

**The CHANGE Project**  
**FY99 ANNUAL REPORT**  
**September 28, 1998 - September 30, 1999**

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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

Telephone: (202) 884-8892  
Fax: (202) 884-8454  
Email: [changeinfo@aed.org](mailto:changeinfo@aed.org)

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## Introduction

This report presents the first year results of the CHANGE project, authorized on September 28, 1998. The objective of CHANGE is to develop and test new tools and approaches for behavior change that can achieve measurable improvements in key institutional, community, family and individual behaviors relevant to child health, maternal health and nutrition. In concert with this primary mission, the CHANGE project has a corollary objective to maintain and advance USAID's global leadership in behavior change. Highlights of the Project's first year include:

### The CHANGE Project First Year Highlights

- CHANGE completed the first year on budget with full expenditure of obligated funds. A significant increase in funding for Year 2 was attained with funds coming from a number of Global Bureau programs and buy-ins from field missions in addition to the Child Survival core funds. This increased funding reflects important support for the goals of the CHANGE Project and for the Project's first year activities.
- CHANGE moved ahead of schedule on field applications beginning implementation on Dengue Control in the Dominican Republic, Global Alliance for Vaccines and Immunization, Safe Injection Global Network, Soul City in South Africa and the Disease Surveillance Kit, as well as receiving funding for activities including: Jamaica Adolescent Reproductive Health Strategy, Micronutrients in India, Panos Institute, Polio Lessons Learned, and HIV/AIDS Stigma with ICRW. CHANGE also explored a variety of areas for potential collaboration with various partners.
- CHANGE advanced USAID's mandate for global leadership through participation in key global meetings; the initiation of partnerships with significant global partners such as WHO, UNICEF, the World Bank, PAHO, the Rockefeller Foundation and UNAIDs; and through a leadership role in two new global initiatives: the Safe Injection Global Network (SIGN) and the Global Alliance for Vaccines and Immunization (GAVI).
- CHANGE captured its initial exploration of new tools and approaches in a Matrix released in March 1999 (with continuing updates) and developed a draft technical agenda to guide further tools and approaches development.
- CHANGE initiated collaboration with other institutions on large-scale data collection and began development of a strategic planning system.

CHANGE's first year activities are described in more detail in the following sections which are organized according to the Intermediate Results (IRs) laid out in the Project's five-year workplan. These IRs are:

- IR1 Tools and Approaches
- IR2 Planning and Evaluation
- IR3 Comprehensive Packages
- IR4 Partnerships
- IR5 Global Leadership

IR6 Operations and Evaluation Research  
IR7 Capacity Building

## **IR1a: Tools and Approaches - Tools and Approaches Development**

### ***Outreach, Study and Investigation***

In November 1998, CHANGE's technical advisors (for individual behavior change, community and social networks, organizations and institutions, policy and advocacy, social marketing, and new technologies) were asked to explore their areas of expertise by conducting literature searches; consulting with colleagues; and talking to experts from related fields that might contribute to behavior change in maternal and child health and nutrition. In addition, CHANGE staff and advisors interviewed U.S.-based staff of major PVOs working in public health in developing countries. The objectives were to understand broad theories and concepts in each field; review project and program experience; and identify specific innovative tools and approaches.

Initial findings were reported and discussed in January 1999 at a week-long mini-forum on behavior change attended by CHANGE staff and technical advisors as well as several potential CHANGE consultants. In addition to a first look at models and theories, the mini-forum yielded a preliminary list of innovative tools and approaches to behavior change in health. Following the mini-forum, technical advisors prepared follow-up sessions on some specific areas of interest. CHANGE also organized a series of meetings in February and March on the key behavioral challenges, approaches, and experiences in major technical areas addressed by CHANGE.

In addition to confirming the complexity of the various technical areas, these sessions made clear that there are a number of important crosscutting behavioral issues that hinder success in multiple technical areas. These issues include: recognition of dangerous signs and symptoms; timely and appropriate response to this recognition; overcoming barriers to utilization; compliance with health worker instructions; and lack of attention to community networks, self-efficacy, and creation of new community norms to support and maintain behaviors at the individual and household levels. Innovative approaches to addressing these behavioral issues in program design and field implementation activities should result in greater program impact.

### ***Initial Matrix of Tools and Approaches***

During the outreach, study and investigation phase, CHANGE staff and technical advisors collected innovative ideas for changing behavior to include in the Matrix of tools and approaches. The plan is that this matrix will provide a capsule view of new ways to bring about behavior change. It is intended for two audiences: potential users and those interested in developing better methods for changing behavior. At the end of March 1999, the initial version of the Matrix, containing 49 tools and approaches, was shared with USAID. The tools and approaches are organized:

- a) By the program phase during which they are likely to be applied: planning, intervening, evaluating and maintaining behavior.

- b) Within each program phase, certain stages or areas are delineated. For the planning phase, tools and approaches are organized by tasks that need to be accomplished: structuring the planning, understanding the problem, developing a solution, and selecting and developing an intervention. For the intervention phase, the stages are the different “pressure points” (or determinants) through which one can work to encourage behavior change by changing: access, regulations/policies, systems/structures, products, attitudes, skills, perceptions, knowledge, norms, consequences, linkages, and demand. The evaluation phase is divided by different aspects of research design: selection of a comparison group, sampling, data collection, and analysis. Tools and Approaches for the maintenance phase are organized by: follow-up, monitoring and reminder materials.
- c) Within each phase and stage, tools are categorized by their overall objective and the level of action (individual, household, community, institution and policy).

The Matrix also distinguishes between approaches, which include a variety of tools, and simple tools and collections of related simple tools. Some of the innovative tools and approaches are ready to be fielded (requiring only the usual investment of time for local adaptation), some require a moderate amount of further development, and others require a lot of development. This ‘readiness to go’ status is also indicated in the Matrix.

The computer version of the Matrix is interactive. Clicking on a tool name in the Matrix automatically retrieves a one-to-five page description that explains the tool; its origin and field experience; the project stage and scale at which it is most appropriate; the extent to which it is useful “as is” or must be further developed generically or adapted to a particular field situation; the difficulty of using the tool; training required; outside expertise needed; and where to go for further information.

Once the initial version of CHANGE’s Matrix of Tools & Approaches was completed, CHANGE staff and consultants went through an exercise of prioritizing which tools and approaches the project would emphasize in discussions with potential partners for field applications. The tools and approaches considered most innovative/useful in solving persistent behavioral problems were:

- Network marketing
- Distance mentoring and supervision
- Positive deviant/First households
- BEHAVE
- Cultural resources inventory
- Diagnostic role play
- Cyber-baobab
- Community radio
- Participatory video
- Institutionalizing participatory approaches
- Health consumerism
- TIPs (trials of improved practices) beyond nutrition
- Value-based branding
- Behavioral signaling

CHANGE decided to further develop three promising planning tools – diagnostic role play, TIPS beyond nutrition, and projective techniques – by drafting manuals to guide field applications.

### ***Technical Agenda***

CHANGE began developing an initial technical agenda to guide the tool development process that reflected the results of an informal needs assessment (discussed in *IR4a: Needs assessment and outreach activities* below), a series of meetings with technical advisors and the experience and knowledge of core staff. This activity resulted in two lists. The first is a short list of behavioral focus areas:

- ‘deadly delay’ (delay in getting appropriate treatment for a child’s acute respiratory infection, malaria, or delivery complications)
- drug seeking and taking
- health worker performance
- ‘healthy habits’ (fundamental household behaviors that improve health)

The second is a list of promising approaches:

- changing social/community norms
- stimulating ‘horizontal (peer-to-peer) transmission’ of health innovations
- focusing on non-information-based barriers to behavior change
- identifying and working with assets of the organization, community or individual instead of introducing ‘outside’ notions and strategies
- emphasizing individual and community competency, efficacy and choice and applying insights derived from models of group behavior

Throughout the first year, staff continued to refine the framework for the technical agenda. This framework will be used to structure the ongoing review of fields that may contribute new tools: economics (game theory); sociology (normative change, household decisions), social psychology (group dynamics) and anthropology (cultural change).

## **IR1b: Tools and Approaches - Field Implementation**

During the Project’s first year, CHANGE was presented with a mix of opportunities for testing innovative new tools. Mission buy-ins and bureau funds were received with implicit terms of reference for CHANGE to complete. Project staff worked with USAID counterparts and in-country partners to design programs that would accomplish the desired outcome of the buy-in while also incorporating a CHANGE tool test into the activity. The following table summarizes tool tests that are underway:

### *Ongoing or Planned Applications of Innovative Tools and Approaches*

<b>Field Situation</b>	<b>Tools and Approaches</b>
Dominican Republic	Negotiating Improved Practices (NEPRAM)
South Africa	Value-based Branding
Zimbabwe and Malawi	Monitoring of Good Habits
Introduction of New Vaccines	Evidence-based Advocacy
Global Advocacy for Injection Safety	

### *Community-based Dengue Control Activities in the Dominican Republic*

The passage of Hurricane Georges over the Dominican Republic in September 1998 increased the risk of dengue and dengue hemorrhagic fever. Levels of household and community infestation of mosquitos are significantly higher than acceptable limits. The CHANGE Project was asked by USAID/Santo Domingo to assist the Ministry of Health (MOH/SESPAS) in developing an innovative behavior change strategy to support community-based dengue control efforts. Working in collaboration with the MOH, the Pan American Health Organization (PAHO), the Centers for Disease Control and Prevention (CDC) and local NGOs, CHANGE is providing ongoing assistance in conducting innovative formative research (including household trials and larval surveys) that will lead to the development of a strategy to increase community and household participation in dengue control.

CHANGE Project consultant Elli Leontsini from The Johns Hopkins School of Public Health made several trips to the Dominican Republic to guide formative research activities. A round of in-depth interviews with community members, household observations, and laboratory-based efficacy trials were completed. The USAID-funded Environmental Health Project collaborated with CHANGE to provide technical expertise in the entomological aspects of dengue control. Specifically, EHP consultants worked with the National Vector Control Division to conduct “efficacy trials” of different options for cleaning and covering water storage containers.

Following the completion of formative research, the partners convened the Second InterAgency Meeting, dubbed “The Behavioral Summit,” to review formative research findings and apply them to the next planning phase. A two-day meeting was held August 4 and 5 in Santo Domingo with full participation from the InterAgency Group.

Based on an analysis of the collected data, four efficacious behaviors were selected for household behavior trials and the first field application of a CHANGE tool was launched. This innovative methodology, called Negotiating Improved Practices (or NEPRAM in Spanish), is an elaboration of the Trials of Improved Practices tool and involves communities in systematically testing and modifying efficacious behaviors for feasibility. Households are 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.

CHANGE, PAHO and CDC provided technical assistance to test the NEPRAM tool. All behavioral options focused on reducing household mosquito breeding sites, the most prolific of which is the 55-gallon water drum used to store water in response to intermittent water supplies. Two newly designed container covers, one washing procedure and one ovicidal bleach cleaning treatment were offered to communities. A series of four visits to participating households were used to monitor adherence, changes in the use of the control measures, and the impact of household behaviors on egg and larval production of the *Aedes aegypti* mosquito.

A Community Resource Audit to identify a range of organizations, businesses and community institutions to support dengue control activities is the final phase planned. This Audit will expand the reach of Ministry of Health personnel and lay the foundation for a sustainable, community-wide intervention for dengue control. When the final results of the trial are available and the Community Resource Audit completed, the InterAgency Group will meet to finalize the comprehensive behavior change strategy, which will focus on reducing household mosquito breeding sites through individual, household, community, institutional and political level interventions.

### *South Africa*

In June 1999, Susan Zimicki, CHANGE Research Director, visited South Africa to discuss collaboration with Soul City, a South African multimedia health promotion organization. Since 1994, Soul City has integrated education and entertainment in packages that include both mass media (tv, radio, newspaper inserts, advertising and public relations campaigns) and post-mass media (adult education and youth life-skills packets). Soul City’s unique strengths include its commitment to a truly multimedia approach, its integration of health and development topics (including HIV/AIDS, maternal and child health topics, tuberculosis, hypertension, disability, alcoholism, violence, smoking, housing, energy and small business development) and its extensive use of pretesting each component with members of the target audience. As a result of the discussions, CHANGE and Soul City agreed on a set of activities that will be funded by a buy-in from USAID/South Africa.

CHANGE's major activity in FY99, which will continue in FY00, will be support for the development of the radio portion of a new series called 'Soul Buddies' for children eight to twelve years old. CHANGE will support Soul City in experimenting with different formats as well as developing and evaluating the programs. Soul City has identified three radio stations in different parts of the country that have both a large listenership among 12- to 16-year-olds and have shown a willingness and a commitment to both children's and educational radio. Soul City will work with the stations to develop a standardized format, but anticipate that each radio station may end up with a slightly different presentation. Soul City is currently carrying out research to identify audience preferences about format and listening times.

Another FY99-FY00 activity will be a brand analysis of Soul City. The results will help Soul City understand its existing brand positioning and determine opportunities for strengthening and/or extending the brand. It also provides an opportunity for CHANGE and Soul City to collaborate on developing the "value-based branding" tool from the CHANGE Matrix.

Finally, a continuing activity will be CHANGE participation in a large-scale evaluation of Soul City.

#### *Support of Community Surveillance for the Polio Eradication Initiative*

Despite the increasingly important role of disease surveillance, many existing national systems are not producing the required relevant information for planning, disease control and eradication. There is now global recognition of the need to promote integrated approaches for strengthening disease surveillance systems at the international, country, health facility and community levels. The CHANGE Project is assisting USAID's Polio Eradication Initiative by developing a disease detection kit to support existing community-based surveillance activities of CORE PVOs and other partners.

Extensive meetings and communication took place in the first half of the year with USAID, CORE PVOs, the Peace Corps and WHO/AFRO to understand existing community-based surveillance activities and the needs for tools to strengthen activities. Plans and time lines were developed, and relevant materials collected and reviewed. The first phase of the process was considered a pilot activity and focused on the development of a regional kit that was pretested in Zimbabwe and Malawi. The kit is modeled after the Peace Corps Guinea Worm Disease Detection Kit and includes reporting on: AFP/polio, measles, cholera, neonatal tetanus, yellow fever, and positive events such as children fully immunized by their first birthday. In a second phase, CHANGE will make the kit for available for global use in an electronically accessible format and will provide guidelines for adaptation of the kit to various geographic and program circumstances.

The kit is designed to extend current surveillance systems from health facilities into communities. It will support Community Surveillance Volunteers who will report suspected cases of the target diseases to Surveillance Coordinators (PVO staff or Peace Corps Volunteers). The coordinators will facilitate a process of community selection of the volunteers and will train and support them. Community volunteers will urge families to take sick children (or adults) to the local health facility

for treatment. If treatment is not sought, the volunteers will send a simple case form to the local health facility. Initially, the kit will target the reporting of relatively rare diseases, since CHANGE considers it crucial that the health systems are capable of responding to each report. Both to motivate community volunteers and to help change community health norms, the kit also supports the monitoring of positive health habits in the community and implementation of collective health activities that promote community health. The disease detection information will be supported by drawings, brief written descriptions, and (in some countries) audio cassette tapes recorded in local languages.

Among the major activities in the kit conceptualization were:

- Presentation of the kit concepts at the meeting of USAID polio eradication partners, April 21-22
- June visits to Zimbabwe and Malawi to meet with WHO surveillance and immunization staff on the kit design and to meet with PVOs, the Peace Corps, and the ministries of health concerning the pilot tests
- Meeting in early July with UNICEF staff to discuss experiences with their pilot projects in community surveillance and evaluation of the pilot project
- Ongoing coordination with CORE, the Peace Corps, and other partners and interested groups
- A series of meetings of the CHANGE polio group to hammer out design issues and plans

During July and August, Mike Favin, CHANGE Manager of Approaches and Tools, and Technical Advisor Lydia Clemmons drafted the bulk of the kit with input from consultant Anne Rimoin and others. Benedict Tisa began to put the draft kit in HTML format, but CHANGE decided not to complete this step until after the pilot tests were completed and the kit had been revised. In August, AED Graphic Designer Natalie Buda assisted in formatting the kit for the field pretest. Consultant Alex Gonzalez prepared illustrations to aid in the detection of the diseases.

The kit consists of:

- An **Introduction** that explains the purposes and uses of the kit
- **Disease Descriptions and Reporting Cards** with illustrations and simple definitions of the diseases for Volunteers and more detailed information for Coordinators, reporting procedures and forms
- A **Response Chart** showing appropriate responses to the family and community when reports of diseases are received
- **Prevention Ideas** on how communities can help prevent the diseases
- **Activities to Support Community Involvement** in: (1) preventing, detecting and reporting cases of the disease, (2) selecting and supporting Community Surveillance Volunteers and (3) keeping Volunteers motivated

In addition to the kit, CHANGE is developing and testing:

- **Guidelines for Country Adaptation and Production of the Kit** (including for rapid formative research and pretesting)
- **A Module for Training Coordinators** for their role to select, train, and support Surveillance Volunteers

In September, Lydia Clemmons traveled to Zimbabwe and consultant Nancy Pollock to Malawi to pretest the text, drawings and layout. Together with in-country partners, they made country-specific adaptations to the kit; agreements with partners on the participants, timing, costs, other details of training on the use of the kit; and arrangements for translating and recording of the kit into local languages.

The draft kit was well received by representatives of the target groups (partner organizations, Coordinators, and Volunteers). A great deal of valuable feedback was received which will be incorporated into the kit. In both countries, the MOH insisted on taking more responsibility for the pilot test than had been expressed during earlier contacts.

### *Global Advocacy for Vaccines and Immunization*

In June 1999, CHANGE was named to the Advocacy and Communications Task Force (ACTF) of the Global Advocacy for Vaccines and Immunization (GAVI), with CHANGE Project Director Dana Faulkner participating as the CHANGE representative to this Task Force. Scheduled for a launch in January 2000, GAVI is a new global initiative sponsored by a broad spectrum of public and private sector partners including WHO, UNICEF, the World Bank, USAID, the Rockefeller Foundation and the Bill and Melinda Gates Children's Vaccine Program. As part of its involvement in the ACTF, CHANGE took the lead in preparing a draft strategic communications plan for GAVI which was circulated to the members of advocacy task force and reviewed by members of the working group in preparation for a presentation in London in October 1999.

Ms. Faulkner is also a member of the planning subcommittee for the launch of GAVI at the World Economic Forum in Davos, Switzerland. Mr. Bill Gates and the heads of GAVI's sponsoring agencies are scheduled to appear before heads of state and global corporate leaders at this high-profile event scheduled for January 2000.

### *Injection Safety Initiative*

CHANGE has also played a role in the development of a new global coalition on injection safety, the Safe Injection Global Network (SIGN). Launched in October 1999, this network is a partnership of USAID, WHO, UNICEF, CDC and the World Bank along with CHANGE and the BASICS project. In the fall of 1998, CHANGE provided technical direction for the development of an advocacy and communications strategy for the network. Building on this work, CHANGE commissioned a market research study of developing country opinion leaders regarding safe injection practices and solutions to safety concerns. Funded by a U.S. Government InterAgency transfer in collaboration with the Bill and Melinda Gates Children's Vaccine Program at PATH, the study was carried out by CHANGE subcontractor Princeton Survey Research Associates.

CHANGE also provided technical assistance for the network's launch meeting and media response.

## **IR2: Planning and Evaluation**

### *Strategic Planning System*

An important focus of CHANGE during this first year was the development of a new type of strategic planning system. A variety of planning tools exist to help managers prioritize problems and there are many other tools to help them carry out formative research. In principle, the results of these initial investigations should influence program design, but they often do not. The system that CHANGE is developing is intended to help bridge the gap between formative research and program design. That is, it will help managers decide *how* to achieve a particular goal. As currently conceptualized, the strategic planning system will help managers describe the problem in a way that points to specific determinants of behavior change as the most promising ‘levers’ to create change (possible ‘levers’ include information, skills, self-efficacy, supportive norms, as well as access and other contextual factors that facilitate the behavior).

To ensure that the system will meet the needs of potential users, CHANGE staff are conducting a series of interviews with potential users in different settings - USAID missions, central governments, local government units. The first set of interviews were completed during a March 1999 trip to Tanzania. During the second half of FY99, CHANGE staff continued to explore the needs of potential users. One of the target audiences for the strategic planning tool will be District officials since they have much greater responsibility for planning under decentralization. In addition to the problem of developing plans to reflect reality (evidence-based planning), in-depth discussions with staff of the Zambian Integrated Health Project suggested that there is a critical need for coherent and strategic planning across different years.

Due to the allocation of FY99 budget and staff time to other activities as well as the complexity of the tool, the date for completion of the draft strategic planning tool has been deferred in consultation with the CHANGE CTO.

### *Collaboration with Other Institutions in Use of Data and Data Collection Activities*

CHANGE is tasked with collaborating with other institutions in the analysis of previously collected large data sets to address outstanding questions about behavior change and on large-scale data collection activities (which could range from consultation on development of questionnaires to the use of data collection methods developed by CHANGE). Preliminary discussions were held with people working on UNICEF’s Multiple Indicator Cluster Survey (MICS), the Demographic and Health Surveys (DHS), and with members of the new IN DEPTH network of population laboratories.

### *Malaria Module for the DHS*

Demographic and Health Surveys (DHS) are one of the major sources of information about trends in fertility and mortality. With increasing interest in understanding the proximate determinants of mortality, the DHS survey modules are being revised to allow collection of more information about health conditions and preventive activities. Some basic questions will be incorporated into

the core module, which remains essentially the same in every country. In addition, DHS is developing specific modules for different health topics which countries can use with the core questionnaire to obtain more information about local health conditions and preventive activities. Susan Zimicki and Carol Baume, CHANGE Technical Advisor, assisted staff from Macro International in developing a malaria module. This module can be added to the core survey instrument to document what people do to prevent and treat malaria in countries where malaria is a problem. DHS is currently considering several sites for testing the module in the first or second quarter of 2000. CHANGE and DHS continue to discuss the possibility of conducting an in-depth qualitative study to validate the questionnaire.

### *Rectal Artesunate*

An important factor contributing to deaths from severe malaria is the time lag between initial symptoms and effective treatment at a high-level health facility. Reasons for the time lag include:

- Distance between home and health facility
- Inability of patients to take oral medications because they have lost consciousness
- Late recognition of the disease
- Use of ineffective treatment

WHO has sponsored the development of a new drug (artesunate administered by rectal suppositories) that addresses the first two issues. It can be administered in the home to unconscious patients and quickly reduces the immediate threat of death, thus allowing patients to be taken to a facility that can provide full treatment. The drug has recently been proven effective in clinical trials, and the next step is to evaluate its effectiveness under field conditions. AED's Center for Applied Behavioral and Evaluation Research was asked to propose a study that would identify the best approach to promotion, distribution and appropriate use of rectal artesunate as an interim treatment for critical episodes of malaria. Susan Zimicki and Carol Baume collaborated with the Center's staff to develop a concept paper outlining an approach for introducing this new product and ensuring that it is appropriately used. WHO is currently considering this proposal.

### *Indicators*

As CHANGE develops as a project, it is becoming clear that the major focal area will be on communities/groups, both in regard to group behavior and to group effects on individual behavior. This poses a challenge: while standard indicators have been developed for most of the key individual behaviors and for some institutional behaviors, there are no commonly accepted indicators of community/group behavior or of the processes through which groups affect individual behavior. CHANGE staff and consultants have begun work on these issues. An early result is the idea for a tool applying the techniques of 'values clarification' to elicit information about group norms in community settings.

One of the processes through which groups affect community behavior is public debate. CHANGE will be collaborating with the Rockefeller Foundation on developing indicators to

evaluate results of interventions meant to stimulate public debate. This effort will be focused on developing and refining appropriate measures (for example, of the intensity and pertinence of different kinds of discussion) and then applying them in the field.

### *Evaluation*

Evaluation is an important step in tool development. Because the activities undertaken by CHANGE range from assistance with strategic planning to tool pretests to implementation of interventions, classic experimental designs are not always appropriate. During the first year, CHANGE has discussed the types of evaluation appropriate for different kinds of activities, and agreed on guidelines for evaluating different kinds of tools and approaches as well as CHANGE's involvement in planning activities.

### **IR3: Comprehensive Packages**

During FY99, CHANGE worked with USAID staff to identify and pursue opportunities to secure field support funds. The funds identified and obligated to CHANGE in FY99 for implementing country activities involve partnerships with UNICEF, WHO, PAHO, the Rockefeller Foundation and PVOs. While these activities have presented opportunities for successful tool tests, they were all modest in size.

According to AED's application, Comprehensive Packages were envisioned to be integrated efforts targeting multiple levels of change and, therefore, involving multiple tool tests. These programs were expected to last approximately 30 months at a cost of \$2 - \$4 million dollars. No opportunities for Comprehensive Packages were identified during CHANGE's first year. Project Staff will continue to work with USAID to identify and secure opportunities for large-scale activities. A concerted effort will be put forth during the first half of FY00 and core funds have been set aside for marketing trips to follow-up promising leads.

## IR4a: Partnerships

### *Needs Assessment and Outreach Activities*

The success of the CHANGE Project depends upon strong partnerships with a variety of organizations and projects as well as linkages between the various bureaus, divisions and field offices of USAID. A flexible needs assessment and outreach plan was developed and carried out during the first six months of the Project. A range of topics were covered in interviews and meetings, which included a loose application of the needs assessment protocol, an exploration of interest and involvement in behavior change activities, discussion of innovative approaches to behavior change, and identification of potential areas for collaboration and general information sharing. The information gleaned from the various meetings contributed to the selection of entries for the Matrix of Tools and Approaches discussed in section *IR1a: Outreach, Study and Investigation* above. The needs assessment and outreach plan was conceptualized as an informal mechanism to contact key informants: USAID division chiefs, Strategic Objective (SO) team leaders and Cognizant Technical Officers (CTOs); country missions; various USAID projects and cooperating agencies (CAs); and other non-governmental organizations, multilaterals and university researchers.

The list of contacts includes:

<b>Division Chiefs, CTOs, SO Leaders</b>	<b>Missions</b>	<b>CAs</b>	<b>NGOs, PVOs</b>	<b>Others</b>
Maternal Health	Initial announcement	MOST ARCH BASICS	Networks	WHO
Child Survival	Personalized follow-up	MNH FANTA LINKAGES	CORE	PAHO
Nutrition		EHP MEASURE FOCUS SARA FRONTIERS HORIZONS Children's Vaccine Initiative	Save the Children	UNICEF
			CARE	Rockefeller Foundation
			Freedom from Hunger	Communication Initiative
			Others	InterAgency Behavior Change Task Force
				UNAIDs

## **IR4b: Partnerships - Implementation and Planning**

During the Project's first year, CHANGE collaborated on important work that did not involve tests of specific tools, worked with partners to plan tool tests which will start in FY00, and conducted outreach activities to potential CHANGE partners. These activities are summarized below.

### *Polio Lessons Learned*

In partnership with WHO/AFRO, UNICEF, and BASICS, the CHANGE Project put substantial effort into planning a series of lessons learned studies in Africa on communication and social mobilization support for polio eradication and routine immunization. Since intensive immunization activities are underway in response to the approaching goal of global polio eradication, these studies will capture experiences while they are fresh and disseminate them among African countries and beyond. The focus is on effective or innovative ideas that work, particularly in regard to a number of challenges that appear to frustrate most African EPI programs. Specifically, the studies will document how programs are:

- Achieving an appropriate balance between mass media and person-to-person communication
- Achieving an appropriate balance in social marketing/communication support for NIDS (campaigns) and for routine EPI
- Undertaking an inclusive planning process to produce a communications plan that integrates support for NIDS, routine EPI, and surveillance for AFP and other diseases
- Understanding the reasons why some groups are hard to convince and using that information to develop effective strategies and activities to increase their participation
- Providing strong national EPI communications leadership (strategies, guidelines, training, resources) while encouraging and supporting activities appropriate to local conditions
- Building dedicated staff and institutional support for EPI social marketing/communications
- Building capabilities to effectively respond to rumors and urgent service problems

Initial ideas for the studies were laid out during a CHANGE visit to WHO/AFRO in June 1999 and developed further during discussions with UNICEF. Partners provided additional recommendations at the July PEI social mobilization partners meetings at UNICEF. Mike Favin drafted detailed questions for the country studies to answer. The study plans were greatly refined at the August partners meeting held at CHANGE. Coordination of study plans has continued through a series of conference calls organized by UNICEF/New York.

Between October and December 1999, five national studies are planned in Mozambique, Zambia, Mali, Democratic Republic of the Congo, Zambia, and Nigeria. CHANGE will provide the team leaders in Mozambique and Mali and a team member in Zambia.

It is planned that most of the country studies will be completed by early December so that a summary of findings may be presented at the Task Force on Immunization and Social Mobilization Partners' meetings in Harare. Each country study will be 15-20 pages in length and

there will be a summary paper comparing and highlighting findings from all the studies. These will be translated into English, French, and Portuguese and available in printed versions and via the Internet.

#### *Panos Institute - Support for ICASA XI*

In cooperation with UNAIDS, Panos brought reporters from across Africa to attend a two-day, preparatory workshop and the Eleventh International Conference on AIDS and STDs in Africa (XI-ICASA) conference. To ensure that a broad range of African media received reports on the primary issues arising out of XI-ICASA, USAID's HIV/AIDS office asked CHANGE to support Panos efforts to:

- disseminate press reports from the conference to 500+ press institutions in English, French and Portuguese
- disseminate radio reports from the conference to 200+ radio stations in English and French

These reports were made available at no cost to ensure that quality news coverage of the conference was available for publishing and broadcasting across Africa.

#### *Jamaica Adolescent Reproductive Health Strategy*

CHANGE received field support from the USAID field mission in Jamaica to conduct an in-depth analysis of reproductive health behaviors among adolescents, to identify barriers to adolescent reproductive health, and to identify a few key areas for application of innovative behavior change approaches.

In September 1999, the CHANGE Project's Deputy Director Julia Rosenbaum traveled to Jamaica to elaborate on the scope of work and meet with key collaborating partners in Jamaica. After an introductory meeting with Sheila Lutjens, Marsha Rigazio (USAID/Project Officer for AIDS/STDs), Sara Bowski (Family Health International), and Lovette Byfield (Ministry of Health BCC Program Manager), Rosenbaum interviewed a number of key players within and outside the Ministry of Health.

CHANGE activities in Jamaica will be carefully coordinated with a large, five-year bilateral Adolescent Health Project, awarded to the Futures Group. Next steps will include meeting in Kingston with all CAs working on the USAID Mission's Adolescent Health portfolio; finalizing the terms of reference for CHANGE activities; initiating a document review as part of the analysis of reproductive health behaviors; and identifying CHANGE Project consultants to support the activity.

#### *HIV/AIDS Stigma - ICRW*

At the request of Barbara De Zalduondo of USAID, CHANGE staff met with representatives of the International Center for Research on Women (ICRW) to explore a possible collaboration on a project to raise awareness about the impact of stigmas in HIV/AIDS. One idea discussed was to

fund several focused and relatively rapid research studies through a small grant program. This activity will offer the opportunity to test the ‘creating a noise’ approach.

During FY00, CHANGE will work with ICRW to develop a call for proposals and to create criteria for their review. Both groups will participate in the technical review of the grant proposals. ICRW will take the lead in coordinating and monitoring the grant implementation, and documenting and disseminating results of the studies. CHANGE will analyze the results to identify implications of the research for new tools and approaches for reducing stigmas. As a next step, ICRW committed to provide CHANGE with a proposed Scope of Work for the subcontract.

### *India—Micronutrients*

In collaboration with the MOST project, the CHANGE Project Director traveled to India with Penelope Nestel of OMNI Research to work with USAID/India on the development of a micronutrient program for India. The visit included meetings and interviews with the Mission’s SO3 team, representatives of pharmaceutical companies, other donor agencies, NGO’s, academic institutions, and foundations, as well as site visits to CARE feeding programs. The resulting strategy and activity paper contains three components:

1. Coalition, consensus building, and research for policy dialogue and formulation
2. Expanding access to vitamin A and iron supplements through the commercial sector
3. Improving coverage of current government vitamin A and iron programs.

The activity paper received extensive review by the Mission’s SO3 team and was approved on a preliminary basis by the Mission Director. Upon their return to Washington, the TA team conducted two briefings with the Global Bureau’s India country team (including senior G/PHN management) which recommended approval of the activity paper to the Mission.

As a follow-up to the TA visit to India in May, Dana Faulkner continued to work with Penelope Nestel of OMNI Research and the MOST project on the development of a micronutrient program for India. Extensive input was provided on the scope of work and selection of a consultant for the pharmaceutical industry analysis for the Commercial Sector Component (Component Two) of the proposed program. Ms. Faulkner continued discussions with Frances Davidson of USAID regarding an agreement with the World Bank for CHANGE to undertake work on Component Three of the program (improving coverage of current government vitamin A and iron programs.) Ms. Faulkner also worked with Dr. Nestel and the OMNI Research Project on the design of a workshop on Sustainable Behavior Change for Increased Consumption of Micronutrient Rich Foods, which will be sponsored by OMNI Research in India in early 2000.

### *Maternal Health*

CHANGE is in the process of developing activities designed to have an impact on maternal mortality. In August, the project organized a two-hour brainstorming meeting to discuss key behavioral issues, attended by staff from USAID, other CAs, AED and the Manoff Group. CHANGE plans a series of follow-up meetings with USAID staff to discuss a proposal to test

several innovative diagnostic and intervention tools that might be brought to bear on the crucial issue of danger-sign recognition, family decision making and care-seeking. These tools would address key behavioral triggers at the household, community and institutional levels.

#### *Collaboration with FANta*

CHANGE staff met with Bruce Cogill, Director of the Food and Nutrition technical assistance Project (FANta) and Penny Nestel, a consultant to the project, to discuss collaboration between CHANGE and FANta. One area of potential collaboration would be developing positive deviance and other asset-based approaches that interest some of the large PVO's which collaborate with FANta. Another promising possibility would be working with some of the smaller PVO's to develop other approaches to meet their needs. CHANGE agreed to write a concept paper proposing a method for engaging the PVO's in the identification of the KAP gaps, critical steps in implementations and for initiating collaboration on tool development.

#### *Credit with Education Conference*

In July, CHANGE staff members participated in the 1999 Annual Meeting of the Credit with Education Learning Exchange, a network of organizations that are implementing or supporting programs that deliver both financial services and education to groups of poor clients throughout the world. Forty-eight participants from 27 organizations attended the annual meeting, where Julia Rosenbaum trained participants in use of the BEHAVE framework, a tool for applying a comprehensive behavioral analysis to program planning. Workshop participants immediately applied the framework as a monitoring tool to assess the effectiveness of their training for program educators. CHANGE staff spent time with the participants discussing the organization of their credit networks and their interest in using network marketing to distribute health products throughout their organization.

#### *Zambia*

In June, Susan Zimicki visited Zambia to introduce CHANGE to USAID/Zambia and the staff of the Zambian Integrated Health Project (ZIHP) and to discuss possibilities for collaboration in FY00. CHANGE was also asked to comment on the ZIHP communications plan.

Discussions with ZIHP staff identified a subgroup of tools in the Matrix which they would be interested in applying or in collaborating to develop: DxPAND, distance supervision, contracting, cost tracking, counseling as negotiation approach, attitude training, formative research tools (diagnostic role playing, quantitative anthropologic techniques, projective techniques), and nearly truly random sampling. In addition, ZIHP-SYS staff and the local consultant to the ARCH Project expressed interest in developing advocacy materials and in advocacy training. ZIHP-COM has developed a very interesting family planning counseling tool which helps healthworkers tailor counseling to the client's needs. ZIHP plans to develop a similar aid for maternal counseling which may provide an opportunity for CHANGE to carry out an independent evaluation of this tool as an example of 'counseling as negotiation'. Discussions about the specifics of collaboration

are continuing. However, the large number of cooperating agencies already working on ZIHP may reduce the likelihood of CHANGE involvement.

## **IR5: Global Leadership**

An important part of the CHANGE Project mandate is to continue to advance USAID's global leadership in behavior change. To support this mandate, CHANGE has participated in and helped shape the agenda for key global meetings on behavior change. Dana Faulkner presented the CHANGE Project technical agenda at the Seventh Annual InterAgency Roundtable on Communication for Development held in Bahia, Salvador, Brazil on November 10-13, 1998. In addition, CHANGE participated in the agenda development for the Consultative Meeting on Rights-Based programming of the InterAgency Task Force on Behavior Change held in July 1999 at UNICEF in New York. As a result of these leadership activities and other contacts, CHANGE has been invited to collaborate with significant global partners such as the Rockefeller Foundation (on evaluation indicators for community involvement), UNAIDS (on peer education research), and the World Bank (on micronutrients in India). CHANGE's participation in the Global Advocacy for Vaccines and Immunization (GAVI) and the Safe Injection Global Network (SIGN) (described earlier in IR1b) provides fora to continue advocating for incorporating behavior change in designing worldwide initiatives.

### *Communication-based Approaches for Improving Health*

CHANGE is working with the HIV/AIDS division of USAID and the Rockefeller Foundation on the development of a Communications Summit to be held in Bellagio, Italy in October 2000. The purpose of the summit is to explore and reconcile the divergent views and experiences of program funders with the various communication-based approaches to improving health and its antecedents.

Over the last 100 years, a series of communication-based approaches for improving health has been promoted, including: "health education," "health communication," "social marketing," "health promotion," "behavior change communication," and "communication for social change." Related fields such as commercial marketing, public relations and advocacy have also worked on issues of health and social development. The differences between these labeled approaches are not always clear to program managers and funders.

CHANGE staff, working with a steering committee from USAID and the Rockefeller Foundation, proposed a consultative process to culminate in the Bellagio meeting to explore, and to seek reconciliation of these divergent views where possible. Funding for the proposed meeting has been received and planning will continue in FY00.

### *WHO Global Strategy for Dengue Fever/Dengue Hemorrhagic Fever Prevention & Control*

Against a background of growing political awareness and concern about dengue fever, there is now an urgent need to identify priorities for action that will contribute to more effective implementation of available measures to reduce the burden of disease. The CHANGE Project was invited to submit a discussion paper and participate in an experts meeting to reexamine the World Health Organization's global strategy for Dengue Fever/Dengue Hemorrhagic Fever Prevention and Control. Julia Rosenbaum attended the meeting and presented the paper, which

examines the contribution of behavior change approaches to disease prevention and control and suggests how incorporating a comprehensive behavior change approach might contribute to dengue control efforts.

### *Improving the Involvement of Social Scientists in Malaria Research and Control*

USAID asked for CHANGE assistance in increasing the participation of social scientists in malaria research and control. One approach to this objective is to advocate for attention to the behavioral aspects of malaria prevention and control. During the fourth quarter, Susan Zimicki attended two meetings as a behavioral science advocate. One of these, on developing models to generalize the results of the combined therapy trials, is discussed under *IR6: Operations Research* below. The second meeting, convened by the Africa Bureau, focused on pregnancy and malaria.

The purpose of this second meeting was to strengthen networking and communication within the relevant research and programmatic communities; to share information and experience; to identify issues, gaps and opportunities; and to outline some next steps for action. Malaria in pregnancy is an important contributor to infant (and probably maternal) morbidity and mortality. Placental malaria infection may also facilitate vertical transmission of HIV. Though different treatments have been identified, there are still some issues regarding efficacy (for HIV+ women) and implementation to be resolved. CHANGE has been asked to participate in a working group that will clarify these issues and work to ensure that they are addressed.

To reach additional social scientists, Holly Williams of the CDC malaria branch and Susan Zimicki are organizing a session for the Society for Applied Anthropology-Society for Medical Anthropology joint meeting that will be held next March. This session, entitled "Malaria: Problems and Progress," will review the status of malaria and the problems and progress in implementing interventions.

### *Advocacy for Behavioral Issues in Antimicrobial Resistance in Child Lung Health*

Respiratory diseases are the most frequent cause of death in children in developing countries. For several years the child lung health section of the International Union Against Tuberculosis and Lung Diseases has focused on the problem of antimicrobial resistance to drugs. This resistance threatens the effectiveness of treatment for respiratory diseases in both developing and developed countries. Part of their strategy to address this problem involves an increasing emphasis on behavioral research. Susan Zimicki was asked to help facilitate a training course on qualitative research methods at the annual meeting of the organization and also participated in planning sessions of the Child Lung Health Section. As a result, the Section will propose that one of the plenary sessions of the 2001 annual meeting will focus on the issue of compliance of providers to treatment protocols and of patients to treatment and referral recommendations. If the proposal is accepted, this will be the first time that a behavioral topic is the focus of a plenary session.

## **IR6: Operations and Evaluation Research**

### *Review of Major Factors Affecting Replicability, Sustainability and Scale*

To prepare to identify and address some of the major factors affecting the replicability, sustainability and scale of approaches and tools introduced by CHANGE, staff identified six topic areas that need to be reviewed: behavior change models, sustainability of behavior change, scale, community-level interventions, advocacy interventions and proxy indicators for critical outcomes. Key behavior change models were presented during the mini-forum and the follow-up presentations by the technical advisors.

An outside consultant, Richard Wray, was asked to review and summarize what is known about sustainability of behavior change. CHANGE has received a final draft of the review of existing knowledge on maintenance of behavior change programs with sections on both US domestic and international experience. It will be finalized and disseminated after peer review. In FY00, CHANGE will seek a consultant to review and summarize key references concerning the optimal scale of different kinds of interventions and the factors that influence the success of scaling up.

### *New Methods of Sampling and Data Collection*

Through a review of the literature, Susan Zimicki identified a set of sampling methods used by population biologists that show promise in being applicable to the problem of the dispersion of children unvaccinated for polio at National Immunization Days. Another sampling method being developed will allow interviewers to easily and verifiably identify a random sample of households to visit in a village, sub-households to visit in a complex compound, or the individuals to interview in a household.

CHANGE is also fine-tuning some formative research techniques identified this year. These include a set of structured anthropologic methods that provide the means of obtaining a rapid, quantifiable understanding of how people classify things, for example, kinds of illnesses or foods. Another set of methods that seems promising is projective techniques, borrowed from psychological testing. CHANGE also began developing a truly innovative research tool, diagnostic role-playing. Research managers at the World Health Organization have already expressed an interest in using these tools.

### *Gaps in Theory and Practical Knowledge of Behavior Change Identified*

At the request of the Africa Bureau, CHANGE has participated in discussions about developing a protocol for a field trial of combined therapy for malaria. The idea is that treating episodes of malaria with two drugs that have different pharmacodynamics will slow the emergence of resistant strains of parasites. The field trial will have a large social science component, addressing behavioral issues such as utilization of the new treatment regimen and adherence to dosing schedules. In addition, the trial will address economic issues (such as affordability) and policy issues (such as how to most efficiently change first-line drug recommendations when most treatment is purchased from shops) will be addressed.

Because the trials will be expensive, it will not be possible to examine the effect of CT on development of resistance in enough sites to account for all the possible combinations of the important entomologic, health system and social factors. This raises the question of whether it will be possible to use the results of the trials to model what can reasonably be expected in different situations. An important gap has been identified in the course of discussions about this approach. The models that summarize the factors related to development of resistance omit any specific consideration of human behavioral factors that are likely to affect some of the important parasitologic factors. One group of these factors is related to drug use (availability, affordability, coverage, and adherence to dosing regimens); and another group relates to behaviorally mediated factors that could affect the density and genetic characteristics of parasites in the blood (use of preventive measures, and short- and long-term migration). In fact, there appear to be no models that relate the basic human behavioral factors to each other - even those related only to drug use.

During the fourth quarter of FY99, Susan Zimicki participated in a meeting to discuss modeling. Other attendees included scientists who model pharmacodynamics and pharmacokinetics of the candidate drugs and the epidemiology of resistance, and economists who focus on market economics and health systems effects. This remarkably diverse group did agree that one of the major areas in which more information was needed was how people use drugs and how behavior related to drug seeking/providing and drug taking can be changed. CHANGE has provided several of the participants with copies of review papers (grey literature) on these issues and will continue to work with them to identify and address these problems in the context of the trials.

### *Cost Tracking*

Although CHANGE cannot ascertain the cost-effectiveness of all tools and approaches that are implemented (mainly because of the length of time, the expense and effort required to measure some important outcomes, such as mortality), the project will collect and report the cost of implementation in a standardized way that planners can use. CHANGE staff have agreed that the best way to achieve this goal is to set up financial systems to track costs in categories that a) will produce classifications that can be aggregated to the categories generally used in cost-effectiveness analyses, and b) will allow extraneous costs (attributable to CHANGE's involvement) to be segregated from the intrinsic costs of implementation. Based on a review of guidelines for cost-effectiveness studies and exemplary studies, a list of classifications is being developed.

## **IR7: Capacity Building**

CHANGE's implementation philosophy recognizes that the effectiveness of a behavior change tool or approach is integrally bound to the user's capacity to apply it and that the sustainability of effective behavior change efforts requires the integration of local governments, partners and agencies into our implementation activities. "Experts-only" tools and approaches will have limited utility and sustainability in achieving CHANGE's projected results. Moreover, our experience suggests that our partners play a critical role in modifying and adapting such tools and approaches to the country, culture and the programmatic setting in which these are being used. Examples of putting this philosophy to practice are found in CHANGE activities in the Dominican Republic and with the Africa Bureau.

### *Dominican Republic*

CHANGE is working with an InterAgency team to develop a comprehensive behavior change strategy for the control of dengue fever. The team brings together entomologists, epidemiologists, health educators, community-based organizations, and CHANGE and Centers for Disease Control and Prevention Behavior Change Specialists to create an evidence-based behavior change strategy that works at the individual, community, institutional and political level to change key behaviors related to dengue control.

Through field research, training, development and distribution of written guides, and periodic InterAgency working group meetings, CHANGE has strengthened national capacity to create a broad-based behavior change strategy and to apply a CHANGE diagnostic tool, Negotiating Improved Behaviors (NEPRAM) to select feasible and effective dengue prevention behaviors. Through the process of conducting and analyzing data from the NEPRAM approach, the group of national health specialists came to understand the contribution of a behavior change approach and the NEPRAM tool, and what it takes to apply the tool in one health area. After completing the application of the NEPRAM methodology to dengue, the group will develop plans to apply the same methodology to another maternal and child health area, further strengthening capacity to apply the methodology after CHANGE leaves.

### *Africa Bureau and Malaria Research*

CHANGE has been asked by the Africa Bureau to work on the problem of low involvement of social scientists in malaria research. This is a concern because social/behavioral factors are major obstacles to successful implementation of currently available interventions (use of insecticide-treated nets for prevention and prompt appropriate treatment for illness). Moreover, during the past five years, social science research funds available from WHO Geneva and from WHO/AFRO have not been fully utilized suggesting that the problem is not simply lack of funding. Based on the hypothesis that one contributing factor may be lack of awareness of the research opportunities (both funding and intellectual challenges), CHANGE is working with researchers from the US Centers for Disease Control, the London School of Hygiene and Tropical Medicine, and African research institutions to identify social scientists who have done relevant work as well as social scientists who could potentially be interested. The next step will be to

summarize the work done to date and identify priority research questions, then publicize this information through different networks. Having identified social scientists engaged in malaria research and those who are not, CHANGE will also be able to compare these groups (e.g., apply the 'Doer-Nondoer' tool) to identify other reasons for low involvement. Some of the possibilities that will be explored include: competing funding opportunities, particularly for HIV/AIDS; the perceived complexity of malaria; and attitudes of malaria program managers and staff who may still be oriented to technical aspects of control.

## Appendix I - Deliverables

Consistent with CHANGE's agreement award, the following work products have been submitted in FY99 to Elizabeth Fox, the CHANGE Project's Cognizant Technical Officer (CTO):

Report or Request	Submitted	Accepted
Five-year and Annual Workplan	T	T
Needs Assessment	T	T
Matrix of Tools and Approaches	T	T
Identification of Priority Opportunities for CHANGE Applications (In 4/1-6/30/99 Quarterly Performance Report)	T	T
Quarterly Monitoring and Program Performance Report (covering activities from project start-up to March 31, 1999)	T	T
Quarterly Monitoring and Program Performance Report (covering activities from April 1 - June 30, 1999)	T	T

In addition, Dr. Fox approved the following modifications to CHANGE's scheduled work products:

1. Completion of the draft Strategic Planning System from September 27, 1999 to June 30, 2000.
2. Six "Best Practices Papers" to be replaced by Tool Writeups.