A MID-PROJECT REPORT

change

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Activity Table

CHANGE Staff

USAID
AED
Academy for Educational Development
THE MANOFF GROUP

CHANGE is a cooperative agreement between USAID and the Academy for Educational Development with its subcontractor, The Manoff Group, Inc., to provide leadership for "behavior change innovation and state-of-the-art tools and strategies."

The project was designed to focus on research and development rather than on technical assistance for implementation. This approach has succeeded beyond expectations in some ways, while also yielding lessons about the often difficult and complex process of innovation and change. With CHANGE now beginning its fourth year, it is an appropriate time to consider what we have learned from the project — both how it has affected our understanding of behavior change and what we have learned about structuring a project intended to support innovation.

This report discusses both of these topics, using examples of project activities to illustrate different points. It is a history of how CHANGE developed, not a comprehensive summary of activities. Such a summary can be found in the Activity Table.

Where we are today

The central element in the CHANGE project's original mandate was to identify, develop, test and apply tools and approaches to improve behaviors relevant to maternal health, child health and nutrition. To date, the project's accomplishments include identifying nearly fifty tools and approaches and ideas for tools and approaches, and developing and trying a subset of them. In a few cases, CHANGE has been able to implement tools and approaches in more than one setting. In the project's fourth year, CHANGE will begin a large-scale, comprehensive intervention to control dengue in El Salvador. The project now has

Timeline of Activities

Evidence-based Advocacy for Injection Safety

1998

Strengthening Behavior Change Components of the National Micronutrient Strategy
Adolescent Reproductive Health
Integrated Child Health and Nutrition (AIN)
Support to Global Alliance for Vaccines and Immunization (GAVI) – Global level
Community Surveillance Kit
Technical Assistance for Polio Eradication
Soul City: Brand Analysis; "Soul Buddyz"; Soul City Staff Internships; Participation in Evaluation Advisory Group
Research on Stigma, Discrimination & Denial in 3 African Countries
Community-based Control of Dengue
Exploration of the Potential for Network Marketing

1999

45 activities in 18 countries focusing on maternal health, child health and nutrition, as well as infectious diseases and HIV/AIDS.

In some ways the project's main accomplishment so far has been the understanding that advances will not come only or even necessarily from inventing new tools and approaches to solve problems but from developing the art of picking the right tools and approaches for the situation and then efficiently customizing them.

This report reflects on how the project developed this view, and what it has taught us about behavior change and about R&D projects.

2000

Maternal Behavior Change Conference
Improving Provider Behavior
Behavior Change Tools for PVOs
Mother Reminder Materials
Assistance to Global Alliance for Vaccines and Immunization (GAVI) Launch and follow-up activities
Increasing Immunization Coverage
Strengthening the Expanded Program on Immunization (EPI)
Sustainable Distribution of Vitamin A
Technical Assistance to the MOST Project to Improve Vitamin A Consumption
Capacity-Building for HIV/AIDS Prevention and Support in Eastern and Southern Africa
Improving the Involvement of Social Scientists in Malaria Research and Control
Assets-based Approaches/Positive Deviance Plus
New Technologies in Disaster & Development Communication
World Summit for Children
Development Communications for the 21st Century
Competencies for Health Communicators
Diagnostic Drama and Dialogue

2001

Behavior Change to Increase Maternal Survival
Behavior Change to Increase Skilled Attendance
Community-Negotiated Early Post Partum Care Intervention
CDCynergy
IVACG/INACG
Identifying Behavioral Interventions to Reduce Indoor Air Pollution
HIV/AIDS in El Salvador
Review of HIV/AIDS Behavior Change Communications Strategy and Activities
Malaria Plus-Up
Research to Support Malaria Plus-Up
Developing National Strategies to Slow the Growth of Antimicrobial Resistance (AMR)
Integrated Disease Surveillance System
Tools for Community Radio Operations
Assisting UNFPA with Preparation of a Proposal
Capacity-Building for Producing Effective Entertainment Education Materials
CD-ROM Based Training for Health Journalists
Developing Health Communication Capacity

Our Roots

The initial development of the CHANGE Project's vision and purpose can be tracked through three stages, reflected in three core documents:

1. USAID's Request For Applications (RFA) defined the overall objectives of the project and placed them in the context of the public health importance of behavior change and the history of USAID's past achievements and failures in achieving behavior change.
2. The Academy for Educational Development/Manoff's proposal established the project's focus on innovation.
3. The first list of tools and approaches incorporated the results of early discussions of CHANGE staff and advisors with "the field" and among themselves, refining CHANGE's understanding of the nature of behavior change problems and the possible scope of solutions.

These documents indicate the initial expectations of the project on the part of USAID, AED/Manoff and CHANGE.

The Request For Applications

The Request For Applications (RFA) to develop the CHANGE Project, issued in April 1998, was shaped by 20 years of USAID experience in health communication. During that time, USAID moved from an emphasis on communications to behavior change and from stand-alone projects to integrated projects and then back.

USAID is an acknowledged leader in applying communications and social marketing to improve health-related behavior. USAID's investment in applied communications for health began with the 1978-1984 Mass Media and Health

Practices Project. Support continued with the first Communication for Child Survival (HealthCom) Project (1985-1990) and other issue-focused communication projects, for example in nutrition and HIV/AIDS.

The success of these projects helped convince Ministries, donors and non-governmental organizations of the potential for communication approaches to change health-related awareness, attitudes and practices of mothers and caretakers. Thus, with the second HealthCom Project (1990-1995), USAID's focus shifted to institutionalizing communication activities for behavior change and to ensuring the sustainability of communication efforts.

A 1995 review of the communication activities of the Office of Health and Nutrition concluded that USAID support had substantially advanced the state-of-the-art of health communications programs and had demonstrated the effectiveness of communication interventions for changing health behaviors. This review also noted persisting gaps between knowledge and practices and the tendency of behavior change improvements to diminish when the communications support ended.

Considering this situation, a Technical Expert's Meeting convened by USAID later in 1995 emphasized the importance of sustained behavior change, and noted that communication, although a major strategy, was just one means of changing behavior. Other means include policy/advocacy interventions, community mobilization and "cultural change." The experts recommended

three activities: "state-of-the-art development of methodologies; institutionalization and measuring impact; and integration of behavior change into service delivery design, policy, and community mobilization."

From 1995 onward, USAID began emphasizing behavior change as the end goal of communication and other interventions. Communication was integrated with other activities in the Flagship projects in maternal health, child health and nutrition. Under this strategy, projects continued to apply existing communications tools and approaches. Given the pressure to address country-specific problems and achieve substantive results in a short time, however, Flagship projects had limited opportunities to develop and test state-of-the-art approaches. Within a few years it became clear that the use of existing tools had not achieved some of USAID's larger goals. Important gaps between knowledge and practices were not shrinking, and many questions about scaling up and sustainability persisted.

The RFA for the CHANGE Project called for a focused project that could identify and apply new insights and technologies with greater flexibility than the larger maternal health, child health and nutrition projects could. The RFA stipulated that the new project should focus on behavior change comprehensively, widening the focus from individual behavior change to include structural or organizational tools and approaches, normative change at the community level and group and family behaviors. In addition, USAID requested that the new project should develop "packages" of multiple levels of tools and approaches for a common result, as well as develop a systematic approach for selecting and evaluating behavior change interventions.

The Proposal

The Academy for Educational Development with its subcontractor, The Manoff Group, Inc., proposed the project focus on inventing new tools as well as adapting tools that had not yet been applied to behavior change problems

relevant to maternal health, child health and nutrition. Echoing the objectives set out in the RFA, the proposal highlighted three focal areas – improved tools and approaches for interventions, improved planning and evaluation tools and comprehensive behavior change packages – and emphasized capacity building and global leadership as important goals. The proposal emphasized the importance of building partnerships and carrying out operations and evaluation research. Potential partners included USAID projects and co-operating agencies, international and local non-governmental organizations and multilateral agencies, as well as newer kinds of partners such as regional and global research institutions, community mobilization and communication networks and the commercial private sector.

"CHANGE's experience, however, indicates that it is possible to address real field issues and advance the state-of-the-art concurrently..."

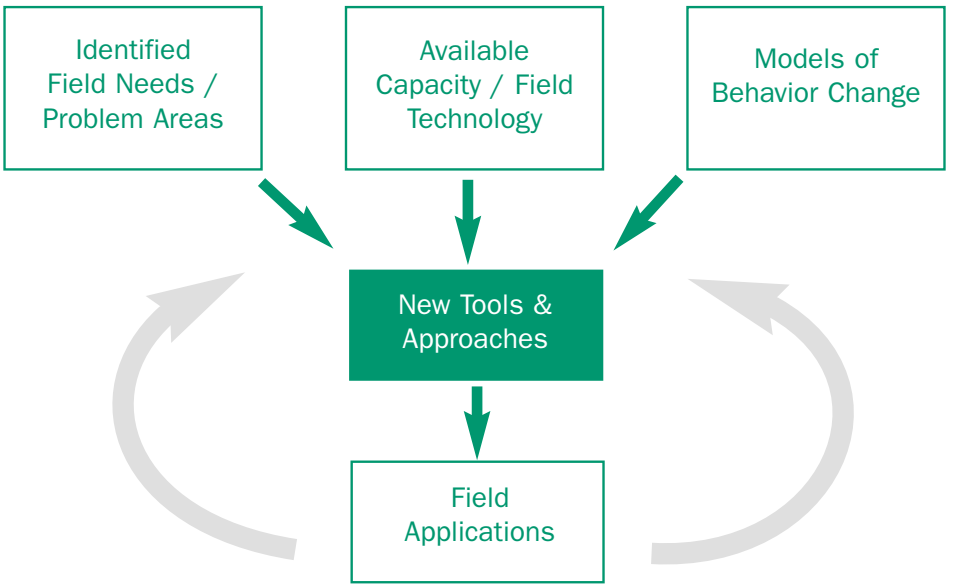
The proposal assumed that the project would select which tools and interventions would be implemented and tested. The proposed project structure included a small core technical staff and part-time senior advisors who would chair working groups focusing on six specific areas: a) policy/advocacy, b) individual behavior change, c) social marketing, d) media and new technology, e) community and social networks and f) organizations and institutions. These working groups would identify sets of potential tools and approaches that could address behavior change problems in maternal health, child health and nutrition.

A larger group, including project technical staff and USAID technical experts as well as the senior advisors, would assign priority to specific tools and approaches. CHANGE would select the interventions to be developed from this priority list.

Initial development of CHANGE strategy and list of priority tools

The project was awarded in September 1998, with a total estimated funding ceiling of about $22 million, one-third of which was to come from the Center for Population, Health and Nutrition of the Global Bureau, and two-thirds from field support or funding provided by other Bureaus. An additional $1.1 million of cost-sharing was anticipated.

CHANGE Strategic Approach



The initial core project team was a full-time technical staff of four who were expected to draw on the expertise of the six senior advisors. Early in the project this group developed a strategy for identifying tools and approaches, settled on project objectives and came to a consensus on the list of priority tools and approaches. In January 1999 the CHANGE core staff, the senior advisors and several potential collaborators met in a week-long mini-forum to discuss models and theories, review project and program experience and identify specific innovative tools and approaches. Senior advisors gave presentations about the needs and potential contributions of their areas based on literature reviews, consultations with colleagues and discussions with experts from related fields. CHANGE staff presented the results of interviews with "the field" — USAID staff in Washington and selected Missions and other individuals involved in health and development projects — about their interest and involvement in behavior change activities. The CHANGE strategic approach for developing tools and approaches defined during the mini-forum recognizes that field needs, available technical capacity and technology for implementation, and theory are all stimuli for developing new tools and approaches.

Following the mini-forum, CHANGE organized a series of meetings in February and March 1999 on the critical and complex behavioral challenges, approaches and experiences in major technical areas addressed by CHANGE — maternal health, integrated management of childhood illness, immunization and nutrition.

After reflecting on problems identified by the technical experts, the results of the mini-forum and their own experiences, CHANGE staff identified a set of cross-cutting behavioral issues that hinder success in multiple technical areas: delay in seeking treatment, health provider performance and the difficulties people encounter in "complying" with treatment recommendations and sustaining preventive behaviors. CHANGE staff selected a set of promising approaches to address these concerns such as identifying and working with assets of the individual, community or organization and applying insights derived from models of group behavior. With these cross-cutting issues and promising approaches in mind, CHANGE staff and advisors met to identify the short list of tools and approaches they felt had the greatest potential for behavior change *(see Box 2 for this list)*. By the end of this initial period of self-

definition, CHANGE staff had clearly established the project's intent to look beyond information and even beyond communication for answers to behavior change problems.

CHANGE's first workplan, submitted in March 1999, defined seven main objectives, based on the RFA, AED/Manoff's proposal and the discussions during the first months of the project *(see Box 1)*.

Box 1: CHANGE Project Objectives

Tools and approaches. CHANGE will improve and expand the range and type of tools and approaches for accomplishing effective behavior change.

Planning and Evaluation. CHANGE will improve systems for planning and evaluating behavior change interventions.

Comprehensive Packages. CHANGE will demonstrate and expand the utility of behavior change packages utilizing integrated approaches to achieve normative shifts across large-scale audiences.

Partnerships. CHANGE will expand the capabilities of USAID's partners to accomplish effective behavior change.

Global leadership. CHANGE will continue and expand USAID's global leadership role in understanding and promoting the critical role of effective behavior change and developing tools to meet these goals.

Operations and Evaluation Research. CHANGE will expand the theory and knowledge base on behavior change, particularly with regard to cost-effectiveness, sustainability and the ability to go to scale.

Capacity Building. CHANGE will expand technical expertise and technical capability within developing countries to carry out effective behavior change.

Box 2: Priority list of tools and approaches selected year 1

UNDERSTANDING THE SITUATION AND PLANNING

BEHAVE - A tool that leads planners through the tasks of identifying the primary audience, key behaviors and other important factors in order to choose the most appropriate interventions.

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

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

Diagnostic role playing - A simple technique, for use with groups, that provides information about the content of interactions between people in communities.

INTERVENTIONS

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

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

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

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

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

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

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

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

Institutionalizing participatory approaches - Ideas for training and systems changes that support local health staff and volunteers' regular collaboration with communities and community members in diagnosis, implementation and monitoring activities.

Taking Form

During the project's first two years, sources of funding were different than had been anticipated. CHANGE received money from a wider range of Global teams than expected, but fewer buy-ins from USAID Missions. In addition, the Global Bureau and Missions proved readier to fund limited applications of tools and approaches than to fund systems development, evaluations or operations research. These funding realities affected the project's structure and its progress towards accomplishing some of the objectives defined at its inception.

During this period the project's definition of "innovative" was honed, and staff developed a "CHANGE approach" to addressing behavior change problems. In response to Mission funding constraints, CHANGE initiated collaborations with a variety of other partners. As a result of funding shifts, by the end of this period CHANGE focal areas had expanded beyond maternal health, child health and nutrition to include infectious diseases and HIV/AIDS.

Year 1 and 2 funding

Although authorized under the Child Survival Results Package, CHANGE began receiving funding from different G/PHN teams *(see Box 3)*. During the project's first two years, core funding included money earmarked for polio and for playing a leadership role in the development of two global initiatives, the Global Alliance for Vaccines and Immunization (GAVI) and the Safe Injection Global Network (SIGN). Beginning in the second project year, the HIV/AIDS and maternal health teams in the Global Bureau provided core funding to CHANGE. The Africa Bureau provided support for immunization and polio activities and added funding for improving the involvement of social scientists in malaria research and control.

In its first year, CHANGE received funding from only two missions: the Dominican Republic, for community control of dengue, and South Africa, for support to Soul City, a South African NGO that developed and disseminates the most popular multi-media entertainment-education series promoting health. The number of Mission buy-ins remained at a relatively low rate in the second project year. The USAID Mission in South Africa continued funding for Soul City while Missions in Jamaica and the Dominican Republic provided new funding for activities.

Box 3: Sources of CHANGE Funding (x $1,000; rounded)

	Year 1 *9/98-*	Year 2 *10/99-*	Year 3 *10/00-*	Year 4 *10/01-*	Total
HEALTH, POPULATION AND NUTRITION					
Core (Child survival)					
Administration/Tool development	650	1,000	1,040	1,020	3,710
Polio	350	200	75	75	700
Immunization, including support for GAVI and Injection safety		390	350	300	1040
Vitamin A			200	100	300
Child survival			270	70	340
Maternal health		169	600		769
HIV/AIDS		545	100	700	1,345
Infectious diseases				900	900
REGIONAL BUREAUS					
Africa Bureau					
Polio			170		170
Maternal health			50		50
Malaria		100		150	250
HIV/AIDS			85		85
Asia Near East Bureau – HIV/AIDS				371	371
REDSO – HIV/AIDS			125	150	275
BUREAU OF HUMANITARIAN RESPONSE					
Private and Voluntary Cooperation			50	50	100
Policy Planning and Management			118	45	163
MISSIONS					
Dominican Republic		150	300	100	550
Jamaica		200		70	270
South Africa		150	100		250
India			200		200
Haiti				80	80
Peru				250	250
El Salvador				1,000	1,000
TOTAL	**1,000**	**2,904**	**3,833**	**5,431**	**13,168**

Lessons learned: The balance between technical assistance & innovation

The initial low funding from USAID Missions is not surprising. CHANGE is not the appropriate choice to deliver the tried and true programs that Missions habitually use. Missions may tend to define their needs not in terms of behavior problems, but in terms of the solutions that they already know. Thus, they are less likely to feel the need for or be willing to take a chance on "innovation."

Building trust and developing a reputation for being practical and responsive as well as innovative has taken time. CHANGE's experience, however, indicates that it is possible to address real field issues and advance the state-of-the-art concurrently, at least with regard to individual behavior change. During the first two years of the project, CHANGE developed a strategy of using opportunities afforded by specific Mission and core Global funding to adapt and develop tools and strategies while at the same time addressing the problems identified by the funders. An early concern of project staff was that CHANGE would receive funding tied to requests for very standard technical assistance. In fact, all of the USAID Missions that provided funding were willing for CHANGE to use each opportunity to apply priority tools and approaches. For example, during the first project year the field activities developed with Mission and polio funds involved applications of three of the tools and approaches from the priority list generated during the first months of the project *(see Box 4)*.

CHANGE's funding experience shows that the ratio of technical support provision to developing tools and approaches can be high. Maintaining the balance between innovation and implementation has been easier for field-focused activities than for centrally funded activities involving support for global initiatives at the policy level. During the first project year, CHANGE's contribution to the development of the Global Alliance for Vaccines and Immunization (GAVI), for example, mainly consisted of implementing "classic" approaches such as identifying the target audience, key messages and communications objectives for the initiatives. While other groups could have carried out these activities, as part of advocacy development, CHANGE initiated an approach of *evidence-based advocacy,* commissioning a market research study of world and developing country opinion leaders regarding introduc-

Box 4: First-year field activities all involved application of a priority tool or approach

DOMINICAN REPUBLIC

Request: Develop a sustainable, community-based approach to control dengue.

Response: CHANGE adapted and elaborated the *trials of improved practices* (TIPS) approach. The method is called "Negotiating Improved Practices" (NEPRAM in Spanish).

SOUTH AFRICA

Request: Support Soul City, a local multi-media health promotion organization.

Response: CHANGE applied *value-based branding*, an approach used by private commercial firms such as Nike, and helped Soul City apply it to gain a better understanding of the way South Africans viewed the organization. This information will help them maintain focus on their clients' interests as Soul City expands.

GLOBAL BUREAU POLIO

Request: Develop a "disease detection kit" to facilitate the detection of acute flaccid paralysis (essential for countries to determine the success of polio eradication efforts).

Response: CHANGE developed the Community Surveillance Kit, designed to help community volunteers report acute flaccid paralysis, other diseases and positive health habits. The kit thus helps *institutionalize participatory approaches*.

tion of new vaccines. The practice of treating these policymakers as an audience like any other — and conducting market research to identify key elements of a communications strategy — was a useful innovation.

Lessons learned: Partnerships

One consequence of funding patterns is that the CHANGE Project rarely has had full autonomy in determining the location, timing and/or scope of its field activities. CHANGE collaborates with one or more partners in every field activity *(partners are indicated in the Activity Table)*. Box 5 displays the list of CHANGE partners involved in both co-developed and co-funded activities. In most cases CHANGE either fits its activity into a larger implementation activity or co-develops and co-funds an activity.

In a few cases the requirement for finding partners who can co-fund an activity has inhibited CHANGE's ability to develop and evaluate tools. One example is the Community Surveillance Kit, which was designed so that it could be implemented by private voluntary organizations (PVOs). CHANGE

Box 5: CHANGE Partnerships for Field Activities

NO OR MINOR CO-FUNDING BY PARTNER; CO-DEVELOPMENT OF ACTIVITY

International Center for Research on Women (ICRW)
Soul City

CHANGE FUNDING FOR ACTIVITIES SUBSTANTIALLY DEFINED BY PARTNER

CARE
The Communication Initiative
Pan American Health Organization (PAHO)
Panos Organization
Soul City

CHANGE ACTIVITY CONTRIBUTES TO LARGER IMPLEMENTATION DEFINED BY PARTNER

Ministries of Health: Dominican Republic, Ghana, Jamaica, Madagascar, Malawi, Mali, Mozambique, Nicaragua, Pakistan, Peru, Tanzania, Uganda
BASICS II Project
Family Health International (FHI)
Freedom from Hunger
Global Alliance for Vaccines and Immunization (GAVI)
Groupe Pivot
Health Services Delivery and Support Project, USAID bilateral project
John Snow, Inc. (JSI)
MOST Project
MotherCare Project
National Institute of Medical Research (NIMR)
Pan American Health Organization (PAHO)
Partnerships for Health Reform Plus Project (PHR+)
Rural Family Support
Safe Injection Global Network (SIGN)
Save the Children
United Nations Fund for Population Activities (UNFPA)
United Nations International Child Education Fund (UNICEF)
World Association of Community Radio Broadcasters (AMARC)
World Health Organization (WHO)

SUBSTANTIAL CO-FUNDING; CO-DEVELOPMENT OF ACTIVITY

Alliance for the Prudent Use of Antibiotics (APUA)
Applied Research in Child Health Project (ARCH)
Family Care International (FCI)
Healthy Mother/Healthy Child bilateral project
International Center for Diarrheal Disease Research
Medical Research Council, South Africa
Pan American Health Organization (PAHO)
Project Hope
Rational Pharmaceutical Management Plus Project (RPM Plus)
Rockefeller Foundation

began developing the kit in the first year of the project at the request of the polio team in the Global Bureau. Pilot testing could have begun in early 2000.

However, preliminary arrangements with PVOs for testing the kit failed, in part because the PVOs had difficulty in organizing funding and CHANGE could not support the entire cost of the pilot test.

Progress towards project objectives in the first two years

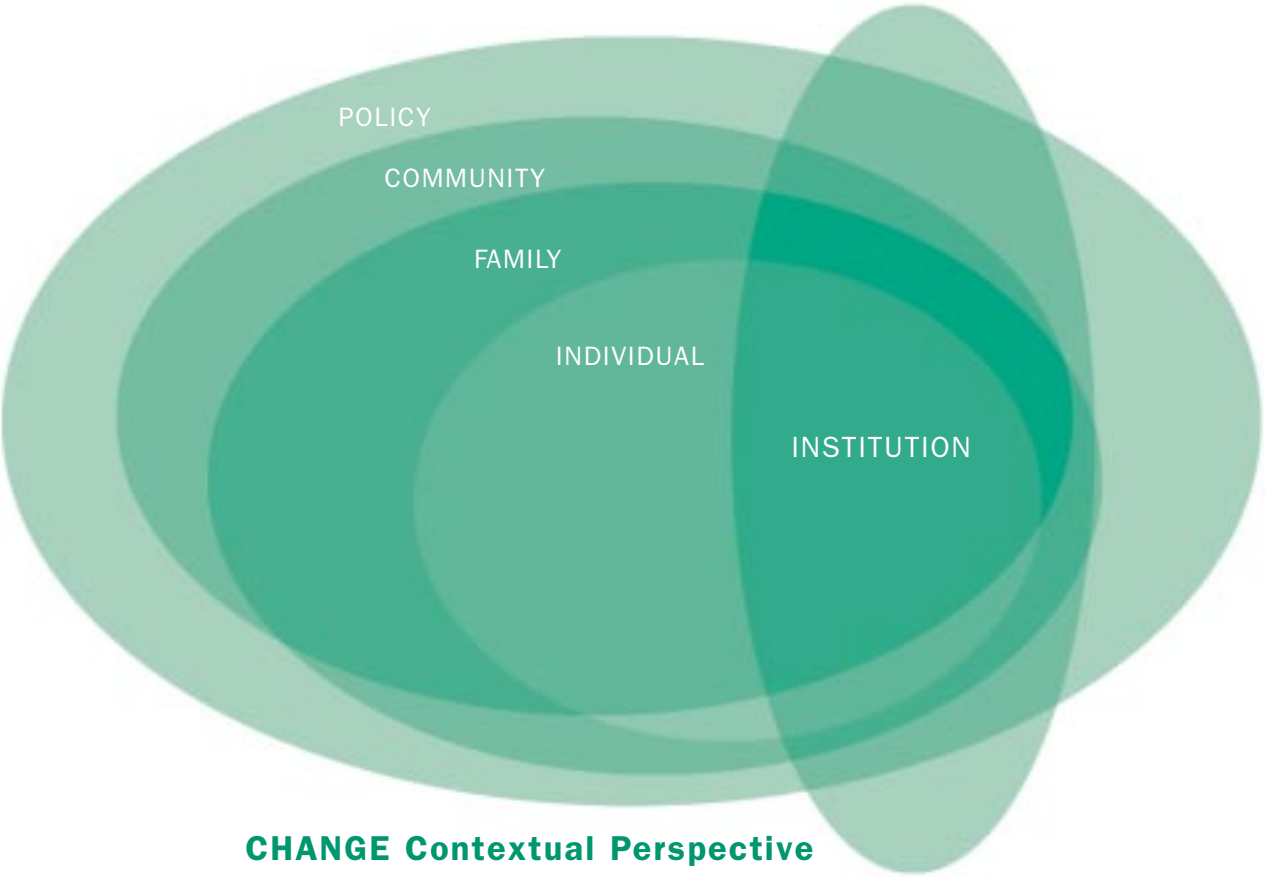
Activities in the first years of CHANGE addressed the project objectives of expanding the range and type of tools and approaches for accomplishing behavior change and the capabilities of partners to accomplish behavior change. CHANGE began to meet the requirements for its capacity building and global leadership objectives. In addition, CHANGE used core funds to advance the development of planning systems and partner with UNICEF to evaluate a large-scale implementation of a community-based monitoring system.

The project made less progress towards developing, implementing and evaluating comprehensive packages of behavior change tools. (A comprehensive package would include multiple interventions to address change at the organizational and structural levels, as well as at the individual level.) Progress also was slower than anticipated in expanding the theory and knowledge base about behavior change through operations and evaluation research.

While funding limitations and the constraints of working with partners for field implementation slowed progress towards some CHANGE objectives, a more fundamental reason was that the process of developing and implementing better approaches to behavior change is different – more complicated and messier — than originally anticipated. Innovation needs resources and time, as well as some creativity.

CHANGE has made progress in articulating some fundamental principles of an approach to behavior change. One principle, implicit in the CHANGE mandate to take a comprehensive approach to behavior change, is the importance of **moving beyond the individual** — to households, communities and the larger social environment — in order to understand and to affect behavior. Consider the effect of a community norm that breastfeeding in public is shameful versus a norm that it is natural. In practice, as in the example, this principle has most often been applied in cases where the social environment affects individual behavior. CHANGE also is interested in exploring how the social environment affects group behavior.

One way of depicting this contextual perspective is as nested areas of influence.



CHANGE Contextual Perspective

A second principle, articulated early in the project, is that addressing behavior change problems requires **providing more than information**. This involves not only looking beyond communication interventions, but also, sometimes, at interventions that do not involve communications or in which communications play a small role. Interventions can also address factors at the individual level such as attitudes (including self-efficacy), skills, perceptions, expectations and links with others. At the family and community level, factors that interventions can address include norms, efficacy and the strength of civil society.

These two principles form the foundation for a CHANGE approach that involves:

- Understanding the full context of the behavior of interest; and
- Taking a comprehensive approach when possible through coordinating interventions at multiple levels (individual, community, institutions/organizations and policy, if necessary) and multiple interventions focusing on the same audience (for example, training and job aids for providers).

Despite these conceptual advances and the emphasis on addressing problems at multiple levels, CHANGE's focus in the initial project years remained mainly on individual behavior change. One factor influencing this was that only two of the six original senior advisors — for the community and individual behavior change — remained actively and substantially involved with CHANGE through 1999, a situation partially attributable to the reduced discretionary core funding the first year. In addition, the preponderance of Global funding, received from teams concerned with specific substantive areas, such as maternal health, HIV/AIDS, and immunization, influenced CHANGE to structure activities and the project's *thinking about problems* in terms of these substantive areas. In doing this, CHANGE responded to client need and developed a set of activities that spanned a wide range of topics *(see Activity Table)*, but reduced its focus on the cross-cutting approaches defined early in the project.

"...by the end of the second year CHANGE placed less emphasis on identifying or inventing new tools and approaches and more on adapting tools to the problem and the situation at hand, reflecting the deepening consensus about the importance of context."

Throughout the first years of the project, CHANGE engaged in an internal discussion about "innovative tools." Over time, the project's emphasis shifted. While the focus on tools remained, by the end of the second year CHANGE placed less emphasis on identifying or inventing new tools and approaches and more on adapting tools to the problem and the situation at hand, reflecting the deepening consensus about the importance of context.

By the end of the second year, CHANGE could restate the project's main purposes as:

- *Increase* the extent to which public health projects and programs, particularly those supported by USAID, address behavioral issues and frame public health problems in terms of behaviors and the factors that influence them, starting during the assessment and planning phases;

- *Build* the capacity for good behavior change diagnosis, strategy formulation, monitoring and evaluation through partnerships and collaborations, especially among USAID-supported projects and private voluntary organizations; and

- *Contribute* to the state-of-the-art in behavior change relevant to health and nutrition by identifying, developing and assisting with implementation, and evaluating tools and approaches that can be applied to achieve behavior change.

Branching Out

In the third year of the project, CHANGE began to receive more funding, both from Missions and USAID Washington *(see Box 3)*. The number of sources and amount of funding continued to increase in the project's fourth year. Some of the third-year and many of the fourth-year funds support activities that grew out of work carried out in the project's first years. The new funding provides an opportunity for some larger-scale, more autonomous interventions, thereby removing some of the barriers to CHANGE achieving all of the project objectives as stated in the RFA.

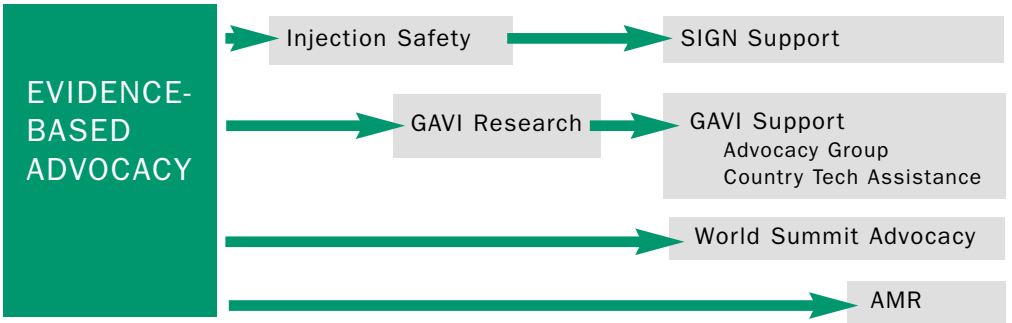
By mid-project, CHANGE has become known and recognized for quality work in strategic planning and practical as well as innovative ideas for addressing behavior change problems. During the third year of the project, CHANGE continued to consolidate existing partnerships and form new ones. As a result of one of these partnerships with the Rockefeller Foundation the project began to tackle a larger cross-cutting issue, the relation between behavior change and social change.

New activities built on previous work

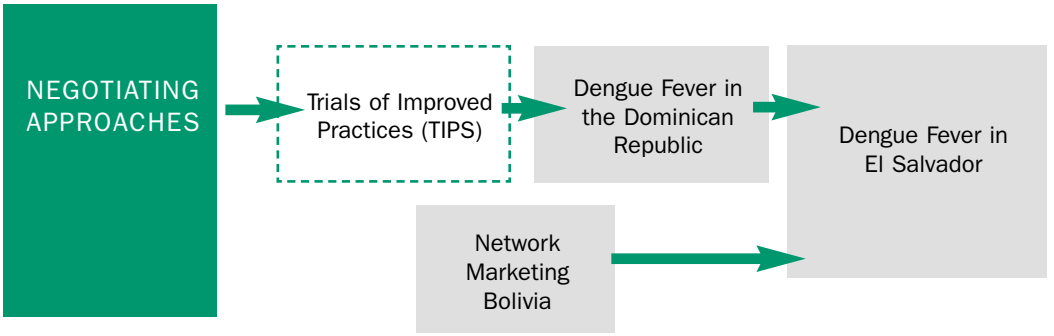
CHANGE now has a diverse portfolio of activities as a result of the project's ability to address issues in all of USAID's health areas and its commitment to work at policy, organizational and community levels, as well as at the individual level. The project strategy of achieving focus by working on cross-cutting issues, initially abandoned because CHANGE had only a limited ability to determine which problems it would address and consequently which tools and interventions would be implemented and tested, has been revived. As the project continues to develop and early successes are translated into new opportunities, CHANGE is organically acquiring the order that it previously tried to impose.

Some examples of branching out are:

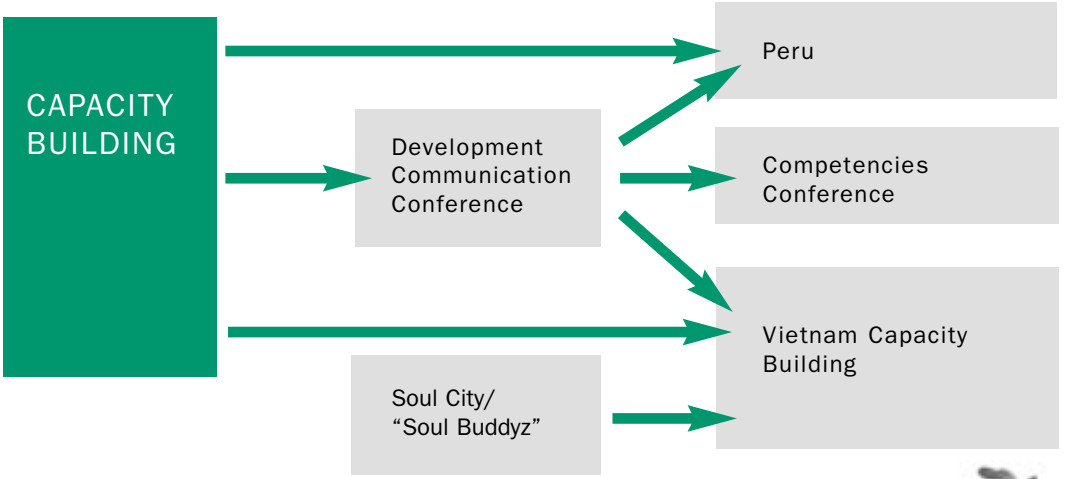
Evidence-based Advocacy. Additional requests resulting from the first year's success with *evidence-based advocacy* for injection safety and new vaccinations. Funding was provided in each of the following years for CHANGE to continue to participate on the advocacy task force of the Global Alliance for Vaccines and Immunization (GAVI) and to take the lead in providing technical assistance for in-country advocacy on request for Mozambique, Madagascar and Malawi. In addition, each year a small amount of funding enables CHANGE to continue to collaborate with and advise the secretariat of the Safe Injection Global Network (SIGN). Funding for related new activities began in the project's third year when CHANGE was asked to support advocacy for another international effort, the World Summit for Children. Finally, beginning in the fourth year, funding was provided (from the Global Bureau Infectious Disease team) to elaborate a generic process for developing national strategies to slow the development of pathogen's resistance to drugs (antimicrobial resistance, AMR).



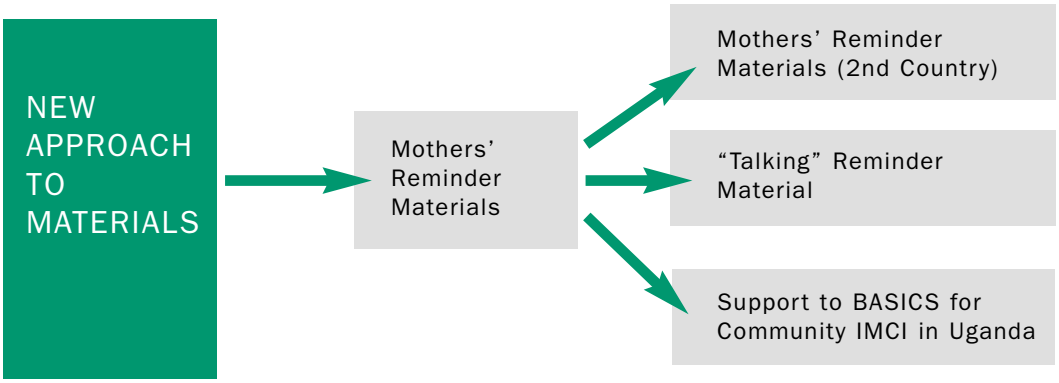
Negotiating approaches. The *TIPS (trials of improved practices) approach* was originally developed by the Manoff Group to identify feasible, small changes in household practices that would improve young child nutrition. During the project's first year, CHANGE adapted and elaborated the approach, successfully applying it to the problem of identifying a sustainable household and community-level intervention to control dengue. The version developed during that activity is called NEPRAM (in Spanish: *Negociacion de Practicas Mejoradas*). At the beginning of the project's fourth year, the USAID Mission in El Salvador provided funds for a comprehensive approach to control of dengue. This activity will build on lessons from applying the NEPRAM approach in the Dominican Republic and may also involve a network marketing approach that CHANGE investigated with Freedom from Hunger in the first two years of the project.



Capacity building. CHANGE's role in organizing state-of-the-art conferences has resulted in funding for applications of new approaches. In partnership with the Rockefeller Foundation, CHANGE organized a meeting in September 2000 on "Realities and New Approaches: Development Communications for the 21st Century." One of the outcomes of the conference was the identification of the need to develop training curricula; another was a recommendation for diffusion of promising approaches. CHANGE currently is organizing a follow-up meeting, in partnership with the Pan American Health Organization (PAHO) and the Rockefeller Foundation, on "Competencies for Communication for Social Change and Development." The Peru Mission recently asked the project to provide assistance to a consortium of Peruvian universities in developing health communication capacity using a competencies approach. In addition, CHANGE is facilitating a visit by the Director of Soul City to Vietnam, to explore the possibility of building Vietnamese capacity for entertainment education.



New Approaches to Materials. In the summer of 2000, CHANGE began working with Project Hope and the BASICS project (with partial support from the Glaxo Wellcome Trust) to develop reminder materials that help families recognize when a child should be taken to a trained health care provider. Formative research in Nicaragua showed that illiterate mothers failed to interpret pictures showing danger signs such as rapid breathing (an important sign of pneumonia). Marco Polo Torres, a Manoff staff person, suggested it would be easier if mothers could hear about some danger signs rather than have to decipher pictures. CHANGE has investigated the possibilities offered by small computer chips, and with Project Hope and BASICS is seeking funding to pretest "talking reminder materials."



Maintaining the flow of tool ideas

While the project still draws from the tool ideas developed in its first year, CHANGE must consider how to refresh its tool pipeline. Initially, CHANGE identified ideas for tools and approaches in three ways. Developing talking reminder materials provides a good example of the first method, inventing tools and approaches in response to problems. A second effective method is to learn from other groups' experiences, particularly by evaluating that experience. For example, the evaluation of a community-based surveillance system in Northern Region, Ghana, which CHANGE carried out in partnership with the Centers for Disease Control (CDC), UNICEF and the Ministry of Health, informed development of the disease surveillance kit. CHANGE would welcome the chance to do more evaluations of existing tools. These opportunities are rare, however, in part because many groups lack adequate funding, but also because of timing issues (not enough time since implementation) or because of insufficient information to be able to draw conclusions.

Another approach, developing tools on the basis of systematic reviews of relevant practice and theory from other fields and from the commercial sector, produced the idea of applying brand analysis to help Soul City with its strategic planning about expansion. Because it requires either special expertise or demands substantial staff time, this approach is used less frequently.

Accessing expertise is important. Even the original approach of having six senior advisors could not cover all the areas that might prove fruitful. CHANGE has been experimenting with different forms of obtaining input:

Consultative meetings. To help develop an experience-based approach to increase utilization of skilled childbirth attendance and emergency obstetric care, the CHANGE Senior Program Officer for maternal health convened a series of consultative meetings. At these meetings a multi-disciplinary team, including an anthropologist, a behavioral scientist and a midwife trainer, planned a set of interventions to bridge the gap between the cultural context of childbirth in communities and in health facilities. This experience has proved so successful that CHANGE is considering repeating it, for example, to explore the potential insights that different types of social scientists might have concerning stigma and how to address it.

Evidence discussion group. In partnership with Non-Governmental Organization (NGO) Networks, CHANGE has developed a plan for a web-based discussion group that will be tested during the first quarter of FY02. The question of how best to obtain evidence about different interventions to improve maternal health initiated the process. Participation will initially be restricted to about 30 people with experience in evaluating maternal health projects. Periodically, specific individuals who have volunteered to manage different stages of the discussion will post "briefs" summarizing points-of-view. Participants are invited to respond to these briefs. At the close of the period the moderator(s) (and possibly others) will be responsible for summarizing the session and identifying topics for other sessions.

Web-based Delphi questionnaire. In preparation for a meeting on "competencies for communication for social change and development," CHANGE is eliciting information about what different groups of people consider as necessary skills, knowledge and values for field workers who apply communication to achieve social change and development. The first questionnaire was posted on the Communication Initiative's main and Latin American web sites, and circulated in the Drumbeat (the Communication Initiative's electronic newsletter). Second and third consensus-building rounds of questions will be circulated by email. The results of the process will be posted on the web sites and summarized in a background paper for the meeting.

Local advisory groups to guide the research to policy process. With the International Center for Research on Women (ICRW), in early 2001 CHANGE fielded formative research studies on stigma, discrimination and denial related to HIV/AIDS in Ethiopia, Tanzania and Zambia. These studies are intended to be the first step in a process of developing interventions to address these issues. Realizing the need for national ownership of the research process and results and for a critical mass of high-profile, outspoken leadership on stigma and discrimination, CHANGE and ICRW are proposing to develop Leadership Advisory Groups in each country.

Progress towards project objectives in the third year

When submitting the third year workplan, the project suggested removing the objective of demonstrating the utility of a comprehensive package of tools on a large scale, noting the lack of opportunities and funding and time constraints. However, with the fourth-year buy-in from the USAID Mission in El Salvador to support a coordinated, multi-faceted approach to dengue control, CHANGE has an opportunity for implementing and evaluating a

CHANGE is beginning to distinguish between the processes of facilitating individual behavior change and the process of facilitating social change.

comprehensive package. The question of timing, however, remains. With only two more years left for the project, it is unlikely that interventions can be planned, implemented and evaluated, especially since dengue is a seasonal, epidemic disease, which may occur in some years and not in others. Because progress towards the evaluation and operations research objectives continues to be slow, CHANGE also requested reducing expectations in these areas. With regard to all other objectives, however, the project is not only making progress, but also generally exceeding expectations.

Lessons learned

The CHANGE Project's experience in the first three years has provided lessons about the design and management of projects whose main focus is advancing the state-of-the-art, and helped define more realistic expectations for behavior change interventions and the types of problems that behavior change interventions can address.

A greater proportion of core funding would allow CHANGE greater autonomy in determining which tools and interventions would be developed, implemented and tested. The project would have greater flexibility to proceed in partnership with organizations with a strong on-the-ground presence but with less funding and/or different funding cycles. CHANGE would also be able to carry out more complex evaluations.

Working across all the areas of health supported by USAID has had both positive and problematic consequences. Although the CHANGE project has benefited from a richness of experience, with many separate amounts of relatively small-scale designated funding, the project risks spreading attention too thinly. Increased core funding or larger buy-ins would enable the project to

pursue cross-cutting issues more systematically or focus strongly on one area, as the fourth-year funding from the El Salvador Mission allows a comprehensive behavior change approach to dengue control.

The project's experience to date has helped CHANGE formulate realistic expectations for behavior change interventions and suggest modification for future activities along this line. Some continuing investment is necessary, for example, to remind people of what the desired behaviors are and the positive consequences of practicing them. Similarly, continued investment in training is necessary to maintain an effective number of trained providers, as trained and experienced ones leave, migrate or die. Some local adaptation — of approaches, materials, messages, etc., — is nearly always required; it is possible to develop all-purpose tools and approaches for planning interventions, but not all-purpose approaches and materials for the interventions themselves. Finally, it takes time to achieve behavior change – but how long depends on many factors, and thus varies greatly.

Future growth

CHANGE is beginning to distinguish between the processes of facilitating individual behavior change and the process of facilitating social change. The distinction may be important for understanding successes and failures of non-individual interventions. Most of the time, interventions at the community, organizational and policy levels are carried out in order to make it easier for individuals to change their behavior, for example, a policy intervention that reduces taxes on netting material thus lowering consumer prices. In some cases, however, the behavior of individuals is not the issue, but some aspect of a social system is. One example of this is inequity in access to drugs. This problem will not be solved by interventions that focus on individual behavior change, but only through interventions that focus on social change.

The theories and areas of experience that can inform social change interventions are different than those that are relevant for individual behavior change interventions. In the remaining years of the project, CHANGE hopes to add the exploration of the possibilities related to facilitating social change to its ongoing identification, development, application and evaluation of tools and approaches to improve individual behavior relevant to health. ■

ACTIVITY TABLE

The following tables present information about CHANGE activities, displayed by topic area, and within topic area, by the year the activity started. The first column includes the activity name, the country in which it is carried out, the year the activity started and its current status. The second column briefly states the purpose of the activity. The third column summarizes accomplishments and products produced to date and those anticipated by the end of the activity, and the fourth lists the organizations with which CHANGE partners to accomplish the activity.

Reproductive Health

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Adolescent Reproductive Health Jamaica 1999 – ongoing	Apply an assets-based approach to increase the quality and use of adolescent reproductive and HIV/STI services and preventive practices offered by the Jamaican Ministry of Health.	**To date:** "Review of Behavioral and other Determinants of Adolescent Sexual Decision-Making in Jamaica"; analysis of resiliency in the Caribbean Adolescent Risk Behavior Survey; research protocol and survey questionnaire to identify resiliency and protective factors. **Planned:** Develop a *resiliency-based approach* based on research findings; implement pilot intervention.	Rural Family Support Organization; Hope Enterprises, Inc.; University of the West Indies (Mona Campus); Jamaican Ministry of Health.

Maternal Health

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Maternal Behavior Change Conference March – August 2000 completed	Share experiences from around the world on behavior change aspects of improving maternal health.	**To date:** Extensive participation in conference planning; presentations at conference; major role in preparing conference summary document (issue of MotherCare Matters).	MotherCare Project; World Health Organization (WHO).
Improving Provider Behavior Egypt 2000 – ongoing	Improve provider behaviors in emergency obstetric & neonatal care.	**To date:** Assessment of problems and preliminary strategy; in-depth study (observations and interviews) in many facilities; detailed draft provider behavior-change strategy; annotated bibliography on provider behavior change; additional research among providers and other facility staff; pilot intervention initiated in two facilities in Upper Egypt. **Planned:** Package of provider behavior change interventions developed & tested. Tools include *team-based problem solving* and *reminder materials.*	Egypt Healthy Mother/ Healthy Child Project.

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Behavior Change to Increase Maternal Survival Bangladesh 2001 – ongoing	Reduce delays in obstetric care seeking, improve availability of skilled birth attendants, strengthen the referral system, and raise community awareness.	**To date:** Evaluation of CARE Dinajpur Project *reminder materials* and *community support systems*; participation in evolution of CARE maternal health program. **Planned:** Toolkit of improved tools and approaches: *Danger Signs Plus approach*.	International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B); CARE.
Behavior Change to Increase Skilled Attendance Kenya 2001 – ongoing	Increase birth preparedness, increase skilled attendance at birth during early postpartum, increase utilization of skilled care for complicated obstetric emergencies, and improve provision of culturally acceptable quality maternal care.	**To date:** Qualitative research plan and instruments developed; research begun. **Planned:** Toolkit of improved tools and approaches; *Danger Signs Plus approach*.	Family Care International (FCI).
Community-Negotiated Early Post Partum Care Intervention Guinea 2001 – ongoing	Increase skilled attendance during early postpartum period, use social networks to promote rapid adoption of new skilled care practices.	**To date:** Draft list of recommended behaviors; qualitative research plan. **Planned:** Guide for *consultative research*.	Save the Children.

Child Health

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Integrated Child Health and Nutrition (AIN) Dominican Republic 1999 – ongoing	Increase community-based initiatives to support improved children's nutrition and health.	**To date:** Key areas of nutritional need identified; selection of feasible behaviors for promotion using *TIPs (trials of improved practices) approach;* capacity-building in AIN/TIPs approach within three NGOs and the Ministry of Health. **Planned:** Model for integration of AIN into community health and community-based IMCI (integrated management of child illness) initiatives; draft materials and pretest.	NGOs supported by USAID Hurricane Georges reconstruction funds.
Behavior Change Tools for PVOs 2000 – ongoing	Increase the impact of behavior change approaches within organizations applying for Bureau of Humanitarian Response/Private Voluntary Cooperation (BHR/PVC) Child Survival Grants.	**To date**: Behavior change section of Technical Reference materials incorporating the *BEHAVE framework*, *doer-nondoer approach* and other tools for systematic planning developed and widely distributed; analysis of the behavior change capabilities of NGOs based on review of sixteen Child Survival detailed implementation plans; survey of PVO needs for improving behavior change work; two	CORE Group (Consortium of 35 NGOs)

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Behavior Change Tools for PVOs (continued)		training sessions (resource packets) at CORE meetings; ongoing participation in behavior change working group. **Planned:** Workshop to train Southern Africa CORE members in systematic behavior change approach.	
Mother Reminder Materials Nicaragua, Malawi, Ghana 2000 – ongoing	Increase the ability of parents to recognize key danger signs of childhood illnesses and undertake basic preventive practices.	**To date:** Draft guidelines (based on Nicaragua experience); formative research in Nicaragua and Malawi; stakeholders meetings in Nicaragua, Malawi and Ghana; material designs and concepts pretested in Nicaragua; healthworkers and volunteers trained in Nicaragua; monitoring and evaluation plans in Nicaragua; workshop on MRM process for teams from Malawi and Ghana. **Planned:** Developed a process for preparing *reminder materials*; materials developed, pretested and produced in three countries.	Project HOPE; BASICS II; Ministry of Health, Ghana; Ministry of Health, Nicaragua; Ministry of Health, Malawi.

Immunization

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Evidence-based Advocacy for Injection Safety 1998 – ongoing	Support the Safe Injection Global Network (SIGN), GAVI, and provide other assistance as requested by Global Bureau.	**To date:** Report of *evidence-based advocacy* research on attitudes to injection safety in 28 countries (CHANGE provided technical oversight of work by marketing firm); revised SIGN assessment tools and behavior change strategy.	Safe Injection Global Network (SIGN); Global Alliance for Vaccines and Immunization (GAVI); Princeton Survey Research Associates.
Support to Global Alliance for Vaccines and Immunization (GAVI) — Global level 1999 – ongoing	Strengthen GAVI policies and procedures by increasing attention to field perspectives and behavior change approaches.	**To date:** Input into GAVI revised policy on injection safety; plan of action developed for GAVI on advocacy for injection safety; study on country-level perceptions of GAVI conducted for GAVI Task Force on Country Coordination.	USAID/Global; GAVI Advocacy Task Force; GAVI Task Force on Country Coordination (TFCC); BASICS Project.
Assistance to Global Alliance for Vaccines and Immunization (GAVI) Launch and follow-up activities Madagascar, Malawi, Mozambique 2000 – ongoing	Ensure the availability of behavior change/ communication expertise for GAVI activities; help assure technically sound and appropriate plans for communication/ behavior change for new vaccine introduction and immunization system strengthening.	**To date:** Communications/behavior change strategies developed with partners in Mozambique and Madagascar; major contribution to launch strategies and materials in Mozambique; draft of local *decision-making guide* for pentavalent vaccine introduction. **Proposed:** Provide a resource person to strengthen and support the InterAgency Coordinating Committee in Mozambique; assist with design of a study to monitor effectiveness of auto-disable syringe use.	Ministries of Health (Mozambique, Madagascar, Malawi); Global Alliance for Vaccines and Immunization (GAVI); Health Services Delivery and Support Project (bilateral project in Mozambique); John Snow, Inc., (JSI) bilateral project in Madagascar; national World Health Organization (WHO) and United Nations International Child Education Fund (UNICEF) offices.

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Increasing Immunization Coverage Mozambique 2000 – ongoing	Improve the delivery and utilization of immunization services.	**To date:** Formative research protocol prepared on obstacles to immunization; approaches developed for advocacy, demand creation and strategies for reaching the hard-to-reach children. **Proposed:** Assist in managing implementation of a study on obstacles to coverage in areas with reasonable access to services; work with partners to address one or more barriers.	Ministry of Health; Health Services Delivery and Support Project (bilateral project); World Health Organization (WHO) and United Nations International Child Education Fund (UNICEF) offices.
Strengthening the Expanded Program on Immunization (EPI) Dominican Republic 2000 – ongoing	Use the introduction of new vaccines to revitalize and strengthen the national immunization program.	**To date:** Strategy and timeline for vaccine introduction; draft local *decision-making guide* for pentavalent vaccine introduction; technical protocols; draft training plan; draft formative research protocol; draft quantitative and qualitative research instruments exploring barriers to immunization. **Planned:** Training curriculum for all levels of health workers; train cadre of master trainers; monitor quality of training.	Ministry of Health; Pan American Health Organization (PAHO); United Nations International Child Education Fund (UNICEF); Overseas Development Agency of Japanese Cooperative International Assistance.

Polio

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Community Surveillance Kit Global, with pilot projects in Mozambique and Mali 1999 – ongoing	Facilitate certification of polio eradication, extend surveillance beyond facilities, strengthen community involvement in surveillance systems and improve community/health system collaboration.	**To date:** Generic kit with guidelines for country customization drafted and revised (two handbooks, training guidelines, adaptation guidelines) and pretested in Zimbabwe and Malawi; translated into French and Portuguese; widely disseminated to potential users via mail, Internet, CD-ROM; participated in evaluation of large community surveillance project in northern Ghana, with key findings incorporated into Kit. **Planned:** Pilot projects in two countries with a kit that incorporates a *community self-monitoring tool.*	Ministries of Health and PVOs in Zimbabwe, Malawi, Ghana, Mali and Mozambique; CORE polio project; U.S. Peace Corps; WHO/AFRO; United Nations International Child Education Fund (UNICEF); Centers for Disease Control (CDC); Groupe Pivot in Mali; Health Services Delivery and Support Project (bilateral project in Mozambique).

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Technical Assistance for Polio Eradication Global, with a focus on Africa 1999 – ongoing	Provide behavior-change assistance to and in collaboration with partners to achieve polio eradication while strengthening routine immunization.	**To date:** Active partner and collaborator with WHO/AFRO, UNICEF, and other partners in coordinating country support and developing regional and global tools; major contribution to original and revised *Checklists for Polio and Routine EPI*; planning, reporting, and disseminating findings on 5 country case studies on communication and social mobilization; development of *monitoring indicators and procedures*; participated in critical July 2001 evaluation of communication and social mobilization for polio in Pakistan. **Proposed:** Methodology for studying *reasons for delay* in collecting stool samples from children with acute flaccid paralysis; guidelines for conducting formative research on reasons for low immunization coverage.	WHO/AFRO; WHO/Geneva; UNICEF HQ and Africa regional offices; Global Alliance for Vaccines and Immunization (GAVI); Rotary International; African Ministries of Health; Pakistan Ministry of Health.

Micronutrients

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Strengthening Behavior Change Components of the National Micronutrient Strategy Nicaragua 1999 – completed	Improve intake of Vitamin A and iron, especially among young children and lactating women.	**To date:** National micronutrient plan reviewed and revised; *behavioral analysis* of major Vitamin A strategies conducted and integrated into national plans; templates developed to improve planning; template developed for behavior change evaluation plan.	MOST Project.
Sustainable Distribution of Vitamin A 2000 – ongoing	Assist MOST in developing and disseminating approaches for sustainable local distribution of Vitamin A capsules.	**To date:** Proposal to MOST for research to develop evidence for advocacy–based intervention. **Planned:** Replicable model; guidelines for programming community-based distribution of VAC.	MOST Project.
Technical Assistance to the MOST Project to Improve Vitamin A Consumption 1-2 Indian States 2000 – not started	Improve intake of Vitamin A especially among young children and lactating women.	**Planned:** CHANGE will assist MOST with the behavioral aspects of improving Vitamin A intake, as requested.	MOST Project.
CDCynergy 2001 – ongoing	Increase use of behavioral aspects in micronutrient programming.	**Planned:** Methodology/ tools for beta-testing a *CD-ROM for training* in communications about Vitamin A at a training workshop; results of pre-post testing.	Centers for Disease Control (CDC).

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
IVACG/INACG 2001 – completed	Strategic planning for increasing use of behavioral approaches in micronutrient programming.	**To date:** Poster presentation at International Nutritional Anemia Consultative Group (with MOST); participation at International Vitamin A Consultative Group.	MOST Project.

Respiratory Disease

Identifying Behavioral Interventions to Reduce Indoor Air Pollution South Africa 2001 – ongoing	Reduce childhood respiratory morbidity and mortality.	**To date:** Presentation at Children's Environmental Health II meeting; research proposal; sample selection questionnaire; observation forms; post-observation questionnaire; draft focus group guide. **Planned:** Behavioral intervention to reduce exposure to indoor air pollution.	South Africa Medical Research Council.

HIV / AIDS

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Soul City: Brand Analysis; "Soul Buddyz"; Soul City Staff Internships; Participation in Evaluation Advisory Group South Africa 1999 – ongoing	Increase participation in preventive and positive behaviors.	**To date:** Brand analysis: data collection instruments; presentation; reports. Soul Buddyz: "Soul Buddyz radio series", scripts; report of "Soul Buddyz"; Fellowship for Dr. Garth Japhet. **Planned:** Apply the *worldview* tool to reconcile points-of-view of Soul City and radio producers; fellowships for two senior staff to learn about social marketing and resiliency-based approaches.	Soul City; O'BRIAN Marketing S.A.; Research International.
Research on Stigma, Discrimination & Denial in 3 African Countries and 1 Asian Country Tanzania, Ethiopia, Zambia 1999 – ongoing Vietnam 2001 – ongoing	Determine why and how HIV/AIDS-related stigma and discrimination occur in three African countries (Ethiopia, Tanzania and Zambia) and one Asian country (Vietnam) and develop recommendations for policies and interventions to reduce them. ICRW will manage this research.	**To date:** Research initiated in Tanzania. **Planned:** Action Research to better understand individual, community and institutional manifestations of stigma and of factors that allow stigma and discrimination to occur.	International Center for Research on Women (ICRW); Muhimbili Medical Center at the University of Dar es Salaam; ZAMBART; Miz-Hasab Research Center.

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Capacity-Building for HIV/AIDS Prevention and Support Eastern and Southern Africa 2000 – ongoing	Link organizations working on HIV/AIDS; strengthen their orientation to a behavior change approach to HIV/AIDS prevention and support of persons with AIDS.	**To date:** Planning meeting in Nairobi (October 2001). **Planned:** Initiate Network; identify African behavior change models.	USAID/REDSO; Makerere University.
HIV/AIDS El Salvador 2001 – starting	Increase NGO capacity to manage their organizations and engage in evidence-based strategic planning; improve the effectiveness of NGO interventions reaching vulnerable populations.	**Planned:** Improved systematic plans for HIV interventions; formative research with key vulnerable groups; workshop on materials development and pretesting; state-of-the-art mass media.	Local NGOs; national police; national prison medical department; NACP.
Review of HIV/AIDS Behavior Change Communications Strategy and Activities Haiti 2001 – starting	Assess HIV/AIDS behavior change communication activities to date and provide recommendations to Haiti USAID mission on how to best fund programs to achieve strategic objectives.	**Planned:** Completed behavior change communication assessment.	USAID cooperating agencies working on HIV/AIDS in Haiti.

Infectious Disease

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Community-Based Control of Dengue Dominican Republic 1999 – completed	Strengthen Ministry of Health orientation to a behavior change approach to vector control and water management initiative.	**To date:** Refined tool for *"negotiating behaviors"* with the community (NEPRAM); comprehensive behavior change strategy; electronic and print materials; community organizers guide; small-scale intervention implemented; evaluation protocol and baseline instruments developed and pretested; planned national expansion by Ministry of Health.	Ministry of Health; Pan American Health Organization (PAHO); Centers for Disease Control (CDC).
Improving the Involvement of Social Scientists in Malaria Research and Control 2000 – ongoing	Improve the involvement of social scientists in malaria research and control.	**To date:** Review of social science literature relevant to malaria control; development of a bibliographic database; initiation of a *network of social scientists;* Partnership for Social Sciences in Malaria Control formed in early 2001. **Planned:** Research to determine factors that influence social scientists to focus on malaria; development of interventions to address barriers to their involvement.	Centers for Disease Control (CDC); London School of Hygiene and Tropical Medicine.

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Malaria Plus-Up Uganda 2001 – ongoing	Improve the control of malaria through increasing early and appropriate treatment of illness, use of treated mosquito nets and use of intermittent preventive treatment by pregnant women.	**To date:** Comprehensive baseline research questionnaire. **Planned:** Assist Uganda in *developing community IMCI (integrated management of childhood illness) approach*, including development of job aids for Community-Owned Resource Persons (CORPs).	BASICS II; Ministry of Health.
Research to Support Malaria Plus-Up Africa 2001 – starting	Identify and develop ways to address barriers to successful implementation of interventions to increase early and appropriate treatment of illness, use of treated mosquito nets and use of intermittent preventive treatment by pregnant women.	**Planned:** Research to examine household use of malaria medicines and medicines for fever; application of *positive deviance approach* to understand factors important in regular treatment of mosquito nets.	African researchers at universities and Ministries of Health.
Developing National Strategies to Slow the Growth of Antimicrobial Resistance (AMR) Multiple countries 2001 – starting	Contain the growth of resistance of pathogens to drugs by helping countries develop national strategies and plans for interventions.	**To date:** Framework of the *"generic process"*; list of existing tools and approaches that can be adapted. **Planned:** A "generic process" and toolkit for guiding advocates through the stages of *coalition building*, situation analysis, consensus building about a strategic plan and selection and implementation of interventions.	Rational Pharmaceutical Management Plus Project (RPM Plus); Association for the Prudent Use of Antibiotics (Tufts University); Applied Research in Child Health Project; Harvard University.

Infectious Disease

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Integrated Disease Surveillance System 2001 – starting	Improve the detection of diseases and appropriateness of response to their occurrence.	**Planned:** Conduct a *behavioral analysis* of disease surveillance in selected districts; develop tools and approaches to foster effective behaviors in reporting and responding.	Partners for Health Reform Plus Project (PHR+); Centers for Disease Control and Prevention (CDC); National Institute for Medical Research, Tanzania.

Communications

Exploration of the Potential for Network Marketing Bolivia 1999 – completed	Increase the use of key health products and services through the development of a network marketing approach; address distribution, access, supervision, and other such challenges that are barriers to key maternal and child health behaviors.	**To date:** Evaluated current community based distribution system in Bolivia, focusing on the cost component; assessed feasibility of expanding product line and modifying distribution to network marketing system.	Freedom from Hunger.
Assets-based Approaches/ Positive Deviance Plus Global 2000 – ongoing	Strengthen the behavior change aspects of a positive deviance (PD) approach; explore and resolve methodological issues of applying PD to technical areas beyond nutrition.	**To date:** Roundtable meeting convened to discuss themes; summary report published and circulated; draft paper drafted and circulated for internal review and comment. **Planned:** PD Plus intervention with partner organizations developed and implemented; paper finalized and circulated.	Save the Children Federation; BASICS II.

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
New Technologies in Disaster & Development Communication Global 2000 – ongoing	Explore the application of new communication technologies for achieving humanitarian response and related development objectives.	**To date:** Conference attended by 300 participants representing USAID, PVOs and private sector.	USAID/BHR, PVOs Microsoft; AOL; HP; Worldspace; Soul City; LearnLink Project; JHU/PCS; VOA; AMARC; SAVE; Freeplay; IBM; Aidmatrix.
World Summit for Children 2000 – ongoing	Inform key audiences about the World Summit for Children, progress toward reaching the goals set at the first Summit and the challenges that still exist; mobilize potential actors to enhance their advocacy, outreach and communication activities.	**To date:** Meeting for foundations in September 2000 to secure funding for coalition development and activities; communications materials, including a 10-minute informational video, 15-page marketing booklet, media kit, and web site, including private sector resource page.	Adventist Development and Relief Agency (ADRA); Bread for the World; Child Survival Collaborations and Resources Group (CORE); Christian Children's Fund; Elizabeth Glaser Pediatric AIDS Foundation; Environmental Health Project; Grantmakers in Health; Global Health Council; Helen Keller International; Johns Hopkins School of Public Health; PLAN International; Project Hope; Save the Children; US Agency for International Development (USAID); US Department of Health and Human Services; US Fund for UNICEF; Voice of America; World Vision.

Communications

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Development Communications for the 21st Century 2000 – completed	Undertake a comparative review of the theory and practice of the major communication-based approaches to improving health to develop recommendations for future activities.	**To date:** International meeting held and recommendations disseminated; survey of knowledge about and use of communication approaches completed; papers on the "family tree" of communications approaches and evidence for the effect of communications approaches.	Rockefeller Foundation.
Competencies for Health Communicators 2000 – ongoing	Define core skills needed for health communication, social mobilization and communication for social change.	**To date:** First round of survey available in three languages; meeting agenda developed; background papers commissioned. **Planned:** International meeting; *web-based Delphi survey* on competencies for social change/development communications; background papers reviewing available curricula, identifying needs for communication practitioners and discussing the impact of new technologies on communication.	Pan American Health Organization (PAHO); Rockefeller Foundation.

Communications

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
Diagnostic Drama and Dialogue 2000 – suspended	Develop a new structured participatory method that will assist behavior change professionals to develop more effective strategies.	**To date:** Draft guidelines; videotapes of three role-play sessions, using draft guidelines.	Latin American Youth Center DC.
Tools for Community Radio Operations Worldwide 2001 – suspended	Improve effectiveness of community radio programming from the community's point-of-view.	**To date:** Needs assessment visit to AMARC; initial list of topics to be covered and approach to training; questionnaire outline.	World Association of Community Radio Broadcasters (AMARC).
Assisting UNFPA with Preparation of a Proposal 2001 – completed	Increase the capacity of women and girls to determine their own agenda for activities on reproductive health and execute it through radio in five Francophone African countries.	Proposal submitted on time.	United Nations Fund for Population Activities (UNFPA).
Capacity-Building for Producing Effective Entertainment Education Materials Vietnam 2001 – starting	Build capacity in entertainment-education production.	**Planned:** Joint CHANGE-Soul City trip to Vietnam to introduce idea of *entertainment education*; identify potential partners and co-funders.	Soul City.

Communications

ACTIVITY NAME COUNTRY DATE	PURPOSE	TOOL, PRODUCTS, ACCOMPLISHMENTS	PARTNERS
CD-ROM Based Training for Health Journalists Jamaica 2001 – completed	Evaluate the ease of use of the CD-ROM by students, teachers and practicing journalists and assess its value as a practical educational tool.	**To date:** Beta test of *CD-ROM based training* completed; CD-ROM being revised.	Pan American Health Organization (PAHO); Voice of America.
Developing Health Communication Capacity Peru 2001 – ongoing	Development of training programs in applied communication.	**To date:** Initial visit and consensus on overall project design; scopes of work for background papers developed. **Planned:** Build coalition of universities, NGOs, private sector; background research to identify specific needs for communication practitioners and examine current training options and curricula; design of curriculum for *competency-based training*; research and strategic planning for an initial intervention.	Consortium of universities: Pontificia Universidad Católica del Perú, Universidad Peruana Cayetano Heredia, Universidad del Pacifico, Universidad de Lima; Local NGOs; Ministry of Health; Ministry of Education; Catalyst Project.

CHANGE Staff

Current CHANGE core staff

NAME	TITLE	STARTED
Susan Zimicki	Co-Director	‘98
Anton Schneider	Co-Director	‘00
Julia Rosenbaum	Deputy Director	‘98
Mike Favin	Senior Program Officer	‘98
Lonna Shafritz	Senior Program Officer	‘99
Rebecca Fields	Senior Program Officer	‘00
Mona Moore	Senior Program Officer	‘00
Nancy Pollock	Senior Program Officer	‘01
Dana Faulkner	Senior Program Officer *(part-time)* Former Director	‘98
Susan Maguire	Senior Program Officer *(part-time)*	‘00
Wendy Alberque	Finance Manager	‘01
Jennifer March	Program Associate	‘01
Cindy Rider	Program Associate	‘01
Mike Salamone	Program Associate *(part-time)*	‘00
Sarah Barnwell	Editor & Webmaster	‘01
Paulyne Ngalame	Research Assistant *(part-time)*	‘01

Current Senior Advisors and Consultant Program Managers

Marcia Griffiths	Senior Advisor, Individual Behavior Change President of the Manoff Group	‘98
Bill Smith	Senior Advisor, Social Marketing	‘98
Lydia Clements	Senior Advisor, Community and Social Networks Consultant	‘98
Gail Naimoli	Consultant Program Manager, DR Nutrition	‘00
Silvio Waisbord	Consultant Program Manager, Peru Capacity Building	‘01
Debbie Gachuhi	Consultant Program Manager, Networks for HIV	‘01
Elli Leontsini	Consultant Program Manager (JHU), DR Dengue Control	‘01

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