

Behavioral diagnostics toolkit

for inclusive insurance

A practical guide for product design and distribution teams to diagnosing behavioral barriers before designing and scaling insurance products

micro insurance network | Busara

Risk Management
Busara

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Contents

5 Introduction: Behavioral science and insurance
6 Why insurance is fundamentally a behavioral problem
7 About this toolkit
10 Key behavioral phenomena in insurance contexts
13 Behavioral science frameworks for insurance design

14 Section 1: Behavioral problem definition
15 Purpose
15 Key Questions
15 Conceptual background: What is a behavior?
20 Framework: Behavior prioritization matrix

23 Section 2: Specify the target behavior
24 Purpose
24 Behavior specification checklist
25 Distribution focus: Specifying agent and distributor behaviors

27 Section 3: COM-B behavioral diagnosis
28 Purpose
29 The COM-B framework unpacked
31 Distribution-specific COM-B layer
31 Inputs required for a valid COM-B diagnosis

36 Section 4: Customer and distribution journey friction mapping
37 Purpose
37 The five key elements of an insurance journey map
38 Types of friction in insurance journeys
38 How to run a journey mapping workshop

43 Section 5: Opportunity framing
44 Purpose
44 How to write a strong HMW statement

46 Section 6: Intervention concepting
47 Purpose
48 The BCW intervention functions
49 From HMW to intervention concept

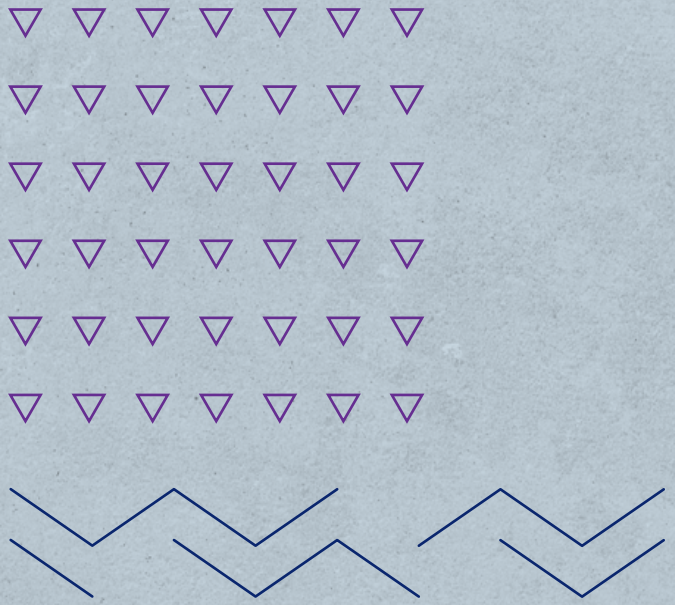
51 Section 7: Prototyping and early testing
52 Purpose
52 Not every idea needs a prototype
53 The five steps of behavioral prototyping

58 Section 8: Prioritization and implementation readiness
59 Purpose
60 The APEASE criteria

65 COM-B quick reference cheat sheet

67 Behavioral glossary for insurance teams

69 References





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Introduction **Behavioral science and insurance**

Why insurance is fundamentally a behavioral problem
About this toolkit
Key behavioral phenomena in insurance contexts
Behavioral science frameworks for insurance design

Why insurance is fundamentally a behavioral problem

Insurance is unlike most financial products. Its core value proposition is an intangible, future-contingent promise: customers pay a premium today for protection against a loss they hope will never occur.

As a result, the value of insurance is often abstract, uncertain, and deferred. Unlike products that deliver immediate and visible benefits, insurance must compete for attention against more pressing financial needs, fit within existing beliefs and routines, overcome trust and affordability barriers, and remain simple enough for people to understand and access. These challenges interact with people's perceptions of risk, emotions, social norms, experiences with institutions, and the practical frictions involved in learning about, purchasing, and using insurance. Consequently, successful insurance design requires more than technical product development; it must address salience, simplicity, trust, incentives, social influence, and the customer experience, particularly at the point of claims.

Traditional economic models assume that people are rational, well-informed actors who maximize expected utility. In this view, if a product is priced correctly and genuinely useful, people will buy it. Decades of evidence from low- and middle-income countries have shown this assumption to be deeply flawed in the insurance context. Enrollment rates for actuarially sound products are low, renewal is erratic, claims are under-filed, and trust is fragile- not because products are badly designed in a technical sense, but because human psychology systematically distorts how people perceive and interact with risk, value, and institutions (Platteau & Maystadt, 2011; Cole et al., 2013).

Behavioral economics (the field that bridges psychology and economics) provides a richer and more accurate model of how people actually make decisions. When applied to insurance, it reveals predictable patterns in how individuals perceive risk, weigh future benefits against present costs, respond to social influences, form trust in institutions, and navigate complex choices.

These insights help explain why technically sound insurance products often struggle to achieve uptake and sustained use, and why solutions that focus solely on pricing or product features frequently fall short.

About this toolkit

This Behavioral Diagnostics Toolkit is a practical, plug-and-play resource designed for product managers, product innovation teams, and distribution channel managers working in inclusive insurance.

It provides a structured, step-by-step workflow for diagnosing why target behaviors are or are not occurring across the insurance value chain, and for translating that diagnosis into concrete, testable intervention designs.

The toolkit is NOT a theoretical behavioral science manual, a full product development process, or a replacement for human-centered design (HCD). Instead, it is designed to complement and deepen HCD approaches by adding behavioral rigor to the diagnosis phase before solutions are designed. As Michie et al. (2011) argue, interventions designed without a preceding behavioral diagnosis are unlikely to target the right mechanisms and are therefore likely to underperform or fail.

Each section of the toolkit contains: a conceptual framework explaining the purpose and theoretical grounding of the step; a practical worksheet that a team can complete in a facilitated session; and a worked example using a generic inclusive insurance case study that you can simply use by substituting the specific risk event and seasonal/cyclical pattern relevant to your context to illustrate what a completed worksheet looks like.

What does this toolkit help you achieve?

Most inclusive insurance programs underperform not because the product is wrong, but because the design process did not account for how people actually behave. Teams diagnose the wrong problem, design the wrong solution, and rollout before they have evidence that the intervention works.

This toolkit gives you a structured, step-by-step process for diagnosing behavioral barriers before you design or scale. It moves you from *"we're not hitting our numbers"* to *"we know exactly which human behaviors are blocking our outcomes—and we have an evidence-based plan to address them."*

Using this toolkit, your team will be able to:

- Translate a vague business problem (low renewal, poor uptake, under-claimed benefits) into a specific, diagnosable behavioral challenge
- Identify which behavioral barriers are actually in the way and their underlying drivers
- Design interventions that target the right mechanisms: capability, opportunity, or motivation, depending on where the real gap is
- Test ideas cheaply before committing to scale, using behavioral prototyping methods
- Build an evidence base that is fundable, auditable, and transferable across your organization

You will leave the toolkit with a defined behavioral challenge, a COM-B diagnosis for both customers and distribution agents, a set of *"How Might We"* opportunity statements, shortlisted intervention concepts, and a pilot-ready recommendation. That is what becomes possible when you diagnose before you design.

Who can use this toolkit?

This toolkit was originally developed for product design and distribution teams in inclusive insurance. But the behavioral challenges it addresses: low uptake, poor renewal, under-filed claims, agent disengagement are shared across a wide range of organizations and roles.

This toolkit is for you if you work in any of the following:

- Product managers and innovation leads at microfinance institutions, insurance companies, NGOs, and development finance institutions who are designing, refining, or scaling insurance products
- Distribution channel managers and field supervisors who oversee agent networks, aggregator partnerships, or direct-to-customer delivery and want to understand why certain behaviors are not sticking
- Actuaries and technical teams who understand the supply side of insurance and want a structured way to understand the demand-side behavioral dynamics that shape uptake and retention

» Policy teams and government partners working on financial inclusion, agricultural resilience, or social protection who want to understand why well-designed programs fail to reach the people who need them most

You do not need to be a behavioral scientist to use this toolkit. Every section includes a worked example using a generic case study (ProtectPlus Microinsurance) so you can see exactly what a completed worksheet looks like before filling in your own.

How to use this toolkit

The toolkit is organized into eight sections, each building on the previous one.

Each section contains three components:

» A brief conceptual framework explaining the purpose and behavioral theory behind the step
» A practical worksheet that your team can fill out in a facilitated session
» A worked example showing what a completed worksheet looks like, using the ProtectPlus Microinsurance case study throughout.

How to use the worked examples in this toolkit

Throughout this toolkit, a single generic case study is used to illustrate all worksheets in sequence:
ProtectPlus Microinsurance is a microinsurance product offered to low-income households and distributed through community-based agents and mobile money. The product achieved 31% initial uptake among targeted households, but only 19% renewed in Year 2; well below the 45%+ benchmark for financially sustainable programs. The business problem is clear: the renewal gap is making the program commercially unviable and leaving households without protection.

Each worksheet section shows how a product team would apply that toolkit step to the ProtectPlus renewal problem.

31%
initial product uptake

19%
renewal in Year 2



45%+
benchmark for financial sustainabiity

How to run it

The toolkit works best as a facilitated team process rather than an individual exercise.

We recommend assembling a small cross-functional group of three to six people, combining product knowledge, field/client insight, and data access and working through the sections in a series of two- to three-hour sessions.

You do not need to complete all sections in a single sitting. Sections 1 through 3 (problem definition, behavior specification, and COM-B diagnosis) are the most time-intensive and the highest-value (invest here before moving forward).

What about the worksheets?

The worksheets are diagnostic tools. Fill in what you know. Where you lack data, note it as a gap, this is itself a useful finding, because a gap in your evidence is often a gap in your organizational understanding of the problem.

Teams working through all eight sections should expect to invest eight to twelve hours in total, depending on how much evidence is already available and how deeply the team wants to explore each section.

Do I need to answer every question myself?

No. The toolkit is designed to surface existing knowledge as much as to generate new insight. Many of the best diagnostic conversations happen when team members realize they hold different assumptions about the same barrier. The worksheets create a structured space for that conversation.

Key behavioral phenomena in insurance contexts

+ **Trust deficits and institutional skepticism.**
  In low-income and rural markets, financial institutions including insurers and distributors often carry a legacy of broken promises or exploitative practices. Banerjee and Duflo's (2007) research across multiple low-income countries found that trust in financial institutions was frequently the primary barrier to financial product adoption, overriding price sensitivity. For insurance specifically, where the product's value is only demonstrated when a claim is paid, trust in the claims process is existential.

Present bias and hyperbolic discounting.

People systematically overvalue costs and benefits in the present relative to the future. Paying a premium now for protection later activates this bias powerfully: the premium feels real and immediate, while the future benefit is abstract (O'Donoghue & Rabin, 1999; DellaVigna & Malmendier, 2006). Research by Stein et al. (2022) on microinsurance adoption in sub-Saharan Africa found that providing immediate, tangible benefits such as a healthcare consultation at enrollment substantially increased uptake, precisely because it addressed present bias.

Probability neglect and optimism bias.

People are poor judges of low-probability events, especially when those events are emotionally distant or unfamiliar. Sunstein (2002) documented how people routinely ignore small probabilities altogether unless they are made salient and vivid. In insurance, this manifests as under-purchasing protection against realistic risks ('it won't happen to me') combined with, paradoxically, over-purchasing coverage for dramatic but extremely unlikely events.

Loss aversion and prospect theory.

Kahneman and Tversky's (1979) foundational work demonstrated that losses loom approximately twice as large as equivalent gains in psychological terms. Insurance products are fundamentally about avoiding losses, but they are often framed and sold in terms of gains ('get coverage for X') rather than losses ('protect yourself from losing Y'). Reframing products around loss avoidance can materially increase demand (Kahneman, 2011).

Mental accounting and reference points.

Thaler (1999) demonstrated that people do not treat money as fungible: they maintain separate 'mental accounts' for different categories of expenditure. Insurance premiums are often placed in the mental account of 'waste' or 'luxury' rather than 'investment' or 'protection,' making them vulnerable to budget cuts during cash-constrained periods exactly when farmers or low-income households are most exposed to risk (Thaler & Sunstein, 2008).

Basis risk and disappointment aversion.

Unique to index insurance, basis risk (the mismatch between the index trigger and the farmer's actual loss) creates a behavioral trap. When a farmer experiences a crop loss but receives no payout because the index did not trigger, the resulting disappointment is not merely economic. Clarke (2016) showed that such experiences catastrophically damage trust and renewal intent, far beyond what the financial loss alone would predict.

Inertia, defaults, and status quo bias.

People have a powerful tendency to stick with the default option or with the status quo. Thaler and Sunstein (2008) showed that default enrollment and automatic renewal dramatically increase participation rates in insurance and pension schemes. The absence of friction-free renewal mechanisms in many inclusive insurance products means that customers must actively re-engage each season- a behavioral design flaw, not a customer preference.

Social norms and peer influence.

Insurance decisions are rarely made in isolation. Giné et al. (2008) found that in rural India, the social network was the strongest predictor of insurance adoption; farmers were more likely to purchase if their neighbors had purchased. Conversely, negative peer narratives about denied claims spread rapidly and can devastate demand across entire communities.

The evidence base: Selected key studies

- Cole, S., Giné, X., Tobacman, J., Topalova, P., Townsend, R., & Vickery, J. (2013). Barriers to household risk management: Evidence from India. American Economic Journal: Applied Economics, 5(1), 104–135.
- Giné, X., Townsend, R., & Vickery, J. (2008). Patterns of rainfall insurance participation in rural India. The World Bank Economic Review, 22(3), 539–566.
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- Thaler, R. H., & Sunstein, C. R. (2008). Nudge: Improving decisions about health, wealth, and happiness. Yale University Press.
- O'Donoghue, T., & Rabin, M. (1999). Doing it now or later. American Economic Review, 89(1), 103–124.



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Behavioral science frameworks for insurance design

There are several behavioral science frameworks that researchers and practitioners use to understand why people do or don't do certain things.

They are not competing approaches but different lenses on the same problem, each more useful in certain situations than others. The table below gives you a quick map of the main ones used in financial inclusion and insurance, and when you would reach for each.

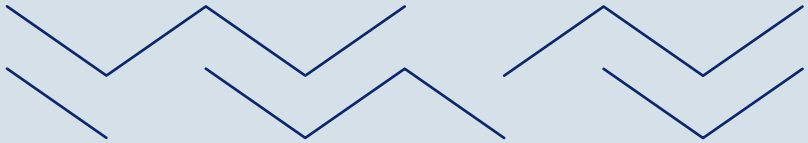
Framework	What it does	In insurance, use it to...	Learn more
COM-B (Capability, Opportunity, Motivation Behavior)	Diagnoses why a behavior is or isn't happening by checking three things at once: does the person have the knowledge and skill? Does their environment support it? And do they actually want to do it?	Understand why farmers don't renew, why agents skip renewal calls, or why clients never file a claim and identify exactly which gap to address. This is the primary framework used throughout this toolkit.	behaviourchange-wheel.com
MINDSPACE	A checklist of nine behavioral triggers that shape decisions without people realizing it: Messenger, Incentives, Norms, Defaults, Salience, Priming, Affect, Commitment, and Ego.	Audit an enrollment campaign or product communication to see which behavioral levers it uses and which it misses. Useful when you are designing messaging or nudges.	behaviouralin-sights.co.uk
EAST (Easy, Attractive, Social, Timely)	A fast four-question check: Is the behavior easy to do? Is it attractive? Does it feel social? Does it happen at the right moment?	Quickly test whether your renewal process, claims form, or agent script is removing unnecessary friction or adding it. The simplest entry point if you are new to behavioral design.	behaviouralin-sights.co.uk
Dual Process Theory (System 1 / System 2)	People have two thinking modes: fast and automatic (System 1) and slow and deliberate (System 2). Most everyday decisions, including insurance choices, are made in System 1 mode.	Design enrollment scripts, renewal reminders, and agent conversations that work for someone who is time-pressured, distracted, and not thinking hard because that is the reality for most customers.	*(Kahneman, Thinking Fast and Slow)*

This toolkit uses COM-B as its primary framework throughout. You don't need to know the others to use it. For now, the best way to understand why COM-B is useful is to see it in action through the following example:



Section 1 **Behavioral problem definition**

Purpose
Key Questions
Conceptual background: What is a behavior?
Framework: Behavior prioritization matrix



Purpose

Move teams from vague business problems to actionable behavioral challenges.

Most organizations start with outcomes they want to change; more renewals, lower lapse rates, faster claims filing. This section helps translate those outcome-level business problems into specific, observable behaviors that can be diagnosed and designed for.

As Michie et al. (2011) emphasize in the Behavior Change Wheel framework, a well-specified behavioral target is the essential precondition for any meaningful behavioral diagnosis. Without it, teams risk designing solutions for the wrong problem.

Key questions

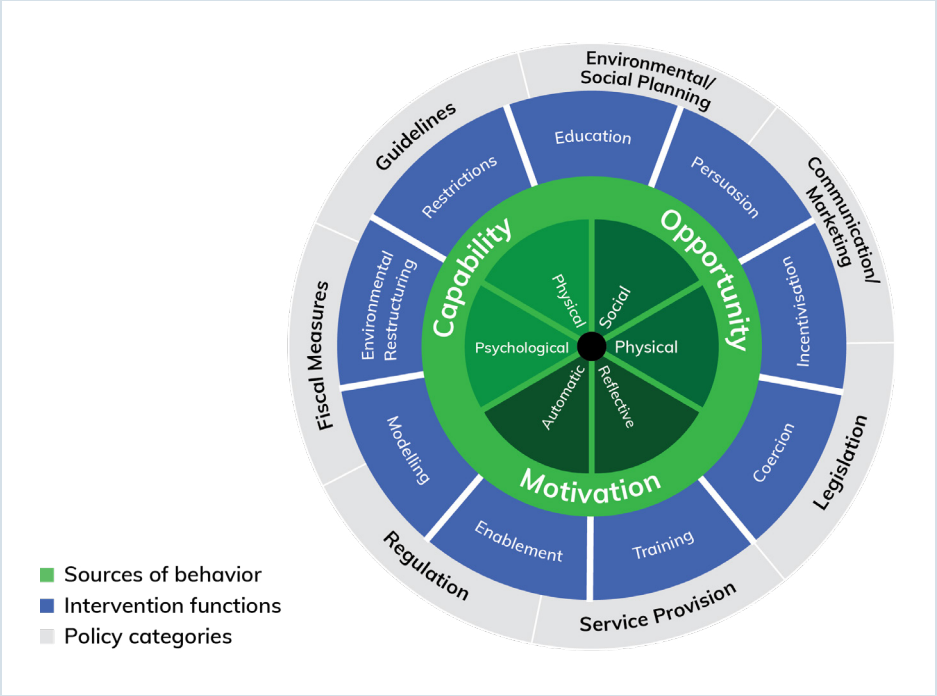
1. ***What is the organizational problem (the business or program outcome that is not meeting targets)?***
2. ***What is the ideal outcome (what would 'good' look like, in specific and measurable terms)?***
3. ***What behaviors influence this outcome (who needs to do what differently for the outcome to change)?***
4. ***Which behavior, if changed, would have the greatest impact on the outcome?***

Conceptual background: What is a behavior?

For the purposes of this toolkit, a behavior is defined as a specific, observable action performed by a specific actor at a specific time and place.

This definition, drawn from Michie et al.'s (2011) behavioral specification criteria, is deliberately restrictive. It rules out attitudes, intentions, beliefs, and feelings as primary targets not because these don't matter, but because they are influences on behavior, not behaviors themselves. Designing for a behavior forces teams to be concrete and measurable.

The Behavior Change Wheel identifies a useful distinction between behaviors (discrete actions) and behavioral patterns (routines and habits). Both can be targets for change, but they require different diagnostic and intervention approaches. This toolkit focuses primarily on specific behaviors, while acknowledging that some insurance outcomes (like renewal) are better understood as the product of a behavioral pattern.



A real-world scenario: where behavioral barriers actually appear

The COM-B framework provides a practical lens for understanding why people do or do not engage with insurance products by examining the capabilities, opportunities, and motivations that shape behavior.

The example on the next page follows a fictional farmer, Mary, as she encounters a crop insurance product. While Mary is fictional, the barriers she faces are drawn from real-world experiences repeatedly observed across insurance markets. As you read through her story, notice how barriers emerge across all three COM-B dimensions and how a problem that initially appears to be about awareness is, in fact, rooted in deeper behavioral drivers.

Meet Mary

Mary is a 38-year-old maize farmer in a semi-arid county in Kenya.



She farms 1.5 acres with her husband and three children. She heard about a new crop insurance product through an input dealer near her home. The product sounds useful as it pays out if rainfall drops below a certain level during the growing season, protecting her income when her harvest fails.

The product team has priced it fairly. The distribution is in place. Awareness has reached Mary. On paper, she is exactly the customer this product is designed for.
She does not enroll.

Here is why and where each behavioral dimension comes into play.

Capability

Can Mary actually engage with this product?

When the input dealer explains the product, he describes it as "*index-based*." He explains that payouts are triggered when a weather station records rainfall below a set threshold. Mary listens carefully. She has questions: What does it mean that the weather station is 40 kilometres away? What if her farm gets less rain than the station records? What exactly triggers a payout?

The dealer doesn't have clear answers to these questions. Mary leaves without understanding how the product actually works, or whether she would ever see a payout. This is a psychological capability gap: she lacks the mental model needed to evaluate whether the product makes sense for her.

There is also a practical dimension. To enroll, Mary would need to use a mobile money paybill number she has never used before. She has M-Pesa on her phone and uses it to send money to her sister in Nairobi. But she has never paid a bill through M-Pesa, and she is not sure she can do it without making a mistake. This is a physical capability gap: she has the tool but not the confidence or skill to use it in a new way.

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Opportunity

Does Mary's environment support enrollment?

The input dealer visits Mary's village once every six weeks. The enrollment window for the insurance product is open for three weeks, but the dealer's visit happens to fall in week one. After that visit, if Mary has more questions or changes her mind, there is no convenient way to enroll. The deadline passes. This is a physical opportunity gap: the environment did not provide a channel or timing that made the behavior easy to complete.

There is also a social dimension. Mary's husband, who makes most financial decisions for the household, is skeptical. He heard from a neighbour that a similar product "*paid nothing*" last year. He doesn't understand why they should pay for something that might not work. Mary cannot enroll without his agreement, and she doesn't have the language to explain the product in a way that addresses his concern. This is a social opportunity gap: the social context around her; a skeptical spouse, negative peer narratives blocks the behavior even when she is personally interested.



Motivation

Does Mary want to enroll?

At a conscious, reflective level, Mary is uncertain. She thinks insurance might be useful, but she also thinks: "*Our harvests have been okay for the last two years. Do we really need this? Is it worth the KES 800?*" She also carries a vague memory of a neighbour who paid into a burial society for years and then had trouble accessing funds when her husband died. She doesn't have strong evidence that this product is different. This is a reflective motivation gap: she has not formed a clear belief that the benefit outweighs the cost.

At an automatic level, something else is at work. Mary associates "*insurance*" with a category of formal financial products she mentally associates with city people, educated people, people with steady incomes not smallholder farmers like her. When she hears the word, she does not feel like a natural customer. This is an automatic motivation gap: an unconscious sense that this product is "*not for people like me*" that creates resistance even before conscious deliberation begins.

What happens next?

Mary does not enroll. The product team reviews its numbers and concludes that awareness is the problem, not enough people have heard about the product. They increase their marketing budget and run a radio campaign. Enrollment improves slightly in urban centres. In Mary's village, nothing changes.

The real problem was never awareness. It was **capability** (she didn't understand the product or trust her ability to enroll), **opportunity** (the distribution was too infrequent and the social context unsupportive), and **motivation** (she had not formed the reflective belief that this was worth it, and her automatic associations were working against enrollment).

No amount of marketing fixes a capability gap. No awareness campaign addresses a husband's skepticism. No brochure redesign changes how Mary feels about who insurance is for.

This is the core argument for behavioral diagnosis before design. Mary's story is not unusual, it is the rule. And the COM- B framework gives you the tools to understand it systematically so you can design solutions that actually reach people like her.

This toolkit's primary framework - The COM-B model and behavior change wheel (BCW)

Developed by Michie, van Stralen, and West (2011) and extended in West and Michie's (2020) Behavior Change Wheel guide, COM-B provides a comprehensive diagnostic framework. It holds that any behavior requires three conditions to be met simultaneously: Capability (the psychological and physical ability to perform the behavior), Opportunity (the social and physical environment that enables it), and Motivation (the reflective and automatic processes that drive it). When any of these three components is insufficient, the behavior will not occur or will be inconsistent. The Behavior Change Wheel maps these components to specific intervention functions (education, persuasion, incentivisation, coercion, training, restriction, environmental restructuring, modelling, and enablement), providing a structured path from diagnosis to intervention design.

Reference: *Michie, S., van Stralen, M. M., & West, R. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science, 6(1), 42. | West, R., & Michie, S. (2020). A brief introduction to the COM-B model of behaviour and the PRIME theory of motivation. Qeios.*

Framework: Behavior prioritization matrix

Not all behaviors are equally important or equally amenable to change. Teams should use the following criteria to prioritize from a long list of candidate behaviors down to a focused target:

Criterion	Description	Scoring guidance
Impact	How much would changing this behavior move the needle on the business outcome?	High = directly drives the outcome; Medium = partial contribution; Low = indirect
Ease of change	How amenable is this behavior to change given current constraints?	High = behavior change is feasible with modest resources; Low = structural barriers dominate
Knock-on effects	Does changing this behavior create positive chain reactions?	High = changing it triggers other positive behaviors; Low = isolated effect
Measurability	Can we track whether this behavior has changed?	High = directly observable or trackable in data; Low = requires inference

WORKSHEET 1A | Behavioral problem definition canvas

Purpose - Translate an organizational problem into a defined behavioral challenge and identify a prioritized target behavior

Organizational problem (What outcome is not meeting targets?)	
Ideal outcome (What would success look like, measurably?)	
Product / program	
Target geography and population	
Time frame for this diagnosis	

WORKSHEET 1B | Long-list behavior brainstorm

Purpose - Generate a wide list of candidate behaviors across actors before prioritizing

Customer behaviors What specific actions do customers take (or fail to take) that affect the outcome?	**Agent / distributor behaviors** What specific actions do agents, field officers, or distributors take (or fail to take)?	**Organizational / system behaviors** What organizational processes or system behaviors affect the outcome?

WORKSHEET 1C | Behavior prioritization matrix

Purpose - Score candidate behaviors to select a focused target behavior

Candidate behavior	**Impact (H/M/L)**	**Ease of change (H/M/L)**	**Measurability (H/M/L)**
Selected target behavior:			

WORKED EXAMPLE: ProtectPlus — Section 1: Problem definition

Organizational problem: Only 19% of Year 1 ProtectPlus policyholders renew their coverage in Year 2. The industry benchmark for sustainable programs is 45%+. High customer acquisition costs are not being recovered, threatening program viability.

Ideal outcome: 45% of Year 1 customers purchase the ProtectPlus policy again by the renewal deadline.

Long-listed behaviors:

- **Customer:** Paying the renewal premium before deadline
- **Customer:** Remembering the renewal period / timing
- **Agent:** Making proactive renewal reminder calls 4 weeks before deadline
- **Agent:** Explaining last period's payout / no-payout outcome to customers clearly
- **System:** Sending automated renewal SMS at 6 weeks and 2 weeks before deadline

Selected target behavior: '*The policyholder pays the ProtectPlus renewal premium via mobile money before the policy renewal deadline each year.*' This was selected because it is the most directly measurable, has the highest impact, and change in this behavior is feasible if the right behavioral barriers are addressed.

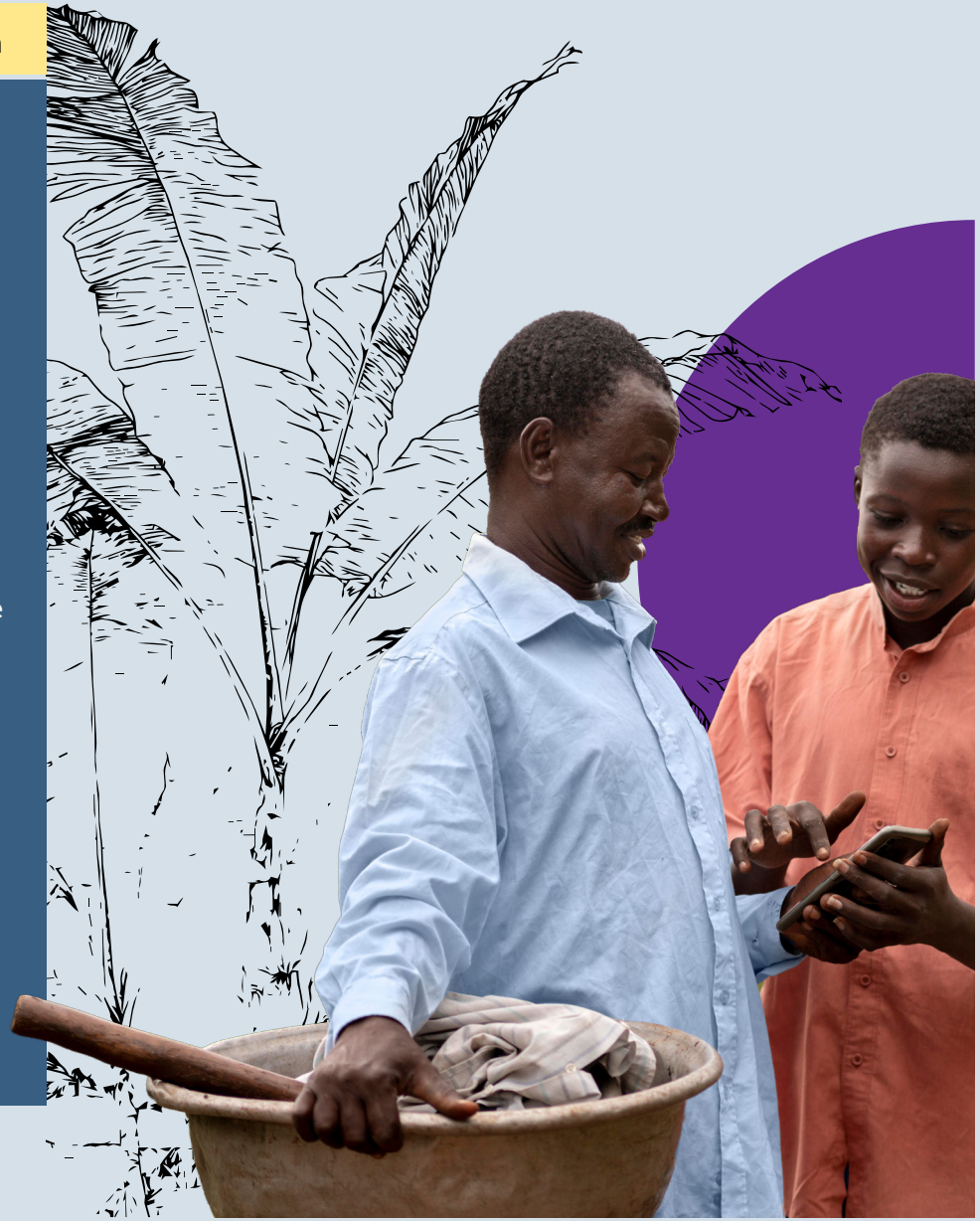


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Section 2
Specify the target behavior

Purpose
Key questions
Conceptual background: What is a behavior?

Purpose

Increase diagnostic precision by fully specifying the target behavior before attempting to understand why it does or does not occur.

A behavior that is only vaguely defined cannot be reliably diagnosed, and interventions designed for a vague target are unlikely to achieve the desired change.

Drawing on the behavior specification approach in the Behavior Change Wheel (Michie et al., 2011), this section applies a systematic checklist to move from a general target behavior statement to a fully specified behavioral target that captures who, what, when, where, how often, and with whom.

Behavior specification checklist

1. *Who? Which specific actor or actors must perform this behavior? (Customer, agent, field officer, call center, claims assessor?)*
2. *What? What is the exact action? (Physical action, decision, communication?)*
3. *When? At what point in time must the behavior occur? (Season, week, lifecycle stage, trigger event?)*
4. *Where? In what physical or digital setting does the behavior need to occur? (Mobile app, input dealer outlet, field visit, community meeting?)*
5. *How often? Is this a one-time behavior, a recurring behavior, or a habit that must be formed?*
6. *With whom? Does the behavior involve other people? (Spouse, peer group, agent, community leader?)*

Distribution focus: Specifying agent and distributor behaviors

Inclusive insurance delivery depends critically on intermediaries; agents, field officers, mobile money operators, and input dealers whose behaviors are often equally or more important than customer behaviors in determining outcomes. Teams should apply the same behavior specification rigor to distributor behaviors as to customer behaviors, treating agents as a distinct actor group with their own COM-B profile.

Examples of distribution behaviors that often require specification include:

- Agents explaining the claims process clearly at enrollment (not just selling)
- Field officers following the onboarding script rather than improvising
- Input dealers raising insurance as part of the input sales conversation
- Call center staff de-escalating frustrated customers who experienced a no-payout event

WORKSHEET 2 | Target behavior specification sheet

Purpose - Fully specify the selected target behavior across all relevant dimensions

Target behavior (from Worksheet 1C)	
Who must perform this behavior?	
What is the exact action or decision?	
When must it occur? (trigger, season, lifecycle stage)	
Where does it need to happen?	
How often? (one-time, recurring, habit)	
With whom? (other actors involved)	
What does **'success'** look like? (measurable indicator)	
What does **'failure'** look like? (observable alternative behavior)	

WORKED EXAMPLE: ProtectPlus — Section 2: Target behavior specification

Target behavior (from Worksheet 1C): The policyholder pays the ProtectPlus renewal premium via mobile money before the policy renewal deadline.

Who: Low-income household heads (predominantly aged 30–55) who purchased ProtectPlus in Year 1 and did not file a claim.

What: Initiating a mobile money payment of the renewal premium (KES 600–1,200 depending on coverage tier) to the ProtectPlus paybill number.

When: Within the 6-week renewal window that opens 8 weeks before the policy anniversary date. Peak moment: the 2 weeks immediately following the start of the renewal window.

Where: On a mobile phone using M-Pesa (primary) or at a community agent outlet (secondary). No physical office visit required.

How often: Annual recurring behavior; ideally becoming a habit aligned with an existing household routine (e.g., a regular monthly or seasonal payment cycle).

With whom: Spouse (household finance decisions often made jointly); agent (proactive reminder call); peer customers (social norms influence).

Success: Mobile money payment recorded against the customer's ProtectPlus policy number before deadline. Year 2 renewal rate ≥45%.

Failure: No payment recorded. Common alternatives: customer intends to pay but forgets; customer prioritizes other expenditures; customer decides insurance 'isn't worth it' after no payout in the prior period.



Section 3
COM-B behavioral diagnosis

Purpose
The COM-B framework unpacked
Distribution-specific COM-B layer
Inputs required for a valid COM-B diagnosis

Purpose

Understand WHY the target behavior is not occurring by systematically diagnosing which components of Capability, Opportunity, and Motivation are insufficient.

This is the diagnostic core of the toolkit. A rigorous COM-B diagnosis identifies the specific behavioral drivers and barriers that interventions must address.

The COM-B model (Michie, van Stralen & West, 2011) holds that for any behavior to occur, three conditions must be simultaneously sufficient: the actor must have the Capability to perform it, the Opportunity in their environment to do so, and the Motivation to act. The model is particularly useful because it accounts for the full range of behavioral influences; cognitive, physical, social, and emotional, in a structured, exhaustive way that prevents teams from jumping prematurely to solutions.



Image by freepik

The COM-B framework unpacked

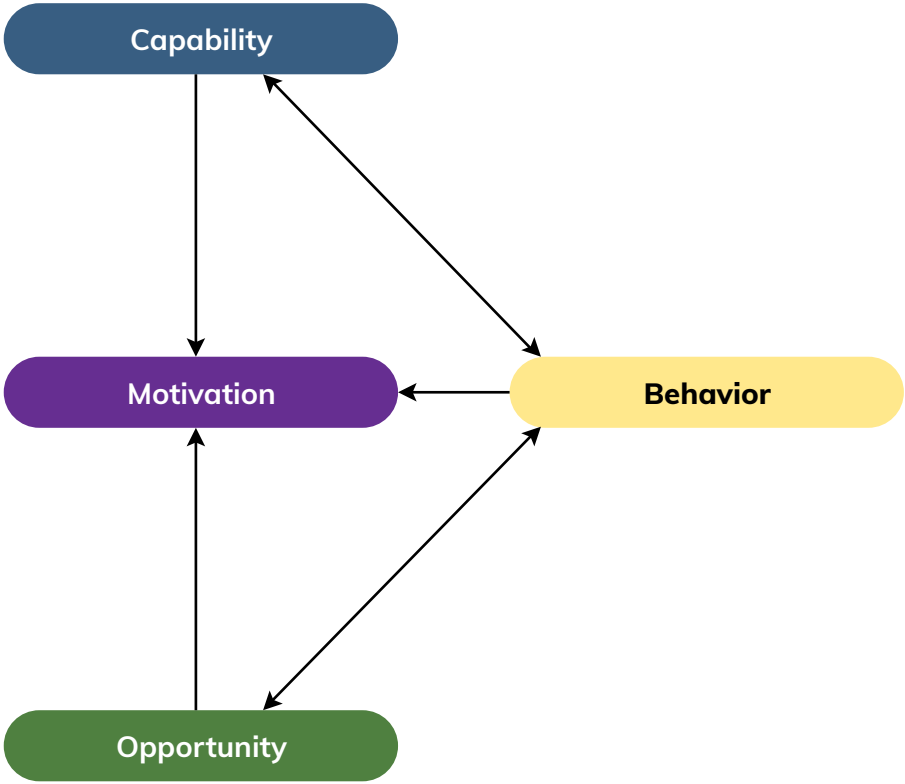
Component	Sub-type	Definition	Insurance diagnostic examples
Capability	**Psychological**	Knowledge, understanding, cognitive skills needed to perform the behavior. Includes mental models about how the product works.	Does the farmer understand what triggers a payout? Can they calculate if the premium is worth it? Do they know how to file a claim?
	Physical	Physical skills or abilities needed. Includes digital literacy and access to tools.	Can the farmer operate M-Pesa independently? Can they read the SMS renewal reminder?
Opportunity	**Physical**	Environmental factors that enable or obstruct the behavior access, timing, resources.	Is mobile money available and affordable? Is there a network signal? Does the renewal deadline align with when farmers have cash?
	Social	Social norms, peer influence, and relational dynamics that enable or obstruct the behavior.	Do neighbors and peers insure? Is insurance seen as culturally legitimate? Do community leaders endorse it? What do people say about claims?
Motivation	**Reflective**	Conscious beliefs, evaluations, intentions, and plans about the behavior.	Does the farmer believe insurance is worth the money? Do they trust the insurer? Do they understand the value even without a payout?
	Automatic	Emotional responses, habits, impulses, and unconscious associations that drive or inhibit behavior.	Is paying the premium emotionally salient when the deadline arrives? Does the memory of last season's non-payout create a negative emotional association? Is renewal a habit or must it be actively decided each year?

The COM-B model

COM Sub-Constructs

- Physical Capability
  - physical skill, strength, stamina
- Psychological Capability
  - knowledge, cognition, interpersonal skills, self-regulation
- Reflective Motivation
  - plans, intentions, beliefs, identity
- Automatic Motivation
  - emotions, desires, impulses, habits
- Physical Opportunity
  - triggers/prompts, space/time, location/services
- Social Opportunity
  - peer pressure, social norms, culture, credible models

COM-B (Michie et al., 2011)



Distribution-specific COM-B layer

In inclusive insurance, the distribution channel is a behavioral system in its own right. Agent and distributor behaviors are critical determinants of customer outcomes. The COM-B diagnostic must therefore be applied to agents as a separate actor group with their own capability, opportunity, and motivation profile.

COM-B layer	Key diagnostic questions for agents	Key diagnostic questions for system/org
Capability	Do agents understand the product well enough to explain value (not just features)? Do they know how to handle objections about non-payouts? Do they have the scripts and tools to make effective renewal calls?	Does the organization have the systems to track renewal rates by agent? Are training materials available and up-to-date?
Opportunity	Is there time in the agent's workflow for renewal conversations? Are commission structures aligned with renewal, or only initial sale? Is the agent density adequate for the customer base?	Are renewal data systems integrated with agent dashboards? Does the organization have a renewal campaign infrastructure?
Motivation	Do agents believe the product creates value for customers? Do they feel ownership of the renewal outcome? Is there social pressure from peers to perform well on renewal metrics?	Is renewal a KPI that is tracked and rewarded? Does leadership model the importance of renewal over acquisition?

Inputs required for a valid COM-B diagnosis

A COM-B diagnosis is only as good as the evidence that informs it. The following inputs should be gathered before or during the diagnosis workshop:

- **Administrative data:** Renewal rates segmented by geography, agent, product variant, prior claim experience. Lapse timing (when in the renewal window do people drop?).
- **Claims patterns:** Rate of claim filing, claim rejection rates, and customer complaints. High rejection rates may indicate a Capability barrier (customers don't understand eligibility).
- **Agent interviews:** What are agents saying to customers? What objections do they encounter? What do they believe about the product's value?
- **Customer feedback:** Exit surveys, focus group data, lost customer interviews. What reasons do non-renewers give? How do they describe their experience?
- **Existing research:** Prior studies on insurance behavior in similar contexts. The academic literature reviewed in Section 1.1 of this introduction is a starting point.

WORKSHEET 3A | COM-B barrier mapping matrix: Customers

Purpose - Systematically map behavioral barriers and drivers against the COM-B framework for the customer actor

COM-B component	**Evidence of barriers** (what's missing or insufficient?)	**Evidence of drivers** (what's already enabling the behavior?)	**Data source / confidence**
Psychological capability (knowledge, mental models, understanding)			
Physical capability (digital access, documentation skills, physical access)			
Physical opportunity (timing, cash availability, channel access, system)			
Social opportunity (norms, peer behavior, trust networks, community)			
Reflective motivation (beliefs, intentions, perceived value, trust)			
Automatic motivation (habits, emotions, memory, associations)			

WORKSHEET 3B | COM-B barrier mapping matrix: Agents / distributors

Purpose - Apply the COM-B lens to the agent or distributor actor separately

COM-B component	Evidence of barriers	Evidence of drivers	Data source / confidence
Psychological capability (product knowledge, communication skills)			
Physical capability (tools, systems, data access)			
Physical opportunity (time, workload, commission structure)			
Social opportunity (manager expectations, peer culture, customer trust)			
Reflective motivation (belief in product, ownership of renewal outcome)			
Automatic motivation (habits, emotional engagement, identity)			

WORKSHEET 3C | Prioritized behavioral drivers summary

Purpose - Distill the COM-B diagnosis into a prioritized list of barriers to address

COM-B component	Prioritized barrier	Actor affected	Priority (H/M/L)

WORKED EXAMPLE: ProtectPlus — Section 2: Section 3: COM-B diagnosis

Evidence base used: Exit survey of 150 non-renewers; 12 agent interviews; analysis of lapse timing data (78% of non-renewals occur in the first 2 weeks of the renewal window i.e., most don't engage at all rather than trying and abandoning); one focus group with 8 renewing customers.

Capability barriers (Customers):

» **Psychological:** 64% of non-renewers in the exit survey said they *'didn't understand why there was no payout'* last period even though the conditions for a payout were correctly not met. The mental model of insurance as *'you pay, you get something'* is widespread; the concept of paying for protection that activates only under specific trigger conditions is not well understood.

» **Physical:** Low barrier; 89% of target households have mobile money access. However, 22% reported difficulty remembering the exact paybill number and renewal code.

Opportunity barriers (Customers):

» **Physical:** The premium due date falls 3 weeks before a major household expenditure period e.g school fees, when customers are cash-constrained. 41% of non-renewers cited cash availability at the right time as a barrier. The renewal window does not align with typical liquidity moments.

» **Social:** In focus groups, renewing customers consistently cited positive word-of-mouth from neighbors who received a payout following a covered event. Non-renewing customers who had not witnessed a payout in their network had no such social reinforcement.

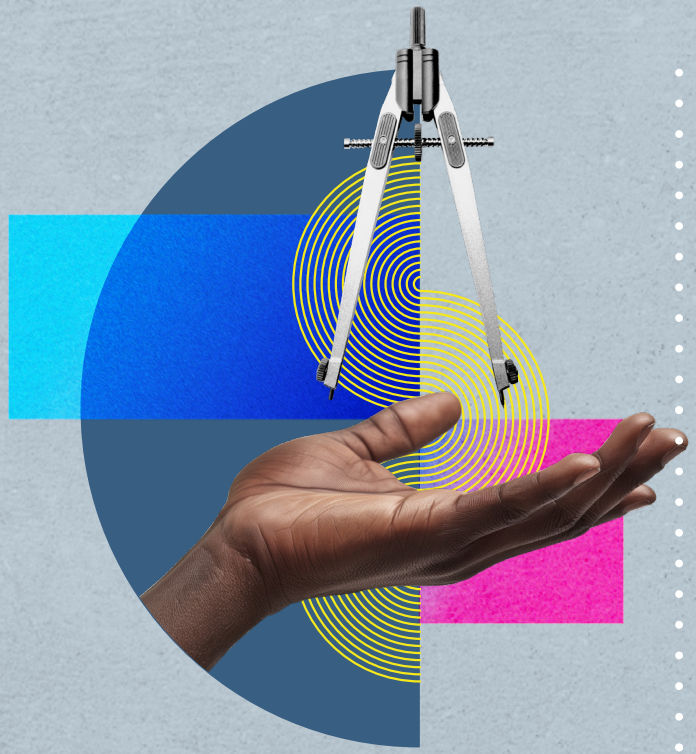
Motivation barriers (Customers):

» **Reflective:** 71% of non-renewers surveyed said they *'don't think insurance is worth it.'* Among those who experienced a non-payout period, this rose to 89%. Strong belief that the product failed them even when payout criteria were correctly not met.

» **Automatic:** No habitual renewal cue exists; renewal is not linked to any existing routine. Present bias means customers intend to renew but postpone when the deadline arrives. Negative emotional association from a non-payout experience acts as an automatic deterrent.

Agent barriers:

» **Physical opportunity:** Agent commission structure incentivizes new sales at 12% commission but renewal at only 4%. Agents spend 90% of their time on new sales during the renewal period. Renewal calls are made inconsistently. Only 31% of eligible customers received a renewal reminder call in Year 2.



Section 4
Customer and distribution journey friction mapping

Purpose
The five key elements of an insurance journey map
Types of friction in insurance journeys
How to run a journey mapping workshop

Purpose

Identify where behavioral friction appears in real service delivery by mapping the end-to-end experience of both the customer and the distribution actor.

The journey map translates the COM-B diagnosis from an abstract list of barriers into a visual narrative of a human experience, making it concrete, shareable, and actionable for design teams.

A journey map is a story designed to provide insights into the user's journey; visualizing the process that a person goes through in order to accomplish a goal tied to a specific outcome. Journey maps are not intended to capture every nuance; they are designed to surface the most important friction points and emotional lows that design must address.

The five key elements of an insurance journey map

Every insurance journey map should contain the following five elements:

1. **The specific actor / point of view: One persona per map. For insurance, build separate maps for (a) the customer and (b) the agent/distributor, as their experiences are fundamentally different.**
2. **Scenario and expectations: The specific situation being mapped (e.g., 'a farmer deciding whether to renew insurance before the planting season') and what the actor hopes will happen.**
3. **Journey phases: The discrete stages of the experience from the actor's perspective. For inclusive insurance, the standard customer journey stages are: Awareness › Consideration › Enrollment › Payment › Waiting Period › Shock Event › Claims Experience › Renewal.**
4. **Actions, mindsets, and emotions: At each stage: what is the actor doing? What are they thinking? What are they feeling? The emotional curve; the highs and lows is the most powerful element for identifying design priorities.**
5. **Insights and opportunities: At each stage: what friction or pain exists? What gap in experience creates the barrier? What opportunity exists to redesign this touchpoint?**

Types of friction in insurance journeys

Based on the COM-B diagnosis from Section 3, five types of friction are most commonly found in inclusive insurance journeys:

1 Cognitive overload
Too much information, too many steps, or overly complex language creates confusion and decision fatigue. Often appears at enrollment, claims filing, and renewal.

2 Emotional friction
Negative emotional associations; disappointment, distrust, shame that create avoidance. Most acutely felt after a non-payout event.

3 Process complexity
Too many steps, wrong timing, inaccessible channels. Often appears at premium payment and claims processing.

4 Trust breaks
Moments where the actor's trust in the system is violated or tested, usually at claims denial or communication breakdown.

5 Incentive misalignment
Where the agent's incentives do not align with the customer's needs e.g., agents focusing on new sales during renewal season.

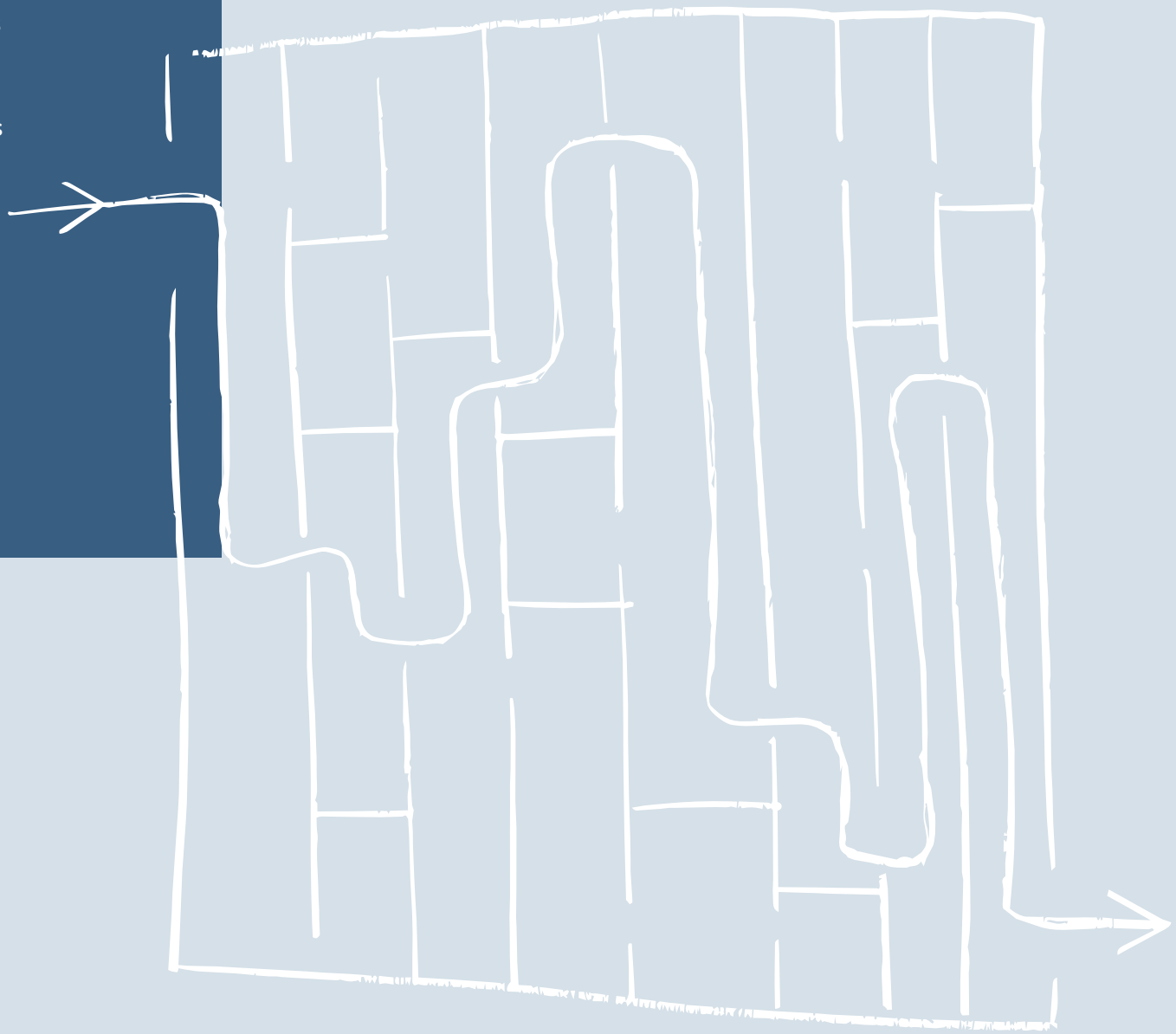
How to run a journey mapping workshop

The following steps, adapted from Busara's Journey Mapping Guide, are recommended for running a productive journey mapping session with an internal product team:

- **Prep (15 min):** Define the map's scope. Who are we mapping? What journey? What time period?
- **Step 1:** Set the stage (5 min): Introduce the persona and scenario. Read the persona profile aloud. Everyone must visualize the same person.
- **Step 2:** Build the backstory (10 min): Use sticky notes to capture the persona's motivations, pain points, and goals. Group and synthesize.
- **Step 3:** Map actions, mindsets, emotions (30 min): Walk through each journey phase. For each touchpoint, post: what is the actor doing? thinking? feeling?
- **Step 4:** Map the barriers (10 min): Go back and annotate where friction occurs. Link each friction point to a COM-B component.
- **Step 5:** Analyse the big picture (15 min): Stand back. Where are the biggest clusters of friction? Which stages have the most emotional lows? Where are the design opportunities?

Quick tips for journey mapping workshops

- Limit the session to 3 hours maximum.
- Use different color sticky notes for actions (blue), thoughts (yellow), emotions (pink), and friction (red).
- Invite the decision-maker, a product owner, and if possible, a representative user or proxy (e.g., a frontline agent who knows customers well).
- Base the map on real data, don't assume. Journey maps built on assumptions that are not validated will not gain organizational traction (Busara Journey Mapping Guide, 2019).



Journey map illustration by Wavebreak Media on freepik

WORKSHEET 4A | Customer journey friction map

Purpose - Map the customer's end-to-end experience with specific attention to friction points, emotional lows, and COM-B links

Awareness	**Consideration**	**Enrollment**	**Payment**	**Waiting period**	**Shock event**	**Claims**	**Claims**
Actions:	Actions:	Actions:	Actions:	Actions:	Actions:	Actions:	Actions:
Thoughts:	Thoughts:	Thoughts:	Thoughts:	Thoughts:	Thoughts:	Thoughts:	Thoughts:
Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)
Friction type:	Friction type:	Friction type:	Friction type:	Friction type:	Friction type:	Friction type:	Friction type:
COM-B link:	COM-B link:	COM-B link:	COM-B link:	COM-B link:	COM-B link:	COM-B link:	COM-B link:

WORKSHEET 4B | Distribution journey friction map

Purpose - Parallel journey map for agent / distributor; what are they doing, thinking, and feeling at each stage?

Lead generation	**Sales interaction**	**Documentation**	**Follow-up**	**Claims support**	**Retention engagement**
Actions:	Actions:	Actions:	Actions:	Actions:	Actions:
Thoughts:	Thoughts:	Thoughts:	Thoughts:	Thoughts:	Thoughts:
Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)	Emotion:  (Circle)
Agent friction:	Agent friction:	Agent friction:	Agent friction:	Agent friction:	Agent friction:
Design opp.:	Design opp.:	Design opp.:	Design opp.:	Design opp.:	Design opp.:

WORKED EXAMPLE: ProtectPlus — Section 4: Journey friction highlights

Stage: Renewal (the primary friction zone for ProtectPlus)

Customer actions: Customer receives an SMS reminder (often 1 SMS, 2 days before deadline). Customers may or may not share it with their spouse. The customer considers whether to renew but does not have the paybill number memorized. The customer intends to renew 'later this week.' Deadline passes.

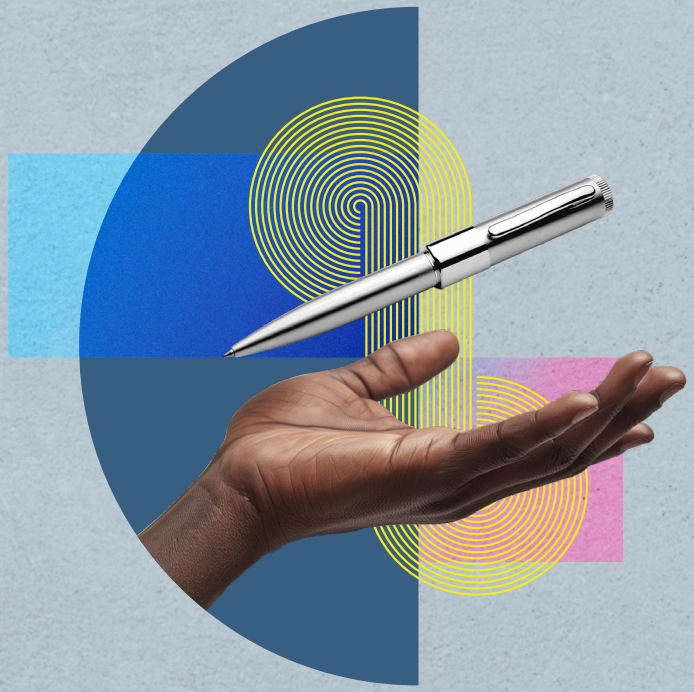
Customer thoughts: *'Did I really benefit last year? I didn't get anything.' / 'I'll do it when I have the money.' / 'I need to check the number, where is my old certificate?' / 'My neighbor says it's not worth it.'*

Emotional state: Ambivalent › Procrastinating › Resigned. No positive emotional cue linked to renewal.

Friction type identified: Cognitive overload (can't remember paybill); Emotional friction (negative non-payout memory); Process complexity (timing mismatch with cash availability); Trust break (perceived product failure).

COM-B link: Automatic Motivation (negative emotion, no habit); Reflective Motivation (low perceived value); Physical Opportunity (cash timing mismatch); Psychological Capability (poor understanding of payout mechanism).

Agent friction: Agents have no renewal dashboard and receive 4% commission vs. 12% for new sales. They make ad-hoc renewal calls only when prompted by the manager. No script for handling non-payout objections. Agents feel uncomfortable discussing non-payouts with customers and often avoid the topic.



Section 5
Opportunity framing

Purpose
How to write a strong HMW statement

Purpose

Translate the behavioral diagnosis and journey friction map into specific design opportunities.

Opportunity framing is the bridge between diagnosis and ideation; it prevents teams from jumping to solutions before the problem is fully understood, while also preventing them from staying in diagnosis mode indefinitely.

The primary tool for opportunity framing is the '*How Might We...*' (HMW) statement, a widely used design thinking technique adapted here to be anchored in COM-B findings rather than general intuition. A well-formed HMW statement is: specific enough to guide ideation, open enough to allow multiple solutions, and grounded in a real behavioral barrier or driver identified in the diagnosis.

How to write a strong HMW statement

Every insurance journey map should contain the following five elements:

1. **Anchor in COM-B:** Each HMW should reference a specific COM-B barrier. *'How might we help farmers build a strong reflective motivation to renew, even in years when no payout was received?'*
2. **Focus on the actor:** Name the actor whose behavior you are trying to change. *'How might we help agents feel confident and equipped to handle non-payout objections during renewal conversations?'*
3. **Avoid prescribing solutions:** HMW statements should open up solution space, not close it. *'How might we make the renewal payment feel automatic rather than effortful?'* (not 'How might we send more SMS reminders?')
4. **One barrier = one HMW:** Write a separate HMW for each prioritized barrier. Teams can generate 3–8 HMW statements from a typical COM-B diagnosis.

WORKSHEET 5 | HMW generator worksheet

Purpose - Translate prioritized COM-B barriers into *'How Might We...'* opportunity statements

Prioritized COM-B barrier (from Worksheet 3C)	**Actor & Stage**	**How Might We...**

WORKED EXAMPLE: ProtectPlus — Section 5: HMW statements

Barrier: Reflective motivation deficit; non-renewers don't believe the product is worth it after a non-payout period.

> HMW: *How might we help customers understand and emotionally connect with the value of insurance protection in years when no payout was triggered?*

Barrier: Automatic motivation; no habitual renewal cue; present bias causes procrastination.

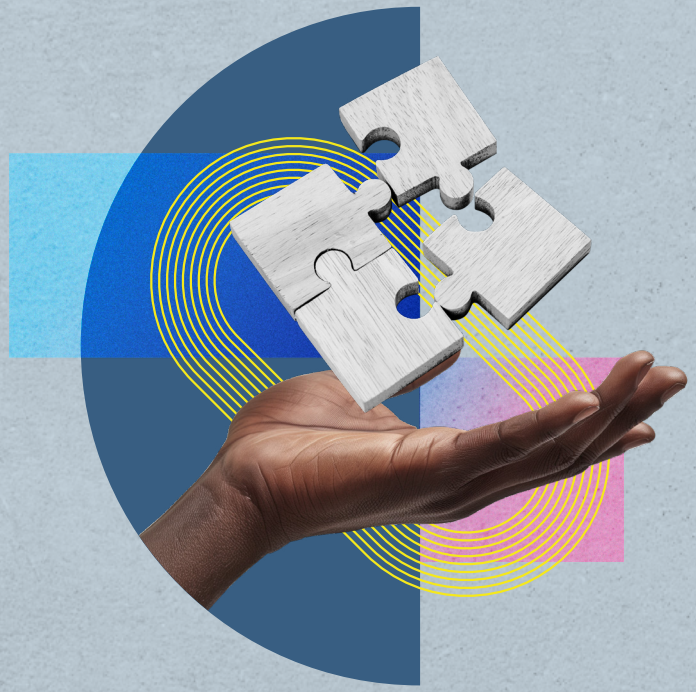
> HMW: *How might we make the annual renewal feel automatic and routine rather than an active, effortful decision?*

Barrier: Physical opportunity; premium due date misaligned with customer cash availability.

> HMW: *How might we align premium payment timing with moments when customers naturally have liquidity?*

Barrier: Agent physical opportunity; commission structure misaligned with renewal outcome.

> HMW: *How might we restructure agent incentives so that renewal activity is as commercially attractive as new sales activity?*



Section 6
Intervention concepting

Purpose
The BCW intervention functions
From HMW to intervention concept

Purpose

Move from diagnosis and opportunity framing to concrete intervention concepts without jumping to full product solutions.

This section uses the Behavior Change Wheel's intervention function taxonomy (Michie et al., 2011; West & Michie, 2020) to generate a structured set of intervention ideas that directly target the identified behavioral barriers.

The BCW identifies nine intervention functions, categories of action that can change one or more COM-B components. By systematically checking each HMW statement against the relevant intervention functions, teams generate a broader and more structured set of ideas than intuition alone would produce.



Image by freepik

The BCW intervention functions

The following nine intervention functions are drawn directly from the Behavior Change Wheel (Michie, van Stralen & West, 2011):

Intervention function	Definition	Targets in COM-B
Education	Increasing knowledge or understanding of the behavior, its value, or its mechanics.	Psychological Capability; Reflective Motivation
Persuasion	Using communication to influence attitudes, beliefs, or emotional responses without coercion.	Reflective Motivation; Automatic Motivation
Incentivisation	Providing rewards or removing penalties to create or strengthen motivation.	Reflective Motivation
Coercion	Using threats or disincentives to change behavior. (Limited applicability in voluntary inclusive insurance.)	Reflective Motivation
Training	Building skills through practice, rehearsal, or structured experience.	Psychological & Physical Capability
Restriction	Using rules or regulations to reduce opportunity for competing behaviors.	Physical Opportunity
Environmental restructuring	Changing the physical or social context to enable or prompt the behavior.	Physical & Social Opportunity
Modelling	Providing an example of the behavior being performed by a credible actor.	Social Opportunity; Automatic Motivation
Enablement	Increasing the means or reducing barriers to performing the behavior, including addressing structural constraints.	Physical Opportunity; Psychological & Physical Capability

From HMW to intervention concept

For each HMW statement, teams should: (1) identify which COM-B components it targets; (2) review the intervention functions most relevant to those components; (3) generate 2–3 concrete intervention concepts using those functions; (4) document the behavioral assumption underlying each concept (what must be true for this idea to work?).

WORKSHEET 6A | Barrier › Intervention mapping table

Purpose - Map each HMW statement to relevant BCW intervention functions and generate concept ideas

HMW statement	COM-B component(s) targeted	BCW intervention function(s)	Concept ideas (2–3 per HMW)

WORKSHEET 6B | Design assumptions log

Purpose - For each concept, record the behavioral assumption that must hold for the concept to work

Concept name	Behavioral assumption (what must be true?)	How confident are we? (H/M/L) and why?

WORKED EXAMPLE: ProtectPlus — Section 6: Intervention concepts

HMW #1: *How might we help customers understand the value of insurance in non-payout years?*

BCW Functions: Education + Persuasion
COM-B Target: Psychological Capability + Reflective Motivation

Concepts: (a) End-of-period 'Proof of Protection' SMS — a personalized message telling each customer what their premium protected them against and the monetary value of that protection, even without a payout. (b) Community group testimonial sessions where renewing customers explain 'why I keep my cover even when I don't claim.' (c) Visual analogy card distributed by agents comparing insurance to a vehicle spare tyre, you pay for peace of mind, not to use it.

HMW #2: *How might we make renewal feel automatic?*

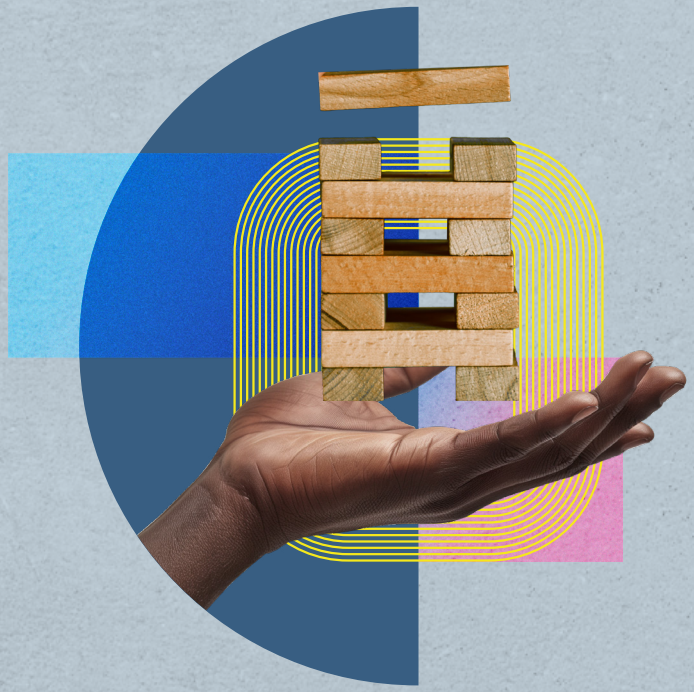
BCW Functions: Environmental Restructuring + Enablement
COM-B Target: Automatic Motivation + Physical Opportunity

Concepts: (a) Auto-renewal by default with opt-out option — customer sets a standing order at enrollment; renewal is automatic unless cancelled. (b) Bundle the renewal payment with an existing household payment moment (e.g., a recurring savings group contribution or routine bill payment), making it part of a familiar routine. (c) Renewal commitment card signed at enrollment: 'I commit to protecting myself / my family next year too.' Creates a self-commitment mechanism.

HMW #3: *How might we align premium timing with customer liquidity?*

BCW Function: Enablement
COM-B Target: Physical Opportunity

Concepts: (a) Shift the renewal window to coincide with a period when customers typically have cash on hand (e.g., following a known seasonal income event relevant to the target population), rather than a period of peak household expenditure. (b) Premium savings 'lockbox' — customers make small weekly contributions via mobile money from mid-period, accumulating the renewal premium ahead of the deadline.



Section 7
Prototyping and early testing

Purpose
Not every idea needs a prototype
The five steps of behavioral prototyping

Purpose

Help teams test intervention concepts quickly and cheaply before scaling.

Prototyping is the discipline of creating the simplest possible version of an idea that still allows you to test the key behavioral assumption underlying it. It transforms abstract intervention concepts into something concrete enough for people to react to and surfaces barriers that only appear in real-life contexts: friction points, cognitive overload, social dynamics, and habitual patterns. By observing behavior around a prototype, we learn what people actually do, not just what they say. This distinction between stated preferences and revealed behavior is at the heart of behavioral science, and it is why prototyping is non-negotiable before scaling.

Not every idea needs a prototype

Before building, teams should review their intervention concepts and decide whether each one warrants a prototype. Some ideas can be refined through internal co-design sessions or literature review alone. A prototype is warranted when the concept: (a) involves a new interaction that has not been tested before; (b) depends on behavioral assumptions that are uncertain; (c) requires testing in a specific cultural or contextual setting; or (d) involves significant investment risk if the assumption turns out to be wrong.

The five steps of behavioral prototyping

The following five steps guide effective behavioral prototyping in the insurance context:

Step 1

Select what to prototype

Prioritize the parts of your intervention that are: least understood, most risky, hardest to predict, and most dependent on behavior or local social norms. Focus on elements that will determine success; onboarding steps, incentive structures, trust-building moments, high cognitive load points, and key decision-making junctures.

Step 2

Review evidence before building

Conduct a rapid literature review to sharpen the prototype direction. Look for: evidence from similar interventions in comparable contexts; known behavioral drivers and barriers; effective designs used elsewhere; user preferences and cultural norms; what has failed previously and why. This step reduces blind spots, avoids reinventing the wheel, and ensures prototypes are culturally appropriate.

Step 3

Consider the broader system

Prototyping is not just about testing a product feature, it also helps uncover system-level enablers and blockers. Before building, consider: market dynamics, social norms, distribution chain dynamics, economic incentives, power relations, roles of intermediaries, and trust structures. Activities like systems mapping, stakeholder mapping, and value chain analysis can surface these factors.

Step 4

Determine fidelity level

Choose the prototype format that best reveals the behavior or interaction you want to observe. Build the simplest prototype that still allows you to test the key assumption.

Fidelity level	What it includes	Best for
Low-Fidelity (early learning)	Paper wireframes, role plays, storyboards, mock SMS messages, printed cards, script walk-throughs	Testing comprehension, initial reactions, social acceptability, and whether the core idea resonates before any investment
Mid-Fidelity (flow and comprehension)	Digital click-throughs, printed brochures, simulated service desks, process walkthroughs, mock apps with limited interactions	Testing user flow, decision points, friction in the process, and whether the design logic works end-to-end
High-Fidelity (operational realism)	Pilot delivery with real customers, operational simulations with real agents, live script testing in real settings	Testing real behavior under real conditions; adoption, abandonment, agent compliance, scalability issues

Step 5

Test with real users and observe behavior

Test in the context where the behavior actually happens. Environment affects behavior more than intention. Observe behavior directly: where do people hesitate? What do they skip? Where do agents improvise? What generates confusion vs. clarity? Use reflective, diagnostic, and hypothetical questions to probe deeper and prioritize observation over self-report.



Image by freepik

WORKSHEET 7A | Prototype planning canvas

Purpose - Plan a specific prototype test for one intervention concept

Intervention concept being tested	
Key behavioral assumption to test (what must be true for this to work?)	
Prototype type & fidelity level (Low / Mid / High)	
What will be built (describe the prototype)	
Who will we test with? (actor, number, context)	
Where will testing happen? (setting — crucial for behavioral validity)	
What will we observe? (specific behaviors to look for)	
What questions will we ask? (reflective, diagnostic, hypothetical)	
What does a 'pass' look like? (assumption confirmed)	
What does a 'fail' look like? (assumption disconfirmed)	
Next step if pass	
Next step if fail	

WORKSHEET 7B | Iteration tracker

Purpose - Record learning from each prototype round and decisions made

Round	What we tested	What we observed	Decision and next action
1			
2			
3			



WORKED EXAMPLE:ProtectPlus — Section 7: Prototype plan

Concept being tested: *'Proof of Protection'* end-of-period SMS — a personalized message explaining what the customer was protected against, with a monetary value estimate, even in a non-payout year.

Key behavioral assumptions: If customers receive a clear, quantified explanation of what their premium protects them against (the value of protection, not just the absence of payout), their reflective motivation to renew will increase; they will shift from feeling *'I wasted money'* to *'I invested wisely in protection.'*

Prototype type: Low-Fidelity. The team will print 3 versions of the proposed SMS message on cards, varying: (a) tone (neutral vs. warm), (b) framing (protection value in KES vs. risk probability percentage), and (c) whether a community-leader endorsement is included.

Testing setup: 15 non-renewing customers from the prior period, tested individually by a field officer in their home community. The field officer reads each SMS card aloud and observes the customer's reaction. A short 5-question probe follows each version.

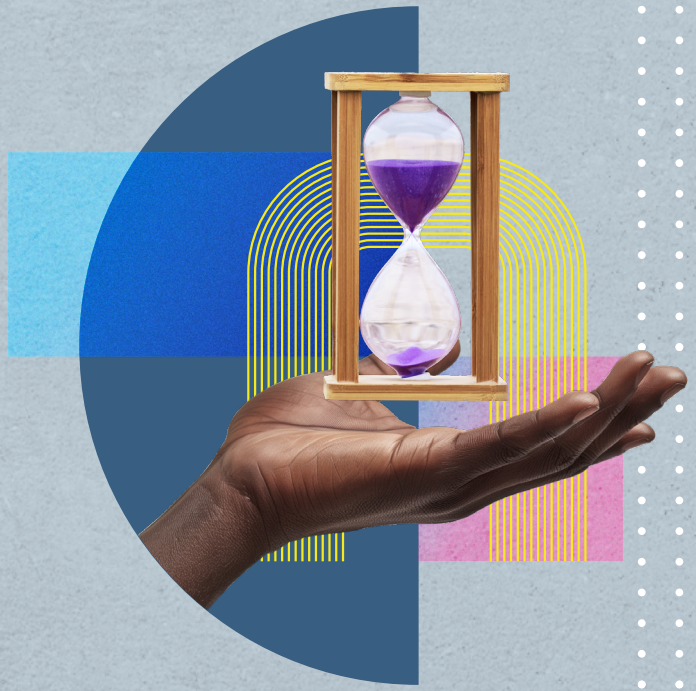
Behaviors to observe: *Does the customer nod or engage? Do they ask follow-up questions? Do they express skepticism? Does the monetary framing create confusion or resonance? Do they spontaneously mention sharing the message with a spouse or neighbor?*

Probe questions: Reflective: *'What was going through your mind when you read this?'* Diagnostic: *'What would make this message more convincing?'* Hypothetical: *'If you received this message at the end of this period, how likely would you be to renew next period?'*

Pass condition: ≥10 of 15 customers say the message shifts their perception of value; ≥5 spontaneously say they would consider renewing after reading it.

Fail condition: Customers remain skeptical; monetary framing is mistrusted or seen as 'just marketing.'

Next if fail: Test alternative framing using peer testimonials instead of financial calculation.



Section 8 **Prioritization and implementation readiness**

Purpose
The APEASE criteria

Purpose

Help teams decide which intervention concepts move forward to piloting, and assess organizational readiness to implement them.

Not all concepts that perform well in prototyping are immediately implementable, teams must weigh behavioral effectiveness against operational feasibility, equity implications, and resource requirements.

This section applies the APEASE criteria from the Behavior Change Wheel (Michie et al., 2011; West & Michie, 2020), which provides a structured six-dimension framework for evaluating intervention options.



Image by freepik

The APEASE criteria

APEASE stands for Affordability, Practicability, Effectiveness, Acceptability, Side-effects, and Equity. Each criterion is assessed on a High / Medium / Low scale:

Criterion	Key question	Insurance-specific guidance
Affordability	Can the organization bear the cost of implementing this intervention at scale?	Consider both the direct cost (materials, systems, training) and the cost of agent time reallocation.
Practicability	Can the intervention be implemented within existing organizational capabilities and systems?	Does this require new technology? New agent skills? Partner agreements? Regulatory approvals?
Effectiveness	Based on evidence and prototype testing, how likely is the intervention to achieve the target behavior change?	What did prototyping show? What does the comparable evidence base say? How large must the effect be to be worthwhile?
Acceptability	Will the target audience (customers and distributors) accept and engage with this intervention?	Prototype testing should inform this. Cultural acceptability is distinct from individual acceptability, consider community-level reactions.
Side-effects	What unintended consequences might this intervention produce, positive or negative?	E.g., a strong loss-framing message may increase renewal but also increase anxiety. Agent incentive restructuring may reduce new sales volume.
Equity	Will this intervention reach and benefit the most underserved customers equally, or might it widen gaps?	Consider digital access divide, gender dynamics, geographic coverage, and whether the intervention works for the most vulnerable segment.

WORKSHEET 8A | Intervention scoring sheet

Purpose - Score each shortlisted intervention concept against the APEASE criteria

Intervention concept	Affordability	Practicability	Effectiveness	Acceptability	Side-effects	Equity
	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L
	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L
	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L
	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L	H / M / L

WORKSHEET 8B | Pilot decision framework

Purpose - Define the pilot structure for the highest-priority intervention

Intervention selected for piloting	
Pilot geography / agent cluster	
Target sample size and selection method	
Duration of pilot	
Primary behavioral metric (what change in behavior will we measure?)	
Secondary metrics	
Control / comparison group?	
Data collection method	
Decision rule: what result justifies scale-up?	
Risk mitigation (what could go wrong & how do we manage it?)	

WORKED EXAMPLE:ProtectPlus — Section 8: Prioritization

Shortlisted concepts evaluated:

Concept A: *'Proof of Protection'* end-of-period SMS. APEASE scores: Affordability=H (low-cost SMS); Practicability=H (can be automated); Effectiveness=M (prototype promising, needs field test); Acceptability=M (some skepticism about monetary framing); Side-effects=Low risk; Equity=H (SMS reaches all mobile money users).
Overall: High priority.

Concept B: Shift renewal window to align with customer cash-flow patterns. APEASE scores: Affordability=H; Practicability=M (requires reinsurance adjustment and analysis of customer cash-flow cycles); Effectiveness=H (directly addresses cash constraint); Acceptability=H; Side-effects=M (may reduce premium float); Equity=H.
Overall: High priority but requires longer lead time.

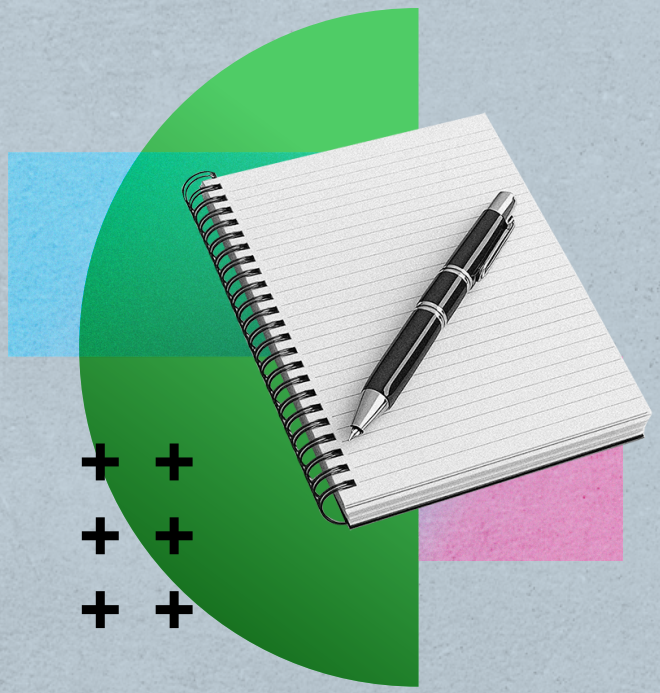
Concept C: Agent commission restructuring. APEASE scores: Affordability=M (increased renewal commission cost); Practicability=M (requires distributor agreement renegotiation); Effectiveness=H; Acceptability=H (agents likely to welcome); Side-effects=M (may reduce new sales effort short-term); Equity=M (benefits agents in high-density areas more).
Overall: Medium priority; pursue in parallel with A.

Pilot Decision: Begin with Concept A (Proof of Protection SMS) in 3 agent clusters, testing 3 message variants against a no-SMS control group over one renewal period. Primary metric: Year 2 renewal rate. Target: ≥35% vs. current 19% baseline. Review at the end of period before scaling.

By completing this toolkit, your team will have produced the following outputs, ready for organizational review and pilot planning:

Output	Produced in section	What it enables
Defined behavioral challenge statement	Section 1	Aligns the team on exactly what problem is being solved before design begins
Fully specified target behavior(s)	Section 2	Enables precise diagnosis and measurement of change
COM-B diagnosis: Customer & Agent	Section 3	Identifies which behavioral components to target with interventions
Customer & distribution journey friction map	Section 4	Visualizes where and why behavioral friction occurs, shareable with leadership
'How Might We...' opportunity statements	Section 5	Provides structured design briefs grounded in behavioral evidence
Shortlisted intervention concepts with BCW mapping	Section 6	Generates evidence-based intervention ideas ready for prototyping
Prototype concepts with behavioral assumptions logged	Section 7	Enables rapid, low-cost testing before committing to scale
Prioritized intervention list (APEASE-scored) with pilot plan	Section 8	Provides a fundable, decision-ready recommendation for next steps

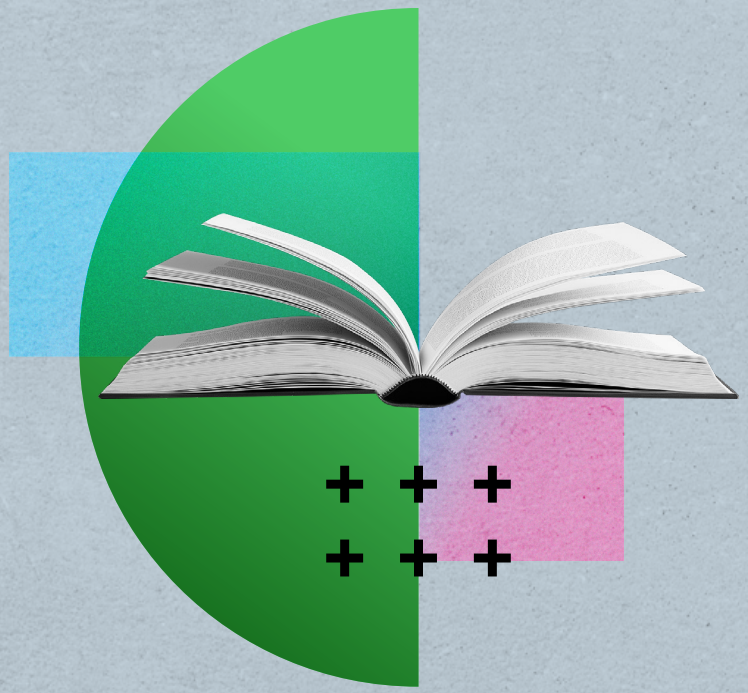
A note on iteration
This toolkit is designed to be used iteratively, not just once. Behavioral barriers shift over the product lifecycle, across geographies, and as markets mature. Teams are encouraged to revisit the COM-B diagnosis after each pilot season, using new data to sharpen the next round of interventions. Behavioral design is not a one-time project, it is a continuous organizational practice.



COM-B **Quick reference cheat sheet**

Use this one-page reference to quickly orient team members who are new to the COM-B framework.

COM-B component	Core question	Key signals in insurance data	Watch for...
Psychological Capability	Does the customer / agent KNOW and UNDERSTAND what they need to do and why?	High call center inquiry volume; claims rejection for wrong documentation; agent explanations don't match product terms	Confusion about index mechanics; misunderstanding of eligibility criteria
Physical Capability	Do they have the SKILLS and TOOLS to perform the behavior?	Low mobile money completion rates; incomplete digital forms; documentation errors at claims	Low literacy; limited smartphone access; first-time mobile money users
Physical Opportunity	Does the ENVIRONMENT allow the behavior to happen at the right time?	Renewal lapse timing vs. cash flow calendar; claims filing rate vs. claims processing speed; channel coverage gaps	Premium timing vs. harvest timing; rural agent density; network connectivity
Social Opportunity	Do SOCIAL NORMS and NETWORKS support or inhibit the behavior?	Geographic clustering of renewal vs. lapse; referral patterns; community leader endorsement rates	Negative word-of-mouth after non-payouts; gender norms around financial decisions
Reflective Motivation	Do they BELIEVE the behavior is worth doing? Do they PLAN to do it?	Exit survey reasons for non-renewal; stated willingness to pay; trust ratings	Perceived value perception; distrust of insurer; attribution of non-payment to fraud
Automatic Motivation	Is the behavior HABITUAL or emotionally driven? What FEELINGS are associated with it?	Lapse timing (early = low salience, late = procrastination); repeat complainer profile; social media sentiment	Loss aversion; present bias; emotional residue from prior bad experience



Behavioral glossary for insurance teams

Term	Plain-language definition	Insurance example
Present bias	Overvaluing costs and benefits in the present vs. the future. Makes people procrastinate on future-oriented behaviors.	Farmer intends to renew but keeps postponing because the deadline feels distant.
Loss aversion	Losses feel approximately twice as painful as equivalent gains feel pleasurable (Kahneman & Tversky, 1979).	Framing insurance as 'protect your KES 50,000 harvest' is more motivating than 'get KES 50,000 if your crop fails.'
Status quo bias	Strong preference for current state; changing requires active effort that most people avoid.	Auto-renewal defaults dramatically increase renewal rates because inertia works in the insurer's favor.
Social proof	People look to the behavior of others to determine correct or desirable action.	A neighbor's successful claim story is more persuasive than actuarial data about payout rates.
Cognitive overload	When the quantity or complexity of information exceeds processing capacity, decisions are deferred or avoided.	A 4-page enrollment form creates overload; farmers opt out or make errors.
Habit	Behavior that has been repeated sufficiently that it occurs automatically in response to contextual cues.	Renewing insurance at the same time as buying seed creates a behavioral routine that reduces lapse risk.
Mental accounting	People categorize money in non-fungible mental 'buckets', insurance premiums may be in the 'waste' bucket.	Insurance is seen as 'throwing money away' rather than as a savings or investment behavior.

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