

THE CHANGE PROJECT MATRIX

AN INVITATION TO COLLABORATE:

Developing New Approaches and Tools for Behavior Change

INTRODUCTION

Welcome to the **CHANGE Project's Matrix of New Approaches and Tools for Behavior Change**. We invite you to collaborate in helping us define the major issues and develop and test solutions to crucial behavior-related challenges in the areas of **child health, maternal health, and nutrition**.

■ WHAT is the Matrix?

The Matrix consists of brief descriptions of new approaches and tools addressing what CHANGE Project staff, partners, and expert colleagues consider to be important *gaps* in our current array of methods for bringing about positive health-related changes at the individual, household, community, institutional, and policy levels. We believe the ideas and instruments described (or proposed here for development) will help to advance the *state of the art* in health behavior change.

Click to read more about the origin of this matrix and what kinds of behavioral challenges we see as priorities.

Kinds of tools in the Matrix. The Matrix contains tools in various stages of development. We are seeking partners who will help us move a tool or approach to the next stage. We also want to know about difficult problems (related to health behavior change) that need better tools. The Matrix includes:

- Ideas for innovative new approaches to changing health behavior;
- Ideas for new methodological tools (such as research instruments);
- Promising approaches and tools that have already been used on a small scale but that need further development or field testing;
- Approaches and tools that have been implemented with apparent success but that to be evaluated.

Each description explains the *state of development* of a tool or approach and what step CHANGE hopes to take next.

■ WHO is the Matrix for?

Health program implementors, policy makers, community mobilization experts, health researchers, private voluntary organizations (PVOs), USAID staff, members of collaborating organizations, and others interested in furthering our knowledge of health behavior change are all invited to contribute. **The Matrix will be updated periodically as we encounter new problems to tackle, refine ideas, and test or evaluate approaches — all with your help.**

Collaboration to develop tools. CHANGE invites both formal and informal collaboration from groups and individuals. We especially welcome you to:

- Help us **identify critical health behavior problems**: Tell us about other important health behavior challenges for which current approaches do not seem to be effective. (We are especially interested in learning about situations in which people know what they should do but do not do it; in other words, situations where there is a “knowledge-behavior gap.”) CHANGE may wish to work with you on your problem. (Click [here](#) to find out more about our priorities.)
- Work with us to **develop and apply** a tool: Program implementors, funders responsible for programs, or researchers who think one of these tools or approaches is relevant to their intervention or for testing in their site should contact us at CHANGEinfo@aed.org or at the address given in a specific entry.
- Work with us to **evaluate** a tool or approach: (This section not yet written.)
- Help us **identify existing** tools and approaches: Tell us about new approaches or tools addressing our priority health behavior issues so we can consider including them in the Matrix.

■ What the Matrix is NOT!

We're sorry! This Matrix does not include ready-to-use tools. And, as tools are finalized, they may “graduate” from our list. The Matrix primarily includes tools and approaches *in development*. (See [Other Sites](#) for links to available tool boxes.)

We're sorry! The Matrix is not designed to illustrate a comprehensive behavior change methodology. The entries represent *important gaps* in our current array of methods or approaches.

■ **OTHER SITES with Health Behavior Tools**

Many other organizations have developed useful tools for bringing about health-related changes in different target audiences. The following web sites contain lists of tools that have already been developed and tested:

- The University of Kansas Community Tool Box:

<http://ctb.lsi.ukans.edu>

- The Measure Project's Inventory of Monitoring and Evaluation Tools for Child Health and Nutrition:

http://www.cpc.unc.edu/measure/techassist/tools_methods/inventory

- Management Science's for health Electronic Resource Center, which includes the Health Manager's Tool Kit:

<http://erc.msh.org/index.cfm.kit>

If you know of other sites you think we should list, please contact us at CHANGEinfo@aed.org

HOW THE MATRIX IS ORGANIZED

■ Five Categories

Tools and approaches in the Matrix are organized under four categories. Clicking on a category will take you directly to a menu of those tools. (Note that these categories do not represent a behavior change approach per se, but are a convenient way to organize some of our priority issues.)

PLANNING: Tools and approaches in this category deal with:

- Structuring the planning process,
- Understanding the problem,
- Developing a solution,
- Selecting and developing an intervention.

INTERVENTION: Tools focus on different factors in order to influence health practices among various target groups. We look specifically at:

- Access to services,
- Regulations and policies,
- Health-related products,
- Knowledge,
- Skills,
- Attitudes,
- Perceptions,
- Community norms,
- Demand creation, and
- Linkages.

EVALUATION: Tools address different aspects of research design:

- Selection of a comparison group,
- Sampling,
- Data collection, and
- Analysis.

MAINTENANCE: Tools address maintenance of health practices and also maintenance of behavior change programs over time. Our list emphasizes:

- Monitoring, and
- Developing local expertise.

NOTE! A few tools appear in more than one category. There is particular cross-over between planning and evaluation tools. These entries are so-marked.

ORIGIN OF THE MATRIX

The initial list of tools and approaches in this Matrix was designed in March of 1999. Selection was based on:

- **A needs assessment with organizations implementing public health programs in developing countries;**
- **Meetings with technical advisors expert in different behavior-change interventions;**
- **Experience and knowledge of CHANGE core staff.**

The needs assessment aimed to identify what behavior-change approaches and innovations are currently used; which ones have been most successful; and what the important *gaps* are (in terms of both intervention approaches and methodological tools). We interviewed U.S.-based staff of USAID and collaborating agencies as well as representatives of non-governmental and multilateral institutions working in public health in developing countries.

CHANGE organized a series of meetings with experts in the major content areas addressed by the project: Integrated Management of Child Health Initiative (IMCI), maternal health, immunization, utilization patterns and drugs, malaria, breastfeeding, young child feeding, vitamin A and other micronutrients. We discussed key behavioral challenges in these areas, behavior change approaches, and field experience.

Our efforts focused on identifying the most *stubborn behaviors* that are **key to improving maternal health, child health, and nutrition**. We examined what kinds of interventions are being tried and what methodological tools are now used to change health practices. We went beyond communication initiatives *per se* and looked at efforts to change a wide array of factors (such as *perceptions and attitudes* about health, *access* to products, regulations and *policies*, health worker *interactions*, community *norms*, and other issues.)

OUR PRIORITIES FOR INVESTIGATION

■ A Set of Four Common, Cross-Cutting Problems

CHANGE is interested in the full array of health behavior challenges associated with improving child health, maternal health, and nutrition. However, the project has chosen as priorities several types of problems that cut across several technical areas:

1. Problems Resulting From “Deadly Delay”

Why do family members sometimes delay seeking treatment until the consequences have become deadly? CHANGE is interested in looking at why people act *when* they do—what are their cues for high risk, or severity of a condition, for example? What other factors motivate people to act?

2. Problems Related to Drug Seeking and Taking

Where do people prefer to get medicines, and what factors affect how much they take and for how long? CHANGE is interested in looking at various factors which influence adherence (and lack of adherence) to drug regimens.

3. Problems Associated with Health Worker Performance

What are the critical elements of effective health worker/client interaction? How do we motivate health workers who are underpaid and overworked? Health workers not only deliver care, they also affect whether clients are willing to use the health system, and whether they adopt practices the system promotes.

4. Problems Related to Household Habits

Good health for women, children, and infants begins in the home. Many healthy practices don't even strike people as “disease-related.” We are especially interested in these behaviors: for example, breastfeeding, hand washing, and basic hygiene.

■ Five Underlying Theoretical Issues

CHANGE also addresses a core set of challenging theoretical issues concerning health behavior change:

1. Issue: Increased knowledge does not necessarily lead people to change their behaviors. However, many behavior change programs focus primarily on trying to improve knowledge. **What other factors stimulate behavior change?**

2. Issue: Many behavior change approaches (primarily developed in the West) focus on understanding **the individual** and on changing behaviors at the individual level. However, in many cultures, behavior change may best be looked at as a function of what **groups** or **communities** do. How can we identify crucial factors for

particular audiences and behaviors? And, what approaches can we take to influence community, institutional, and political factors to bring about changes in practices that affect health?

3. Issue: How do we know what approaches are working? It is crucial for non-experts to be able to monitor and evaluate behavior change. What methods can we develop? How can **participatory techniques** be used in evaluation?

4. Issue: Trial or short-term adoption of health practices is not enough. How can positive changes in behavior be maintained over time, particularly after any international funding ends?

5. Issue: Many behavior change approaches have been successful at the pilot level. What are the key factors in **scaling up** promising pilot efforts?

■ Are You Interested in Our Priority Problems and Issues?

As we expand the Matrix through contributions from our colleagues, we will continue to focus on these priority areas. If you are confronting a health behavior change problem that “fits” with these issues, we may be able to work with you on it.

If you know of an existing tool or approach that addresses one of these challenges, we may be able to include it in the Matrix. (The tool should be directly relevant to improving practices in maternal health, child health, or nutrition. It should also be applicable to usual program circumstances: that is, not extremely costly or requiring enormous expertise.)

A CHANGE review panel decides which tools and approaches get listed in the Matrix. We may be able to collaborate with you in developing the tool further, or testing or evaluating it.

Lastly, we would be interested in knowing if you have encountered other significant behavioral challenges in the field that you believe should be added to our list of **priority problems and issues**.

Please contact us at CHANGEinfo@aed.org to discuss.

TOOLS for PLANNING > Understanding the problem

Model Manuals - An electronic compendium of manuals for planners and experienced researchers who may lack substantive knowledge about a particular health problem. Each manual includes state-of-the-art models of the behavior and its determinants and model field instruments.

Doer-nondoer Comparisons - A simple framework that summarizes essential formative research comparisons

Positive Deviance - A technique that focuses on how a small number of people who are engaging in the desired behavior or have the desired outcome manage to do it

Quantitative Anthropologic Methods - A set of rapid quantitative methods (including pile sorts, triad sorts and paired comparisons) for obtaining information about local classifications, knowledge and beliefs

Projective Techniques Applied to Research - Simple, rapid qualitative techniques for obtaining information about assumptions, norms and values

World Views Comparison - An approach for clarifying what is important to groups of people with different worldviews (e.g., healthworkers and patients, doctors and traditional birth attendants) to help them find or negotiate a middle ground so they can work together effectively.

Diagnostic Drama and Dialogue (“3D”) - Using participatory drama as a technique for understanding perceptions and decision-making related to rare events

Consumer Satisfaction - A package that assembles a variety of tools to obtain client feedback and solicit opinions about providers and services, with guidelines for use by front-line workers and regional and district supervisors

TOOLS for PLANNING > Developing a solution

Network analysis - A technique to map the direction and density of flows of information, influence, and resources to identify “influentials” and “brokers”

Insider anthropology kit - A package of anthropological tools and methods, adapted to the needs of community development workers and communities, that assists people to study their own cultures and develop innovative, effective strategies that utilize cultural resources

Cultural resources inventory - A participatory appraisal tool for communities and development workers that produces a simple, descriptive matrix of cultural structures, events, rituals, roles, relationships, objects, symbols, etc. that can be integrated into various development strategies

Management and organizational sustainability tool - A package containing instruments and a user's guide designed to assist public and nongovernmental organizations to focus on characteristics of management, identify directions and strategies for improvement and set priorities for management development

TOOLS for PLANNING > Selecting an intervention

OPTIONS - A process that assists planners in selecting the most appropriate single intervention or combination of interventions from a set of field-proven options

Process modelling - A method of producing a schematic summary of the steps in an intervention, that is what planners anticipate should occur, to enable them to identify critical ('rate-limiting') steps in what they are intending to do and to examine the consequences of multi-step interventions

TOOLS for PLANNING > Developing an intervention

Trials of improved practices - An iterative, community-based method for rapidly assessing the feasibility of alternative practices and how best to promote them

TOOLS for PLANNING > Planning evaluation

Cost-tracking system - Financial systems to facilitate cost analysis and cost-effective assessments

See also: **TOOLS for EVALUATION > Planning evaluation**

TOOLS for INTERVENTIONS > change ACCESS

Network marketing - An application of the “Tupperware approach” to disseminate basic health products and information about their appropriate use through community members socializing with members of their networks

Community radio and program archives - Use of community radio to promote and motivate participation in health-related events and to transmit basic health information, either through interactive programs or broadcasts of archived material

Building COMMUNITY health centers - An approach to improving health facilities - physically, organizationally, culturally, and emotionally - and increasing their embeddedness in communities, leading to changed perceptions and better services

TOOLS for INTERVENTIONS > change LINKAGES

Cyber-baobab (telecommunication tools) - An approach to provide communities and health workers access to information that can benefit them socially and economically, and directly and indirectly improve their health

Distance mentoring - A set of tools that provides a structure for frequent, supportive interactions once health workers and their supervisors/mentors are linked (through land lines, radio-telephones or email)

Social investment credits - A way to provide incentives for multinational companies to invest in human capital development

TOOLS for INTERVENTIONS > change POLICIES

Evidence-based advocacy - An approach that advocates conducting formative research on which to base clear behavioral objectives for advocacy efforts as well as a strategy for reaching those objectives.

TOOLS for INTERVENTIONS > change PRODUCTS

Course-of-therapy packaging - A way to use packaging to improve adherence to instructions for taking medicine

TOOLS for INTERVENTIONS > *change* ATTITUDES

Attitude training - A training package that focuses on developing attitudes that enable project staff to encourage community participation

Value-based branding - A technique for using emotionally significant signals to encourage adoption of desirable health practices

FIRST households - An approach for using “positive deviant” mothers and families as models and teachers for other families

Champion communities and community mentorship - A method for communities that have successfully participated in a health development project to be models for others

Community self-efficacy - A way of building community self-efficacy by encouraging communities to carry out activities such as health fairs, rehabilitating dispensaries, etc.

TOOLS for INTERVENTIONS > *change* SKILLS

Counseling as negotiation - Tools for converting counseling from lectures to dialogues

New technology skills for materials development - A training package for government and NGO workers in how to apply the new technologies of digital imagery, desktop publishing, and internet publishing to produce materials that can easily be customized for different segments of the population

Contracting - Guidelines and sample contracts for managers who need to hire expertise in research, materials production, creative work, training etc.

TOOLS for INTERVENTIONS > *change* PERCEPTIONS

Behavioral signaling - Ways of making ‘invisible’ behaviors visible so that they spread more quickly through the community

Participatory video - A technique that can be used in diagnosis and/or implementation to gain understanding of others’ perceptions, ideally leading to negotiated changes in behavior

TOOLS for INTERVENTIONS > *change* KNOWLEDGE

IMCI on CD-rom - A tool to help teach and motivate practitioners and to serve as a reference

TOOLS for INTERVENTIONS > *change* NORMS

Creating public debate - A strategy that involves encouraging media coverage and public debate on a public health issue in hope of accelerating behavior change

TOOLS for INTERVENTIONS > *change* DEMAND

Minimal social marketing - A simplified version of social marketing principles that local organizations can use

Health consumerism - A method of making people better health consumers, aware of their choices and informed about what they have a right to expect

TOOLS for EVALUATION > **Planning evaluation**

Comparison group algorithm - A simple tool to help planners identify appropriate comparison groups for an evaluation

TOOLS for EVALUATION > **Sampling**

“Nearly truly random” field sampling method - A simple, easily verifiable method to obtain a random sample, e.g., of households in a village or individuals in households

Adaptation of sampling methods used by population biologists - Methods to help determine the importance of going after the last 10-20% of children who have not received polio vaccination by identifying the size and dispersion of clusters of unvaccinated children

TOOLS for EVALUATION > Data collection

See: TOOLS for PLANNING > Understanding the problem

TOOLS for EVALUATION > Analysis

TOOLS for MAINTENANCE > Monitoring

Community monitoring - Tools to help communities collect information about their health status to raise awareness of problems, stimulate community action, or track changes. One example is the Community Surveillance Kit.

Institutional self-monitoring - Tools for improving information systems and methods of feeding back information as the basis for local (facility, district) action

TOOLS for MAINTENANCE > Follow up

Psychosocial database - A tool for achieving an in-depth understanding of how activities meant to change behavior actually work, so that health programs can improve behavior change interventions (e.g., by segmenting audiences, focusing on specific 'pressure points', etc.)

TOOLS for MAINTENANCE > Materials

Cultural reminders - An approach to developing and using culturally appropriate ways to remind people to engage in desired health behaviors

TOOLS for MAINTENANCE > Building expertise