Think | BIG

Behavior Integration Guidance

MAP AND COORDINATE PARTNER ACTIVITIES

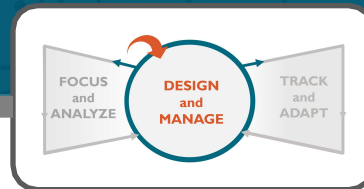**www.thinkbigonline.org**

FOCUS and ANALYZE DESIGN and MANAGE TRACK and ADAPT

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OVERVIEW

PURPOSE

Mapping your partners' activities against your priority behaviors and pathways to change will help you to better manage multiple partners and ensure that your collective efforts will achieve the desired behavioral outcomes and impact. It also will enable you to better coordinate activities around factors, supporting actors, and interventions.

INTENDED USERS

Anyone managing a social and behavior change activity, a system strengthening activity, or other activity or portfolio.

Figure 1: How Map and Coordinate Fits into Think | BIG
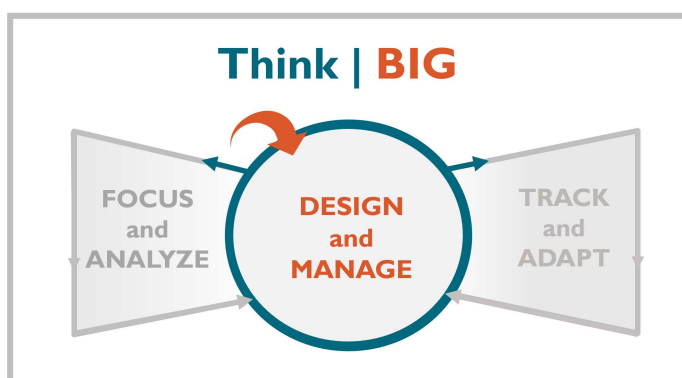
HOW THIS FITS INTO THINK | BIG

This is Step 2 of the Think | BIG process – Design and Manage. You will have already completed Step 1 "Focus and Analyze" and are now ready to apply this focus and analysis to managing your activities and partners. Figure 1 illustrates where this step fits in Think | BIG.

ESTIMATED TIME NEEDED

Depending on the number of priority behaviors and projects you have, it will take approximately four to six hours — or approximately two to three hours for each part.

TEMPLATES INCLUDED

- Appendix A: Mapping, Coordination, and Analysis Template
  - Section 1: Map of ONE Behavior
  - Section 2: Map of MULTIPLE Behaviors
  - Section 3: Mapping Analysis and Recommendations
  - Section 4: Documenting Discussions to Move Forward

SAMPLES INCLUDED

- Appendix B: Sample Mapping and Analysis of Partner Activities against ONE Priority Behavior Using a Behavior Profile
- Appendix C: Sample Mapping and Analysis of Partner Activities against MULTIPLE Behaviors Using a Behavior Summary
- Appendix D: Sample Completed Mapping Analysis and Recommendations Template

BEFORE YOU START

- Plan to conduct this mapping and coordination exercise with all partners and other relevant stakeholders. Conducting it with them can ensure they understand the gaps and how to coordinate and collaborate to fill them.
- Ensure the program manager is in the room for the discussion with partners.
- Download Appendix A: Mapping, Coordination, and Analysis Template, or create your own version. Word and Excel versions are available to download. Excel might give you more flexibility in manipulating the information. Select Section 1 (Map of One Behavior) or Section 2 (Map of Multiple Behaviors) of the template and eliminate the other part.
- Complete Steps 1 and 2 in Part 1 below before meeting with partners.
- Have several copies or a wall size version of the partially filled-in template available to complete with partners.
- To ensure that your coordination discussions with partners and program managers are collaborative and fruitful, it is important to understand key elements of effective coordination and collaboration. Figure 2, below, provides an overview of these elements.
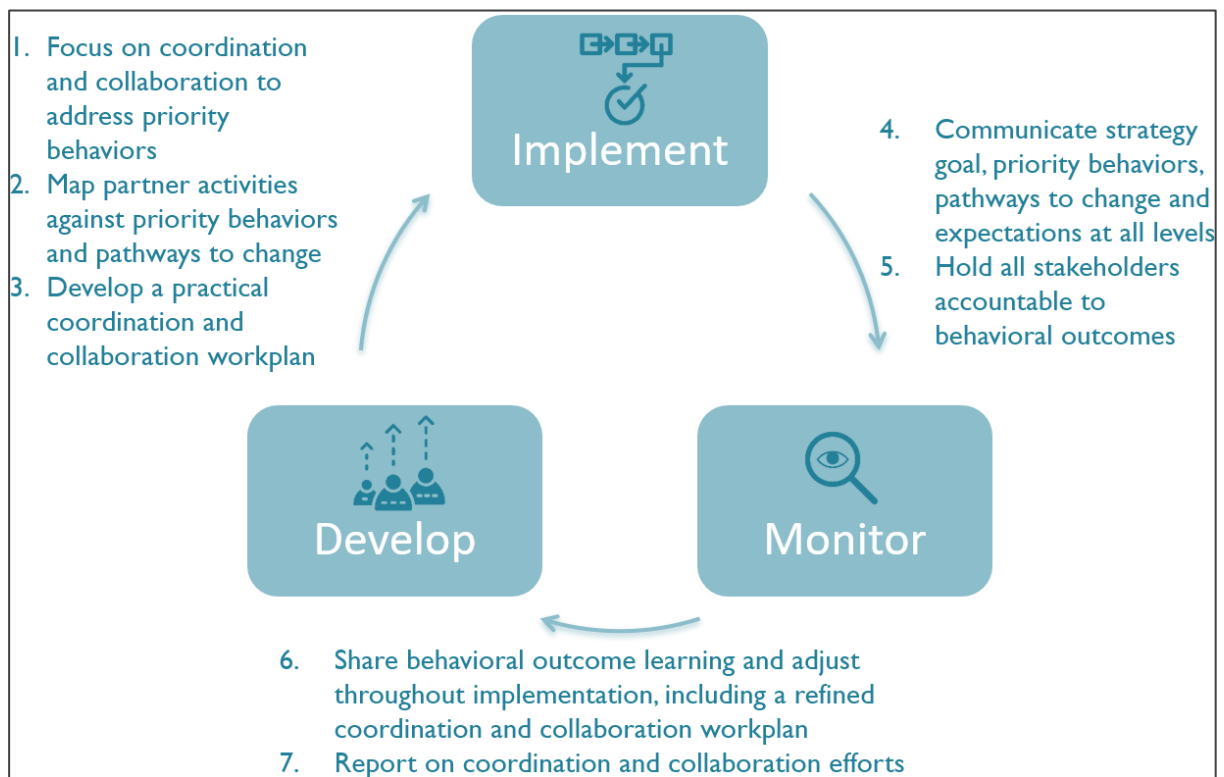

Figure 2: Elements of Effective Coordination and Collaboration

INSTRUCTIONS

PART 1: MAPPING PARTNERS AGAINST PRIORITY BEHAVIORS

1. Study Appendix B: Sample Mapping and Analysis of Partner Activities Against One Priority Behavior Using a Behavior Profile and Appendix C: Sample Mapping and Analysis of Partner Activities Against Multiple Behaviors Using a Behavior Summary to see what your end product should resemble.

2. Before you meet with partners, transfer the information from your Behavior Profile or Behavior Summary to the template, as shown in Figure 3 . This includes the behavior or bundle of behaviors, factors, actor actions, and strategies.

MAP OF ONE BEHAVIOR AGAINST PARTNER ACTIVITIES USING A BEHAVIOR PROFILE

BEHAVIOR: CAREGIVERS APPROPRIATELY MANAGE CARE FOR SIGNS AND SYMPTOMS OF MALARIA FOR CHILDREN

Partners	• Partner A, Agazi Sasa (North 1 and North 2) • Partner B, Nunzia (Southeast) • Partner C, Malaria Care for All (Southeast) • Partner D, Malaria None (Southwest)							
Factor 1: Lack of access to facilities	**Factor 2:** Inadequate provision of supplies	**Factor 3:** Lack of provider adherence to national standards	**Factor 4:** Insufficient respect on the part of providers towards clients		**Factor 5:** Strengthen existing facility maintenance	**Factor 6:** Heighten community awareness that fever requires care seeking	**Factor 7:** Strengthen belief that treatment is necessary and effective	**Factor 8:** Improve knowledge on necessity of prompt diagnosis and treatment
• Partner A, *Agazi Sasa (North 1)* • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 2)* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 2)* • Partner B, *Nunzia*	*None*		• Partner A, *Agazi Sasa (North 2)* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 2)* • Partner C, *Malaria Care for All*	• Partner A, *Agazi Sasa (North 2)* • Partner B, *Nunzia* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 1)* • Parnter D, *Malaria None*
Actor Action 1: Private sector providers engage with MOH to find suitable options	**Actor Action 2:** Logistics personnel seek information on commodities tracking	**Actor Action 3:** Policymakers review and disseminate guidelines and protocols	**Actor Action 4:** Providers treat clients with respect	**Actor Action 5:** Managers encourage providers to be respectful	*None*	**Actor Action 6:** Community leaders hold regular meetings to discuss priority health issues		**Actor Action 7:** Family members support health care seeking behaviors of caregivers
• Partner A, *Agazi Sasa (North 1)*	• Partner A, *Agazi Sasa (North 2)* • Partner B, *Nunzia* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 1 and 2)* • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D *Malaria None*	*None*	*None*	*None*	• Partner A, *Agazi Sasa (North 2)* • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*		• Partner D, *Malaria None*

Figure 3: Partially Completed Mapping Section

Complete the remaining steps with partners. Remember to map partners to behaviors first, then map them to factors, actors, and strategies to keep a clear pathway from behavior to factors, actors, and strategies.

3. Note the partners and where they work.

4. Identify and insert which partners work on which priority behaviors and where they work on this priority behavior.

5. Identify and insert which partner is working on changing which factors and where they work on that factor.

6. Identify and insert which partner is engaging which supporting actor through the actions listed and where they are engaging this actor.

7. Identify and insert which partner is carrying out which possible strategies and where they are carrying out this strategy.

8. Identify and include any additional factors, supporting actor actions, and strategies that are not included in your Behavior Profile or Behavior Summary but that partners are addressing or including, along with where they are doing this. This information will aid in the discussion around gaps and redundancies.

> **Note: It is possible that partners have identified other factors, actors, or strategies along the pathways to change that are not reflected in your Behavior Profile or Behavior Summary. It is important to capture these during your mapping to ensure that the additions are evidence-based and critical to success or to discuss eliminating them.**

PART 2: ANALYZING AND DETAILING RECOMMENDATIONS OF PARTNER MAPS

1. Once you have completed the table, review the Sample Analyses at the end of Appendix B and Appendix C as a group so that partners know what to expect.

2. Using Columns 1 and 2 of Section 3 (Mapping Analysis and Recommendations) of Appendix A: Mapping, Coordination, and Analysis Template, use the key questions to analyze the map of partners against priority behavior(s). Document the answers. See Appendix D: Sample Completed Mapping Analysis and Recommendations Template to help you complete the analysis and recommendations.

> **Note: Documenting your mapping analysis ensures that you can use this information todiscuss activities with partners later, to refine workplans, and to better coordinate activities.**

3. After analyzing the mapping, discuss possible recommendations with partners.
Use Columns 3 and 4 of Section 3 of Appendix A: Mapping, Coordination, and Analysis Template to document these recommendations.

PART 3: COORDINATING PARTNERS AGAINST PRIORITY BEHAVIORS

1. Use your mapping analysis to guide decisions on how to refine, adjust, and adapt to better coordinate and collaborate to ensure behaviors change.

2. Based on the responses to the mapping analysis and recommendations, discuss and agree on how partners might better coordinate and collaborate to ensure behavioral outcomes are met.

3. Use Section 4 (Documenting Discussions to Move Forward) of Appendix A: Mapping, Coordination, and Analysis Template to ask needed questions and document your answers.

Congratulations!

You have mapped and identified ways to coordinate your implementing partners!

Next, take a look at how to review workplans based on your Behavior Profiles.

APPENDICES

The following appendices are included with this document:

Appendix A: Mapping, Coordination, and Analysis Template

Appendix B: Sample Mapping and Analysis of Partner Activities against ONE Priority Behavior Using a Behavior Profile

Appendix C: Sample Mapping and Analysis of Partner Activities against MULTIPLE Behaviors Using a Behavior Summary

Appendix D: Sample Completed Mapping Analysis and Recommendations Template

APPENDIX A: MAPPING, COORDINATION, AND ANALYSIS TEMPLATE

SECTION 1: MAP OF ONE BEHAVIOR AGAINST PARTNERS ACTIVITIES USING A BEHAVIOR PROFILE							
BEHAVIOR:							
List of partners and locations where they are working:							
Factor 1:	**Factor 2:**	**Factor 3:**	**Factor 4:**	**Factor 5:**	**Factor 6:**	**Factor7:**	**Factor 8:**
Partners working on this factor and where:							
Actor Action 1:	**Actor Action 2:**	**Actor Action 3:**	**Actor Action 4:**	**Actor Action5:**	**Actor Action6:**	**Actor Action 7:**	**Actor Action8:**
Partners working on this actor action and where:							
Strategy 1:	**Strategy 2:**	**Strategy 3:**	**Strategy 4:**	**Strategy 5:**	**Strategy 6:**	**Strategy 7:**	**Strategy 8:**
Partners working on this strategy and where:							

| SECTION 2: MAP OF MULTIPLE BEHAVIORS AGAINST PARTNER ACTIVITIES USING A BEHAVIOR SUMMARY (SYNTHESIS OF UP TO 8 BEHAVIOR PROFILES)							
BUNDLE 1:				BUNDLE 2:			
Behavior 1:	**Behavior 2:**	**Behavior 3:**	**Behavior 4:**	**Behavior 5:**	**Behavior 6:**	**Behavior 7:**	**Behavior 8:**
Partners working on this behavior and where:							
CROSS-CUTTING FACTORS							
Factor A:			**Factor B:**			**Factor C:**	
Partners working on this factor and where:							
BEHAVIOR-SPECIFIC FACTORS							
Factor 1.1:	**Factor 1.2:**	**Factor 1.3:**	**Factor 1.4:**	**Factor 2.1:**	**Factor 2.2:**	**Factor 2.3:**	**Factor 2.4:**
Partners working on this factor and where:							
CROSS-CUTTING SUPPORTING ACTORS AND ACTIONS							
Actor Action A:		**Actor Action B:**		**Actor Action C:**		**Actor Action D:**	
Partners working on this actor action and where:							

SECTION 2: MAP OF MULTIPLE BEHAVIORS AGAINST PARTNER ACTIVITIES USING A BEHAVIOR SUMMARY (SYNTHESIS OF UP TO 8 BEHAVIOR PROFILES)

BEHAVIOR-SPECIFIC SUPPORTING ACTORS AND ACTIONS

Actor Action 1.1:	Actor Action 1.2:	Actor Action 1.3:	Actor Action 1.4:	Actor Action 1.5:	Actor Action 2.1:	Actor Action 2.2:	Actor Action 2.3:	Actor Action 2.4:	Actor Action 2.5:
Partners working on this factor and where:									

CROSS-CUTTING STRATEGIES

Strategy A:	Strategy B:	Strategy C:	Strategy D:	Strategy E:
Partners working on this strategy and where:				

BEHAVIOR-SPECIFIC STRATEGIES

Strategy 1.1:	Strategy 1.2:	Strategy 1.3:	Strategy 2.1:	Strategy 2.2:
Partners working on this factor and where:				

SECTION 3: MAPPING ANALYSIS AND RECOMMENDATIONS

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENT QUESTIONS	RECOMMENDATIONS
1) Are all priority behaviors being dealt with by at least one implementing partner?		a. If not, how do we ensure that they all get covered?	
2) Is the coverage of each behavior sufficient, or is more coverage needed?		b. If more coverage is needed, how do we ensure this coverage happens?	
3) Are all partners doing the same thing, i.e., covering the same factors, working with the same actors and their actions, and implementing the same strategies?		c. If not, why not? d. How might things be adjusted?	
4) Is this concentration needed or should/could it be redirected?		e. What needs to change?	
5) Are there factors, actors, or strategies that are not being dealt with by any partner? If so, how can you ensure that the missing factors are addressed, the missing actors are involved, and missing strategies are implemented?		f. If so, how can you ensure that the missing factors are addressed, the missing actors are involved, and missing strategies are implemented?	
6) Is any single partner working on too many things or spread too thin? Does it have sufficient resources to implement, manage, and monitor the work?		g. If it does not have sufficient resources, how can you adjust programming and activities accordingly?	
7) Are all partners working on the cross-cutting issues? If not, should they be?		h. If not, and they should they be, how would you make adjustments to programming and activities?	
8) If partners are working in the same locations, are there overlaps and redundancies to be eliminated?		i. If yes, what adjustments might be made?	
9) If partners are working in different locations, are critical factors, needed supporting actors and actions, and appropriate strategies being carried out in the locations as needed?		j. If not, how might you cover issues more effectively? k. What adjustments might be made?	
10) Are the pathways to change maintained from factor to actor to strategy?		l. If not, what adjustments might be made?	

SECTION 4: DOCUMENTING DISCUSSIONS TO MOVE FORWARD	
1. What should partners talk to each other about? (See Figure for the basics.)	
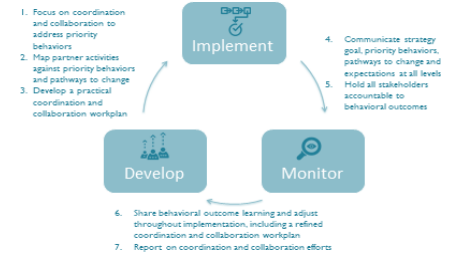
2. How can partners, as they execute different pieces of the same pathway:	
a. Talk to each other?	
b. Share resources where possible?	
c. Work in the same physical locations?	
d. Compare outcomes?	
e. Ensure gaps are filled?	
f. Achieve behavioral outcomes together?	

3. How can the program manager of the different activities whose activities have shared behavioral outcomes communicate regularly and productively with each other?

APPENDIX B: SAMPLE MAPPING AND ANALYSIS OF PARTNER ACTIVITIES AGAINST ONE PRIORITY BEHAVIOR USING A BEHAVIOR PROFILE

MAP OF ONE BEHAVIOR AGAINST PARTNER ACTIVITIES USING A BEHAVIOR PROFILE							
BEHAVIOR: CAREGIVERS APPROPRIATELY MANAGE CARE FOR SIGNS AND SYMPTOMS OF MALARIA FOR CHILDREN							
Partners	• Partner A, *Agazi Sasa* (North 1 and North 2) • Partner B, *Nunzia* (Southeast) • Partner C, *Malaria Care for All* (Southeast) • Partner D, *Malaria None* (Southwest)						
Factor 1: Lack of access to facilities	**Factor 2:** Inadequate provision of supplies	**Factor 3:** Lack of provider adherence to national standards	**Factor 4** Insufficient respect on the part of providers towards clients	**Factor 5:** Strengthen existing facility maintenance	**Factor 6:** Heighten community awareness that fever requires care seeking	**Factor 7:** Strengthen belief that treatment is necessary and effective	**Factor 8:** Improve knowledge on necessity of prompt diagnosis and treatment
• Partner A, *Agazi Sasa (North 1)* • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 2)* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 2)* • Partner B, *Nunzia*	None	• Partner A, *Agazi Sasa (North 2)* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 2)* • Partner C, *Malaria Care for All*	• Partner A, *Agazi Sasa (North 2)* • Partner B, *Nunzia* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa (North 1)* • Parnter D, *Malaria None*
Actor Action 1: Private sector providers engage with MOH to find suitable options	**Actor Action 2:** Logistics personnel seek information on commodities tracking	**Actor Action 3:** Policymakers review and disseminate guidelines and protocols	**Actor Action 4:** Providers treat clients with respect	**Actor Action 5:** Managers encourage providers to be respectful	None	**Actor Action 6:** Community leaders hold regular meetings to discuss priority health issues	**Actor Action 7:** Family members support health care seeking behaviors of caregivers
• Partner A, *Agazi Sasa (North 1)*	• Partner A, *Agazi Sasa* (North 2) • Partner B, *Nunzia* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa* (North 1 and 2) • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D *Malaria None*	None	None	None	• Partner A, *Agazi Sasa* (North 2) • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	• Partner D, *Malaria None*

MAP OF ONE BEHAVIOR AGAINST PARTNER ACTIVITIES USING A BEHAVIOR PROFILE

Strategy 1: Establish transportation systems and transport	Strategy 2: Provide vouchers for transport	Strategy 3: Institute commodities information tracking system	Strategy 4: Distribute and review national standards regularly with providers	Strategy 5: Provide hands on respectful care training and modeling	Strategy 6: Institute regular supportive supervision on respectful care practices	Strategy 7: Train staff on quality facility maintenance	Strategy 8: Carry out innovative SBCC activities	Strategy 9: Conduct community mobilization activities using context-tailored activities and materials
• Partner A, *Agazi Sasa* (North 1)	• Partner A, *Agazi Sasa* (North 1) • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa* (North 2) • Partner B, *Nunzia*	• Partner A, *Agazi Sasa* (North 1 and 2) • Partner B, *Nunzia* • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	*None*	*None*	*None*	• Partner A, *Agazi Sasa* (North 2) • Partner C, *Malaria Care for All* • Partner D, *Malaria None*	• Partner A, *Agazi Sasa* (North 1) • Partner B, , *Nunzia* • Partner D, *Malaria None*

SAMPLE MAPPING ANALYSIS

(Grayed out portion means you are not working with those questions yet. You will complete those questions when you discuss how to coordinate. See Appendix D: Sample Completed Mapping Analysis and Recommendations Template.)

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENTS QUESTIONS	RECOMMENDATIONS
1) Are all priority behaviors being dealt with by at least one partner?	The behavior is fully covered by 4 partners	a. If not, how do we ensure that they all get covered?	
2) Is the coverage of each behavior sufficient, or is more coverage needed?	Only 2 partners work in the same areas	b. If more coverage is needed, how do we ensure this coverage happens?	
3) Are all partners doing the same thing, i.e., covering the same factors, working with the same actors and their actions, and implementing the same strategies?	No one partner is working on all factors, actors, or strategies in one area. Unless research shows that something was not needed or appropriate, this is potentially diminishing the strength of our pathways to change	c. If not, why not? d. How might things be adjusted?	
4) Is this concentration needed or should/could it be redirected?	No concentration exists	e. What needs to change?	
5) Are there factors, actors, or strategies that are not being dealt with by any	*Factors:* No one is working on Factor 4	f. If so, how can you ensure that the missing factors are	

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENTS QUESTIONS	RECOMMENDATIONS
partner? If so, how can you ensure that the missing factors are addressed, the missing actors are involved, and missing strategies are implemented?	**Actors:** There is no Supporting Actor Action for Factor 2—might need to consider adding this to one or more activities While there are two Supporting Actor Actions for Factor 4, no one is involving these supporting actors **Strategies:** All partners are working on Strategy 4 No one is following up on Strategies 5, 6, or 7, and the pathway is broken as activities needed to change this behavior are not taking place	addressed, the missing actors are involved, and missing strategies are implemented?	
6) Is any single partner working on too many things or spread too thin? Does it have sufficient resources to implement, manage, and monitor the work?	Partner A is working everywhere and they have sufficient resources to carry out this work	g. If it does not have sufficient resources, how can you adjust programming and activities accordingly?	
7) Are all partners working on the cross-cutting issues? If not, should they be?	Not applicable, only focused on one behavior	h. If not, and they should they be, how would you make adjustments to programming and activities?	
8) If partners are working in the same locations, are there overlaps and redundancies to be eliminated?	North 1 and 2 have coverage. Southwest has fair coverage. Southeast, though two implementing partners working there, has limited coverage.	i. If yes, what adjustments might be made?	
9) If partners are working in different locations, are critical factors, needed supporting actors and actions, and appropriate strategies being carried out in the locations as needed?	As noted in #5, several factors, actors, and strategies are not covered, and this means they are also not being geographically covered. Additionally, Factor 3 is very important and is not sufficiently covered in North 1 and the Southwest.	j. If not, how might you cover issues more effectively? k. What adjustments might be made?	
10) Are the pathways to change maintained from factor to actor to strategy?	All pathways are broken as partners have chosen generally to work on parts (factors, actors or strategies) of the path and not the whole path. There is no cohesion from behavior to factors through actors to strategies.	l. If not, what adjustments might be made?	

APPENDIX C: SAMPLE MAPPING AND ANALYSIS OF PARTNER ACTIVITIES AGAINST MULTIPLE BEHAVIORS USING A BEHAVIOR SUMMARY

MAP OF MULTIPLE BEHAVIORS AGAINST PARTNER ACTIVITIES USING A BEHAVIOR SUMMARY (SYNTHESIS OF UP TO 8 BEHAVIOR PROFILES)							
BUNDLE 1: Caregivers adopt healthy home-based care practices (complementary feeding, feces disposal, ITN use, essential newborn care				**BUNDLE 2:** Caregivers use quality routine services (IPTp, modern contraceptive use, HIV test and treat, facility delivery)			
Behavior 1: Complementary Feeding (CF)	**Behavior 2:** Feces Disposal (FEC)	**Behavior 3:** ITN Use (ITN)	**Behavior 4:** Essential Newborn Care (ENC)	**Behavior 5:** IPTp (IPT)	**Behavior 6:** Women's Modern Contraceptive Use (WCU)	**Behavior 7:** HIV Test and Treat (HTT)	**Behavior 8:** Facility Delivery (DEL)
• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)	• Partner 4, *Project D* (East) • Partner 5, *Project E* (East)	• Partner 1, Project A (Northwest) • Partner 2, Project B (Northeast) • Partner 3, Project C (Northeast) • Partner 4, *Project D* (East)	• Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)	• Partner 2, *Project B* (Northeast)	• Partner 2, Project B (Northeast) • Partner 3, Project C (Northeast) • Partner 4, Project D (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 4, *Project D* (East)	• Partner 1, Project A (Northwest) • Partner 2, Project B (Northeast) • Partner 3, Project C (Northeast) • Partner 4, Project D (East)
CROSS-CUTTING FACTORS							
Factor A: Inadequate provider skills in interpersonal communication (ALL)			**Factor B:** Lack of societal support for healthy behaviors (ALL)			**Factor C:** Misperception of value of healthy behaviors (ALL)	
• Partner 1, *Project A* (Northwest) • Partner 4, *Project D* (East) • Partner 5, *Project E* (East)			• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)			• Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast) • Partner 5, *Project E* (East)	
BEHAVIOR-SPECIFIC FACTORS							
Factor 1.1: Unavailability of user-friendly products and services (CF, FEC, ITN)	**Factor 1.2:** Unavailability of complimentary foods (CF)	**Factor 1.3:** Lack of caregiver knowledge of newborn care (ENC)	**Factor 1.4:** Inadequate caregiver newborn care self-efficacy (ENC)	**Factor 2.1:** Lack of access to commodities (IPT, WCU)	**Factor 2.2:** High cost of products and services (HTT, DEL)	**Factor 2.3:** Inadequate user skills (WCU)	**Factor 2.4:** Insufficient women's involvement in decision making (IPT, WCU, DEL)

MAP OF MULTIPLE BEHAVIORS AGAINST PARTNER ACTIVITIES USING A BEHAVIOR SUMMARY (SYNTHESIS OF UP TO 8 BEHAVIOR PROFILES)							
• Partner 3, *Project C* (Northeast) • Partner 4, *Project D* (East) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)	• Partner 1, Project A (Northwest) • Partner 2, Project B (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 3, *Project C* (Northeast) • Partner 4, *Project D* (East)	• Partner 1, *Project A* (Northwest) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast) • Partner 4, *Project D* (East)	• Partner 3, *Project C* (Northeast) • Partner 4, *Project D* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)

CROSS-CUTTING SUPPORTING ACTORS AND ACTIONS			
Actor Action A: Policymakers review policies and develop clear guidelines and protocols (ALL)	**Actor Action B:** Providers discuss properly in a respectful manner (ALL)	**Actor Action C:** Community and religious leaders demonstrate healthy behaviors (ALL)	**Actor Action D:** Family members engage in open dialogue around healthy behaviors (ALL)
• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)	• Partner 1, *Project A* (Northwest) • *Partner 2, Project B* (Northeast) • Partner 3, *Project C* (Northeast) • Partner 4, *Project D* (East) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)	• Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast) • *Partner 5, Project E* (East)

BEHAVIOR-SPECIFIC SUPPORTING ACTORS AND ACTIONS									
Actor Action 1.1: Policymakers collaborate with private sector (CF, FEC, ITN, ENC)	**Actor Action 1.2:** Policymakers enforce laws on CLTS (FEC)	**Actor Action 1.3:** Community leaders monitor practice adoption and use data to encourage continued healthy practices (CF, FEC, ITN, ENC)	**Actor Action 1.4:** Community leaders facilitate local solutions (CF, FEC, ITN, ENC)	**Actor Action 1.5:** Male partners actively support healthy behaviors – assist, purchase, etc. (CF, FEC, ITN, ENC)	**Actor Action 2.1:** Policymakers review staffing and make recommendations (DEL)	**Actor Action 2.2:** Logistics personnel ensure proper distribution plan (IPT, WCU, HTT, DEL)	**Actor Action 2.3:** Managers encourage more outreach (HTT, DEL)	**Actor Action 2.4:** Community leaders respect women's decisions (WCU)	**Actor Action 2.5:** Community leaders encourage men to participate in health of their families (IPT, WCU, HTT, DEL)

MAP OF MULTIPLE BEHAVIORS AGAINST PARTNER ACTIVITIES USING A BEHAVIOR SUMMARY (SYNTHESIS OF UP TO 8 BEHAVIOR PROFILES)

• Partner 3, *Project C* (Northeast) Partner 4, *Project D* (East)	• Partner 4, *Project D* (East) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)	• Partner 4, *Project D* (East) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast) • Partner 4, *Project D* (East) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3,, *Project C* (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 2 *Project B* (Northeast) • Partner 3, *Project C* (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)

CROSS-CUTTING STRATEGIES

Strategy A: Strengthen institutional capacity for evidence use (ALL)	Strategy B: Institute quality routine services (ALL)	Strategy C: Strengthen supply chain (ALL)	Strategy D: Train positive influencers and champions on healthy behaviors and techniques to share with others (ALL)	Strategy E: Develop disruptive social behavior change strategies (ALL)
• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)	• *Partner 3, Project C* (Northeast) • Partner 4, *Project D* (East) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3,, *Project C* (Northeast) • Partner 4, *Project D* (East) • Partner 5, *Project E* (East)

BEHAVIOR-SPECIFIC STRATEGIES

Strategy 1.1: Cultivate partnerships (CF, FEC, ENC)	Strategy 1.2: Ensure health accountability (CF, ENC)	Strategy 1.3: Explore innovative technologies (FEC)	Strategy 2.1: Explore opportunities to improvefacility structure (DEL)	Strategy 2.2: Train and equip providers (ITP, WCU, DEL)

MAP OF MULTIPLE BEHAVIORS AGAINST PARTNER ACTIVITIES USING A BEHAVIOR SUMMARY (SYNTHESIS OF UP TO 8 BEHAVIOR PROFILES)				
• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 5, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)	• Partner 4, *Project D* (East) • Partner 5,, *Project E* (East)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast)	• Partner 1, *Project A* (Northwest) • Partner 2, *Project B* (Northeast) • Partner 3, *Project C* (Northeast)

SAMPLE MAPPING ANALYSIS

[Grayed out portion means you are not working with these questions yet. You will complete those questions when you discuss how to coordinate. See Appendix D: Sample Completed Mapping Analysis and Recommendations Template.]

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENTS QUESTIONS	RECOMMENDATIONS
1) Are all priority behaviors being dealt with by at least one partner?	All behaviors are covered ENC has large coverage with a couple of partners addressing the factors, even though ENC is not one of their behaviors (Partner 1, Partner 4)	a. If not, how do we ensure that they all get covered?	
2) Is the coverage of each behavior sufficient, or is more coverage needed?	IPTp may be insufficiently covered in the Northeast	b. If more coverage is needed, how do we ensure this coverage happens?	
3) Are all partners doing the same thing, i.e. covering the same factors, working with the same actors and their actions, and implementing the same strategies?	No one partner is working on all factors, actors, or strategies in one area. Unless research shows that something was not needed or appropriate, this is potentially diminishing the strength of our pathways to change	c. If not, why not? d. How might things be adjusted?	
4) Is this concentration needed or should/could it be redirected?	No concentration exists	e. What needs to change?	
5) Are there factors, actors, or strategies that are not being dealt with by any partner? If so, how can you ensure that the missing factors are addressed, the missing actors are involved, and missing strategies are implemented?	***Factors:*** ~ Factor 1.1 may be insufficiently addressed given that it cuts across three behaviors in the bundle ~ Partner 2 is not addressing Factor 2.1, even though IPTp is one of their behaviors, while two other partners that don't have IPTp are addressing it (Partner 1, Partner 5) ***Actor Actions:*** ~ Only two organizations are involving Supporting Actor Action 1.1, though it is important to all Bundle 1 behaviors ~ Only two organizations are involving Supporting Actor Action 1.1, though it is important to all Bundle 1 behaviors	f. If so, how can you ensure that the missing factors are addressed, the missing actors are involved and missing strategies are implemented?	

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENTS QUESTIONS	RECOMMENDATIONS
	~ Only two organizations are involving Supporting Actor Action 1.4, though it relates to other behaviors as well (CF, ITN, ENC) ~ Supporting Actor Action 2.4 has Partner 1 involving this actor even though it doesn't work on the related behavior, and Partner 4 who does work on this behavior is not involving this actor and action ~ Supporting Actor Action 2.5 on male involvement is relevant to all Bundle 2 behaviors, however only two organizations are involving this actor and action, not Partner 3, Partner 5, or Partner 4. *Strategies:* ~ Not all partners are implementing all cross-cutting strategies for all behaviors ~ Strategy 2.1 is not being implemented by Partner 3 or Partner 4, though it is relevant to their behaviors. ~ Strategy 2.2 is not being implemented by Local Solutions, though it is relevant to Partner 4's behavior		
6) Is any single partner working on too many things or spread too thin? Does it have sufficient resources to implement, manage, and monitor the work?	Partner 1 is working in several places, but has sufficient resources. Partner 3 is working on several behaviors across several pathways. Its resources for this work should be reassessed.	g. If it does not have sufficient resources, how can you adjust programming and activities accordingly?	
7) Are all partners working on the cross-cutting issues? If not, should they be?	Potentially insufficient coverage of cross-cutting factors—not all addressing them even though they are critical to all behaviors Not all are involving all cross-cutting Supporting Actor Actions, even though all actions are critical to all behaviors	h. If not, and they should they be, how would you make adjustments to programming and activities?	
8) If partners are working in the same locations, are there overlaps and redundancies to be eliminated?	Some overlaps for Complementary Feeding, Essential Newborn Care, and Facility Delivery, but given the magnitude of the problem in these geographic areas, it seems appropriate. However, ITN use coverage in the Northeast appears to be too much, reconsider this work. Actor Action B appears to be carried out by all. Need to understand specific activities being carried out to assess whether redundant or overlapping.	i. If yes, what adjustments might be made?	
9) If partners are working in different locations, are critical factors, needed supporting actors and actions,	As noted in #5, several factors, actors, and strategies are not covered and this means they are also not being geographically covered.	j. If not, how might you cover issues more effectively? k. What adjustments might be	

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENTS QUESTIONS	RECOMMENDATIONS
and appropriate strategies being carried out in the locations as needed?	IPTp has limited coverage in the Northeast, but statistics show significant challenges as well in the Northwest and East. No coverage of Cross-cutting Factor B in the East. No coverage of Cross-cutting Actor C in the East. No coverage of Cross-cutting Strategy C in the East. In general, the East is not well covered for needed factors, actors, or strategies.	made?	
10) Are the pathways to change maintained from factor to actor to strategy?	All pathways are broken as partners have chosen generally to work on parts (factors, actors, or strategies) of the path and not the whole path. There is no cohesion from behavior to factors through actors to strategies.	I. If not, what adjustments might be made?	

APPENDIX D: SAMPLE COMPLETED MAPPING ANALYSIS AND RECOMMENDATIONS TEMPLATE

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENTS QUESTIONS	RECOMMENDATIONS
1) Are all priority behaviors being dealt with by at least one partner?	The behavior is fully covered by 4 partners	a. If not, how do we ensure that they all get covered?	No recommendation
2) Is the coverage of each behavior sufficient, or is more coverage needed?	Only 2 partners work in the same areas	b. If more coverage is needed, how do we ensure this coverage happens?	Coverage appears to be good for the behavior mapped, no recommendation
3) Are all partners doing the same thing, i.e. covering the same factors, working with the same actors and their actions, and implementing the same strategies?	No one partner is working on all factors, actors or strategies in one area. Unless research shows that something was not needed or appropriate, this is potentially diminishing the strength of our pathways to change	c. If not, why not? d. How might things be adjusted?	Unclear why partners are not following a clear pathway to change. Need to discuss with each where they can begin to address all parts of the pathway, even switching from another partial pathway to complete it. Consider assigning a full pathway to each partner.
4) Is this concentration needed or should/could it be redirected?	No concentration exists	e. What needs to change?	See # 3 above
5) Are there factors, actors, or strategies that are not being dealt with by any partner? If so, how can you ensure that the missing factors are addressed, the missing actors are involved, and missing strategies are implemented?	*Factors:* No one is working on Factor 4 *Actors:* There is no Supporting Actor Action for Factor 2—might need to consider adding this to one or more [of the] activities While there are two Supporting Actor Actions for Factor 4, no one is involving these supporting actors *Strategies:* All partners are working on Strategy 4. No one is following up on Strategies 5, 6, or 7, and the pathway is broken as activities needed to change this behavior are not taking place	f. If so, how can you ensure that the missing factors are addressed, the missing actors are involved and missing strategies are implemented?	See # 3 above
6) Is any single partner working on too many things or spread too thin? Does it have sufficient resources to implement, manage, and monitor the work?	Partner 1 is working everywhere and they have sufficient resources to carry out this work	g. If it does not have sufficient resources, how can you adjust programming and activities accordingly?	No adjustments needed
7) Are all partners working on the cross-cutting issues? If not, should they be?	Not applicable, only focused on one behavior	h. If not, and they should they be, how would you make adjustments to programming and activities?	Not applicable

MAPPING ANALYSIS QUESTIONS	MAPPING ANALYSIS	ADJUSTMENTS QUESTIONS	RECOMMENDATIONS
8) If partners are working in the same locations, are there overlaps and redundancies to be eliminated?	North 1 and 2 have coverage. Southwest has fair coverage. Southeast, though two partners working there, has limited coverage.	i. If yes, what adjustments might be made?	When considering recommendation #d above, ensure that geographic areas are covered where the behavior needs to change. Consider assigning more than one pathway to a partner (within the time and resources available) within the same geographic area or the same pathways in a couple of geographic areas if they are working there already.
9) If partners are working in different locations, are critical factors, needed supporting actors and actions, and appropriate strategies being carried out in the locations as needed?	As noted in #5, several factors, actors, and strategies are not covered and this means they are also not being geographically covered. Additionally, Factor 3 is very important and is not sufficiently covered in North 1 and the Southwest.	j. If not, how might you cover issues more effectively? k. What adjustments might be made?	See #d and #i above
10) Are the pathways to change maintained from factor to actor to strategy?	All pathways are broken as partners have chosen generally to work on parts (factors, actors or strategies) of the path and not the whole path. There is no cohesion from behavior to factors through actors to strategies.	l. If not, what adjustments might be made?	See #d and #i above. Assigning pathways by partner could ensure that the pathways are maintained and that all the elements needed are in the same place at the same time for the same primary actor.