

**The CHANGE Project
FY00 SEMI-ANNUAL REPORT
October 1, 2000 – March, 31, 2001**

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For more information, contact:

The CHANGE Project
Academy for Educational Development
1875 Connecticut Ave, NW Suite 900
Washington, DC 20009-5721

Tel: (202) 884-8892

Fax: (202) 884-8454

Email: changeinfo@aed.org

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Reproductive Health

Jamaica Adolescent Reproductive Health

In February 2000, USAID/Kingston, the Jamaican Ministry of Health, and The Futures Group International and their subcontractors launched the five-year Adolescent Reproductive Health (ARH) Project. The project aims to increase the use of reproductive health and HIV/STI services and preventive practices through access to quality services, improved knowledge and skills of young adults, and improved national policies. USAID/Kingston asked CHANGE to conduct an in-depth analysis of reproductive health behaviors among Jamaican adolescents, identify barriers and facilitators to adolescent reproductive health, and identify a few key areas for application of innovative behavior change approaches to support the larger ARH Project.

After several consultative visits to Jamaica to meet with USAID/Kingston, project counterparts at the Ministry of Health, ARH Project counterparts and NGO colleagues, CHANGE proposed that project development and subsequent activities be based on an "assets-based" or "resiliency" approach.

Assets-based approaches, including "positive deviance," have been under-used in program planning and interventions. Instead of beginning with a needs assessment to identify risk factors and system deficiencies, an assets-based approach looks for resilient individuals who succeed despite their high-risk profile. Rather than offering programs and services to fill gaps, an assets-based approach builds interventions from the ground up. By using resources already available in resource poor environments, programs have a better chance to be accepted and maintained than programs requiring costly inputs.

The approach first systematically identifies factors that have a protective effect on otherwise at-risk teens, and builds those factors into program interventions at the health center, school, community, household and/or individual level. In the case of Jamaica, the resilient teen, or "positive deviant," is the non-pregnant teen who is either postponing sex or using contraception. The objective is to identify a few key assets that these teens have developed that allow them to "do the right thing," and then to incorporate those factors into a community-based intervention.

CHANGE activities will focus on Clarendon Parish, one of three priority parishes for the ARH project. The ARH Project, known as "Youth.Now", will be concurrently work with the Clarendon MOH to improve "youth-friendly services," and assist the MOH in opening a Youth Center to provide counseling and other youth services in a safe and inviting environment. THUS, as the CHANGE intervention encourages youth to seek counseling and services, the MOH will be offering a new, improved service that reduces barriers to teens and better meets their needs.

Past Activities

- Julia Rosenbaum, CHANGE Deputy Director, and Melody Trott, CHANGE consultant made

several trips to Jamaica from Fall 1999 through the present to participate in project related activities, identify a field partner, and select a research firm to provide assistance in the conduct of formative research.

- CHANGE conducted a literature review of risk and protective factors related to adolescent reproductive health in Jamaica, which it distributed to partners and others in September 2000 (Literature Review on Adolescent Sexual Risk-taking and Protective Behavior in Jamaica. May 2000. The CHANGE Project. Academy for Educational Development. Washington, D.C.)
- CHANGE sponsored the first resiliency analysis to identify factors protecting Jamaican youth from a range of risk activities including drug and alcohol use, sexual activity and violence. The Ministry of Health and a CHANGE consultant conducted the analysis using the Jamaica data set of the Caribbean Youth Risk Behavior Survey to demonstrate a resiliency approach. The study was presented at the Jamaica Adolescent Health Forum in late 2000.

Data was obtained from the Caribbean Adolescent Health Survey (1996) provided by Pan American Health Organization, Caribbean sub-region in collaboration with the WHO Collaborating Centre on Adolescent Health, Department of Pediatrics , University of Minnesota and the Ministries of Health and Education (Jamaica).

Current Activities

This reporting period, CHANGE identified a research firm, Hope Enterprises, to assist with conducting the “assets-based research”, and a Clarendon-based NGO, Rural Family Support Organization, to serve as our research and implementation partner. Sole-source subagreements were negotiated with both organizations and will be signed early next reporting period.

Preparations for research are currently underway in Clarendon Parish, one of three priority regions for ARH project activities. The research adapts the well-respected California Healthy Kids (Assets) Survey to the Jamaica context. The survey examines various behaviors of interest and their relationship to key domains of assets - individual, school, home and community - to identify protective factors on which to build an intervention. In December, CHANGE Deputy Director Julia Rosenbaum met with WestEd, the California-based organization responsible for developing and adapting the California Healthy Kids Survey to discuss related to adapting the survey for use in Jamaica.

Maternal Health

Overview of Activities and Development of Approaches

K. Mona Moore joined the CHANGE staff as full time Senior Program Officer, Maternal Health on December 1, 2000. In this position, Mona will assist in the planning and implementation of

activities to apply innovative tools and approaches to identified behavioral gaps in maternal health and survival.

The new program officer continued the conceptual development that was initiated last reporting period. This included:

- Background research to support development of a “behavioral gaps” framework and a bibliography for a proposed series of “maternal survival behavior briefs”. These behavior briefs discussion papers would develop the rationale for the selection of key focus areas for CHANGE maternal health activities and describe proposed tools, approaches and interventions.
- Drafting and revising a one-page summary framework. This framework was built on findings from initial collaborative planning and discussions that took place in preparation for the June 2000 MotherCare/WHO/CHANGE *Consultative Forum on Behavioral Dimensions of Maternal Health*. It incorporates findings and recommendations from the issue of *MotherCare Matters* that summarized the conference proceedings, other field experience, and the extensive literature review described above.

Tools and approaches that address three key aspects of the framework - household level, community level and service delivery level – are being developed. The titles of these tools - *Danger Signs Plus*, *Birth Preparedness Plus*, and *Skilled Attendance Plus* – reflect the overarching concept that at each level, current approaches must be supplemented with and contextualized to be truly effective.

- Related to the development of the draft tool “Danger Signs Plus”, CHANGE hosted a presentation on March 1, 2001 by Dr. Mary Manandhar, an anthropologist who designed and conducted a qualitative research study, “Obstetric Health Perspectives in rural Nepal: A Social Research Report to Inform the Nepal Safer Motherhood Project’s IEC Strategy” (DFID/OPTIONS, March 2000). The presentation highlighted the many sociocultural factors affecting recognition of obstetric danger signs and the many barriers other than the standard cost, distance and transport that inhibit timely emergency careseeking. Improved elicitation and enhanced use of such research findings in development of behavior change intervention strategies is the basis of the “Danger Signs Plus” tool.

Field Partner Recruitment/Identification

During this reporting period CHANGE held extensive discussions with a variety of organizations, primarily PVOs, that could offer potential field sites for development and testing of tools and approaches to improve maternal health and survival.

One criterion for partnership that has been strongly suggested is the existence of an improved Essential Obstetric Care/ Emergency Obstetric Care (EOC/EmOC) service environment in the

program area. Finding partners who have identified a behavioral gap related to their maternal health/survival programming and who also meet the criteria of improved service environment has been challenging. An additional challenge has been the reluctance of USAID missions in several countries to accommodate additional CA activities (Indonesia, Nepal). Several promising partnerships initially identified were not pursued due to these factors.

Currently, active discussions are in progress with SAVE (Guinea, Mali, and Ethiopia), CARE (Bangladesh, India, Ethiopia), and NGO Networks (VietNam). In partnership with CARE, CHANGE is planning an evaluation visit to the Bangladesh Birth Planning/ Birth preparedness program scheduled to take place April 2001. It is expected that final decisions about additional field partnerships and administrative arrangements for initial planning visits to countries will be finalized by May 2001.

Africa Bureau

Planning continues to develop an activity in one African country to explore/identify and exploit the potential of using women's social networks to promote improved behaviors related to maternal health and survival. The particular contribution of elder family influentials, such as grandmothers and mother-in-laws, is a suggested focus.

Egypt

In Egypt, CHANGE has been collaborating with the USAID-funded Healthy Mother/Healthy Child (HM/HC) Project on its expressed concern with "provider behavior." Despite the major HM/HC inputs, which have included improved facilities, new equipment and supplies, in-service training, and significantly improved supervision, detrimental provider behaviors in many facilities continue to be a barrier to improved services and health outcomes.

CHANGE activities to date have included an exploratory visit by two CHANGE staff members, followed by a study of provider behavior in two of the five HM/HC governorates. The goal of CHANGE-HM/HC collaboration is to change non-medical aspects of MOHP providers' behavior and relationships with patients and with each other in order to provide better care to an increased population of pregnant, laboring, and postpartum female patients and their newborns.

In May/June 2000, CHANGE and HM/HC conducted an in-depth qualitative study of provider behavior and its context. In October, CHANGE prepared a draft Behavior Change Strategy for Providers for HM/HC that lays out the key issues, feasible behaviors, barriers and proposes ways to address the issues to change behavior. This strategy, along with findings from the study and literature review and input from HM/HC staff, provide the basis for the proposed HM/HC-CHANGE joint activities addressing providers.

In March, 2001, Anton Schneider traveled to Egypt to work with HM/HC staff to discuss and finalize the CHANGE scope of work and work plan for implementing a package of interventions

to improve provider behavior in selected facilities. The focus will be on modifying institutional support to “improved” behaviors as well as on direct efforts to influence providers in positive ways.

Meeting to discuss collaboration with MNH

A meeting was held on March 15, 2001 to discuss enhanced collaboration between the MNH Project and the CHANGE Project. Several possibilities for future collaboration and sharing of field experience and lessons learned were suggested during the meeting.

Collaboration with CARE/ Guatemala Workshop

CHANGE had been in discussions with CARE about a possible collaboration on addressing sticky behavioral issues in the area of maternal health. In August 2000 CHANGE staff met with Susan Rae Ross from CARE to discuss specific ideas about which potential CARE activities might be the most appropriate for this collaboration. At that time, she suggested that CHANGE send one or two people to attend the Third CARE Maternal and Neonatal Health (MNH) Team Meeting in Antigua, Guatemala from October 1 to October 6th, 2000, as an efficient way for CHANGE to meet with and discuss specific issues with CARE staff from different countries.

Based on this invitation from CARE, Michael Favin and Lonna Shafritz attended a meeting in Guatemala in October 2000. They participated in working groups, facilitated a participatory session on behavior change issues related to maternal health, and held numerous discussions with CARE staff, both during the workshop and field trips to sites of maternal and neonatal health projects, about potential areas of collaboration with CHANGE. Some specific activities that were mentioned included evaluations of the CARE activities in Bangladesh and Tanzania. Other countries expressing interest in collaboration included: Nepal, Tajikistan, Cameroon, Bolivia, Peru, and Guatemala.

Vitamin A

INACG/IVACG

At the INACG (International Nutritional Anemia Consultative Group) meeting in Hanoi, Vietnam, February 15-17, Lonna Shafritz jointly presented a poster proposing an integrated approach to anemia with Dr. Phil Harvey of MOST. She also actively participated in the INACG strategic planning session and participated in the 20th IVACG (International Vitamin A Consultative Group) meeting from February 12-15. While in Hanoi, she also met with Mark Rasmuson of USAID/Viet Nam to discuss his priorities and where CHANGE might have a role in the country.

During the meetings in Vietnam, Shafritz met with CDC staff working on **CDCynergy** (an interactive training program on CD-ROM for communication strategy, planning, and evaluation) and with other partners, including WHO and Helen Keller International, to develop approaches to

implement and evaluate the CDCynergy approach in micronutrients in Africa and Asia. She had previously worked with them and Anne Roberts, the Behavior Change Specialist of MOST, in Atlanta to review and suggest revisions to the newly developed micronutrient version of CDCynergy.

Additional Collaboration with MOST

Several meetings and discussions were held with MOST staff and USAID to discuss additional areas of collaboration between MOST and CHANGE. One specific issue was prioritized as a possible area for collaboration: the transition from National Immunization Days (NIDS) to PAID (Periodic Active Intermittent Distribution of Vitamin A). Plans are currently underway to develop an approach and draft scope of work in several African countries (Zambia, Ethiopia and Ghana), possibly using an evidence-based advocacy approach.

Integrated Child Health

Planning IMCI in Guatemala

Michael Favin, Senior Program Officer, the CHANGE Project/Manoff Group, helped facilitate the national IMCI/IE&C strategy workshop held at INCAP from February 20-23. During the workshop, Favin:

- Described the process that through which BASICS/Guatemala and its PVO partners' had developed a behavior-change strategy, support materials, and training packages related to child survival in 1997/1998.
- Presented information on the national AIN (integrated child health) program in Honduras, using a video and overheads.
- Facilitated plenary/small group/report-back sessions on key behaviors and on existing IE&C materials developed by many organizations in Guatemala.
- Developed an outline for describing existing materials that Calidad en Salud (TASC) staff converted into a form that collaborating organizations were asked to complete.

This activity was cost-shared with the Calidad Project.

The overall purpose of this visit, was to provide technical assistance to the Calidad en Salud IMCI Team, the National IMCI Technical Advisory Group, and the Interagency IEC Technical Group (GTI-IEC) in the review, adaptation and modification of existing IMCI-related IEC/BCC and Community IMCI strategies, materials and tools.

Comprehensive Community-level Children's Health Promotion in the Dominican Republic

Hurricane Georges swept through the Dominican Republic on September 22, 1998 causing major infrastructure and agricultural damage in 14 provinces and the National District. The USAID

Reconstruction Effort, referred to as 'RECON', is investing approximately US\$7 million in these interventions in the most severely affected provinces as well as the National District. The comprehensive RECON health portfolio includes community-level Integrated Management of Childhood Illnesses (IMCI), reconstruction of water systems, reconstruction of latrines and mitigation support to the Expanded Immunization Program (EPI) among other interventions.

USAID/Santo Domingo via the CHANGE Project has already worked with the Ministry of Health to develop and implement a behavior change program for the prevention of dengue fever. USAID wishes to build on the expertise already developed and expand this approach to the area of nutrition.

Malnutrition is an important contributor to child morbidity and mortality. While overall malnutrition levels are lower in the D.R. than in the Central American countries, mild and moderate malnutrition are prevalent, particularly in communities affected by Hurricane Georges. For instance, preliminary data gathered after Hurricane George indicates that nearly 40% of children under five in the bateys (extremely poor communities of sugar cane plantation workers) have some degree of chronic malnutrition. Additionally, 32% of batey children 1-5 suffer from anemia with hemoglobin levels less than 10.0.

Growth monitoring and promotion provides an opportunity for community health workers to provide comprehensive counseling and problem-solving with caretakers. Yet too often, health workers fail to use the opportunity of growth faltering to inquire about key health and household events that may have affected the child's growth.

CHANGE intends to introduce activities using the framework of the community-level IMCI/AIEPI model developed in Honduras and later adapted in Nicaragua. This model, called AIN (Atención Integral al Niño), is based on family and community actions that are stimulated by community growth monitoring and promotion. First developed in a community health and nutrition program in Honduras, the preliminary results have demonstrated a positive impact upon the nutritional status of children under 2 years of age.

The growth information, recorded monthly for all children under 2, serves as the entry point for counseling the mother and family on key preventive and care-seeking behaviors, focused on but not exclusively limited to, child feeding. Periodically, information on the growth of each community's children is brought before the community for discussion and to possibly stimulate collective actions.

The AIN system involves detailed counseling cards for the community volunteers, who do the actual weighing and counseling. Counseling is linked to critical paths for behavior change at the household level and referral to the health center for at-risk cases. The AIN system also includes a supervision and training module for the volunteers, training for the health workers, and context-specific counseling cards for the volunteers to use with mothers and families.

Integrating AIN into in the DR potentially fills a gap in the current community health model (IMCI) being used by RECON/NGOs and SESPAS, enhancing child health outcomes by supporting community-level health interventions. Although the promise of AIN is clear, many elements will have to be adapted to meet local needs. For example, identification of focal behaviors and issues around home-based prevention, referral and care seeking need to be examined in light of local conditions.

CHANGE has received field support last reporting period to provide technical support during the three phases of the D.R. adaptation of AIN – preparation, development, and implementation/ expansion.

Past Activities

In late July 2000 a representative of the local PVO coordinating group ENTRENA traveled to Honduras to participate in a regional AIN workshop. After her return, she has began orienting her colleagues in the DR around this new approach to growth promotion and counseling.

In August 2000, Manoff/ CHANGE consultant Irma Yolanda Nuñez traveled to the Dominican Republic for a week to lay the groundwork for the introduction of AIN. Ms. Nuñez interviewed numerous NGOs to identify three to participate in the design and introduction of AIN. Later this reporting period, Manoff Program Officer Gail Naimoli traveled to the DR to finalize arrangements and develop a coordinated workplan for the local AIN Coordinator, Erida de Castro, to work with the three NGOs on research and planning activities.

Current Activities

From January through March 2001, Manoff/CHANGE consultant Dr. Yolanda de Grijalva made two, two-week trips to the Dominican Republic to coordinate formative research and behavioral trials (TIPS). This research constitutes the second program phase of formative research and negotiation with participating communities to identify key nutritional problems and possible solutions.

The three participating NGOs, together with Ministry of Health counterparts, participated in the field research and analysis. Results will be available early next reporting period.

After identifying key areas of nutritional need and use through formative research, CHANGE and its partners will apply the TIPs negotiation approach to develop appropriate counseling and nutritional recuperation interventions. Included will be strategies to address institutional issues such as volunteer supervision, training and client referral affecting integrated counseling. This technical assistance will be coordinated with technical assistance for community level behavior change in the areas of hygiene and social mobilization for vaccinations, and ultimately incorporated into the IMCI/DR model.

Immunization and New Vaccine Introduction

Strengthening EPI/Introducing Pentavalent Vaccine in the Dominican Republic

Background

In May 1974 the World Health Organization proposed the Expanded Program on Immunization (EPI) to all countries. In the Dominican Republic, the EPI was consolidated in early 1980 and initiated a strategy of mass vaccination “door to door” through vaccination campaigns in 1983. In 1986 the vaccination strategy was strengthened in the regular posts, but the campaigns were continued in order to maintain needed levels of vaccination coverage.

In 1999, the Government of the Dominican Republic signed agreements with JICA, the Japanese bilateral aid program, and other multilateral donors to introduce the *Haemophilus influenzae type b (Hib)* vaccine to the routine EPI schedule. Mixed and applied with DPT and hepatitis B vaccine, the new combination is referred to as “the pentavalent vaccine.” While bringing many benefits, most notably *a significant reduction in cases of meningitis and respiratory infections*, introduction of the pentavalent vaccine presents the MOH with a number of programmatic and service delivery challenges. The renewed attention to policies, norms and standards, training, cold chain and logistics, service delivery, communication and social mobilization, and monitoring and evaluation provide an opportunity to strengthen routine EPI.

This urgent need for strengthening routine EPI in the Dominican Republic has been underscored with the appearance of six documented poliomyelitis cases due to a vaccine-derived poliovirus Type 1, despite the fact that the Americas have been declared polio-free. In addition, cases of measles and neonatal tetanus have been documented.

USAID/Washington requested that the CHANGE project work with the interagency EPI group to assist with the introduction of the new pentavalent vaccine, and to use the introduction as an opportunity to address some of the key problem areas in the EPI program.

In November 2000 and again in March 2001, CHANGE Deputy Director Julia Rosenbaum visited the Dominican Republic to meet with USAID officers, PAHO, UNICEF, and MOH staff of the newly elected national government. During these visits, a scope of work was more clearly delineated and initial work commenced on activities. CHANGE and other assistance groups agreed on which agency would support the MOH with the various tasks related to a smooth launch of the pentavalent into the EPI.

These tasks include:

1. Organize a **visit from regional colleague** to exchange experience with introducing the pentavalent.
2. Develop a **comprehensive strategy** for the introduction of the pentavalent vaccine.
3. Plan and carry out targeted **formative research** to document consumer experience in

obtaining vaccines; knowledge and perception of severity of diseases related to the new vaccines, etc. This research would help inform the development of items #4, 5, and 6. It would encourage an interactive process between communities and the health system to improve quality of services, help to build a community-based consumerism, and clarify specific health center and community responsibilities to ensure improved vaccination coverage.

4. Revise the **vaccination card**. A draft of a revised card exists but is in urgent need of technical and graphic revision, reflecting new national EPI policy decisions.
5. Integrate new policy and service delivery issues into **health worker training**. CHANGE could assist with some elements of curriculum design and revision and with development of a training plan for training trainers as well as health staff, but only after key policy and service delivery issues are resolved.
6. Design and implement **strategies for community involvement** in assuring complete vaccination of children (should only begin when “supply side” is improved, so that community members will be “received” at adequately stocked health centers with trained, welcoming staff). This might best be done in a pilot area, where CHANGE could test this interactive process between the health system and communities.

It was suggested that CHANGE take the lead on items 1, 2, 3, and 5. The budget for item 6 will be somewhat restricted, so other sources of funding for local expenses may be necessary.

During her March visit, Rosenbaum reviewed the suggested activities with national counterparts, USAID and other international organizations. Several meetings have also been coordinated with PAHO/Washington to promote synergy and collaboration, as well.

Timely attention to items in the scope of work has been affected by the national response to the polio outbreak, including “mop-up” campaigns. It is anticipated that more intensive attention can turn towards strengthening routine EPI beginning in May 2001, after mop-up campaigns are completed.

Social Mobilization

In early December 2000, Mike Favin participated in the semiannual meeting in Harare of the Social Mobilization Advisory Group for Africa (EPI). He gave a presentation on community surveillance and the CHANGE Kit.

Other Support for Immunization

Mike Favin and Rebecca Fields have been requested by the MEDS Project and USAID/PHN to serve as members of a technical advisory group for the revision of the immunization reference manual, which is now called *Immunization Essentials*. Favin and Fields took part in meetings in November and March, along with the staff from USAID, MEDS, and the BASICS Project, to discuss the target audience, their information needs, a timeline for manual preparation, and overall

organization of the manual. Starting from March, they began to provide technical review of chapters of the manual, which is being written by a MEDS consultant.

GAVI Rapid Assessment

Following the CHANGE-organized conference in May 2000 on accelerating the adoption of new vaccines, a number of meeting participants suggested that it would be useful to conduct a rapid assessment of early country experience with the Global Alliance for Vaccines and Immunization. This rapid assessment would entail a series of brief country visits that would provide feedback on perceptions of GAVI, areas of activity that have worked well, and those areas needing mid-course correction. The full concept was originally proposed by Dana Faulkner in her capacity as a member of the GAVI Advocacy Task Force. In October, the concept was discussed by Rebecca Fields with members of the GAVI Working Group and the GAVI Task Force on Country Coordination (TFCC), which includes monitoring and evaluation within its preview. The TFCC decided to include this rather sensitive exercise in its workplan and charged USAID, which in turn charged the CHANGE Project, with organizing and implementing it.

In November/December 2000, CHANGE staff developed and refined the terms of reference, circulating them multiple times to all TFCC members for comment and revision. CHANGE staff developed the discussion guide (the primary data collection instrument), using a similar, consensus-based process. In December, CHANGE began seeking the input of GAVI Regional Working Group (RWG) members to identify countries in which to carry out the brief visits. Despite general support for the overall exercise, and many follow-up messages from CHANGE, most RWGs declined to nominate countries in their region and expressed concern over the additional burden to countries that such visits would present. In February, the UNICEF Regional Office for South Asia proposed Nepal for a site visit. CHANGE worked with the BASICS Project to arrange for the services of Mary Taylor, whose extensive experience in Nepal, in immunization, and in conducting sensitive management reviews made her an ideal candidate for the mission. Her visit was initially scheduled for mid-March, then subsequently postponed until early May.

Once available, the data from Nepal will be combined with feedback from other countries in order to discern which GAVI approaches have worked well on the ground and which need to be considered for revision. Results will be presented to the GAVI Working Group, THE GAVI Secretariat, and the TFCC.

GAVI Advocacy Task Force (ATF)

Dana Faulkner continued to participate in the ATF throughout the first quarter of FY01, at which point Rebecca Fields began taking an active role in the Task Force while maintaining communication with Dana. Fields attended a one-day meeting of the ATF in January at UNICEF headquarters. As the ATF had recently been tasked by GAVI with address injection safety issues, Fields organized some concepts and led a discussion of the topic during the meeting. She was subsequently asked to chair a small injection safety sub-group of the ATF. During the following

two months, this entailed working with other sub-group members to develop a draft workplan. She was also asked to provide technical review for a lead article on injection safety for the GAVI quarterly newsletter, Immunization Focus. Additionally, she served as a member of an informal group convened by the GAVI Working Group to advise on modes of support for injection safety that could be provided by GAVI and the Global Fund for Children's Vaccines. (See related information under section on injection safety.)

Rapid Assessment Tool for Haemophilus influenzae type b (Hib)

Another consequence of the May 2000 CHANGE-sponsored meeting on accelerating new vaccine introduction was the recognition of the need for more effective advocacy in developing countries for new vaccines--particularly Hib vaccine. In particular, countries have expressed the desire for convincing information on the local burden of Hib disease; this would justify the adoption of the vaccine. CDC and WHO drafted a rapid assessment tool for this purpose. In December 2000, CDC staff contacted CHANGE to request assistance in preparing a three-day training course on the use of the tool. On January 10-11, Julia Rosenbaum, Rebecca Fields, and Manoff staff member Gail Naimoli hosted a working meeting with CDC staff to improve the training curriculum and materials. In February and March, CDC and WHO staff used the revised training approach to train representatives from over 25 African countries in the use of this Hib burden of disease assessment tool.

Preparations for Gates CVP Inter-Regional Meeting on Immunization System Strengthening

In order to respond to concerns about the need for GAVI to build capacity in country in immunization planning and management, the Gates Childrens' Vaccine Program (CVP) at PATH decided to organize a five-day inter-regional meeting on immunization system strengthening. CVP requested assistance from Rebecca Fields in the design of the curriculum and training approach, as well as to serve as a resource person for at least part of the meeting. During March 2001, she worked with personnel from PATH, CVP, PAHO, and Abt Associates to develop these materials and approaches based on principles of adult education in advance of the meeting, which took place in April 2000 in Annecy, France.

Mozambique

In early December 2000, CHANGE staff member Mike Favin made a one week visit to Mozambique to explore needs for technical assistance to the MOH/EPI and Interagency Coordinating Committee, in planning the launch and introduction of quadrivalent (DPT/hepatitis B) vaccine. He found general receptivity to this offer and maintained contact with USAID/Maputo in the following few months as details became clearer about the arrival date of the quadrivalent vaccine. Mozambique wound up becoming the first country to actually receive vaccine funded by the Global Fund for Children's Vaccines, and as such, became the site of a major global launch in early April, attended by distinguished international figures, including Carol Bellamy, Bill Gates Sr., and Gracha Machel. CHANGE deliberately postponed a return visit until the preparations for this event and the event itself were over.

Malawi

In October/November 2000, Rebecca Fields visited Malawi to explore the level of preparations and possible needs for assistance for the launch and introduction of pentavalent (DPT/hep B/Hib) vaccine. During this brief visit, she met with the EPI manager, the Controller of Preventive Health Services, and key partners in the interagency coordinating committee, including UNICEF, JICA, and DfID. While USAID/Lilongwe expressed interest in further technical and financial support from CHANGE for the launch and introduction, the MOH did not express this need. As one of the higher-performing immunization programs in Africa, their interest was relatively limited to occasional external reviews by CHANGE of their draft documents. Fields' trip report includes an annex on programmatic considerations for the introduction of pentavalent vaccine. Such a document, specific to pentavalent vaccines, had not been prepared previously by WHO or other partners in GAVI. CHANGE later translated this document into Spanish in conjunction with planning the introduction of pentavalent vaccine in the Dominican Republic.

Madagascar

In December 2000, the HPN from USAID/Antananarivo expressed interest in accessing support from CHANGE for the launch and introduction of quadrivalent (DPT/hep B) vaccine. The mission requested a visit by Rebecca Fields for the second half of February 2001. However, due to complexities in donor/MOH communications regarding the approval of external consultants, the trip was cancelled. From Washington, Fields provided technical support by supplying relevant resource documents and providing technical review of documents prepared in country.

Community Participation in Disease Surveillance

Taking into account feedback from discussions in Mozambique, Zimbabwe, and Malawi, the Community Surveillance Kit was revised and streamlined in early 2001. Translation of the kit into French was initiated.

Mozambique

During Mike Favin's visit to Mozambique in December 2000, he met with local staff from Save the Children and the JSI bilateral project to ascertain interest in piloting the use of the kit. Uncertainties about the availability of funding from the CORE Polio Eradication Initiative (PEI) project prohibited further concrete steps from taking place. However, in ongoing communication, Save maintained its interest in pursuing the project. It will be discussed in detail during Favin's April/May trip to Mozambique.

Malawi

During Rebecca Fields' visit to Malawi in October/November 2000, she met with staff from both the MOH and the Save the Children/Malawi to examine the feasibility of pilot testing the kit in Mangochi district. Save/Malawi's proposal had not yet been approved by the MOH or USAID, pending resolution of concerns about the replicability and sustainability of the approach, as well as

the primacy of AFP surveillance in a district in which only three cases of AFP could be expected in a year. The concerns raised during the visit, which affected Save's project plans more than the CHANGE kit itself, did not appear to be resolved after the visit. At this point, no further work with the kit in Malawi is anticipated.

Injection Safety

SIGN Global Meeting in Cairo

CHANGE staff Rebecca Fields and Laurie Krieger participated in the second annual meeting of the Safe Injection Global Network (SIGN) in Cairo in October 2000. Fields gave a presentation on the development of tools developed by SIGN associates to assess injection safety and participated in a facilitator's group. Krieger provided input on social science research and participatory approaches that could be applied to the issue of injection safety. Following this meeting, Fields drafted a tool, intended as a management exercise, for post-introduction surveillance of auto-disable (AD) syringes. While AD syringes have been in use in immunization campaigns for about eight years, it is not yet known what consequences they will have on health services once introduced as the standard tool for routine immunization. This tool seeks to describe the situation, using a peer-to-peer approach so as to build awareness and capacity while collecting information.

Meeting on Waste Management of Needles and Syringes in the U.S.

At the request of the SIGN Coordinator, Rebecca Fields participated in this two-day meeting in Washington in early February. The meeting, organized jointly by CDC and AED's Center for Community Health Services (CCHS), for the first time assembled representatives from the state health departments, the waste management industry, associations of professional health personnel, and others to discuss how to manage contaminated needles and syringes generated outside of the health system, i.e. through IV drug use or home health care. This topic shared many parallels with growing issue of contaminated sharps management in developing countries and made evident that much work remains to be done, even in the U.S., in figuring out how to dispose of such waste so as to minimize risk to the community.

Meeting USAID's Task Force on Injection Safety

At the request of the SIGN Coordinator, Rebecca Fields took part in this one-day meeting in early February in which the ramifications were discussed of USAID's decision to provide AD syringes for injectable contraceptives used in family planning programs. The meeting provided a forum to compare and contrast approaches used by immunization and family planning programs.

Discussions of Collaboration between SIGN and CHANGE

In early February, the coordinator of SIGN visited CHANGE to discuss possible ways in which CHANGE's capabilities could be applied to SIGN's activities. This discussion has continued

informally over the ensuing months, partly informed by an informal staff meeting cum brainstorming session that served to familiarize CHANGE staff with some of the issues while soliciting their input on possible techniques (e.g., social mapping, positive defiance) that could be applied to injection safety. SIGN expressed interest in input from CHANGE in refining its injection safety assessment tools and its behavior change toolbox.

HIV/AIDS

Soul City - South Africa

CHANGE has been collaborating with Soul City on the following activities:

- A brand analysis to help the organization maximize the impact of its activities
- Development of Soul Buddyz, a radio program for children ages 8 to 12
- Participation in Soul City Evaluation Advisory Group
- Soul City fellowship with CHANGE.

Accomplishments during this half-year follow:

Brand analysis of Soul City. With its recent growth and entry into new areas, Soul City needs a better understanding of how its brand is perceived in order to determine how to maximize the impact of its activities. Soul City has the potential to become a value-based brand. With value-based branding, the brand represents values or a desired self-image rather than a specific product that can then be used as an umbrella vehicle to convey product information or other messages. Soul City staff believe that better understanding of their brand will be important for redefining their vision of their mission; moreover, consolidation of their brand will be an important preliminary step to developing a deliberate marketing strategy and action plan. CHANGE is providing both technical and financial support for this multi-phase analysis.

The field phases of three different pieces of research (brand inventory, qualitative focus groups and a brand perception survey) were completed in late 2000. CHANGE provided extensive inputs into the data collection instruments and research design, as well as ongoing feedback on the draft reports and on a preliminary version of the synthesis of findings presented to the Soul City team on February 14th. Some key results from the presentation indicate that consumers generally perceive Soul City positively, as a "helping hand" guiding people, making them aware of important things, and building the nation. While Soul City is perceived as trusted and helpful, however, there is some concern that many do not perceive it as telling THEIR story. Perceptions also differed by group: Women are more positive toward the brand than men, and those 25-39 were more positive toward the brand than those 16-24. Based on an identification of five lifestyle groups and other information, a branding strategy will be developed to maximize the brand.

Soul City, the research suppliers, and CHANGE are working together to further exploit the data

already collected. A brand strategy meeting is being planned -- likely in May -- at which CHANGE will work with Soul City to develop a strategy and plan to strengthen and/or extend the brand. We anticipate that this plan will be the basis of future CHANGE-Soul City collaboration.

Development of the radio portion of a new multimedia series called 'Soul Buddyz' targeted for children ages 8 to 12. While the lead element of 'Soul Buddyz' is a TV edutainment drama series, radio is important for reaching children in rural areas, which have limited access to television. Thus the focus of the CHANGE-Soul City collaboration has been on identifying the optimal format, developing the series, and evaluating its success in reaching children, especially in rural areas. CHANGE supported Soul City in experimenting with different formats and developing the radio program which was launched in January 2001. The 26-episode radio program is currently being broadcast in English and two other languages, and the fourth language will begin airing shortly. CHANGE will work with Soul City on the evaluation of this component and help develop the strategic approach for Soul Buddyz 2. This is another topic that will be discussed during the April meeting.

Participation in the Soul City evaluation advisory group. As a participant in the Soul City evaluation advisory group, CHANGE has reviewed questionnaires, provided assistance with evaluation and analysis designs on request. Last June, CHANGE participated in a meeting convened by Soul City to discuss the large-scale evaluation of Series 4.

Technical exchange/collaboration visits. Soul City Director Garth Japhet spent January to March 2001 working with the CHANGE Project in Washington. He contributed significantly to the New Technologies for Disaster and Development Conference held in January, briefed USAID and other relevant and interested partners/stakeholders about Soul City, and has also reviewed CHANGE's portfolio and made suggestions on how CHANGE might be strengthened. He has used the opportunity of being here to identify lessons from the work of the CHANGE Project, other AED projects, and other projects in the U.S. that can be applied to Soul City, Soul Buddyz and future development projects in South Africa and the Eastern and Southern Africa region.

Plans. The specific activities for the third year of the Soul City-CHANGE collaboration will be developed at the meeting tentatively scheduled for May. It was originally anticipated that the meeting would be held early in 2001, but CHANGE and Dr Japhet decided that it would be best to postpone it until he returned to South Africa. This timing also fits the Soul City strategic planning cycle. The overall plan is for Soul City, with CHANGE, to consider the results of the brand analysis, decide on a strategy for strengthening and extending the brand, and begin to implement it.

Behavior Change Network - Eastern & Southern Africa

CHANGE is working with REDSO and other partners in the region is to link organizations working on HIV/AIDS and strengthen their orientation to a behavior change approach for the

prevention of HIV/AIDS and the support of persons with AIDS. CHANGE has retained a part-time consultant, Debbie Gachuhi, based in Nairobi, Kenya, as regional advisor for the project. During this period, she attended the REDSO partners meeting in Nairobi and developed plans and strategies for CHANGE's work in this area for the coming year.

Bellagio Communications Conference – Follow-up Activities

USAID held a follow-on meeting to the Bellagio meeting on December 14, 2000, at which CHANGE consultant Nancy Morris presented a synopsis of the paper she prepared for Bellagio, "An Examination of Diffusion and Participatory Approaches in Development Communication."

Research on Stigma, Discrimination and Denial

The CHANGE Project finalized a subagreement with the International Center for Research on Women (ICRW) to carry out descriptive research on HIV-related stigma, with the specific aim of collecting data to inform the design of program interventions to reduce stigma. Broad dissemination of the findings, nationally, regionally and internationally, will help to bring the largely hidden issue of HIV-related stigma as a barrier to effective HIV prevention, care and support programs to the attention of policy makers and program planners. Following the research phase, CHANGE will develop research-based interventions, tools and approaches to address stigma.

While it is clear that HIV/AIDS related stigma and discrimination create circumstances that fuel the spread of HIV infection, little is known about the underlying dimensions and causes of stigma and therefore about how best to intervene to lower it. Fear of being identified with HIV often keeps people from seeking to know their HIV status, discussing prevention, changing unsafe behavior, and supporting care for people living with HIV/AIDS. Stigma and discrimination thus threatens the use and effectiveness of HIV/AIDS prevention and care efforts.

Working with USAID's Global Bureau, CHANGE and ICRW have selected three African countries in which the research will be conducted: Tanzania, Ethiopia and Zambia. Missions in all three countries have been contacted and briefed (via email correspondence), and an initial assessment visit is scheduled for April, 2001. During this period, CHANGE has also participated in meetings and discussions with other partners working in this area, including USAID's Horizons and Synergy projects and UNAIDS.

Infectious Disease

Improving the Involvement of Social Scientists in Malaria Research and Control

With funding from USAID's Africa Bureau, the CHANGE Project has been working to improve the involvement of social scientists in malaria control. The low involvement of social scientists is a concern because social/behavioral factors are major obstacles to successful implementation of the two best currently available interventions: use of insecticide-treated nets for prevention and

prompt appropriate treatment for illness. As a first step in addressing this issue, the “Partnership for Social Sciences in Malaria Control” was initiated in January 2001 at a meeting in London with participants from the U.S. Centers for Disease Control, the Gates Malaria Program, the DFID Malaria Program, the Malaria Consortium, the Multilateral Initiative for Malaria, WHO, the University of Nairobi, the London School for Hygiene and Tropical Medicine and CHANGE. The planned activities for the Partnership include: working with malaria control programs to identify their social science/behavior change needs; developing social science capacity to meet those needs; establishing a network of social scientists; and developing a database and archive of social science and malaria literature. CHANGE is taking the lead in establishing the network and is supporting CDC other activities. A part-time research assistant, Paulyne Ngalame, will begin working in April. She will assist with the development of a database of social science materials, collaborate with another research assistant (based at the Malaria Consortium in the London School of Hygiene and Tropical Medicine) on developing a network of anthropologists, and finally, will help with research concerning factors that encourage or inhibit social scientists from working in the field of malaria control.

Integrated Dengue Control Activities in the Dominican Republic

The passage of Hurricane Georges over the Dominican Republic in September 1998 has increased the risk of dengue and dengue hemorrhagic fever. Levels of household and community infestation of mosquitoes are significantly higher than acceptable norms. CHANGE has been assisting the Ministry of Health (MOH/SESPAS) in developing an innovative behavior change strategy to support community-based dengue control efforts. Working in partnership with the MOH, the Pan American Health Organization (PAHO), the Centers for Disease Control and Prevention (CDC), the national and municipal ministries of health and local NGOs, CHANGE provided ongoing assistance in conducting innovative formative research, household trials and larval surveys that led to the development of a strategy to increase community and household participation in dengue control.

The last reporting periods marked the first application of a CHANGE tool, Negotiating Improved Practices (or NEPRAM in Spanish). This innovative methodology involves communities in systematically testing and modifying efficacious behaviors for feasibility. Households were given options to try over time and asked to adapt methodologies as needed. Field researchers systematically monitor the adherence, adaptation and impact of the behavioral options as practical in the field setting.

Recently, the Ministry of Health implemented a “small scale intervention” focusing on activities at the community and household levels to reduce household breeding sites. Following the findings of the formative research, this may be the first-ever dengue prevention campaign to not mention dengue or mosquitoes, choosing to focus on maintaining tanks for ‘clean and healthy’ water, a priority for householders. About 500 community volunteers, recruited through community-based organizations, received training on “negotiating improved behaviors,” an under-used concept in health promotion.

After a lively inauguration ceremony in May 2000, loudspeakers mounted on vans drove through

the streets announcing the upcoming home visits by community volunteers to talk to people about *cloro untado, tanque tapado, tu compromiso por la salud*. [Roughly translated: Wipe down your water tank and cover it! Your commitment to your family's health!] The Ministry of Health assembled a set of print support materials that were used with the householders during the home visits and left behind as reminder materials. Posters and street banners with the same theme were placed in public places. The inauguration was followed by the home visits conducted simultaneously in all four *barrrios*. Each volunteer visited at least 25 homes, although many went beyond the call of duty to visit many more. In addition to private homes, local shops, workshops, hair salons and other non-household premises were visited. The initial visit was followed by three follow-up visits.

Plans are underway to expand the small-scale intervention to a larger sector of Santo Domingo and to several outlying districts. Additional funding for the activity has been made available through USAID's funding to CDC for community-based vector control activities, the last of Hurricane Georges relief dollars. Included in this funding is money to design and conduct a bare-bones evaluation of the upcoming expanded intervention, to systematically capture the impact of the "negotiation" on behavioral and larval indicators.

This past reporting period, CHANGE Deputy Julia Rosenbaum continued to work with the inter-agency team to develop an evaluation plan and review plans for upcoming activities. An additional task order will be developed to assure continued involvement of Dr. Elli Leontsini (from the Johns Hopkins School of Public Health) in upcoming evaluation and intervention activities. In addition, consultant Mark Padilla, a Fullbright Scholar with Emory University, was contracted to complete a qualitative case study of the impact of the NEPRAM tool on planning interventions. The case study interviews were completed during this reporting period and a draft report will be submitted in June 2001.

Malaria Plus-Up

Susan Zimicki travelled to Uganda (2/5-2/9, with Dennis Carroll, Matt Lynch from Global/Africa Bureau, Rick Steckete, head of the malaria Division at CDC) and Senegal (2/12-2/16, with Dennis Carroll, David Maguire and Will Shaw of the NetMark Project, and Camille Saade of BASICS) to develop the broad outlines of a new initiative on malaria control. Funded by earmarked money from Congress, Malaria Plus-Up will support interventions to help three or four countries reach all three of the Abuja summit goals: 60% access/use by children of prompt/effective treatment, 60% of pregnant women have access/use to effective preventive services, and 60% of vulnerable populations have access/use of insecticide-treated nets. Activities will start in Uganda, Senegal and Zambia this year; next year, Nigeria may be added.

The interventions to improve treatment will focus on both providers (doctors and health staff practicing in the public and private sectors and drug sellers) and consumers. Similarly, the interventions to improve preventive services for pregnant women (access to treated nets and intermittent presumptive treatment for malaria) will seek to create demand and ensure that it can be met. Finally, the intervention to improve access to treated nets will probably involve experiments with different kinds of targeted subsidies. All of these interventions will be backed by

improved monitoring (of resistance, of drug quality, and of behaviors).

Tools & Approaches

Diagnostic Drama and Dialogue (3D)

One tool that CHANGE has been developing is focused on using drama as part of formative research. The most recent version, entitled 3D, was a fairly structured approach using theatre of the oppressed or forum/playback theatre approaches. In order to better assess how this worked as a research technique, it was field-tested in Washington, D.C., in collaboration with the Latin American Youth Center. Three three-hour sessions on issues related to pregnancy and HIV/AIDS/STDs were conducted with teenagers by theatre consultant Jill MacDougall. Nancy Nachbar of CABER observed and took notes, and various CHANGE staff also observed and managed logistics. The sessions were very interesting, but the observers' consensus was that the specific dramatic approach used did not yield more or different information than could be gotten from other formative research techniques. It was agreed that the project would work on incorporating diagnostic drama/role play approaches within upcoming formative research activities, and based on the experiences, decide how it should be further developed.

Beta-Test of Interactive CD-ROM for Teaching Health Reporting

CHANGE agreed to support the beta test of an interactive CD-ROM for teaching health, medical and environmental reporting. The CD-ROM was developed by a partnership that involved USAID, the International Broadcasting Bureau/Voice of America, UNAIDS, the Pan American Health Organization and others. The contractor and sub-contractor for program development are University Research Corporation and Karney Interactive.

The purpose of this tool is to improve reporting of radio, television and print journalists on issues critical to the health and well being of global audiences. For the beta-test, three types of participants will be introduced to the CD-ROM: communications students, communications faculty, and experienced print, television, and radio reporters. The test is scheduled to take place the week of June 11 in Jamaica.

CDSynergy

CHANGE has agreed to collaborate with CDC on beta-testing an interactive CD-ROM-based training tool. Lonna Shafritz and Anne Roberts (from the MOST Project) traveled to Atlanta to learn more about the tool.

Behavior Change Tools for Private and Voluntary Organizations

USAID's Bureau of Humanitarian Response, Office of Private and Voluntary Cooperation (BHR/PVC) is currently funding a variety of NGO and PVO programs working in the areas of maternal, child, family and community health. This reporting period, CHANGE signed a

Memorandum of Understanding with BHR to assist in improving the capacity of these organizations to utilize proven behavior change tools and approaches in order to enhance program impact, sustainability and cost effectiveness.

Also in this reporting period, CHANGE developed a behavior change module for incorporation into BHR/PVC Child Survival Grant “Technical Reference Materials” (TRMs). This module provides U.S.-based child survival grant recipients with clear technical guidelines outlining what they need to do to develop more effective behavior change interventions. In addition, CHANGE put together a resource guide, providing organizations with a wide range of technical resource materials providing in depth guidance in how to implement various aspects of behavior change.

Recognizing the need to further strengthen PVO behavior-change capabilities, CHANGE is also working with the CORE’s Behavior Change Consultative (BCC) Group and BHR/PVC to assess current technical strengths and areas for improvement. This assessment will be done through a multi-faceted plan that will culminate with recommended tools and approaches for providing technical support to strengthen PVO capacity to incorporate appropriate state-of-the-art behavior change into their planning, implementation and evaluation of activities. Using this needs assessment as the basis for discussion, BHR/PVC will be able to respond to recommendations and decide upon levels and types of support and follow-up. The needs assessment will take a SWOT approach (assessing **S**trengths, **W**eakness, **O**pportunities and **T**hreats). It includes:

- 1) **An e-mail survey of PVOs in the CORE network.** The purpose of the survey is to determine PVO needs in the area of behavior change. The five CAs assisting BHR/PVC will be consulted on the survey content.
- 2) **A pre-meeting session of the CORE yearly partners meeting.** Working with CORE, CHANGE will assist in organizing a forum for PVOs to coincide with the yearly partners meeting, to further explore PVO needs in the area of behavior change. It is anticipated that this forum will be interactive, allowing PVOs to share innovative behavior-change activities at the field level, articulate perceived needs, gaps, and opportunities for building capacity and strengthening programs.
- 3) **A review** of the behavior change sections of the implementation plans written by PVOs this year to further understand PVOs application of behavior change to program intervention.
- 4) **A written report** synthesizing what the PVOs are currently doing, what the technical strengths and weaknesses are, what approaches seem to be the most common, and which are lacking or weak. It will also provide recommendations for strengthening behavior-change aspects of program design and interventions. It will recommend tools and approaches as well as the means of technical assistance/support that can strengthen the behavior-change aspects of PVO programs.

Planning began this reporting period for the assessment and the pre-meeting session of the annual CORE meeting in April 2001.

Collaboration with WHO/AFRO on Late Stool Collection

Among several key indicators that countries and regions use to monitor their progress towards polio eradication are (1) detection rates for acute flaccid paralysis (AFP) and (2) an indicator on timeliness of stool collection from AFP cases. AFP detection rates have risen to above the target level in most countries. However, WHO/AFRO has noted that many countries in Africa are performing far below the 80% acceptable level for collecting two stool samples within 14 days of onset of AFP symptoms. The overall rate for countries in the AFRO region is less than 40%.

In 2000, WHO/AFRO drafted and disseminated an approach using a very short, simple, close-ended questionnaire, which asks a few basic questions: how did the family respond to paralysis?; and whether, when, and to what traditional or other providers the family brought the child? Their proposal was that programs in countries with delayed stool collection should collect this information from families of 20 to 30 children who did not provide timely samples of stools. With this approach, country programs could establish whether and when children with AFP were brought to health centers or hospitals and a few basic reasons for delays.

CHANGE suggested that it might be possible to extend this approach to provide richer information—for example, about additional reasons for delay or non-utilization of health centers, as well as about other factors—that could be the basis for a strategy and messages to promote timely provision of stool samples. As a first step, CHANGE has agreed to support in-depth qualitative research in two African settings, in order to gain a more thorough understanding of what families do after a child suddenly becomes paralyzed. This information could be used to improve AFRO's current instrument.

CHANGE plans to work with WHO staff in Nigeria to identify and orient two social scientists. They will carry out in-depth interviews in two areas of Nigeria with families who have a child who has come down with AFP in the past 6 months (as well as with key people who may have influenced the families' decision regarding giving samples of two stools). These families will include some who were already interviewed using the WHO/AFRO questionnaire, as well some who were not previously interviewed (either because they did not turn in two samples on time or for other reasons). This study design should allow CHANGE and WHO/AFRO to evaluate the utility of the current brief questionnaire and to recommend some changes or additions to make it more useful as the basis for a strategy and messages that will promote timely handing in of stools.

Mothers' Reminder Material and Guidelines

This global initiative, implemented in conjunction with Project HOPE and BASICS, aims to develop an effective approach and home-based materials to help mothers remember when they need to seek health care for their sick children. In Nicaragua, the project is finalizing three alternative materials for pretesting, based on the results of formative research on children's health issues from the community perspective, conducted in late 2000.

The formative research carried out in Nicaragua, which consisted of individual and group interviews, found that:

- Mothers, fathers, and grandmothers understood and shared most of the doctors' concepts of danger signs, although using their own popular vocabulary and expressions. They did not consider a few of the 15 doctors' danger signs to be reasons for concern (i.e., dry mouth, not gaining weight, bites and marks on the skin, and unusual thirst). Although a few emic concepts, such as "empacho," did not correspond to medical concepts, in general there was substantial concordance.
- Mothers and families did tend to delay care-seeking after they had noted a danger sign, mostly because they wanted to try home remedies first. Other reasons were the expenses involved; difficulties of travel; limited service hours of facilities; concern that the facility would be out of needed medicines, so that the family itself would have to purchase them; and in some cases, less-than-respectful treatment by providers.
- Families had few print materials and almost none had educational materials. Five of 20 had posters, and 13 had child health cards but did not consider these as "educational." When shown various materials, families' preferences were for a brochure, poster, calendar, or flip chart.

On the second CHANGE trip to Nicaragua, during December 2000, brief concept-testing research yielded more information on mothers' interpretations and preferences of illustrations of danger signs. In addition, field tests of several prototype audio materials were carried out. The three prototypes were a cube, a doctor, and a calendar, all with a button to press for a "consultation." The message reminded mothers to take the child immediately to a health center if they noticed one or more of a number of signs/conditions in their sick child.

Although mothers and families were clearly excited about these "talking" materials, the partner groups decided that it would not be possible to develop them rapidly enough for the MRM initiative. However, in the long term, the partners agreed to develop and test one or more audio materials that use computer chip technology. If affordable, such materials should be much more effective than print materials in communicating key information (including sounds of fast breathing) to people with limited functional literacy.

Work on developing MRMs in the second and third countries, Malawi and Ghana, is scheduled to begin formally with a workshop in early April, focused on using the guidelines that are being developed from the process used in Nicaragua. CHANGE sees the guidelines as a tool to assist partners in the additional seven countries in the initiative to develop and effectively utilize their own materials.

Network Marketing and Community-based Distribution of Contraceptives in Bolivia (see Tools and Approaches)

Freedom from Hunger developed the world's first integrated microcredit/health and nutrition education program and has been a leader in delivering "Credit with Education" -- providing credit services with a 20-minute education module on Maternal and Child Health topics at weekly credit

association meetings.

One common area of interest between FFH and the CHANGE Project is in applying a network marketing model to a community-based distribution (CBD) program. Network marketing, best known through the Amway sales model, was identified in the CHANGE matrix of tools and approaches as a possible innovation to address distribution, supervision and incentive barriers to changing key health behaviors. When FFH secured funding to evaluate their community-based distribution of contraceptives program in Bolivia, they asked for CHANGE's participation on the evaluation team in the areas of network marketing and cost analysis.

Last reporting period, CHANGE signed a memorandum of understanding with Freedom from Hunger (FFH) and CHANGE Finance and Operations Manager Joseph Diederich traveled to Bolivia as part of their CBD evaluation team.

CHANGE participation in the general project evaluation provided invaluable expertise in cost analysis of key program components, including a projected trajectory for self-finance.

Unfortunately, the evaluation concluded that network marketing will not be an option for the Bolivia credit program due to legal restrictions on the resale of donated and subsidized contraceptives and other products that would prohibit the kind of distribution and incentive system inherent to network marketing. CHANGE will continue working with FFH and possibly other implementation partners to identify a site to apply and evaluate a network marketing approach to reducing access barriers to health products.

As part of our Memorandum of Understanding with Freedom From Hunger, CHANGE staff members Joseph Diederich and Julia Rosenbaum traveled to FFH headquarters in California in December 2000 to develop a model for future community-based distribution of contraceptives projects (CBD) based on data from the CRECER evaluation and other sources. The model was finalized in a document by FFH consultant Marcie Rupert and is available through Vickie Denman at FFH.

Research & Evaluation

Community-Based Surveillance System in Northern Region, Ghana

One way that CHANGE can contribute to knowledge about different approaches is by evaluating approaches that others have developed. In March, Susan Zimicki, CHANGE Co-Director, worked with Ed Maes, from the Division of International Health at the United States Centers for Disease Control and Prevention, and local counterparts (Edward Abu Accrachie, CBS Coordinator, Northern Region; Emmanuel Jejeti Kandoh, Disease Control Officer, Northern Region; and Anthony Gingong, Disease Control Officer, Northern Region) to evaluate a community-based surveillance system in Northern Region, Ghana. With UNICEF support, the surveillance system had been initiated in January 1998 by the Ministry of Health in Northern Region, Ghana. It expanded the mandate of the existing guinea-worm surveillance system, adding

detection of cases of polio, cerebrospinal meningitis, guinea worm, and measles, as well as infant deaths, pregnancy-related deaths, all other deaths, new births (separately for males and females), and “unusual events.” The system relies on about 3600 volunteers and covers a population of more than two million.

The evaluation documented a system that is both feasible and sustainable. It is being adopted by other regions in Ghana and is being used as a model by UNICEF. The results of the evaluation also fed into the final design of CHANGE’s community surveillance kit.

Consortium on Appropriate Drug Use

CHANGE is a member of a consortium that seeks to collaborate on a set of research studies evaluating behavioral interventions to improve the use of drugs in the treatment of infectious diseases at the household and community levels. The other members are the Department of Essential Drugs and Medicines Policy (EDM) and Department of Communicable Disease Surveillance and Response (CDS) of the World Health Organization, the Applied Research on Child Health (ARCH) Project of the Harvard Institute for International Development, the International Network on the Rational Use of Drugs (INRUD), and the Rational Pharmaceutical Management Project (RPM) at Management Sciences for Health. The consortium issued a call for proposals of ideas for research, selected the ten best, and from November 29 through December 8, held a proposal development workshop in Bangkok, to help the teams conceptualize and begin to develop proposals. Susan Zimicki helped facilitate this workshop.

Indoor Air Pollution

CHANGE has agreed to support a research team from South Africa’s Medical Research Council, who wish to investigate the feasibility of behavioral interventions to reduce children’s exposure to indoor air pollutants. This year, CHANGE will support the formative phase of this research.

Global Advocacy & Leadership

Advocacy Consultative Meeting

Lonna Shafritz participated in a one-day advocacy consultative meeting organized by the SARA Project in November 2000. She prepared and presented a 1-page summary of CHANGE’s global advocacy work with SIGN, GAVI, and the World Summit for Children. Some key issues discussed at the meeting included: what, in addition to training, is needed for advocates; what do local advocates and advocacy organizations need to become more capable of independently deciding for themselves in what areas to work and how to better monitor and share advocacy results. A key point of agreement was on the importance of going beyond policy change, to focus on implementation of the policy change.

Communication Initiative

CHANGE continues to support the Communication Initiative.

Seminar on Value-Based Branding

The CHANGE Project co-hosted an executive training session on behavior change and value-based branding with AED's Social Change Group. Conducted by William K. Brandt, Ph.D., managing director of Impact Planning Group of Stamford, CT, the half-day session held at the AED Conference Center on Thursday, 25 January 2001 was attended by more than 40 staff members from CHANGE and the Social Change Group.

The training session focused on how to think strategically about the "value chain" for our projects. Using case studies from the private sector, Dr. Brandt traced the traditional marketing process and demonstrated how product and conceptual products have identified consumer values and used them to motivate behavior change. Case studies were taken from transportation, pharmaceuticals, and consumer products.

Dr. Brandt has been a consultant to over 400 international corporations with a focus on corporate vision, strategic business planning, and marketing strategy. Clients include pharmaceutical, telecommunications, banking, and energy multinationals. Dr. Brandt is a professor at Columbia University and directs Columbia University's Executive Program in Marketing Management.

U.S. Coalition for Child Survival

CHANGE has continued to support the work of the *U.S. Coalition for Child Survival* as it prepares for the U.N. Special Session on Children in September 2001.

The U.S. Coalition has begun planning a series of events that will take place between now and the U.N. Special Session on Children. These events will provide an opportunity for the Coalition to distribute materials, inform U.S. media and a variety of targeted audiences on global maternal and child health issues, and bring attention to the upcoming U.N. Special Session.

During this reporting period, CHANGE played a leading role in coordinating activities for the Coalition and has been engaged in the design and development the Coalition's communications materials, including: an informational video, a briefing booklet, and a website. CHANGE will also lead an effort to engage the U.S. corporate sector in the Coalition's activities, and to explore opportunities for further private-sector involvement in global child survival.

Up to date information about the U.S. Coalition for Child Survival and its schedule of activities, can be found on the following website: <http://www.child-survival.org>

New Technologies in Disaster & Development Communications

On January 16 & 17, 2001 approximately 200 participants from the development community attended the New Technologies for Disaster & Development Conference & Workshops, hosted by the CHANGE Project and sponsored by USAID's Bureau of Humanitarian Response. The conference, facilitated by Bill Smith, brought together participants from the private sector,

academia, NGOs, CAs and representatives of USAID and other donor organizations. The purpose of the conference was to explore the application of new communication technologies for achieving humanitarian response and related development objectives.

Conference participants received an overview and update on what is happening in the field of communications that can facilitate our outreach to the poor. A few examples of initiatives brought to light in various presentations and panel discussions:

- Education Development Center (EDC) and WorldSpace Foundation explained how the costs of radio transmission have come down dramatically and stated that digital radio can now reach much of the globe with clear educational and developmental programming.
- AED, JHU/CCP, Voice of America, Soul City/South Africa and the Association for Community Radio Broadcasters highlighted the role of public information and social marketing campaigns in areas of urgent human needs, such as HIV/AIDS, nutrition, health and disaster relief.
- AED's LearnLink Project participated in a panel spotlighting how the internet is rapidly changing the communications environment and lives of all of us, including urban slum children and the rural poor.
- Representatives from AOL, Microsoft, IBM, Hewlett Packard and Aidmatrix showed that the private sector is committed to partnering with governments, donors and others to extend the reach and responsiveness of programs through innovative technologies.

Consistent with the theme of the conference, participants used innovative handheld technology (EXP Solutions, Minneapolis) to respond to questions asked by presenters, panelists, and the facilitator. Answers were instantly tabulated and displayed on the overhead screen.

In the accompanying workshops, participants explored additional ways in which applications of communication technologies, new and old, can benefit development work in education, agriculture and micro-credit can. A few examples:

- Garth Japhet, Executive Director of Soul City, South Africa, who is currently a visiting fellow with the CHANGE Project, and CHANGE Deputy Director Julia Rosenbaum co-led a workshop examining how new technologies could be better utilized in HIV/AIDS programs.
- Gayle Gibbons of AED's FANTA Project and Garth assisted Tom Marchione of USAID, who led a workshop on the uses of New Technologies in Maternal & Child Health & Nutrition Programs.
- Eric Rusten and Gini Wilderson, of AED's LearnLink Project led participants on a hands-on tutorial in AED's media laboratory on new web-based applications and tools, including voice chat software, and how to create and copy their own CD materials for dissemination.

Roundtable Discussion on Strength-Based Approaches

On February 27 and 28, 2001, the CHANGE Project coordinated a roundtable discussion on “Applying Strength-Based Approaches to Community and Intervention Planning.” Strength-based approaches -- which include positive deviance, resiliency research, assets-based community development (ABCD), youth development, and appreciative inquiry -- all begin with the notion that despite limited resources and high risk, some typical individuals figure out a way to not only survive, but to thrive. The key for program planners is to work with communities to identify which factors allow these individuals to "do the right thing" despite the adversity they face, and strength-based approaches seek to identify these resiliency factors. The fact that some people do well despite scarce resources and high risks also supports the notion that even resource-poor communities have some assets with which to build solutions and programs (in contrast with the view that such communities have deficits that can only be filled by outside initiatives). Ideally, strength-based approaches lead to effective program planning that has a better chance of community acceptance and sustainability beyond funding cycles.

The day and a half meeting included a lot of provocative discussion and identified some key areas for future collaboration. Together with Save the Children, our main partner in this endeavor, CHANGE worked with other AED projects and centers -- Linkages, CABER, FANTA, the Center for Youth Development and Policy Research, and BASICS II -- to conduct a comparative analysis across programs and approaches.

In the months ahead, we hope to identify a field site to try a "new, improved" application of strength-based approaches. We will work to produce a few useful products to strengthen the theoretical foundation and practical application of the methodology, to assist others in incorporating strength-based approaches in new program contexts. The first product, now in draft form, is a concept paper entitled, “Accentuate the Positive: Strength-based Approaches to Mobilizing Communities for Healthier Behavior.”

Staffing

During this period, CHANGE has added two new staff members: Rebecca Fields, who will take the lead in activities concerning the Global Alliance for Vaccinations and Immunizations, and Mona Moore, who will be the maternal health task leader. In December, Joe Diederich, the Finance Manager, took on new responsibilities within AED. He agreed, however, to continue handling CHANGE’s finances part-time. However, the workload has proved to be too heavy, and CHANGE has hired a new, dedicated Finance Manager, Wendy Alberque, who will begin April 23.