

B R I D G E



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 12 Annual Report: October 30, 2012

Five Year Project: March 2009 to February 2014

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

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**The Johns Hopkins Bloomberg School of Public Health Center for Communication
Programs**

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
ADC-CMT	Area Development Committee-Community Mobilization Teams
AT	African Transformation
BCC	behavior change communication
BCI	behavior change intervention
BWB	Blantyre Water Board
CAC	Community Action Cycle
CBO	community-based organization
CAG	Community Action Group
JHU-CCP	Johns Hopkins University Center for Communication Programs
CM & CBO	Community Mobilization and Capacity Building Officers
CM & CBF	Community Mobilization and Capacity Building Facilitators
CMT	Community Mobilization Team
CRAs	Community Referral Agents
CRS	Catholic Relief Services
DACC	District AIDS Coordinating Committees
ESCOM	Electricity Supply Commission of Malawi
FBO	faith-based organization
GVH	Group Village Head
HC	Health Center
IHAA	International HIV/AIDS Alliance
MBC	Malawi Broadcasting Corporation
MIJ	Malawi Institute of Journalism
MCP	Multiple Concurrent Partnership
VMMC	Voluntary Male Medical Circumcision
MOH	Ministry of Health
NAC	National AIDS Commission
NAPHAM	National Association of People living with HIV/AIDS in Malawi
ONA	Organization network Analysis
PLHIV	People living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission (HIV)
SC	Save the Children International
SMT	Senior Management Team
TA	Traditional Authority
T'lipo	Teachers Living Positively with HIV
TLFs	Traditional Leaders Forum
ToT	Training of Trainers
TWG	Technical Working Group
ZBS	Zodiac Broadcasting Station
VDG	Village Discussion Group
VMMC	Voluntary Male Medical Circumcision
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 (JHU-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 period. Highlights of these achievements are outlined below and also in Annex 4:

Program Management

- **3** Senior Management Team (SMT) meetings were conducted that strategized on project implementation during the year.
- **2** Research, Monitoring and Evaluation Officers were recruited, one based at Blantyre Save Office and the other one based at BRIDGE II offices in Lilongwe.
- **1** Program Officer responsible for Knowledge Management was recruited.
- **4** quarterly meetings that involved all BRIDGE II partners were conducted.
- **1** Frontline SMS system was installed at BRIDGE II offices.

Research Monitoring and Evaluation

- BRIDGE II midterm survey was conducted and report finalized.
- **4** data quality verification visits were made to all implementing partners.
- **1** research protocol on the impact of BRIDGE II initiatives of linking people to services was developed and submitted to National Health Sciences Research Committee for review and approval.

Tasankha Mass Media Campaign

- **110, 000 Tasankha** posters were printed and disseminated to all BRIDGE II communities
- **3, 434 Tasankha** radio spots were aired nationwide on Joy Radio, MBC 1, MBC 2 and Zodiac radio stations.
- **A Social Marketing Agent** was recruited to support Prevention of Mother to Child Transmission of HIV (PMTCT)-Option B+ community activities.

Reality Programming

- **486 Chenicheni Ntchiti?** Radio programs were aired nationwide on 13 radio stations.
- **3** editorial meetings were held to comment on the radio program format, content and quality of presentation.
- **4** PLHIVs were engaged as new radio diarists and shared their life stories through the radio diaries program that airs as a segment on the **Chenicheni Nchiti?** Radio Program.
- **10 laptops and 13 recorders** were bought and distributed to the radio stations that signed an MOU with BRIDGE II project.
- **45** media practitioners were oriented on the national dialogue on couple communication
- Over **110 radio programs** were aired by 13 radio stations on couple communication during the national dialogue period.
- Over **3,000 feedback SMSs** from the audience were received on couple communication.

- Up to **650** phone calls were made to the programs on couple communication.

Promoting Dialogue through Use of Transformative Tools

- **101, 546 people 31 (Men 19; Females 12)** were reached with HIV prevention messages through Hope Kit small group discussions.
- **410 people** were trained as Hope Kit facilitators.
- The African Transformation tool kit was updated by adding two new profiles, Voluntary Medical Male Circumcision (VMMC) and Multiples Concurrent Sexual Partnerships (MCSP).
- **1,000** copies of the AT Chichewa guide were printed
- Process of duplicating the AT DVDs and CDs was initiated
- **38 AT** Trainer of Trainers were trained.
- **120 AT** community based facilitators were trained
- **1,222 copies** of *Tasankha* Village Discussion Guide tool Kit were printed
- **35 people (Males 23; Females 12)** were trained as Trainer of Trainers in *Tasankha* discussion guide.

Support to Workplaces

- **390 peer educators (Males 240; Females 150)** were trained on how to use Transformative tools and in interactive drama.
- **16,232 (9,151 M; 7,081 F)** people were reached with HIV prevention activities in their respective work places.

Engaging Community Leaders through Community Action Cycle (CAC)

- A total of **6, 138 people (Males 1, 500; Females 3,685)** participated in activities as CAGs were being formed and BRIDGE II Project introduced to CBO network members.
- A total of **3, 402 Community Action Group (CAG) and community members (Males 1,640; Females 1,762)** participated in meetings that focused on exploring the key drivers of the epidemic.
- A total of **4, 970 people (Males 2, 480; Females 2, 390)** were trained on various topics to equip them with knowledge and skills that they need as they carry out community mobilization activities: Rights Based Approach training; community mobilization trainings, *Tasankha* Discussion Guide training, Behavior Change and Communications trainings, group dynamics, facilitation skills, conflict management and resource mobilization.
- A total of **21, 218 people (Males 8, 901; Females 13, 217)** participated in Village Discussion Group (VDGs) sessions using *Tasankha* posters and the *Tasankha* Village Discussion Guide.
- A total of **554, 839 people (Males 208, 902; Females 346, 311)** participated in open days that promoted the *Tasankha* theme across all the eleven districts.
- A total of **21, 583 people (Males 8, 806; Females 12, 714)** participated in Community Discussion Forums.
- A total of **1,855 people (Males 1,177; Females 681)** participated in review meetings.

Engaging the Faith Community in HIV Prevention

- **500** copies of the “The Happy Married Life: A Couple Counseling Guide” printed.
- **446** people trained as Trainer of Trainers with the couple counseling guide.

- **223** couples (Males 223; Females 223) trained as counselors who facilitate counseling sessions in their churches (and mosques?) using the couple counseling guide.
- **23,350 (Males 11,323; Females 12,027)** people participated in couple counseling sessions in churches and mosques.

Engaging People Living with HIV (PLHIV)

- **187 people (Males 89; Females 98)** PLHIV were trained as facilitators in how to use the Planting Our Tree of Hope Tool Kit and reached **177 people (Males 46 males; Females 131)** during community practicum sessions.
- **8, 948 (Males 1, 946; Females 7,002)** NAPHAM support group members and **514 (Males 145; Females 369)** T'lipo, (an association of teachers living positively with HIV) members were reached with positive living messages from the Planting Our Tree of Hope Tool Kit.
- **30 NAPHAM support group members (Males 9; Females 21)** were trained as radio listening group facilitators.

Engaging Communities in HIV preventive activities through Interactive Drama

- **26** drama group members from the new districts trained on how to use interactive drama performances for HIV prevention.
- **48** drama group members from the old districts re-oriented on how to use interactive drama performances for HIV prevention.
- **261, 794** people reached with **Tasankha** messages through interactive drama performances by both old and new drama groups.

Service referral and linkage

- **41, 536 (males 17,425; Females 24,111)** successful referrals were made.
- **208** Community Referral Agents (CRAs) trained in Phalombe and Mulanje districts.
- **208** CRAs refreshed in Chiradzulu and Thyolo districts.
- **78** CBO network members trained in supportive supervision in Mulanje and Phalombe districts.
- **45** health center staff members trained in interpersonal communication in Mulanje and Phalombe districts.
- **42** bikes bought for CBO network members to help them in supervising CRAs.

Strengthening CBO networks

- **75 district council officials (54 men and 21 females)** were trained in district network strengthening.
- **402 CBO Network members (Men 318; Females 84)** attended Best Practices conferences.

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 (JHU-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

In FY 12, BRIDGE II project made a lot of progress towards achieving its objectives despite the challenging social economic environment that prevailed in the country. Among other things, the project finalized developing and started rolling out the second phase of its **Tasankha** mass media campaign that focuses on couple counseling and testing, discordance, Prevention of Mother to Child Transmission (PMTCT) and staying negative when one tests so. *Chenicheni Nchiti?* (What is the Reality?) Radio program continued to be aired on Malawi Broadcasting Corporation, Zodiac and other eleven smaller radio stations.

The project organized and produced a five week long National Dialogue on Couple Communication, a program that opened up dialogue between couples, within families, across genders, communities and the nation at large on issues that matter in relationships. This innovative way of reaching out to people in relationships created 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 their communities – and impact HIV transmission. A total of **13 radio stations** participated in the national dialogue and they all produced and aired the radio programs free of charge. There was a separate topic for each week and everybody talked about the same things for the whole week, based on a guide provided by BRIDGE II, hence the name “National Dialogue on Couple Communication.”

Community mobilization activities were scaled up to **18 new** Traditional Authorities (TAs) in 9 BRIDGE II districts, making a total of **63TAs** and **541 GVHs** where BRIDGE II is currently implementing its activities.

BRIDGE II midterm evaluation was conducted and findings of the research will be disseminated early next year.

Development of new transformative toolkits: **Tasankha** Discussion Guide and the Couple Counseling Guide, and updating of the African Transformation Tool Kit were finalized and communities started using them. A considerable number of community members (**41,536**) accessed services after being referred by Community Referral Agents despite the frequent shortage of health care supplies such as HIV test kits. The project is working with a total **520 Community Referral Agents** in 20 Traditional Authorities in Mulanje, Phalombe, Thyolo and Chiradzulu districts.

This year saw the continued collaboration between BRIDGE II and other stakeholders: Health Education Unit (HEU), HIV/AIDS Unit, Banja La Mtsogolo (BLM), Population Services International (PSI) and Christian Health Association of Malawi (CHAM), and district partners on how to effectively implement an effective Voluntary Male Medical Circumcisions (VMMC) campaign in Malawi. JHU-CCP with PSI led to the finalization of the VMMC Communication Strategy. The project organized a district coordination meeting, held district stakeholders meetings, conducted a message design workshop, initiated the process of branding the campaign and conducted community mobilization activities in Phalombe, Mulanje and Thyolo districts.

The project is supporting the Malawi government in promoting availability of male condoms at community level through informal channels of distribution. The project held briefing meetings with District Health Offices for their input on the plan, facilitated district stakeholder meetings on the same, held meetings with national level partners including JSI Deliver, Reproductive Health Unit (RHU), HIV/AIDS Unit to get their input and plan for the informal condom distribution exercise. BRIDGE II collaboration with district condom focal person oriented a total of 139 Health Center desk officers on informal condom distribution that will start early next year.

Community level activities including small group discussions, community wide events, and capacity building initiatives for community structures continued in the year reaching thousands of people with HIV prevention messages.

5.0 Highlights of Program Activities and Achievements

5.1 Program Management

a) Senior Management Meetings

BRIDGE II project has a Senior Management Team (SMT) that provides the overall project direction. This team, under the leadership of the Project Director, conceptualizes the general plan for the project, guides implementation of activities and provides input and/or support for specific challenges. Other team members include: The Behavior Change and Communication (BCC) Advisor, and representatives from Save the Children, Pact Malawi and the International HIV/AIDS Alliance.

During this year, the team looked into several issues, but with more emphasis on how the project can carry out all the planned activities in an effective and timely manner. This was very important as FY 12 fell half way through the project's lifespan and there was need for the SMT to strategize and ensure that all partners are following the project plan while allowing room for creativity. The team's decisions were further influenced by the worsening economic situation that prevailed in the country throughout the year. As one way of dealing with this financial meltdown, the team decided that the project should start scaling down its activities in communities that started implementation in 2009 and are capable of continuing project activities on their own and/or with minimal support from the project. This strategy helped in making some financial savings for further project scale up in new Traditional Authorities.

The SMT also planned how the project would achieve its 2012 PEPFAR targets by end of the year. This discussion resulted after realizing the project was still lagging behind in most of its targets by midyear. Individual partner plans, joint supervision trips, and timely technical support from JHU-CCP helped project partners in achieving their targets by close of the year.

b) Recruitment of new staff

There were some staff turnovers during the year and some new faces joined the team. The project Research, Monitoring and Evaluation (RME) Advisor left the project and he was replaced by the RME Officer who was promoted to RME Manager. The project also hired two RME Assistants who are supporting the monitoring and evaluation portfolio. One of the officers is based at the BRIDGE II central office in Lilongwe district and the other one is attached to Save the Children and is based in Blantyre district.

Save the Children replaced two Community Mobilization and Capacity Building Officers (CM & CBO) and two Community Mobilization and Capacity Building Facilitators (CM & CBF) who resigned in the course of the year. Center for Communications Program hired two additional staff members: a Program Officer responsible for Knowledge Management and another Program Officer for managing reality programming. The one responsible for reality programming is a replacement of an officer who left the project in the course of the year while the Knowledge Management position is a new position that was created after observing that the project has a lot of things that it needs to document before its closure. Previous documentation efforts, without having a dedicated staff person were unsuccessful. The Knowledge Management Program Officer will work alongside a Baltimore based intern who will support the project in documenting its processes and achievements.

c) Project Partners' meetings

Partners' quarterly meetings are an opportunity to enhance capacity building for staff, promote coordination amongst partners and enhance harmonization of activities at community level. During the year, JHU-CCP facilitated three partners' meetings where partners looked at several things that are very crucial to the project. Among other things, the project shared processes that each partner goes through to implement their various activities. It was clear from such discussions that activities follow systematic processes. Some of the processes that the project shared include the Community Action Cycle, development and using of Transformative Tools for HIV prevention, engaging community radio stations to air *Chenicheni Nchiti?* radio program and many others. The project has earmarked most of these processes for detailed documentation and dissemination beyond the BRIDGE II family.

The quarterly meetings also enhanced the capacity of staff members on some issues such as key behavior change theories, how to use monitoring and evaluation data and use of participatory tools for behavior change. The capacity building sessions gave opportunities to staff members to relate theory to practice by looking at for example, how BRIDGE II activities directly relate to behavior change theories.

One of the quarterly meetings discussed the sustainability of BRIDGE II activities beyond the life span of the project and how government structures, through District Councils can take on BRIDGE II interventions. The project deliberately included one representative from each of the eleven District Councils in this quarterly meeting to be part of the discussion and they had a chance to isolate what their councils can start taking on board even when the project is still in their districts. The Council representatives pledged to incorporate some of the community level activities into their District Implementation Plans (DIPs) and the project team will provide technical support in implementation of such activities.

b) Using Frontline SMS and SMS for Management and Monitoring

BRIDGE II is piloting use of an SMS based management support system to enhance networking, coordination, information sharing, and timely data collection. During this year, the project contracted two consultants who helped in setting up the SMS system for management use and reporting condom distribution in eight implementation districts: Chiradzulu, Chikwawa, Zomba, Nsanje, Phalombe, Mulanje, Thyolo and Neno districts. The consultants developed two phone based reporting forms: i) an activity participation form for reporting all BRIDGE II activities and ii) a form for reporting the number of condoms distributed over a specific period of time and for requesting an order for the following month. The project, through Save the Children, will buy at least one phone that has required specifications so that each district can send data through SMS. This decision was made after realizing that most of the phones that our staff have do not have the required specifications that Frontline SMS needs as initially thought. The project has also bought and distributed **139 phones** to Health Center desk officers for monthly reporting and requisition of condoms for the next consignment. BRIDGE II conducted trainings for the radio stations on how to use Frontline SMS to manage the SMS after the airing a radio program.

5.2 Research Monitoring and Evaluation

a) Mid Term Evaluation

BRIDGE II carried out its Mid Term Evaluation (MTE) through two research firms: J&F Consultant led the quantitative research and Invest in Knowledge (IKI) is leading the qualitative research. Both institutions were selected through a competitive bidding process. The project carried out the quantitative research first and its preliminary results are ready and will be disseminated early next year. The qualitative research is still in progress but we anticipate that the preliminary results will also be ready for the research dissemination planned for November 2012.

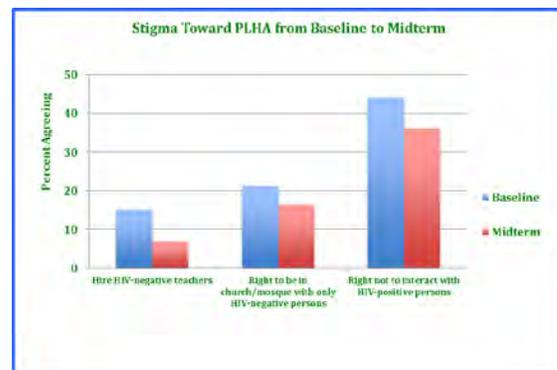
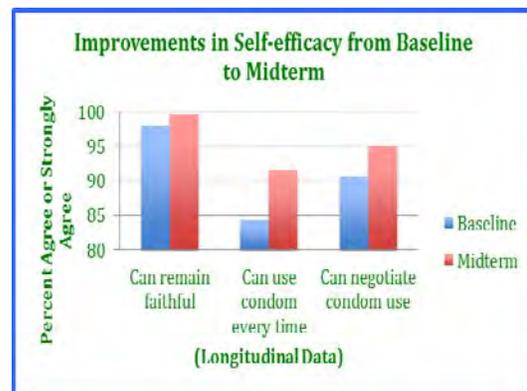
The Quantitative Research

J & F Consultant recruited and trained **32 (Males 17; Females 15) research assistants** who collected quantitative data in all BRIDGE II districts.

Respondents were in two categories: Cross Sectional survey respondents are those who were randomly selected across all the districts to take part in the survey while longitudinal survey respondents are those who also participated in the baseline survey and were also interviewed at midterm to evaluate changes in their behavior or intended behavior since the time when the project was introduced.

The longitudinal component had **686 respondents** (38% of the baseline sample), while the cross-sectional component had **1,338 respondents**.

Research findings show improvements in a number of areas including reduction in stigma and increased intentions to take action. Self-efficacy to practice key HIV prevention behaviors increased from baseline to midterm. More individuals believed that they had the ability to remain faithful, to use a condom during each sexual episode, and to negotiate condom use at midterm compared to baseline.



The qualitative research

The project is carrying out qualitative survey in four Traditional Authorities in Thyolo and Phalombe districts to learn more about how BRIDGE II communities are receiving and understanding intervention messages. Invest in Knowledge (IKI) initiated the process this year will finish it early next year.

Findings from the quantitative and qualitative research will be disseminated in the first quarter of FY 13.

b) Data Management

BRIDGE II has always valued the process of ensuring data quality before and after reporting to USAID and sharing with other partners. During this year, the Research, Monitoring and Evaluation team carried out four data verification exercises with all BRIDGE II partners to ensure that all data that is collected, stored and disseminated is of the highest quality. The M& E team also used the data verification process to mentor partners and officers on some of the challenges relating to data. Some of the issues discussed include timely reporting and completing activity participation forms properly.

c) Targeted Research on some BRIDGE II program areas

BRIDGE II will in FY 12 carry out targeted research to evaluate the impact of its initiatives in linking people to services through Voluntary Male Medical Circumcision (VMMC), informal condom distribution and Prevention of Mother to Child Transmission (PMTCT) Option B+. During the year, the project submitted a research protocol to National Health Sciences Research Council (NHSRC) for their review and approval. The project also developed a Request for Proposals (RFP) that will be sent to prospective institutions to bid for the exercise.

5.3 **Tasankha Mass Media Campaign**

In FY 12, the project developed and started running the second phase of the **Tasankha** mass media campaign that addresses four main interrelated and crucial issues in HIV prevention: couple counseling and testing, discordance, Prevention of Mother to Child Transmission (PMTCT) and staying negative when one tests so. The project, in partnership with Corporate Graphics, produced six posters: one poster encourages couple counseling and testing for HIV; another one persuades discordant couples to still love each other and enjoy their marriage despite being discordant; two posters on PMTCT communicates to men and women about the new PMTCT protocol and its benefits while the last two posters encourage men and women who have tested HIV negative to make a deliberate effort to stay HIV negative. There is also one radio advert on each of these topics. All these materials and messages were disseminated during the year but the dissemination was done in phases as there was a generalized shortage of test kits within the country. The project started with PMTCT Option B+ messages since districts prioritized pregnant women for the few test kits that they had. The rest of the materials were disseminated during the national HCT week when the country had HIV test kits.

Other annual achievements under this portfolio include:

- **110, 000 Tasankha** posters were printed and disseminated to BRIDGE II communities
- **3, 434 Tasankha** radio spots were aired during the year on MBC 1, MBC 2, Zodiac, Joy, Malawi Institute of Journalism (MIJ), Dzimwe Community, Capital FM and Nkhotakota radio stations.

The project also embarked on a process of broadening the PMTCT Option B+ messages after observing that the current PMTCT messages are appealing to our audiences and they are triggering a lot of discussions and questions at community level. The project organized a brainstorming session with relevant stakeholders (HIV and AIDs Unit, Health Education Unit, Dignitas International and University of North Carolina (UNC) to identify existing gaps in PMTCT Option B+ messaging and how these can best be filled. The team decided that the project should consider producing materials that include the following issues: need for exclusive breastfeeding for babies born from HIV positive parents, HIV testing for babies born from HIV positive parents,

the general care of such babies and the role of community leaders in promoting PMTCT Option B+. The project, in partnership with Corporate Graphics has drafted materials with these messages that are due for pre testing early next year.

The project also selected Experiential (EXP) Momentum to support it in marketing PMTCT Option B+ in Mwanza, Neno and Zomba districts. EXP Momentum plans to carry out “Couple Retreat” as a way of encouraging people to follow the new PMTCT protocol. The organization will on the days of the retreat set up different stalls, each with displays and activities on various lifestyle issues: business and finance, family and health, farming and then PMTCT. Participants will go to the other stalls first and finish with the PMTCT stall where they will discuss PMTCT Option B+ through quizzes, expert talks, and drama. This innovative approach will attract couples to attend, particularly men who traditionally have more interest in issues related to business and finance than health.

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 enables real people to 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 partner radio stations.

a) Chenicheni Nchiti? (What is the Reality?) Radio Program

Chenicheni Nchiti? is a people-centered reality radio program that builds on shared experiences, feelings, opinions from real life stories and audience feedback to promote open discussion towards individual and collective change for HIV prevention by encouraging positive behavioral choices. The real life stories are gathered by a cohort of community-based field reporters, recruited from communities where BRIDGE II is working. The reporters are equipped with basic skills in story investigation, interviewing and recording.

The program has two weekly 30-minute editions: a regular magazine program and a feedback program. The regular magazine edition features interviews with people sharing their real life personal stories pertaining to established themes. It also features talks with field and program people, HIV information updates and showcase community activities by various BRIDGE II partners. The feedback version focuses on audience feedback and an in-depth outlook on issues tackled in the week’s regular magazine show. Audience feedback is gathered through SMS and phone call. Excerpts of the originally aired interviews are re-played and linked to pre-recorded opinions and ideas from listeners. The program also features professionals and program people from BRIDGE II and other relevant HIV implementing organizations guiding in-depth viewpoints to the issues at hand. So far, the program has gained wide listenership and receives overwhelming positive feedback.

During the year, the project produced a total of 52 regular magazine and feedback programs which were aired on Zodiac Broadcasting Corporation (ZBS) and Malawi Broadcasting Corporation

(MBC) Radio 1. Zodiac aired all the 52 regular and feedback radio programs while MBC aired a total of 48 regular and feedback radio programs. Some of the radio programs were not aired on MBC during the mourning period of our former President, Professor Bingu Wa Muthalika.

Chenicheni Nchiti? Radio program was also aired weekly on **11** radio stations: three community radio stations, (Dzimwe, Mudziwathu and Nkhotakota community radio stations); four faith based stations (Living Waters Church, Transworld Radio, Radio Islam and Radio Maria radio stations; and the rest are youthful radio stations (MIJ radio, Zodiac, Power 101 and Star radio stations). The project did not give cash payment for the airtime on the eleven radio stations. Instead, the project signed MOUs with each of the radio stations, to build their capacity in reality programming; to continually supply them with field stories which they can use for producing more radio programs; and to provide each with a laptop and two digital recorders, to enhance their ability to generate their own materials more efficiently. Galaxy Media produced the radio diaries – a creative real life story telling segment found in *Chenicheni Nchiti?* radio program that is aimed at fighting stigma and discrimination, through information and experience sharing.

Table 1 below summarizes the number of *Chenicheni Nchiti?* radio programs that each radio station aired during the year

Table 1: Number of radio programs aired by each radio station in FY 12

Name of Radio Station	Number of Programs Aired
MBC Radio 1	111 (regular, feedback and repeat programs)
Dzimwe community radio	52
Malawi Institute of Journalism Radio (MIJ)	52
Zodiac	48
Mudziwathu Community Radio	39
Nkhotakota Community Radio	39
Trans world Radio	39
Living Waters	39
Joy Radio	20
Star Radio	17
Radio Maria	15
Radio Islam	15
Total	486 programs

b) 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 Consultants 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 to develop quality programs that address HIV and AIDS issues.

During this year, Galaxy built the capacity of the radio stations through mentoring visits; sharing of skills, programs and real stories addressing HIV issues using the reality programming approach;

and training in HIV programming and basic computer skills that will support production of HIV programs. The project distributed **10 Laptops and 13 recorders** to the eleven media houses to support their work.

c) The National Dialogue on Couple Communication

The National Dialogue on Couple Communication is a simple but very powerful concept that the project piloted in the year 2012 with the aim of opening up dialogue between couples, within families, across genders, and communities and the nation at large. The dialogue was also designed to create better understanding between men and women around values, roles and responsibilities, improved sexual relationships, gender based violence, and how they can work together to improve and sustain their relationships, their families and their communities in an age of HIV and AIDS.

During the year, BRIDGE II partnered with eleven media houses (Dzimwe Community Radio, Joy Radio, Living Waters Church Radio, MBC 1, MIJ Radio, Mudziwathu Community Radio, Nkhotakota Community Radio, Power 101, Transworld Radio, Radio Islam, Radio Maria, Zodiac, and Star Radio Stations) and ran a national dialogue on couple communication for **five weeks**. Each radio station planned to broadcast at least one radio program every week but they ended up broadcasting several programs a week because of the interest that the topics and the programs created within media houses and amongst listeners. There was a separate topic for each week and everybody talked about the same things for the whole week, hence the name “National Dialogue on Couple Communication.”

The project went through distinct steps in coming up with the national dialogue on couple communication. Galaxy Media held discussions with media houses where it negotiated for the buy in of the idea amongst the media houses and advocate for free airtime for airing the radio programs. It then developed a training manual and discussion guide for the media houses before facilitating a training session on couple communication for the radio managers, producers and presenters. The training oriented the media practitioners on all the topics of the national dialogue: challenges and gaps in understanding the opposite sex; what women and men want out of a relationship/marriage; couple communication for better sex, better marriage/ better relationship; gender based violence- (forms, causal factors and consequences); and living as a couple in the age of HIV and AIDS- protecting the family. All the radio stations produced their own radio programs on these topics and in formats of their choice. Galaxy Media also identified technical experts who answered questions and provided clear explanations on technical issues.

A parallel process happened at national level where JHU·CCP marketed the idea to national level stakeholders. The concept was finally presented to and approved by the BCI sub technical working group members. National AIDs Commission, HEU, and HIV and AIDs Unit provided technical support to the project in running the national dialogue on couple communication. The project has received a lot of support from listeners to develop another national dialogue.

Listed below are some the achievements of the first round of the National Dialogue on Couple Communication:

- **45** media practitioners were oriented on the National Dialogue on Couple Communication.

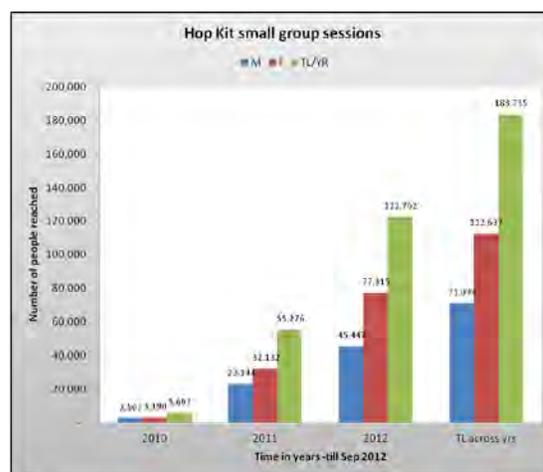
- **13** electronic media house, religious leaders and technical people were brought together for a common cause and had a chance to learn from each other.
- Over **22 radio programs** were aired every week by the 13 radio stations, over a period of **5 weeks**.
- Over **3,000 feedback SMSs** from the audience were received.
- Up to **650** phone calls were made to the programs.

5.6 Promoting Dialogue through Use of Transformative Tools

BRIDGE II project has a number of Transformative tools, The Journey of Hope Tool Kit, the Planting Our Tree of Hope –Positive Prevention Tool Kit, the African Transformation Tool Kit and the **Tasankha** Village Discussion Guide- 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. JHU-CCP takes a lead in producing the kits, training Trainer of Trainers (ToT) for facilitating sessions on how to use the kits and building the capacity of other stakeholders who express interest in using the kits. Youth Net and Counseling and NAPHAM facilitate use of the kits at community level. During the year, the project carried out a number of activities as stipulated below:

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 the year, BRIDGE II communities continued using the Hope kit through YONECO, NAPHAM and workplace and reached a total of **122, 762 people (Males 45,447; Females 77,315)** with HIV prevention messages through village discussion groups and PLHIV support groups.

b) African Transformation

African Transformation (AT) tool kit offers an innovative way of allowing men and women to explore how gender norms and social roles operate in their lives. African Transformation tool targets both men and women and comprise a series of exercises and reality stories of men and women who have overcome gender norms to achieve their goals. Its objective is to help individuals and communities to critically examine social norms and develop realistic goals. The kit was initially developed in BRIDGE I and this year was updated to include two more new profiles: one addressing Voluntary Medical Male Circumcision (VMMC) and another one addressing Concurrent Multiple Sexual Partnerships (CMSP). The VMMC profile concentrates on a young man who underwent VMMC after understanding its benefits. It also unveils the courage and interest of his girlfriend in influencing him to go for VMMC. The video further elaborates on the fears and myths that most people have when making a decision to go for VMMC.

The CMSP video outlines the story of a man who used to have more than one sexual partner within an overlapping period and the financial and social challenges that this behaviour brought to

his life. This 38 year old man changed his behaviour after realizing the consequences of his behaviour on his life and family. He decided to get out of the sexual network and he now lives a happy life with his wife and children.

The AT Tool Kit has the two components: the Facilitators Guide and the Personal Stories of people who experienced challenges and managed to overcome those challenges. The personal stories are in three forms: the audio, DVD and written. During this year, the project started using the kit at community level using the AT written profiles since there was a technical problem that caused delays in finalizing production of the DVD and audio version of the personal stories. Key achievements during the year are:

- **1,000** copies of the AT Chichewa Guides printed.
- Process of duplicating the AT DVDs, with the new profiles, initiated.
- **38 AT** Trainer of Trainers trained. These people are mainly based at district level.
- **120 AT** community based facilitators trained and they started facilitating AT sessions at community level.
- **3,976 (Males 1,347; Females 2,629)** people reached with HIV prevention messages using the AT tool kit.

c) Tasankha Village Discussion Guide

The **Tasankha** Village Discussion Guide is a modular kit that promotes HIV prevention by enhancing individual understanding of HIV transmission in community cultural settings. The kit contains informative and interactive activities on ten different topics including couple communication and improving sexual satisfaction, concurrent sexual partnerships, HIV discordance, prevention of mother to child transmission of HIV (PMTCT), Male circumcision, HTC and couple counseling, gender norms, prevention of positives, Anti-retroviral therapy and post exposure prophylaxis. The project followed a robust process for producing the kit and involved various stakeholders, such as Dignitas International, Reproductive Health Unit and others that provided relevant information on various topics.

During the year, the project achieved the following under **Tasankha** Discussion Guide:

- **1,222 copies** of **Tasankha** Village Discussion Guide tool Kits were printed.
- **35 people (Males 23; Females 12)** were trained as Trainer of Trainers in **Tasankha** discussion guide.
- **63 community members (Males 29; Females 34)** were reached with **Tasankha** messages during community practicum after the training.
- **183 CBO network members** trained as **Tasankha** district level trainers.

5.7 Supporting workplace HIV intervention

BRIDGE II is supporting eleven workplace institutions in HIV prevention with the aim of strengthening their Behavior Change Interventions. The project started working with Illovo Sugar Company, African Parks Majete, Conforzi Tea Estate, Makwasa Tea Estates, Chitakale Tea Estates and Minimini Tea Estates in 2010 and then scaled up interventions to three more workplaces in Blantyre -Bakhresa Grain and Milling Company, Electricity Supply Commission of Malawi (ESCOM) and Blantyre Water Board. Observations and reports from the sites indicate that the project is achieving its objectives and has instilled enthusiasm into the management of the workplaces to continue this important work. Most of them now recognize the fact that HIV prevention programs

benefit organizations in as much as they also benefit employees. Some of the work place institutions are now scaling up the BRIDGE II initiative to places that BRIDGE II did not initially target. Eastern Produce Limited has scaled up workplace interventions to ten more tea estates with essentially its own finances; BRIDGE II now only supports them with tool kits.

Other achievements during the year include:

- **33 workplace employees (Males 23; Females 10)** were trained as Trainer of Trainers in *Tasankha* discussion guide.
- **33 peer educators (Males 22; Females 8)** from Conforzi were trained in facilitation of *Tasankha* discussion guide.
- **21 work place employees (Males 19; Females 2)** were trained in interactive drama.
- **149 (Males 96; Females 53) Workplace Peer Educators** from Eastern Produce were trained as facilitators in Hope kit from Eastern Produce.
- **16,232 (9,151 M; 7,081 F)** people were reached with HIV prevention activities in their respective work places.

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. Save the Children leads the BRIDGE II team in mobilizing all project communities for HIV prevention using the Community Action Cycle (CAC). The CAC 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.

Save the Children is currently working with a total of **63 Traditional Authorities** and **541 GVHs** in both phase I and phase II districts. Phase I districts started activities in 2009 while phase II districts started implementing activities in 2010. There has been horizontal (within a TA) and vertical (to new TAs) scale up throughout the project life and the project has now managed to establish community mobilization structures in all the communities that it plans to reach. These communities are at different stages of the Community Action Cycle as detailed below.

During the year, most communities in both phase I and phase II communities were implementing the “Act Together” phase of the CAC. Such communities carried out different activities aimed at addressing the key drivers of the epidemic they identified during the exploration phase. Some horizontal and vertical scale up communities conducted orientation meetings at TA and GVH levels, formed CAGs, explored the key drivers of HIV in their communities and developed action plans for addressing such drivers in their communities. Bulleted below are some key achievements that the project made during this reporting period:

- Communities that were finalizing scale-up activities in the new GVHs conducted sensitization meetings at GVH level to create awareness and buy-into the project. These

sensitization meetings involved Area Development Committees (ADC), Village Development Committees (VDC) and GVH and TA level open days.

- CAGs were being formed and the BRIDGE II project was introduced to CBO network members in Zomba, Machinga, Blantyre, Chiradzulu, Chikwawa and Thyolo districts. The project revamped CBO networks in the new TAs where the structures were inactive.
- A total of **3,402 Community Action Group (CAG) and community members (Males 1,640; Females 1,762)** participated in meetings that focused on exploring the key drivers of the epidemic. These meetings involved Area Development Community Mobilization Team member (ADCMT) and CAG members, who identified, analyzed and prioritized the key drivers of HIV in their communities. Some of the key drivers that were identified include multiple sexual partnerships, harmful cultural practices and exploiting young girls during initiation ceremonies.
- A total of **4,970 people (Males 2,480; Females 2,390)** were trained on various topics to equip them with knowledge and skills that they need as they carry out community mobilization activities: Rights Based Approach training; community mobilization trainings, **Tasankha** Discussion Guide training, Behavior Change and Communication trainings, group dynamics, facilitation skills, conflict management and resource mobilization.
- All most all BRIDGE II districts commemorated the World AIDS Day and the Candle Light Memorial. A total of **3,530 people (Males 1,314; Females 1,616)** participated in the events.
- All community mobilization structures and other relevant structures at district and community levels including District Executive Committee (DEC), District Aids Coordinating Committee, District Community Mobilization Teams (DCMT), ADCMT, Traditional Leaders Forum, CAGs, CBO networks, carried out monitoring and supervision activities with the aim of reviewing BRIDGE II work in their catchment areas. Issues including progress of implementations of activities, how to deal with challenges on incentives, transport issues were discussed. New plans were re-drawn to improve on implementation progress. Staff were asked to support districts that were lagging behind. On incentives, staff were advised to focus on non-financial type of incentives. Where they had problems with transport vehicles were deployed to support activities and in some areas new bicycles were bought for the ADCTs to address transport challenges.
- **887,954 people (Males 341,995; Females 545,959)** participated in open days and community meetings that promoted the **Tasankha** theme across all the eleven districts.

5.9 Engaging Faith Based Organization Leaders and Communities in HIV Prevention

BRIDGE II project is working with ten faith based institutions: Malawi Council of Churches (MCC), Seventh Day Adventist (SDA), Muslim Association of Malawi (MAM), Quadria Muslim Association of Malawi (QMAM), Evangelical Lutheran, Arch Diocese of Blantyre, Chikwawa CAHECOM, Zomba Diocese and Blantyre Synod Health and Development in promoting HIV prevention amongst the faith community. The project selected these institutions after needs assessment showed that these FBOs represent various sects of both Christians and Muslims, have larger community following in the areas where BRIDGE II is working and some are already carrying out HIV and AIDs activities in their catchment areas. The project therefore decided to support their existing interventions by providing them with skills and tools.

The project, in collaboration with these FBOs, finalized developing a couple counseling guide ***“The Happy Married Life: A Couple Counseling Guide”*** and started using it at community level. The

guide, which is interfaith, uses participatory approaches to engage couples in discussions around important issues in marriage: faithfulness, communication, blessings of children, PMTCT, sexual satisfaction in a marriage and many others. Reports from the field indicate that both Christians and Muslims are appreciating the guide for discussing family issues as most of them did not have reference materials that clearly outline ways of dealing with conflicting issues in marriage, more especially in the era of HIV and AIDs.

BRIDGE II started rolling out the couple counseling guide in Phalombe, Chikwawa, Blantyre, Zomba and Machinga districts and plans to scale up to other districts early next year. The project trained

Success story 1:

Mr. and Mrs. J. Bwana is a discordant couple from TA Nkula in Machinga district. The two had lived a happy family life until time when the two realized that the husband was HIV positive and the woman HIV negative. This frustrated the couple and the wife left the husband.

A few months after this happened, BRIDGE II project trained couples from various FBOs on how to use the Couple Counseling Guide. One of the trained sheikhs who came from the same area with this family invited the two to attend the counseling sessions. After attending the sessions, especially the chapter which talks about discordance and how discordant couples can live happily together, the woman decided to go back to her husband and apologize for what she did. Since then the two have been living together happily.

Success story 2:

Mr. and Mrs. J Masinde of TA Nsanama in Machinga district were married for thirty two years. Although they stayed together for such a long period of time, the two were not open with each other and communication on sexual issues was a big problem. The two had not seen each other's nakedness and were not free to have sex during the day. They could only have sex during the night. They were usually not satisfied sexually.

After attending the counseling sessions, especially the chapter which talks about sex as a gift from God, the two decided to change and be open with each other. The couple has since then improved their communication and is free to discuss sexual issues with each other. They are enjoying sex and can now have it even during the day. They are no longer ashamed with each other.

a cadre of Trainer of Trainers (TOT) drawn from the ten institutions who later led their institutions in carrying out a six days training for counselors from various churches and mosques. The trained counselors are now facilitating discussions with small groups of not more than 12 couples within their churches and mosques.

The counselors have so far mainstreamed use of couple counseling guide in their work in some of the FBOs. However, some of the FBOs experienced delays because they had to fulfill church programs first. The project has recorded a number of successes within the first few months of using the guide. Some of the success stories on how the guide has helped in changing peoples' lives are as outlined in the shaded box.

Achievements during the year include:

- **500** copies of the "The Happy Married Life: A Couple Counseling Guide" printed
- **18** people (Males 9; Females 9) trained as Trainer of Trainers of the couple counseling guide
- **447 FBO leaders** oriented on couple counseling activities
- **223 couples (Males 223; Females 223)** trained as counselors who facilitate counseling sessions in their churches and mosques using the couple counseling guide.

- **23,350 (Males 11,323; Females 12,027)** people participated in couple counseling sessions in churches and mosques.

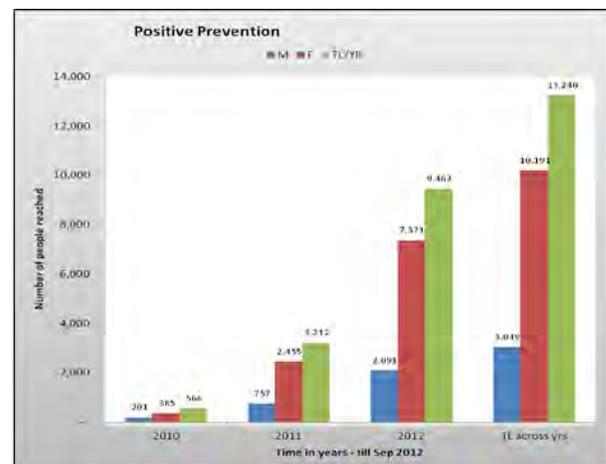
5.10 Engaging Communities in HIV preventive activities through Interactive Drama

BRIDGE II project subcontracted Story Workshop in FY' 11 to support its **Tasankha** campaign through interactive theater performances as well as to build the capacity of community based theater groups in interactive performances. The interactive performances initially started in phase one districts but later scaled up to three more districts in the year 2012 and are currently being conducted in a total of 48 Traditional Authorities, with one drama group per TA in Zomba, Machinga, Mulanje, Phalombe, Blantyre, Chiradzulu, Thyolo and Nsanje districts. Achievements during the year include:

- **26** drama group members from the new districts were trained on how to use interactive drama performances for HIV prevention
- **48** drama group members from the old districts re-oriented on how to use interactive drama performances for HIV prevention
- **261,794** people reached with **Tasankha** messages through interactive drama performances by both old and new drama groups

5.11 Engaging PLHIV Networks in HIV Prevention activities

BRIDGE II project is working with two PLHIV networks namely T'lipo, an association for HIV positive teachers and NAPHAM, a National Association for People Living with HIV and AIDS in Malawi in promoting positive prevention among PLHIV. T'lipo activities are currently being implemented in six BRIDGE II districts (Blantyre, Chiradzulu, Chikwawa, Mulanje, Phalombe and Thyolo) which are located within Shire Highlands and South West Education divisions. NAPHAM is working with a total of 20 support groups, one from each TA in Chiradzulu, Thyolo, Phalombe and Nsanje districts.



a) Use of the Planting Our Tree of Hope Tool Kit in T'lipo and NAPHAM groups

The BRIDGE II project developed the Positive Prevention Tool Kit in 2010 and started rolling it out in T'lipo and NAPHAM support groups. The tool kit helps PLHIVs to reflect on their lives and make informed decisions on how best they can live a healthy life. Most PLHIVs have revisited their plans and have put in place strategies to still fight on despite having HIV, after being exposed to the kit. Just to highlight a few things- some PLHIVs have opened bank accounts for their children; others have opened shops so that they can earn a living; others have demolished their old and weak houses and built permanent houses as a sign of hope that they have many years before they die.

During the year, T'lipo members continued meeting at least once in a month at zonal level to discuss on how they can live a health life despite being HIV positive. BRIDGE II project distributed Positive Prevention Took Kits to T'lipo members to guide their discussions. The activities however started slowly in some zones as some of the zones were not able to conduct activities because the

membership is very low and members were thus discouraged. There was however some improvement later in the year as more and more teachers started to join the discussions. The total number of people reached through T'lipo activities is however low. The project plans to review the T'lipo approach early next year and a decision will be made on how to proceed with the program.

b) Community outreach activities

Apart from facilitating positive prevention discussions within their support groups, NAPHAM carried out outreach activities and shared their testimonies on how they are living happy lives despite being HIV positive. These testimonies are encouraging more people to take preventive measures to reduce their risk for contracting HIV, to go for HIV counseling and testing and reduce stigma and discrimination against HIV positive people. The project bought **20 push bicycles** to support this initiative in Phalombe, Thyolo and Chiradzulu districts.

c) Scaling up BRIDGE II interventions

The successes that NAPHAM support groups are registering in BRIDGE II districts have encouraged the association to extend BRIDGE II approaches to other support groups beyond the project. JHU-CCP is currently providing technical support to NAPHAM on how they can reprint the Positive Prevention Tool Kit for use in other districts in the Southern, Central and Northern region. The project also provided Catholic Relief Services (CRS) with 250 Planting Our Tree of Hope- Positive Prevention Toolkit for use in support groups beyond where BRIDGE II is supporting NAPHAM. This has helped to scale-up the use of the toolkit to more districts and beyond NAPHAM support groups

The following are the number of people reached during this reporting period:

- **187 people (Males 89; Females 98)** PLHIV were trained as facilitators in how to use the Planting Our Tree of Hope Tool Kit and reached **177 people (Males 46 males; Females 131)** during community practicum sessions.
- **8, 948 (Males 1, 946; Females 7,002)** NAPHAM support group members and **514 (Males 145; Females 369)** T'lipo, (an association of teachers living positively with HIV) members were reached with positive living messages from the Planting Our Tree of Hope Tool Kit.
- **30 NAPHAM support group members (Males 9; Females 21)** were trained as radio listening group facilitators.

5.12 Service referral and linkage

BRIDGE II project partner the International HIV and AIDS Alliance (IHAA) to strategically link HIV prevention interventions with other HIV and health services in a total of 20 Traditional Authorities in Chiradzulu, Phalombe, Thyolo and Mulanje districts. IHAA subcontracted Thyolo Active Youth Organization (TAYO) and Dombolo Free World to facilitate referral activities in these districts by strengthening the capacity of communities to make person to person referrals and promote stronger coordination amongst service providers. During the year, the project carried out a number of activities as outlined below:

a) Transition to Low Cost Referral Modell

The IHAA was initially using a referral model that required provision of stipends to all Community Referral Agents (CRAs) on a monthly basis to cater for their transport costs. Review of the model

indicated that this approach cannot be sustained, more especially after the end of the project. The project then adopted a less expensive model in FY11 and has this year managed to completely introduce this model in all the areas where IHAA is working. CRAs will now not receive a stipend. They will only be supported with identification cards, bags for carrying the referral books and a resource manual. In addition to removing the stipend, the transition also included a change in the supervision strategy for CRAs. Mentor CBOs will no longer supervise the work of CRAs as it was in the beginning. This responsibility is now with CBO networks and the project is hoping that this supervision strategy is more sustainable as CBO networks are a recognized decentralization structure.

b) Initial CRA training in Phalombe and Mulanje districts

The IHAA scaled up its referral work to eight new TAs in Phalombe and Mulanje districts where they identified and trained **248 volunteers as CRAs**. The training sessions were facilitated by four trainers drawn from the district councils who were initially oriented on the content and teaching methods suitable for the CRAs. The IHAA continually involve district councils in managing CRAs to ensure buy in and sustainability of the program beyond BRIDGE II project

c) Promotional Agent work

The IHAA is collaborating with JHU-CCP in strategizing how to promote referral work in the remaining seven BRIDGE II districts where IHAA is currently not working. The organization produced a simple referral manual that will be used as a tool for orienting **Tasankha** village discussion group facilitators on how to refer individuals from their discussion groups who show interest to access particular services after getting information through a topic of discussion of that day. Thus, **Tasankha** Discussion Group facilitators will soon be “Promotional Agents” and we hope that this will boost the number of people being referred for services. More detailed and elaborate plans on how this promotional work will be done will be outlined early next year.

d) Quarterly stakeholders’ meetings

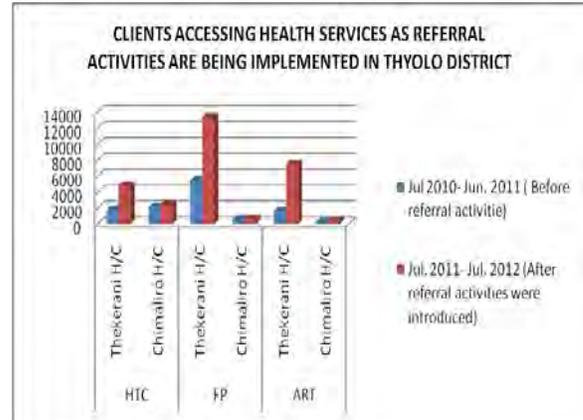
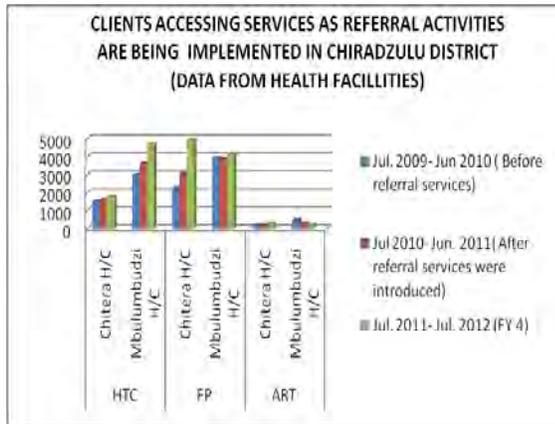
IHAA facilitated quarterly stakeholder meetings in Chiradzulu, Thyolo and Mulanje districts that involve representatives from all health facilities and all organisations that are implementing HIV related activities in the districts. It was clear from these meetings that CRAs are playing a very crucial role in their areas and they are a very big asset to the communities. Stakeholders encouraged each other to involve CRAs in other activities happening in the districts such as HCT week.

The meeting in Mulanje district further discussed how different organisations that are working on referral in the district can standardise the referral forms or come up with a means of ensuring that the referral forms are not confusing to service providers. This issue came from an observation that there are other three organisations (Global Aids Interfaith Alliance, Catholic Relief Services and PSI) that are also working on referral and they all have different referral forms. Some health care providers reported that the forms are confusing hence the need to consider this issue seriously. District Health Offices were charged with the responsibility to follow up on the matter with all concerned stakeholders. The issue has not yet been sorted out.

e) Linking people to services using CRAs

BRIDGE II project has persistently seen an increase in the number of clients being referred for services since the time when it started referral work. This year alone, the project has managed to make a total of **41,536 complete and successful referrals**. Out of these referrals, 16,398 (45%) were males, 22,646 (58%) were females while 2, 492 (6%) accessed services as couples. More males are forthcoming to access services after being motivated by CRAs as compared to females and couples. Just as in other years, a high percentage of referred clients seek HTC services (40% of total clients). Other key services such as Family Planning accounted for 24% of the total clients referred and accessed services, condom for HIV prevention 11%, PMTCT 4%, ART 3%, TB screening 1%, STI treatment 2% and VMMC 0.7%.

In order to monitor the impact of referral work on the utilization of services, data was collected from sampled health facilities where clients have been referred. The compiled data compares data from the same period in different years, before referral activities were introduced and after they were introduced in Chiradzulu and Thyolo district. It is evident from the graphs below that BRIDGE II referral work has increased the number of people accessing services.



Other referral achievements during the year include:

- **42, 274** successful referrals made.
- **208** CRAs trained in Phalombe and Mulanje districts.
- **208** CRAs refreshed in Chiradzulu and Thyolo districts.
- **78** CBO network members were trained in supportive supervision in Mulanje and Phalombe districts.
- **45** health center staff members were trained in interpersonal communication in Mulanje and Phalombe districts.
- **42** bicycles were bought for CBO network members to help them in supervising CRAs.

5.13 Increasing condom availability at community level

BRIDGE II project is supporting the Malawi Government in promoting availability of male condoms at community level through informal channels as an interim measure following a critical shortage of this commodity that has prevailed in the country for the past two years. The project held stakeholder meetings at national and district levels with Reproductive Health Unit, HIV and AIDs

Unit, District Health Offices, Central Medical Stores, JSI Deliver and other HIV stakeholders to jointly plan and set up a system for distributing the condoms that is not competitive but rather supportive to the existing channels for condom distribution.

The project, in liaison with District Health Offices (DHO), selected and oriented **8 desk officers** at DHO level and **139 desk officers** at Health Center level who coordinate and link the various players in the program. There are also **13 health facilities** which operate under the workplace institutions that BRIDGE II project is supporting which will also be distributing the condoms. It also bought and distributed **139 mobile phones** for the HC desk officers for sending reports to BRIDGE II using Frontline SMS. This is in addition to using the LMIS reporting form that will be going through the DHOs.

Through the District Health Offices, the project selected **1,390 informal condom distributors**, ten around each Health Center, in Nsanje, Chikwawa, Thyolo, Mulanje, Phalombe, Zomba, Chiradzulu and Mwanza districts who will start distributing the condoms early next year.

5.14 Mobilizing communities for VMMC

BRIDGE II is working in collaboration with other partners to support the Malawi Government in mobilizing communities for Voluntary Male Medical Circumcision (VMMC) in Mulanje, Thyolo and Phalombe districts. During the year, the project held a one day district coordination meeting to strategize on district specific plans for VMMC and clarify roles and responsibility of each stakeholder. A total of **37 people** from several institutions, including the following attended the meeting: Christian Health Association of Malawi, Population Service International, Banja La Mtsogolo, Health Education Unit, USAID, National AIDS Commission of Malawi and District Councils.

The project also organized a two day **message and material design workshop** where participants reviewed VMMC materials and messages from the sub Saharan Africa, including the ones that Malawi used during the Mulanje campaign. The meeting adopted some of the messages and the materials for use in Malawi during the upcoming five year VMMC campaign. The project worked with Corporate Graphics in finalizing the leaflets and posters for younger men, older men, women, faith based leaders and traditional leaders and the campaign logo that will help people in easily identifying the VMMC “brand”. The other materials for the campaign include banners for road shows, the video documentary of a young couple who chose VMMC and the revised provider flipcharts adapted from BLM. A total of **20 participants** participated in the message and material development workshop.

The project has, since August 2012, been supporting Banja La Mtsogolo and Christian Health Association of Malawi in mobilizing people to go for VMMC in Thyolo, Mulanje and Phalombe districts. The project is using two approaches for this exercise: there are high-intensity activities and continuous activities. The high intensity activities happen within a Health Center catchment area a week before the onset of circumcision and they include open days, road shows and use of evening shows when the project engages people in facilitated discussions after watching a VMMC video. The project is collaborating with Health Education Unit at both national and district levels in carrying out all these activities. The project initiated a process of recruiting a social marketing agent, EXP Momentum, who will support its VMMC activities starting from early next year.

The second approach for mobilizing communities for VMMC is through the project activities that happen on an ongoing basis in all BRIDGE II communities. These include Village Discussion Groups where people deliberate on VMMC using the **Tasankha** Discussion Guide, use of CRAs who refer clients for VMMC, through Traditional Leaders Forum who advocate for the procedure whenever they meet their subjects. The project is collaborating with service provision partners through meetings to ensure that the campaign is creating demand based on the areas where the services are being provided and that we are reaching out to the older men.

5.15 Strengthening CBO networks

a) District Network Strengthening

The project is building the capacity of district teams to enable them to conduct and supervise network strengthening activities in their districts. During the year, PACT conducted network strengthening trainings for all the eleven BRIDGE II districts and participants included officers from the District Social Welfare Office, Save the Children, District community mobilization team, District AIDS Coordinating Committee, District AIDS Coordinators and members of the CBO network. By the end of this training, participants learned how they can carry out ONA assessments, how they can analyze and interpret ONA findings; and they drew action plans on subsequent network strengthening activities that they will carry out after the training in their respective districts. A training curriculum adopted from the Pact Malawi network strengthening training was used and contextualized to suit the needs of the participants and the objectives for the training. A total of **75 participants** (54 men and 21 females) took part in the trainings.

Supervisory visits to the districts after the district network strengthening trainings have indicated that almost all the CBO networks at TA level are now fully functional and some NGOs working in the districts have noted their importance and are utilizing them in implementing activities. For example MSF is using CBO networks in Nsanje to help them form PLHIV networks.

b) Best Practices Conference

Pact Malawi is also strengthening the capacity of community based organizations (CBOs) to effectively respond to the HIV epidemic by promoting HIV prevention. This year, the organization carried out best practices conferences for CBOs in Nsanje, Chikwawa and Mulanje districts where participants shared knowledge, skills and expertise on leadership, resource mobilization, monitoring and evaluation, behavior change, networking and referrals through presentations and market place displays. A total of **402 people (Men 318; Females 84)** attended the conferences.

5.16 University of Malawi- Chancellor College Collaboration

JHU-CCP is working with Chancellor College to link it with Africomnet so that the college becomes a member of the Africomnet University Program. The Africomnet University Program works with various universities in Africa to develop and implement courses around research, communication and development. Progress has been delayed for several reasons including closure of the college and delays by the University Office in signing the MOU. During the year, the project however achieved the following:

- Held a briefing meeting with the Faculty of Social Science on the program and planned on the best direction for this joint effort.

- Drafted an MOU and shared it with the University of Malawi- Chancellor College for review and input. Signing of the MOU will be finalized next year.
- Two lecturers from Chancellor College, Department of Psychology and the BRIDGE II BCI Manager attended a workshop in South Africa at University of Stellenbosch to learn how this University runs a course on Interpersonal Communication and Counseling. The team brought back encouraging remarks and it is hoped that University of Malawi will adapt the content of the course and run a similar course next year.

5.17 National Collaboration and Coordination

BRIDGE II participated in activities of national interest such as attending preparatory meetings for the national HIV testing week; planning for condom distribution through informal distributors to alleviate the generalized shortage of condoms at community level in 8 BRIDGE II districts; coordination meetings on VMMC, finalization of the VMMC communication strategy and participation in HIV and AIDs Prevention Technical Working Group.

JHU·CCP also held meetings with Peace Corps and Chancellor College to identify areas of collaboration. With Peace Corps, JHU·CCP would like to provide opportunities for field experience for Respond Volunteers, while with Chancellor we would like to find opportunities to engage student interns and how we can conduct further analysis on the BRIDGE available data. Discussions with Peace Corps and Chancellor College will continue next year. SSDI- Communications will also be part of the discussions to ensure continuity as BRIDGE II phases out.

6.0 Challenges, Solutions and Action Taken

Changes in the country's economy and fuel shortages - had a negative impact on project activities. Finalization of the Midterm research was delayed and supervision to some communities did not take place as planned because of the fuel shortages. JHU·CCP continued to monitor the situation and identified opportunities that helped to move project activities forward. For example, the project went into partnership with Total Filling station where we could buy fuel using Malswitch cards rather than depending on BP filling stations.

As BRIDGE II continued implementing the Positive Prevention toolkit in T'lipo groups, we observed that some of the districts are not able to conduct activities because the membership is very low in some zones- about 2 people per zone and some travel long distances to meet as a group at district level, making it difficult for them to meet frequently as a group at district level. Because of this JHU·CCP planned to initiate advocacy and awareness meetings to encourage teachers who are HIV positive to join the T'lipo groups. This will be done early next year.

Short supply of HIV test kits and other medical supplies negatively affected some of our planned activities.

- BRIDGE II planned to promote service utilization in all its communities through the *Tasankha* mass media campaign. This proved to be unrealistic considering that most health centers did not have HIV test kits. The project alternatively implemented the campaign in phases, starting with PMTCT because districts were prioritizing the few available test kits for PMTCT.
- The referral component of the project was affected as some of the clients referred for services, especially HIV testing, did not receive the service because of lack of HIV test kits.

The project encouraged CRAs to first check with the service providers on the services that are available and explain to all clients if the service is not available.

Short supply of HIV test kits and other medical supplies negatively affected some of our planned activities. The second phase of **Tasankha** campaign was implemented in phases because HIV test kits were scarce. The referral component of the project was affected as some of the clients referred for services, especially HIV testing, did not receive the service because of lack of HIV test kits. The project encouraged CRAs to first check with the service providers on the services that are available and explain to all clients if the service is not available.

BRIDGE II planned to support condom distribution through community level distributors in 8 implementation districts. However, the implementation has delayed because of logistical challenges to deliver the condoms to the Health Center level. BRIDGE II continues to discuss the issue with USAID and other partners to find a solution.

Implementation of the Couple Counseling guide was further delayed in some of the Faith Based Institutions especially Seventh Day Adventist in Blantyre because they had their own church activities they wanted to conduct first before they started implementing the Couple Counseling Guide. Blantyre Diocese also experienced delays in getting their plan of activities approved by the responsible top religious leader because he was busy with other church engagements. These delays were not anticipated at the start of this program. The BRIDGE II Project discussed with the FBOs and negotiated for a new start dates and continuation of activities in the first quarter in FY 13.

BRIDGE II experienced a technical problem in duplicating the African Transformation video that was to be used by communities. This caused further delays in implementing the small group discussion activities. BRIDGE II engaged an experienced firm to fix the problem. Community groups were encouraged to start using the written stories in the African Transformation toolkit while waiting for the videos.

BRIDGE II is experiencing delays in linking University of Malawi – Chancellor College with Africomnet because the processes of putting in place an MOU is still going on. BRIDGE II continues to follow up with all concerned parties to make sure the MOU is signed.

Annex 1: Major Activities for Next Quarter October – December, 2012

Activity	October				November				December				Proposed dates
Week	1	2	3	4	1	2	3	4	1	2	3	4	
Finalize data collection for the qualitative survey and report writing		x		x	x		x	x					Data collection by October, 19
Disseminate midterm research findings						x							November, 13
Tasankha Campaign													
Expand PMTCT Option B+ messages	x	x	x										
Finalize VMMC material and printing				x			x						
Community mobilization													
Continue community level activities – open days, community discussion forums, VDG and support VMMC demand creation in Thyolo, Phalombe, Mulanje and Blantyre.	x	x			x	x			x	x			On going
Network strengthening													
Install and conduct practicum for District network strengthening teams on NodeXL network analysis software					x	x							

Activity	October			November			December			Proposed dates			
Linkages & Referrals													
Introduce a modified version referral services in seven BRIDGE II districts where IHAA is not working				x	x								
Engaging faith community													
Continue rolling out the Couple Counseling Guide	x	x	x	x	x	x	x	x	x	x	x	x	On going
Transformative Tools													
Finalize duplicating the AT material	x	x	x	x									
Collaboration													
Take part in planning for World AIDS Day				x			x			x			
Present at NAC Research dissemination							x						November, 19 - 20

Annex 2: BRIDGE II Progress on the FY 12 Annual Work plan

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments
1. Project Management							
<i>SMT Meetings</i>							
Hold SMT Meetings	- 4 Meetings conducted and documented	JHU·CCP	√	√	√	√	
<i>Planning/Review Meetings</i>							
Conduct quarterly planning/review meetings with BRIDGE partners meeting (use CPM)	- 4 meetings conducted and documented	JHU·CCP , SAVE PACT, ALLIANCE	√	√	√	√	
Implement SMS based management systems	- Functional System in place	Local partners	√	√	√	√	Process continuing
Conduct district review meetings with District Councils and DACC	- 2 meetings conducted and documented		√		√		
<i>Contract Modification</i>							
Partners submit SOW and budget	- SOW and	JHU·CCP	√				
Refine SOW and budgets for local partners	Budgets refined	JHU·CCP	√				
Process modifications for all BRIDGE II Partners	- Modifications signed		√				
<i>Reporting</i>							
Submit Quarterly Reports	- Program Quarterly Report	JHU·CCP	√	√	√	√	
Submit PEPFAR Semi-Annual &	- PEPFAR Reports	JHU·CCP		√		√	

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments
Annual Reports							
Submit FY 13 Work plan for Approval	- FY 13 Annual Work plan submitted to USAID	JHU·CCP				√	
2. Research, Monitoring & Evaluation							
Revise PMP	- Revised PMP	JHU·CCP	√		√		
Activity Monitoring and Data Quality Assessments	- Verified data available	Consulting Research Firm	√	√	√	√	
Documentation of BRIDGE II activities	- Report		√		√	√	Program Officer responsible for documentation on recruited
Midterm Evaluation- Quantitative survey	- Research Report		√				
Midterm Evaluation- Qualitative				√	√	√	Process continuing
Research Dissemination					√		To be done on November 13, 2012.
Conduct Service Utilization- impact assessment	- IRB Approval obtained - Data available - Research Report		√	√	√	√	To be conducted in FY 13. Research protocol submitted for IRB approval. The focus of the studies will be on VMMC, Condom Use and PMTCT.
Disseminate findings for Services Utilization impact assessment						√	To be done next year
Conduct an evaluation for AT and	- Research Firm				√	√	Moved to next year. Needed

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments
Positive Prevention toolkits	identified - Research Protocol - IRB approval obtained						more time for people to use the kits
Conduct joint monitoring visits	- Monitoring report			√	√	√	In the last quarter, JHU·CCP conducted partners visits.
3. Objective One: Individual Level							
Mass Media Campaign- Tasankha							
Flight radio spots and disseminate posters for phase 1 & 2 campaign	- 600 Radio spots aired - 10,000 posters disseminated	JHU·CCP Corporate Graphics	√	√	√	√	
Chenicheni Nchiti? Radio Program							
Review meetings	- 11 Field producers oriented - 50 Radio Programs aired - 22 Facilitators trained	JHU·CCP Story Workshop Galaxy Media Corporate Graphics	√	√	√	√	
Re- Orient Field Producers					√		
Produce and air programs			√	√	√	√	
Package and share programs with other stations			√	√	√	√	
Train Facilitators for Radio Listeners Clubs			√				
Monitor program activities			√	√	√	√	
Radio Diary Segment							
Produce radio diary segment	- Radio Diaries incorporated into <i>Chenicheni</i>	JHU·CCP Galaxy Media	√	√	√	√	

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments
	<i>Nchiti?</i>						
Media Capacity building for radio stations							
Train radio producers	- 20 producers trained - 10 MOUs signed	JHU-CCP Galaxy Media Corporate Graphics Story Workshop		√	√		
Negotiate with radio stations to air <i>Chenicheni Nchiti?</i> and/or use packaged field stories			√		√		
Conduct mentoring and monitoring visits			√	√	√	√	
4. Objective Two: Community Mobilization							
Capacity building for greater impact							
Conduct CAC reviews/orientations for old CAGs	- 260 CAG re-oriented	Save JHU-CCP Pact	√	√	√	√	
Conduct CAC trainings for new CAGs	-75 new CAGs trained		√		√		
Conduct BCI trainings (for CBOs, DACCs and Traditional Leaders)	- 75 CAGs trained - 75 Traditional Leaders trained			√	√		
Conduct CBO Network strengthening activities	58 CBO networks strengthened		√	√	√	√	
Train small group facilitators	-2,000 facilitators trained		√		√		
Mobilize Community Groups							
Conduct Village Discussion Groups	- 100,000 people reached through		√	√	√	√	
Conduct open days			√	√	√	√	

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments
Conduct village discussion forums	small groups discussions - 500,000 people reached through open days and discussion forums		√	√	√	√	
<i>Transforming traditional guidance</i>							
Conduct advocacy meetings with Traditional leaders to address harmful cultural practices	- 66 advocacy meetings conducted across 11 districts	Save JHU-CCP	√	√	√	√	
Conduct Traditional leaders discussion forum	- 66 Traditional Leaders forum discussions conducted			√	√		
Conduct activities addressing male norms	- 1,800 Traditional Leaders reached		√	√	√	√	
<i>Interactive Drama</i>							
Conduct review meetings with drama groups in phase 1 districts	- 40 drama groups trained	JHU-CCP Story Workshop			√		
Identify new drama groups in phase 2 districts					√		
Train new drama groups in interactive drama					√	√	
Facilitate community level drama			√		√	√	

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments	
Monitor and mentor drama groups			√		√	√		
Engaging Faith Based networks								
Train marriage counselors	- 100 Counselors trained - 1,000 couples reached	JHU-CCP FBO Partners	√		√	√	Activity was delayed in some of the FBOs.	
Conduct Couple Counseling Seminars			√	√	√	√		
Conduct review meetings for counselors				√		√		
Engage PLHIV Networks- Napham Support Groups								
Conduct review meetings with facilitators in phase 1 districts	-2,500 PLHIVs reached	JHU-CCP NAPHAM	√		√			
Train new Hope Kit, Positive Prevention Toolkit and Radio Listening Group Facilitators	-10,000 people reached through outreach activities		√	√	√			
Roll out Hope Kit, &Positive Prevention Toolkit to new PLHIV support groups				√	√	√		
Facilitate small group discussions using Hope kit, Positive Prevention and radio listening activities to old & new support groups			√	√	√	√		
Conduct outreach activities using drama and toolkits			√	√	√	√		
Conduct monitoring visits			√	√	√	√		
Engage PLHIV Networks- T'Lipo								

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments
Conduct TOT in Positive Prevention Toolkit	- 500 T'Lipo members reached	JHU-CCP Ministry of Education T'Lipo Support Groups	√	√			
Train Facilitators in Positive Prevention Toolkit			√	√			
Facilitate small groups discussions using Positive prevention toolkit			√	√	√	√	
Conduct Review Meetings				√		√	
Finalize development of HIV Curriculum for Teachers	- Curriculum developed	JHU-CCP Ministry of Education	√	√			On Hold. Redirected the focus
Support to Workplace HIV Interventions							
Conduct review/planning meetings	- 10,000 people in workplaces reached	JHU-CCP Workplace Institutions		√	√		
Train Peer Educators in African Transformation (AT)Toolkit			√	√		√	Because of technical problems with AT, the Peer Educators were trained n Tasankha not AT.
Facilitate small groups discussions using AT					√	√	
Train for new Hope Kit Peer Educators			√				
Facilitate small groups discussion using Hope Kit			√	√	√	√	
Transformative Tools							
Produce AT toolkit and Tasankha Discussion Guide	- 1,000 AT Toolkits Produced	JHU-CCP Yoneco	√				

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments
Train Trainers for AT and Tasankha Discussion Guides	- 1,000 Tasankha Discussion Guides Produced - 60 TOT trained in AT - 5,000 people reached with AT - 20,000 people reached with Hope Kit activities				√		
Conduct small group discussions using AT				√	√	√	
Train Facilitators in Hope Kit for Phase II districts			√	√		√	
Conduct small group discussion using Hope kit					√		
Conduct monitoring/Review Meetings					√		
5. Objective Three: Service Referral/Linkages							
Community Referral							
Conduct stakeholders meetings	- 100 CRAs trained - 100 Service Directory Produced	JHU·CCP Alliance	√		√		
Conduct TOT				√			
Train CRAs in Referral				√			
Train CBOs in CRA supervision				√			
Conduct refresher training for CRAs				√	√	√	
Develop Service Directory for two districts				√			
Conduct Review meetings				√	√	√	√
Service Utilization Promotion							
Develop a Service Utilization Promotion Package	- Promotion package produced	JHU·CCP All partners				√	Internal meetings conducted between BRIDGE II partners to plan for
Integrate Service Utilization	- CBO networks,		√	√	√	√	To start next quarter and will

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments	
Promotion into existing activities	all facilitators trained						focus on Tasankha Discussion Facilitators.	
<i>Increase condom availability at community level</i>								
Conduct key stakeholders meetings	5,000 informal condom distributors trained Over 500,000 condoms distributed 5,000 bags procured	JHU-CCP	√	√				
Conduct district briefing meetings				√				
Procure bags for informal distributors				√				
Train trainers for the informal condom distributors							√	
Train informal condom distributors						√		To be done first quarter in FY13
Monitor the distribution process						√	√	To start after condom distribution has started.
<i>IPC training for Service Providers</i>								
Conduct IPC training for service providers	- 50 providers trained				√			
6. Objective Four: Leadership and Coordination								
<i>Build and strengthen virtual and live communities of practice and networks</i>								
Review district ONAs and CBO assessments	- Revised CBO strengthening plans	JHU-CCP Pact Save	√					
Revise CBO strengthening plans			√					

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	comments	
Conduct best practice conferences	- 7 best practices conducted - Report on ONA			√	√	√		
Conduct ONA training for District Councils			√	√	√	√		
Conduct an assessment for LSHC Alumni	- Assessment report - 1 Alumni meeting	JHU-CCP	√	√			Initial processes started and there plans to link with SSDI-Communication.	
Conduct a meeting for LSHC Alumni	meeting conducted							
Strengthen BCC competency								
Attend an IPC workshop	- 2 Lecturers from Chancellor College trained - IPC course advertized 25 people trained in IPC	JHU-CCP Chancellor College			√		This activity has been delayed as we are waiting for finalization of the MOU between Africomnet, JHU and University of Malawi	
Plan for an IPC course for Malawi						√		
Conduct and IPC course						√		√
Attend Africomnet University planning/review meeting						√		√
Initiate meetings for development of Gender and HIV Course								√
Train District Councils in how to use SCOPE	- District Councils Trained	JHU-CCP NAC		√	√			
Collaboration/coordination								
Participate in National Technical Working Groups	- Activities harmonized		√	√	√	√		
Participate in meetings with other USAID funded organizations			√	√	√			

Annex 3: BRIDGE II Project PEPFAR Indicators Annual Report-FY2012

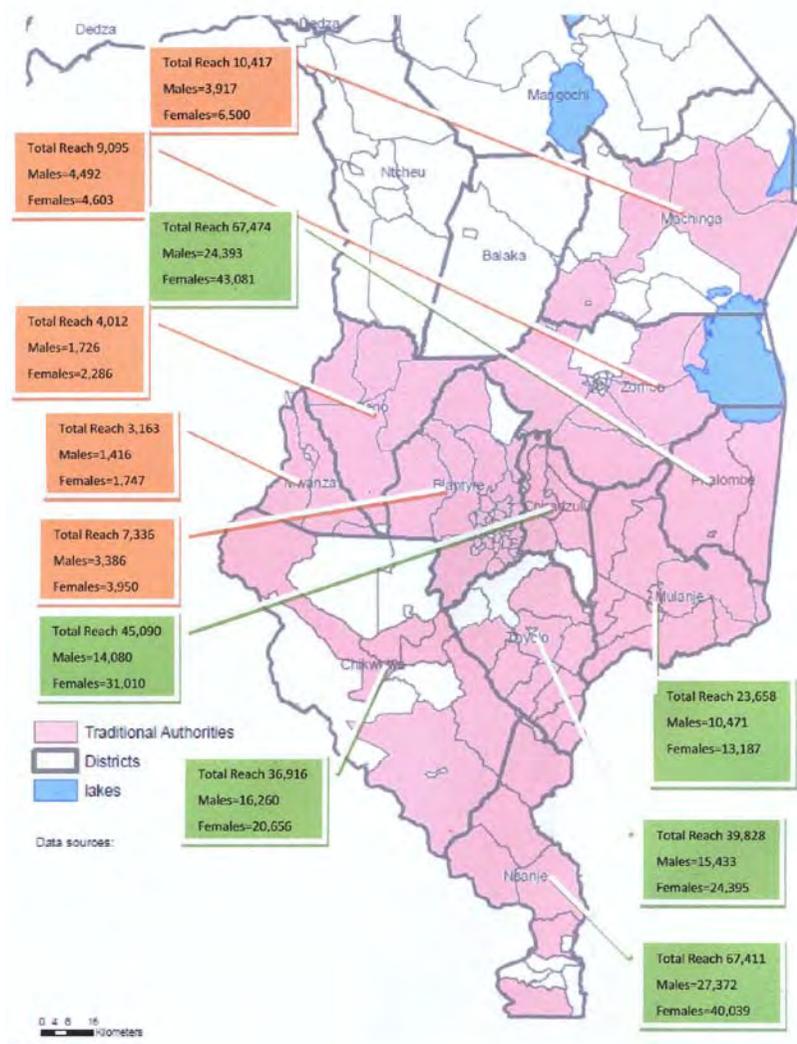
Essential Reported Indicators						
Indicator	FY 12 Target			Achieved at end of year FY 12		
	Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+
<i>P7.1D</i> Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) Interventions	8,300	4,150	4,150	9,462	2,091	7,371
<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	382,253	191,127	191,127	314,400	121,928	192,472
<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.	172,537	86,269	86,269	154,377	58,537	95,840
<i>P8.6D</i> ** Exposure: % of population who recall hearing or seeing a specific message	1,215,000	607,500	607,500	1,683,214	898,321	784,893
<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	1,215,000	607,500	607,500	1,883,670	*N/A	*N/A
<i>H2.3D</i> Number of health care workers who successfully completed an in-service training program	164	82	82	381	278	103
Recommended Indicators						
Indicator	FY 12 Target			Achieved at end of year FY 12		
	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.	634,460	317,230	317,230	1,159,773	439,748	720,025
<i>P10.2D</i> Estimated number of people reached through workplace programs	16,200	8,500	8,500	16,232	9,151	7,081
<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.	16,080	8,040	8,040	18,135	7,576	10,559
Custom Indicators						
Indicator	FY 12 Target			Achieved at end of year FY 12		
	Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+
Number of community members/volunteers trained to promote HIV/AIDS prevention through AB and/or other behavior change	8,468	4,234	4,234	11,463	6,167	5,296
Number of local organizations (CBOs & NGOs) strengthened to support HIV prevention	571			979		

**Exposure Recall: was calculated at district level and not TA level because of small sample size at TA Level.

***Exposure Reach: % of listenership of the radio station x population of the 11 districts where radio programs are broadcast.*

Annex 4: Map of Southern Malawi- PEPFAR Data

BRIDGE II implementation districts and targets each districts has reached for small group interventions- Indicator 2.3, 7.1, 8.1 and 8.2



Note:
 Green Boxes= Phase 1 Districts
 Orange Boxes= Phase 2 Districts

