights	How to conduct a diagnosis using the COM-B model, with practical worksheets.



5. Design

Create solutions grounded in behavioural science thinking and real-world understanding

WHAT is this about?

Design responds to the question: *does the innovation design draw on behavioural science theory and evidence?* This step is about using what we have learned from *Scan*, *Define* and *Diagnose* to design or adapt our innovation.

WHY does it matter?

Innovations that draw on theory and evidence from behavioural science, and are grounded in lived experience and local context, stand a better chance of changing what people do.³⁵ This is especially true when design is connected to an effective diagnosis.

HOW might we do this in practice?

To run a design process we might:

1. Generate ideas

- Take the outputs of *Scan*, *Define* and *Diagnose* and use them to either design a new innovation or adapt an existing one. When generating ideas, the NEAR framework^{36 37 38} can help structure our thinking. For each priority behaviour (or barrier), ask: How might we make this:



Figure 10: The NEAR framework

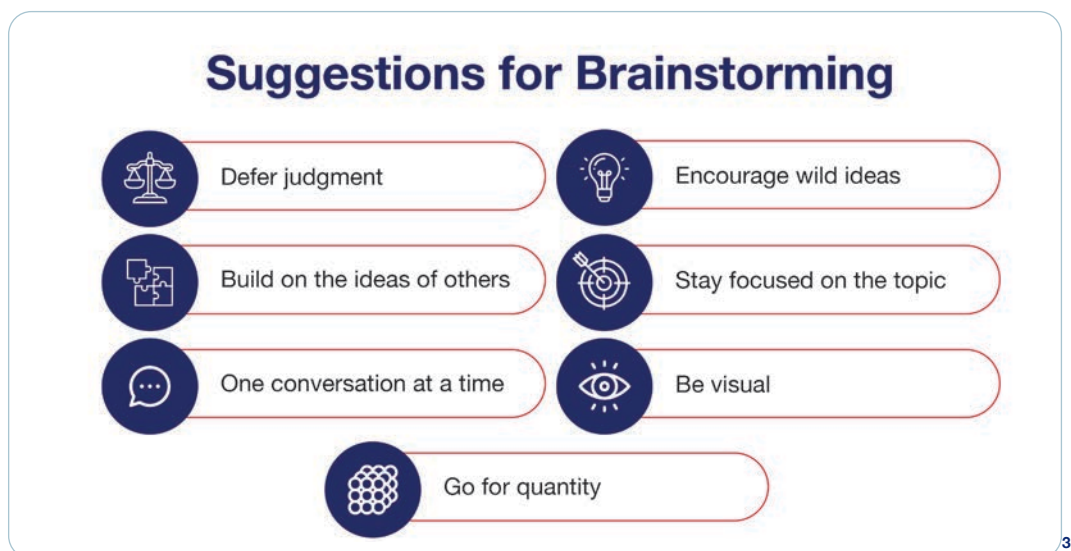
- Aim to generate around as many ideas as possible within a set time e.g. 30 minutes. Not all will be strong, but breadth at this stage helps.

35 Osman, S. (2022) How does behavioural theory improve intervention design? Available at: <https://www.osmanadvisoryservices.com/how-does-behavioural-theory-improve-intervention-design/>

36 Public Health England (2019) Achieving Behaviour Change, p33. Available at: <https://www.ucl.ac.uk/behaviour-change/sites/behaviour-change/files/phebi-achieving-behaviour-change-local-government.pdf>

37 Public Health Wales (2022) Improving health and wellbeing: A guide to using behavioural science in policy and practice, p. 32. Available at: https://phwwhocc.co.uk/wp-content/uploads/2022/11/A-Guide-to-Using-Behavioural-Science_ENGLISH.pdf

38 The Behavioural Insight Team's EAST framework <https://www.bi.team/publications/east-four-simple-ways-to-apply-behavioural-insights/> offers a similar approach and alternative to NEAR as a starting point for what makes interventions effective, but there are some key differences. NEAR can both more easily be mapped to models of behaviour such as COM-B to build on a behavioural diagnosis as well as more comprehensive behaviour change design resources such as the Behaviour Change Technique Taxonomy & Behaviour Change Intervention Ontology.



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Figure 11: IDEO's seven simple rules for brainstorming

2. Shortlist and describe ideas

- Prioritise the strongest ideas based on perceived acceptability (will the intended population accept this?) and feasibility (can this actually be delivered in our context?). Aim to shortlist the five or so strongest concepts.
- For each shortlisted concept, write a brief description covering: what it addresses (the priority and barrier); what the concept is (content); who delivers it (source); how it is delivered (mode); and when and how often (schedule).⁴⁰
- These shortlisted concepts can then be taken forward into *Co-design*.

Tip: Considering acceptability and feasibility offers a simple way to prioritise ideas. A more comprehensive, structured assessment may be undertaken using APEASE criteria⁴¹ or the IN CASE framework⁴², which has a particular focus on assessing unintended behavioural consequences.

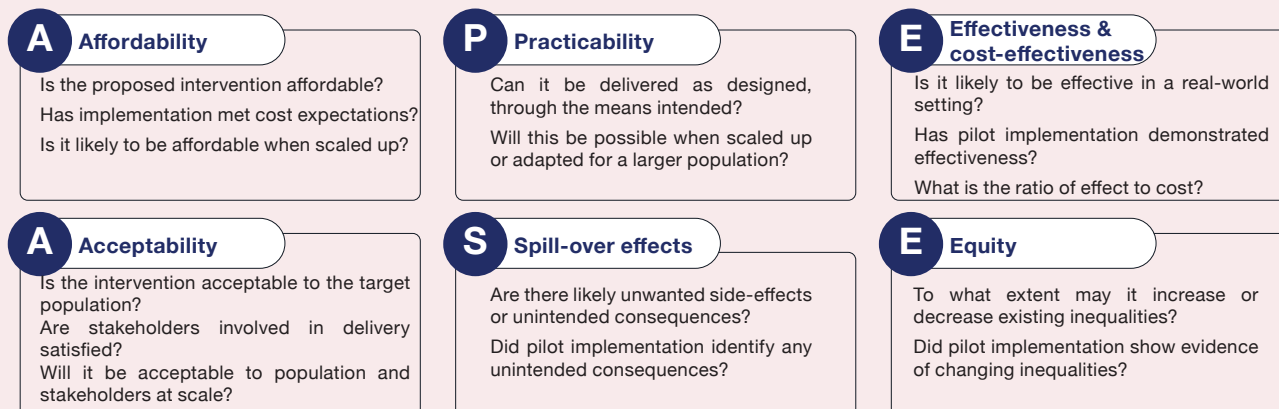


Figure 12: APEASE framework

APEASE is a general purpose framework that can be applied flexibly — e.g. informally as a checklist or more formally as a structured decision-making process — to guide decision-making at any stage of an intervention or innovation development process.

39 IDEO (2025) Seven Simple Rules of Brainstorming for Better Ideas & Stronger Collaboration. Available at: <https://www.ideo.com/blogs/inspiration/7-simple-rules-of-brainstorming>

40 Public Health England (2019) Achieving Behaviour Change, p34. The effectiveness of an intervention can be affected as much by the way it is delivered as by its content. 3 aspects of delivery are important: 1) the 'source of the intervention'; 2) the 'mode of delivery'; and 3) the schedule. Available at: https://www.ucl.ac.uk/behaviour-change/sites/behaviour-change/files/phebi_achieving_behaviour_change_local_government.pdf

41 Public Health Wales (2022) Improving health and wellbeing: A guide to using behavioural science in policy and practice, pp. 15-19. Available at: https://phwwhocc.co.uk/wp-content/uploads/2022/11/A-Guide-to-Using-Behavioural-Science_ENGLISH.pdf

42 Government Communication Service, IN CASE: a behavioural approach to anticipating unintended consequences. Available at: <https://www.communications.gov.uk/publications/in-case-a-behavioural-approach-to-anticipating-unintended-consequences/>

Tip: All design activities — especially technology design — should be guided by responsible principles.^{43 44} Definitions vary but key features of responsible technology design include trustworthiness, transparency, accountability and participation.

Case study: Behavioural Science for Cash Transfers

Ideas42 partnered with the World Bank to incorporate behavioural interventions into cash transfer programmes supporting millions of the poorest households in Sub-Saharan Africa.⁴⁵ In-depth qualitative research revealed a common insight: while many recipients intended to invest the money they received, they were often unable to save enough to do so effectively. Interventions were designed to address the specific barriers that made saving and investing difficult, rather than assuming the problem was motivation or financial literacy. The solutions were designed around the real constraints people faced.

BEHAVIORAL BARRIER

Identity:

Because the program is advertised “for the poor,” this reinforced PSSN II recipients’ identity as a person experiencing poverty, which can evoke feelings of loss of control. This, coupled with a belief that “saving is for the rich,” can prevent recipients from identifying as people who save money.

SOLUTION



Self-affirmation activity:

We designed a self-affirmation activity where recipients were given a card with images to reflect on their values and skills. This activity cultivates a positive mindset and encourages recipients to remember that they can make a difference in their families’ lives.

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WHERE can we find more resources?

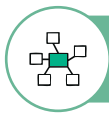
Source	Description
Behavioural Insights Team (2022) TESTS Guide, Chapter 3: Solution	Helps design interventions using the EAST framework. See Worksheet 3B .
Brink’s Behavioural Innovation approach	A guide and toolkit combining behavioural science with innovation methods. Includes the MASTER Framework .
Lockton, D. (2010) Design with Intent	Design patterns and idea generation resources exploring the interactions between design and what people do.
Public Health Wales (PHW) Behavioural Science Unit. Identifying and Applying Behaviour Change Techniques tool	A tool to help ‘build’ an intervention using Behaviour Change Techniques (BCTs) with worksheets. For a similar but more advanced resource see CACTISS .

43 Thoughtworks, The Responsible Tech Playbook. Available at: <https://www.thoughtworks.com/en-gb/insights/e-books/responsible-tech-playbook-un>

44 Gold, S. (2024) Updating the Responsible Technology by Design framework. Available at: <https://medium.com/writing-by-if/updating-the-responsible-technology-by-design-framework-53a25bf94a3a>

45 Global Innovation Fund, Behavioural insights for cash transfers. Available at: <https://www.globalinnovation.fund/investments/behavioural-insights-for-cash-transfers>

46 Ideas42 (2022) Increasing Savings Among Cash Transfer Recipients in Tanzania, p. 2. Available at: https://www.ideas42.org/wp-content/uploads/2022/08/Tanzania_Cash_Transfers.pdf



6. Co-design

Work with our users to refine and improve what we have built

WHAT is this about?

Co-design responds to the question: *does innovation design involve key stakeholders and users of the innovation?*

*Co-design*⁴⁷ refers to a process in which the people who will use, deliver or be affected by an innovation work together with those creating it to develop or improve it. In the context of this guide, it means combining the outputs of *Design* with genuine input from users and delivery stakeholders.

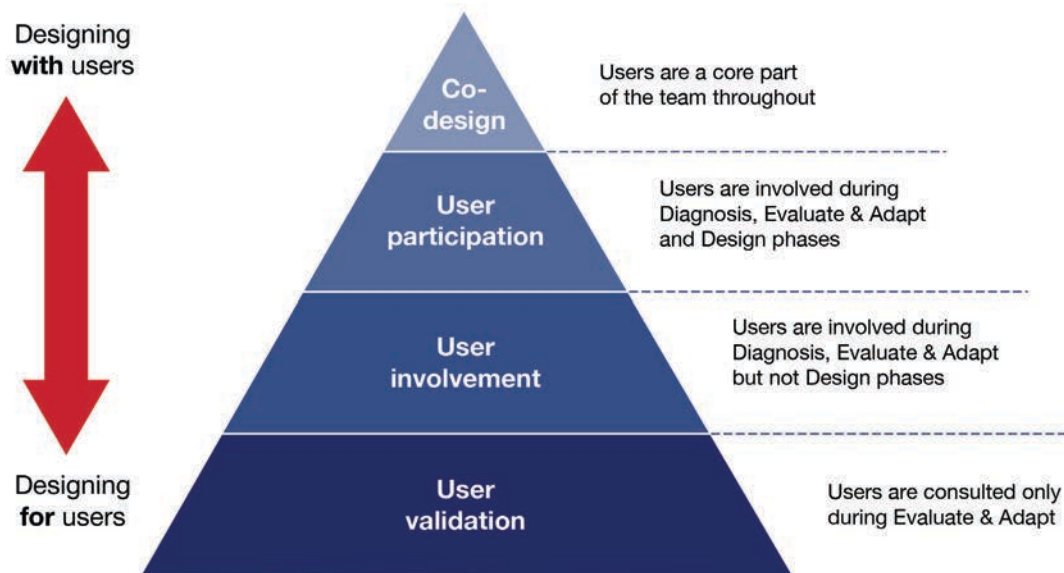


Figure 13: Inclusive design – stages of involvement

WHY does it matter?

Co-design may help to develop interventions that are relatively more relevant, useful, usable, acceptable and likely to be adopted. It also surfaces practical issues, unintended consequences and contextual factors that we might not anticipate from a distance.

⁴⁷ Co-design is related to but not the same as co-production. Robert, G. et al. (2022) Co-producing and co-designing. Available at: <https://www.cambridge.org/core/elements/coproducting-and-codesigning/157832BBAE1448211365D396CD110900>

⁴⁸ There are different levels of engagement in a design process but typically co-design is understood as requiring 'user participation' in creating an intervention as opposed to 'user validation' of an intervention (i.e. when it is already being evaluated in some capacity). University of Cambridge, Inclusive Design Toolkit. Available at: https://www.inclusivedesigntoolkit.com/tools_codesign/

HOW might we do this in practice?

To run a co-design process we might:

1. Identify and engage users and stakeholders

- Think carefully about who to involve. This might include end users, frontline or delivery staff and community leaders.
- Plan and invite participants, being clear about what is being asked of them and keeping the burden manageable.

In context: In many of the contexts where we work, power dynamics, gender, status and economic inequality shape who speaks, who is heard, and what people feel comfortable saying. When planning co-design, consider who is included and who might be excluded. Think about venue, timing, language and facilitation style. Ensure that women, younger participants, people with disabilities, and those with less social status have genuine space to contribute. Where possible, hold sessions in familiar, accessible locations rather than institutional settings.

2. Run a co-design session

- Prepare simple prototypes for each shortlisted concept from *Design*: one-page visuals, sketches, storyboards or basic mock-ups that explain what it is and how it works.
- Assemble participants. Users and those responsible for delivery may be engaged separately or together. Elicit structured feedback on prototypes. This might be anything from a less structured assessment of usefulness⁴⁹ to using APEASE criteria: Is it acceptable? Is it practical? Will it be effective? Is it affordable? Could it cause unintended harm? Does it work for all groups?
- Select the top one or two concepts based on feedback.⁵⁰

3. Iterate

- Use the workshop feedback to revise the intervention and create a more detailed prototype. Share with and elicit feedback from a small number of stakeholders and users individually or in small groups. Revise based on feedback.
- Test revised prototype concepts with relevant stakeholders and users in realistic conditions. Assess for usability, usefulness and make final refinements.

Tip: Process is no substitute for prototyping⁵¹ and working with stakeholders directly. Start with rough prototypes early, even paper mock-ups, rather than trying to perfect things before showing anyone. Effective co-design can be time-consuming. A minimum viable version, if we are resource-constrained, might skip the full workshop and have one round of iteration with around six stakeholders.

4. Finalise the innovation

- Create complete, ready-to-implement versions with final content (e.g. messages, scripts) and clear delivery instructions (i.e. who does what, when, how).
- It may also be necessary to create supporting materials (e.g. training resources if required by delivery actors or monitoring checklists to ensure faithful delivery).

49 From a user experience (UX) perspective, usefulness can be understood as 'usability + utility', with numerous ways to structure this kind of assessment. For example, <https://measuringu.com/umux-lite/> Nielsen, J. (2012) 'Usability 101: introduction to usability'. Available at: <https://www.nngroup.com/articles/usability-101-introduction-to-usability/>

50 Public Health England (2019) Achieving Behaviour Change, pp15-18. Available at: https://www.ucl.ac.uk/behaviour-change/sites/behaviour-change/files/phebi_achieving_behaviour_change_local_government.pdf

51 Wen, J. (2024) Don't trust the (design) process. Available at: <https://jennywen.substack.com/p/dont-trust-the-design-process>

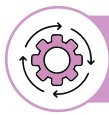
Case study: AI for Disabilities

A Ghana-based research team, working within a Responsible AI Lab, set out to develop low-cost assistive technologies for people with visual and hearing impairments.⁵² Rather than starting with a technical solution, the project placed co-design with users at the centre. Engagement was iterative and varied, including stakeholder workshops, usability tests and field feedback loops. This process makes participants co-owners and co-developers of solutions. This experience shows the value of prototyping early, even with paper mock-ups, and the importance of meeting users where they are, such as holding sessions in communities rather than on university campuses. Putting co-design at the centre helped develop solutions more likely to be trusted, adopted and scaled.

WHERE can we find more resources?

Source	Description
Aga Khan Foundation, Human Centred Design Toolkit	An introduction to Human Centred Design and its applications to social innovation.
Behavioural Insights Team (2022) TESTS Guide, Chapter 3: Solution	Covers designing and adapting interventions with users.
Dalberg Design, Human Centred Design & Behavioural Science integration Primer	Overview of how behavioural science and human-centred design can be integrated, with case studies
IDEO (2015) The Field Guide to Human Centred Design	A comprehensive teaching tool for HCD methods, from ideation to implementation.

⁵² Global Disability Innovation Hub (2024) Google, University of Ghana and GDI Hub to Expand AI-Powered Speech Recognition for Non-Standard Speech in Ghanaian Languages Available at: <https://www.disabilityinnovation.com/news/google-university-of-ghana-and-gdi-hub-to-expand-ai-powered-speech-recognition-for-non-standard-speech-in-ghanaian-languages>.



7. Implement

Think about spreading, scaling or sustaining the innovation from the start

WHAT is this about?

Implement responds to the question: *is there a plan for the innovation to be used more widely and for a sustained period?*

Implementation here is concerned with what happens after an innovation has been developed and tested: spreading it beyond its original setting, scaling the infrastructure to support wider use, and sustaining it over time so that improvements become the norm.^{53 54}

WHY does it matter?

Few locally effective innovations are successfully spread, scaled or sustained. This is precisely because implementation is often treated as an afterthought. Thinking about implementation from an early stage is valuable and worthwhile.



Figure 14: Spread, Scale and Sustain

HOW might we do this in practice?

1. Develop an implementation plan

- Ask ourselves whether we are interested in spread (replicating beyond the original setting), scale-up (building infrastructure for wider use), sustainability (maintaining over time), or some combination.
- Structure planning around relevant guiding questions⁵⁵ and supporting templates.⁵⁶

53 Papoutsis, C. et al. (2024) Approaches to Spread, Scale-Up, and Sustainability. Available at: <https://www.cambridge.org/core/elements/approaches-to-spread-scale-up-and-sustainability/B2A69BE3D579E3BDB5922340CE23D617>

54 THIS Institute, Explain THIS: spread, scale-up and sustainability. Available at: <https://www.thisinstitute.cam.ac.uk/explain-this/spread-scale-up-and-sustainability/>

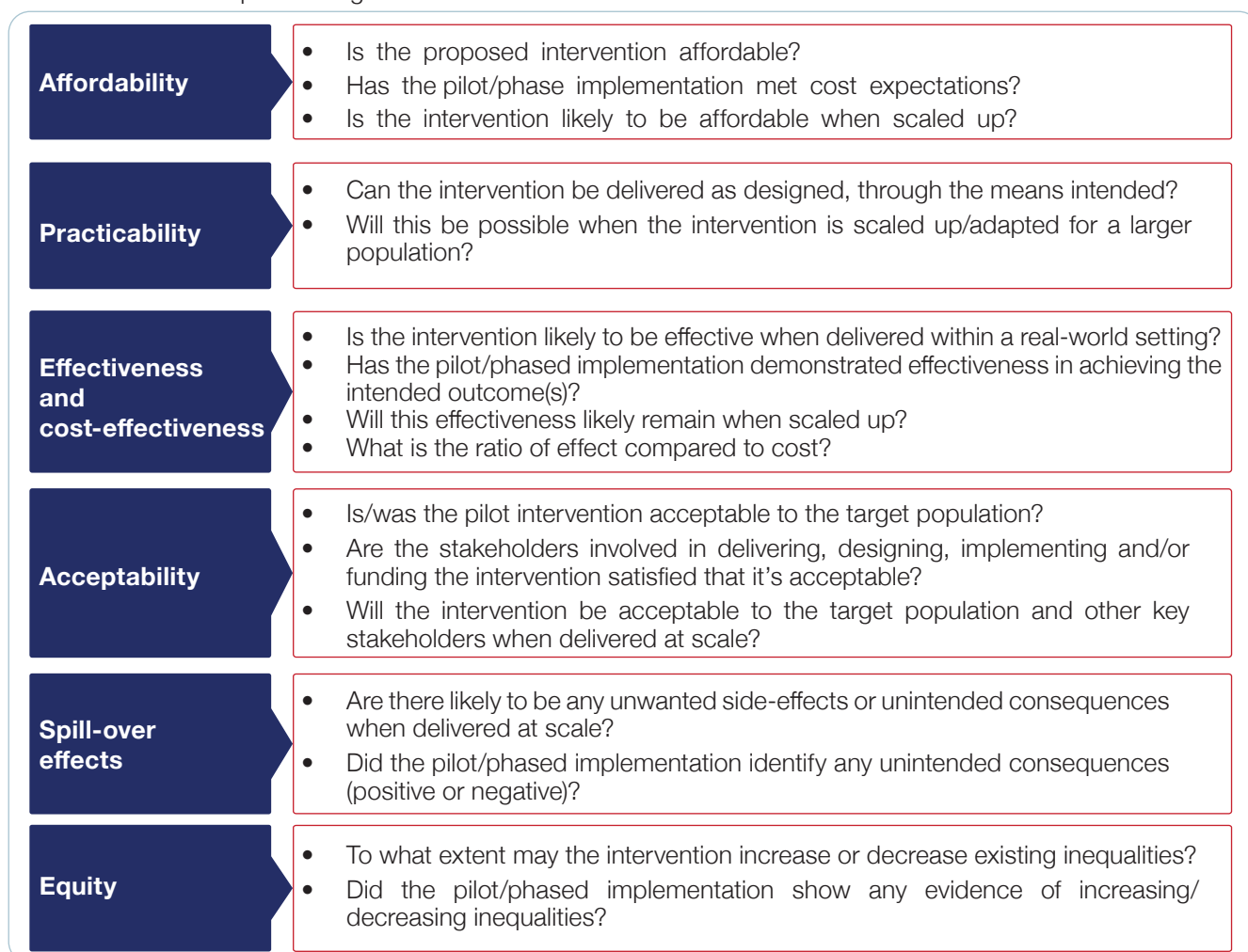
55 THIS Institute, Explain THIS: spread, scale-up and sustainability – 'Practical questions'. Available at: <https://www.thisinstitute.cam.ac.uk/explain-this/spread-scale-up-and-sustainability/>

56 The Center for Implementation (2025) More Than a Checklist: Building Better Implementation Plans. Available at: <https://thecenterforimplementation.com/toolbox/building-better-implementation-plans>

Tip: Scaling innovations can be especially challenging. Frameworks like SCALE⁵⁷ (Sponsorship, Cost-benefit, Accountability, Logistics, Evidence) or the 3S Scale-Up Infrastructure Approach (Structure, Strategy, Support)⁵⁸ can help structure this thinking. Be aware that many implementation frameworks originate from European or North American health services research and may not fully account for what makes implementation work in other contexts.^{59 60} Where possible, work with implementation experts or practitioners who know the local context well.

2. Assess implementation readiness

- Before launching, use an appropriate framework like APEASE to create a checklist for assessing readiness. This would be a more formal and comprehensive process than any earlier assessments during *Co-design*.
- Any scores below a defined threshold (e.g. 'low' or 'unsatisfactory') would need to be addressed before proceeding.⁶¹



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Figure 15: The APEASE criteria

57 Behavioural Insights Team (2022) Target, Explore, Solution, Trial, Scale, pp. 57–58. Available at: <https://www.bi.team/wp-content/uploads/2022/11/BIT-Handbook-How-to-run-simple-BI-projects.pdf>

58 THIS Institute, Explain THIS: spread, scale-up and sustainability – 'Practical frameworks: The 3S Scale-up Infrastructure Approach'. Available at: <https://www.thisinstitute.cam.ac.uk/explain-this/spread-scale-up-and-sustainability/>

59 Barker, P. et al. (2016) A framework for scaling up health interventions: lessons from large-scale improvement initiatives in Africa. Available at: <https://link.springer.com/article/10.1186/s13012-016-0374-x>

60 Eboireime, E. et al. (2026) Implementation science in Africa—whose epistemology counts? Available at: <https://www.sciencedirect.com/science/article/pii/S2214109X25004140>

61 Public Health England & Behavioural Insights Team (n.d.) Achieving behaviour change, pp. 15–18. Available at: https://assets.publishing.service.gov.uk/media/5e7b4e85d3bf7f133c923435/PHEBI_Achieving_Behaviour_Change_Local_Government.pdf

62 Public Health Wales (2024) Evaluating behaviour change interventions, p. 8. Available at: <https://phwwhocc.co.uk/wp-content/uploads/2024/02/Evaluating-Behaviour-Change-Interventions.pdf>

Tip: Once an innovation has been launched, it will likely need ongoing monitoring and learning. Refer back to *Evaluate* to think through this process, and consider drawing on specific implementation outcomes and associated measures.⁶³

Case study: Behavioural Science for Cash Transfers (Ghana)

Ideas42 partnered with the World Bank in Ghana to integrate behavioural designs into Ghana's Complementary Livelihood and Asset Support Scheme, part of the Productive Safety Net Project.^{64,65} Successful implementation and scaling were attributable to several features:

- Focusing on implementation and scaling from the outset of the project
- Having good quality impact evidence from large-scale evaluation
- Close working relationships, collaboration and trust between key partners, including government; government understanding of and buy-in to the behavioural approaches
- Strategic financial support and advocacy in the scaling phase

WHERE can we find more resources?

Source	Description
Behavioural Insights Team (2022) TESTS Guide, Chapter 5: Scale	Focuses on implementing successful interventions at scale. See Worksheet 4B & 5B .
Ideas 42 - Innovating and Scaling with Governments: A practical guide	Practical guide with an 'actionable checklist' drawing on first-hand experience of collaborating with governments to scale innovation.
The Center for Implementation (2022). StrategEase Tool	An online, interactive tool with worksheets that supports people to plan for implementation and apply strategies that will lead them to effective change.
THIS Institute. Explain THIS: Spread, Scale-Up and Sustainability	Concise overview of key concepts and practical questions for implementation.

63 Implementation Outcome Repository, Implementation outcomes. Available at: <https://implementationoutcomerepository.org/implementation-outcomes>

64 Global Innovation Fund, Behavioural insights for cash transfers. Available at: <https://www.globalinnovation.fund/investments/behavioural-insights-for-cash-transfers>

65 Dadzie, C. & Joshi, M (2024) Scaling behavioral interventions in a cash transfer program: A success story from Ghana Available at: <https://blogs.worldbank.org/en/africacan/scaling-behavioral-interventions-cash-transfer-program-ghana>

Appendix

Triage worked scoring examples

Stage 1

Project X	Statement A	Statement B
Person 1	Y	N
Person 2	Y	N
Combined score	2 / 4	
Decision	Proceed to Stage 2	

Stage 2: Part A

Project X	Programme	Grantee	Decision
Scan	Y	N	Proceed to Stage 2: Part B
Define	Y	Y	No action needed

Stage 2: Part B

Project X		
Component: Scan	Desirability	Feasibility
Programme / Hub	Y	Y
Grantee	Y	N
Decision	Mostly Yes Use Field Guide Seek expertise	

Applied Behavioural Science Start Up Pack

AI Augmentation of the Triage Tool



AI Augmentation of the Triage Tool

How to use this guide

This guide provides practical guidance for using a large language model (LLM) such as ChatGPT, Claude, Gemini or Copilot to support the Behavioural Science Triage Tool. For each stage of the Triage, we cover:

- **What the LLM can help with** and what it cannot
- **What information to provide** to get useful outputs
- **Example prompts** that can be adapted for your context
- **Watchouts** to be aware of when reviewing outputs

These prompts are model-agnostic: they should work with any of the leading models. Outputs will vary, but the core approach is the same.

These questions, adapted from Emily Springer's work with FCDO on responsible AI, are worth keeping in mind whenever you use AI tools to support any stage of the triage process.

1

Do you know what you need from the outputs? AI works best when it supports people who already have a clear sense of what they need and why. If your team is unsure whether behavioural science is relevant to a project, start with the Triage Tool itself, not with an AI prompt. The prompts in this guide will produce better outputs when they are used by people who know their context and can judge outputs.

2

Are you aware of limitations? Not every stage of the triage process benefits equally from AI support. Where you are preparing for a structured conversation and want to think through questions more systematically, AI can help. Where the decision depends on contextual knowledge, institutional relationships or political judgement, AI can help you prepare but not replace the conversation.

3

What is the risk of getting it wrong? Generating discussion points for a preparation meeting carries different risk than presenting an AI-generated triage assessment to a funder. Before using any output from these prompts, consider what it is being used for, who will see it, and what happens if it is wrong. The higher the stakes, the more human review, validation and contextual judgement is needed.

What are language models and how do they work?

Large language models (LLMs) (such as ChatGPT, Claude, Gemini and others) are AI systems trained on large amounts of text. They work by predicting what text should come next, which makes them good at summarising, structuring, drafting and generating ideas from information you provide. They can be accessed through a chat interface by anyone with a web browser.

When this guide refers to 'using a language model', it means typing a prompt (a written instruction) into one of these tools and working with the response. This is sometimes called *prompt engineering*: getting better results by writing clearer, more specific instructions. It requires no technical skills, no coding and no special software. It is the approach this guide takes throughout.

This is different from *building* an AI tool, for example, training a smaller, specialist model on your own data, or integrating AI into an existing system like an internal chatbot. Those approaches require technical development, data infrastructure and ongoing maintenance. They may be valuable in the longer term, but they are not what this guide is about.

What language models are good at:

- Structuring messy information into clear frameworks
- Generating first drafts, checklists and discussion questions
- Applying a framework (like COM-B or NEAR) to a project description you provide
- Identifying gaps or inconsistencies in a document

What language models are not good at:

- Knowing things about your specific context, stakeholders or politics
- Finding or citing real academic sources (they will sometimes fabricate convincing-looking references)
- Replacing expert judgement: they produce plausible-sounding output regardless of whether it is correct
- Guaranteeing accuracy: outputs should always be reviewed critically

The prompts in this guide are designed to work with any general-purpose language model. You do not need a paid subscription, though paid versions tend to produce better results. The guide is model-agnostic: it does not depend on any specific product.

Responsible use

Do not input personally identifiable information, confidential proposal content, or sensitive programme data into LLMs unless you are using an enterprise account with appropriate data protection. Never use LLM outputs as the sole basis for triage decisions. Always review and validate outputs with your team and relevant stakeholders.

When working with project proposals, prepare an anonymised summary: remove organisation names, individual names, specific locations, budget figures, and any other identifying information before sharing with an LLM, unless it is a secure enterprise account.

Stage 1: Screen

What the LLM can help with

- Reviewing a project description and identifying where behaviour might be central to success, helping reviewers think through the screening questions before they respond.
- Surfacing behavioural dimensions that may not be immediately obvious from the proposal language.
- Providing a structured reasoning trail that reviewers can use as a starting point for their own thinking.

What the LLM cannot do

- Act as a neutral filter. LLMs will almost always find a behavioural angle. If you ask whether a project has a behavioural dimension, the model will generally say yes and produce convincing reasoning.
- Replace independent judgement from people who know the programme context, the portfolio and the practical realities of the opportunity.
- Understand the political, relational or institutional context that shapes whether a behavioural lens is appropriate or welcome.

What information to provide

- A brief, anonymised summary of the project or opportunity.

Example approach

Step 1:

Share your project information with the language model. The easiest approach is to upload a redacted version of an existing project document, for example, a proposal, concept note or application form. Remove or replace any names, budget figures or other sensitive identifying details before uploading.

A note on file formats: most language models handle Word documents (.docx) and plain text well. PDF support varies; some models read them reliably, others struggle, particularly with scanned documents or complex layouts. PowerPoint files are generally not well supported. If you are unsure whether the model has read your file correctly, ask it to briefly summarise what it received before proceeding.

If you cannot upload a file, copy and paste the key sections into the chat, the project description, problem statement, target population, and context are the most useful parts.

Step 2:

Use the following prompt.

Screening preparation

I am reviewing a project as part of a behavioural science triage process. The triage asks two questions:

A. Is there a clear need to apply a 'behavioural lens', that is, a focus on both understanding and changing behaviour?

B. Does the project's success ultimately depend on people changing their behaviour?

Based on the project information I have provided, please help me think through these two questions. Specifically,

1. Review the project description and identify where behaviour might be central to its success. Help me think through each screening question before I respond.

2. Surface any behavioural dimensions that may not be immediately obvious from how the project is described, specific actors who need to change their behaviours for example that are not mentioned.

3. Provide a structured reasoning trail for each question that I can use as a starting point for my own thinking. For each, explain why you think behaviour is or is not central, and what you might be missing.

Important: I am looking for a balanced perspective, not confirmation that behaviour is relevant.



Watch out:

LLMs will almost always find a behavioural angle. This makes them unreliable as a screening filter. Do not use LLM output as a substitute for independent human judgement at Stage 1.

Stage 2, Part A: Where could a behavioural lens add value?

What the LLM can help with

This is the strongest use case for LLM support within the Triage. The model can help:

- Reviewing a project description against each of the seven Field Guide components and producing a structured assessment with reasoning, identifying where work appears to have been done and where gaps may exist.
- Articulating what is missing in concrete terms, helping both programme and grantee representatives prepare for a more focused conversation.
- Generating specific discussion questions for the programme-grantee dialogue, grounded in what each Field Guide component actually involves.

What the LLM cannot do

- Distinguish between genuine integration of behavioural science and superficial use of the language. A proposal that mentions 'behavioural barriers' and 'user-centred design' may or may not have genuinely engaged with these ideas. The LLM will tend to take the language at face value.
- Assess quality. The Triage identifies where a behavioural lens could add value; it does not assess how well behavioural science has already been applied.

What information to provide

The more context you give, the better the output. Include:

- The project description, innovation and the problem it addresses.
- The target population and context (country, setting, constraints).
- Any information about the evidence base the project draws on.
- Any information about evaluation plans, including what is being measured and how.
- Any information about how the innovation was designed and whether users were involved.
- Any known plans for implementation, scaling or sustainability.

Example prompts

Step 1:

Share your project information with the LLM. Paste in an anonymised summary of the project, including: the project description and innovation, the problem it addresses, who the target users are, the context (country, setting), and any available information about the evidence base, evaluation plans, how the innovation was designed, whether users were involved, and plans for implementation or scaling. The more you include, the more specific the output will be.

Step 2:

Use the following prompt.

Gap analysis and discussion preparation

I am preparing for a triage conversation about a project. The triage assesses whether the project already addresses each of the seven components of applied behavioural science. For each component, I need to understand how it has been addressed and what gaps might exist.

The seven components are:

1. Scan: Does the project build on good quality evidence from similar interventions for similar audiences? Look for: whether a review of existing evidence has been conducted; whether the project references what has worked (or not) in similar contexts; whether evidence has informed the design.

2. Define: Is the problem or challenge clearly understood and defined in terms of behaviour(s)? Look for: whether specific behaviours have been identified; whether target populations are specified; whether behaviours are described in terms of WHO does WHAT, WHERE and WHEN; whether behaviours have been prioritised.

3. Evaluate: Does the evaluation approach define and measure behaviour(s), use a behavioural theory of change, and/or use appropriate methodology? Look for: whether the evaluation measures changes in behaviour (not just awareness or attitudes); whether there is a theory of change that includes behavioural pathways; whether evaluation methodology is appropriate to the stage of the innovation.

4. Diagnose: Are the influences on relevant behaviour(s) clearly identified and understood? Look for: whether barriers and enablers to the target behaviour(s) have been explored; whether a framework such as COM-B (Capability, Opportunity, Motivation) has been used; whether diagnosis draws on primary research with target users, not just assumptions.

5. Design: Does the design of the innovation build on a diagnosis of behaviour(s) and/or behavioural science theory and evidence? Look for: whether intervention design is linked to identified barriers; whether behavioural science frameworks (e.g. NEAR, EAST) have informed design choices; whether the content and delivery of the intervention have been considered separately.

6. Co-design: Does the development and design of the innovation involve key stakeholders – principally intended users and those responsible for delivery? Look for: whether users have participated in shaping the innovation (not just validated it); whether delivery staff or intermediaries have been involved; whether there has been iterative prototyping and testing with users.

7. Implement: Is there a clear plan for implementation and an assessment of implementation readiness? Look for: whether the project has considered what is needed for the innovation to be adopted, spread and sustained; whether implementation barriers have been identified; whether frameworks like APEASE have been used to assess readiness.

Based on the project information I have provided, for each component:

(a) Describe how the project appears to address this area based on the information available.

(b) Explain your reasoning briefly, referencing specific details from the project description.

(c) Identify what specific information is missing or what questions you would want to ask.

(d) Suggest 1–2 discussion questions for the programme-grantee conversation about this component.

Be specific. Avoid generic statements like “more evidence would be helpful”, say what kind of evidence, about what, for whom. Where you assess a component as “Yes”, note that you are taking the description at face value and flag what you cannot verify.

**Watch out:**

The LLM assessment is preparation material, not the triage itself. The real assessment happens in the conversation between programme and grantee representatives.

Stage 2B: Is it desirable and feasible?

What the LLM can help with

- Generating specific questions to probe desirability and feasibility in context, tailored to the specific Field Guide components you deem important from Stage 2, Part A.
- Suggesting practical considerations that might not be obvious, such as logistical requirements, resource implications or stakeholder concerns.

What the LLM cannot do

- Actually assess desirability or feasibility. These are deeply contextual judgements that depend on institutional relationships, organisational capacity, available budget, team expertise, political dynamics and stakeholder attitudes.

What information to provide

- The specific Field Guide components flagged from Stage 2, Part A.
- A brief description of the project and its context.
- Any known constraints: timeline, budget, team capacity, partner relationships.
- Any known sensitivities: stakeholder attitudes, political dynamics, organisational culture.

Example prompts

Step 1:

Share your project information with the LLM. Paste in an anonymised summary of the project and its context, including: the project description, the implementing organisation's capacity and constraints, the timeline, available resources, and any known sensitivities around stakeholder attitudes or organisational dynamics. **Also list the specific Field Guide components flagged from Stage 2, Part A.**

Step 2:

Use the following prompt.

Desirability and feasibility questioning

I am preparing for a conversation about whether to apply specific components of a behavioural science approach to a project. For each Field Guide component I have identified, I need to assess whether doing so would be (a) acceptable to relevant stakeholders, and (b) feasible given available resources and conditions.

Based on the project information I have provided, for each component generate:

- 1. Three to four specific questions I should ask to assess whether this would be acceptable to stakeholders. Consider: burden on the team and participants, alignment with existing ways of working, potential concerns about the approach, and ethical considerations.*
- 2. Three to four specific questions I should ask to assess whether this is feasible in practice. Consider: time required, expertise needed (and whether a behavioural science expert would be required), data availability, cost implications, and logistical requirements.*
- 3. Any practical considerations or potential obstacles I might not have thought of.*

Be concrete and specific to this project. Avoid generic questions.



Watch out:

An LLM might generate a plausible-sounding assessment of feasibility (“This appears feasible given the described resources”) that gives the impression of analysis without the substance.

Applied Behavioural Science Start Up Pack

AI Augmentation of the Field Guide



AI Augmentation of the Field Guide

How to use this guide

Each section below provides practical guidance for using a large language model (LLM) such as ChatGPT, Claude, Gemini or Copilot to support one component of the Field Guide. For each component, we cover:

- **What the LLM can help with** and what it cannot
- **What information to provide** to get useful outputs
- **Example prompts** that we have tested and found effective
- **Watchouts** to be aware of when reviewing outputs

These prompts are model-agnostic: they should work with any of the leading models. Outputs will vary, but the core approach is the same.

These questions, adapted from Emily Springer's work with FCDO on responsible AI, are worth keeping in mind whenever you use AI tools to support any component of this guide.

1

Do you know what you need from the outputs? AI works best when it supports people who already have a clear sense of what they need and why. If your team is unsure what behavioural science can offer their project, start with the Field Guide and the Triage Tool, not with an AI prompt. The prompts in this guide will produce better outputs when they are used by people who know their context and can judge outputs.

2

Are you aware of limitations? Not every component of this guide benefits equally from AI support. Where you are under pressure to synthesise information or think more systematically, AI can help. Where the work depends on trust, facilitation, local knowledge or institutional relationships, AI can help you prepare to, for example, have conversations with stakeholders, but not replace them.

3

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1. Scan

What the LLM can help with

- Framing a clear research question from a messy project description.
- Summarising and comparing findings from sources we have already found.
- Structuring an evidence table (Source | Year and Country | Implication for our work).
- Generating questions for quick, informal conversations with users or stakeholders.
- Identifying what we might be missing based on our initial framing.

What the LLM cannot do

- Reliably find or cite real academic sources (as of February 2026). LLMs will sometimes confabulate references with convincing titles, authors and journal names. **Use Google Scholar, Elicit, or the 3ie Evidence Hub to find sources, then use the LLM to help synthesise them.**

What information to provide

Give the LLM as much context as possible:

- A description of the innovation or project (what it is, where it operates).
- The problem or challenge it addresses.
- The target population and context (country, setting).
- When synthesising evidence, any evidence or sources you have already found (paste in abstracts or key paragraphs).

Example prompts

Framing a research question

I am working on a project that [brief description]. The target users are [who] in [context/country]. I want to understand what evidence exists about [the challenge]. Help me frame 2-3 clear research questions I could use to search for relevant evidence. Focus on questions about what has worked in similar contexts, what influences the relevant decisions or behaviours, and what barriers to behaviours have been identified.

Conducting a rapid evidence scan

I am working on a project that [brief description]. The target users are [who] in [context/country]. I want to find evidence relevant to the following questions:

1. *[Research question 1 from previous step]*
2. *[Research question 2]*

Search for relevant studies, reviews and evaluations. For each source you find, provide: the full citation (authors, year, title, journal or publisher), a 2-3 sentence summary of the key finding and your assessment of the relevance to the research question. Focus on peer-reviewed research, systematic reviews, and evaluations from credible organisations. Prioritise evidence from low- and middle-income country contexts where available. If you find very little, say so, do not fill gaps with invented sources.

Synthesising evidence you have found

I have found the following sources relevant to my project on [topic] in [context]. Please summarise the key findings from each and organise them into a table with columns: Source, Key finding, Implication for our project. [Paste abstracts, key paragraphs, or summaries of 5-10 sources.]

Generating questions for informal user engagement

I am designing a [type of innovation] for [target users] in [context]. I want to have a few short, informal conversations with people who know this context to understand what might shape whether people use it. Suggest 5-7 open-ended questions I could ask.



Watch out:

LLMs will sometimes present fabricated sources as real. Never cite a source the LLM has generated without independently verifying it exists. If you ask it for references, cross-check every one. Use dedicated search tools (Google Scholar, Elicit, 3ie Evidence Hub) for finding sources.



2. Define

What the LLM can help with

- Identifying the range of relevant actors and what they do (or do not do) that matters for the project.
- Challenging our initial assumptions about who is involved (“Who else might we be missing?”).
- Structuring clear WHO-DOES-WHAT-WHERE-WHEN definitions.
- Running a simple prioritisation exercise (impact vs feasibility).

What the LLM cannot do

- Verify whether the actors and behaviours it identifies are the right ones for your specific context.
- Identify politically sensitive relationships, informal power dynamics, or actors who operate outside formal structures.
- Prioritise based on local knowledge of what is actually changeable versus what looks important on paper.

What information to provide

- A clear description of the project, the innovation and the problem it addresses.
- The target population and context.
- Any initial thinking about who the relevant actors are and what they need to do differently.

Example prompts

Mapping actors and what needs to change

I am working on [project description] in [country/context]. The innovation is [description]. The desired outcome is [outcome]. Help me map out: 1. Who are the key actors involved? Think broadly: not just end users, but people who deliver, support, enable or could block the change. 2. For each actor, what would they need to do differently for the innovation to succeed? 3. Are there any actors I might be overlooking?

Specifying a priority clearly

I have identified the following priority for my project: [description]. Help me define this more precisely using the format: WHO [specific group] DOES WHAT [specific observable activity] WHERE [specific setting] WHEN [specific time or trigger].

Challenging assumptions

I am assuming that the main thing that needs to change for my project to succeed is [description]. Play devil's advocate. What other changes might be equally or more important? What assumptions am I making that might not hold in [context]? Who else might need to change what they do for this to work?



Watch out:

LLMs may generate plausible-sounding lists of actors and priorities that feel comprehensive but miss what matters locally. Use the outputs as a starting point for discussion with your team and people who know the context.





3. Evaluate and adapt

What the LLM can help with

- Drafting a measurement plan from a project description.
- Structuring a simple Theory of Change (If X then Y then Z).
- Suggesting intermediate indicators and early signals of progress.
- Generating evaluation questions matched to the stage of the project.

What the LLM cannot do

- Design a credible evaluation without understanding your practical constraints. It will usually default toward more rigorous and resource-intensive approaches.
- Verify that the causal logic in a Theory of Change is sound. It can structure one clearly, but plausible-sounding causal links may be subtly wrong. These are harder to catch than a fabricated reference because they look reasonable. Have someone with evaluation experience review any ToC before it shapes your evaluation design.
- Know what data you actually have access to. It will suggest indicators and measures that may not be trackable in your setting.

What information to provide

- The project description, desired outcomes and target behaviours from *Define*.
- The stage of the innovation (early idea, prototype, pilot, scaling) as this shapes what kind of evaluation is appropriate.
- Available resources for evaluation: budget, timeline, staff capacity, data access.
- Any data already being collected (routine monitoring, programme data, surveys) that could be drawn on.
- Whether the priority is understanding whether the innovation works, how it works, or for whom it works.

Example prompts

Drafting a measurement plan

My project aims to [outcome] by getting [target users] to [priority defined in Define step]. Help me create a simple measurement plan. For each priority, suggest: what to measure, how it could be measured (keeping it practical and low-cost), when to measure it, and what existing data sources might already be available.

Structuring a Theory of Change

Help me structure a Theory of Change for my project that is grounded in behaviour change. The innovation is [description]. The target users are [who] in [context]. The desired outcome is [outcome]. The target behaviours we identified are: [List from Define, in WHO-DOES-WHAT-WHERE-WHEN format]

The key barriers and enablers we identified are: [List from Diagnose, organised by e.g. COM-B: capability, opportunity, motivation]

Structure the Theory of Change to show:

1. What the intervention does (activities and outputs)
2. How it addresses the specific barriers
3. What changes in behaviour should follow
4. What outcomes those behavioural changes should lead to

For each link in the chain, state the assumption we are making. Flag any assumptions that seem particularly risky or untested. Keep it simple enough to fit on one page when visualised as a diagram.

Identifying early signals of progress

My project is at an early stage. I cannot yet measure the final outcome, but I need to know whether we are on track. Based on this project description [provide description] (optional: provide the Theory of Change) suggest 3-5 early, observable signals that would tell us whether the innovation is starting to work. These should be things we can track with minimal cost and effort.



Watch out:

LLMs may suggest evaluation approaches that are more sophisticated or resource-intensive than your context allows. Always check whether suggested measures are actually feasible given your timeline, budget and data access. Evaluation methodology decisions should involve someone with research or evaluation experience, where possible.



4. Diagnose

What the LLM can help with

This is one of the strongest use cases for LLM support. The model can help us:

- Generate hypotheses about barriers for a specific project, structured around specific behavioural science frameworks / models (e.g. COM-B).
- Generate diagnostic questions for interviews, surveys or informal conversations.
- Challenge our assumptions about why people do or do not engage with our innovation.

What the LLM cannot do

- Conduct an actual behavioural diagnosis. The hypotheses it generates need to be validated with real users through interviews, observation or surveys.
- Reliably identify barriers specific to your local context that are not well represented in published literature. Its knowledge skews toward Western, English-language evidence.
- Distinguish between barriers that sound plausible in general and barriers that actually matter in your specific setting. Only people who know the context can do this.

What information to provide

The more context you give, the better the output. Include:

- The project description and innovation.
- The target users and their context (country, setting, constraints, demographics).
- The specific priority from Define (WHO-DOES-WHAT-WHERE-WHEN).
- Any evidence from Scan that is relevant.
- Any existing knowledge about why users do or do not engage.

Example prompts

Generating barrier hypotheses

I am working on [project description] in [context/country]. The target users are [description]. The specific change we are aiming for is: [WHO-DOES-WHAT-WHERE-WHEN from Define]. Using the COM-B framework (Capability, Opportunity, Motivation), generate a set of hypotheses about what might prevent this change. For each hypothesis, explain: what the barrier is, which COM-B component it relates to, why it might be relevant in this context. Pay specific attention to any local practices or beliefs that might be relevant.

Generating diagnostic questions

I am working on [project description] in [context/country]. The target users are [description]. The specific change we are aiming for is: [WHO-DOES-WHAT-WHERE-WHEN from Define]. Using the COM-B framework (Capability, Opportunity, Motivation), generate a set of questions aimed to explore barriers to this behaviour. Suggest 8-10 simple, open-ended questions I could ask a small number of [target users / stakeholders] to explore these. The questions should be: conversational and easy to understand; appropriate for the local context; focused on understanding the person's perspective and experience; sensitive to power dynamics (i.e. not assuming the person is 'wrong' for not using the innovation)

Challenging our assumptions

We currently believe the main barriers to [target priority] are: [list your current assumptions]. Challenge these assumptions. What barriers might we be missing? What might we be overweighting? Are there any barriers that might seem minor but could be decisive in [context]?



Watch out:

LLM-generated barrier hypotheses are just that: hypotheses. They are based on general knowledge and published evidence, often not on your specific context. They will tend to reflect Western, English-language evidence. Explore hypotheses with real users and stakeholders before building your design around them.



5. Design

What the LLM can help with

- Generating a longlist of intervention ideas using the NEAR framework.
- Describing each idea in a structured format (what it is, who delivers it, how, when).
- Identifying potential unintended consequences.
- Comparing ideas against acceptability and feasibility criteria.

What the LLM cannot do

- Assess which of the listed ideas are most likely to have an impact.

What information to provide

The design stage builds directly on previous steps. Give the LLM:

- The target behaviour from Define (WHO-DOES-WHAT-WHERE-WHEN).
- The barrier hypotheses from Diagnose (the more specific, the better the ideas).
- Context and practical constraints: budget, timeline, delivery capacity, available channels, setting.
- Any existing interventions or approaches already in use (so the model can suggest adaptations rather than starting from scratch).
- What has worked in similar contexts from Scan (so it can build on evidence).

Example prompts

Generating intervention ideas using NEAR

Based on the following diagnosis: Priority: [WHO-DOES-WHAT-WHERE-WHEN]; Key barriers: [list from Diagnose]; Context: [brief description]. Generate 10-15 intervention ideas to address these barriers. For each idea, use the NEAR framework to explain why it might work: Normal: Does it make the desired change more visible or socially acceptable? Easy: Does it reduce effort, time or complexity? Attractive: Does it make the change more enjoyable, rewarding or appealing? Routine: Does it fit into existing habits or daily patterns? For each idea, also briefly note: who would deliver it, how and when. Be specific to the context of [country/setting], not generic.

Stress-testing ideas

I am considering the following intervention for my project: [describe the idea, including what it is, who delivers it, how, when and what barrier from Diagnose it addresses]. The context is [country/setting]. The target users are [who]. The available resources are [budget, staff, timeline]. Using the APEASE criteria, challenge this idea. Is it Acceptable to target users and delivery staff, including culturally and ethically? Is it Practical given available capacity, infrastructure and skills? Is there reason to believe it will be Effective based on evidence or logic? Is it Affordable within the available budget, including hidden costs? Could it produce Side-effects, including unintended harm for marginalised groups? Is it Equitable, or could it exclude or disadvantage some groups? For each criterion, be specific about what could go wrong in this context. Flag any assumptions I am making that seem weak or untested. Be direct: I would rather find the problems now than after implementation.



Watch out:

LLMs tend to generate interventions that have appeared in published literature, which means they may default to approaches from Western, high-income settings. Push the model to consider your specific constraints and context. The quality of the ideas depends heavily on the quality of the diagnosis you feed in.



6. Co-design

What the LLM can help with

- Planning a co-design session agenda.
- Generating discussion guides and feedback frameworks.
- Creating simple prototype descriptions to share with participants.
- Structuring and synthesising feedback after sessions.

What the LLM cannot do

- Genuine participation from real users and stakeholders.

What information to provide

- The shortlisted intervention concepts from *Design*, described clearly enough for the LLM to help plan around them.
- Who the participants will be: their roles, backgrounds, likely literacy levels, language, and familiarity with the innovation.
- Practical constraints: how much time you have, whether it is in person or online, venue limitations, accessibility needs.
- What decisions need to be made during the session (e.g. selecting between concepts, refining a prototype, identifying delivery challenges).
- Any sensitivities or power dynamics to plan for (e.g. mixed groups of community leaders and younger women, or delivery staff and their managers).

Example prompts

Planning a co-design session

I am planning a co-design session for [innovation description] with [participant types, for example, end users, delivery staff, community leaders] in [context]. I have [X hours] available. Participants may include people with different levels of education, literacy and familiarity with technology. Help me plan the session. Include: a realistic agenda with timings; clear, simple activities for each section; suggestions for how to present prototype concepts in an accessible way: tips for inclusive facilitation; how to capture feedback in a structured way

Generating prototypes

I am designing [brief description of the intervention — e.g. a series of SMS reminders to encourage farmers to adopt a new seed treatment practice] for [target users] in [context].

The intervention is intended to address these barriers: [list key barriers from Diagnose]

Help me develop a realistic prototype by producing:

1. *The actual content that the user would see, hear or interact with, written out in full, not just described. For example, if it is a message, write the message. If it is a poster, describe the layout and write the text.*
2. *A simple delivery scenario: who delivers it, when, where and how.*
3. *Two alternative versions that take a different approach to the same barriers, for example, a different tone, a different messenger, or a different format.*

Keep the language simple and appropriate for [target users]. Where the prototype involves text, write it at a level that [literacy/language context].

I will use these prototypes in a co-design session with [participants] to get their feedback.

Creating a feedback framework

I want to gather structured feedback on [number] prototype concepts during a co-design session. Create a simple feedback grid based on the APEASE criteria that participants (or facilitators on their behalf) can complete for each concept: Acceptable: Would you and others find this acceptable to use / deliver? Practical: Could this actually work in your context? Effective: Do you think this would make a difference? Affordable: Is it realistic given available resources? Side-effects: Could it cause any problems or unintended harm? Equitable: Would it work for everyone, or might some groups be excluded? Keep the language simple and direct.



Watch out:

AI cannot replace the insight, challenge and creativity that comes from working directly with people who know the context and will use or deliver the innovation. Use the LLM to prepare well, but invest the real time in the room with real people



7. Implement

What the LLM can help with

- Structuring an implementation plan from a project description.
- Generating an APEASE-based readiness checklist.
- Identifying potential implementation risks.
- Suggesting what to consider for spread, scale-up and sustainability.

What the LLM cannot do

- Assess real implementation readiness. This depends on relationships, institutional dynamics, political will and local capacity that the model has no access to unless you are very detailed with what you provide.
- Replace stakeholder engagement and buy-in processes. An implementation plan only works if the people responsible for delivery have shaped it and are committed to it.
- Account for the messy realities of implementation: staff turnover, funding uncertainties, competing priorities or shifting political contexts.

What information to provide

- The finalised intervention from *Design* and *Co-design*: what it is, who delivers it, how, when.
- The implementation context: key partners, delivery mechanisms, geographic scope, institutional setting.
- Available resources and constraints: budget, staffing, timeline, existing infrastructure.
- Any known implementation risks or challenges (e.g. partner capacity, government approvals, supply chain).
- Current stage: are you piloting, scaling or trying to sustain an existing intervention?

Example prompts

Drafting an implementation plan

My project is [description]. The innovation is [description]. We are planning to [spread / scale / sustain]. The context is [country/setting] and we are working with [key partners]. Help me draft a simple implementation plan covering: 1. What needs to happen before launch (readiness)? 2. Who needs to be involved and what will their roles be? 3. What resources are needed? 4. What the risks are and how might we mitigate them? 5. How will we monitor whether implementation is going well? Be realistic about the constraints of working in [context]. Do not assume unlimited resources or capacity.

APEASE readiness assessment

Using the APEASE criteria, help me assess whether [innovation] is ready for implementation in [context]. For each criterion, generate 2-3 specific questions I should be able to answer confidently before proceeding: Acceptable, Practical, Effective, Affordable, Side-effects, Equitable. Flag any areas where a 'no' or 'unclear' answer should pause implementation until resolved.

Identifying scaling risks

We are planning to scale [innovation] from [current scope] to [intended scope] in [context]. What are the most common risks when scaling innovations in this context? For each risk, suggest a practical mitigation. Pay particular attention to: maintaining quality during expansion, sustaining partnerships, securing ongoing funding, adapting to different local contexts, and ensuring continued buy-in from government or institutional partners.



Watch out:

Implementation plans generated by an LLM will read well but may miss the real barriers: institutional politics, capacity gaps, funding uncertainties and relationship dynamics that determine whether implementation actually works. Use the LLM output as a structure to fill in with your team's actual of the context.

