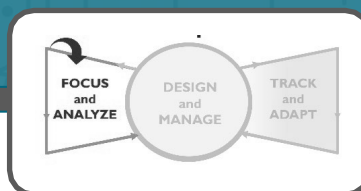




# Think | BIG

## Behavior Integration Guidance

# Create a Behavior Profile



## TABLE OF CONTENTS

OVERVIEW	1
PURPOSE	1
INTENDED USERS	1
HOW THIS FITS INTO THINK   <b>BIG</b>	2
ESTIMATED TIME NEEDED	2
TEMPLATES INCLUDED	2
SAMPLES INCLUDED	2
LIST OF ADDITIONAL MATERIALS AND RESOURCES NEEDED	2
BEFORE YOU START	3
INSTRUCTIONS	3
AT-A-GLANCE	3
PART 1: GETTING STARTED	3
PART 2: FACTORS	4
PART 3: SUPPORTING ACTORS AND THEIR ACTIONS	6
PART 4: STRATEGIES	6
PART 5: FACTOR-LEVEL INDICATORS (OPTIONAL)	8
APPENDICES	10
APPENDIX A: BEHAVIOR PROFILE TEMPLATE	11
APPENDIX B: BEHAVIOR RESEARCH TEMPLATE	12
APPENDIX C: CRITICAL FACTORS SELECTION MATRIX	18
APPENDIX D: COLOR-CODED SAMPLE BEHAVIOR PROFILE	21
APPENDIX E: LETTER-CODED SAMPLE BEHAVIOR PROFILE	22
APPENDIX F: SAMPLE COMPLETED RESEARCH TABLE	23
APPENDIX G: SAMPLE COMPLETED CRITICAL FACTORS SELECTION MATRIX	30
APPENDIX H: HOW TO READ A BEHAVIOR PROFILE	34
APPENDIX I: TIPS FOR COMPLETING A BEHAVIOR PROFILE	36
APPENDIX J: WHAT ARE FACTORS?	38
APPENDIX K: WHO ARE SUPPORTING ACTORS? WHAT ARE THEIR ACTIONS?	41
APPENDIX L: WHAT ARE STRATEGIES?	43

**LIST OF FIGURES**

Figure 1: Where Create Behavior Profiles Fits into Think | BIG ..... 2

Figure 2: Overview of Create a Behavior Profile..... 3

Figure 3: Color-coded Behavior Profile Example..... 4

Figure 4: Example of a Behavior Profile with Factor-level Indicators..... 8

## OVERVIEW

### PURPOSE

This tool will help you create a Behavior Profile offline, using paper-based or electronic templates.

A Behavior Profile, a key element of Think | BIG, is an analysis of a specific behavior. It identifies the steps needed to practice the behavior, factors inhibiting or supporting the behavior, supporting actors and their actions that are necessary to enable the behavior, and possible strategies (also called illustrative interventions) that can be implemented to ultimately see positive changes in the behavior. A Behavior Profile creates logical pathways from the behavior through the factors and supporting actor actions to strategies. A Behavior Profile should be created for specific contexts using desktop research, formative research, and what you presently know about the behavior.

Offline, you can create your own Behavior Profile in one of two ways:

- 1) Review a [Sample Behavior Profile](#) that has been created by technical experts based on global research as a starting point for your own country-specific profile, and adapt it for your context.
- 2) Start with the Behavior Profile Template (Appendix A) and your available research, using Sample Behavior Profiles for reference if any of your behaviors are similar.

### INTENDED USERS

Anyone who wants to change a behavior, develop a strategy, procurement, or proposal, or manage projects and activities using Collaborating, Learning and Adapting (CLA) principles can use this tool.

**For Strategy and Procurement Design:** A technical team member who has researched the behavior and understands the context in which change in the behavior is expected can create the initial Behavior Profile. Staff can then use the Behavior Profile by itself or along with other Behavior Profiles to design a strategy or procurement. Visit the Design and Manage tab at [Think | BIG Tools](#) for information on how to do this.

**For Proposals:** To respond to a procurement, offerors can create Behavior Profiles to help them identify the key factors, supporting actors and their actions, and strategies or interventions based on research and experience. Offerors can then use this information to design a technical strategy for their proposal. Desk research conducted to develop the Behavior Profiles will often reveal gaps in knowledge about factors affecting the behaviors or interventions to address them, and use those gaps to help them inform a research and learning agenda for the proposed project.

**For Project and Activity Management using CLA:** Donors and implementing partners can use Behavior Profiles to develop workplans that demonstrate how they are addressing the key factors inhibiting or supporting a change in the behavior through on-the-ground interventions. Donors, implementing partners, and Monitoring, Evaluation, Research and Learning (MERL) partners can work together to measure the behavioral outcomes, critical factor outcomes, and intervention outputs along each logical pathway of the Behavior Profile. Over time, the donors, implementing partners, and MERL partners can assess progress along each pathway and adapt based on learning in order to achieve the established development goal.

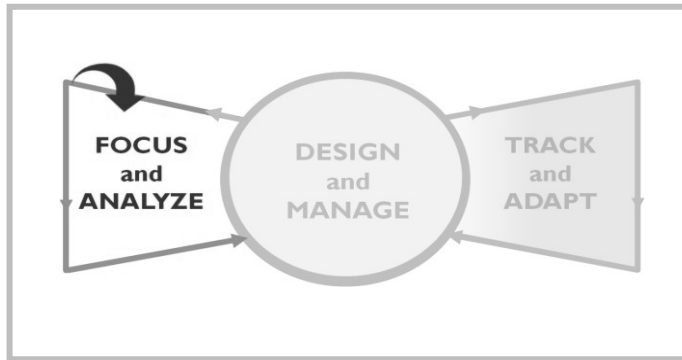


Figure 1: Where Create Behavior Profiles Fits into Think | BIG

## HOW THIS FITS INTO THINK | BIG

The Behavior Profile is part of Step 1 of the Think | BIG process: Focus and Analyze. After you identify the priority behaviors most proximal to the established development goal, you develop a Behavior Profile for each of the priority behaviors. Figure 1 illustrates where developing a Behavior Profile fits into Think | BIG.

## ESTIMATED TIME NEEDED

**Two to three hours** to develop a good first draft, not including research.

## TEMPLATES INCLUDED

- Appendix A: Behavior Profile Template (also available as a Word or PowerPoint file)
- Appendix B: Behavior Profile Research Template (also available as a Word file)
- Appendix C: Critical Factors Selection Matrix (also available as a Word file)

## SAMPLES INCLUDED

- Appendix D: Color-Coded Sample Behavior Profile
- Appendix E: Letter-Coded Sample Behavior Profile
- Appendix F: Sample Completed Research Table
- Appendix G: Sample Completed Critical Factors Selection Matrix

## LIST OF ADDITIONAL MATERIALS AND RESOURCES NEEDED

- Appendix H: How to Read a Behavior Profile
- Appendix I: Tips for Completing a Behavior Profile
- Appendix J: What are Factors?
- Appendix K: Who are Supporting Actors? What are their actions?
- Appendix L: What are Strategies?
- Research identifying factors motivating or impeding the behavior of interest
- Colored pencils, highlighters, or markers for coding the logical pathways

## BEFORE YOU START

1. Conduct research for the behavior and organize the findings using Appendix B: Behavior Research Template. For an example, see Appendix F: Sample Completed Research Table.
2. So you are comfortable with how to read a Behavior Profile, review Appendix H: How to Read a Behavior Profile.
3. Review one or more [Sample Behavior Profiles](#). Click on factors to see the logical pathways.
4. Review Appendix I: Tips for Completing a Behavior Profile.
5. Review Appendices J through L, which are definitions, guidance, and examples of factors, supporting actors and their actions, and possible strategies

## INSTRUCTIONS

### AT-A-GLANCE

To create a Behavior Profile, you will (1) write the behavior, steps, and outcome indicator; (2) select critical factors; (3) identify key supporting actors and their actions; and (4) draft strategies to address or leverage the selected factors and actor actions. Figure 2 provides an overview of the Create a Behavior Profile action.

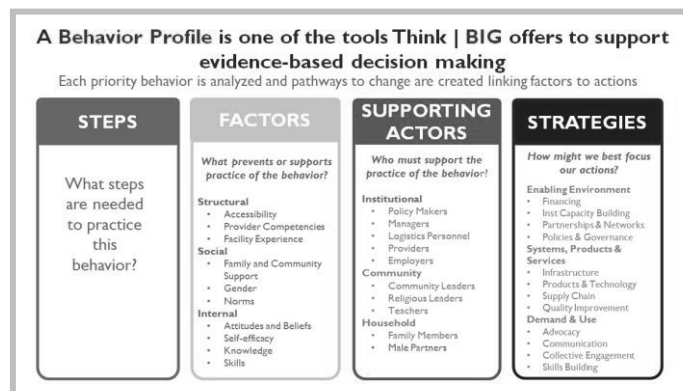


Figure 2: Overview of Create a Behavior Profile

### PART I: GETTING STARTED

1. Print or copy Appendix A: Behavior Profile Template. This is where you will write all of your final analysis on the behavior. You can also work from the Word or PowerPoint version.
2. Write the specific development goal you plan to achieve. This should reflect your technical area (e.g., health, education, economic growth, democracy and governance) and be the same goal under which you identified the priority behaviors.
3. Write the priority behavior you identified. Confirm that your behavior is clearly written and defined. Below is a formula that can help you write a behavior.

SPECIFIC PRIMARY ACTOR + ACTION VERB + ISSUE TO BE ADDRESSED + GEOGRAPHY OR OTHER SPECIFICS (IF NEEDED)
<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Property-owning citizens pay full property rates annually</li> <li>• Energy consumers use reliable and affordable electricity services</li> <li>• Teachers improve quality of instruction in the classroom</li> <li>• Vulnerable households use social safety nets</li> </ul>

- Write the behavioral outcome indicator and source, if available. You can find guidance on assessing and establishing indicators and examples of behavioral outcome indicators at the Track and Adapt tab at <https://thinkbigonline.org/resources>.
- In the STEPS column, write the steps needed to practice the behavior. The steps, like the behavior itself, are written from the **primary actor's point of view**. The steps are small actions that the primary actor needs to do to practice the behavior. If the primary actor follows these steps, they have practiced the behavior. Steps are not necessarily sequential.

Next you will complete the remaining columns of the Behavior Profile. Use colored pencils or other method (e.g., letters, shapes, icons) for coding the logical pathways, as in Figure 3, below. Notice that actor actions and strategies often address more than one factor.

Antenatal Care (ANC)			
HEALTH GOAL	Improve maternal and child survival		
ACCELERATOR BEHAVIOR	Pregnant women complete a full course of quality antenatal care (ANC) % Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits		
STEPS	BEHAVIOR ANALYSIS		STRATEGY
	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<b>Pregnant women complete a full course of quality antenatal care (ANC)</b>  1. Recognize signs and symptoms of pregnancy 2. Decide to seek ANC early, before the end of the first trimester 3. Plan transport, resources, and logistics 4. Attend all recommended ANC visits 5. Obtain all required services from qualified provider at each visit 6. Adhere to provider instructions during and following each visit, including when to return for the next visit	<b>STRUCTURAL</b> <b>Accessibility:</b> Pregnant women cannot access health facilities because they are too far <b>Accessibility:</b> Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in additional to on-going essential expenditures <b>Service Provider Competencies:</b> Pregnant women cannot obtain quality ANC because providers neither respect them nor effectively communicate relevant technical information or explain the benefits of the different services, tests, and medications given during ANC <b>Service Experience:</b> Pregnant women do not go for ANC because the health facilities often lack the tests, medications, or supplements that women need, or payment is required when services and products should be free	<b>INSTITUTIONAL</b> <b>Policymakers:</b> Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing <b>Providers:</b> Offer counseling and support to pregnant women during ANC visits, including thorough explanations of services provided as well as the importance of multiple visits and adherence to supplements or medications given <b>Logistics Personnel:</b> Monitor and properly forecast stock of essential tests, medicines, and supplements <b>Managers:</b> Provide effective supervision and on-site support to ensure quality ANC services	<b>ENABLING ENVIRONMENT</b> <b>Financing:</b> Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC  <b>SYSTEMS, PRODUCTS AND SERVICES</b> <b>Supply Chain:</b> Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC <b>Quality Improvement:</b> Expand services and improve structures, including hours offered, types of services available, transparent costing of services when appropriate and use of ANC outreach services to encourage pregnant women to use ANC <b>Quality Improvement:</b> Ensure that services are client and family-friendly and that counseling on follow-up care is provided to both the pregnant women and any family members accompanying her
	<b>SOCIAL</b> <b>Family and Community Support:</b> Many pregnant adolescents and unmarried women are reluctant to seek early care because of stigma or the risk that they will be asked to leave school or quit their job <b>Norms:</b> Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy	<b>COMMUNITY</b> <b>Community and Religious Leaders:</b> Publicly support or promote ANC including programs that attempt to reduce stigma and encourage women to talk to their partners about early pregnancy care <b>Community Health Workers/Peer Educators:</b> Encourage or actively support women to seek a full course of ANC and to continue following provider's instructions once at home	<b>DEMAND AND USE</b> <b>Communication:</b> Use targeted media, including SMS where possible, to send tailored reminders and tips for pregnant women and their families on both ANC attendance and adherence to supplements like iron and folic acid <b>Communication:</b> Create pregnancy and new-mother groups to help mothers understand the benefits of care throughout pregnancy and the postpartum period <b>Collective Engagement:</b> Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits
	<b>INTERNAL</b> <b>Knowledge:</b> Most pregnant women attend at least one ANC visit because they understand its benefits	<b>HOUSEHOLD</b> <b>Family Members:</b> Actively participate in ANC and support women, especially first-time mothers and adolescents, in all aspects of pregnancy and delivery planning <b>Male Partners:</b> Actively support finances, planning, and transportation for ANC for pregnant women	

Figure 3: Color-coded Behavior Profile Example

**Note:** Appendix D: Color-Coded Sample Behavior Profile and Appendix E: Letter-Coded Sample Behavior Profile provide full-size examples of Behavior Profiles with coded logical pathways. Appendix I: Tips for Completing a Behavior Profile, provides an overview and advice on each part of a Behavior Profile.

## PART 2: FACTORS

Here you will use your completed research table to list and select critical factors. Factors inhibit or support the practice of behaviors. Factors are examined from the **primary actor's point of view**. They describe “why” the primary actor does or does not practice the behavior or carry out a step needed to practice the behavior. A Factor can be a Barrier (B) or a Motivator (M), and it can be structural, social, or internal.

For this part, be sure you have printed or downloaded Appendix C: Critical Factors Selection Matrix. You will first identify possible factors by filling out column one of this table based on your research table. Once you have listed your possible factors, you will select only those that are most critical to your success. Follow the instructions on Appendix C: Critical Factors Selection Matrix. You will eventually write only the critical factors on your Behavior Profile. See Appendix G for a sample of how your completed matrix will look.

1. Looking at your research table, translate the relevant findings into factors and write them in the first column of the Critical Factors Selection Matrix (Appendix C). Write any factor that is a Barrier in Part 1 of the table—Factors Identified - BARRIERS. Write any factor that is a Motivator in Part 2 of the table—Factors Identified - MOTIVATORS.

Below is a formula that can help you write a Factor. Even if you don't follow the formula exactly, be sure to write WHY the Primary Actor does or does not perform the behavior, rather than what the situation is. You can find additional examples of factors written using this formula in Appendix J: What are Factors?

<p><b>PRIMARY ACTORS + DO/DO NOT or CAN/CANNOT (or similar) + SPECIFICS (what they do/cannot do) + BECAUSE (or similar) + SPECIFICS (why) + ADD (B) or (M)</b></p>
<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Accessibility: Farmers do not use improved seeds because they cannot afford the high cost (B)</li> <li>• Service Experience: Caregivers do not take a sick child to the clinic because they perceive it to be poorly equipped to treat sick children (B)</li> <li>• Norms: Parents send children to primary school because most parents in the community do (M)</li> <li>• Knowledge: Citizens do not pay property rates because they do not know how much to pay according to law (B)</li> </ul>

2. Add to the appropriate part of the table any factors known from past experience but that did not appear in the research.
3. Choose 8 to 12 factors as the critical factors you will address through your time-limited strategy, project, or activity. Limiting the number of critical factors will allow you to target your efforts and focus on the barriers and motivators that will have the greatest impact on changing the behavior in your context. Use the questions in Appendix C: Critical Factors Selection Matrix to choose your critical factors.

**Use the Behavior Profile Template for all remaining steps**

4. Now turn to Appendix A: Behavior Profile Template. In the FACTORS column, write any structural factors you selected critical from your Critical Factor Selection Table under the subheading “Structural.” For clarity and ease of use, include the type of factor (Accessibility, Service Provider Competencies, or Service Experience) for each, as shown in the Coded Sample Behavior Profiles in Appendices J and K. (Appendix B: Behavior Research Table is organized by type of factor, so should facilitate this.)
5. To show the pathways, use a different color, letter, icon or other coding method for each factor. The Coded Sample Behavior Profiles in Appendices D and E show how this is done.
6. Repeat steps 9 and 10 for social and internal factors.



### PART 3: SUPPORTING ACTORS AND THEIR ACTIONS

Supporting actors' actions describe the other people that must do something to address or influence the factors to help the primary actor practice the behavior, and what they must do. Often, the Primary Actor cannot practice the behavior without the support of others, including actors at the institutional, community, and household levels.

1. In the SUPPORTING ACTOR AND ACTIONS column, write the first supporting actor and their action that is required to address the first critical factor. Below is a formula that can help you write a Supporting Actor's Action. Keep the "actions" brief since you will be able to go into more detail in the Strategies column, which is the next step. To help identify if the supporting actor is an institutional, community, or household actor, use the supporting actor definitions and examples in Appendix K: Who are Supporting Actors? What are their Actions? Write the actor and action under the appropriate subheading. Put the same code as the critical factor next to this supporting actor and action – it is now part of the logical pathway.

ACTION VERB + WHAT (specifics linked to factor) + TIME/PLACE/POPULATION (if necessary)
<b>Examples:</b> <ul style="list-style-type: none"><li>• Policymakers: Pass policy ensuring land-rights for women</li><li>• Community Microfinance Institutions: Provide financial literacy to the most vulnerable heads of household</li><li>• Teachers: Reinforce life-skills such as good hygiene during primary school</li><li>• Male Partners: Support women to publicly speak their opinions during town hall meetings</li></ul>

2. Continue writing each supporting actor and their action that is required to address this critical factor, coding it to match the factor it addresses.

**Note:** Internal factors (attitudes and beliefs, self-efficacy, knowledge, skills) often do not require Supporting Actors and Actions. Rather, they link directly to Strategies.

3. Repeat Steps 12 and 13 for each of the critical factors, using your coding system to match each supporting actor and action with the factor(s) they address.
4. Review your factors and actor actions to see if any actor actions address (or can be tailored to address) more than one factor. If so, code the actor action accordingly and tailor the actor action as needed. Notice how several actor actions in the Coded Sample Behavior Profiles in Appendices D and E have the code for multiple factors.

### PART 4: STRATEGIES

Strategies describe what the implementing partner should do in illustrative, or concrete terms. Strategies are used to overcome a factor that inhibits practice of the behavior (Barrier) or to leverage a factor that supports practice of the behavior (Motivator). Strategies can incorporate a supporting actor's action to address the factor or can be directed toward a supporting actor who must take action for the primary actor to practice the behavior.

**Note:** When used for procurement design, the possible program strategies in the Behavior Profile become “illustrative interventions” that offerors may refine, adapt, or expand upon during proposal development to explain how they will address or leverage the factors to achieve changes in the behavior. When used to manage projects or activities, possible program strategies may be broad intervention areas or specific interventions. The possible program strategies column can also describe how or why this strategy is important or different from what has been done before or indicate why a traditional strategy is still considered effective.

1. In the STRATEGIES column, write the first possible program strategy that can be used to address the first critical factor you identified, incorporating the supporting actor’s actions that are on the logical pathway for this first critical factor. The possible program strategy can be directed toward the primary actor, the supporting actor’s action, or both. Below is a formula that can help you write a Strategy. To help identify the strategy type (enabling environment, systems, product and services, or demand and use), refer to the program strategy definitions and examples in Appendix L: What are Strategies? Write the strategy under the appropriate subheading. Extend your coding system to the strategy – this completes a logical pathway.

<b>ACTION VERB FOR IMPLEMENTING PARTNER + CLEAR ILLUSTRATIVE STRATEGY</b>
<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Develop and implement community-based female financial literacy programs</li> <li>• Improve storage capacity for improved seeds and other inputs at the district level</li> <li>• Build waiting shelters for pregnant women so they are comfortable while waiting for services</li> <li>• Create district-level forums for head teachers to share perspectives on how to keep disadvantaged pupils in school</li> </ul>

2. Continue writing each strategy required to address the critical factor, implementing your coding system as in the sample behavior profiles in Appendices D and E.
3. Repeat Steps 16 and 17 for each critical factor, implementing your coding system to match each strategy with its factor and supporting actor action, as appropriate, along the pathway. One strategy can be linked to more than one factor. Code accordingly, as shown in the Coded Sample Behavior Profiles in Appendices D and E.
4. When you have listed all of your possible strategies, check to see if any of the strategies in the enabling environment or systems, products, and services domains require supportive communication to be effective. Supportive communication is used to inform primary or supporting actors about changes or improvements in the enabling environment or systems, products, and services. Mark with an asterisk (\*) or other icon any strategies that need supportive communication.
5. Once you have completed all of the columns on the Behavior Profile, check the coding to make sure there are clear pathways from the behavior to the critical factors that must be addressed, to the supporting actors and their actions required, and finally to the possible program strategies. If any supporting actors or strategies directly address another critical factor, code them to match that critical factor to the supporting actor action or strategy. As noted above, internal factors might not require Supporting Actors and Actions.

## PART 5: FACTOR-LEVEL INDICATORS (OPTIONAL)

Factor-level indicators allow you to track critical factors and measure the outputs of program efforts. Not all critical factors need to be tracked and measured, but it is good to select a few that are essential to track and include them in the Behavior Profile.

1. If you wish to track any of your critical factors, refer to the guidance on assessing and establishing indicators at the Track and Adapt tab at <https://thinkbigonline.org/resources> before finalizing your Behavior Profile.
2. Place your factor-level indicators directly below the factor in the Behavior Profile as shown below:


HEALTH GOAL		BEHAVIOR	
Improved health status of the Congolese people (in target health zones)		Pregnant women complete a full course of quality antenatal care (ANC)	
		Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits	
BEHAVIOR ANALYSIS		STRATEGY	
BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p> <p><b>Behavior</b></p> <p>Pregnant women complete a full course of quality antenatal care (ANC)</p> <p><b>Steps</b></p> <ol style="list-style-type: none"> <li>1. Recognize signs and symptoms of pregnancy</li> <li>2. Decide to seek ANC early, before the end of the first trimester</li> <li>3. Plan transport, resources, and logistics</li> <li>4. Attend all recommended ANC visits</li> <li>5. Obtain all required services from qualified provider at each visit</li> <li>6. Adhere to provider instructions during and following each visit, including when to return for the next visit</li> </ol> <p>📊 Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits</p> <p>📄 The DHS Program Indicator Data API, The Demographic and Health Surveys (DHS) Program 2013</p> 	<p>Below are the factors you have selected and analyzed. Click on each factor to see a list of potential indicators you can use to measure that factor.</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Women find the location, hours, and/or cost of ANC service prohibitive</p> <p>📊 <b>Indicator:</b> % of women who reported they have big problems in getting money for treatment for themselves when they are sick</p> <p><b>Service Provider Competencies:</b> When women do seek care, they often find that they are treated with disrespect</p> <p>📊 <b>Indicator:</b> % of clients who report having two or more elements of respectful care, during their last visit at a health facility</p> <p><b>Service Provider Competencies:</b> Women are discouraged from repeat visits as they feel provider skills are inadequate</p> <p>📊 <b>Indicator:</b> % of clients who report having two or more elements of respectful care, during their last visit at a health facility</p> <p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Male partners do not provide the financial support necessary to complete four ANC visits</p> <p>📊 <b>Indicator:</b> % of women who report that their male partners provide them with financial support for health care, e.g. ANC visits</p> <p><b>Family and Community Support:</b> Male partners do not provide the logistical support necessary to complete four ANC visits</p> <p>📊 <b>Indicator:</b> % of women who report that their male partners provide them with logistical support for health care, e.g. provide transport to clinics, etc.</p> <p><b>Norms:</b> Grandmothers who did not attend ANC do not see the need for their daughters or daughters-in-law to attend</p> <p>📊 <b>Indicator:</b> % of women 15-49 who feel religious leaders' approval is an important factor when making choices about personal or child's health</p> <p><b>Norms:</b> Some pregnant women do not want attention placed on their pregnancy or they may believe that hiding the pregnancy will protect the fetus from harm</p> <p>📊 <b>Indicator:</b> % of women 15-49 who feel cultural tradition is an important factor when making choices about personal or child's health</p> <p><b>INTERNAL</b></p> <p><b>Attitudes and Beliefs:</b> Pregnant women and other family members do not understand the benefit of completing four ANC visits, especially if the pregnancy is uncomplicated</p> <p>📊 <b>Indicator:</b> % of pregnant women who report that understanding the benefits of ANC visits encourage them to go</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Providers:</b> Providers treat pregnant women with respect during screening and necessary treatments, including a clear explanation of findings and a schedule for the next visit</p> <p><b>Providers:</b> Providers inform women on benefits of attending ANC four times</p> <p><b>Providers:</b> Seek opportunities to refresh and hone their skills</p> <p><b>COMMUNITY</b></p> <p><b>Community Leaders:</b> Community leaders organize community transportation scheme</p> <p><b>Community Leaders:</b> Organize forums for discussing healthy practices for pregnant women in their communities</p> <p><b>HOUSEHOLD</b></p> <p><b>Male Partners:</b> Seek ways to support their partners in obtaining quality care</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>📌 <i>Strategy requires Communication Support</i></p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Partnerships and Networks:</b> Create a community-based transport system to assist pregnant women to attend ANC</p> <p><b>Policies and Governance:</b> Improve ANC policies with a focus on reducing ANC costs for families, utilizing community-based service provision, and accessing preventive drugs or vaccines</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Quality Improvement:</b> Train health facility providers in technical and interpersonal skills in effective care</p> <p><b>Quality Improvement:</b> Create a community-based system for tracking pregnancies and use of ANC</p> <p><b>DEMAND AND USE</b></p> <p><b>Communication:</b> Create a reminder program (SMS-based where feasible) to give legitimacy to ANC and help women and their families plan for ANC visits</p> <p><b>Communication:</b> Create full package of needed materials focusing on social norms and benefits</p> <p><b>Mobilization:</b> Cultivate a cadre of community coaches and mentors</p>

Figure 4: Example of a Behavior Profile with Factor-level Indicators

## **Congratulations!**

You have completed a Behavior Profile!

If you have created more than one Behavior Profile and want to summarize them, go to Summarize. For suggestions on how to use your Behavior Profile, download [How to Use Behavior Profiles and Behavior Summaries](#) and see the Design and Manage tools.

## APPENDICES

The following appendices are included with this document:

**Appendix A:** Behavior Profile Template

**Appendix B:** Behavior Research Template

**Appendix C:** Critical Factors Selection Matrix

**Appendix D:** Color-Coded Sample Behavior Profile

**Appendix E:** Letter-Coded Sample Behavior Profile

**Appendix F:** Sample Completed Research Table

**Appendix G:** Sample Completed Critical Factors Selection Matrix

**Appendix H:** How to Read a Behavior Profile

**Appendix I:** Tips for Completing a Behavior Profile

**Appendix J:** What are Factors?

**Appendix K:** Who are Supporting Actors? What are their actions?

**Appendix L:** What are Strategies?



## APPENDIX B: BEHAVIOR PROFILE RESEARCH TEMPLATE

(ALSO AVAILABLE IN [WORD FILE](#))

### INSTRUCTIONS

- Use this template to collect and organize key findings from your research on factors and supporting actors influencing practice of the behavior. You should complete a separate one of these for EACH behavior and then have it to use as you work through the creation of the profile.
- Research can be drawn from published studies, project reports or other data you have access to. It should be related to practice of the behavior in your context as much as possible, rather than reflective of global evidence, as factors can differ on the ground.
- If considering published literature, using Google Scholar or other such programs can be helpful. Consider starting with broad search terms such as “factors influencing practice of *BEHAVIOR* in *COUNTRY X*”. You can narrow your search terms as you start to flesh out the table, refine your search with more specific terms such as “Influence of social norms on *BEHAVIOR* in *COUNTRY X*,” or “importance of family members support in uptake of *BEHAVIOR* in *COUNTRY X*” Remember, there is likely a huge amount published on the health issue that the behavior addresses, but you want to focus your research on the factors and the critical supporting actors influencing the behavior.
- This table is meant to guide a discussion. It is not meant to serve as an exhaustive literature review. However, it does provide a structured approach to ensuring your discussion in creating a behavior profile is evidence-driven, rather than subjective. Provide numbered references for your findings and note your sources at the end of the table.
- Note, not ALL potential factors and supporting actors listed here might be relevant in your context for the particular behavior you are researching. Leave blank those that do not surface as important—it will be helpful to know as you create the behavior profile.

<b>Behavior</b>	[INSERT HERE]
<b>Indicator</b>	[INSERT HERE, If Available]
<b>Steps</b>	<ol style="list-style-type: none"> <li>1. [INSERT HERE]</li> <li>2. [INSERT HERE]</li> <li>3. [INSERT HERE]</li> </ol>

Research on the Data/Statistics, Demographics and Current Practices for the Behavior	
<b>Data/Statistics</b> (general data/statistics, and based on indicator, if available)	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Demographics</b>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Current Practices</b>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

FACTORS TO CONSIDER	DEFINITION	RELEVANT RESEARCH FINDINGS (Insert as summary bullets, cut-and-paste from articles or in any other format that will help with discussions while creating a behavior profile. Provide references and note sources at end)
<b>Structural</b>		
<b>Accessibility</b>	The primary actor's opportunity to practice the behavior given external, usually physical constraints	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Service Provider Competencies</b>	<p>The primary actor's perception of the competency of those providing the service</p> <p>Note: This is only applicable if the primary actor uses a service. If the service provider (e.g. a health</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>



FACTORS TO CONSIDER	DEFINITION	RELEVANT RESEARCH FINDINGS (Insert as summary bullets, cut-and-paste from articles or in any other format that will help with discussions while creating a behavior profile. Provide references and note sources at end)
	worker, a government employee, a business) is the primary actor, their actual competencies should be considered under "Skills"	
<b>Service Experience</b>	The primary actor's perception of their overall experience with structural aspects such as infrastructure, equipment, and response time when receiving the service	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Social</b>		
<b>Family and Community Support</b>	Proactive or passive help, encouragement, or attitudes toward a behavior by family members, peers, colleagues, or others in the community at large	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Gender</b>	The specific influence of gender dynamics or relationships on the practice of a behavior	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Norms</b>	The acceptability and standards for practice of a behavior dictated by religious, cultural, or other social networks, including workplace norms	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Internal</b>		
<b>Attitudes and Beliefs</b>	The primary actor's personal judgment, feeling, or emotion towards a behavior	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Self-Efficacy</b>	<p>The primary actor's personal confidence in their ability to exert control over successfully practicing a behavior</p> <p>Note: This factor may not be applicable in many cases beyond health</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

<b>FACTORS TO CONSIDER</b>	<b>DEFINITION</b>	<b>RELEVANT RESEARCH FINDINGS</b> (Insert as summary bullets, cut-and-paste from articles or in any other format that will help with discussions while creating a behavior profile. Provide references and note sources at end)
<b>Knowledge</b>	The required information the primary actor's has to complete a set of actions or practice a behavior completely and competently	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Skills</b>	The primary actor's ability to completely and competently perform a set of tasks	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

<b>POTENTIAL ACTORS AND ACTIONS</b>	<b>DEFINITION</b>	<b>RELEVANT RESEARCH FINDINGS</b> (Insert as summary bullets, cut-and-paste from articles or in any other format that will help with discussions while creating a behavior profile. Provide references and note sources at end)
<b>Institutional</b>		
<b>Policymakers</b>	People who design and implement policies	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Managers</b>	People who supervise or manage others, including potentially the primary actor or a service provider providing a service to the primary actor	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Logistics Personnel</b>	People in charge of managing product or commodity supply chain at all levels	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Providers</b>	People who directly provide services to an end-user, client or customer	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Employers</b>	People or organizations that employ people	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Community</b>		
<b>Community Leaders</b>	People viewed as having influence and representing the community	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

POTENTIAL ACTORS AND ACTIONS	DEFINITION	RELEVANT RESEARCH FINDINGS <i>(Insert as summary bullets, cut-and-paste from articles or in any other format that will help with discussions while creating a behavior profile. Provide references and note sources at end)</i>
<b>Religious Leaders</b>	People viewed as having influence within a religion	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Teachers</b>	People that teach others, usually in a school setting	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>Household</b>		
<b>Family Members</b>	Immediate or extended family members such as parents, grandparents, aunts, uncles, or siblings	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<b>Male Partners</b>	Spouses, boyfriends, or other male companions	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

SOURCE #	CITATION	LINK
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

## APPENDIX C: CRITICAL FACTORS SELECTION MATRIX

(ALSO AVAILABLE IN WORD FILE)

### INSTRUCTIONS:

1. Writing the BARRIERS in Part 1 and the MOTIVATORS in Part 2, translate the most relevant findings in your research table into factors. Most groups will start with 15 to 20 factors, but you could have more or fewer. Be sure to write **why** the primary actor does not carry out the behavior or steps.
2. Complete each Part:
  - a. Answer Question 1 for each factor
  - b. Only for the factors where you checked “✓”, go to Question 2 for Barriers and Question 3 for Motivators, answering all questions for one factor before continuing to the next factor
3. Once completed, choose the factors that have the most “yes” answers and write the selected factors on your Behavior Profile. Limit the number of critical factors to 8 to 12 so that you can focus on what most needs to be addressed or leveraged to encourage behavior change.

Critical Factors Selection Matrix - BARRIERS					
Part I: Factors Identified  BARRIERS	1. Which factors are most frequently supported as a barrier by the research? <sup>1</sup>  Check “✓” if the factor is well supported	2. If you checked “✓” for this BARRIER in Question 1: <sup>2</sup>			TOTAL number of Yes's
		a) Is overcoming this factor essential for any other factor to change? Or for the behavior to change?	b) Can you change this factor in the timeframe available to you?	c) Can you change this factor with the resources available to you	

<sup>1</sup> If any factors you selected reflect two sides of the same issue (e.g. barrier: communities don't support a behavior) or motivator (e.g. caregivers are more likely to adopt a behavior because the community supports it), consider choosing the one that appeared more strongly in the research or the one it seems most important to act on.

<sup>2</sup> If you say YES to 2(a), but NO to 2(b) and 2(c), you should reconsider whether it should be one of your priority behaviors.

**Critical Factors Selection Matrix - BARRIERS**

<p align="center"><b>Part I: Factors Identified</b></p> <p align="center"><b>BARRIERS</b></p>	<p><b>I. Which factors are most frequently supported as a barrier by the research?<sup>1</sup></b></p> <p><b>Check “√” if the factor is well supported</b></p>	<p><b>2. If you checked “√” for this BARRIER in Question 1:<sup>2</sup></b></p>			<p align="center"><b>TOTAL number of Yes’s</b></p>
		<p>a) Is overcoming this factor essential for any other factor to change? Or for the behavior to change?</p>	<p>b) Can you change this factor in the timeframe available to you?</p>	<p>c) Can you change this factor with the resources available to you?</p>	

### Critical Factors Selection Matrix - MOTIVATORS

Part 2: Factors Identified  MOTIVATORS	I. Which factors are most frequently supported as a motivator by the research? <sup>3</sup>  Check “√” if the factor is well supported	3. If you checked “√” for this MOTIVATOR in Question I			TOTAL number of Yes’s
		a) If leveraged, can it overcome any of the barriers on your list?	b) If leveraged, can it overcome any of the barriers on your list?	c) If leveraged, can it overcome any of the barriers on your list?	

<sup>3</sup> If any factors you selected reflect two sides of the same issue (e.g. barrier: communities don’t support a behavior) or motivator (e.g. caregivers are more likely to adopt a behavior because the community supports it), consider choosing the one that appeared more strongly in the research or the one it seems most important to act on.

# APPENDIX D: COLOR-CODED SAMPLE BEHAVIOR PROFILE

Antenatal Care (ANC)			
HEALTH GOAL	Improve maternal and child survival		
ACCELERATOR BEHAVIOR	Pregnant women complete a full course of quality antenatal care (ANC) % Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits		
	BEHAVIOR ANALYSIS		STRATEGY
STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>Pregnant women complete a full course of quality antenatal care (ANC)</p> <ol style="list-style-type: none"> <li>1. Recognize signs and symptoms of pregnancy</li> <li>2. Decide to seek ANC early, before the end of the first trimester</li> <li>3. Plan transport, resources, and logistics</li> <li>4. Attend all recommended ANC visits</li> <li>5. Obtain all required services from qualified provider at each visit</li> <li>6. Adhere to provider instructions during and following each visit, including when to return for the next visit</li> </ol>	<p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Pregnant women cannot access health facilities because they are too far</p> <p><b>Accessibility:</b> Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in additional to on-going essential expenditures</p> <p><b>Service Provider Competencies:</b> Pregnant women cannot obtain quality ANC because providers neither respect them nor effectively communicate relevant technical information or explain the benefits of the different services, tests, and medications given during ANC</p> <p><b>Service Experience:</b> Pregnant women do not go for ANC because the health facilities often lack the tests, medications, or supplements that women need, or payment is required when services and products should be free</p>	<p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing</p> <p><b>Providers:</b> Offer counseling and support to pregnant women during ANC visits, including thorough explanations of services provided as well as the importance of multiple visits and adherence to supplements or medications given</p> <p><b>Logistics Personnel:</b> Monitor and properly forecast stock of essential tests, medicines, and supplements</p> <p><b>Managers:</b> Provide effective supervision and on-site support to ensure quality ANC services</p>	<p><b>ENABLING ENVIRONMENT</b></p> <p><b>Financing:</b> Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC</p> <p><b>Quality Improvement:</b> Expand services and improve structures, including hours offered, types of services available, transparent costing of services when appropriate and use of ANC outreach services to encourage pregnant women to use ANC</p> <p><b>Quality Improvement:</b> Ensure that services are client and family-friendly and that counseling on follow-up care is provided to both the pregnant women and any family members accompanying her</p>
	<p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Many pregnant adolescents and unmarried women are reluctant to seek early care because of stigma or the risk that they will be asked to leave school or quit their job</p> <p><b>Norms:</b> Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy</p>	<p><b>COMMUNITY</b></p> <p><b>Community and Religious Leaders:</b> Publicly support or promote ANC including programs that attempt to reduce stigma and encourage women to talk to their partners about early pregnancy care</p> <p><b>Community Health Workers/Peer Educators:</b> Encourage or actively support women to seek a full course of ANC and to continue following provider's instructions once at home</p>	<p><b>DEMAND AND USE</b></p> <p><b>Communication:</b> Use targeted media, including SMS where possible, to send tailored reminders and tips for pregnant women and their families on both ANC attendance and adherence to supplements like iron and folic acid</p> <p><b>Communication:</b> Create pregnancy and new-mother groups to help mothers understand the benefits of care throughout pregnancy and the postpartum period</p>
	<p><b>INTERNAL</b></p> <p><b>Knowledge:</b> Most pregnant women attend at least one ANC visit because they understand its benefits</p>	<p><b>HOUSEHOLD</b></p> <p><b>Family Members:</b> Actively participate in ANC and support women, especially first-time mothers and adolescents, in all aspects of pregnancy and delivery planning</p> <p><b>Male Partners:</b> Actively support finances, planning, and transportation for ANC for pregnant women</p>	<p><b>Collective Engagement:</b> Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits</p>



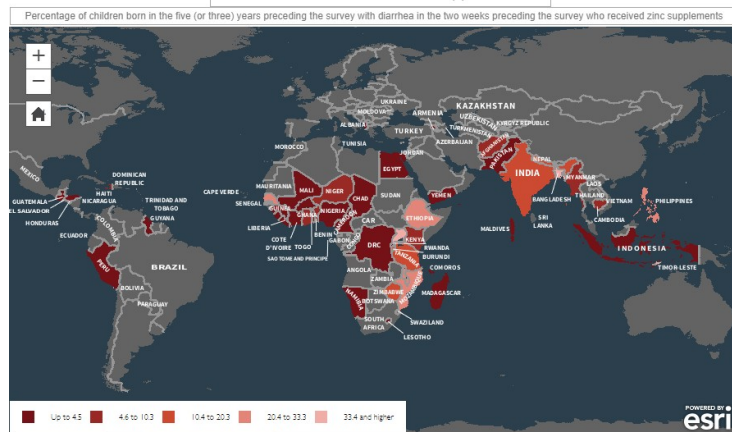
## APPENDIX E: LETTER-CODED SAMPLE BEHAVIOR PROFILE

Antenatal Care (ANC)			
HEALTH GOAL	Improve maternal and child survival		
ACCELERATOR BEHAVIOR	Pregnant women complete a full course of quality antenatal care (ANC) % Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits		
STEPS	BEHAVIOR ANALYSIS		STRATEGY
	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p><b>Pregnant women complete a full course of quality antenatal care (ANC)</b></p> <ol style="list-style-type: none"> <li>Recognize signs and symptoms of pregnancy</li> <li>Decide to seek ANC early, before the end of the first trimester</li> <li>Plan transport, resources, and logistics</li> <li>Attend all recommended ANC visits</li> <li>Obtain all required services from qualified provider at each visit</li> <li>Adhere to provider instructions during and following each visit, including when to return for the next visit</li> </ol>	<p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Pregnant women cannot access health facilities because they are too far <b>A</b></p> <p><b>Accessibility:</b> Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in additional to on-going essential expenditures <b>B</b></p> <p><b>Service Provider Competencies:</b> Pregnant women cannot obtain quality ANC because providers neither respect them nor effectively communicate relevant technical information or explain the benefits of the different services, tests, and medications given during ANC <b>C</b></p> <p><b>Service Experience:</b> Pregnant women do not go for ANC because the health facilities often lack the tests, medications, or supplements that women need, or payment is required when services and products should be free <b>D</b></p>	<p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing <b>A</b> <b>B</b></p> <p><b>Providers:</b> Offer counseling and support to pregnant women during ANC visits, including thorough explanations of services provided as well as the importance of multiple visits and adherence to supplements or medications given <b>C</b></p> <p><b>Logistics Personnel:</b> Monitor and properly forecast stock of essential tests, medicines, and supplements <b>D</b></p> <p><b>Managers:</b> Provide effective supervision and on-site support to ensure quality ANC services <b>C</b> <b>D</b></p>	<p><b>ENABLING ENVIRONMENT</b></p> <p><b>Financing:</b> Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC <b>A</b> <b>B</b></p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC <b>D</b></p> <p><b>Quality Improvement:</b> Expand services and improve structures, including hours offered, types of services available, transparent costing of services when appropriate and use of ANC outreach services to encourage pregnant women to use ANC <b>A</b> <b>B</b> <b>D</b> <b>E</b> <b>G</b></p> <p><b>Quality Improvement:</b> Ensure that services are client and family-friendly and that counseling on follow-up care is provided to both the pregnant women and any family members accompanying her <b>A</b> <b>B</b> <b>C</b></p>
	<p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Many pregnant adolescents and unmarried women are reluctant to seek early care because of stigma or the risk that they will be asked to leave school or quit their job <b>E</b></p> <p><b>Norms:</b> Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy <b>F</b></p>	<p><b>COMMUNITY</b></p> <p><b>Community and Religious Leaders:</b> Publicly support or promote ANC including programs that attempt to reduce stigma and encourage women to talk to their partners about early pregnancy care <b>E</b> <b>F</b></p> <p><b>Community Health Workers/Peer Educators:</b> Encourage or actively support women to seek a full course of ANC and to continue following provider's instructions once at home <b>B</b> <b>E</b> <b>F</b> <b>G</b></p>	<p><b>DEMAND AND USE</b></p> <p><b>Communication:</b> Use targeted media, including SMS where possible, to send tailored reminders and tips for pregnant women and their families on both ANC attendance and adherence to supplements like iron and folic acid <b>E</b> <b>F</b> <b>G</b></p> <p><b>Communication:</b> Create pregnancy and new-mother groups to help mothers understand the benefits of care throughout pregnancy and the postpartum period <b>E</b> <b>F</b> <b>G</b></p> <p><b>Collective Engagement:</b> Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits <b>E</b> <b>F</b> <b>G</b></p>
	<p><b>INTERNAL</b></p> <p><b>Knowledge:</b> Most pregnant women attend at least one ANC visit because they understand its benefits <b>G</b></p>	<p><b>HOUSEHOLD</b></p> <p><b>Family Members:</b> Actively participate in ANC and support women, especially first-time mothers and adolescents, in all aspects of pregnancy and delivery planning <b>A</b> <b>B</b> <b>E</b> <b>F</b></p> <p><b>Male Partners:</b> Actively support finances, planning, and transportation for ANC for pregnant women <b>A</b> <b>B</b> <b>F</b></p>	

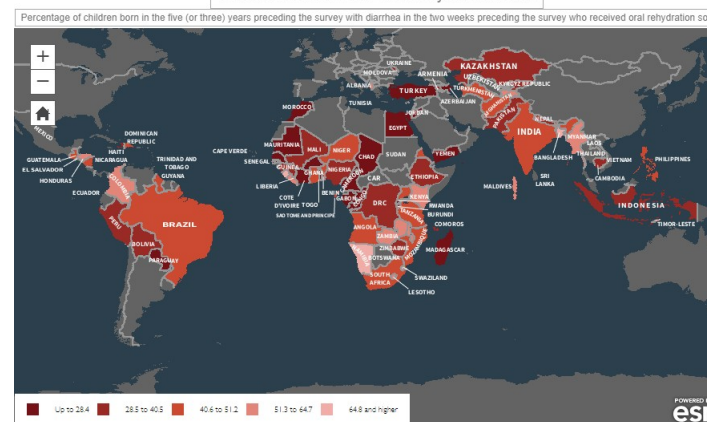
## APPENDIX F: SAMPLE COMPLETED RESEARCH TABLE, MANAGEMENT OF DIARRHEA

<b>BEHAVIOR</b>	Caregivers appropriately manage diarrhea in children
<b>STEPS</b>	<ol style="list-style-type: none"> <li>1. Recognize signs and symptoms of diarrhea</li> <li>2. If the child is breastfeeding or drinking poorly or has signs of dehydration or blood in the stool, provide ORS and seek immediate care from a trained provider. If these signs are not present, follow the steps listed below.</li> <li>3. Obtain quality, low osmolarity ORS and full course of zinc</li> <li>4. Give child ORS throughout the diarrheal episode</li> <li>5. Give child a daily zinc supplement (usually for 10 to 14 days)</li> <li>6. Continue or increase breastfeeding appropriate for age</li> <li>7. Continue other fluids and feeding as possible during illness</li> <li>8. Provide extra food according to age for at least 2 weeks following illness</li> </ol>
<b>RELATED INFORMATION</b>	<ul style="list-style-type: none"> <li>• Zinc should be co-packaged and not mixed in with ORS directly. Mixing zinc into ORS is not harmful. However, it can prevent knowing how much zinc the child has consumed, and a course of zinc should be longer than the recommended course of ORS.</li> <li>• The current WHO guideline is: Mothers, other caregivers and health workers should provide children with 20 mg per day of zinc supplementation for 10-14 days (10 mg per day for infants under the age of six months)</li> <li>• Global coverage rate of zinc and ORS per guidelines is only 7%.</li> </ul>

Treatment of diarrhea: Zinc supplements



Treatment of diarrhea: Oral rehydration solution



Source: StatCompiler <https://www.statcompiler.com/en/>

FACTORS TO CONSIDER	DEFINITION	RELEVANT RESEARCH FINDINGS (insert as summary bullets, cut-and-paste from articles or in any other format that will aid in a discussion as you create behavior profiles on whether that factor is important. Provide references and note sources at end)
<b>Structural</b>		
<b>Accessibility</b>	The primary actor's opportunity to practice the behavior given external, usually physical constraints	<ul style="list-style-type: none"> <li>• Mothers don't seek treatment at a health facility because of lack of transportation and distance to the health facility (5)</li> <li>• Caregivers seek less expensive alternatives before visiting a formal or licensed care provider because of the cost of professional treatment (8)</li> <li>• Caregivers do not seek care from a provider outside the home because treatment is too expensive, travel is too far, they are unable to take time off from work, or they are deterred by local impediments (i.e. floods and social unrest) (8)</li> <li>• Caregivers cannot access ORS because oral rehydration therapy dispensaries frequently run out of ORS packages, salt tablets, sugar tablets, and zinc tablets, and have delays in resupplying (14)</li> <li>• Caregivers do not use zinc to treat diarrhea because it is expensive (16, 18)</li> <li>• Caregivers do not give the child zinc with ORS because zinc is not available at the hospitals where they seek treatment (18)</li> <li>• Caregivers do not buy ORS packaged with zinc because it is significantly more expensive than ORS alone (18)</li> </ul>
<b>Service Provider Competencies</b>	<p>The primary actor's perception of the competency of those providing the service</p> <p>Note: This is only applicable if the primary actor uses a service. If the service provider (e.g. a health worker, a government employee, a business) is the primary actor, their actual competencies should be considered under "Skills"</p>	<ul style="list-style-type: none"> <li>• Caregivers do not seek treatment at a health facility because they question the ability of health care providers to treat (6)</li> <li>• Caregivers do not seek treatment at a health facility because they are dissatisfied with the quality of care (8)</li> <li>• Caregivers do not use zinc with ORS because providers remove the zinc from the co-packaged product before giving it to them, saying it does not work on diarrhea (18)</li> </ul>

<b>Service Experience</b>	The primary actor's perception of their overall experience with structural aspects such as infrastructure, equipment, and response time when receiving the service	<ul style="list-style-type: none"> <li>Caregivers do not seek treatment at health facilities because of prolonged waiting times, lack of drugs, and cost of medical services (15)</li> <li>Caregivers do not seek treatment at health facilities because of a lack of health workers (due to failure to show up for work, a severe shortage of health workers, and using health workers for other specific health campaigns) (15)</li> <li>Caregivers are delayed in seeking treatment because they prefer private providers "due to factors related to convenience, prompt care and more courteous service" relative to government health facilities (13)</li> </ul>
<b>Social</b>		
<b>Family and Community Support</b>	Proactive or passive help, encouragement, or attitudes toward a behavior by family members, peers or others in the community at large	<ul style="list-style-type: none"> <li>Mothers use herbal remedies to treat diarrhea as a result of misleading counsel from family members, particularly grandmothers (10)</li> <li>Mothers do not take their child to a health clinic because they do not receive required permission from their husband (14)</li> </ul>
<b>Gender</b>	The specific influence of gender dynamics or relationships on the practice of a behavior	<ul style="list-style-type: none"> <li>Mothers are less likely to seek treatment for girls than boys which could be due to cultural influence and gender inequality (13)</li> </ul>
<b>Norms</b>	The acceptability and standards for practice of a behavior dictated by religious, cultural or other social networks, including workplace norms	<ul style="list-style-type: none"> <li>Caregivers use traditional treatments such as herbal extracts and belly massages because the community still values them (5)</li> <li>Caregivers perceive teething to be the main cause of diarrhea and therefore a normal part of childhood (12, 13, 14)</li> </ul>
<b>Internal</b>		
<b>Attitudes and Beliefs</b>	The primary actor's personal judgment, feeling, or emotion towards a behavior	<ul style="list-style-type: none"> <li>Caregivers only use "a pinch at a time" of ORS because they are concerned about wasting leftover ORS, which results in highly variable concentrations and inconsistent dosing (2)</li> <li>Caregivers are dissatisfied with the taste of ORS and feel that it is difficult to get a child to drink it (2)</li> <li>Caregivers are accustomed to using antibiotics and feel strongly about continuing to use them because of their positive associations and previous experiences with antibiotics (11)</li> <li>Caregivers delay seeking treatment because they believe that the illness may subside by itself over time (5)</li> <li>Caregivers are skeptical about using zinc because of the relative novelty of zinc in comparison to the perceived effectiveness of antibiotics (11)</li> <li>Caregivers choose not to seek treatment because they perceive a high cost of treatment and transportation challenges (14)</li> <li>Caregivers did not give a full dose of zinc because the child complained of unpleasant taste, vomiting, or continued diarrhea (16)</li> </ul>

		<ul style="list-style-type: none"> <li>Caregivers give the child zinc with ORS because they believe it helps strengthen the child's immune system and reduces the severity of diarrhea (17)</li> </ul>
<b>Self-Efficacy</b>	<p>The primary actor's personal confidence in their ability to exert control over successfully practicing a behavior</p> <p>Note: This factor may not be applicable in many cases beyond health</p>	<ul style="list-style-type: none"> <li>Caregivers may be more likely to comply fully with the shorter course of zinc treatment because it corresponds to the typical duration of illness and reinforces confidence and self-efficacy (3)</li> </ul>
<b>Knowledge</b>	<p>The required information the primary actor's needs to complete a set of actions or practice a behavior completely and competently</p>	<ul style="list-style-type: none"> <li>Caregivers do not fully know the dangers associated with diarrhea nor the effectiveness and affordability of ORS because they have not been educated about them (1)</li> <li>Mothers decrease food and drink frequency at onset of diarrhea because they think it is beneficial for the child; they have not received sufficient education about diarrhea and diarrhea management (7)</li> <li>Mothers do not know appropriate feeding practices during diarrhea and believe that food should be withheld or reduced because they have not been properly informed (10)</li> <li>Caregivers do not know the danger signs for when to visit a service provider immediately (i.e. blood in the stool, convulsions) because they were not educated about it (14)</li> <li>Caregivers do not use zinc to treat diarrhea because they lack knowledge about the importance of using zinc with ORS (16, 17)</li> </ul>
<b>Skills</b>	<p>The primary actor's ability to perform a set of tasks required to practice the behavior</p>	<ul style="list-style-type: none"> <li>Caregivers do not know how to properly prepare oral rehydration salts and salt-sugar solution because they have not been shown by a health worker (14)</li> <li>Caregivers do not use zinc to treat diarrhea because they are unsure of how to administer it (16)</li> </ul>

<b>POTENTIAL ACTORS/ACTIONS</b>	<b>DEFINITION</b>	<b>RELEVANT RESEARCH FINDINGS</b> (insert as summary bullets, cut-and-paste from articles or in any other format that will aid in a discussion as you create behavior profiles on whether that factor is important. Provide references and note sources at end)
<b>Institutional</b>		
<b>Policymakers</b>	People who design and implement policies	Not identified in the research
<b>Managers</b>	People who supervise or manage others, including potentially the primary actor or a service provider providing a service to the primary actor	<ul style="list-style-type: none"> <li>Address the use of antidiarrheal drugs, including emphasizing that indiscriminate use of antibiotics can lead to microbial resistance, adverse reactions, and increased treatment cost (10)</li> </ul>

<b>Logistics Personnel</b>	People in charge of managing product of commodity supply chain at all levels	<ul style="list-style-type: none"> <li>• Ensure supply and availability of quality and affordable zinc (4)</li> </ul>
<b>Providers</b>	People who directly provide services to an end-user, client or customer	<ul style="list-style-type: none"> <li>• Ensure that ORS is used in tandem with antibiotics when antibiotics are appropriate (2)</li> <li>• Attend trainings to improve childhood diarrhea management practices (4)</li> <li>• Only prescribe antibiotics when appropriate (4)</li> <li>• Follow the Integrated Management of Childhood Illness guidelines (8)</li> <li>• Educate mothers at every opportunity to increase knowledge of diarrheal disease and reduce inappropriate practices (9)</li> <li>• Reach out not only to mothers but also to other members of the family that are influential in making decisions regarding care of children with diarrhea (10)</li> <li>• Refuse requests by caregivers for inappropriate treatments and use negotiation techniques to persuade customers to accept advice (11)</li> <li>• Refrain from deferring to customers' requests and demands in order to promote customer satisfaction and maintain customer base (11)</li> <li>• Keep and record more information on services provided by oral rehydration therapy dispensaries, and ensure availability and adherence to protocols and guidelines for delivering oral rehydration therapy dispensary services (14)</li> </ul>
<b>Employers</b>	People or organizations that employ people	Not identified in the research
<b>Community</b>		
<b>Community Leaders</b>	People viewed as having influence and representing the community	Not identified in the research
<b>Religious Leaders</b>	People viewed as having influence within a religion	Not identified in the research
<b>Teachers</b>	People that teach others, usually in a school setting	Not identified in the research
<b>Household</b>		
<b>Family Members</b>	Immediate or extended family members such as parents, grandparents, aunts, uncles, or siblings	<ul style="list-style-type: none"> <li>• Grandmothers: Refrain from counseling mothers on the use of herbal remedies (10)</li> </ul>
<b>Male Partners</b>	Spouses, boyfriends, or other male companions	<ul style="list-style-type: none"> <li>• Give the required permission for mothers to take children who are sick with diarrhea to the health clinic (14)</li> </ul>

SOURCE #	CITATION	LINK
1	Amare D, Mullu G. Mothers' Attitude Towards Childhood Diarrhea Management and Prevention in Under Five Children in Fenote Selam Town, West Gojjam, Amhara, Northwest Ethiopia. <i>Science Journal of Public Health</i> . 2015;3(3):398.	<a href="http://article.sciencepublishinggroup.com/pdf/10.11648.j.sjph.20150303.25.pdf">http://article.sciencepublishinggroup.com/pdf/10.11648.j.sjph.20150303.25.pdf</a>
2	Awoke W. Prevalence of childhood illness and mothers'/caregivers' care seeking behavior in Bahir Dar, Ethiopia: A descriptive community based cross sectional study. <i>OJPM</i> . 2013;03(02):155-159.	<a href="https://file.scirp.org/pdf/OJPM_2013042922491202.pdf">https://file.scirp.org/pdf/OJPM_2013042922491202.pdf</a>
3	Charyeva Z, Cannon M, Oguntunde O, et al. Reducing the burden of diarrhea among children under five years old: lessons learned from oral rehydration therapy corner program implementation in Northern Nigeria. <i>J Health Popul Nutr</i> . 2015;34:4.	<a href="https://jhpn.biomedcentral.com/articles/10.1186/s41043-015-0005-1">https://jhpn.biomedcentral.com/articles/10.1186/s41043-015-0005-1</a>
4	Degefa G, Gebreslassie M, Meles KG, Jackson R. Determinants of delay in timely treatment seeking for diarrheal diseases among mothers with under-five children in central Ethiopia: A case control study. <i>PLoS One</i> . 2018;13(3):e0193035.	<a href="https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0193035&amp;type=printable">https://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0193035&amp;type=printable</a>
5	El-Khoury M, Banke K, Sloane P. Improved Childhood Diarrhea Treatment Practices in Ghana: A Pre-Post Evaluation of a Comprehensive Private-Sector Program. <i>Glob Health Sci Pract</i> . 2016;4(2):264-275.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4982250/pdf/264.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4982250/pdf/264.pdf</a>
6	Etea TD. Mother's perception and treatment seeking behaviour for childhood diarrhea in Dendi district, west Shoa, Ethiopia. <i>GJMEDPH</i> . 2014;3(3).	<a href="http://www.gjmedph.com/uploads/O5-Vo3No3.pdf">http://www.gjmedph.com/uploads/O5-Vo3No3.pdf</a>
7	Hassen S, Haidar J, Bogale AL. Occurrence of diarrhea and utilization of zinc bundled with ORS among caregivers of children less than five-years in addis ababa, ethiopia. <i>Journal of Public Health an Epidemiology</i> . 2017;24 (1_suppl) :S34. <a href="https://journals.sagepub.com/doi/full/10.1177/2047487317703526">https://journals.sagepub.com/doi/full/10.1177/2047487317703526</a> . doi: 10.1177/2047487317703526.	<a href="https://academicjournals.org/journal/JJPH/article-full-text/AFB9A8358396">https://academicjournals.org/journal/JJPH/article-full-text/AFB9A8358396</a>
8	Masangwi S, Ferguson N, Grimason A, Morse T, Kazembe L. Care-Seeking for Diarrhoea in Southern Malawi: Attitudes, Practices and Implications for Diarrhoea Control. <i>Int J Environ Res Public Health</i> . 2016;13(11). doi:10.3390/ijerph13111140	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5129350/pdf/ijerph-13-01140.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5129350/pdf/ijerph-13-01140.pdf</a>
9	Merga N, Alemayehu T. Knowledge, perception, and management skills of mothers with under-five children about diarrhoeal disease in indigenous and resettlement communities in Assosa District, Western Ethiopia. <i>J Health Popul Nutr</i> . 2015;33(1):20-30.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4438645/pdf/jhpn0033-0020.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4438645/pdf/jhpn0033-0020.pdf</a>
10	Mukiira C, Ibisomi L. Health care seeking practices of caregivers of children under 5 with diarrhea in two informal settlements in Nairobi, Kenya. <i>J Child Health Care</i> . 2015;19(2):254-264.	<a href="http://journals.sagepub.com/doi/pdf/10.1177/1367493513508231">http://journals.sagepub.com/doi/pdf/10.1177/1367493513508231</a>
11	Nasrin D, Wu Y, Blackwelder WC, et al. Health care seeking for childhood	<a href="http://www.ajtmh.org/docserver/fulltext/14761645/89/1_Suppl/3.pdf?expires">http://www.ajtmh.org/docserver/fulltext/14761645/89/1_Suppl/3.pdf?expires</a>

	diarrhea in developing countries: evidence from seven sites in Africa and Asia. <i>Am J Trop Med Hyg.</i> 2013;89(1 Suppl):3-12.	=1536087255&id=id&accname=guest&checksum=524A7D91BE127E36EF5D01AE0E5AF5B2
12	Raji MO, Abdullahi U, Raji IA, Oladigbolu RA, Kaoje AU, Awosan KJ, Tobin EA, Isah EC, Asogun DA. Caregivers knowledge, home treatment of diarrhoea disease and predictors of child diarrhoea disease in a semi urban community of Sokoto, North-west, Nigeria. <i>Journal of Public Health and Epidemiology.</i> 2017;9(2):16-23.	<a href="https://academicjournals.org/journal/JJPH/article-full-text-pdf/981D7ED62647">https://academicjournals.org/journal/JJPH/article-full-text-pdf/981D7ED62647</a>
13	Renaudie K. Knowledge, attitudes and practices addressing young child diarrhoea in moramanga, madagascar: The MOSAIQUE cross cultural qualitative study. 2011.	<a href="http://docplayer.net/59330767-Knowledge-attitudes-and-practices-addressing-young-child-diarrhoea-in-moramanga-madagascar-the-mosaique-cross-cultural-qualitative-study.html">http://docplayer.net/59330767-Knowledge-attitudes-and-practices-addressing-young-child-diarrhoea-in-moramanga-madagascar-the-mosaique-cross-cultural-qualitative-study.html</a>
14	Rosapep L, Sanders E, Banke K. The influence of customer-medicine seller transactional dynamics on childhood diarrhoea management: a qualitative study in Ghana. <i>Health Policy Plan.</i> 2017;32(4):527-537.	<a href="https://www.ncbi.nlm.nih.gov/pubmed/28073934">https://www.ncbi.nlm.nih.gov/pubmed/28073934</a>
15	Simpson E, Zwisler G, Moodley M. Survey of caregivers in Kenya to assess perceptions of zinc as a treatment for diarrhea in young children and adherence to recommended treatment behaviors. <i>J Glob Health.</i> 2013;3(1):010405.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700037/pdf/jogh-03-010405.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700037/pdf/jogh-03-010405.pdf</a>
16	Tobin EA, Isah EC, Asogun DA. Care Giver's Knowledge About Childhood Diarrheal Management in a Rural Community in South-South Nigeria. <i>International Journal of Community Research.</i> 2014;3(4):93-99.	<a href="https://www.ajol.info/index.php/ijcr/article/view/111310">https://www.ajol.info/index.php/ijcr/article/view/111310</a>
17	Wang W, MacDonald VM, Paudel M, Banke KK. National scale-up of zinc promotion in nepal: Results from a post-project population-based survey.(report). <i>Journal of Health Population and Nutrition.</i> 2011;29(3):207. doi: 10.3329/jhpn.v29i3.7868.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3131121/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3131121/</a>
18	Zwisler G, Simpson E, Moodley M. Treatment of diarrhea in young children: results from surveys on the perception and use of oral rehydration solutions, antibiotics, and other therapies in India and Kenya. <i>J Glob Health.</i> 2013;3(1):010403.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700033/pdf/jogh-03-010403.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700033/pdf/jogh-03-010403.pdf</a>



## APPENDIX G: SAMPLE COMPLETED CRITICAL FACTORS SELECTION MATRIX

Factors highlighted in red indicate those selected as critical based on this assessment.

Critical Factors Selection Matrix - BARRIERS					
Part I: Factors Identified  BARRIERS	I. Which factors are most frequently supported as a barrier by the research <sup>1</sup> ?  Check “✓” if the factor is well supported	2. If you checked “✓” for this BARRIER <sup>2</sup> :			TOTAL number of Yes’s
		a) Is overcoming this factor essential for any other factor to change? Or for the behavior to change?	b) Can you change this factor in the timeframe available to you?	c) Can you change this factor with the resources available to you?	
<b>Accessibility:</b> Pregnant women cannot access health facilities because they are too far	✓	Yes	Yes	Yes	3
<b>Accessibility:</b> Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in addition to on-going essential expenditure	✓	Yes	Yes	Yes	3
<b>Service Provider Competencies:</b> Pregnant women cannot obtain quality ANC because providers neither respect them nor effectively communicate relevant technical information or explain the benefits of the different services, tests, and medication given during ANC	✓	Yes	Yes	Yes	3

<sup>1</sup> If any factors you selected reflect two sides of the same issue (e.g. barrier: communities don’t support a behavior) or motivator (e.g. caregivers are more likely to adopt a behavior because the community supports it), consider choosing the one that appeared more strongly in the research or the one it seems most important to act on.

<sup>2</sup> If you say YES to 2(a), but NO to 2(b) and 2(c), you should reconsider whether it should be one of your priority behaviors.

### Critical Factors Selection Matrix - BARRIERS

Part I: Factors Identified  BARRIERS	I. Which factors are most frequently supported as a barrier by the research <sup>1</sup> ?  Check “✓” if the factor is well supported	2. If you checked “✓” for this BARRIER <sup>2</sup> :			TOTAL number of Yes's
		a) Is overcoming this factor essential for any other factor to change? Or for the behavior to change?	b) Can you change this factor in the timeframe available to you?	c) Can you change this factor with the resources available to you?	
<b>Service Experience:</b> Pregnant women do not seek care because health facilities are poorly maintained	✓	No	No	No	0
<b>Services Experience:</b> Pregnant women do not go for ANC because the health facilities often lack the tests, medications, and supplements that women need, or payment is required when services and products should be free	✓	Yes	Yes	Yes	3
<b>Service Experience:</b> Pregnant women do not attend health facilities because the hours of operation are inconvenient or not posted	✓	No	Yes	Yes	2
<b>Family and Community Support:</b> Many pregnant adolescent and unmarried women are reluctant to seek early care because of the stigma or the risk that they will be asked to leave school or quit their job	✓	Yes	Yes	Yes	3
<b>Family and Community Support:</b> Pregnant women do not seek ANC from health facilities because their family members prefer traditional practitioners	Not well supported	---	---	---	Do not consider

### Critical Factors Selection Matrix - BARRIERS

Part I: Factors Identified  BARRIERS	I. Which factors are most frequently supported as a barrier by the research?  Check “✓” if the factor is well supported	2. If you checked “✓” for this BARRIER <sup>2</sup> :			TOTAL number of Yes's
		a) Is overcoming this factor essential for any other factor to change? Or for the behavior to change?	b) Can you change this factor in the timeframe available to you?	c) Can you change this factor with the resources available to you?	
<b>Gender:</b> Women do not seek ANC because the decision to attend is made by their husbands and they do not support the visits	✓	Yes	No	Yes	2
<b>Norms:</b> Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy	✓	Yes	Yes	Yes	3
<b>Attitudes and Beliefs:</b> Pregnant women do not seek ANC because they do not see the value of ANC, of early ANC attendance or of multiple ANC visits	✓	No	No	No	0
<b>Knowledge:</b> Pregnant women do not attend multiple ANC visits because they do not understand the ANC schedule	Not well supported	---	---	---	Do not consider

### Critical Factors Selection Matrix - MOTIVATORS

Part 2: Factors Identified  MOTIVATORS	I. Which factors are most frequently supported as a motivator by the research <sup>3</sup> ?  Check “✓” if the factor is well supported	3. If you checked “✓” for this MOTIVATOR in Question 1:			TOTAL number of Yes’s
		a) If leveraged, can it overcome any of the barriers on your list?	b) If leveraged, can it overcome any of the barriers on your list?	c) If leveraged, can it overcome any of the barriers on your list?	
<b>Knowledge:</b> Most pregnant women attend at least one ANC visit because they understand its benefits	✓	Yes	Yes	Yes	3
<b>Attitudes and Beliefs:</b> Pregnant women would consider ANC because they do not fear the side effects	Not well supported	---	---	---	Do not consider

<sup>3</sup> If any factors you selected reflect two sides of the same issue (e.g. barrier: communities don’t support a behavior) or motivator (e.g. caregivers are more likely to adopt a behavior because the community supports it), consider choosing the one that appeared more strongly in the research or the one it seems most important to act on.

## APPENDIX H: HOW TO READ A BEHAVIOR PROFILE

A Behavior Profile is one of the tools Think | BIG offers to support evidence-based decision making. Each priority behavior is analyzed to identify pathways to change by linking factors to actions. A Behavior Profile puts all essential information about a priority behavior in a simple-to-read table.

HEALTH GOAL		BEHAVIOR		7 Measure outcomes	
HEALTH GOAL		BEHAVIOR		7 Measure outcomes	
Improve maternal and child survival and reduce malnutrition		Pregnant women complete a full course of quality antenatal care (ANC)		Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits	
BEHAVIOR ANALYSIS				STRATEGY	
BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS		POSSIBLE PROGRAM STRATEGIES	
<p><b>1</b> Review the behavior</p> <p>Behavior</p> <p>Pregnant women complete a full course of quality antenatal care (ANC)</p> <p>Steps</p> <ol style="list-style-type: none"> <li>1. Recognize signs and symptoms of pregnancy</li> <li>2. Decide to seek ANC before the end of the first trimester</li> <li>3. Plan transport, resources, and logistics</li> <li>4. Attend all recommended ANC visits</li> <li>5. Obtain all required services from qualified provider at each visit</li> <li>6. Adhere to provider instructions during and following each visit, including when to return for the next visit</li> </ol> <p><b>2</b> Examine the Steps</p>	<p><b>3</b> Review critical factors</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Pregnant women cannot access health facilities because they are too far</p> <p><b>Accessibility:</b> Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in addition to on-going essential expenditures</p> <p><b>Competencies:</b> Pregnant women do not plan to attend, or attend ANC because providers do not provide relevant technical information or explain the benefits of the different services, tests, and medications given during ANC</p> <p><b>Service Experience:</b> Pregnant women do not go for ANC because the health facilities often lack the tests, medications, or supplements that women need, or payment is required when services and products should be free</p> <p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Many pregnant adolescents and unmarried women are reluctant to seek early care because of stigma or the risk that they will be asked to leave school or quit their job</p> <p><b>Family and Community Support:</b> Pregnant women do not plan to attend, or attend ANC because family and community members do not encourage or support their attendance</p>	<p><b>4</b> Examine supporting actors and actions</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing.</p> <p><b>Policymakers:</b> Ensure pregnant adolescents can still attend school.</p> <p><b>Managers:</b> Provide effective supervision and on-site support to ensure quality ANC services.</p> <p><b>Logistics Personnel:</b> Monitor and properly forecast stock of essential tests, medicines, and supplements.</p> <p><b>Providers:</b> Offer counseling and support to pregnant women during ANC visits, including thorough explanations of services provided as well as the importance of multiple visits and adherence to supplements or medications given.</p> <p><b>Managers/Providers:</b> Encourage or actively support women to seek a full course of ANC and to continue following provider's instructions once at home.</p> <p><b>COMMUNITY</b></p> <p><b>Community and Religious Leaders:</b> Publicly support or promote ANC including programs that attempt to reduce stigma and encourage women to talk to their partners about early pregnancy care.</p>		<p><b>5</b> Look at possible program strategies</p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Financing:</b> Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC.</p> <p><b>Financing:</b> Finance task-shifting and explore community-based service delivery such as iron and folic acid supplements.</p> <p><b>Policies and Governance:</b> Adopt and enforce policies to permit pregnant adolescents to attend school.</p> <p><b>Policies and Governance:</b> Establish a policy for areas with poor health facility access to have the most basic ANC services, such as iron and folic acid supplement resupply managed at the community level.</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC.</p> <p><b>Quality Improvement:</b> Train and support providers to emphasize value of completing all ANC visits as well as active birth planning.</p> <p><b>Quality Improvement:</b> Expand services and improve structures, including hours offered, types of services available, transparent costing of services when appropriate and use of ANC outreach services to encourage pregnant women to use ANC.</p>	

Use the image above and numbers below to learn how to read a Behavior Profile:

1. First, review the behavior. The behavior should be written from the perspective of the primary actor, i.e. the individual who should carry out the behavior. This behavior sets the framework for the entire Behavior Profile.
2. Second, examine the steps that are needed for the primary actor to practice the behavior to be sure that you are enabling him or her to do so.

3. Next, review the critical factors – structural, social, and internal – to understand what is inhibiting the primary actor from practicing the behavior or motivating the primary actor to practice the behavior.
4. Then, examine what other actors must support the primary actor to practice the behavior and what actions those supporting actors must take.
5. Finally, look at the possible program strategies that can be implemented with the primary actor and/or the supporting actors to overcome or leverage the factors and achieve the desired change in behavior. *Note: These possible program strategies are considered “illustrative” interventions when included in a procurement document.*
6. Illuminated pathways link factors to supporting actors and their actions and to possible program strategies, creating a logical pathway to change.
7. Measuring outcomes and outputs along the pathway allows you to collaborate on, learn from, and adapt programs working with implementing partners.

# APPENDIX I: TIPS FOR COMPLETING A BEHAVIOR PROFILE

## BEHAVIOR

A behavior is written from one **primary actor’s point of view**. It describes the Primary Actor you are working for and what you hope they can do as a result of your work. The **primary actor** is the beneficiary you are working **for**, not necessarily **with**.

Here is a formula that can help you write a behavior:

<b>SPECIFIC PRIMARY ACTOR + ACTION VERB + ISSUE TO BE ADDRESSED + GEOGRAPHY OR OTHER SPECIFICS (IF NEEDED)</b>
<b>Examples:</b> <ul style="list-style-type: none"><li>• Property-owning citizens pay full property rates annually</li><li>• Energy consumers use reliable and affordable electricity services</li><li>• Teachers improve quality of instruction in the classroom</li><li>• Vulnerable households use social safety nets</li></ul>

---

## STEPS

The steps of the behavior are written from the **primary actor’s point of view**. The steps are those small actions that the primary actor needs to do to practice the behavior. Steps are not necessarily sequential. If the primary actor follows these steps, they have practiced the behavior.

---

## FACTORS

Factors are examined from the **primary actor’s point of view**. A factor can be a barrier (B) or a motivator (M). Factors describe “why” they are able or unable to practice the behavior or carry out a step needed to practice the behavior.

Here is a formula that can help you write a factor. Even if you don’t follow it exactly, be sure to focus on **WHY** the primary actor can or cannot act.

<b>PRIMARY ACTORS + DO/DO NOT or CAN/CANNOT (or similar) + SPECIFICS (what they do/cannot do) + BECAUSE (or similar) + SPECIFICS (why) + ADD (B) or (M)</b>
<b>Examples:</b> <ul style="list-style-type: none"><li>• Accessibility: Farmers do not use improved seeds because they cannot afford the high cost (B)</li><li>• Service Experience: Caregivers do not take a sick child to the clinic because they perceive it to be poorly equipped to treat sick children (B)</li><li>• Norms: Parents send children to primary school because most parents in the community do (M)</li><li>• Knowledge: Citizens do not pay property rates because they do not know how much to pay according to law (B)</li></ul>

---

## SUPPORTING ACTORS AND THEIR ACTIONS

Supporting actors' actions describe the other people that have to do something to address the factors to help the primary actor practice the behavior. Many times, the primary actor alone cannot practice the behavior without support of others in the system, including at the institutional-, community-, and household- levels.

Here is a formula that can help you write a supporting actor's action:

<b>ACTION VERB + WHAT (specifics linked to factor) + TIME/PLACE/POPULATION (if necessary)</b>
<p><b>Examples:</b></p> <ul style="list-style-type: none"><li>• Policymakers: Pass policy ensuring land-rights for women</li><li>• Community Microfinance Institutions: Provide financial literacy to the most vulnerable heads of household</li><li>• Teachers: Reinforce life-skills such as good hygiene during primary school</li><li>• Male Partners: Support women to publicly speak their opinions during town hall meetings</li></ul>

---

## STRATEGIES

Strategies describe what should be done in illustrative, general terms. Strategies are used to overcome a factor that inhibits practice of the behavior (barrier) or to leverage a factor that supports practice of the behavior (motivator). Strategies can incorporate a supporting actor's action to address the factor or can be directed toward a supporting actor who must take action for the primary actor to practice the behavior.

Here is a formula that can help you write a strategy:

<b>ACTION VERB FOR IMPLEMENTING PARTNER + CLEAR ILLUSTRATIVE STRATEGY</b>
<p><b>Examples:</b></p> <ul style="list-style-type: none"><li>• Develop and implement community-based female financial literacy programs</li><li>• Improve storage capacity for improved seeds and other inputs at the district level</li><li>• Build waiting shelters for pregnant women so they are comfortable while waiting for services</li><li>• Create district-level forums for head teachers to share perspectives on how to keep disadvantaged pupils in school</li></ul>

Note: Sometimes Enabling Environment Strategies and Systems, Products and Services strategies require their own supportive communication. If you feel that one of these strategies needs some communication for it to be effective, indicate this.



## APPENDIX J: WHAT ARE FACTORS?

Factors are things that inhibit or facilitate behaviors. Factors are examined from the **primary actor's point of view**. Factors describe “why” they are able or unable to practice the behavior or carry out a step needed to practice the behavior. A Factor can be a barrier (B) or a motivator (M), and it can be structural, social, or internal.

Here is a formula that can help you write a factor:

**PRIMARY ACTORS + DO/DO NOT or CAN/CANNOT (or similar) + SPECIFICS (what they do/cannot do)+ BECAUSE (or similar)+ SPECIFICS (why)+ ADD (B) or (M)**

Even if you don't follow the formula exactly, be sure to write **WHY** the primary actor can or cannot perform the behavior, rather than what the situation is.

Factors	Definition	Possible Aspects	Examples
<b>Structural</b>			
<b>Accessibility</b>	The primary actor's opportunity to practice the behavior given external, usually physical constraints	<ul style="list-style-type: none"> <li>✓ Cost</li> <li>✓ Time</li> <li>✓ Distance and transport</li> <li>✓ Availability</li> <li>✓ Physical access</li> <li>✓ Opportunity costs</li> </ul>	<ul style="list-style-type: none"> <li>• Primary actor does not have time to practice a new behavior (B)</li> <li>• Primary actor or institution does not have the funds required to practice behavior (B)</li> <li>• Primary actor cannot use the desired equipment because it costs too much or they cannot afford it (B)</li> </ul>
<b>Service Provider Competencies</b>	<p>The primary actor's perception of the competency of those providing the service</p> <p>Note: This is only applicable if the primary actor uses a service. If the service provider (e.g. a health worker, a government employee, a business) is the primary actor, their actual competencies should be considered under "Skills".</p>	<ul style="list-style-type: none"> <li>✓ Communication</li> <li>✓ Technical proficiency or skills</li> <li>✓ Respect</li> </ul>	<ul style="list-style-type: none"> <li>• Primary actor does not practice the steps or behavior because they do not feel the extension workers have the skills to train them properly (B)</li> <li>• Primary actor chooses not to utilize services as they feel disrespected by those who provide them (B)</li> <li>• User of the services does not buy local products because they perceive the system of quality control to be dysfunctional (B)</li> <li>• Parents do not send their children to school beyond grade 6 because they find that teachers are unable to maintain classroom discipline (B)</li> </ul>
<b>Service Experience</b>	The primary actor's perception of their overall experience with structural aspects such as infrastructure, equipment, and response time when receiving the service	<ul style="list-style-type: none"> <li>✓ Equipment</li> <li>✓ Infrastructure</li> <li>✓ Waiting times</li> <li>✓ Service hours</li> <li>✓ Supportive policies</li> <li>✓ Quality</li> </ul>	<ul style="list-style-type: none"> <li>• Primary actor does not use the equipment required to practice the behavior because they do not feel the machine works as it should (B)</li> <li>• Parents do not send children to school because teachers are frequently absent (B)</li> <li>• Individuals do not buy local products because they are of poor quality (B)</li> </ul>

Social			
<b>Family and Community Support</b>	Proactive or passive help, encouragement, or attitudes toward a behavior by family members, peers, colleagues, or others in the community at large	<ul style="list-style-type: none"> <li>✓ Monetary or material support</li> <li>✓ Moral support</li> <li>✓ Acceptance and approval</li> <li>✓ Task support</li> <li>✓ Collective action</li> <li>✓ Supporter knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Primary actor does not carry out the steps needed to practice the behavior because their family thinks they should stick to what they normally do and know (B)</li> <li>• Primary actor does not perform the behavior because they lack regular supervision, mentoring, and peer support (B)</li> </ul>
<b>Gender</b>	The specific influence of gender dynamics or relationships on the practice of a behavior	<ul style="list-style-type: none"> <li>✓ Decision-making</li> <li>✓ Control of income</li> <li>✓ Status and value of girls and women</li> </ul>	<ul style="list-style-type: none"> <li>• Primary actor cannot work the needed plot of land because they do not own/control the land their spouse/partner does (B)</li> <li>• Primary actor cannot carry out the behavior because burdens of traditionally female household duties and chores prevent her from doing so (B)</li> </ul>
<b>Norms</b>	The acceptability and standards for practice of a behavior dictated by religious, cultural, or other social networks, including workplace norms	<ul style="list-style-type: none"> <li>✓ Standard practice</li> <li>✓ Expected practices</li> <li>✓ Sanctions and enforcement</li> </ul>	<ul style="list-style-type: none"> <li>• Primary actor does not adopt a new practice because it is not the way they have done it for generations in their village (B)</li> <li>• Government employees do not implement a new practice because they are not able to question the status quo; they just execute their daily tasks (B)</li> <li>• Parents want to send their children to school because almost all families in their community send their children to primary school (M)</li> </ul>
Internal			
<b>Attitudes and Beliefs</b>	The primary actor's personal judgment, feeling, or emotion towards a behavior	<ul style="list-style-type: none"> <li>✓ Perceived value of the behavior</li> <li>✓ Perceived threat, fear, or consequences of the behavior</li> <li>✓ Perceived convenience</li> <li>✓ Perceived identity with the behavior</li> <li>✓ Perceived quality</li> <li>✓ Emotional response to the behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Primary actor does not try the new method because they believe that the new practice is much more work than the old one (B)</li> <li>• Primary actor does not use two of the steps required to practice the behavior because they feel that it will reduce their ability to save for their family (B)</li> <li>• Primary actor carries out the first two steps of the behavior because they believe it will benefit them (M)</li> <li>• Primary actor does not adopt a new practice because they feel it adds too much additional work to their day (B)</li> <li>• Primary actor does not send their child to school because they do not prioritize basic education (B)</li> </ul>

<b>Self-Efficacy</b>	<p>The primary actor's personal confidence in their ability to exert control over successfully practicing a behavior</p> <p>Note: This factor may not be applicable in many cases beyond health</p>	<p>✓ Confidence in ability</p>	<ul style="list-style-type: none"> <li>• Primary actor does not practice the steps or behaviors because they do not believe they can operate the equipment as needed (B)</li> <li>• Primary actor does not practice the behavior because they do not feel they can manage or influence others required to support a new behavior (B)</li> </ul>
<b>Knowledge</b>	<p>The required information the primary actor's needs to complete a set of actions or practice a behavior completely and competently</p>	<p>✓ Awareness ✓ Understanding ✓ Information</p>	<ul style="list-style-type: none"> <li>• Primary actor does not use the steps suggested because they do not know the benefits of the modern practices (B)</li> <li>• Primary actor does not follow the steps suggested because they do not understand how important it is to the outcome to follow them as suggested (B)</li> </ul>
<b>Skills</b>	<p>The primary actor's ability to perform a set of tasks required to practice the behavior</p>	<p>✓ Learned ability</p>	<ul style="list-style-type: none"> <li>• Primary actor does not use the steps or practice the behavior because they do not have the skills needed to operate the equipment (B)</li> </ul>

## APPENDIX K: WHO ARE SUPPORTING ACTORS? WHAT ARE THEIR ACTIONS?

Supporting actors' actions describe the other people that have to do something to address the factors to help the primary actor practice the behavior. Many times, the primary actor alone cannot practice the behavior without the support of others in the system, including at the institutional, community, and household- levels.

Here is a formula that can help you write a supporting actor's action:

**ACTION VERB + WHAT (specifics linked to factor) + TIME/PLACE/POPULATION (if necessary)**

Supporting Actors	Definition	Examples
<b>Institutional</b>		
<b>Policymakers</b>	People who design and implement policies	<ul style="list-style-type: none"> <li>• Policymakers advocate for financing of primary education</li> <li>• Policymakers pass policy ensuring land-rights for women</li> </ul>
<b>Managers</b>	People who supervise or manage others, including potentially the primary actor or a service provider providing a service to the primary actor	<ul style="list-style-type: none"> <li>• Managers hold service providers accountable, including conducting yearly performance assessments that include client satisfaction</li> <li>• Managers provide supportive supervision and allow training opportunities</li> </ul>
<b>Logistics Personnel</b>	People in charge of managing product or commodity supply chain at all levels	<ul style="list-style-type: none"> <li>• Medical supply chain managers ensure ordering system is adequately functioning</li> <li>• Cement delivery providers follow schedule</li> <li>• Ministry of Education personnel ensure each school and teacher has appropriate teaching materials</li> </ul>
<b>Providers</b>	People who directly provide services to an end-user, client, or customer	<ul style="list-style-type: none"> <li>• Financial institutions offer financing to women small-holder farmers</li> <li>• Electricity utilities adequately and fairly bill for electricity</li> <li>• Health workers conduct outreach to new mothers</li> </ul>
<b>Employers</b>	People or organizations that employ people	<ul style="list-style-type: none"> <li>• Employers hire as many women as men</li> <li>• Employers pay their employees on time</li> <li>• Employers offer space to new mothers for breastfeeding or expressing breast milk</li> </ul>
<b>Community</b>		
<b>Community Leaders</b>	People viewed as having influence and representing the community	<ul style="list-style-type: none"> <li>• Chiefs encourage all families to deliver babies in a health center</li> <li>• Community micro-lending groups provide financial literacy to the most vulnerable</li> </ul>
<b>Religious Leaders</b>	People viewed as having influence within a religion	<ul style="list-style-type: none"> <li>• Religious elders discuss adolescent sexuality with congregations</li> </ul>
<b>Teachers</b>	People that teach others, usually in a school setting	<ul style="list-style-type: none"> <li>• Teachers explain to parents how best to support children's learning at home</li> <li>• Teachers reinforce life skills lessons during school (e.g. hygiene)</li> <li>• Teachers incorporate financial literacy training into senior high-school</li> </ul>

Household		
<b>Family Members</b>	Immediate or extended family members such as parents, grandparents, aunts, uncles, or siblings	<ul style="list-style-type: none"> <li>• Family members encourage new mothers to seek health care immediately for any childhood illness</li> <li>• Extended family members support women's land rights</li> </ul>
<b>Male Partners</b>	Spouses, boyfriends, or other male companions	<ul style="list-style-type: none"> <li>• Male partners support women to feed scarce animal-source foods to young children</li> <li>• Male partners support women to publicly voice their opinions on local politics</li> </ul>

## APPENDIX L: WHAT ARE STRATEGIES?

Strategies describe what the Implementing Partner should do in illustrative, general terms. Strategies are used to overcome a factor that inhibits practice of the behavior (barrier) or to leverage a factor that supports practice of the behavior (motivator). Strategies can incorporate a supporting actor’s action to address the factor or can be directed toward a supporting actor who must take action for the primary actor to practice the behavior.

Here is a formula that can help you write a program strategy:

### ACTION VERB FOR IMPLEMENTING PARTNER + CLEAR ILLUSTRATIVE STRATEGY



Note: **Supportive Communication** is used to inform primary or supporting actors about changes or improvements in the enabling environment or in systems, products, and services. If your Enabling Environment or Systems, Products and Services strategies require Supportive Communication in order to be effective, add a symbol, such as a megaphone, next to the strategy to indicate this.

Strategy Type	Definition	Examples
<b>Enabling Environment</b>		
<b>Financing</b>	Ensure funding for the delivery of services and products	<ul style="list-style-type: none"> <li>• Initiate voucher schemes for paying transportation costs</li> <li>• Develop village savings and loan programs</li> <li>• Design and implement female financial literacy programs</li> </ul>
<b>Institutional Capacity Building</b>	Strengthen the structures and processes of institutions that deliver or manage programs, products, or services	<ul style="list-style-type: none"> <li>• Create training programs for the Ministry on social and behavior change</li> <li>• Strengthen technical working groups to ensure accountability</li> </ul>
<b>Partnerships and Networks</b>	Leverage synergies and common goals among two or more parties	<ul style="list-style-type: none"> <li>• Develop social franchising schemes for health clinics extend the reach of the health sector</li> <li>• Engage workplaces in the distribution of information, products, and services</li> </ul>
<b>Policies and Governance</b>	Develop, approve, and enforce policies or national guidelines	<ul style="list-style-type: none"> <li>• Develop guidelines that require teachers and school administrators to let pregnant adolescents stay in school</li> <li>• Create policy to mandate that newborns are kept in the same room with their mother</li> </ul>
<b>Systems, Products, and Services</b>		
<b>Infrastructure</b>	Build, improve, or alter physical structures that support services	<ul style="list-style-type: none"> <li>• Develop waiting shelters for pregnant women so that they are comfortable while waiting for services</li> <li>• Improve ambulance service at regional hospitals</li> </ul>
<b>Products and Technology</b>	Introduce new or improved goods	<ul style="list-style-type: none"> <li>• Develop baby potties appropriate for the household context</li> <li>• Have providers use automated client-contact forms to improve symptom tracking and counseling</li> </ul>

<b>Supply Chain</b>	Expand or strengthen systems to move products from manufacturers to customers or service delivery points	<ul style="list-style-type: none"> <li>• Improve storage capacity for essential products and medicines at the district level</li> <li>• Improve supply tracking at facility level to ensure appropriate and timely procurement</li> </ul>
<b>Quality Improvement</b>	Provide systematic and regular improvements to the delivery of services and programs	<ul style="list-style-type: none"> <li>• Integrate client satisfaction as a part of clinic-level quality assurance tools</li> <li>• Change service hours to better fit the client's lifestyle</li> </ul>
<b>Demand and Use</b>		
<b>Advocacy</b>	Generate commitment to the behavior and commitment to support adoption of the behavior	<ul style="list-style-type: none"> <li>• Support regular stakeholder discussions to share evidence and identify challenges</li> <li>• Start discussions between media managers and political leaders</li> <li>• Use community behavioral data to offer proof to communities about the situation</li> <li>• Cultivate local media champions to share healthy behavior message</li> </ul>
<b>Communication</b>	Inform, influence, and motivate individuals or groups	<ul style="list-style-type: none"> <li>• Develop communication to appeal to emotions underlying factors to support behavior change</li> <li>• Create community champions program to model healthy behaviors</li> <li>• Engage mentors and support groups to provide social support and influence for behavior change</li> <li>• Use social media in connected areas and social networks in unconnected areas to influence primary actors</li> </ul>
<b>Collective Engagement</b>	Mobilize individuals or groups to take collective action	<ul style="list-style-type: none"> <li>• Facilitate community dialogues to engage all community members in reflection and collective action</li> <li>• Cultivate a cadre of community mentors</li> </ul>
<b>Skills Building</b>	Teach individual or group skills needed to appropriately practice the behavior	<ul style="list-style-type: none"> <li>• Develop essential materials packages</li> <li>• Develop e-learning and applied game design for learning</li> <li>• Conduct onsite learning by doing or hands-on sessions</li> </ul>