Thomas Cristofoletti / USAID

USAID SOCIAL AND BEHAVIOR CHANGE PROGRAMS FOR ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

Jane Silcock, USAID

FOREWORD

Never before has there been such high-level, scientific understanding of human behavior or the tools to apply that science to achieve better public health outcomes.

As the head of Defense Advanced Research Projects Agency (DARPA) observed:

"Social science is being reinvented because of the massive availability of data coupled with these very thoughtful techniques and the methodologies that are developing."[1]

Indeed, the field of public health is entering an era in which data is rapidly improving and increasingly available to help measure the success or failure of activities to change key behaviors affecting health. The U.S. Agency for International Development (USAID) has a tremendous opportunity to build and incorporate the evidence of what works to achieve the maximum impact for the populations we serve.

The Ebola epidemic in West Africa, for example, demonstrated the power of community behaviors on the trajectory of a tragic disease. While the original predictions for Ebola were in the hundreds of thousands, with changes in key traditional practices, the predictions were not met. This shows the power of behavior change and reinforces the need to invest in high-quality behavioral research, design, and implementation.

Amy Fowler, USAID

For decades, USAID has been at the forefront of the social and behavior change field. Whether to increase rates of immunization, breastfeeding or handwashing, detection and treatment for tuberculosis, or uptake of health insurance, social and behavior change is necessary for the health of a population. The difference is that today we better understand which behaviors matter, and we are able to track and measure their uptake at a population level with increasing sophistication.

This exciting report presents a suite of programs that USAID's Office of Health, Infectious Diseases, and Nutrition is undertaking to improve the quality and performance of social and behavior change programs for ending preventable child and maternal deaths. It shows the breadth and depth of the partnerships needed to accomplish this ambitious goal, including the Peace Corps, the White House Social and Behavioral Sciences Team, and multilateral agencies such as the World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), Norwegian National Institutes of Health, and the U.S. National Institutes of Health.

Our goal is to end preventable child and maternal deaths. Solid, evidence-based, population-level shifts in key behaviors are the means to accomplish that goal.

I am proud to present what we are doing to build and report the evidence and use the power of data and new methods to make that goal possible.

Dr. Ariel Pablos Méndez

1. Arati Prabhakar, Director, Defense Advanced Research Projects Agency, "Answering social sciences dead-end questions," The Washington Post, May 22, 2016. P G6.

USAID SOCIAL AND BEHAVIOR CHANGE PROGRAMS FOR ENDING PREVENTABLE CHILD AND MATERNAL DEATHS

USAID Bangladesh

In 2012, the Health Infectious Disease and Nutrition (HIDN) office of the U.S. Agency for International Development's (USAID's) Global Health Bureau began a process of rethinking its support to social and behavior change programs in global health. The need to rethink was born out of frustration with the slow progress in achieving measurable changes in behaviors and social norms coupled with weak evidence of actual program effectiveness. In many programs, interventions succeeded in increasing knowledge within target populations but were less successful in changing behavior. Moreover, while there were some notable achievements, in many cases, programs were not delivering optimal results and suffered from a lack of evidence tied to standard and measurable outcome indicators of changes in behavior.

In the past, USAID supported the belief that improving knowledge would eventually lead to changes in behavior. Rarely was there a high priority on measuring actual changes in behaviors as a result of social and behavior change investments. Measuring changes in behavior requires time and more complex and often costly monitoring and evaluation tools. Because of this, many people managing and implementing programs were satisfied with tracking only process indicators such as the number of people reached or changes in knowledge and awareness. Without data on actual changes in behavior, however, it is difficult to understand why the practice of life-changing behaviors such as exclusive breastfeeding, handwashing with soap, healthy timing and spacing of pregnancy, or oral rehydration therapy stagnates.

USAID's Global Health programs have always placed importance on measurement and following international best practices. For social and behavior change programs, however, these international best practices and standards of evidence did not exist. This made it hard to demonstrate that social and behavior change interventions were using rigorous evidence effectively to underpin investment decisions.

Faced with the lack of data, evidence, and standards, USAID, working with multiple partners across the U.S. Government, other donors, non-governmental organizations, and multilateral organizations, embarked on a concerted program with the following goals:

1. Identify and assess the effectiveness and efficiency of social and behavior change interventions based on the existing scientific evidence across priority health areas and develop prioritized research agendas going forward. **2013 Evidence Summit/UNICEF Policy Briefs and Modeling/WHO Roadmap**

Amy Fowler, USAID

2. Identify the key "accelerator" and related behaviors determining progress in priority health areas on disease prevention and treatment, their indicators, and levels. **The Behavior Change Framework (May 2015)**

3. Develop an interactive platform to track the accelerator behaviors across priority health areas in USAID-supported countries and map these levels against their projected impacts on lives saved using modeling data (generated by the Lives Saved Tool). **TRANSFORM Accelerate 2016**

4. Develop an international consensus on how to weigh evidence and assess the strength of recommendations of scientific research in social and behavior change for priority health areas. **WHO Roadmap on Building, Reporting, Assessing, and Applying the Evidence Base (with NIH, UNICEF, NORAD, UNFPA 2015–2017)**

5. Develop a consensus and implement common reporting standards for scientific evidence for social and behavior change. **The WHO Roadmap on Building, Reporting, Assessing and Applying the Evidence Base (with NIH, UNICEF, NORAD, UNFPA 2015–2017, and other stakeholders)**

6. Build, populate, and share web-based "institutes" containing data on behaviors, existing evidence, programming standards, and common indicators to connect the learning and insights with governments and civil society organizations worldwide. **TRANSFORM Accelerate 2016 with Unilever, InBev, and other partners**

7. Introduce new tools and measurements in the behavioral sciences (rapid randomized controlled trials, big data use, near real time tracking) into USAID's and partners' health programs, including those of the Peace Corps. **White House Social and Behavioral Science Team (2015–2017) TRANSFORM Accelerate 2016, Peace Corps IAA**

The following details these seven action steps as part of USAID's Ending Preventable Child and Maternal Deaths (EPCMD) strategy to raise the quality of the evidence and application of data and measurement in its population-level social and behavior change programs in global health.

1. Identify and assess the effectiveness and efficiency of social and behavior change interventions based on the existing scientific evidence across priority health areas and develop prioritized research agendas going forward.

2013 Evidence Summit/UNICEF Policy Briefs and Modeling/World Health Organization (WHO) Roadmap

On June 3–4, 2013, USAID in collaboration with UNICEF hosted the "Evidence Summit on Enhancing Child Survival and Development in Lower- and Middle-Income Countries by Achieving Population-Level Behavior Change."[2] Other collaborating partners included the National Institute of Mental Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development, the U.S. Centers for Disease Control and Prevention, the Communication Initiative Network, and the American Psychological Association. More than 200 summit participants reviewed the evidence, and 69 authors contributed to a special issue of the *Journal of Health Communication* summarizing the outcomes. The evidence summit stood on the shoulders of other efforts to assess the evidence around the use of interventions for behavior and social change to enhance child survival.[3] The expected outcomes from the summit included clarity on evidence to inform policies, programs, and practice, and the identification of knowledge gaps to inform a research agenda.

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2. Special issue: Population-level Behavior Change to Enhance Child Survival and Development in Low- and Middle-Income Countries: a Review of the Evidence. *Journal of Health Communication: International Perspectives*, Vol. 19, Supp. 1; Sept. 2014 (http://www.tandfonline.com/doi/full/10.1080/10810730.2014.918217).
3. A systematic review of communication interventions in health conducted by Wakefield, Loken & Hornik (2010), and published in *The Lancet*, examined peer-reviewed and notable empirical studies available from 1998 through 2009. The authors concluded that despite the difficulties in isolating independent effects there is substantive aggregate evidence that communication interventions can directly and indirectly produce positive changes or prevent negative changes in health-related behaviors across large population segments. Several other systematic reviews, peer-reviewed studies and empirical reports (IYCN, CARE, PATH and Manoff Group, 2011; Abroms and Maibach, 2008; Hornik, et. al., 2002) also provide important evidence-based lessons about the contribution of communication interventions to child survival.

Table 1. Accelerator Behaviors for Ending Preventable Child and Maternal Deaths

Accelerator Behaviors
MALARIA: Caregivers recognize symptoms of malaria and seek prompt diagnosis and appropriate care (*under review*).
DIARRHEA: Caregivers provide appropriate treatment for children at onset of symptoms.
PNEUMONIA: Caregivers seek prompt and appropriate care for signs and symptoms of acute respiratory infection.
IMMUNIZATIONS: Caregivers seek full course of timely vaccinations for infants.
WATER SANITATION AND HYGIENE (WASH): Handwashing with soap at critical times (after defecation, after changing diapers, and before food preparation and eating).
HEALTHY TIMING AND SPACING OF PREGNANCIES: After a live birth, women use a modern contraceptive method to avoid pregnancy for at least 24 months (resulting in approximately 3 years between births).
PREVENTION OF MOTHER-TO-CHILD TRANSMISSION: Active demand at household level for identification and treatment of all HIV-infected pregnant women.
NUTRITION: Early initiation (within 1 hour) and exclusive breastfeeding for 6 months after delivery.
MATERNAL: Pregnant women attend antenatal care and attend facilities for delivery to reduce preventable maternal deaths.
NEWBORN: Seek prompt and appropriate care for signs and symptoms of newborn illness to reduce preventable newborn deaths.

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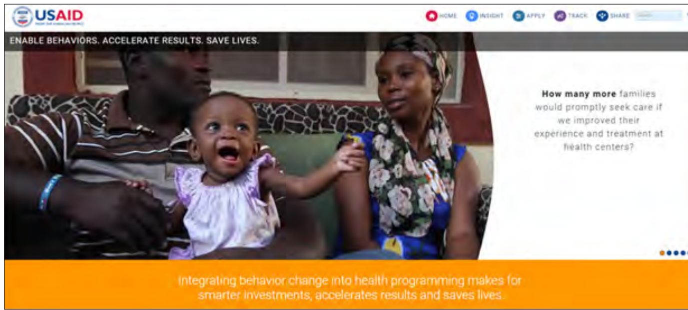

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The goal of the summit was to confirm the evidence on interventions to support sustainable shifts in health-related behaviors in populations to reduce under-5 morbidity and mortality. The summit examined interventions targeting those behaviors that have been documented as improving health.[4] Additionally, it emphasized evidence of interventions that demonstrated behavior change or improved health outcomes because changes in knowledge and attitudes do not always lead to changes in behaviors.[5]

The reviews of the research on interventions identified some strong evidence of impact on behaviors and in some cases on public health. Evidence supporting a few behavioral change interventions, in fact, compared favorably in strength to evidence from clinical research on biomedical interventions. The authors concluded that, despite the difficulties in isolating independent effects, there is substantive aggregate evidence that communication interventions can directly and indirectly produce positive changes or prevent negative changes in health-related behaviors across large population segments.

The reviews also identified important gaps in the evidence related to gender and discrimination and on sustainability of change over the long term. Looking across the field, the summit found a wide diversity in how outcomes were defined and measured. It also found that researchers rarely included reports on the implementation and contextual aspects necessary to adapt, reproduce, and scale up the intervention in different settings.

Summit participants concluded that it was important to integrate the evidence of what works into global public health programs. They called for advocacy to make sure that social and behavior change interventions were evidence based and supported with adequate human and financial resources to achieve the greatest impact.

The first goal of the evidence summit – to provide clarity on evidence to inform policies, programs, and practice – was reached through the wide dissemination of the summit's findings by USAID and UNICEF as well as the Communication Initiative. UNICEF drafted "policy briefs" on each of the review chapters, which outlined the main evidence for effective interventions and recommended policies and programs. UNICEF has also commissioned a study with the Center on Gender Equity and Health, Division of Global Public Health at the University of California, San Diego, School of Medicine to model the health impact in lives saved of scaling up the evidence-based interventions (results are pending.)

The second goal of the summit – to identify knowledge gaps to inform a research agenda – was more elusive. The reviews uncovered gaps in the evidence for interventions addressing gender and discrimination and a lack of evidence on the sustainability of change. Even with the clear identification of gaps, however, the task of grouping and prioritizing the specific research questions in the different health areas proved difficult to achieve without further consultation. This was especially the case in developing a research agenda that adequately responded to global and country priorities and needs.

With that need in mind, USAID's Office of Health, Infectious Disease, and Nutrition embarked on a consultative process with WHO, UNICEF, United Nations Population Fund, National Institutes of Health (NIH), Norwegian Agency for Development Cooperation (NORAD), and the Norwegian Institute of Public Health to develop a prioritized global research agenda on new interventions, improved interventions, and the delivery of existing interventions, and to develop guidance for developing prioritized country-level research agendas.

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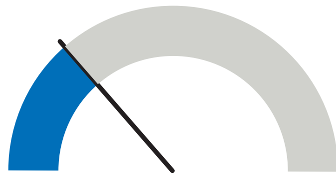
4. Liu, L., Johnson, H.L., Cousens, S., Perin, J., Scott, S., Lawn, J.E., Rudan, I., Campbell, H., Cibulskis, R., Li, M., Mathers, C., Black, R.E. and the Child Health Epidemiology Reference Group of WHO and UNICEF (2012). Global, Regional, and National Causes of Child Mortality: an Updated Systematic Analysis for 2010 with Time Trends since 2000. *The Lancet*, 2, 2151-61.
5. http://plbcevidencesummit.hsaccess.org/home

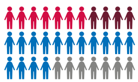
Consistent and timely tracking of quality programming on Accelerator Behaviors in 25 priority countries

AB Integration Progress



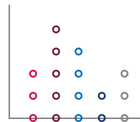
Coverage/Scale Progress

Progress on behavioral outcomes

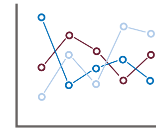


Diarrhea

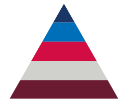
Malaria



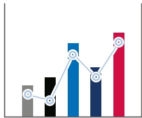
Pneumonia



Newborn illness



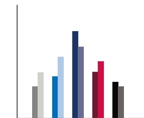
Immunization



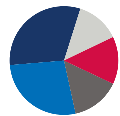
Health facility delivery

ANC attendance

Breastfeeding



Birth spacing



Handwashing

The effort of developing a research agenda builds on previous research prioritization processes for maternal, newborn, and child health (MNCH). This research prioritization effort will provide guidance specifically on what research is priority to inform decisions and investments in social, behavioral, and community engagement interventions for global EPCMD goals. A protocol to guide this global process will be developed and reviewed by external experts. Detailed inclusion criteria will provide clear, transparent guidance on how participants in the prioritization process are identified. The research prioritization effort is intended to reach a broad and varied group covering different perspectives of EPCMD programs. Criteria for prioritization and scoring will be established. Following the global process, guidance will be developed for countries to conduct national research prioritization processes for social, behavioral, and community engagement interventions for EPCMD.

2. Identify the key "accelerator" and related behaviors determining progress in priority health areas on disease prevention and treatment, their indicators, and levels. The Behavior Change Framework (May 2015)

The objective of the Behavior Change Framework[6] is to help mainstream behavior change activities in the global health agenda for ending preventable child and maternal deaths by identifying the behavior changes that can have the highest impact on mortality reduction.

The purpose is to accelerate in-country, sustainable population-level behavior change at the individual, family, community, and institutional levels to scale up demand for and use of key reproductive, maternal, newborn, and child health interventions and practices.

6. https://www.usaid.gov/sites/default/files/documents/1864/The-Behavior-Change-Framework.pdf

A process of identifying key "accelerator" behaviors (Table 1) began in June 2013 with the Population-Level Behavior Change Evidence Summit for Child Health and Development. The summit, which examined the evidence for effective behavior change interventions, was followed by a series of consultations among experts within different health areas. The process was guided by the need to:

- Identify behaviors with the highest potential for impact on mortality reduction.
- Establish indicators/outcomes for these behaviors that can be monitored and evaluated.
- Implement behavior change for these behaviors with evidence-based tools and interventions.

Each technical area and accelerator behavior was subject to review and can be updated by the technical teams on the basis of the changing nature of the science and the disease epidemiology. The malaria accelerator behavior, for example, is currently under review, and the maternal health accelerator behavior has been modified in the last year. Another consideration influencing the selection of the accelerator behaviors is the ability to track and measure the change in their use among populations and sub-populations.

Accelerator behaviors are priority behaviors for programming because they have the highest potential to hasten the decline of child and maternal deaths. They are selected among other behaviors that contribute to ending preventable deaths because they have low uptake (e.g., low oral rehydration salts with zinc – oral rehydration solution/salts + zinc) yet have an impact on a major cause of child and/or maternal mortality across the continuum of care/lifecycle.

Selecting accelerator behaviors does not mean that support for other behaviors that contribute to mortality decline should be diminished. It is assumed that efforts to maintain and improve all relevant behaviors will be continued.

Amy Fowler, USAID

3. Develop an interactive electronic platform to track the accelerator behaviors across priority health areas in USAID-supported countries and map these levels against their projected impacts on lives saved using modeling data such as the Lives Saved Tool and "almost real-time" tracking tools. TRANSFORM Accelerate 2016

The recently awarded Accelerate Project (2015–2020) is developing an interactive electronic platform (e-platform) for use by the 25 EPCMD USAID missions and their country partners and stakeholders. The goal of the e-platform is to expand the capabilities of stakeholders in the 25 EPCMD countries to implement high-quality Accelerator Behavior programming and to ensure these efforts are integrated into their health strategies. The e-platform will be focused on 10 of the Accelerator Behaviors identified in the May 2015 Behavior Change Framework across the maternal and child health, nutrition, immunization, family planning, and WASH health areas.

The e-platform will make the case for why Accelerator Behaviors are important, and how – when integrated effectively into health portfolios – they can increase the number of maternal and child lives saved. The e-platform will contain four primary sections: (1) Insight, (2) Apply, (3) Track, and (4) Share. Each of the sections will provide relevant information, data, and tools as summarized below:

- Insight: Learn about the 10 Accelerator Behaviors and evidence-based approaches for programming; view progress based on key indicators for each of the behaviors; and view behavioral data, lives saved modeling data, and other health demographic information for each of the 25 priority countries.
- Apply: Prioritize Accelerator Behaviors based on the country context, available resources, and other enabling environment factors; apply a behavior-centered methodology for integrating Accelerator Behaviors into country health strategies; utilize decision-making tools to adapt current programming to have an impact on more lives and/or maximize resource utilization; and utilize programming design tools to develop future integrated health programs.
- Track: Identify and systematize behavioral indicators across health programs in the 25 priority countries; access tracking tools to gather available data; view progress against goals on an interactive country dashboard for Accelerator Behaviors; and map progress across all 25 priority countries.
- Share: Access downloadable briefs on Accelerator Behaviors and progress toward goals; access downloadable briefs on key country behavioral data and health demographics for the 25 priority countries; and share behavior programming ideas, tools, and approaches with colleagues.

The Accelerate project will work intensively with 6 initial countries (of the 25 priority countries), to be finalized, and it will be available to provide similar technical assistance to other EPCMD countries as requested.

Based on a rapid survey of user needs and preferences and continuous testing of a beta version, the final version of the e-platform will be launched in September 2016. The e-platform will be continually refined and expanded during the project's period of performance using an iterative process of design and development based on user feedback and additional identified user needs.

4. Develop an international consensus on how to weigh evidence and assess the strength of recommendations of scientific research in social and behavior change for priority health areas. WHO Roadmap on Building, Reporting, Assessing, and Applying the Evidence Base (with NIH, UNICEF, NORAD, UNFPA 2015–2017)

Although multidisciplinary approaches and social, behavioral, structural, and economic interventions have been in use for decades, policymakers, donors, and implementers often underestimate their value. This low valuation is partly a product of a weak evidence base that does not give stakeholders the information needed to make sound decisions.

In recent efforts to review the evidence base for social, behavioral, and community engagement interventions and their contribution to key EPCMD outcomes, it was found that the research available did not fit well with current assessment-process standards. In addition, the contextual and implementation factors vital to understanding the success of these interventions were not captured within the evidence assessment process or readily available in the literature. The lack of information on contextual and implementation factors made it difficult to weigh and assess results on effectiveness and effective delivery strategies.

Subsequently, the WHO Department of Maternal, Newborn, Child, and Adolescent Health undertook a series of meetings and consultations with partners such as UNICEF, USAID, NORAD, UNFPA, The Norwegian Public Health Institute, and the U.S. National Institutes of Health. Through this process, key challenges in the reporting, production, and assessment of evidence for social, behavioral, and community engagement interventions for MNCH were identified. WHO and partners confirmed the fundamental misalignment and gaps between the evidence that is needed and the evidence that is available for these interventions.

Specifically, the findings included the following challenges:

- An undefined research agenda that does not adequately respond to global or country priorities and needs
- Misaligned research production with diverse measurement of outcomes, undefined essential intervention components, and varied and often weak designs
- A lack of measures, tools, and frameworks to capture the broader development and transformational contributions such as equity, sustainability, gender, social and household dynamics, empowerment, human rights, etc.
- Varied guidelines for reporting that do not capture implementation and contextual aspects necessary for adaptation and reproducibility in different settings
- Frameworks evaluating evidence for global health interventions, including GRADE (grading of recommendations assessment, development, and evaluation), that do not adequately consider complex, multidisciplinary interventions

WHO, UNICEF, USAID, NORAD, UNFPA, The Norwegian Public Health Institute, and the U.S. National Institutes of Health are working together to determine how the guideline development process should be strengthened to better assess evidence related to complex, multidisciplinary interventions such as social and behavior change work. It will propose modifications and additional methods or tools that may be needed to support additional analysis or steps in guiding the assessment of evidence for these

interventions. The *WHO Handbook for Guideline Development* will be revised on the basis of this work package. The work will be done with the Secretariat of the Guidance Review Committee and led by a WHO in-house group. An external review group also will be established.

5. Develop a consensus and implement common reporting standards for scientific evidence for social and behavior change. The WHO Roadmap on Building, Reporting, Assessing, and Applying the Evidence Base (with NIH, UNICEF, NORAD, UNFPA 2015–2017, and other stakeholders)

In addition to developing guidance on how to weigh evidence and assess the strength of recommendations of scientific research in social and behavior change for priority health areas, the same partnership will develop reporting standards to meet the needs of social, behavioral, and community engagement interventions for MNCH. These standards will facilitate replication of research and programs, ensure fidelity in reporting, and assist researchers and practitioners in the preparation of manuscripts on their work. Reporting standards will help clarify the generalizability of the research/program findings and their applicability to specific settings and contexts and identify context and conditional factors that affect implementation. These standards also will help global efforts to collect and synthesize findings. Work has already started in WHO to develop draft program standards, based on a systematic review of available reporting guidelines. A Delphi survey is underway. The initial draft will be reviewed by social, behavioral, and community engagement researchers and practitioners. Subsequent work will include the piloting of the draft standards in programs and research. A final version will be produced based on feedback.

6. Introduce new tools and measurements in the behavioral sciences (rapid randomized controlled trials, big data use, near real time tracking) into USAID's and partners' health programs, including those of the Peace Corps. (Partnership with the Social and Behavioral Sciences Team Phase 2)

On September 15, 2015, President Barack Obama signed an executive order encouraging the federal government to use behavioral science insights to better serve the people of the United States. The behavioral science insights policy directive under the order encouraged executive departments and agencies to:

- Identify policies, programs, and operations where applying behavioral science insights may yield substantial improvements in public welfare, program outcomes, and program cost effectiveness.
- Develop strategies for applying behavioral science insights to programs and, where possible, rigorously test and evaluate the impact of these insights.

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- Recruit behavioral science experts to join the federal government as necessary to achieve the goals of this directive.

- Strengthen agency relationships with the research community to better use empirical findings from the behavioral sciences.

At the White House event to release the executive order, USAID and the Social and Behavioral Sciences Team (SBST) announced a multi-year collaboration to embed behavioral science insights and rigorous evaluation in priority country programs to end preventable child and maternal deaths.

Behavioral insights applied in the right context can improve program outcomes, and lives, substantially. SBST uses methods and insights from the social and behavioral sciences to inform program design and implement rapid low-cost evaluations with the goal of helping federal partners design low-cost, behaviorally informed interventions and test the impact of behaviorally informed interventions with rigorous low-cost evaluations.

The broad goal of the USAID/SBST collaboration is to identify cost-effective, behaviorally informed interventions that can be scaled for broader impact.

Specifically for USAID, SBST collaborates with select USAID missions to identify programs where behavioral insights have the potential to improve program outcomes, design and apply insights in low-cost interventions, and rigorously measure impact.

SBST, USAID missions, and implementing partners identify and test scalable interventions that have an impact on Accelerator Behaviors; they work together to:

- Increase the capacity of key missions and partners to design, implement, and manage behavioral interventions by improving the capacity of mission's health advisors and key partners to design and manage high-impact behavior change awards.

- Increase the knowledge of and ability to review and design rapid rigorous evaluations and identify and use effective data methods and sources.

- Increase the focus on the highest impact Accelerator Behaviors by directing missions to the highest impact health behaviors for their country context.

- Increase capacity to turn best research into best practice by helping missions share learning in innovative and compelling ways and create opportunities for missions to share lessons learned with missions, regional colleagues, and Washington colleagues.

Currently, selected missions include those in Ethiopia, Kenya, Nigeria, and Zambia. SBST is partnering with these missions to explore projects and partnership to connect HIV-positive individuals with testing and treatment services (Ethiopia), promote HIV prevention (Kenya), improve attitudes toward and uptake of planning family services (Nigeria), and increase rates of healthy infant nutrition (Zambia).

7. Disseminate the use of new tools and measurements in the behavioral sciences into USAID's health partners including U.S. Government partners such as Peace Corps. (Peace Corps/USAID Interagency Agreement on Accelerator Behaviors in EPCMD)

Peace Corps and USAID will collaborate in a broad range of programmatic areas that promote EPCMD goals and objectives. The overarching goal of the partnership is to reduce maternal, newborn, and child mortality. In order to achieve progress toward this goal, Peace Corps and USAID have identified collaborative opportunities and mechanisms that can be leveraged to support and strengthen in-country projects and activities, specifically around individual and community behavior change interventions for newborn, child, and maternal health.

This agreement, which provides up to $2 million to Peace Corps over the next 5 years, recognizes Peace Corps' extraordinary, unique, and meaningful contribution. It is centered on the promotion of key accelerator behaviors selected because they have low uptake yet have a profound impact on a major cause of child and/or maternal mortality.

These accelerator behaviors may be used to enhance Peace Corps volunteers' work by introducing staff, volunteers, and their counterparts to new and effective interventions that promote key messages and stimulate behavior change with individuals, families, and communities at the volunteers' site

The ability of Peace Corps volunteers to work in remote locations to increase awareness of and demand for MNCH services among the most hard-to-reach populations enables the partnership to make a unique and relevant meaningful contribution to ending preventable child and maternal deaths. These accelerator behaviors may be used to enhance the volunteers' work by introducing staff, volunteers and their counterparts to new and effective interventions that promote key messages and stimulate behavior change with individuals, families, and communities at a volunteer's site. Additionally, as appropriate, the partnership will also promote and integrate accelerator behaviors into project activities in other sectors such as education, agriculture, and community economic development.

This partnership will be implemented to equip volunteers to promote health behaviors for maternal and child health in 12 of the 25 EPCMD focus countries: Ethiopia, Ghana, Madagascar, Malawi, Mali, Mozambique, Nepal, Rwanda, Senegal, Tanzania, Uganda, and Zambia, with possibility of two additional countries (Kenya and Liberia). Through targeted training events, sub-regional workshops, and customized technical assistance, Peace Corps will introduce staff and volunteers and their counterparts in these countries to new and effective interventions to promote key messages and stimulate behavior change with individuals, families, and communities at the volunteers' sites.

Illustrative activities include:

- Training, workshops, and conferences

- Information development and dissemination/knowledge sharing

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- Staff, travel, and administrative support
- Third-year Peace Corps volunteer activities (dedicated to EPCMD)
- Assessment, evaluation, and project development

In the first year of this partnership, Peace Corps/Washington will work with country leads to design workshops that will orient Peace Corps field staff to the EPCMD partnership and implementation of respective accelerator behaviors. Peace Corps aims to convene 1–2 sub-regional workshops per fiscal year. Participants will be tasked with integrating accelerator behaviors into the post's health work, including conducting cascade trainings with other volunteers, organizing EPCMD events in country, documenting success stories, and monitoring EPCMD activities among volunteers.

The partnership will also develop training curricula, expand existing curricula; develop/update technical manuals; produce printed and electronic materials that introduce the EPCMD program to Peace Corps volunteers and staff; and produce information, education, and communication materials for use by volunteers at the community level.

Another unique aspect of this partnership is the engagement of third year Peace Corps volunteers dedicated to child and maternal health. These volunteers will be able to provide an operational link for implementing partners and Peace Corps staff to volunteers at their sites and/or work with implementing partners on health activities. Potential activities involving third year volunteers may include, but are not limited to, mobilizing Peace Corps volunteers to participate in important MNCH activities in their communities that promote the accelerator behaviors and are consistent with EPCMD goals and objectives.

CONCLUSION

USAID is committed to building the evidence base for social and behavior change programming. Through guideline development, consistent application of sound outcome evaluations, and dissemination and incorporation of evidence-based practices into health programs, USAID will ensure that our investments for Ending Preventable Child and Maternal Deaths result in positive, measurable change.

While this report looks at one goal, ending preventable child and maternal deaths, USAID's Global Health Bureau is embarking on a collective effort across priority health areas to apply new methods, data, and evidence for social and behavior change. This includes the goals of achieving an AIDS-free generation and protecting communities from infectious diseases. USAID's leadership is built on a long history in the field of social and behavior change, but that leadership will thrive only if it is enriched by our partnerships and a hardy embrace of new science and data.

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U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
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Tel: (202) 712-0000
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