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## **BRIDGE II PROJECT**

**Johns Hopkins Bloomberg School of Public Health Center for  
Communication Programs and its partners:**

**Save the Children US**

**Pact Malawi**

**International HIV/AIDS Alliance**

**FY 11 Annual Report: October 30, 2011**

**Five Year Project: March 2009 to February 2014**

**Cooperative Agreement Number: 674-A-00-09-00024-00**

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*This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Johns Hopkins Bloomberg School of Public Health Center for Communication Programs and do not necessarily reflect the views of USAID or the United States Government.*

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## List of Abbreviations

ADC	Area Development Committee
ARVs	Ant retro viral drugs
BCC	behavior change communication
BCI	behavior change intervention
CAC	Community Action Cycle
CBO	community-based organization
CAG	Community Action Group
CCP	Center for Communication Programs
CMT	Community Mobilization Team
CRAs	Community Referral Agents
CRS	Catholic Relief Services
DACC	District AIDS Coordinating Committees
FBO	faith-based organization
GVH	Group Village Head
IHHA	International HIV/AIDS Alliance
MAICC	Mponela AIDS Information and Counseling Center
MBC	Malawi Broadcasting Corporation
MIJ	Malawi Institute of Journalism
M&E	monitoring and evaluation
MCP	Multiple Concurrent Partnership
VMMC	Voluntary Male Medical Circumcision
MOH	Ministry of Health
MSH	Medical Sciences for Health
NAC	National AIDS Commission
NAPHAM	National Association of People living with HIV/AIDS in Malawi
PLHIV	People living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission (HIV)
PCV	Peace Corps Volunteers
SC	Save the Children in Malawi
SMT	Senior Management Team
TA	Traditional Authority
TLFs	Traditional Leaders Forum
TORs	Terms of Reference
ToT	Training of Trainers
TWG	Technical Working Group
ZBS	Zodiac Broadcasting Station
VDC	Village Development Committees
USAID	United States Agency for International Development
UNIMA	University of Malawi
YONECO	Youth Net and Counseling

## 1.0 Summary

Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) is implementing the BRIDGE II project in partnership with Save the Children Federation (SC), Pact Malawi and The International HIV/AIDS Alliance (IHAA). Local partners include Corporate Graphics, Youth Net and Counseling (YONECO), Galaxy Media Consultants, Story Workshop and National Association of People Living with HIV/AIDS in Malawi (NAPHAM). The project made a lot of progress during the reporting. Highlights of these achievements include:

### Program Management

- ✓ 3 Senior Management Team (SMT) meetings were conducted that strategized on project implementation during the year.
- ✓ 5 Community Mobilization and Capacity Building Officers (CM & CBO) and 5 Community Mobilization and Capacity Building Facilitators (CM & CBF) were recruited for phase to districts
- ✓ 1 Program Officer responsible for coordinating engagement of FBO activities within the project was recruited
- ✓ 2 new vehicles and 8 motorcycle were procured to support project activities
- ✓ 4 quarterly meetings that involved all BRIDGE II partners were conducted

### Research Monitoring and Evaluation

- ✓ National and district level baseline research dissemination meetings were conducted
- ✓ Over 250 research reports were printed and disseminated
- ✓ J & F Consulting contracted to lead in the midterm evaluation survey
- ✓ Participated in family planning compliance training organized by USAID
- ✓ 8 local implementing partners and 27 Save the Children BRIDGE II staff trained on family planning compliance
- ✓ 4 data quality verification visits made to all implementing partners

### Tasankha Mass Media Campaign

- ✓ 37,950 **Tasankha** posters were reprinted and disseminated to all BRIDGE II communities
- ✓ 500 **Tasankha** stickers were reprinted and disseminated
- ✓ 1,320 **Tasankha** radio spots were aired nationwide on Joy Radio, MBC 1, MBC 2 and Zodiac radio stations
- ✓ Message design and material development workshop was conducted and 40 BRIDGE II partners and stakeholders participated in the workshop
- ✓ Second phase of **Tasankha** campaign was developed

### Reality Programming

- ✓ **213 Chenicheni Ntchiti?** Radio programs were aired nationwide on MBC and Zodiac and other 7 community radio stations
- ✓ 4 editorial meetings were held to review radio program format, content and quality of presentation
- ✓ 5 field radio producers were recruited and trained, and 7 old field producers re-oriented on their tasks

- ✓ 6 radio listening groups were sustained and provided feedback to the project on the radio program
- ✓ 4 PLHIVs were engaged as radio diarists and shared their life stories through radio diaries program that was aired as a segment in *Chenicheni Nchiti?* Radio Program
- ✓ **Cheni Nchiti? Radio program** awarded a finalist award in the New York Festivals Radio Program and Promotion Competition for 2011

#### Use of Transformative Tools

##### *a) Hope Kit*

- ✓ **31 (Men 19; Females 12)** people were trained as Hope Kit Trainer of Trainers (TOT)
- ✓ **240 (Males 119; Females 121)** people were trained as community-based facilitators
- ✓ **41, 999 (Males 17, 041; Females; 24, 957)** people were reached with HIV prevention messages through Hope Kit small group discussions
- ✓ **60 (Males 26; Females 34)** PLHIVs were trained as Hope Kit facilitators
- ✓ **3, 788 ( Males 733; Females 3, 055)** PLHIVs were reached with HIV prevention messages in small groups
- ✓ **39** peace corps volunteers and their counterparts were trained in the use of Hope Kit

##### *b) Planting our Tree of Hope –Positive Prevention Tool kit*

- ✓ **3,212 (Males 757; Females 2, 455)** people reached with positive living messages using the kit

##### *c) African Transformation (AT)*

- ✓ **16** stakeholders participated in a one day design workshop on updating the AT kit
- ✓ Video on Voluntary Medical Male Circumcision (VMMC) was developed

##### *d) Tasankha Village Discussion Guide*

- ✓ An interactive modular kit on MCP, discordance, couple communication, couple counseling and, Prevention of Mother to Child Transmission (PMTCT) was developed and pre tested.

#### Support to Workplaces

- ✓ Scaled up workplace activities to Blantyre Water Board (BWB), Bakhresa Milling Company (BMC) and Electricity Supply Commission of Malawi (ESCOM)
- ✓ **26 (Males 17; Females 9)** Senior Staff members from BWB, BMC and ESCOM participated in advocacy meetings for HIV prevention activities in the workplace
- ✓ **129 (Males 84; females 45)** people were trained in Hope Kit peer educators training
- ✓ **8, 345 (Males 4, 583 Females 3,762)** people were reached with Hope Kit small group sessions
- ✓ **2, 992 (Males 1, 710; Females 1,282)** people participated in *Tasankha* open days
- ✓ **545 (Male; 250 Females 295)** people participated in *Tasankha* poster discussion

#### Engaging Community Leaders through Community Action Cycle (CAC)

- ✓ Scaled up community mobilization activities to phase two districts of Blantyre, Zomba, Machinga, Neno and Mwanza and continued activities in phase one districts of Phalombe,

Mulanje, Thyolo, Chiradzulu, Chikwawa and Nsanje reaching a total of **42** TAs and **339** Group Village Headmen (GVH)

- ✓ **51,506 (Males 21,286; Females 30,220)** people participated in Village Discussion Group (VDGs) sessions
- ✓ **177,999 (Males 71,250; Females 106,749)** people participated in community discussion forums
- ✓ **2,967 (Males 705; Females 2,262)** people consisting of members from Community Base Organizations (CBO), Community Action Groups (CAGs) and Traditional Leaders Forums (TLFs) participated exchange visits
- ✓ Worked with a total of **456 chiefs** who are members of TLFs
- ✓ **15,379 (Males 6,155; Females 10,224)** people participated in World AIDS Day activities organized by BRIDGE II in collaboration with district partners
- ✓ **137** couples participated in Garage Party where couples engage in discussions that promote faithfulness in marriage
- ✓ **18 Area Development Committee-Community Mobilization Teams (ADC-CMT)** with a totals **476 (Males 375; Females 136)** members were formed in phase 2 districts
- ✓ **142,590 (Males 48,738; Females 93,852)** people participated in BRIDGE II introductory open days in new GVHs

#### Engaging Faith Engaging People Living with HIV (PLHIV)

- ✓ **36,137 (Males 13,133; Females 22,804)** community members were reached through interactive drama
- ✓ **36 (Males 29; Females 7)** district education management staff were briefed on the proposal to roll out the Positive Prevention Tool Kit through an association of Teachers Living Positively with HIV
- ✓ **124 (Males 75; Females 49)** people participated in T'LIPO briefing meetings at zonal level
- ✓ **23 (Males 15; Females)** T'LIPO members trained as TOT on positive prevention using the Positive Prevention Tool Kit

#### Based Organization Leaders and Communities

- ✓ Task force formed to lead in the process of developing a Couple Counseling Guide
- ✓ Couple Counseling Guide developed and pretested
- ✓ **28 (Males 16; Females 12)** people trained as trainer of trainers (TOT) on Couple Counseling using the guide

#### Engaging Communities in HIV preventive activities through Interactive Drama

- ✓ **13** community drama groups were selected from Nsanje, Chikwawa and Mulanje
- ✓ **48** community drama group members and **6** DACC representatives were trained as Community Theater activators
- ✓ **14,125 (Males 6,117; Females 8,008)** people were reached with HIV prevention messages through interactive drama performances

#### Service referral and linkage

- ✓ Referral activities were scaled-up to Thyolo and Mulanje districts
- ✓ **5, 645** successful referrals made in Chiradzulu and Thyolo districts
- ✓ **208** CRAs were trained in use of the CRA manual in Thyolo and Mulanje districts
- ✓ **104** CRAs went through refresher training in Chiradzulu district
- ✓ **1,000** copies of CRA Manual translated into Chichewa and printed
- ✓ A Referral Directory of Services for Thyolo district was developed
- ✓ **50** mentor CBO executives were trained in supervision in Chiradzulu and Thyolo
- ✓ **78 (58 Males; 20 Females)** health staff were trained in interpersonal communication in Chiradzulu and Thyolo

#### Strengthening CBO networks

- ✓ **1, 964 (Males 962; Females 1, 002)** people participated in CBO networking meetings
- ✓ Organization network Analysis Surveys (ONA) conducted in both phase I and II districts and **1, 801** district and community partners attended ONA survey meetings

#### Strengthening Behavior Change Communication Competency

- ✓ **391 (Males 261; Females 130)** people from about **210 CBOs** participated in Best Practices Conference in Chiradzulu, Phalombe and Thyolo districts

#### Collaboration and Coordination

- ✓ BRIDGE II took lead in the development of a minimum communication package for HIV prevention. Other partners include Pakachere, PSI, NAC and Health Education Unit
- ✓ A National Dialogue on couple communication concept was developed and shared with NAC and other stakeholders
- ✓ Participated in the taskforce that led the planning and implementation of the VMCC campaign in Mulanje and developed a VMCC video, a communication material for the campaign led by the Ministry of Health and JEPIEGO
- ✓ Played a key role in the development of the VMCC strategy for Malawi
- ✓ HIV Prevention Technical Working Group and the Behavior Change and Communication sub technical working group meetings were attended throughout the year
- ✓ Attended Round 11 Global Fund Proposal development meetings
- ✓ Worked with other stakeholders at national and district levels in preparation and commemoration of World AIDS Day (WAD)

## **2.0 Introduction**

BRIDGE II is a five year HIV prevention project that intends to promote normative behavior change and increase HIV preventive behavior among the adult population in Malawi. The project is implemented by Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) in partnership with three international partners: Save the Children Federation (SC), Pact Malawi and The International HIV and AIDS Alliance (IHAA). Local partners include Corporate Graphics, Galaxy Media Consultants, National Association of People Living with HIV/AIDS in Malawi (NAPHAM), Youth Net and Counseling (YONECO) and Story Workshop. The project is funded by the United States Agency for International Development (USAID) and is implemented in eleven districts in the Southern Region of Malawi: Blantyre, Chikhwawa, Chiradzulu, Machinga, Mulanje, Mwanza, Neno, Nsanje, Phalombe, Thyolo and Zomba.

## **3.0 BRIDGE II Program Objectives**

The overall project objective is to contribute towards the reduction of new HIV infections among the adult population in Malawi.

By 2014, we envision BRIDGE II will achieve the following outcomes:

- Men and women will have personalized understandings of their HIV risk, and believe they have the skills, knowledge, and motivation necessary to prevent infection.
- Supported by normative change, proactive services, and dynamic institutions, individuals are using available HIV services and adopting safer sexual behaviors, particularly those related to a key driver of the epidemic, Multiple Concurrent Partnership (MCP). Their behavior change is deep and lasting, and an inspiration to others.
- Norms are redefined to recognize, value, and reward couple communication about prevention and sero-status, compassion for those with HIV and AIDS, protection of self and others, gender equity, and rejection of cross-generational sex, alcohol/substance abuse, and harmful traditional practices.
- HIV and other health care providers never miss an opportunity to provide both HIV negative and positive clients with proactive information, counseling, and referral. They will do this through traditional venues, such as client visits, and new approaches, such phone hotlines, cell phone technology, and community events.
- Malawian institutions are taking the lead in HIV prevention in an atmosphere of coordination and collaboration, with a vibrant exchange of ideas, information, and best practices.

## 4.0 Overall Progress of Program Activities

Overall BRIDGE II made a considerable progress towards reaching its set targets and mandate of reaching 75% of the adult population in each district. The project scaled up its community level activities to phase two districts of Blantyre, Machinga, Mwanza, Neno, and Zomba, reaching a total number of 42 TAs and 339 GVHs this year.

The project developed the second phase of *Tasankha (We choose/choices)* mass media campaign that focuses on Prevention of Mother to Child Transmission (PMTCT), couple counseling and testing, discordance and staying HIV negative when one tests so. This phase of the campaign will encourage people to seek and utilize available HIV related services as evidence of their changed behavior. This campaign will be launched in FY 12.

During the year, radio stations airing *Chenicheni Nchiti?* increased from 1 to 9. These radio stations include Malawi Broadcasting Corporation (MBC) Radio 1, which has nationwide coverage, Zodiac Broadcasting Station (ZBS), Dzimwe community radio station, Joy Radio, Living Waters Church radio station, MIJ radio station, Mudziwathu community radio stations, Nkhotakota community radio station and Transworld Radio. This increase in the number of radio stations led to a consequent boost in the total number of radio programs aired in 2011. A total of 213 *Chenicheni Ntchiti?* Radio programs were aired in the year.

BRIDGE II scaled up its referral work to two more districts of Mulanje and Thyolo. The project now has 312 Community Referral Agents (CRAs) who are referring clients for services in the three districts where IHAA is working.

Other notable achievements during the year include: dissemination of the project baseline research findings to national and district level stakeholders, development and pre-testing of the Marriage Counseling Guide, updating the African Transformation tool kit to include two more profiles (one on Multiple and Concurrent Partnerships (MCP) and another one on Voluntary Medical Male Circumcision), facilitation of Best Practices Conference in three districts and scaling up of workplace activities from six to nine institutions.

Although the project registered a number of achievements this reporting year, it also experienced challenges that saw the delay in implementation of the faith based and interactive drama activities. Delays in getting local IRB approval for the Midterm evaluation because the 10% contribution required by National health Sciences Research Committee led to postponement of fielding the midterm survey to November instead of September.

## 5.0 Highlights of Program Activities and Achievements

### 5.1 Program Management

#### a) Senior Management Meetings

Senior staff members from all BRIDGE II international partners make up the project Senior Management Team (SMT) whose mandate is to provide the overall project direction. The team conceptualizes the general plan for the project, plan for and support institutional

integration of activities, review and guide program progress and provide input and/or support for specific challenges.

During this year, the team conducted three meetings and strategized on several project issues. The team agreed that the project should continue scaling up BRIDGE II activities in phases, with Save the Children leading the process at the district level and the rest of the partners building on the foundation laid by Save the Children. The team also looked at the different ways through which the project can document its processes and the project impact in its catchment area. They agreed that the documentation should be done centrally, led by CCP and following a well outlined documentation plan.

#### b) Recruitment of new staff

Early this year the project finalized the process of employing Community Mobilization and Capacity Building Officers (CM & CBO) and five Community Mobilization and Capacity Building Facilitators (CM & CBF) for the phase II districts. Later in the year, Save the Children also replaced one CM & CBO and two CM & CBF who resigned in the course of the year. Center for Communications Program hired an additional Program Officer responsible for coordinating faith based activities.

#### c) Procurement of equipment

During the year, BRIDGE II procured two vehicles, one Toyota Hilux double cabin and one Prado TXL. The project handed over the Toyota Hilux to Save the Children to assist in district level activities. This vehicle is based at zonal level in Zomba while the Prado is based at the central office in Lilongwe. The project also bought eight motorcycles that are used for field activities by district level officers.

#### d) Partners meetings

Quarterly meetings for BRIDGE II partners were conducted every quarter during which partners reviewed activities and shared workplans that helped enhance coordination, harmonization of activities at community level. This year BRIDGE II saw marked improvement in collaboration amongst BRIDGE II partners including other stakeholders at district and community levels.

## **5.2 Research Monitoring and Evaluation**

### a) Baseline Research Dissemination

BRIDGE II held a one day baseline research dissemination workshop at national level in March 2011. This workshop brought together stakeholders who deliberated on key HIV related behaviors in Malawi as revealed by the BRIDGE II baseline. The participants also strategized on best approaches for HIV prevention in this country. Some of the agencies that participated in this meeting were development partners such as USAID, UNFPA, UNDP, UNICEF; HIV implementing organizations in the likes of Management Sciences for Health (MSH), Concern Universal, Catholic Relief Services (CRS); District Councils and government ministries /departments. The NAC board chairman, Rev. Dr. Bernard Malango was the guest of honor during the national event.

The project further shared its baseline research findings with district level stakeholders in all the eleven implementing districts. District councils expressed gratitude to the project for the effort to share with them the findings of the baseline research. They also highlighted the point that the BRIDGE II baseline research report will add value to the HIV data base in their districts. The research findings were translated into Chichewa for community level dissemination.

**Key Research Findings:**

High HIV testing rates: Those who had ever tested and those who had tested in the past 12 months constituted approximately 65 percent of the sample.

Strong self-efficacy beliefs to enact specific behaviors: e.g. 95 percent (or more) of respondents indicating high levels of efficacy to remain faithful, practice abstinence if not in a relationship, have sex with only the person one loves and trusts, and refuse sex if one does not desire to have sex.

Relatively high levels of fear about casual contact with people living with HIV: close to 50 percent of the sample feared transmission through saliva and excreta, and a third feared transmission through sweat.

Across the sample AIDS is perceived to be a deadly disease but personal vulnerability to the disease was perceived to be rather low.

Strong beliefs among respondents about the widespread nature of multiple sexual partnerships in their communities, despite believing that such behaviors are not socially sanctioned.

Absence of use of condoms among those engaging in transactional sex save for boys.

b) Midterm survey

BRIDGE II original plan for midterm was to conduct a quantitative survey that would mirror the baseline survey. However, after reviewed the protocol, USAID requested BRIDGE II team to clarify on a number of issues including measuring and analyzing exposure, use of monitoring data and sampling, and wanted BRIDGE II of add qualitative research . USAID Washington and Pretoria had a conference call on July 1, 2011 with the BRIDGE II team during which some of the issues raised were discussed. BRIDGE later followed up with more additional information on to address the issues raised.

As a result of the discussions with USAID, BRIDGE II midterm survey will utilize both qualitative and quantitative approaches for assessing the progress of the project. The focal point of the qualitative aspect of the survey will be process-level factors as it will help the project understand how BRIDGE II communities are receiving and understanding intervention messages. The quantitative aspect will assess whether and to what extent BRIDGE II intervention messages are being received by the intended audience, and changes over time in levels of predictors of behavior change as well as behaviors themselves. The predictors of behavior to be measured will include HIV/AIDS knowledge, self-efficacy and

risk perception while the actual behaviors will include abstinence, faithfulness, and condom use, HIV testing, and alcohol consumption.

During this reporting year, CCP awarded a contract to J & F Consultant through a competitive bidding process conduct the survey. BRIDGE II team submitted the quantitative midterm research protocol to the National Health Sciences Research Committee for review and approval that was granted in October. The qualitative protocol will be submitted for local IRB approval during first quarter of FY 12. BRIDGE II will field the midterm evaluation.

#### c) Family Planning Compliance Training

Early in the year, BRIDGE II participated in a family planning compliance training that USAID conducted for all its partners. Following this training, partners were requested to submit to a Family Planning Compliance Plan. Under BRIDGE II, family planning compliance is applicable to the Planting Our Tree on Hope Toolkit (Positive Prevention Toolkit) because the facilitator's guide covers family planning methods. BRIDGE II submitted to USAID the Family Planning Compliance Plan that included applicability of the family planning compliance to BRIDGE II activities, actions to be taken to ensure compliance and documentation of family planning compliance for the project. BRIDGE II also trained its local implementing partners on family planning compliance that included **8** local implementing partners and **27** Save the Children BRIDGE II staff.

Other routine activities conducted this reporting period include routine data collection and entry, data quality verification and oriented new staff members on BRIDGE II monitoring and evaluation systems.

### **5.3 Tasankha Mass Media Campaign**

The *Tasankha* (We choose/ Choices) mass media campaign is the foundation for all BRIDGE II activities. This campaign rotate around the idea that people make choices and it is those choices that form the groundwork of their behavior. BRIDGE II project therefore works towards influencing peoples choices and help them make better and safer choices for the benefit of themselves as well as their families.

During the year, the project continued running the initial phase of the *Tasankha* mass media campaign that focuses on Multiple and Concurrent Partnerships (MCP) as one of the key drivers of the epidemic. The movement encourages men and women to reduce the number of sexual partners so that they reduce their risk of contracting HIV. Key messages in this campaign revolve around the idea that it is a good choice to value your family, to take a deliberate choice to know your risk for HIV and above all, to reduce your risk of contracting HIV. BRIDGE II project aired a total of **1, 320 radio spots** on Joy Radio, MBC 1, MBC 2 and Zodiac radio stations and reprinted **37, 950 posters** which were distributed to all implementing partners for use during community discussions.

In FY 11, BRIDGE II started developing the second phase of the mass media campaign that will promote service utilization amongst its beneficiaries in the areas of couple counseling

and testing, discordance, Prevention of Mother to Child Transmission (PMTCT) and staying negative when one tests so. The project conducted a message design workshop where participants reviewed and discussed findings from BRIDGE II qualitative research and isolated specific groups of the population to target if HIV related service utilization is to improve. The project then refined the messages and designed the materials in liaison with Corporate Graphics (CG). In summary, BRIDGE II project is promoting the following issues in this campaign with male involvement as a critical cross cutting issue..

- Joint decision by couples to go for HIV counseling and testing. This is very important since statistics indicate that it is mainly women who are forth coming and go for HIV counseling and testing. Men do not usually go for HIV testing. If they do, some of them prefer to hide their sero status from their wives. This consequently reduces trust between partners.
- The project is also trying to address problems that prevail in discordant relationships. One of the key message that the project has developed clarify the fact that it is possible for one person in a sexual relationship to be HIV positive while the other one is HIV negative. Such a message will set ground for spelling out myths about discordance and encouraging discordant couples to adopt safer sexual practices and continue staying together.
- BRIDGE II is further promoting adherence of the new PMTCT protocol that the Malawi government has recently adopted whereby every pregnant woman who tests HIV positive will be required to start taking ARVs and continue for the rest of her life time.
- Lastly, BRIDGE II project is taking forward the idea of staying HIV negative when one tests so. Key messages emphasize the idea that a person who has tested HIV negative must make a deliberate choice to stay HIV negative and support systems must be available for such decisions to materialize.

BRIDGE II involved key stakeholders including HIV and AIDs Unit, the Health Education Unit, MSH and district representatives in the development of this campaign. It is anticipated that the campaign will be launched in the first quarter of FY 12.

A summary of the achievements within mass media include:

- **40** people from the BRIDGE Team and national level partners participated in the message design and material design workshop
- **37, 950 Tasankha posters** were reprinted and disseminated
- **500 Tasankha stickers** were reprinted and disseminated
- **1, 320 Tasankha radio spots** were aired nationwide on Joy Radio, MBC 1, MBC 2 and Zodiac radio stations.

#### **5.4 Reality Programming**

BRIDGE II project uses reality programming as one way of synergizing mass and interpersonal communication techniques through its radio program called ***Chenicheni Nchiti? (What is the reality?)*** radio program. The program allows real people share their life experiences in the context of HIV and AIDs. The program further offers an opportunity for communities to share and exchange ideas on their cultural traditions and norms as they

relate to HIV related behaviors. Story workshop manages the production and airing of this radio program across a number of radio stations on behalf of BRIDGE II project while Galaxy Media Consultants takes a lead in capacity building and negotiating costs with the radio stations.

The ***Chenicheni Nchiti?*** radio program is designed to reach a bigger proportion of Malawians across the country. The program is therefore aired repeatedly in a week and is currently being aired **14 times per week** through 9 radio stations. The listenership of these radio stations are varied and target at different sects of the society: some of the radio stations are community based, others are faith based and others target at youthful audiences etc.

During the year, the ***Chenicheni Nchiti?*** radio program were sustained flooding the air waves of two big radio stations in Malawi that started airing the program last year: Malawi Broadcasting Corporation (MBC) radio 1 aired a total of **46 episodes** of the initial talk- show, **46 episodes** of the repeat program and **46 feedback** programs. Zodiac Broadcasting Station (ZBS) aired **22** radio programs.

The project also went into contract and started airing the ***Chenicheni Nchiti?*** radio program on seven new radio stations for free for a trial period of four months. A total of **99** ***Chenicheni Nchiti?*** radio programs were aired as follows: Dzimwe community radio **14 programs**, Joy Radio **13 episodes**, Living Waters Church radio **15 episodes**, MIJ radio **17 episodes**, Mudziwathu community radio **13 episodes**, Nkhotakota community radio **14 episodes**, Transworld Radio **13 episodes**. Radio Islam, Radio Maria and Star radio stations will commence airing the program next year. BRIDGE II plans to build the capacity in reality programming of the producers from the radio stations. The programs that were aired this year covered the following issues: couple communication, PMTCT, the relationship between alcohol consumption and HIV and, gender balance/ power dynamics, family, children and AIDS, community leaders and HIV prevalence.

BRIDGE II held four editorial meetings that brought together representatives from radio listening clubs, field producers, CCP, Galaxy Media and Save the Children to review the program format, content, and quality of presentation. Each of these meetings noted that the program is on the right track in terms addressing issues identified during its initial design workshop. The format for the program and its presentation style is very good such that the program has won the confidence of its listeners. BRIDGE II team submitted an abstract on ***Chenicheni Nchiti?*** the **New York Festivals Radio Program and Promotion Competition for 2011**. ***Chenicheni Nchiti?*** radio program made it to the finalist list and became number four.

A summary of BRIDGE II project during the year under portfolio are as follows:

- **213 *Chenicheni Nchiti?* Radio programs** were aired in the year on 9 different radio stations.

- **5 field radio producers** were recruited and trained on how to record stories from the community members in the BRIDGE II phase II districts. **Seven field producers** from the six phase I districts were re-oriented on their tasks.
- **6 radio listening groups**, one in each of the phase I district were maintained and members continued providing program feedback to the project

#### b) Radio Diaries

The Radio Diaries program is another reality programming, innovative and practical way of addressing critical issues that People Living with HIV (PLHIV) face by airing real life stories shared by PLHIVs. Early in the year 2011, Galaxy Media in collaboration with NAPHAM engaged four PLHIVs as diarists: one of them is a lecturer at the University of Malawi and she is also pursuing her PhD; another one is a Chief Executive Officer for one of the District Council. The last two are a discordant couple. These people shared their life stories through **47 stand alone radio diary programs** that were aired on Radio Maria **(15)**, Radio Islam **(16)** and Capital FM **(16)**. The radio diary program later in the year became a five minute insert within *Chenicheni Nchiti?* Radio program and the four diarists continue to share their stories through this program.

### **5.5 Media Capacity Building**

Media capacity building is one of the strategies for BRIDGE II in building the capacity of Malawian institutions in BCC. Galaxy Media Consultant takes a lead in this capacity building initiative because the institution is experienced and the project has invested a lot in mentoring it in reality programming since BRIDGE I. The aim of the BRIDGE II media capacity building initiative is to empower media practitioners and help them realize their potential role in using the reality programming approach in developing quality programs that address HIV and AIDS issues.

During this year, Galaxy conducted a media capacity assessment to assess the media landscape in Malawi and establish a count of potential partner institutions. Results of this assessment fed into a media strategy that guides the operations of the initiative. Early next year Galaxy Media, in collaboration with CCP, will build the capacity of producers through sharing of skills, programs and real stories addressing HIV issues using the reality programming approach; training in HIV programming and basic computer skills that will support production of HIV programs and mentoring of individual radio stations.

### **5.6 Promoting Dialogue through Use of Transformative Tools**

BRIDGE II project has a number of Transformative tools that it uses to stimulate community discussions and allow individuals and couples to develop their own strategies for risk reduction and make positive health choices for behavior change. Center for Communications Programs takes a lead in producing the kits, training master trainers for facilitating sessions using the kits and building the capacity of other stakeholders who express interest in using the kits. Youth Net and Counseling, NAPHAM and PACT facilitate the use of the kits at community level. The project carried out the following activities during this reporting period.

#### a) The Journey of Hope Tool Kit

*The Journey of Hope* Tool Kit is a package of interactive, practical and easy to use tools for guiding individual and community groups to develop personal and appropriate HIV prevention strategies.

During this reporting period, BRIDGE II conducted Hope Kit Training of Trainers (TOT) for the five phase II districts where a total of **31 (Men 19; Women 12) people** acquired knowledge and skills on how to use the kit. The trained participants later reached out to **71 (Men 36; Women 35) people** with HIV prevention messages during the Hope Kit TOT community practicum.

BRIDGE II in collaboration with Peace Corps conducted two orientation sessions for Peace Corps Volunteers (PCVs) and their counterparts on how to use the Hope Kit. These PCVs consequently takes the Hope Kit activities to their implementation areas. A total of **39 (12 Counterparts and 27 Peace Corps Volunteers)** Peace Corps Volunteers and their Counterparts were orientated in Hope kit facilitation during these training sessions.

Youth Net and counseling facilitated Hope Kit activities in six BRIDGE II districts of Mulanje, Chikwawa, Nsanje, Phalombe, Thyolo and Chiradzulu districts. The organization started with three districts in 2010 and managed to scale up to three more districts in the course of 2011. Anecdotal reports show that more people are going for HCT after participating in Hope Kit activities. Hope Kit activities have also promoted couple communication amongst many people in the communities where YONECO is working. The following numbers of people were reached with Hope Kit activities this year:

- **240 (Males 119; Females 121) people** were trained as community-based facilitators who later reached out to **275 (Males 75; Females 200) people** with HIV prevention messages during practicum sessions.
- A total of **31, 838 (Males 11, 817; Females; 20, 021) people** were reached with HIV prevention messages through Hope Kit small group discussions.

NAPHAM PLHIV support groups continued to mainstream Hope Kit small group discussions within their group therapy activities. Reports indicate that Hope Kit activities have gone a long way in promoting positive living among PLHIVs, most of whom have revised their plans for life after participating in Hope Kit activities.

- **60 (Males 26; Females 34) PLHIVs** were trained as Hope Kit facilitators
- **3, 788 ( Males 733; Females 3, 055) PLHIVs** were reached with HIV prevention messages in small groups of not more that 25 people using Hope Kit

PACT Malawi, through its three sub partners (Mponela AIDS Information Counseling Center, Foundation for Community Support Services, Partners in Hope and Ekwendeni Hospital) continued implementing the Hope Kit in the northern and central regions of Malawi. These sub partners, with BRIDGE II funds, integrate Hope Kit activities into their HIV prevention programs. The small grants provide a low-cost way of expanding the reach of the BRIDGE II tools, methodologies and approaches beyond the 11 focus districts. PACT Malawi also reach

out to people using transformative tools through other various structures and institutions such as, male championship clubs, village heads, school committee members, teachers, Primary Education Advisors, patrons/matrons and schools both primary and secondary schools. A total of **10, 160 (Males 5, 224; Females 4, 936) people** were reached with HIV prevention messages using the Hope Kit.

#### b) Planting Our Tree of Hope -Positive Prevention Tool Kit

The Planting Our Tree of Hope tool kit is a set of practical, experiential learning activities designed to help people living with HIV and AIDS and their partners and families address a range of HIV and AIDS related issues. The kit has two parts: a flip chart and Facilitator's Guide. The flip chart contains a series of real personal stories of men, women and couples who have overcome barriers and are living positively. The personal stories serve as positive role models and elicit discussions around the various issues pertaining to positive prevention. The small do-able actions provided by the personal stories are then reinforced through a series of activities presented in the Guide. The personal stories form the centrepiece of each session in the Guide and serve to ground the discussions in the reality of people's lives. Most people who participate in Positive Prevention activities testify that this tool kit is very unique in the sense that it uses real life stories that have helped in promoting their overall well being. Other achievements in the year are as follows:

- NAPHAM trained **60 (Males 24; Females 36) people** as facilitators for Positive Prevention tool kit
- Reached **2, 841 ( Males 569; Females 2, 272)** with positive living messages using the kit

#### c) African Transformation

African Transformation is another kit that the BRIDGE I project produced with the aim of helping communities explore how gender norms and social roles shape the lives of men and women. The kit offers skills for changing negative norms and roles while reinforcing positive ones.

BRIDGE II is currently updating the AT tool kit to include two new profiles on Voluntary Medical Male Circumcision (VMMC) and Multiple and Concurrent Partnerships (MCP). The project organized a one day design workshop. During which action plans for the development of the new AT profiles were developed. A task force was selected to oversee the new AT development process. A total of sixteen stakeholders drawn from various organizations including NAC, Health Education Unit, MSH, Reproductive Health Unit, YONECO, MIAA and NAPHAM attended the workshop.

BRIDGE finalized the development of the technical VMMC video that is currently being used in the Mulanje campaign led by Ministry of Health and JHEPIGO. The VMMC video shows a young man who underwent MMC after understanding its benefits. It also unveils the courage and interest of her girlfriend in influencing her boyfriend to go for VMMC. The video further elaborates on the fears and myths that most people have before making a decision to go for MMC. The AT VMMC video will build on the same story but will focus more on the gender

roles and responsibilities of men and women in the context of VMMC. BRIDGE II will finalize production of the updated version of the AT tool kit next year.

#### d) Tasankha Village Discussion Guide

BRIDGE II developed and pretested an interactive modular kit that will be used by village discussion groups on various HIV related topics including MCP, discordance, couple communication, couple counseling and testing, PMTCT and many others.

### **5.7 Supporting workplace HIV intervention**

BRIDGE II support to workplace HIV intervention aims at strengthening Behavior Change Interventions where HIV workplace programs are already in existence and advocate with those that have not yet established HIV workplace programs or whose commitment is low to implement them. BRIDGE II started working with Illovo Sugar Company, African Parks Majete, Conforzi Tea Estate, Makwasa Tea Estates, Chitakale Tea Estates and Minimini Tea Estates in 2010.

In FY 11, BRIDGE II scaled up to three more workplaces in Blantyre -Bakhresa Grain and Milling Company, Electricity Supply Commission of Malawi (ESCOM) and Blantyre Water Board. The project conducted a needs assessment which showed that the workplaces are aware of HIV risks in their workplaces and had experienced some negative impacts of HIV. They all had prevention programs but activities were poorly coordinated and the behavior change and communication components were generally weak. BRIDGE II shared these findings with management of the institutions and pledged to work with them in improving their programs.

The project held a one and half day joint meeting with old and new workplaces to share work-plans, to set up a minimum package of interventions for the work places and promote inter organizational learning.

BRIDGE II also held advocacy meetings with management of the three new institutions to lobby for management support for HIV prevention programs. Generally, the project has seen remarkable improvement in the way management of the workplaces are supporting HIV prevention programs as a result of the projects' effort in advocating for resources and time for the work. For instance, Eastern Produce is scaling up BRIDGE II activities to other tea estates apart from Minimini and Makwasa tea estate that the project started with. Other achievements during the year include:

- **Forty nine people (49)** attended review and planning meetings with the old six workplaces.
- **Six employees** from the new workplaces trained as Hope kit trainers
- Reached **3,276 ( Males 2, 032; Females 1, 244) employees and their families** with Hope Kit interventions
- Reached **1600 (Males 1000; Females 600)** employees, family members and merchandisers at Minimini open day
- Oriented **104** facilitators in *Tasankha* Poster discussion

- **104 workplace Peer Educators** from the tea industry participated in refresher training on Hope Kit
- Trained **25 (Males 18; Females)** Hope Kit facilitators for Blantyre Water Board.
- Reached **67 people (53 females and 14 males)** through community practicum after the Hope Kit training
- **Twenty people (20)** participated in the feedback meetings
- A total of **26 (Males 17; Females 9) management team members from new workplace institutions** attended advocacy meetings

### **5.8 Engaging Community Leaders through Community Action Cycle (CAC)**

Community mobilization is a capacity building process through which communities, individuals, groups, or organizations plan, implement, and evaluate activities in a participatory manner to improve their health and other needs. BRIDGE II activities under community mobilization focus on helping the communities to adopt social norms, attitudes and values that reduce vulnerability to HIV.

BRIDGE II uses the Community Action Cycle (CAC) as its community mobilization framework. The process of the community action cycle takes communities through various stages: preparing to mobilize the community in which a community identifies a health issue to tackle; organizing the community for action which relates to orienting the community more to the program and setting up structures for action in the community; exploring the health issue and setting priorities; planning, acting and evaluating together then planning to scale up. BRIDGE II implementing districts are at various stages of the CAC and are carrying out different activities. Community groups that implement the community action cycle include Community Action Groups (CAG), Traditional leaders' forums (TLFs) and village discussion groups (VDGs).

In FY 11, Save the Children scaled up its activities to phase II districts of Blantyre, Machinga Zomba, Mwanza and Neno. Other community level activities continued in phase I Phalombe, Mulanje, Thyolo, Chiradzulu, Chikwawa and Nzsanje. Currently BRIDGE II is implementing its activities in 11 districts reaching a total of 42 TAs and 339 GVHs. Other key achievements include:

#### a) Achievements in Phase 1 districts

##### ***Village discussion Groups (VDGs)***

Village Discussion Groups are groups of not more than 25 people who meet regularly to discuss various HIV related issues. In 2011, the focus was on the sexual network, family values and risk awareness as outlined in the Tasankha Discussion Guide. Some of the groups are homogenous groups of women only, men only and at times they meet as couples. Village discussion groups also listened to ***Chenicheni Nchiti?*** radio program and discussed issues presented in the program. A total of **51, 506 (Males 21, 286; Females 30, 220) people** participated in Village Discussion Group (VDGs) sessions this year.

### ***Community discussion forums***

Community members discuss key issues around HIV prevention when they meet in community discussion forums. During the year, communities discussed how sexual networks promote the spread of HIV and what communities should do to minimize sexual networks and how to promote individual risk assessment amongst them. Communities also discussed the impact of gender norms and masculinity on the spread of HIV and AIDS. **A total of 177, 999 (Males 71, 250; Females 106, 749) people** participated in these discussions.

### ***Exchange visits***

Exchange visits are aimed at promoting leadership roles of the community groups by sharing skills and best practices to improve the quality of their outreach activities. In FY 11, CAGs, TLFs and CBO representatives in phase 1 districts conducted exchange visits to different TAs within the district. Exchange visits are facilitated by structures at TA level such as CBO networks. **A total of 2, 967 (Males 705; Females 2, 262) people** participated in these visits

### ***Traditional Leaders Forums (TLFs)***

Traditional Leaders Forums are key committees in redefining harmful cultural practices and social beliefs in BRIDGE II communities. Membership in TLFs ranges from 8-15 chiefs per TA. There are total of **456 chiefs** who belong to a traditional leadership forum and participate in BRIDGE II activities. All TLFs have been oriented on BCC in the context of HIV prevention, gender and advocacy. Forums in first 6 districts have action plans for advocacy in behavior change interventions for HIV prevention. These chiefs have been in the driving seat in the adoption and modification of gender /social norms and harmful cultural practices. Some resolutions made in FY 11 were bye- laws that prohibit the practice of some harmful cultures and behaviors e.g. Night dances.

### ***Collaboration at district level***

BRIDGE II joined district partners in planning and implementing activities to commemorate World AIDS Day (WAD) and the Candle light Memorial. Under the theme, 'Universal Access and Human Rights', BRIDGE II took lead in facilitating WAD events which was conducted through community dialogues sessions. Apart from the district level events, the project held at least one commemoration event in every TA. A total of **15, 379 (Males 6, 155; Females 10, 224) people** participated in these events

### ***Garage Parties***

The project also facilitates garage parties where couples discuss openly on how to promote mutual faithfulness for HIV prevention. During the year, **137 couples** participated in these discussions.

### ***Review meetings***

Save the Children conducted review meeting in all phase I districts with various structures at district and community levels. Participants to the district level review meetings included the DEC, DACC, DCMT, BCI TSC. The meetings analyzed BRIDGE II activities in terms of implementation strategies, supervision and coordination with other stakeholders. Participants agreed to improve coordination by sharing work plans at district level. At TA

level, the ADC, VDC and other stakeholders in HIV prevention met on quarterly basis to review their activities and agree on how to support CAG in planning and implementation of its activities. Stakeholders also shared plans.

#### b) Achievements in Phase 2 districts

##### ***District and community entry processes***

In FY 11, Save the Children scaled up its community mobilization activities to six new districts. The organization conducted district and community entry processes that involved introductory meetings with the District Commissioner (DC), the Director of Planning and Development (DPD), the District AIDS Coordinator (DAC), the District Social Welfare Officer (DSWO and the District Community Development Officers (DCDO), District Executive Committees (DEC), District AIDs Coordinating Committees (DACC) and other district stakeholders. It was with input from these structures that the project chose the TAs for implementation. DACC meetings endorsed the behavior change intervention technical subcommittees (BCI-TSC) as the District Community Mobilization Team (DCMT) under BRIDGE II. A total of **70 participants (44 men; 26 women)** attended BCI-TSC orientation meetings as BRIDGE II DCMTs.

At TA level, the BRIDGE team met Area Development Committees and formed **18 ADC-CMT teams** with a total membership of **476 (Males 375; Females 136) people**. They also formed Traditional leaders' forums at this level. A total of **502 leaders (Male 395; Females)** are part of the forums.

##### ***Mapping at district and community levels***

Introductory meetings were followed by mapping of the districts to determine district specific situation. In the mapping exercise, BRIDGE II staff held some interviews with key district assembly officials to gather data on the coverage and distribution of CBOs and FBOs per GVH; district level partners; population data, geographic data. District specific data on key HIV drivers was also collected. In the community, BRIDGE II staff collected general information about the TAs where the project is working including distance from the office, number of GVHs and Villages, number and names of organizations that implement HIV interventions and other activities in the areas. This information helped in planning and coordination of activities.

##### ***Prepare to Mobilize and Organize the Community for Action***

Following the district and Community entry processes, Save the Children began to mobilize and prepare the communities for action. The organization conducted community level project awareness meetings like open days at TA and GVH levels; meetings with VDCs and selection of mentor CBOs. A total of **142, 590 (Males 48, 738; Females 93, 852) people** participated in these open days.

## **Capacity Building initiatives**

The project carried out several capacity building initiatives in all scale up area as listed below:

- Members of the DACC and the BCI-TSC were oriented on their terms of reference to enable them appreciate their roles in the project
- Save the Children BRIDGE II staffs were trained in community mobilization, Behaviour Change and Communication, Rights Based Approach to gender and HIV.
- CAGs and ADCMT were trained in group dynamics, facilitation skills, leadership, resource mobilization, communication, monitoring and evaluation.
- CBOs have been trained in resource mobilization
- Further capacity was built through coaching and mentoring

### **5.9 Engaging People Living with HIV (PLHIV) Networks**

During the year, NAPHAM continued with Hope Kit and Positive Prevention Tool Kit as explained above. The support group members also carried out interactive drama activities in their communities. Interactive drama is effective in igniting discussions by HIV positive people on issues that affect them such as disclosure of one's HIV status, discrimination etc. The discussions also promote dialogue between the PLHIVs and the entire community. NAPHAM support group members managed to reach out to a total of **36, 137 (Males 13, 133; Females 22, 804) community members** through interactive drama during the year.

In FY 11, BRIDGE II began supporting activities for Teachers Living Positively with HIV (T'lipo). Currently activities are being implemented in six BRIDGE II districts (Blantyre, Chiradzulu, Chikwawa, Mulanje, Phalombe and Thyolo) located within Shire Highlands and South West Education divisions. During the year, CCP conducted several start up activities that included consultations with relevant authorities in the Ministry of Education at national, divisional and district levels on the magnitude of the need for interventions within T'LIPO. Listed below are some of the achievements for T'LIPO activities in the year:

- CCP held one central sensitization meeting with district education management teams to brief them on the proposed program and seek their input on the same. A total of **36 (Males 29; Females 7) people** attended this briefing meeting
- Held **6 (one in each district) Zonal Leadership sensitization meetings** on the same and reached out to **124 (Males 75; Females 49) people**
- Conducted trainers of trainers' workshop in Positive Prevention tool kit. **Twenty three (Males 15; Females) T'LIPO members** participated in this training
- Reached **32 Chilaweni CBO members (Males 12; Females 20)** through community practicum after the TOT training.

### **5.10 Engaging Faith Based Organization Leaders and Communities**

Center for Communications Program changed the strategy for rolling out HIV prevention activities within faith based institutions during the year. The project initially contracted MIAA to facilitate engagement of faith based leaders and communities in HIV prevention activities. Implementation was however slow and CCP adopted a new strategy in trying to

solve this shortfall. In the new approach, the project is engaging FBOs that are already implementing activities at community level. Starting from next quarter, the project will sub-grant them so that they mainstream HIV prevention activities.

In FY 11, BRIDGE II conducted a mapping exercise to identify FBOs in BRIDGE II implementation districts and they identified Catholic Health Commission, Muslim Association of Malawi, Quadria Association of Malawi, Seventh Day Adventist Church, Blantyre Synod, Malawi Council of Churches, Chikwawa Diocese, Blantyre Diocese, Lutheran Church and Evangelical Association of Malawi. A one day meeting followed where FBOs shared their activities in the communities and identified possible linkages with BRIDGE II activities. The project has since developed working relationships with these ten organizations who have submitted proposals that are yet to be reviewed.

The process of developing a Couple Counseling Guide that started last year continued during the year. This guide is interfaith and draws on references from the Bible, Quran and other holy Islamic texts. When finalized, the guide will use participatory approaches to engage couples in discussions around different important issues such as, but not limited to, faithfulness, couple communication, and blessings of children, PMTCT and sexual satisfaction in a marriage. CCP is developing this guide with input from a task force whose members come from the above named faith institutions.

This year the project conducted TOT workshop on the use of the guide in September 2011. Participants for this training comprised of couples from each FBO and a program Officer who will be responsible for supervision of activities when implementation of activities starts. During the workshop the guide was pre-tested among the counselors and counselees during a practicum session. Pre-testing results showed that the guide is accepted by the FBO and focuses on the issues that need to be addressed. A total of **28 (Males 16; Females 12) people** attended the training.

#### **5.11 Engaging Communities in HIV preventive activities through Interactive Drama**

The interactive community program aims at strengthening the capacity of community-based theatre groups. Nanzikambe Arts Theatre was initially contracted to implement the Interactive Community Program. The project however experienced some challenges with this organization in the form of delays in submitting reports and completing activities. The contract was eventually terminated and a fresh request for proposals was made. Story Workshop was selected to implement this activity.

BRIDGE II conducted district meetings with stakeholders and continuing theater groups in Chiradzulu, Phalombe and Thyolo for program familiarization and re-entry with Story Workshop as new implementing partner. Meetings were also held in new program expansion districts of Nsanje, Chikwawa and Mulanje where selection performances were conducted and 13 drama groups were selected. Community theatre activator trainings were also conducted for continuing groups. A total of **48 community activators** and 6 DACC representatives were trained as theater activators.

Drama groups that were trained last year continued to conduct interactive drama sessions in the communities. A total of **14,125 (Males 6117; Females 8008)** people were reached with HIV prevention messages through interactive drama performances.

### **5.12 Service referral and linkage**

CCP is working with the International HIV and AIDS Alliance (IHAA) to strategically link HIV prevention interventions with other HIV and health services. The referral model that IHAA is using strengthens the community's capacity to make person to person referrals, with the aim of improving health seeking behaviour and client follow up. In FY 11, the Alliance focused on scaling up the referral model to Thyolo and Mulanje districts utilizing best practices and lessons learnt from the pilot district Chiradzulu. Alliance is in 4 TAs in each of the two districts. During the year, the project made **45, 645 successful referrals** in Chiradzulu and Thyolo districts. Mulanje district have not yet started conducting referral. The number of clients accessing services however decreased in the course of the year due to inadequate resources such as test kit in the health facilities. Other activities that the organization carried out are as follows:

#### a) Implementing partner selection in Thyolo

Alliance, with guidance from the District Social Welfare offices identified, through a competitive process, an intermediary organization to support general implementation of referral work in Thyolo district. Thyolo Active Youth Organization (TAYO) was selected for the assignment and has a full time Program Support Officer (PSO) responsible for BRIDGE II activities.

#### b) Start up and roll out of Simplified CRA model in Mulanje

BRIDGE II is using a slightly different referral model in Mulanje district. Community Referral Agents who are manning referrals in this simplified, low cost referrals model do not receive stipends as it is the case in the other two districts. Since no funds are needed for the CRAs, TAYO manages funds for paper work for this district as well in addition to Thyolo.

Supervision of the CRAs will be the responsibility of members of the CBO network who will receive 8 bicycles to facilitate supervision. Other achievements include:

- Identification and training of **208 CRAs** in Thyolo and Mulanje districts
- Refresher training of **104 CRAs** in Chiradzulu district
- Translation and Printing of **1000 copies** of CRA Manual
- Production of a Referral Directory of Services for Thyolo and adaption and distribution in Mulanje
- Training of **50 mentor CBO executives** in supervision in Chiradzulu and Thyolo
- Training of **93 health staff** in interpersonal communication in Chiradzulu and Thyolo
- Printing and distribution of referral directory, referral forms

### 5.13 Strengthening CBO networks

#### a) CBO network meetings

Save the Children facilitate CBO networking meetings within BRIDGE II districts. Among other things, the project encourages monthly CBO network meetings that are led by CBO networks and mentor CBOs identified in each TA. Participants to the meeting discuss on how they can strengthen collaboration, share best practices and how to address common challenges. They also discuss how to incorporate other BRIDGE II activities into their community activities. A total of **1, 964 (Males 962; Females 1, 002)** people were involved in CBO networking meetings during the year

#### b) Organization Network Analysis Surveys

In FY 11, PACT Malawi continued to conduct organization network analysis surveys (ONA) in HIV care service organizations in all BRIDGE II districts. ONA surveys were conducted in both phase I and II districts in collaboration with Save the Children and local authorities. The goal of ONA surveys is to analyze networking patterns among CBOs, government departments and non- governmental organizations. Data collection tools for ONA surveys were self administered questionnaires by CBOs. This was done in a meeting where networking, its advantages, barriers and possible solutions were discussed.

#### c) Feedback meetings

Following the ONA surveys, PACT Malawi conducted two feedback meetings in each district: one with DACC members and another one with CBOs. The meetings were organized to share results, understand the factors contributing to the findings and identify some solutions to the shortfalls. At community level, participants developed work-plans for their networks. Some of the problems identified that hinder networking were large sizes of the zones with poor means of transport and inefficient leadership. Organizations were guided on how they can improve leadership skills within their organizations; how to organize fruitful networking meetings, exchange visits, joint campaigns and learning from more developed CBOs.

A total of **839** district and community partners attended the survey meetings and **962 people** attended feedback meetings.

The re-repeat ONA surveys showed some level of improvement in networking in some districts. However, overall networking level for the whole district were slow because of lack of follow up activities after initial ONA surveys in areas where BRIDGE II is not working. District councils and BRIDGE II partners are encouraged to draw mechanism of following up the CBO networks in TAs where there is no BRIDGE II.

### 5.14 Strengthening Behavior Change Communication Competency

BRIDGE II is mandated with the role of strengthening BCC competence across the spectrum of groups and organizations working in HIV prevention in Malawi. The team plans to use numerous approaches to achieve this objective. One such approach is to link the University of Malawi (UNIMA) to AfriComNet (a broad-based network for improving BCC competence

across the region) who can support UNIMA in introducing new courses that are relevant to HIV prevention. The BRIDGE II Project Director and Pierson Ntata, Deputy Dean of Faculty of Social Sciences from Chancellor College travelled to Rwanda to participate in the planning meeting for universities. Following the meeting, BRIDGE II developed a plan that includes briefing the Faculty Staff at Chancellor College and other UNIMA constituent colleges and initiate implementation of existing AfriComNet Course at Chancellor College. The process will continue next year.

Facilitating Best Practices Conferences with community and faith-based organizations as main beneficiaries in all its implementing districts is yet another approach for strengthening BCC competency of Malawian institutions. During the year, Pact Malawi, in partnership with the District AIDS Coordinating Committee, other district level stakeholders and BRIDGE II partners, facilitated three Best Practices Conferences in Chiradzulu, Phalombe and Thyolo districts where CBOs shared experiences and lessons learnt through presentations and displays. The first day of the conference was dedicated to presentations and plenary discussions. The presentations revolved around five themes: 1.) Behavior change and communication, 2.) Networking and referral, 3.) Resource mobilization, 4.) Monitoring and evaluation and, 5.) Leadership and planning. The second day of the symposium was a market day where CBOs displayed their work and engaged each other in dialogue. The conference was held under the theme: *Sharing Best Ideas for Better Health. Our Choice! Tasankha!* A total of **391 (Males 261; Females 130) people** from approximately 210 CBOs participated in these conferences.

### **5.15 Collaboration and Coordination**

BRIDGE II project recognizes the fact that it is one of its responsibilities to ensure coordinated implementation of HIV preventive activities at national, district and community levels. The project therefore strategically links itself with other stakeholders for efficient delivery of HIV preventive messages at community level. During the year, the project collaborated with other partners as explained below.

BRIDGE II worked with Pakachere, PSI, NAC and Health Education Unit in developing a Minimum Communication Guide. This Communication Guide is a collection of suggested messages, positive choices, and benefits for seven major topics focusing on HIV prevention in Malawi. The topics include CMP, couple sexual satisfaction, Discordance, ART and Treatment, Male circumcision and Prevention for Positives. BRIDGE II took lead in compiling information from other organizations. The project edited and formatted the zero draft of the communication guide and pre-tested it. The guide has so far being handed over to NAC for printing. BRIDGE II will at this point provide minimal technical support to NAC if need be.

BRIDGE II conceptualized and shared with several stakeholders on the idea of coming up a National Dialogue on couple communication. This National Dialogue is a concept to open up dialogue between couples, within families, across genders and across communities and the nation at large, to create a better understanding between men and women of what each of them values and how they can work together to improve and sustain their relationships,

their families and communities. BRIDGE II has throughout the year provided technical support to NAC and the task force that is leading the process on how to come up with the national dialogue that will benefit more people. The processes will continue next year.

BRIDGE II continues to be an active member of the HIV Prevention Technical Working Group and the Behavior Change and Communication sub technical working group at national level. BRIDGE II has in the course of the year been participating in technical and sub technical committee meetings that addressed several issues of national interest. Among other things, BRIDGE II worked with other partners in planning for community mobilization for the male circumcision in Mulanje. The project produced a Medical Male Circumcision DVD that will be used in Mulanje to encourage more men to go for MMC. BRIDGE II also played a key role in the development of the national VMMC strategy for Malawi.

The project was also elected as a member of the task force to lead in the development of the Round 11 Global Fund Proposal for HIV prevention. To this effect, the project has participated in several proposal development meetings and the process will continue next year.

BRIDGE II works in close collaboration with other USG funded organization. It participates and share lessons learnt with these stakeholders through meetings such as HPN meetings.

At district level, BRIDGE II in collaboration with District Councils and other stakeholders participated in the 2010 preparation and commemoration of World AIDS Day (WAD) in all the eleven BRIDGE II districts. Under the theme, 'Universal Access and Human Rights', BRIDGE II took the lead in facilitating community dialogue sessions. Reports from NAC showed that the activities were well coordinated and implemented in the BRIDGE II districts because of the technical support that the project rendered to the district councils on how to organize and facilitate community dialogue sessions.

## **6.0 Challenges, Solutions and Action Taken**

The BRIDGE II project did not encounter serious challenges in the course of the year. There was however some issues that affected the operation of the project as listed below.

MIAA failed to finalize FY 10 activities even after extending their contract and re-planning of activities. CCP informed USAID and later terminated the contract. CCP is currently implementing FBO activities in partnership with other Faith based institutions.

Nanzikambe Art Theatre underwent internal organizational changes. These changes affected the way Nanzikambe was managing its systems and implementation of activities at community level. CCP held meetings with Nanzikambe and highlighted issues that they needed to address. Nonetheless, there was no noticeable improvement in activity implementation and CCP recruited another agency, Story Workshop, through a competitive bidding process, to lead in HIV preventive activities through Interactive Drama.

It was observed that some BRIDGE II implementing partners were conducting activities without coordinating with other partners working in the same area. In order to deal with the challenge BRIDGE II conducted a quarterly meeting that included staff from the DACC. During this meeting partners shared the challenges and agreed to hold coordination meetings at district level. It was also agreed that all BRIDGE II partners link with the DACC and Save the Children when entering a district. All partners have since started reporting to the DACC and Save the Children each time they are conducting activities in the district.

Delays in issuing a local IRB approval also delayed Midterm Research start-up activities. The issue was presented to USAID. Discussions with the National Health Sciences Committee, the local ethical committee that approves research continued as the year was coming to an end.

## **7.0 Major Activities for Next Quarter October – December, 2011**

- BRIDGE II Partners quarterly review meetings
- Process new contract modifications for all partners
- Training of Research Assistants in research methodology
- Fielding the BRIDGE II midterm survey
- Launch of Tasankha campaign second phase
- Print the Couple Counseling Guide and Tasankha Discussion Guide
- Finalize the AT toolkit
- Participate in 5<sup>th</sup> EE conference in New Delhi, India
- Continue community level activities

## ANNEX A: BRIDGE II Project FY 11 Work plan and Achievements

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-June	July-Sept	Comments
<b>Project Management</b>							
Finalize recruitment of staff for the new districts	- 5 Community mobilization Officers and 5 Community Mobilization Facilitators recruited - 1 Program Officer for JHU	JHU/CCP SAVE	√				Done
Furnish/equip office & start processing purchase of vehicles and motorcycles for the new districts	- District offices set up and equipped	SAVE	√				Done
<b>Planning/Review meetings</b>							
Hold SMT Meetings	- 4 Meetings conducted and documented	JHU/CCP	√	√	√	√	Done
Conduct quarterly planning/review meetings with BRIDGE partners meeting (use CPM)	- Partners on board and integrated into the project - Synergistic plans developed	JHU/CCP, SAVE PACT, ALLIANCE Local partners	√	√	√	√	Done
Implement SMS based management systems	- 20 people participate in the meeting		√	√			Process started and is continuing
Conduct lessons learnt/consensus building meeting	- District partners on board (new districts) - Unified district action plans produced - Meeting report with lessons - 30 people participate in the meeting		√				Done
Conduct district level stakeholders meetings for new districts	- District level key stakeholders on board		√				Done
<b>Contract Modification</b>							
Partners submit SOW and budget	- SOW and Budgets refined	JHU/CCP	√				Done
Refine SOW and budgets for local partners	- Modifications signed	JHU/CCP	√				Done
Process contract modifications for all BRIDGE II Partners			√	√			Done
<b>Reporting</b>							
Submit Annual Report	- Quarterly reports submitted to USAID	JHU/CCP	√	√	√	√	Done
Submit PEPFAR Semi-Annual Reports	- Semi-Annual reports submitted to USAID	JHU/CCP		√	√		Done
Submit FY 12 Work plan for Approval	- Annual Work plans Submitted to USAID	JHU/CCP	√			√	Done
<b>Research, Monitoring &amp; Evaluation</b>							

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-June	July-Sept	Comments
Disseminate Baseline findings to all II districts	- 150 research reports produced	JHU/CCP		√			Done 250 reports disseminated
Refine Community Mapping Evaluation Protocol	- Protocol approved		√		√		This process was stopped due to changes in research plans
Test tools	- Data Available				x		Note done- see comment above
Conduct Evaluation Assessment for the Positive Prevention Tool kit					x		Postponed to next year
Develop midterm survey protocol	- Protocol developed			√			Done
Identify and contract research vendor for midterm survey	- RFP issued - Research firm identified and contract signed			√	√		Done
Get local and JHU IRB approval	- Research protocol approved					X	As of end September BRIDGE II was still waiting for response
Field survey	- Data collected					x	Will start early next year since the IRB approval delayed
Clean and Enter Data						x	Pushed to next year
Conduct orientation for BRIDGE II Partners on Monitoring System	- Partners oriented		√		√		Done
Conduct Quarterly Monitoring Visits	- Monitoring Visit Report		√	√	√	√	Done
<b>Objective One: Individual Level</b>							
<b>Mass Media Campaign- Tasankha</b>							
Continue disseminating Tasankha – Phase 1 messages ( Radio Spots & Print Materials)	- 1,600 Radio Spots Aired nationwide	JHU/CCP Corporate Graphics	√	√	√	√	Done
Begin to develop the Phase II Campaign	- Messages developed	JHU/CCP	√	√	√	√	Process is continuing
<b>Chenicheni Nchiti? Radio Program</b>							
Continue radio diary program with existing diarists	- 150 radio programs aired nationwide - Strategy refined	JHU/CCP Story Workshop	√	√	√	√	Diaries incorporated in Chenicheni Nchiti? Radio program
Explore new opportunities for Real Real			√	√	√	√	Signed contract with ten ne radio stations
Hold Real Real strategy review meeting			√	√	√	√	Done

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-June	July-Sept	Comments
<b>Radio Diary Program</b>							
Continue airing radio diary program	- 150 Radio Diary Programs aired nationwide - Strategy refined	JHU/CCP Galaxy Media	√	√	√	√	Diaries incorporated in Chenicheni Nchiti? Radio program
<b>Building Capacity of Media Houses</b>							
Conduct media survey	- 25 media personnel trained	JHU Galaxy Media		√			Done
Develop media training materials						√	Process began and will finalize next year
Train media personnel						X	Pushed to next year
Package radio programs for use in media houses					√	√	Done
<b>Radio Program for teachers</b>							
	- Strategy developed - Radio programs produced	JHU					Strategy changed to rolling out the positive Prevention tool Kit to teachers living with HIV through T'LIPO
Conduct briefing meetings				√			
Identify a consultant to develop radio programs						X	
Conduct a design workshop						X	
Produce radio programs						√	
Launch the program							
<b>Transformative Tools</b>							
Continue rolling out Hope Kit and Positive Prevention Toolkits			√	√	√	√	Done
Introduce PwP toolkit in TILIPO	- 10,000 people reached with Hope Kit - 1,000 people reached with Positive prevention toolkit	JHU/CCP NAPHAM PACT YONECO FBOs			√	√	Introductory meetings conducted
Reproduce African Transformation (AT) Toolkit				√	√	√	Process started and is continuing
Train Master Trainers in AT	- 200 AT Toolkits Reproduced - 30 Master Trainers Trained		X	X			Delayed- waiting for finalization of AT toolkit
Train AT Community Facilitators	- 400 community facilitators trained					X	Same as above
Conduct Community Small Group Discussions using AT	- 10,000 people reached with small group discussion using AT					X	Delayed- waiting for finalization of the toolkit
Develop modular kit					√	√	Finalized. To be printed next year
Conduct Community Small Group Discussion using the modular kit					X	X	Waiting for finalization on the new kit
<b>Support to Workplace Intervention</b>							
Conduct review meetings with workplace institutions					√		Done

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-June	July-Sept	Comments
Identify new workplace institutions				√			Done
Conduct a needs assessment for new workplace institutions			√	√			Done
Develop a strategy for new workplace institutions				√			Done
Conduct workplace interventions				√	√	√	Done
<b>Objective Two: Community Mobilization</b>							
<b><i>Empowering leaders through the Community Action Cycle</i></b>							
Conduct needs assessment in the 5 new districts, identify community mobilizations teams			√	√			Done
Conduct Community Mobilization (CM) training in the new districts	- Community mobilization teams in place	SAVE DACC	√				Done
Form Community Action Groups in new districts	- 120 people trained in CM		√	√			Done
Train the CAGs in Community Action Cycle	- 130 CAGs formed			√			Done
Conduct community engagement activities ( small group discussion, dialogue forums, open days)	- 1,950 members of the CAGs trained				√	√	Done
Conduct DACC meetings	- Communities engaged		√	√	√	√	Done
Conduct CBO Network Meetings	- Quarterly meetings conducted each quarter in each districts - 300 CBOs reached		√	√	√	√	Done
<b><i>Engaging Faith Based networks</i></b>							
Conduct choir festivals	-		√	x	x	x	Activity discontinued following the revised strategy for working with FBOs
Conduct a meeting with FBO leaders to finalize the marriage counseling guide	- 1,000 people reached	JHU/CCP	√	√	√	√	Development of the guide in progress
Conduct marriage counseling seminars	- Marriage counseling guide finalized					x	Activity will begin after completion of the guide
Identify FBOs to expand faith engagement with new activities	- 600 people reached during marriage counseling seminars				X	X	Activity will begin after completion of the guide
	- FBOs identified in each TA			√			Done
<b><i>Capacity building for greater impact</i></b>							
Conduct BCI trainings (for CBOs, DACCs and Traditional Leaders)					√		Done
Conduct proposal writing for CBOs	- 500 people trained in BCI - 100 CBOs trained in	JHU/CCP SAVE		√	√	√	Process continuing

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-June	July-Sept	Comments
	proposal writing skills - Staff trained in BCI	DACC					
<b>Transforming traditional guidance</b>							
Conduct meetings with Traditional leaders	- Meeting reports	SAVE DACC	√	√	√	√	Done
Conduct Traditional leaders discussion forum	-	SAVE DACC	√	√	√	√	Done
<b>Objective Three: Service Referral/Linkages</b>							
<b>Mapping: Functional, Geographical, Network</b>							
Conduct follow-on ONA/mapping in the old districts				√	√	√	Done
Conduct baseline ONA in new districts	- District level partners identified	Alliance PACT		√	√	√	Done
Conduct ONA dissemination meetings	- Dissemination reports	SAVE		√	√		Done
<b>Referral System-Learning from Chiradzulu pilot</b>							
Review mentor CBO reports and compile lessons learnt	- Best practices in referral systems identified	Alliance			√		Done
Share lessons learnt					√		Done
Revise the CRA model based on lessons learnt meeting			√				Done
<b>Referral system- Continued engagement in Chiradzulu</b>							
Conduct refresher training for CRAs	- 100 CRAs trained	Alliance SAVE			√		Done
Conduct meetings to support the referral system			√	√	√	√	Done
Conduct CBO network meetings in partnership with SAVE			√	√	√	√	Done
<b>Referral System- Scaling up to phase one districts</b>							
Conduct district orientation meetings	- 400 CRA trained - District specific referral guides developed	Alliance SAVE		√			Done
Develop district specific referral guides				√			Done
Train CRAs					√		Done
Conduct referral & linkages strengthening meetings in partnership with SAVE					√	√	Done
<b>Counseling training for lay &amp; clinic IPC</b>							
Conduct IPC training for service providers	- 30 service providers trained	JHU/CCP Alliance				√	Done
<b>Targeted and direct messaging for long-term discordant couples</b>							
Review and identify opportunities for engaging PLHA	- Strategies identified	JHU/CCP	√				Done
<b>Objective Four: Leadership and Coordination</b>							
<b>Build and strengthen virtual and live communities of practice and networks</b>							
Conduct Partner Organizational Network Analysis (ONA) assessment (same as above)	- ONA assessment report - Action plans developed Gaps identified	PACT		√	√	√	Done
Develop institutional strengthening action plans based on the ONA	- 6 best practice conferences conducted	JHU/CCP PACT SAVE		√	√	√	Done

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-June	July-Sept	Comments
Meet with NAC and other partners to discuss establishment of online community of practice		JHU/CCP			√		Activity put on hold waiting for review with NAC
Conduct best practice conferences in the 6 districts		JHU PACT SAVE		√	√	√	Conducted in 3 districts only
<b>Strengthen BCC competency</b>							
Continue discussions with AfriComNet on developing a course with UNIMA on gender and HIV	- Meetings Reports	JHU/CCP UNIMA	√	√			Process began
<b>Collaboration/coordination</b>							
Participate in National Technical Working Groups	- Harmonized action plans with other partners	JHU/CCP NAC	√	√	√	√	Done
Participate in the GFATM meetings	- Harmonized message guide	MOH PSI		√		√	
Link with other USAID and other USG funded partners			√	√	√		Done
Conduct coordination meetings with EBT- Prev Team			√	√	√	√	Done
Conduct message harmonization meetings with the BCC technical working group			√		√		Done

Note: √ = activity conducted

## Annex B: BRIDGE II Project PEPFAR Indicators Annual Report-FY2011

<b>Essential Reported Indicators</b>								
Indicator	Target			Achieved Oct 2010-Sept 2011				
	Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+		
<i>P7.1.D</i> Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	<b>2,400</b>	1,200	1,200	<b>3,212</b>	757	2,455		
<i>P8.1D</i> Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards	<b>120,600</b>	60,300	60,300	<b>152,061</b>	62,336	89,725		
<i>P8.2D</i> Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required.	<b>85,350</b>	42,675	42,675	<b>109,252</b>	41,765	67,487		
<i>P8.6D **</i> Exposure: % of population who recall hearing or seeing a specific message	<b>1,215,000*</b>	0	0	<b>0</b>	0	0		
<i>P8.7D **</i> Exposure: % of target population reached: No. of people estimated to have been reached by channel (radio or TV) divided by the estimated size of the target population	<b>1,215,000*</b>	0	0	<b>0</b>	0	0		
<i>H2.3D</i> Number of health care workers who successfully completed an in-service training program	<b>30</b>	15	15	<b>78</b>	58	20		
<b>Recommended Indicators</b>								
Indicator	Target			Achieved Oct 2010 to Sept 2011				
	Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+		
<i>P8.5D</i> Number of individuals from target audience who participated in community wide events.	<b>540,000</b>	270,000	270,000	<b>616,142</b>	238,903	377,239		
<i>P10.2D</i> Estimated number of people reached through workplace programs	<b>10,000</b>	5,000	5,000	<b>12,169</b>	6,743	5,426		
	Total	Men, 15+	Women, 15+	Total	Men		Women,	
					15-24	24+	15-24	24+
<i>P12.1.D</i> Number of people reached by an individual, small group, or community level intervention or service that explicitly addresses norms about masculinity related to HIV and AIDS.	<b>1,750</b>	875	875	<b>1,174</b>	0	879	0	295
<b>Custom Indicators</b>								
	Total	New	Repeat	Total	New	Repeat		
Number of community members/volunteers trained to promote HIV/AIDS prevention through AB and/or other behavior change	<b>9,500</b>			<b>10,533</b>	<b>8,715</b>	5,126 M	1,818 M=1,133 F=685	
Number of local organizations (CBOs & NGOs) strengthened to support HIV prevention	<b>700</b>			<b>1,536</b>	1,053	483		

NOTE: \*\* These indicators will be measured at midterm.