



Think | BIG

Behavior Integration Guidance

SUMMARIZE BEHAVIORS

<http://www.thinkbigonline.org>

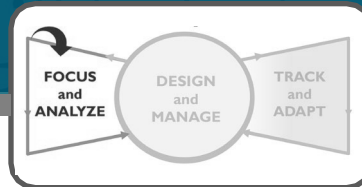


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OVERVIEW

WHY SUMMARIZE YOUR BEHAVIOR PROFILES INTO A BEHAVIOR SUMMARY?

A Behavior Summary allows you to easily see commonalities and differences across behaviors to enable easy “translation” of your Behavior Profiles into strategy and procurement design, and to manage implementation. Although the detailed Behavior Profile created for each of your priority behaviors is critical for understanding the specific pathways to change each behavior, that level of analysis is often too detailed for strategic purposes.

See Appendix A to learn how to read a Behavior Summary.

INTENDED USERS

Anyone who has developed a list of priority behaviors, two or more corresponding Behavior Profiles, and needs to use those Behavior Profiles to effectively design a strategy or procurement. After the design is complete and being implemented, the Behavior Summary can also be used to manage funded activities and collaborate with multiple implementing partners working on these priority behaviors.

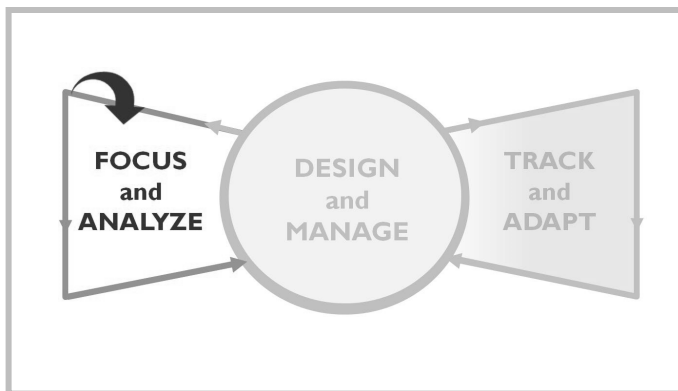


Figure 1: Where Summarize Fits into Think | BIG

Creating a Behavior Summary is the fourth and final step in “**Focus and Analyze**” (the fundamental step of Think | BIG on which all subsequent strategy, design, management, and implementation is built) Figure 1 shows where summarize fits into Think | BIG.

HOW THIS FITS INTO THINK | BIG

Creating a Behavior Summary is the fourth and final step in “**Focus and Analyze**” (the fundamental step of Think | BIG on which all subsequent strategy, design, management, and implementation is built)

ESTIMATED TIME NEEDED

2 to 4 hours maximum, depending on how many Behavior Profiles you have and whether you have a team whose members can each summarize individual bundles.

SAMPLES INCLUDED

- Appendix C: Health Behavior Summary (unmerged version)
- Appendix D: Health Behavior Summary (fully merged version)
- Appendix E: Democracy and Governance Behavior Summary

TEMPLATES INCLUDED

- Appendix G: Behavior Summary Template

LIST OF MATERIALS NEEDED

Materials needed depend on whether you are working in a team or individually and how you choose to organize yourself to summarize, see “Tips for Organizing your Behavior Summary Work” in Appendix B, which also includes examples of what the bundling process might look like..

1. Priority behaviors, each listed on an individual sheet of A4 paper
2. Masking tape, if working as a team
3. Flipchart paper, if working as a team
4. Blank pieces of A4 paper
5. Markers
6. Sticky notes
7. Scissors
8. Highlighters in different colors
9. Copies of all priority Behavior Profiles for each person participating in developing the Behavior Summary
10. Four copies of the blank Behavior Summary template

INSTRUCTIONS

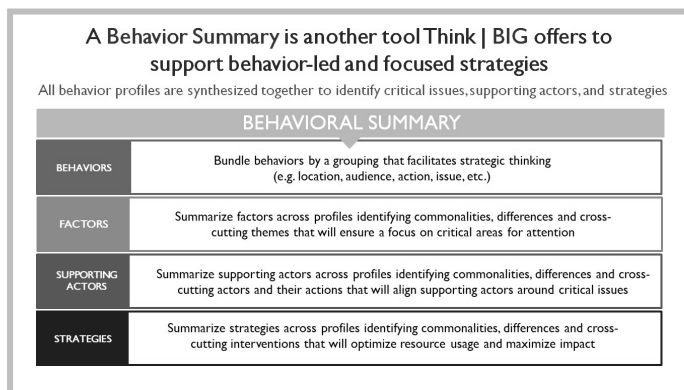


Figure 2: Overview of Summarize Action

AT-A-GLANCE

You will need to (1) bundle your priority behaviors, (2) summarize your factors within a bundle and across bundles, (3) summarize your supporting actors and their actions within a bundle and across bundles, and (4) summarize your strategies within a bundle and across bundles. Figure 2 provides an overview of the Summarize action.

Note: Full-size versions of Figures 2 through 9 are included in Appendix F.

PART I: BUNDLE YOUR PRIORITY BEHAVIORS

WHY BUNDLE YOUR PRIORITY BEHAVIORS? Now that you have prioritized your behaviors and developed your Behavior Profiles (Actions 1 and 2 of Think | BIG), it is important that you bundle or group your behaviors together into like-types so you can better design procurements and manage their implementation.

1. Write all of your priority behaviors on A4 sheets of paper or stickie notes and put them on the table in front of you or the team.
2. As a team, decide how you want to group these behaviors into “bundles”. Behaviors can be bundled by location (e.g., home-based, facility-based, North, South), by audience (e.g., mothers of children under five, pregnant women, voting citizens), by topic (e.g., malaria, conflict, reproductive health), or other theme, depending on the needs of your program, project, or activity.
3. Write each chosen “bundle name” on pieces of A4 paper or stickie notes and post on the wall or place out on the table.

Sorting your Behaviors by Bundle – Health Example

HOME-BASED PRACTICES	FACILITY-BASED PRACTICES
Caregivers provide essential newborn care immediately after birth	Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits
Pregnant women and children sleep under an insecticide-treated net (ITN)	Pregnant women deliver in a health facility with an equipped, qualified provider
Women of reproductive age consume a diverse, nutritious diet	Caregivers seek prompt and appropriate care for signs and symptoms of newborn illness
Family members safely dispose of human feces	Sexually active adolescents use a modern contraceptive method to delay first birth until after age 18
Caregivers feed adequate amounts of nutritious, age-appropriate foods to children from 6 to 24 months of age, while continuing to breastfeed	People including MSM, FSW, and those at higher risk, seek out HIV testing at least once per year and, if positive, enroll in treatment

Figure 4: Sample Health Behaviors Bundled

Sorting your Behaviors by Bundle – DRG Example

CONFLICT	GOVERNANCE AND ACCOUNTABILITY
Citizens in conflict-prone areas adopt mechanisms to prevent conflict	Citizens demand quality public services
Citizens in conflict-prone areas adopt mechanisms to respond to conflict	Citizens participate in local governance
	Citizens participate in free, fair and transparent electoral processes at all levels

Figure 3: Sample DRG Behaviors Bundled

Note: You should have a maximum of 4 bundles when you have finished.

Note: You can have only one bundle, if you feel all behaviors should stay together.

- Take the A4 sheets or sticky notes with the priority behaviors written and place them under the bundles you have decided upon, such as home-based healthy practices, conflict, etc. by posting on the wall under the bundle name sign if in a group or placing each priority behavior stickie with the bundle name stickie on the table. Figures 3 and 4 show samples of how behaviors have been bundled, and Appendix A provides photos of this step.

Note: Behaviors should only go into one bundle. They should not be represented in more than one place. You will be able to see commonalities across behaviors and bundles clearly in this way and avoid unnecessary confusion.

- Organize the corresponding Behavior Profiles together with the Bundle Name and distribute one to each team or put them in separate piles if you are working by yourself.

PART 2: SUMMARIZE YOUR FACTORS, SUPPORTING ACTOR ACTIONS, AND STRATEGIES WITHIN A BUNDLE

WHY SUMMARIZE YOUR FACTORS, SUPPORTING ACTOR ACTIONS AND STRATEGIES WITHIN A BUNDLE? Summarizing allows you to see the larger strategic picture and makes it possible to eventually translate factors, supporting actors and strategies into common, cohesive results, while still maintaining appropriate differences between the behaviors.

- Select one bundle and start by looking at **only** the factors column. First, look at the structural factors and determine how you might combine or collapse similar factors within the bundle.
- As you will see in Figure 5, the different colored circles have highlighted several like factors that could be summarized together Appendix E provides full size inserts.

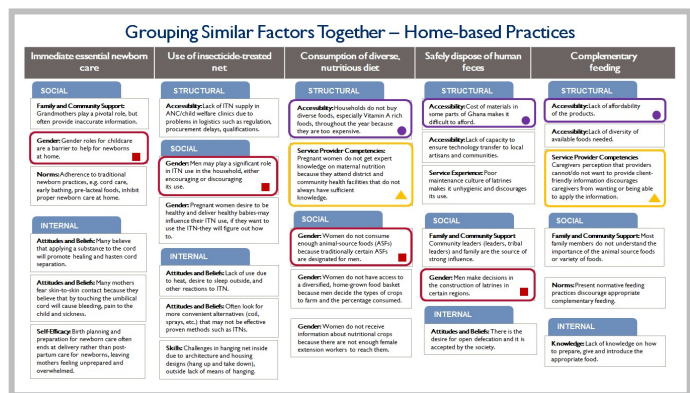


Figure 5: Grouping Similar Health Factors Together Within a Bundle

- Once you have grouped similar factors together, give that group of factors a summary phrase that relates to all of the factors, e.g., lack of access to products, insufficient engagement of youth in activities, etc. Appendices C, D, and E provide examples of summary phrases that can be used.

Note: Remember to always note which behaviors are reflected in summary phrases. Appendices D and E provide an example of how to show this.

Note: If you have a factor, supporting actor and action, or strategy that is completely unique to a particular behavior, just rewrite it as a summary phrase. It is not necessary that all items be grouped and summarized. Where appropriate, group and summarize; where not, leave them separate to capture their uniqueness.

Note: It is fine to have only a few factors summarized together. It just indicates that the behaviors in your bundle have differences and cannot be combined. This is okay.

Note: When you begin to summarize, if you find that some of your Behavior Profiles are not as strong or as clear as they need to be, go back and refine them, print the new profiles and continue summarizing. Summarizing can often help you see where your initial analysis and thinking can be strengthened and improved. Feel free to go back and do so.

4. Write your summary phrase for the grouped set of factors in the space provided on the Behavior Summary template (Appendix G) so that you are completing your Behavior Summary as you go.
5. Repeat Steps 1-4 until you have completed grouping and developed a summary phrase for all factors in each category (structural, social, internal).

Note: If you have a team, you can break up the work so that some people work on summarizing structural factors, another group works on summarizing social factors, and a final group works on summarizing internal factors. Or you can have one group work on summarizing factors, one work on summarizing supporting actors and one group work on summarizing strategies.

6. Repeat Steps 1- 5 for your next bundle and continue on in this way until you have completed summarizing the factors for all behavior bundles.

7. Using steps 1-6, summarize your supporting actor and their actions in the same way, moving through institutional, community and household supporting actors. Continue until you have completed summarizing all your supporting actors and their actions for each of your behavior bundles. Figure 6 shows, by the colored circles, how

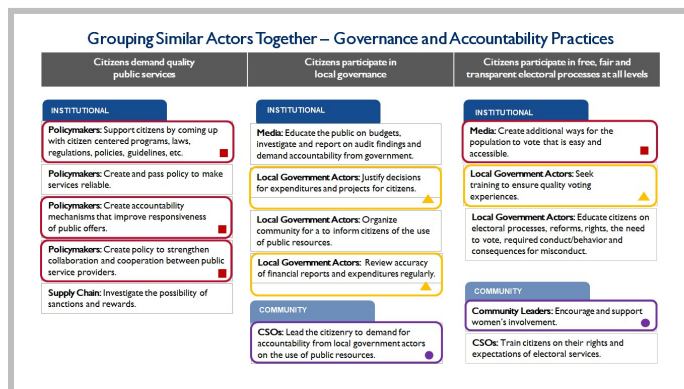


Figure 6: Grouping Similar DRG Actors Together Within a Bundle

similar actors could be grouped for summarizing. Full size inserts are found in Appendix F.

- Using steps 1- 6, summarize your strategies in the same way; until you have completed summarizing all your strategies for all of your behavior bundles. Remember to summarize all of the enabling environment,

systems, products, and services, and demand and use strategies. Figure 7 shows, by the colored circles, how similar strategies could be grouped for summarizing.



Figure 7: Grouping Similar Health Strategies Together Within a Bundle

PART 3: MERGE COMMON SUMMARIZED FACTORS, ACTORS, AND STRATEGIES ACROSS BUNDLES

WHY MERGE COMMON SUMMARIZED FACTORS, SUPPORTING ACTOR ACTIONS AND STRATEGIES ACROSS BUNDLES?

Merging your summarized factors, supporting actors, and strategies across behavior bundles allows you to identify cross-cutting issues that impact on multiple behaviors. Identifying cross-cutting issues enables you to increase efficiencies across activities by reducing redundancies and ensuring that the elements needed to change behaviors will exist at the same time in the same place with the same audiences.

- Starting with factors, look to see if any summary phrase falls within more than one of your bundles, for example, “access to needed products” might fall into all your bundles. If so, this is a cross-cutting factor for all your behaviors. Figure 8 shows how you can highlight cross-cutting factors, supporting actors and strategies in your Behavior Summary.

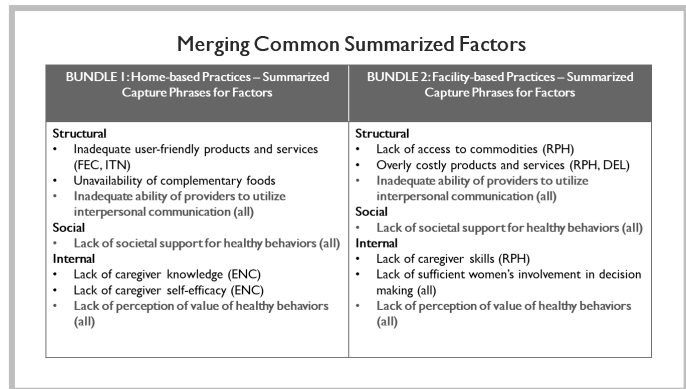


Figure 8: Merging Common Summarized Factors

Figure 9 demonstrates how you can then represent those cross-cutting factors, supporting actors, and strategies in the final version of your Behavior Summary.

Note: You can find additional samples of highlighted cross-cutting supporting actors and strategies, unmerged and merged, in the final Behavior Summary in Appendices C and D.

2. Now look at your supporting actors and their actions, to see if any summary phrase falls within more than one of your bundles, repeating Step 1. If yes, follow samples provided in Figure 8 and Figure 9 to demonstrate that it is cross-cutting.
3. Finish the merging process by looking at the strategies across bundles and repeat the process completed in Step 1 to merge similar strategies.

Merged Cross-cutting Factors	
BUNDLE 1: Home-based Practices – Summarized Capture Phrases for Factors	BUNDLE 2: Facility-based Practices – Summarized Capture Phrases for Factors
Structural <ul style="list-style-type: none"> • Inadequate user-friendly products and services (FEC, ITN) • Unavailability of complementary foods Internal <ul style="list-style-type: none"> • Lack of caregiver knowledge (ENC) • Lack of caregiver self-efficacy (ENC) 	Structural <ul style="list-style-type: none"> • Lack of access to commodities (RPH) • Overly costly products and services (RPH, DEL) Internal <ul style="list-style-type: none"> • Lack of caregiver skills (RPH) • Lack of sufficient women's involvement in decision making (all)
Cross-cutting Factors (across all behavior bundles) <ul style="list-style-type: none"> • Structural: Inadequate ability of providers to utilize interpersonal communication (all) • Social: Lack of societal support for healthy behaviors (all) • Internal: Lack of perception of value of healthy behaviors (all) 	

Figure 9: Merged Cross-cutting Factors

PART 4: REVIEW AND REFINE FINAL BEHAVIOR SUMMARY

1. Refine language as needed to ensure that someone unfamiliar with your topic or behaviors could pick up this Behavior Summary and understand what you are talking about.
2. Take your final merged Behavior Summary and review cross-cutting factors, supporting actors and actions, and strategies and ensure that:
 - a. you have captured everything;
 - b. the language is clear and understandable;
 - c. you feel proud and ready to share this document; and
 - d. the document can stand on its own without explanation.
3. Ensure that all factors, actors, and strategies also have the behaviors to which they are associated noted. Appendices C, D, and E provide examples of how you can do this.
4. Type up all final decisions into the provided Behavior Summary template (Appendix G).

Congratulations!

You now have a Behavior Summary that you can use to design a strategy or procurement and manage implementation.

To see how to use your Behavior Summary, refer to Designing Behaviorally-Focused Procurement Mechanisms and other tools at <https://thinkbigonline.org/tools>.

APPENDICES

The following appendices are included with this document:

Appendix A: How to Read a Behavior Summary

Appendix B: Tips for Organizing your Behavior Summary Work

Appendix C: Health Behavior Summary (unmerged version)

Appendix D: Health Behavior Summary (fully merged version)

Appendix E: Democracy and Governance Behavior Summary

Appendix F: Full Size Inserts of Instruction Figures

Appendix G: Behavior Summary Template

APPENDIX A: HOW TO READ A BEHAVIOR SUMMARY

A Behavior Summary is one of the tools Think | BIG (Behavior Integration Guidance) offers to support behavior-led and -focused strategies. A Behavior Summary is created by synthesizing the elements of multiple Behavior Profiles into a single document. Behavior Summaries allow you to more easily identify the common factors, supporting actors, and strategies that appear across your Behavior Profiles. In turn, making it easier to maximize your impact by targeting your resources where they'll have the greatest effect and reducing redundancy in your programming.

A Behavior Summary is broken into four main sections: bundles of behaviors, factors, supporting actors and their actions, and strategies. These summaries also include both unique and cross-cutting items. Unique items are those that only appear in one bundle of the Behavior Summary. Cross-cutting items are those that appear in two or more bundles of behaviors.

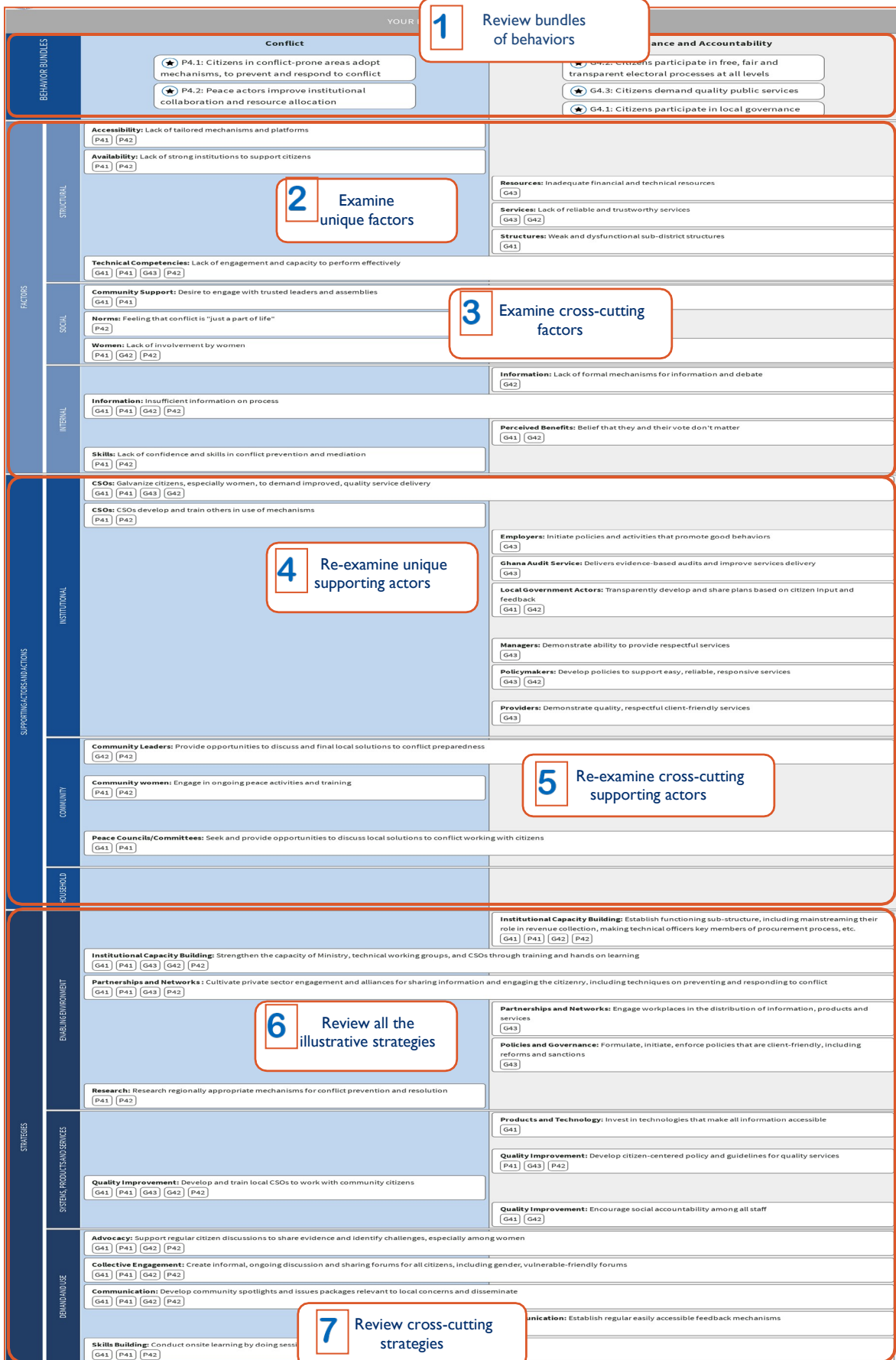
The illustration on the following page depicts a Behavior Summary with only two bundles of behaviors, but a Behavior Summary can contain up to four bundles.

Follow the steps below to learn how to read a Behavior Summary. Note that each step number corresponds to the relevant section of the Behavior Summary graphic.

1. Review the behaviors that have been bundled and the behaviors that make up that bundle. The titles of these bundles help frame language around both the individual behaviors and the bundles they fall into.
2. Examine the unique factors by bundle, those that cannot be combined with any other factors and must be considered in your strategy or your activities individually.
3. Review the cross-cutting factors in the Behavior Summary, those that have been combined with other factors that you can considered as a package in your strategy or your activities.

Note: Both unique factors and cross-cutting factors should be included in any resulting strategy or procurement documents. The goal is to collapse like your categories as much as possible without losing meaningful specificity.

4. Re-examine the unique supporting actors and their actions that fall within each bundle, those that cannot be combined with any other actors and must be considered in your strategy or your activities individually.
5. As before, re-examine the cross-cutting supporting actors and their actions that will be important to your strategy or procurement, those that have been combined with other actors that you can considered as a package in your strategy or your activities.
6. Review all of the illustrative strategies that could effectively engage the supporting actors to address the factors in your Behavior Summary, as reviewed in steps 2-5. This is an essential step in helping ensure that a primary actor could successfully adopt the behaviors.
7. Finally, repeat step 6 for all of the cross-cutting strategies, those you can considered as a package in your activities.



APPENDIX B: TIPS FOR ORGANIZING YOUR BEHAVIOR SUMMARY WORK

Note: These are tips to help you, not rules! Feel free to use any method that works well for you.

A.1: ORGANIZING YOUR BUNDLING TASK

Individually

- Use Post-it Notes for your bundle names and priority behaviors (Image A). This will allow you to move them around easily and change your mind as you see things together.
- Use A4 paper for your bundle names and half of a piece of A4 for priority behaviors (Image B). This will allow you to move them around easily, tape them to the wall, and move around the room to change your perspective as you see things together.

As a Team

- Use half a piece of A4 paper for priority behaviors.
- Post your priority behavior sheets on the wall and allow team members to group, regroup, and discuss bundles (Image B).
- As decisions are made, write the possible bundle names on A4 paper.
- Post all bundle name choices on the wall and group the priority behaviors under them, moving them around as discussions take place (Image C).
- Allow team members time to discuss with each other, or let team members identify which bundle they feel each behavior belongs to individually first, using colored markers or stickers to note their choices, then discuss as a group (Image D).
- Agree on final bundle names and priority behaviors that go under that bundle. If there is not a consensus, vote on final bundle names and placement of priority behaviors.

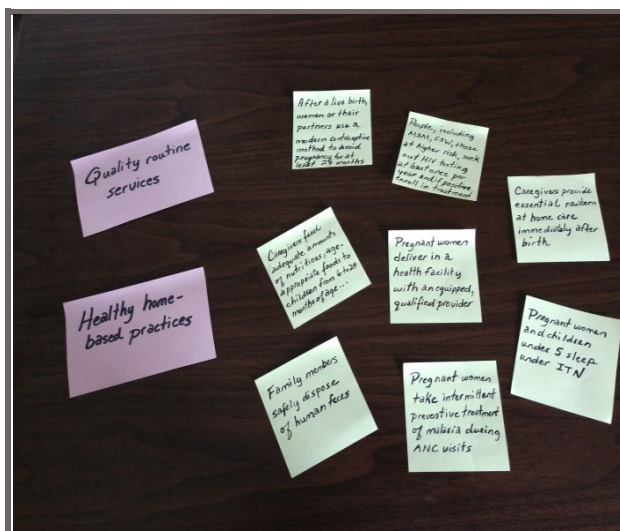


Image A: Post-it Notes with bundle names (pink) and priority behaviors (yellow) - unsorted

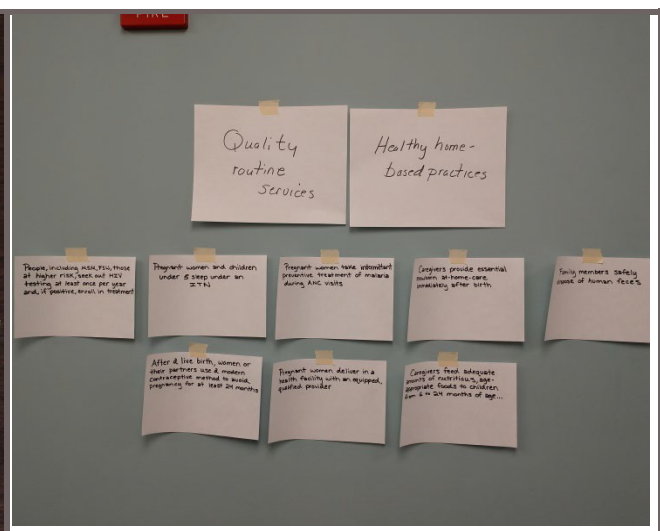


Image B: A4 paper with bundle names (on the top) and priority behaviors (on the bottom) - unsorted

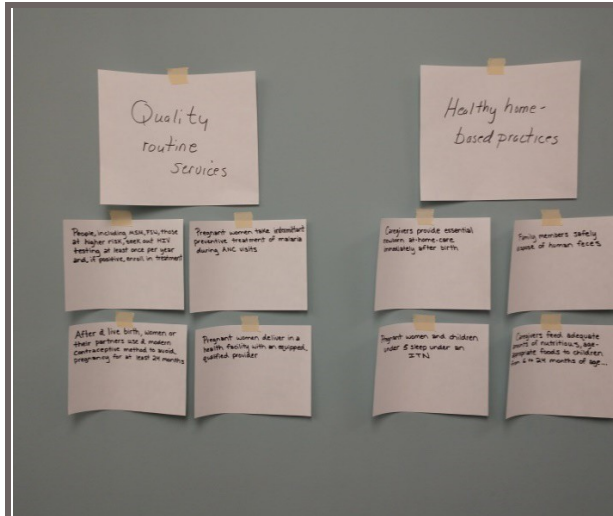


Image C: A4 paper with bundle names (on top) and priority behaviors (on bottom) - behaviors sorted by bundle

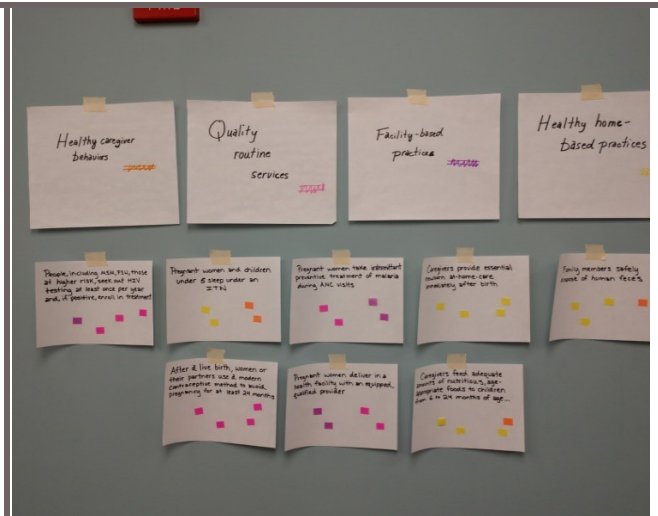


Image D: A4 paper with color-coded bundle names (on top) of all bundles discussed and priority behaviors (on bottom) with color stickers that match to which bundle people thought each priority behavior belonged (number of color stickers indicates votes from 4 team members, each member allowed one vote per behavior)

A.2: ORGANIZING YOUR SUMMARIZING TASK

Individually

Print one copy of each of the needed Behavior Profiles. Using one of the options below, sort the factors, supporting actors, and strategies for the behaviors that fall within each bundle:

Option 1:

- Cut apart the columns of factors, supporting actors, and strategies (Image E), writing the behavior at the top of each column.
- Lay each factor column in the same bundle, next to each other, and work through the process, identifying and writing a summary phrase for common factors. At the end of each summary phrase, include the behaviors that are captured there in parentheses.
- Repeat with the supporting actors and strategies.

Option 2:

- Cut apart each column of factors, and then each individual factor (Image F), noting on each piece the behavior and factor category (i.e., structural, social, and internal).
- Take all factors for one bundle and lay them out on the table. Sort them into groups that make sense. Write the summary phrase for each group, including the behaviors that are captured there, in parentheses.
- Repeat with the supporting actors and strategies.

Option 3:

- Fold each Behavior Profile (Image G) so that you can only see the factor column.
- Lay each factor column in the same bundle next to each other and work through the process, identifying common factors and writing a summary phrase for each group, including the behaviors that are captured there, in parentheses.
- Repeat for supporting actors and strategies.

Option 4:

- With no cutting or folding, take one bundle of Behavior Profiles (Image H). Lay them out on a table. Highlight common factors across behaviors within that bundle using different color highlighters (similar to the example in Appendix D where we circled in different colors factors that were in common).
- Create a “key” that contains the color, its summary phrase, and the behaviors it includes.
- Repeat for supporting actors and strategies.

As a Team

- Use any of the options suggested under “Individually,” but assign tasks to small groups of 2-3 (depending on the size of your team).
- Remember throughout to include the behaviors that are captured in the summary phrase in parenthesis at the end.
- Have one small group summarize factors, one group summarize supporting actors, and one group summarize strategies. Compile and discuss results as a full team and finalize summary phrases.
- Have one small group work on structural factors, one group on social factors, and one group work on internal factors. Compile, discuss, and finalize. Divide and conquer supporting actors in the same way, with one group working on institutional actors, one group working on community actors, and one group on household actors. Repeat with strategies: one group works on enabling environment; one works on systems, products and services; and a third group works on demand and use. Discuss and finalize all summary phrases as a full group.
- However you choose to organize the teams to summarize the Behavior Profiles, have each small group write their results on flipchart paper so that you can easily use the summary phrases as you undertake the merging task.

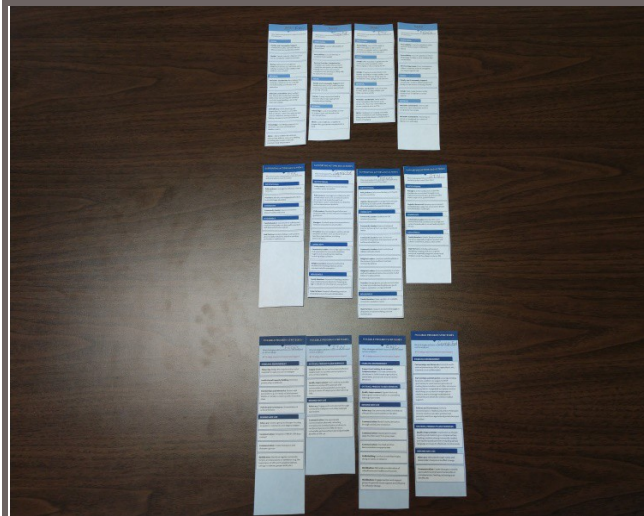


Image E: Option 1: All priority Behavior Profile factor, actor and strategies columns cut apart and laid side-by-side for comparisons and summarizing

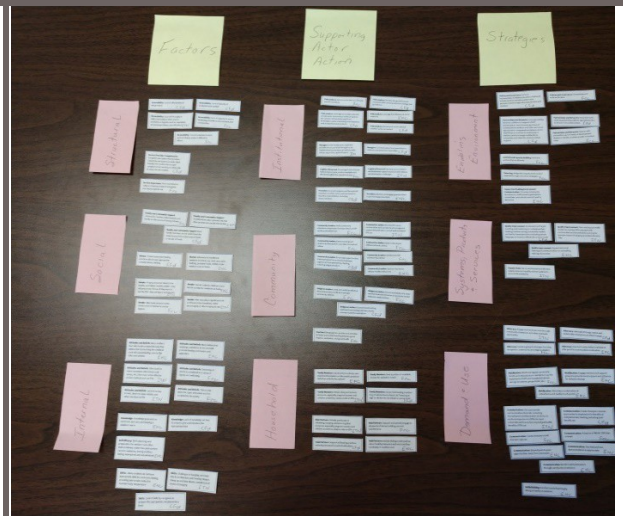


Image F: Option 2: Factor, actor and strategy pieces cut apart and organized together for all priority Behavior Profiles to facilitate comparisons and summarizing

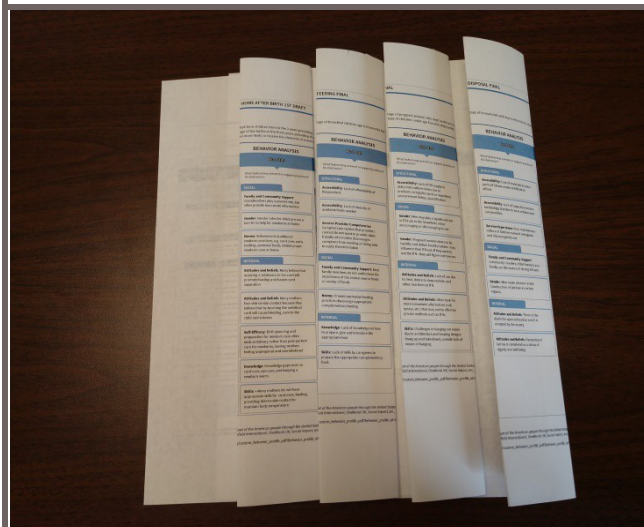


Image G: Option 3: All priority Behavior Profiles folded to the same column for easy comparisons and summarizing

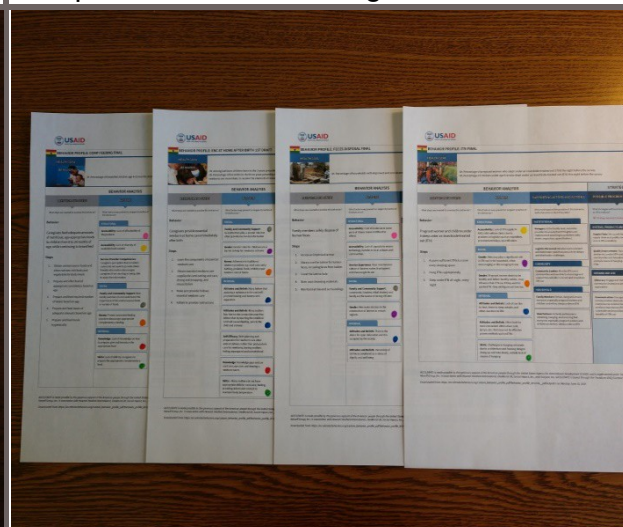


Image H: Option 4: All priority Behavior Profiles laid side-by-side and color dots indicating commonalities for summarizing

A.3: ORGANIZING YOUR MERGING TASK

Individually

- As you merge summary phrases across bundles, remember to include the behaviors that are captured in the summary phrase in parenthesis at the end.
- Look at all of the summary phrases.
- Circle or highlight factor summary phrases (Image I) that are comparable and that you wish to merge, using different colors for those that are similar.

- On a clean Behavior Summary template (Appendix E), write the merged summary phrase on the template in the space that says “cross-cutting.”
- For those that you cannot merge, copy the summary phrases onto the template.
- Repeat for supporting actors and strategies.

As a team

- Using the flipchart pages that you produced when you summarized factors, supporting actors, and strategies (Image J), put the summary phrases for factors for the bundles you have side-by-side on the wall so that the team can see everything at once.
- Ask team members for commonalities among the lists. Circle those that are similar, using different colored markers (Figure K).
- On a new piece of flipchart paper, write a summary phrase for factors (Image L) that the bundles have in common (see Appendix B for a sample of what this looks like before the merge, and Appendix C for a sample of what this looks like after the merge).
- Remember throughout to include the behaviors that are captured in the summary phrase in parenthesis (Image M) at the end for the now merged summary phrases across bundles.
- Repeat for supporting actors and for strategies.
- Discuss, finalize, and transfer content to the Behavior Summary template (Appendix E).

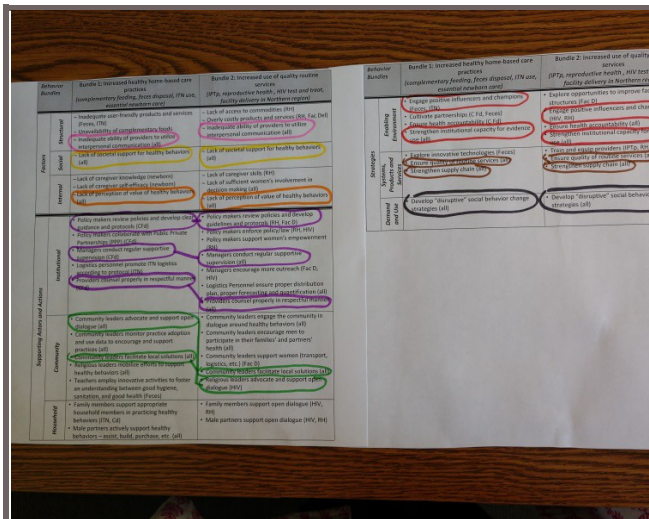


Image I: Common factors, actor actions, and strategies circled in different colors to distinguish and summarize cross-cutting

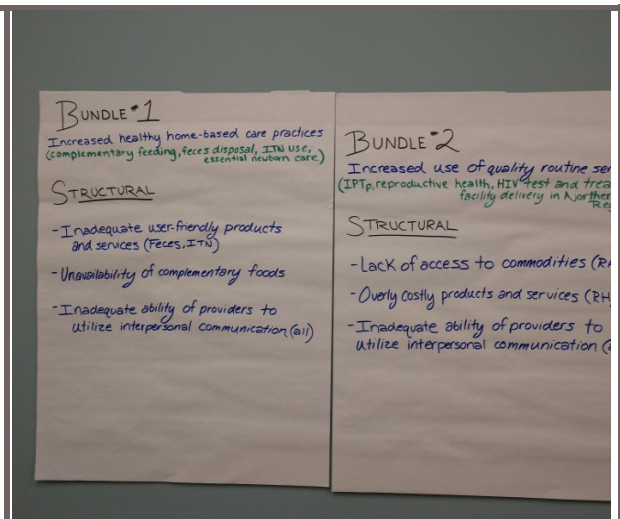


Image J: Two bundles’ structural factors side-by-side so that they can be compared for commonalities

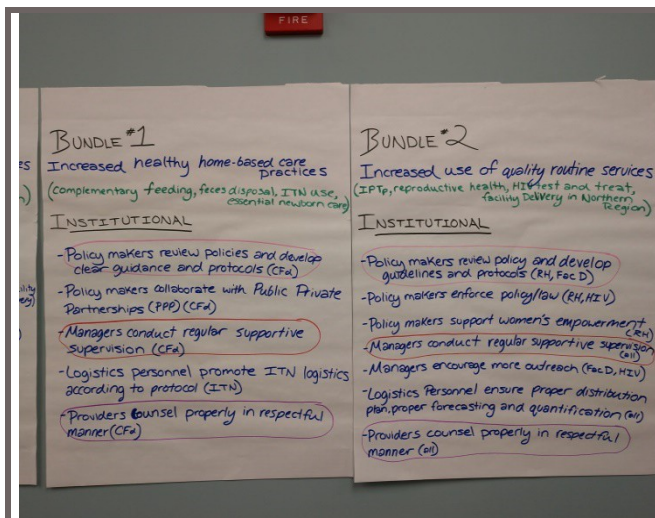


Image K: Common institutional actor actions across bundles circled in colors to show commonalities

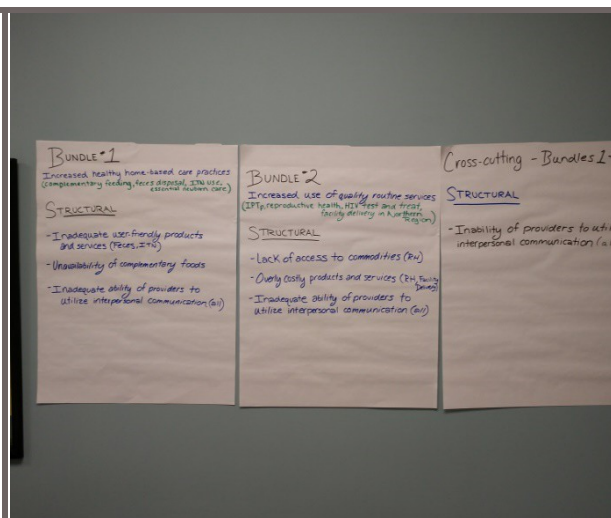


Image L: Cross-cutting summary phrase for one structural factor that both bundles had in common

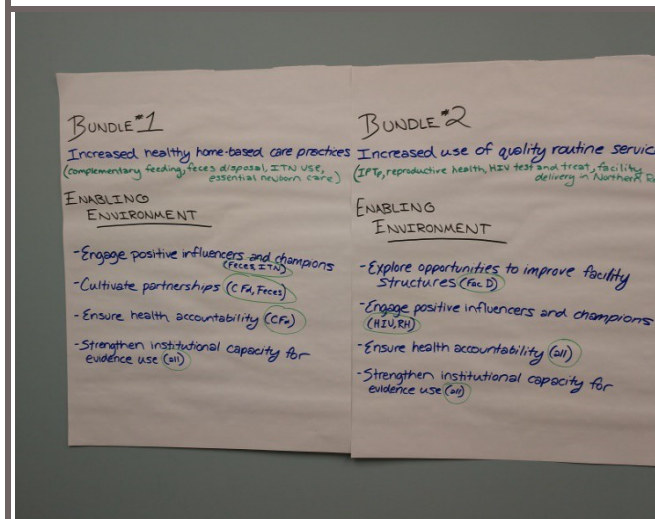


Image M: Priority behaviors written after each summary phrase within the bundle to remember which behavior is impacted

APPENDIX C: HEALTH BEHAVIOR SUMMARY (UNMERGED VERSION)

BEHAVIOR BUNDLES			
		BUNDLE 1: INCREASED HEALTHY HOME-BASED CARE PRACTICES	BUNDLE 2: INCREASED USE OF QUALITY ROUTINE SERVICES
		(COMPLEMENTARY FEEDING, FECES DISPOSAL, ITN USE, ESSENTIAL NEWBORN CARE)	(IPTP, REPRODUCTIVE HEALTH , HIV TEST AND TREAT, FACILITY DELIVERY IN NORTHERN REGION)
FACTORS	Structural	<ul style="list-style-type: none"> - Inadequate user-friendly products and services (FEC, ITN) - Unavailability of complementary foods - Inadequate ability of providers to utilize interpersonal communication (all) 	<ul style="list-style-type: none"> - Lack of access to commodities (RPH) - Overly costly products and services (RPH, DEL) - Inadequate ability of providers to utilize interpersonal communication (all)
	Social	<ul style="list-style-type: none"> - Lack of societal support for healthy behaviors (all) 	<ul style="list-style-type: none"> - Lack of societal support for healthy behaviors (all)
	Internal	<ul style="list-style-type: none"> - Lack of caregiver knowledge (ENC) - Lack of caregiver self-efficacy (ENC) - Lack of perception of value of healthy behaviors (all) 	<ul style="list-style-type: none"> - Lack of caregiver skills (RPH) - Lack of sufficient women's involvement in decision making (all) - Lack of perception of value of healthy behaviors (all)
SUPPORTING ACTORS AND ACTIONS	Institutional	<ul style="list-style-type: none"> - Policy makers review policies and develop clear guidance and protocols (CFD) - Policy makers collaborate with Public Private Partnerships (PPP) (CFD) - Managers conduct regular supportive supervision (CFD) - Logistics personnel promote ITN logistics according to protocol (ITN) - Providers counsel properly in respectful manner (CFD) 	<ul style="list-style-type: none"> - Policy makers review policies and develop guidelines and protocols (RPH, DEL) - Policy makers enforce policy/law (RPH, HIV) - Policy makers support women's empowerment (RH) - Managers conduct regular supportive supervision (all) - Managers encourage more outreach (DEL, HIV) - Logistics Personnel ensure proper distribution plan, proper forecasting and quantification (all) - Providers counsel properly in respectful manner (all)
	Community	<ul style="list-style-type: none"> - Community leaders advocate and support open dialogue (all) - Community leaders monitor practice adoption and use data to encourage and support practices (all) - Community leaders facilitate local solutions (all) - Religious leaders mobilize efforts to support healthy behaviors (all) - Teachers employ innovative activities to foster an understanding between good hygiene, sanitation, and good health (FEC) 	<ul style="list-style-type: none"> - Community leaders engage the community in dialogue around healthy behaviors (all) - Community leaders encourage men to participate in their families' and partners' health (all) - Community leaders support women (transport, logistics, etc.) (DEL) - Community leaders facilitate local solutions (all) - Religious leaders advocate and support open dialogue (HIV)
	Household	<ul style="list-style-type: none"> - Family members support appropriate household members in practicing healthy behaviors (ITN, CFD) - Male partners actively support healthy behaviors – assist, build, purchase, etc. (all) 	<ul style="list-style-type: none"> - Family members support open dialogue (HIV, RPH) - Male partners support open dialogue (HIV, RPH)

STRATEGIES	Enabling Environment	<ul style="list-style-type: none"> - Engage positive influencers and champions (Feces, ITN) - Cultivate partnerships (CFD, FEC) - Ensure health accountability (CFD) - Strengthen institutional capacity for evidence use (all) 	<ul style="list-style-type: none"> - Explore opportunities to improve facility structures (DEL) - Engage positive influencers and champions (HIV, RPH) - Ensure health accountability (all) - Strengthen institutional capacity for evidence use (all)
	Systems, Products and Services	<ul style="list-style-type: none"> - Explore innovative technologies (Feces) - Ensure quality of routine services (all) - Strengthen supply chain (all) 	<ul style="list-style-type: none"> - Train and equip providers (IPTp, RPH, DEL) - Ensure quality of routine services (all) - Strengthen supply chain (all)
	Demand and Use	<ul style="list-style-type: none"> - Develop “disruptive” social behavior change strategies (all) 	<ul style="list-style-type: none"> - Develop “disruptive” social behavior change strategies (all)
<p>KEY : Complementary Feeding (CFD), Facility Delivery In Northern Region (DEL) Essential Newborn Care (ENC), Feces Disposal (FEC), HIV Test And Treat (HIV), ITN Use (ITN), IPTp (IPTp), Reproductive Health (RPH),</p>			

APPENDIX D: HEALTH BEHAVIOR SUMMARY (FULLY MERGED VERSION)

BEHAVIOR BUNDLES			
		BUNDLE 1: INCREASED HEALTHY HOME-BASED CARE PRACTICES	BUNDLE 2: INCREASED USE OF QUALITY ROUTINE SERVICES
		(COMPLEMENTARY FEEDING, FECES DISPOSAL, ITN USE, ESSENTIAL NEWBORN CARE)	(IPTP, REPRODUCTIVE HEALTH , HIV TEST AND TREAT, FACILITY DELIVERY IN NORTHERN REGION)
FACTORS	Structural	<ul style="list-style-type: none"> - Inadequate user-friendly products and services (FEC, ITN) - Unavailability of complementary foods 	<ul style="list-style-type: none"> - Lack of access to commodities (RPH) - Overly costly products and services (RPH, DEL)
	Social	None	None
	Internal	<ul style="list-style-type: none"> - Lack of caregiver knowledge (ENC) - Lack of caregiver self-efficacy (ENC) 	<ul style="list-style-type: none"> - Lack of caregiver skills (RPH) - Lack of sufficient women's involvement in decision making (all)
	Cross-cutting Factors	<p>Structural:</p> <ul style="list-style-type: none"> • Inadequate ability of providers to utilize interpersonal communication (all) <p>Social:</p> <ul style="list-style-type: none"> • Lack of societal support for healthy behaviors (all) <p>Internal:</p> <ul style="list-style-type: none"> • Lack of perception of value of healthy behaviors (all) 	
SUPPORTING ACTORS AND ACTIONS	Institutional	<ul style="list-style-type: none"> - Policy makers collaborate with Public Private Partnerships (PPP) (CFD) - Logistics personnel promote ITN logistics according to protocol (ITN) 	<ul style="list-style-type: none"> - Policy makers enforce policy/law (RPH, HIV) - Policy makers support women's empowerment (RPH) - Managers encourage more outreach (DEL, HIV) - Logistics Personnel ensure proper distribution plan, proper forecasting and quantification (all)
	Community	<ul style="list-style-type: none"> - Community leaders monitor practice adoption and use data to encourage and support practices (all) - Religious leaders mobilize efforts to support healthy behaviors (all) - Teachers employ innovative activities to foster an understanding between good hygiene, sanitation, and good health (FEC) 	<ul style="list-style-type: none"> - Community leaders engage the community in dialogue around healthy behaviors (all) - Community leaders encourage men to participate in their families' and partners' health (all) - Community leaders support women (transport, logistics, etc.) (DEL)
	Household	<ul style="list-style-type: none"> - Family members support appropriate household members in practicing healthy behaviors (ITN, CFD) - Male partners actively support healthy behaviors – assist, build, purchase, etc. (all) 	<ul style="list-style-type: none"> - Family members support open dialogue (HIV, RPH) - Male partners support open dialogue (HIV, RPH)

	Cross-cutting Actor Actions	Institutional: <ul style="list-style-type: none"> • Policy makers review policies and develop clear guidance and protocols (CFD, RPH, DEL) • Managers conduct regular supportive supervision (CFD, all facility-based practices) • Providers counsel properly in respectful manner (CFD, all facility-based practices) Community: <ul style="list-style-type: none"> • Community leaders and religious leaders advocate and support open dialogue (all home-based practices and HIV) • Community leaders facilitate local solutions (all) 	
STRATEGIES	Enabling Environment	<ul style="list-style-type: none"> - Engage positive influencers and champions (FEC, ITN) - Cultivate partnerships (CFD, FEC) 	<ul style="list-style-type: none"> - Explore opportunities to improve facility structures (DEL) - Engage positive influencers and champions (HIV, RH)
	Systems, Products and Services	<ul style="list-style-type: none"> - Explore innovative technologies (FEC) 	<ul style="list-style-type: none"> - Train and equip providers (IPTp, RPH, DEL)
	Demand and Use	None	None
	Cross-cutting Strategies	Enabling Environment: <ul style="list-style-type: none"> • Ensure health accountability (CFD) • Strengthen institutional capacity for evidence use (all) Systems, Products and Services: <ul style="list-style-type: none"> • Ensure quality of routine services (all) • Strengthen supply chain (all) Demand and Use: <ul style="list-style-type: none"> • Develop “disruptive” social behavior change strategies (all) 	
KEY : Complementary Feeding (CFD), Facility Delivery In Northern Region (DEL) Essential Newborn Care (ENC), Feces Disposal (FEC), HIV Test And Treat (HIV), ITN Use (ITN), IPTp (IPTp), Reproductive Health (RPH),			

APPENDIX E: DEMOCRACY AND GOVERNANCE BEHAVIOR SUMMARY

Factors

		YOUR BEHAVIOR SUMMARY	
BEHAVIOR BUNDLES		Conflict	Governance and Accountability
		<ul style="list-style-type: none"> ★ P4.1: Citizens in conflict-prone areas adopt mechanisms, to prevent and respond to conflict ★ P4.2: Peace actors improve institutional collaboration and resource allocation 	<ul style="list-style-type: none"> ★ G4.2: Citizens participate in free, fair and transparent electoral processes at all levels ★ G4.3: Citizens demand quality public services ★ G4.1: Citizens participate in local governance
FACTORS	STRUCTURAL	Accessibility: Lack of tailored mechanisms and platforms P41 P42	
		Availability: Lack of strong institutions to support citizens P41 P42	
		Resources: Inadequate financial and technical resources G43	
		Services: Lack of reliable and trustworthy services G43 G42	
		Structures: Weak and dysfunctional sub-district structures G41	
		Technical Competencies: Lack of engagement and capacity to perform effectively G41 P41 G43 P42	
FACTORS	SOCIAL	Community Support: Desire to engage with trusted leaders and assemblies G41 P41	
		Norms: Feeling that conflict is "just a part of life" P42	
		Women: Lack of involvement by women P41 G42 P42	
FACTORS	INTERNAL	Information: Insufficient information on process G41 P41 G42 P42	Information: Lack of formal mechanisms for information and debate G42
		Skills: Lack of confidence and skills in conflict prevention and mediation P41 P42	Perceived Benefits: Belief that they and their vote don't matter G41 G42

Supporting Actors and Actions

YOUR BEHAVIOR SUMMARY		
BEHAVIOR BUNDLES	<p>Conflict</p> <ul style="list-style-type: none"> ★ P4.1: Citizens in conflict-prone areas adopt mechanisms, to prevent and respond to conflict ★ P4.2: Peace actors improve institutional collaboration and resource allocation 	<p>Governance and Accountability</p> <ul style="list-style-type: none"> ★ G4.2: Citizens participate in free, fair and transparent electoral processes at all levels ★ G4.3: Citizens demand quality public services ★ G4.1: Citizens participate in local governance
	<p>SUPPORTING ACTORS AND ACTIONS</p>	<p>INSTITUTIONAL</p> <p>CSOs: Galvanize citizens, especially women, to demand improved, quality service delivery G41 P41 G43 G42</p> <p>CSOs: CSOs develop and train others in use of mechanisms P41 P42</p> <p>Employers: Initiate policies and activities that promote good behaviors G43</p> <p>Ghana Audit Service: Delivers evidence-based audits and improve services delivery G43</p> <p>Local Government Actors: Transparently develop and share plans based on citizen input and feedback G41 G42</p> <p>Managers: Demonstrate ability to provide respectful services G43</p> <p>Policymakers: Develop policies to support easy, reliable, responsive services G43 G42</p> <p>Providers: Demonstrate quality, respectful client-friendly services G43</p>
COMMUNITY	<p>Community Leaders: Provide opportunities to discuss and final local solutions to conflict preparedness G42 P42</p> <p>Community women: Engage in ongoing peace activities and training P41 P42</p> <p>Peace Councils/Committees: Seek and provide opportunities to discuss local solutions to conflict working with citizens G41 P41</p>	
	HOUSEHOLD	

Strategies

YOUR BEHAVIOR SUMMARY		
BEHAVIOR BUNDLES	<p>Conflict</p> <ul style="list-style-type: none"> ★ P4.1: Citizens in conflict-prone areas adopt mechanisms, to prevent and respond to conflict ★ P4.2: Peace actors improve institutional collaboration and resource allocation 	<p>Governance and Accountability</p> <ul style="list-style-type: none"> ★ G4.2: Citizens participate in free, fair and transparent electoral processes at all levels ★ G4.3: Citizens demand quality public services ★ G4.1: Citizens participate in local governance
	<p>ENABLING ENVIRONMENT</p> <p>Institutional Capacity Building: Establish functioning sub-structure, including mainstreaming their role in revenue collection, making technical officers key members of procurement process, etc. G41 P41 G42 P42</p> <p>Institutional Capacity Building: Strengthen the capacity of Ministry, technical working groups, and CSOs through training and hands on learning G41 P41 G43 G42 P42</p> <p>Partnerships and Networks: Cultivate private sector engagement and alliances for sharing information and engaging the citizenry, including techniques on preventing and responding to conflict G41 P41 G43 P42</p> <p>Partnerships and Networks: Engage workplaces in the distribution of information, products and services G43</p> <p>Policies and Governance: Formulate, initiate, enforce policies that are client-friendly, including reforms and sanctions G43</p> <p>Research: Research regionally appropriate mechanisms for conflict prevention and resolution P41 P42</p>	<p>PRODUCTS AND SERVICES</p> <p>Products and Technology: Invest in technologies that make all information accessible G41</p> <p>Quality Improvement: Develop citizen-centered policy and guidelines for quality services P41 G43 P42</p> <p>Quality Improvement: Encourage social accountability among all staff G41 G42</p>
DEMAND AND USE	<p>Advocacy: Support regular citizen discussions to share evidence and identify challenges, especially among women G41 P41 G42 P42</p> <p>Collective Engagement: Create informal, ongoing discussion and sharing forums for all citizens, including gender, vulnerable-friendly forums G41 P41 G42 P42</p> <p>Communication: Develop community spotlights and issues packages relevant to local concerns and disseminate G41 P41 G42 P42</p> <p>Communication: Establish regular easily accessible feedback mechanisms G41</p> <p>Skills Building: Conduct onsite learning by doing sessions G41 P41 P42</p>	

APPENDIX F: FULL SIZE INSERTS OF INSTRUCTION FIGURES

BEHAVIORAL SUMMARY	
BEHAVIORS	Bundle behaviors by a grouping that facilitates strategic thinking (e.g. location, audience, action, issue, etc.)
FACTORS	Summarize factors across profiles identifying commonalities, differences and cross-cutting themes that will ensure a focus on critical areas for attention
SUPPORTING ACTORS	Summarize supporting actors across profiles identifying commonalities, differences and cross-cutting actors and their actions that will align supporting actors around critical issues
STRATEGIES	Summarize strategies across profiles identifying commonalities, differences and cross-cutting interventions that will optimize resource usage and maximize impact

Figure 2: Overview of Summarize Action

Sorting your Behaviors by Bundle – Health Example

HOME-BASED PRACTICES	FACILITY-BASED PRACTICES
Caregivers provide essential newborn care immediately after birth	Pregnant women take intermittent preventive treatment of malaria (IPTp) during antenatal care (ANC) visits
Pregnant women and children sleep under an insecticide-treated net (ITN)	Pregnant women deliver in a health facility with an equipped, qualified provider
Women of reproductive age consume a diverse, nutritious diet	Caregivers seek prompt and appropriate care for signs and symptoms of newborn illness
Family members safely dispose of human feces	Sexually active adolescents use a modern contraceptive method to delay first birth until after age 18
Caregivers feed adequate amounts of nutritious, age-appropriate foods to children from 6 to 24 months of age, while continuing to breastfeed	People including MSM, FSW, and those at higher risk, seek out HIV testing at least once per year and, if positive, enroll in treatment

Figure 3: Sample Health Behaviors Bundled

Sorting your Behaviors by Bundle – DRG Example

CONFLICT	GOVERNANCE AND ACCOUNTABILITY
Citizens in conflict-prone areas adopt mechanisms to prevent conflict	Citizens demand quality public services
Citizens in conflict-prone areas adopt mechanisms to respond to conflict	Citizens participate in local governance
	Citizens participate in free, fair and transparent electoral processes at all levels

Figure 4: Sample DRG Behaviors Bundled

Grouping Similar Factors Together – Home-based Practices

Immediate essential newborn care	Use of insecticide-treated net	Consumption of diverse, nutritious diet	Safely dispose of human feces	Complementary feeding
<p>SOCIAL</p> <p>Family and Community Support: Grandmothers play a pivotal role, but often provide inaccurate information.</p> <p>Gender: Gender roles for childcare are a barrier to help for newborns at home.</p> <p>Norms: Adherence to traditional newborn practices, e.g. cord care, early bathing, pre-lacteal foods, inhibit proper newborn care at home.</p>	<p>STRUCTURAL</p> <p>Accessibility: Lack of ITN supply in ANC/child welfare clinics due to problems in logistics such as regulation, procurement delays, qualifications.</p> <p>SOCIAL</p> <p>Gender: Men may play a significant role in ITN use in the household, either encouraging or discouraging its use.</p> <p>Gender: Pregnant women desire to be healthy and deliver healthy babies—may influence their ITN use, if they want to use the ITN—they will figure out how to.</p>	<p>STRUCTURAL</p> <p>Accessibility: Households do not buy diverse foods, especially Vitamin A rich foods, throughout the year because they are too expensive.</p> <p>Service Provider Competencies: Pregnant women do not get expert knowledge on maternal nutrition because they attend district and community health facilities that do not always have sufficient knowledge.</p>	<p>STRUCTURAL</p> <p>Accessibility: Cost of materials in some parts of Ghana makes it difficult to afford.</p> <p>Accessibility: Lack of capacity to ensure technology transfer to local artisans and communities.</p> <p>Service Experience: Poor maintenance culture of latrines makes it unhygienic and discourages its use.</p>	<p>STRUCTURAL</p> <p>Accessibility: Lack of affordability of the products.</p> <p>Accessibility: Lack of diversity of available foods needed.</p> <p>Service Provider Competencies: Caregivers perception that providers cannot/do not want to provide client-friendly information discourages caregivers from wanting or being able to apply the information.</p>
<p>INTERNAL</p> <p>Attitudes and Beliefs: Many believe that applying a substance to the cord will promote healing and hasten cord separation.</p> <p>Attitudes and Beliefs: Many mothers fear skin-to-skin contact because they believe that by touching the umbilical cord will cause bleeding, pain to the child and sickness.</p> <p>Self-Efficacy: Birth planning and preparation for newborn care often ends at delivery rather than postpartum care for newborns, leaving mothers feeling unprepared and overwhelmed.</p>	<p>INTERNAL</p> <p>Attitudes and Beliefs: Lack of use due to heat, desire to sleep outside, and other reactions to ITN.</p> <p>Attitudes and Beliefs: Often look for more convenient alternatives (coil, sprays, etc.) that may not be effective proven methods such as ITNs.</p> <p>Skills: Challenges in hanging net inside due to architecture and housing designs (hang up and take down), outside lack of means of hanging.</p>	<p>SOCIAL</p> <p>Gender: Women do not consume enough animal-source foods (ASFs) because traditionally certain ASFs are designated for men.</p> <p>Gender: Women do not have access to a diversified, home-grown food basket because men decide the types of crops to farm and the percentage consumed.</p> <p>Gender: Women do not receive information about nutritional crops because there are not enough female extension workers to reach them.</p>	<p>SOCIAL</p> <p>Family and Community Support: Community leaders (leaders, tribal leaders) and family are the source of strong influence.</p> <p>Gender: Men make decisions in the construction of latrines in certain regions.</p> <p>INTERNAL</p> <p>Attitudes and Beliefs: There is the desire for open defecation and it is accepted by the society.</p>	<p>SOCIAL</p> <p>Family and Community Support: Most family members do not understand the importance of the animal source foods or variety of foods.</p> <p>Norms: Present normative feeding practices discourage appropriate complementary feeding.</p> <p>INTERNAL</p> <p>Knowledge: Lack of knowledge on how to prepare, give and introduce the appropriate food.</p>

Figure 5: Grouping Similar Health Factors Together Within a Bundle

Grouping Similar Actors Together – Governance and Accountability Practices

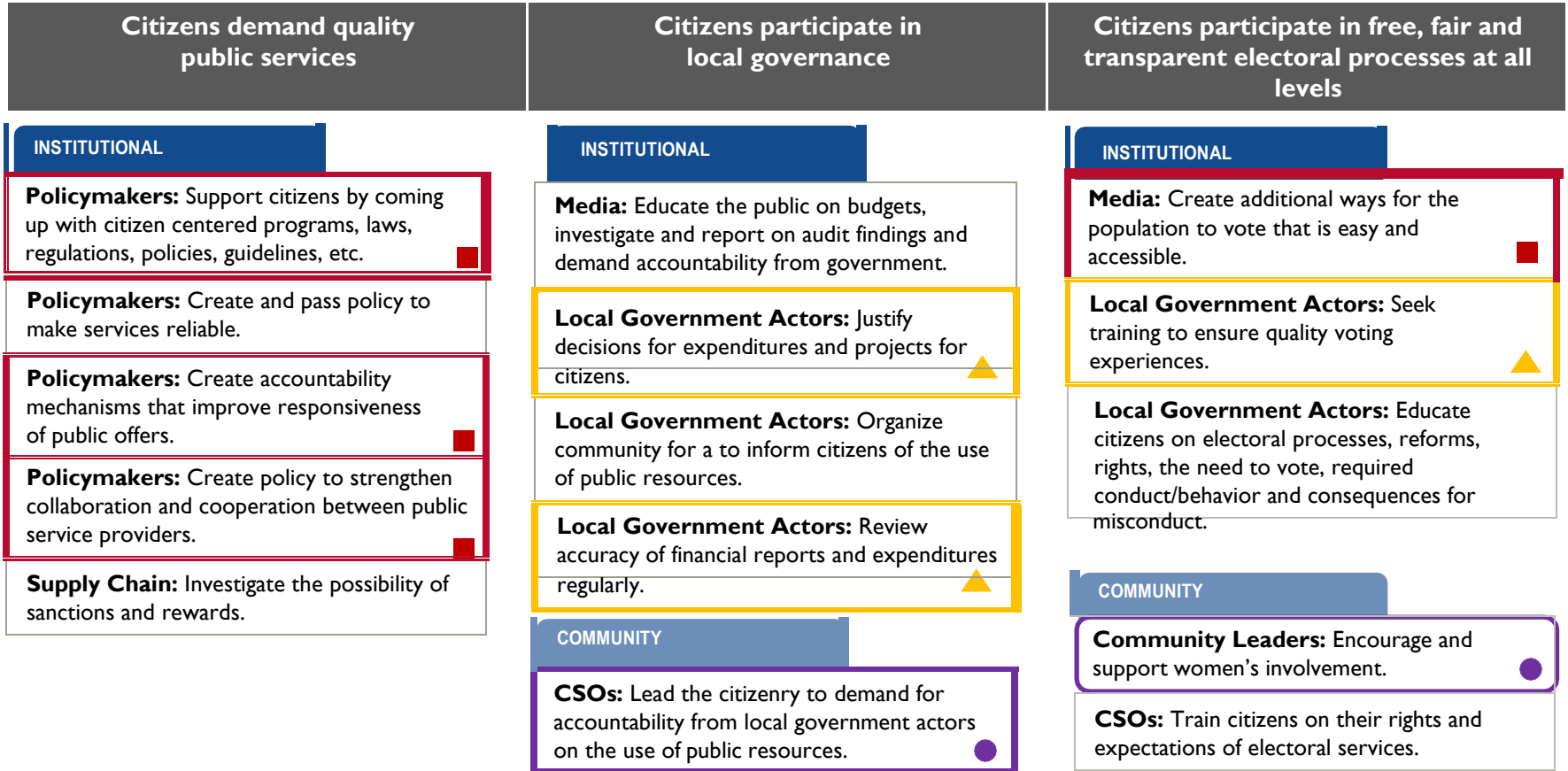


Figure 6: Grouping Similar DRG Actors Together Within a Bundle

Grouping Similar Strategies Together – Facility-based Practices

Intermittent preventive treatment of malaria (IPTp) during ANC	Delivery in a health facility with an equipped, qualified provider	Prompt and appropriate care for signs and symptoms of newborn illness	Delayed first birth until after age 18	HIV Test and Treat
<p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Supply Chain: Review and implement supply chain strategy, including the adoption of best practices to address challenges.</p>	<p>ENABLING ENVIRONMENT</p> <p>Policies and Governance: Allow non-harmful traditional birthing practices at health facilities.</p>	<p>ENABLING ENVIRONMENT</p> <p>Financing: Secure funding for country level newborn interventions (Policy review, printing, dissemination, etc.).</p>	<p>ENABLING ENVIRONMENT</p> <p>Institutional Capacity Building: Strengthen institutional ability to conduct periodic research to appraise FP provider performance (needs assessment).</p>	<p>ENABLING ENVIRONMENT</p> <p>Policies and Governance: Enforce policies or national guidelines (protocols, directives, etc).</p>
<p>Quality Improvement: Develop simplified provider tools to improve quality of IPTp services. ■</p>	<p>SYSTEMS, PRODUCTS AND SERVICE</p> <p>Infrastructure: Explore creation of physical structures that support facility delivery such as waiting shelters.</p>	<p>Policies and Governance: Clarify and enforce clear newborn care guidelines in health facilities. ●</p>	<p>Policies and Governance: Review existing SOP and incorporate needed sections, i.e. mandatory orientation of service providers, monitoring (accountability mechanism). ●</p>	<p>Policies and Governance: Revise policies for expanded coverage of other costs. ●</p>
<p>Quality Improvement: Conduct comprehensive trainings (pre and in-service) to update service providers on IPTp and adopt post-training follow-up. ■</p>	<p>Quality Improvement: Ensure comprehensive quality standards are met at all delivery sites, including respectful care, stock of supplies, functional referral systems and emergency transport. ■</p>	<p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Products and Technology: Ensure availability of clean delivery and newborn care kits and the facility (including antiseptic).</p>	<p>Policies and Governance: Implement existing gender and develop needed new evidence-based strategies as well as connect to community.</p>	<p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Quality Improvement: Implement guidelines and protocols as needed. ■</p>
<p>DEMAND AND USE</p> <p>Advocacy: Develop IPTp Champions (positive role models) at the community level to encourage pregnant women to utilize ANC and IPTp.</p>	<p>DEMAND AND USE</p> <p>Advocacy: Expand and explore opportunities for dialogue with gatekeepers.</p>	<p>Quality Improvement: Ensure health providers understand and follow national guidelines for newborn care including newborn resuscitation and counsel new mothers on take-home actions. ■</p>	<p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Quality Improvement: Develop FP-specific supervision and monitoring quality of care tools and train users. ■</p>	<p>Quality Improvement: Conduct pre-service and in-service training for client-centered friendly services, esp for KP's. ■</p>
<p>Communication: Use appropriate communication approaches to reposition value of preventative services to mother and unborn child (for example showing the effect of SP on babies, ICT innovations, short animations, etc.) ▲</p>	<p>Communication: Consider new innovations such as mobile technology, targeted media, including SMS where possible, to tailor reminders and tips for pregnant women and their families, self-created locally appropriate or picture based birth plans. ▲</p>	<p>DEMAND AND USE</p> <p>Mobilization: Create innovative (use of ICT) approaches for community engagement (pregnancy and community new mother support groups to discuss and normalize all aspects of newborn care). ▲</p>	<p>Quality Improvement: Report regularly on results of monitoring to key stakeholders.</p>	<p>DEMAND AND USE</p> <p>Advocacy: Create safe spaces for open dialogue.</p>
			<p>DEMAND AND USE</p> <p>messages on the importance of FP.</p>	<p>Communication: Utilize and expand Models of Hope approach and other innovative approaches to reduce stigma. ▲</p> <p>Communication: Support and promote testing and treatment and acceptance (open dialogue).</p>

Figure 7: Grouping Similar Health Strategies Together Within a Bundle

Merging Common Summarized Factors

BUNDLE 1: Home-based Practices – Summarized Capture Phrases for Factors	BUNDLE 2: Facility-based Practices – Summarized Capture Phrases for Factors
<p>Structural</p> <ul style="list-style-type: none">• Inadequate user-friendly products and services (FEC, ITN)• Unavailability of complementary foods• Inadequate ability of providers to utilize interpersonal communication (all) <p>Social</p> <ul style="list-style-type: none">• Lack of societal support for healthy behaviors (all) <p>Internal</p> <ul style="list-style-type: none">• Lack of caregiver knowledge (ENC)• Lack of caregiver self-efficacy (ENC)• Lack of perception of value of healthy behaviors (all)	<p>Structural</p> <ul style="list-style-type: none">• Lack of access to commodities (RPH)• Overly costly products and services (RPH, DEL)• Inadequate ability of providers to utilize interpersonal communication (all) <p>Social</p> <ul style="list-style-type: none">• Lack of societal support for healthy behaviors (all) <p>Internal</p> <ul style="list-style-type: none">• Lack of caregiver skills (RPH)• Lack of sufficient women’s involvement in decision making (all)• Lack of perception of value of healthy behaviors (all)

Figure 8: Merging Common Summarized Factors

Merged Cross-cutting Factors

BUNDLE 1: Home-based Practices – Summarized Capture Phrases for Factors	BUNDLE 2: Facility-based Practices – Summarized Capture Phrases for Factors
<p>Structural</p> <ul style="list-style-type: none"> • Inadequate user-friendly products and services (FEC, ITN) • Unavailability of complementary foods <p>Internal</p> <ul style="list-style-type: none"> • Lack of caregiver knowledge (ENC) • Lack of caregiver self-efficacy (ENC) 	<p>Structural</p> <ul style="list-style-type: none"> • Lack of access to commodities (RPH) • Overly costly products and services (RPH, DEL) <p>Internal</p> <ul style="list-style-type: none"> • Lack of caregiver skills (RPH) • Lack of sufficient women’s involvement in decision making (all)
<p>Cross-cutting Factors (across all behavior bundles)</p> <ul style="list-style-type: none"> • Structural: Inadequate ability of providers to utilize interpersonal communication (all) • Social: Lack of societal support for healthy behaviors (all) • Internal: Lack of perception of value of healthy behaviors (all) 	

Appendix G: Behavior Summary Template

BEHAVIOR BUNDLES					
		BUNDLE 1: (LIST BUNDLE NAME HERE)	BUNDLE 2: (LIST BUNDLE NAME HERE)	BUNDLE 3: (LIST BUNDLE NAME HERE)	BUNDLE 4: (LIST BUNDLE NAME HERE)
		(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)
FACTORS	Structural				
	Social				
	Internal				
	Cross-cutting Factors				

BEHAVIOR BUNDLES					
		BUNDLE 1: (LIST BUNDLE NAME HERE)	BUNDLE 2: (LIST BUNDLE NAME HERE)	BUNDLE 3: (LIST BUNDLE NAME HERE)	BUNDLE 4: (LIST BUNDLE NAME HERE)
		(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)
SUPPORTING ACTORS AND ACTIONS	Institutional				
	Community				
	Household				
	Cross-cutting Actor Actions				

BEHAVIOR BUNDLES					
		BUNDLE 1: (LIST BUNDLE NAME HERE)	BUNDLE 2: (LIST BUNDLE NAME HERE)	BUNDLE 3: (LIST BUNDLE NAME HERE)	BUNDLE 4: (LIST BUNDLE NAME HERE)
		(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)	(LIST BEHAVIORS HERE)
STRATEGIES	Enabling Environment				
	Systems, Products and Services				
	Demand and Use				
	Cross-cutting Strategies				