

members will be recruited by local government as health workers. Local community members' involvement will contribute to the sustainability of the clinic. Patient information, laboratory results, and biometrics will be collected and uploaded into the Stanford School of Medicine REDCap database. Data analysis will be conducted to determine changes in health outcome.

**Outcome & Evaluation:** Although there are currently no outcomes since the project's launch is in progress, there is strong evidence of successful fundraising to support the first clinic. In addition, target locations, staffing, equipment, expenses, and projections for meeting all goals have been well-established.

**Going Forward:** Once launched, the first mobile clinic will give us information on improvement of operations. Training programs for pre-health students ranging from undergraduates to graduate students will be offered. Health education will continue to grow with new avenues for teaching and research. Electronic medical records will be implemented.

**Funding:** Major funding is proposed to come from corporate and the ABCs for Global Health.

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### Changing social norms to promote positive changes in maternal, newborn and child health in upper west region, Ghana

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**Program/Project Purpose:** Various demand side interventions have sought to improve survival of mothers and children in Ghana. Despite these efforts, maternal newborn and child health (MNCH) indicators continue to stagnate in deprived areas of Ghana. New, innovative and stimulating approaches are needed to accelerate progress in these low resource settings. The Community Benefits Health (CBH) project seeks to better understand the role of community influencers paired with the incentivizing of social and healthy behaviors in some of most deprived regions of Ghana. This abstract describes the potential of tailored and targeted MNCH behavior change messaging delivered alongside the promise of non-financial and community level incentives.

**Structure/Method/Design:** CBH is being implemented in 34 communities separated into two groups in three districts (Jirapa, Lam-bussie, and Wa West) of Ghana's Upper West Region. In the first group of communities, the project delivers targeted and comprehensive MNCH behavior change messaging through a variety of channels including community dramas, video shows, peer educator outreaches and interactive discussions led by community volunteers and community health officers to those with the most influence within communities. In the second arm, CBH has engaged communities to identify a non-financial, community-level incentive to be provided in stages based on the achievement of mutually agreed targets along with the comprehensive behavior change messaging stated above.

**Outcome & Evaluation:** To date, through a rigorous monitoring plan and data from some Community Health Planning and systems (CHPS), CBH's health communication activities have contributed to communities' willingness and acceptance of desired social

behaviors to improve MNCH. There is growing support of key community influencers - mother-in laws and males - for early antenatal visits, skilled deliveries and postnatal care. Behaviors around disposing 'colostrum' (dirty milk) is changing and home deliveries have also reportedly reduced.

**Going Forward:** Changing social behaviors and norms around MNCH led by key community influencers along with providing an incentive that benefits an entire community has contributed to increased knowledge and is reducing resistance for some desirable MNCH behaviors. Communities have embraced the idea that investing in women and children's health is for the happiness of the entire community.

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### Mobile phone technology and sex work in India: Boon or curse?

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**Background:** Technology has brought about substantial changes to the landscape of sex work globally. Past research has underscored the connections between increasing use of mobile phones by female sex workers in India and HIV risk behaviors. However, there is little evidence on the holistic impact of cell phones on female sex workers' lives.

**Methods:** Sixty-seven brothel, home, and street-based FSWs and 18 staff and leaders from local non-governmental organizations (NGOs) in Maharashtra and Karnataka participated in an exploratory phenomenological study. After obtaining written and verbal informed consent, data were collected through in-depth interviews and focus group discussions. Atlas.ti was used to analyze qualitative data. Adelphi University's Institutional Review Board approved the project.

**Findings:** Respondents unanimously emphasized the myriad ways in which cell phone technology had changed the sex work environment in terms of client solicitation, forging and maintaining long term relationships with clients. Both FSWs and NGO personnel underscored the immense usefulness of cell phone technology in enabling increased connectedness with families and facilitating real-time help seeking. Participant narratives also highlighted the challenges posed by technology in terms of invasion of privacy, risk of blackmail and sexual coercion, and stalking by both intimate partners and clients.

**Implications:** Study findings point to the need to adopt a nuanced understanding of the role of technology in sex workers' lives. There is an urgent need to rethink traditional modes of working with FSWs, including ways to develop training modules to impart comprehensive techno-literacy knowledge and skills to sex workers. Finally, interventions will need to account for NGOs' own resistance to technology that poses barriers in effective engagement and advocacy.

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