



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 13 Annual Report: October 30, 2013

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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
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
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 conducted to share program updates and discuss sustainability of project legacy after its closure.
- **4** quarterly meetings that involved all BRIDGE II partners and District Council representatives conducted.
- Project Documentation and Close -out Plan finalized.

Research Monitoring and Evaluation

- Mid-term quantitative research findings shared with national level stakeholders.
- Data collection and report writing for the midterm qualitative research findings finalized.
- Targeted research to evaluate the impact of its initiatives on linking people to services: VMMC and condoms conducted.
- SMS feedback of ***Chenicheni Nchiti?*** radio program analyzed.
- **4** data quality verification visits made to all implementing partners.

Tasankha Mass Media Campaign

- **2, 000** PMTCT Option B+ Communication Chart printed and disseminated to all BRIDGE II communities.
- **1, 878 Tasankha** radio spots aired nationwide on Joy Radio, MBC 1, MBC 2 and Zodiac radio stations.
- **421 (Males 276; Females 153)** Traditional Leaders, *Tasankha* Village Discussion Group Facilitators, Area Development Committee –Community Mobilization Team members (ADC-CMTs) and representatives of interactive drama group members oriented on the use of the PMTCT Chart for community discussions

Reality Programming

- **823 *Chenicheni Ntchiti?*** Radio programs aired nationwide on 14 radio stations.
- **4** editorial meetings held to comment on the radio program format, content and quality of presentation.
- **14 laptops and 28 recorders** bought and distributed to the radio stations for the production of the National Dialogue on Couple Communication.
- **45** media practitioners oriented on the national dialogue on couple communication
- **1** National Dialogue on Couple Communication launched.
- **30 radio programs** aired by 14 radio stations on couple communication during the national dialogue period.

Promoting Dialogue through Use of Transformative Tools

- **39, 551 people (Males 16, 653; Females 22, 898)** reached with HIV prevention messages in small groups using African Transformation Tool kit (AT).
- **62 Executive Directors (Males 49; Females 13)** of CBOs that are rolling out the AT tool kit oriented on African Transformation.
- **339 people (Males 168; Females 171)** trained as AT facilitators.
- **A total of 75, 436 people (Males 29, 359; Females 46, 077)** from all BRIDGE II implementing districts participated in Village Discussion Group (VDGs) sessions using *Tasankha* Village Discussion Guide.
- **52, 316 people (Male 16, 922; Female 42, 220)** reached with HIV prevention messages through use of Hope Kit in NAPHAM support groups and in workplace institutions.

Support to Workplaces

- **4, 518 (Male 1, 865; Female 2, 653)** employees and their families reached with HIV prevention messages through Hope Kit small group discussion sessions
- **340 (Males 179; Females 251)** employees reached with HIV messages through *Tasankha* Discussion Guide.
- **3, 624 (Males 442; Females 182)** employees and families were reached with community wide activities.
- **405 (Male 171; Female 234)** people were linked to HTC during community wide events.

Engaging Community Leaders through Community Action Cycle (CAC)

- **16, 223 community members (Males 5, 821; Females 10, 402)** participated in community discussion forums that focused on the importance of male involvement in HIV prevention activities, PMTCT Option B+ and ways through which people can reduce their risk of contracting HIV.
- **326, 739 people (Males 112, 867; Females 213, 872)** participated in open days that encouraged people to go for HIV counseling and testing (HCT), access PMTCT Option B+ services, access Voluntary Male Medical Circumcision (VMMC) and choose to stay HIV negative after testing.
- **170 people (Males 86; Females 84)** participated in garage parties for couples to discuss issues that matter in their relationships such as Couple communication, Concurrent and Multiple Sexual Partnerships, HCT, PMTCT
- **18, 401 (Males 9, 961; Females 8, 440)** individuals participated commemorations for World AIDS Day and the Candle Light Memorial at community level in all the districts.
- A total of **60, 231 people (Males 22, 815; Females 37, 416)** participated in Village Discussion Group (VDGs) sessions using the *Tasankha* Discussion Guide and *Tasankha* posters.

Engaging the Faith Community in HIV Prevention

- **16, 695 people (Males 17, 763; Females 34, 458)** benefited from counseling sessions using *“The Happy Married Life: A Couple Counseling Guide for Religious Leaders”*.

- **196 church counselors (Males 98; Females 98)** trained on how to facilitate counseling sessions using the guide.

Engaging People Living with HIV (PLHIV)

- **17,301 PLHIVs (Males 3,769; Females: 13,532)** participated in Hope Kit sessions.
- **1,686 PLHIVs (Males 257; Females 1,429)** participated in Tasankha sessions.
- **4,494 PLHIVs (Males 965; Females 3,529)** completed Positive Preventions sessions

Service referral and linkage

- **413 Community Referral Agents (CRAs)** received refresher trainings on how to refer clients for services.
- **260 CRAs** received bicycles to ease mobility as they discharge their duties.
- **I Promotional Model of Referral** developed for referring clients using Tasankha facilitators.
- **88 Tasankha facilitators** oriented on how to refer clients using the Promotional Model of Referral.
- **800 copies** of *Tasankha* Referral Books printed.
- **58,674** people successfully referred after being referred by CRAs.
- **11, 110 individuals (Males 3, 687; Females 7, 432)** linked to HCT during open days.

Increasing condom availability at community level

- **1,123 people (Male 637; Female 486)** trained as Informal Condom Distributors.
- **3, 887,709** male condoms distributed.

Mobilizing communities for VMMC

- Malawi VMMC brand "*Ndife Otsogola*" meaning "***We are Forward Thinking***" developed.
- **255, 000** leaflets and **36, 000** posters printed and distributed.
- **12,040 (Males 6,776; Females 5,264)** community members reached with VMMC messages through video shows.
- **35,850 (Males 14,900; Females 21,150)** community members participated in VMMC open days.

Establishing an Alumni for Leadership in Strategic Health Communication (LSHC)

- **517 people (Males 292; Females 225)** participated in CBO Network Strengthening Trainings.
- **79 people (Males 59; Females 20)** participated in District Network Strengthening trainings on NodeXL.
- **3,287 CBO network members (Males 1,698; Females 1,481)** participated in CBO Network Review Meetings.
- **1** initial meeting for the establishment of Alumni for Leadership in Strategic Health Communication held

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

During the year, BRIDGE II made a considerable progress towards attaining its target of reaching 75% of the adult population in each district with HIV prevention messages. The project focused on ensuring sustainability of its activities beyond the project life span as it was intended to close by February 2014. The end date was later extended to December 2014

Among other things, BRIDGE II shared its quantitative midterm evaluation results with stakeholders at national level and received their input on the report. The project refined the report basing on input from this meeting and the additional comments that it received from USAID. The project carried out quantitative midterm evaluation; collected data on the targeted research on Voluntary Male Medical Circumcision (VMMC) and informal condom distribution.

The project continued rolling out the second phase of *Tasankha* mass media campaign that focuses on couple counseling and testing, discordance, Prevention of Mother to Child Transmission (PMTCT) and staying HIV negative when one tests so. It developed and distributed a PMTCT Option B+ Communication Chart that comprehensively outline messages on Early Infant Diagnosis for HIV exposed children.

Chenicheni Nchiti? (What is the Reality?) Radio program continued to be on air on Malawi Broadcasting Corporation I and II, Zodiac and eleven other smaller radio stations. The project launched a second round of National Dialogue on Couple Communication that addresses similar topics as last year to allow more time for discussions.

Community level activities including small group discussions using BRIDGE II Transformative Tools; community wide events and capacity building initiatives for community structures continued in the year reaching thousands of people with HIV prevention messages. The project worked towards saturation of its activities, with particular interest on hard to reach areas. Community Based Organizations Networks received bicycles which will ease their mobility as they supervise community level activities.

The project continued referring people to various services through Community Referral Agents (CRAs) in Chiradzulu, Thyolo, Phalombe and Mulanje districts. It also developed the Promotional Model of Referral that is being used in its remaining seven implementation districts where there are no CRAs. This referral work is taking advantage of *Tasankha* Village Discussion Group Facilitators who are referring people for services. Collaboration amongst JSI Malawi, BRIDGE II and District Health Management Teams in ensuring continued supply and availability of male condoms to the masses at community continued in the year.

BRIDGE II continued supporting the Malawi government in carrying out Voluntary Male Medical Circumcision (VMMC) as an effective way for HIV prevention. The project finalized developing the national VMMC brand and communication materials, mobilized communities for VMMC in Mulanje, Phalombe and Thyolo districts and participated in national and district level coordination meetings on VMMC. The project created demand for VMMC during the Thyolo VMMC mini campaign in collaboration with Christian Health Association of Malawi (CHAM) and Health Education Unit and the VMMC campaign that happened in Thyolo, Mulanje and Phalombe districts towards the end of this financial year.

5.0 Highlights of Program Activities and Achievements

5.1 Program Management

a) Senior Management Team (SMT) Meeting

The project SMT met three times this year when members shared program updates, discussed on how to ensure sustainability of the project legacy after its closure and reviewed and finalized the project phase-out and documentation plan. The project SMT invested a lot of time planning for the close out of the project as it was intended to end by February 2014. The project end date was later extended to December 2014

The project phase-out and documentation plan outline activities that: document BRIDGE II successes and processes for replication by other organizations; share BRIDGE II's work with other partners at national and district levels and address gaps identified through midterm research and program reports. Members noted that the current project strategies and activities are enough to ensure saturation and sustainability of activities in most project areas. There was however a need for more time to intensify activities which had just started or were refocused programmatically for the sake of reaching some pockets of people. For example, the project needed more time to take PMTCT Option B+ messages to most communities.

b) Partners Quarterly Meeting

JHU-CCP held four partners' planning and review meetings that brought together all BRIDGE II implementing partners and District AIDs Coordinators (DAC) from the eleven program districts. Participants outlined project activities for each quarter, deliberated on how the BRIDGE II team will approach implementation of its activities in order to leave a lasting legacy and reviewed the BRIDGE II Project phase-out and documentation plan that highlight key activities that the project will implement before it ends. The meetings highlighted the importance of continuing to build the capacity of Traditional Leaders and CBO networks as key structures that will continue and sustain the impact of the project.

District Council members isolated what their councils can start taking on board even before the end of the project. They pledged to incorporate some of the community level activities into their District Implementation Plans (DIPs) and BRIDGE II will provide technical support in implementation of such activities. Among other things, most district councils plan to continue with use of transformative tools for HIV prevention and using the Community Action Cycle (CAC) for community mobilization.

Presentations from partners during these meeting indicated that the project has laid down good foundation for project sustainability as it has strengthened existing structures and has equipped communities with knowledge and lasting skills for HIV prevention. Most communities are currently taking initiatives on their own for the benefit of their respective communities. This is an important indicator that communities are in the driver's seat of HIV prevention in their communities and will be able to sustain BRIDGE II work. For instance, Community Action Groups (CAGs) organize and conduct open days with their own finances; conduct review meetings and draw recommendations for next steps; and some CBOs register men who want VMMC in their areas and request responsible district health office to open a VMMC outreach site to serve these men.

In quarter four of the year, the project developed the overall draft annual work plan for FY 14 and submitted it to USAID.

c) Joint Supervision

The project carried out a joint supervision exercise to all the eleven implementation districts to appreciate how CBO Networks understand their role of overseeing project activities and assess their capacity for sustaining the project legacy. Findings indicated that most CBO networks are aware of their responsibilities. They regard themselves as a hub for running HIV prevention activities in their communities and that they are a crucial link between communities and the district assemblies. However, there are some CBO Networks whose capacity in resource mobilization, supervision and reporting and record keeping is inadequate. The project conducted CBO Network strengthening sessions to address this gap. Section 5.15 explains more on this CBO network strengthening.

d) Project Knowledge Management and Documentation

During the year, the Knowledge Management portfolio for BRIDGE II project reviewed and finalized the project documentation plan. The project received technical support from JHU-CCPs' Strategic Communication, ICT & Innovation Project and hosted an intern from the Johns Hopkins University who started putting together content for final project documentation.

The project documentation plan outline three major components on how the project will document its processes and lessons for sharing with various stakeholders who would want to learn about BRIDGE II. The three components are:

The BRIDGE II e-Toolkit

The project is developing an e-tool kit within its website that will provide reliable health information which can be easily downloaded by any person with access to internet. As an on-line repository, BRIDGE II will share its approaches and successes with national and international program managers, policy makers, donors, health communication experts and service providers. These are the primary targets for this tool kit.

End-of-project report

The end of project report will primarily target at people with minimal or without access to internet such as local partners at national, district and community level. The End of Project report will have one pager fact sheets for each program component; research briefs that will summarize project research findings and DVDs containing all tool kits, training materials, communication materials and printed job aids. The project will distribute these offline materials to local partners at various levels.

"Voices from the field"

The project will include "Voices from the field" in written form as quotes from beneficiaries. The aim of these success stories is to add a personal voice to each project component and achievement.

e) Using Frontline SMS for Monitoring

During the year, the project piloted use of SMS for receiving reports from 139 Health Center (HC) desk officers who coordinate distribution of condoms through informal channels. It was noted through the pilot that using SMS is indeed an efficient way of receiving reports. There were, however, some challenges in reporting because of network problems, and that some desk officers who are supposed to report using SMSs had technical challenges. Most of them accidentally deleted the reporting form that was installed on the phones. The project also had challenges in receiving reports from the desk officers for two months when Frontline SMS updated its system. This was later sorted out after investigations.

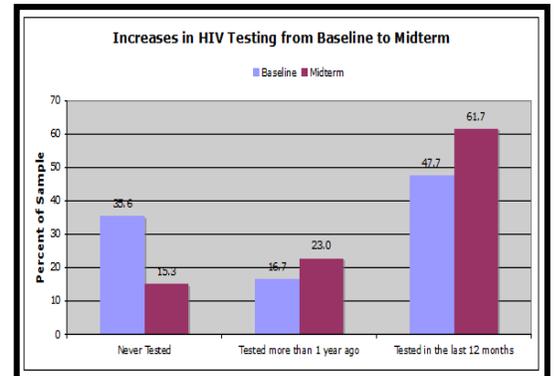
5.2 Research Monitoring and Evaluation

a) Mid Term Evaluation

Quantitative Research

The project held a working session with various national level partners where it presented results of its Mid Term Quantitative evaluation and allowed stakeholders to provide feedback on the findings. The feedback received helped the BRIDGE II Team to review and refine the report.

The project midterm quantitative assessment took two forms and they both based on a household-level sample: a cross-sectional study that collected data from a random sample of individuals in all 11 BRIDGE II Project districts and a longitudinal study that sampled a subset of individuals who were also surveyed at baseline. Findings from the longitudinal sample were similar to the cross-sectional sample in most instances. However, efficacy around having one sexual partner, using condoms and discussing both condoms and HIV increased across every domain amongst the longitudinal sample. In a multivariate regression model that controlled for age, gender, education, and socioeconomic status, exposure to a key program component – the “*Tasankha*” message – was associated with changes in HIV testing (beta = .10, $p < .01$) and increase in condom use (beta = .09, $p < .05$). HIV testing and condom use improved at midterm when compared to baseline: testing improved by 26% ($t = 8.75$, $p < .001$) and condom use improved marginally by 6% ($t = 1.61$, $p = .06$). Exposure to BRIDGE II was significantly associated with these outcomes (HIV Testing and Condom use).



The project used these quantitative research findings to inform programming in the year. BRIDGE II intensified activities such as: 1) encouraging Traditional Leaders and other BRIDGE II structures at community level to take an active role in motivating people to seek services; and 2) taking advantage of increase in intentions to use condoms at next sex and translate these intentions into actual behaviors by working with the Ministry of Health (MOH) at national and district level to increase availability of condoms at community level through community based condom distributors; and 3) partnering with MOH at district level to set-up mobile testing sites during all community-wide events such as open days.

The project is conducting causal pathways analysis and will write manuscripts that will highlight BRIDGE IIs' impact on some outcome variables

Qualitative Research

BRIDGE II carried out its midterm qualitative assessment in order to compare the effects of programmatic inputs on a variety of outputs. The project collected data in Phalombe and Thyolo districts through focus group discussions, ethnography and key informant interviews. Among other things, the results indicate that Village Discussion Groups (VDGs) create diffusion of their group discussion themes within their villages; established structures at district level play a vital role in community mobilization process; people who participated in a VDG, attended an Open Day, or interacted with a member of Community Action Group (CAG) were more likely to be knowledgeable about BRIDGE II themes and messages than those who did not interact with CAG members, those that did not participate in VDGs nor open days.

Comprehensiveness of the BRIDGE II community mobilization process in its hierarchy of structures in the mobilization process is one of the strength of BRIDGE II. Volunteers are enthusiastic about contributing to the BRIDGE II program of behavior change

b) Targeted Research for VMMC and Condom use

During the year, BRIDGE II carried out targeted research to evaluate the impact of its initiatives that link people to VMMC and condoms services. Results obtained from this evaluation will help in gauging the extent to which project activities can be associated with changes in behavior and behavioral predictors.

The VMMC study coincided with the VMMC campaign and took place in Phalombe, Mulanje and Thyolo districts as intervention districts. The project collected data through individual interviews with men who visited the clinics for VMMC and they consented to participate in the study. Among other things, the project asked the participants whether they were accessing VMMC services after hearing motivating messages from BRIDGE II and / or its partners. The study also assessed clients' risk perception and prior HIV testing before this study. The project followed up approximately 75% of the participants at three and six weeks post procedure.

Data collection in the VMMC control districts (Chiradzulu, Machinga and Neno) started late because service providers were moved to support the VMMC campaign. Data collection for the control sites will be completed in FY 14. VMMC service providers in these districts were supporting the VMMC campaign and data collection would not start together with the implementation districts.

Data for the informal condom distribution survey was collected in all the eight districts where BRIDGE II is distributing condoms. The project collected data through street intercept with condom users and FGDs with volunteer condom distributors. Participants in the street intercept survey were sexually active men and women, 18 years and older, whom the research assistants met in the market areas. Key study questions revolved around sources of condoms in their communities, consistency of condom use and availability of BRIDGE II distributed condoms. Condom distributors were asked about their day to day lives as they distribute condoms, their interaction with clients and barriers and facilitators to condom distribution.

Timing for these surveys delayed a bit as the project did not succeed in getting a waiver for the 10% contribution to the National Health Sciences Research Council (NHSRC). JHU-CCP paid the full amount using its discretionary funds. Discussions are continuing between JHU-CCP and USAID regarding payment of the required fees, as it has serious implications for future research efforts.

c) Evaluation of **Chenicheni Nchiti?** radio program feedback

BRIDGEII receives an overwhelming amount of feedback through SMS from **Chenicheni Nchiti** radio program listeners. An initial inquiry into the data indicates that the feedback is very rich and contains information that can help strengthen programming and provide insight into how the audience is responding to the program. During the year, the project analyzed the data that focuses on listeners' understanding of the causes of unfaithfulness as a key driver of the HIV epidemic and its relationship to alcohol, couple communication, social norms, openness, trust and gender based violence and their solutions to reduce it. The report of this analysis will be available early next year.

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.

5.3 **Tasankha Mass Media Campaign**

The second phase of *Tasankha* mass media campaign focuses on Couple Testing, condom use (even for those that are HIV negative), discordancy and PMTCT option B+ with HIV testing as central to accessing other services. During the year, the project produced a PMTCT Option B+ Communication Chart and three radio spots that include issues that were not thoroughly covered in previous PMTCT materials. The project realized that the country did not have communication materials on this topic, and this further necessitated production of the chart with messages on: breastfeeding for babies potentially exposed to HIV; early infant diagnosis for potentially exposed children; the general care of HIV exposed babies; and the role of community leaders in promoting PMTCT Option B+.

The project printed **2,000 copies** of the PMTCT Option B+ Communication Chart. Some of the charts were incorporated into the *Tasankha* Toolkit for use during community-level outreach activities and complement messages outlined in the *Tasankha* kit.



The project distributed some of the charts to all facilities offering PMTCT Option B+ services in all BRIDGE II implementation districts for use during counseling sessions and client education at Antenatal care, under-five clinics and general family planning.

BRIDGE II oriented community level structures that will take part in mobilizing people for PMTCT Option B+ services on how to use the PMTCT Option B+ Communication chart. A total of **215** Traditional Leaders (Males 154; Females 61); **56** *Tasankha* Village Discussion Group Facilitators (Males 27; Females 29); **27** Area Development Committee –Community Mobilization Team members (ADC-CMTs) (Males 20; Females 7); **12** District Health Management Team (DHMTs) (Males 8; Females 4); **10** DCMTs (Males 7; Females 3) and **101** representatives of interactive drama group members (Males 60 male; Females 41) attended these orientation sessions.

The project aired **1,878** *Tasankha* radio spots during the year on MBC 1, MBC 2, Zodiac, Joy, Malawi Institute of Journalism (MIJ), Dzimwe Community, Capital FM and Nkhotakota radio stations.

5.4 **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 and SSDI – Communication project are working. The reporters were initially equipped with basic skills in story investigation, interviewing and recording and have now gained experience with the passing of time.

Story Workshop Education Trust (SWET) manages the production of the radio program while Galaxy Media Consultants leads in capacity building and Memorandum of Understanding (MOU) negotiations with local stations to expand the program’s reach and market. With effect from this reporting period, BRIDGE II Project and SSDI-Communication project are collaborating and co-funding the **Chenicheni Nchiti?** radio program as the focus of the two projects are inter related.

During the year, the project continued working with a total of 14 radio stations that air the *Chenicheni Nchiti?* radio program, including: Dzimwe community radio, Joy Radio, Living Waters Church radio, Malawi Broadcasting Corporation (MBC) 1, MIJ radio, Mudziwathu community radio, Nkhotakota community radio, Transworld Radio, Power 101, Radio Islam, Radio Maria, Zodiac, and Star. The project also expanded reach of the program by shifting a repeat radio program from MBC radio 1 to MBC radio 2. This helped in reaching some listeners whom the project was missing with the initial arrangement of broadcast. The project observed an increase in the number of feedback text messages received from listeners after the Chenicheni Nchiti Wednesday broadcast on MBC 2 and Zodiac radio stations. A majority of these messages were from Mangochi and Machinga districts and the project hypothesizes that the increase is based on the program now airing on MBC 2.

Cumulatively, the 14 radio stations produced and aired a total of **823** radio programs as shown in Table 1 below. Thematic areas covered in these programs included: breastfeeding, neonatal care, PMTCT Option B+, family planning, nutrition male involvement in Antenatal care and VMMC.

Table 1: Number of radio programs aired by each radio station in FY 13

Name of Radio Station	Number of Programs Aired
Malawi Broadcasting Corporation Radio 1	117 (regular, feedback and repeat programs)
Malawi Broadcasting Corporation Radio 2	39
Dzimwe community radio	52
Malawi Institute of Journalism Radio (MIJ)	91 (Includes repeat programs)
Zodiac	52
Mudziwathu Community Radio	52
Nkhotakota Community Radio	51
Trans world Radio	52
Living Waters	52
Joy Radio	52
Star Radio	49
Radio Maria	47
Radio Islam	69
Total	823

5.5 The National Dialogue on Couple Communication

BRIDGE II piloted a National Dialogue on Couple Communication late last year with the aim of opening up dialogue between couples, within families, across genders and communities at larger. This simple concept

was designed to create better understanding between men and women around values, roles and responsibilities, improved sexual relationships, address gender based violence and discuss how couples can work together to improve and sustain their relationships, their families and their communities in an age of HIV and AIDs

During the year, the project facilitated a meeting with the radio stations that participated in the National Dialogue and two print media houses to learn from their experience and plan for the next round of National Dialogue on couple communication. It was clear from this meeting that the previous dialogue was a great success and it helped in breaking the silence around sensitive issues such as sex. It also transpired from the meeting that listeners are expecting another round of entertaining as well as educative programs around couple communication.

There is a total of 14 radio stations (MBC 1, MBC 2, Zodiac Broadcasting Station (ZBS), Dzimwe community radio, Joy radio, MIJ FM, Star radio, Radio Maria, Radio Islam, Trans world radio, Living waters Church Radio, FM 101, Mudziwathu community Radio, Nkhotakota community radio) that are participating in the national dialogue. As part of the Memorandum of Understanding (MOU), each of these radio stations received a laptop and two recorders to support program production.

This year, national dialogue on couple communication was launched in September 2013 and expanded the topics and provided more time to talk about the importance of communication in a relationship.

5.6 Promoting Dialogue through Use of Transformative Tools

BRIDGE II developed and uses four Transformative Toolkits to stimulate community discussions and allow individuals and couples to develop strategies for risk reduction and make positive health choices for behavior change. The Hope Kit, a package of interactive, practical and easy to use tools that guide individual and community groups to develop personal and appropriate HIV prevention strategies; *Tasankha* Village Discussion Guide, which promotes HIV prevention by enhancing individual understanding of HIV transmission in community cultural settings; and, The Planting Our Tree of Hope, a positive prevention toolkit which targets HIV positive individuals with positive prevention messages and the African Transformation (AT), an innovative set of videos and discussion guide that allow men and women to explore how gender norms and social roles operate in their lives

During the year, the project intensified usage of the African Transformation (AT) that started last year. Observations so far indicate that the AT is a master piece and has proved to be very good in engaging people into critical thinking. The tool is helping people to challenge their age old beliefs, attitudes and perceptions on gender stereotyping and social roles. The stories on the next page depict some of the successes from use of AT.

During the year, the project carried out a number of other activities and achieved the following:

- **39, 551 people (Males 16, 653; Females 22, 898)** were reached with HIV prevention messages in small groups using AT.
- **62 Executive Directors (Males 49; Females 13)** of the CBOs that are rolling out the AT tool kit were oriented of African Transformation so that they provide adequate support to their AT facilitators.
- **339 people (Males 168; Females 171)** were trained as AT facilitators

- **A total of 75, 436 people (Males 29, 359; Females 46, 077)** from all BRIDGE II implementing districts participated in Village Discussion Group (VDGs) sessions using *Tasankha* Village Discussion Guide.
- **52, 316 people (Male 16, 922; Female 42, 220)** were reached with HIV prevention messages through use of Hope Kit in NAPHAM support groups and in workplace institutions.

Success story 1:

Esme and Duncan Malefula, a couple from Mulanje district testified of the change that the AT has brought in their lives and this is what they said.

“The AT sessions have helped me and my family. It was after the AT sessions when my husband took a bold step in helping me weave baskets. My family has changed from misery to happiness as a result of AT sessions”.

And this is what the husband said: “Since we started working together as a family, we are now making a lot of baskets within a short period of time. Because of the new understanding of gender roles within our family, we have managed to build a burnt brick house, bought a bicycle and we are able to find school fees for our children.

Success Story 1: Couple weaving baskets outside their house



Success Story 2:

After going through a session on the importance of networking, members of Sapuli Village Discussion Group in TA Machinjiri, Blantyre have mobilized their community to construct a new Child Based Care Centre (CBCC) in their village. The new structure will replace an old structure which was a threat to their children’s lives.

One of the VDG had this say: “After the AT session, we identified a need in the community. It was lack of a permanent structure for the CBCC. Our old CBCC fell down a number of times sue to heavy rains and strong winds”. The AT has helped us understand that there is more we can do to improve the situation.

Success Story 2: A Village Headman inspecting bricks for the new CBCC



5.7 Supporting workplace HIV intervention

BRIDGE II supports HIV prevention interventions in 7 workplace institutions: Eastern Produce Tea Estate in Thyolo and Mulanje districts, African Parks Majete in Chikwawa district, Comforz Tea Estates in Thyolo district, Chitakale Tea Estate in Mulanje district and Electricity Supply Commission (ESCOM), Blantyre Water Board and Bakhresa Grain and Milling LTD in Blantyre district.

During the year, the project and the work place institutions continued with various behavior change interventions. Eastern Produce Tea Estate, a subsidiary that has 18 tea estates in southern Malawi, scaled up BRIDGE II activities to three more tea estates, increasing the total number of estates with BRIDGE II activities to sixteen (16). Key Informant reports indicate that Eastern Produce Estate clinics that have BRIDGE II interventions have fewer cases of Sexually Transmitted Infection (STI) than in areas where BRIDGE II is not working. Eastern Produce has also witnessed an increase in the number of employees and families seeking HIV Counseling and Testing (HCT) services since the start of BRIDGE II activities in their estates. These observations encouraged management of Eastern Produce to continue expanding BRIDGE II activities as they have witnessed the effectiveness of such interventions.

The project also facilitated a review and planning meeting with representatives from the workplace institutions to assess the progress made and plan for subsequent activities. This meeting also provided a platform for the institutions to learn from each other.

Members agreed during the review and planning meeting that BRIDGE II should scale down its support to the institutions to give room for their independence as the project closes out in 2014. Unfortunately, there are some institutions such as ESCOM and Blantyre Water Board that are not proactive and their activities slowed down when the project reduced its support.

Other achievements during the quarter are as listed below:

- **4, 518 (Male 1, 865; Female 2, 653)** employees and their families reached with HIV prevention messages through Hope Kit small group discussion sessions.
- **340 (Males 179; Females 251)** through *Tasankha* toolkit.
- **3, 624 (Males 442; Females 182)** employees and families were reached with community wide activities.
- **405 (Male 171; Female 234)** people were linked to HTC during community wide events.

5.8 Engaging Community Leaders through Community Action Cycle (CAC)

BRIDGE II is working in **63 Traditional Authorities** and **541 GVHs** in its eleven implementation districts. The project took a phased approach in starting activities in these areas such that there has been horizontal (within a TA) and vertical (to new TAs) scale up throughout the project life. During the year, the project finalized establishing community mobilization structures in all the communities where it is reaching using the Community Action Cycle as a tool for engaging communities in reinforcing risk awareness and promoting self-efficacy for individual and community behavior change.

During the year, communities implemented different activities aimed at addressing the key drivers of the epidemic which they identified during the exploration phase. Most communities continued to register successes following BRIDGE II intervention in their areas. The project has created community vibrancy and its beneficiaries are more vigilant in fighting against HIV. BRIDGE II has built capacity of community structures and they are now more organized and ready to take up opportunities even beyond HIV prevention. For example, Zomba Social Welfare Department is building a Community Based Child Care (CBCC) in TA Mlumbe after the CBO Network showed interest and pledged to contribute resources. The Zomba Social Welfare Department is also engaging Traditional Leaders that the project revived in the district in a Community Case Management Project that is funded by UNICEF. Some Village Discussion Groups in Nsanje district have grown into Village and Savings Loan groups that are helping women realize finances for their other needs.

Bulleted below are other key achievements that the project made during this reporting period:

- **1, 225 individuals (Males 775; Females 827)** from scale-up GVHs participated in meetings that explored the key drivers of the epidemic in Zomba, Machinga, Chiradzulu, Chikwawa, Phalombe,

Thyolo and Nsanje districts. During these meetings, Area Development Community Mobilization Team members (ADCMT) and Community Action Groups (CAG) members identified, analyzed and prioritized the key drivers of HIV in their communities.

- **16, 223 community members (Males 5, 821; Females 10, 402)** from all the implementation districts participated in community discussion forums that focused on the importance of male involvement in HIV prevention activities, PMTCT Option B+ and ways through which people can reduce their risk of contracting HIV.
- **326, 739 people (Males 112, 867; Females 213, 872)** participated in *Tasankha* open days that encouraged people to go for HIV counseling and testing (HCT), access PMTCT Option B+ services and chooses to stay HIV negative after testing. Open days in Mulanje, Thyolo and Phalombe also included VMMC messages.
- Some districts such Mwanza, Chikwawa and Mulanje districts organized garage parties for couples where participants discussed issues that matter in their relationships, particularly issues that put people at risk of contracting HIV. Among other things, couples discussed the relevance of the following on their marriages: Couple communication, Concurrent and Multiple Sexual Partnerships, HCT, PMTCT and many others. A total of **170 people (Males 86; Females 84)** participated in this activity.
- BRIDGE II joined the country in commemorating World AIDS Day and the Candle Light Memorial at community level in all the districts. A total of **18, 401 (Males 9, 961; Females 8, 440)** individuals participated in these events.
- A total of **60, 231 people (Males 22, 815; Females 37, 416)** participated in Village Discussion Group (VDGs) sessions using the *Tasankha* Discussion Guide and *Tasankha* posters.
- There were capacity building efforts that happened in the year and this involved a total of **1, 199 people (Males 628; Females 573)**. Some of these people were trained on how to use *Tasankha* Discussion Guide. Traditional leaders went through training on gender and advocacy that helped them appreciate how they can explicitly address norms about masculinity in relation to HIV and AIDs.
- Community mobilization structures and other relevant structures at district and community levels, including the District Executive Committee (DEC), Traditional Leaders Forum, CAGs and CBO networks, carried out monitoring and supervising activities to review BRIDGE II work in their catchment areas. A total of **9, 303 people (Males 5, 046; Females 4, 257)** participated in these review meetings. Traditional leaders reviewed their bye-laws and included issues on early marriages and intergenerational sex where they did not exist. They also agreed to disseminate their bye-laws to village heads and other gate keepers who will consequently reinforce the by-laws on their subjects. Bye – laws have proved to be effective in helping people change some practices that were fueling the spread of HIV.

BRIDGE II also organized a community celebration ceremony at TA Chiwalo in Phalombe to recognize and award certificates to community level volunteers who have tirelessly worked with the project. TA Chiwalo was chosen for the launch of the celebrations because it is one of the best performing TAs. During the ceremony, TA Chiwalo and representative of the District Commissioner commended BRIDGE II work and the hardworking volunteers for contributing to the development in this area. At total of **340 (Male 164: Female 176)** volunteers received certificates during the event. Other districts will also hold commemoration ceremonies before the project ends.

5.9 Engaging Faith Based Organization Leaders and Communities in HIV Prevention

BRIDGE II continued rolling out *“The Happy Married Life: A Couple Counseling Guide”* that it developed with FY 12 funding in partnership with ten Faith Based Organization (FBOs) in Malawi to promote HIV prevention amongst the faith community. The guide is interfaith and uses participatory approaches to engage couples and individuals in discussions around important issues in marriage: faithfulness, communication, blessings of children, PMTCT, sexual satisfaction in a marriage and many others.

During the year, the ten FBOs (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) facilitated couple counseling sessions in Phalombe, Chikwawa, Blantyre, Zomba, Machinga, Neno and Thyolo districts.

Review meetings with couple counselors and Program Officers from the FBOs indicates that the couple counseling guide is a useful tool in addressing issues that matter in marriage. The guide is influencing change not only among community members but even among the counselors, some of which have worked as counselors for some years and yet they have discovered new things from the use of the couple counseling guide. One of the counselors testified that he has remarried the wife he divorced after he was trained as a marriage counselor by BRIDGE II. He realized that some of the reasons why he divorced his wife were petty and could be addressed by being open to each other. Traditional and religious leaders also testify that the number of couples seeking their intervention in sorting out misunderstanding in their marriages has also decreased.

There are strong indications that use of the Couple Counseling Guide will continue in both Muslim and Christian communities even after the end of BRIDGE II. During the year, Muslim Association of Malawi and Blantyre Synod received extra funding from National AIDs Commission for rolling out the Couple Counseling Guide activities in their communities. This is a good sign of the usefulness of the tool within these institutions and the likelihood of these efforts being sustained.

Other achievements during the year include:

- **16, 695 people (Males 17, 763; Females 34, 458)** benefited from counseling sessions using *“The Happy Married Life: A Couple Counseling Guide for Religious Leaders”*.
- **196 church counselors (Males 98; Females 98)** were trained on how to facilitate counseling sessions using the guide.
- Conducted supervisory and integration meetings with all church counselors to ensure that FBO activities are part and parcel of all other BRIDGE II activities within an area. This activity followed

an observation that some FBOs were working in isolation and were not benefiting from the BRIDGE II networking at community level.

5.10 Engaging PLHIV Networks in HIV Prevention activities

BRIDGE II is promoting Prevention with Positives in four of its implementation districts: Chiradzulu, Phalombe, Nsanje and Thyolo districts. During the year, the project registered a lot of successes as described below.

a) Using Transformative Tools for Prevention with Positives

The project uses the Planting Our Tree of Hope Tool Kit to engage PLVIHs in discussions for health living. The discussions, which center on personal stories as outlined in the Planting Our Tree of Hope Tool Kit, have helped PLHIVs to reflect on their lives and make informed decisions on living a positive life. During the year, the project continued to observe that use of the tool kit is bringing positive change among PLHIVs. For example, the story of Austin Kajogolo, a man who lived for more than ten years without taking ARVs, has inspired so many people and they all testify on the steps they have taken in carrying for themselves. The livelihood of most PLHIVs has now improved as they are now raising animals, have vegetable gardens in their backyards and working hard in their gardens. This is all because the new hope following testimonies from the Planting Our Tree of Hope Tool Kit.

Anecdotal reports from support groups also indicate that couple communication has improved amongst support group members. People who participate in support group discussions are complying with treatment regimens more and are consistently and correctly using condoms. Condom use was once a challenge to most HIV positive people who thought their future is already gone and there is no need to strictly care for themselves.

The project is also using The Journey of Hope Tool Kit and the Tasankha Discussion Guide in all the support groups that it is working with. 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.

Below are the number of PLHIVs who participated in the discussions using the kits:

- **17,301** PLHIVs (Males **3,769**; Females: **13,532**) participated in Hope Kit sessions.
- **1,686** PLHIVs (Males **257**; Females **1,429**) participated in Tasankha sessions.
- **4,494** PLHIVs (Males **965**; Females **3,529**) completed Positive Preventions sessions

5.11 Service referral and linkage

BRIDGE II, in partnership with the International HIV/AIDS Alliance (IHAA) links people to HIV prevention interventions and other 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 these activities in Chiradzulu and Thyolo districts and Mulanje and Phalombe districts respectively. During the year, the project carried out a number of activities as outlined below:

a) Scaling down monthly supervisory visits

As outlined in project close out plan, Dombolo Free World scaled down monthly supervisory meetings for CRAs to once a quarter in Mulanje and Phalombe districts. TAYO already scaled down the supervisory meetings in Thyolo and Chiradzulu districts way before this reporting period. The organization also handed over the responsibility of leading the supervisory meetings to CBO networks so as to promote ownership and sustainability of referral activities in these communities. Observations indicated that the networks have the capacity to manage CRAs and we hope that this will continue even after the end of the project.

b) Refresher Training for CRAs

TAYO and Dombolo Free World conducted two-day refresher trainings for all CRAs to reinforce their knowledge on how to conduct referrals and equip them with new information on PMTCT Option B+, ART and VMMC. The trainings also provided an opportunity to orient new CRAs who were selected to replace 46 CRAs who dropped out from all the four districts. A total of **413** CRAs participated in these trainings.

c) Procurement and distribution of bicycles

During this year, **260** CRAs from Mulanje and Chiradzulu districts received bicycles to ease mobility as they discharge their duties. A memorandum of understanding between District Councils and CBO Networks will govern use of these bicycles and ensure that the bicycles are not misused. The bicycles will enable CRAs to reach out to clients from distant areas within their catchment area that would otherwise not be reached.

d) Celebration of community success

In order to recognise the contribution of volunteers towards the fight against HIV/AIDS in BRIDGE II communities, IHAA presented certificates of recognition to 520 CRAs and 204 CBO Network members in the four districts. The certificates were presented at a ceremony where community members and volunteers from all CBOs in one TA came together to celebrate through dances, health talks, drama and eating together. Government officials and Traditional Leaders were in attendance at these functions and this motivated the CRAs and CBO Network members in their role as volunteers.

e) Development of the Promotional Model of Referral

BRIDGE II developed a Promotional Model of Referral for promoting referral of clients and exchange of information between formal and informal services in the seven districts (Nsanje, Chikwawa, Blantyre, Zomba, Machinga, Neno and Mwanza) where the project is not implementing the CRA Model of referral. In this model, the project is taking advantage of community-based *Tasankha* facilitators in its catchment areas and builds their capacity in community referral.

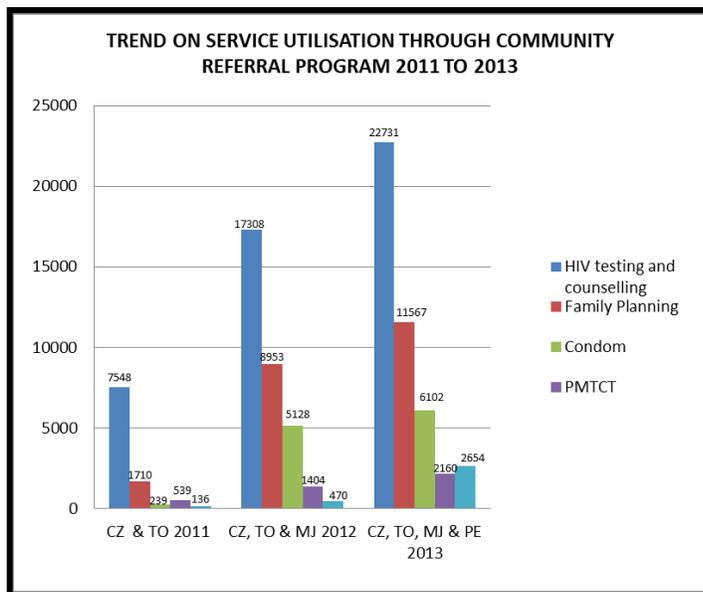
During the year, the project conducted orientation meetings with District Health Management Teams and Health Service Providers on the introduction of the Promotional Model; oriented **88** *Tasankha* facilitators in Machinga district on how to refer clients for services and produced and printed **800 copies** of the *Tasankha* Referral Books that will support the facilitators in their referral work. Training for facilitators in the other districts will continue early next year.

f) Outcomes of the Referral Programme

A total of **58,674** people successfully accessed services after being referred by CRAs. This represents 83% of the total number (70, 552) of referrals made in the year. Shortage of resources such as HIV test kits in some health facilities was the main reason why other people who were referred did not receive services.

The total number of successful referrals continued to increase during the year. As shown in this graph, the total number of complete referrals increased by 41% when compared with last year data. The trend has been similar even in the previous years.

As in previous years, HTC was the most accessed service, contributing 39% of all the referrals made in the year. This was followed by those that went for family planning services (20%) and those that accessed condoms (10%). Community Referral Agents also carried out a recommendable job during the VMMC campaign as evidenced by an increase of 4% in the number of men accepting VMMC as compared to last year.



Key 1 CZ=Chiradzulu, To= Thyolo, MJ= Mulanje and PE= Phalombe)

Linking people to HIV Testing and Counseling (HTC) services through open days

BRIDGE II took advantage of open days and community wide events for linking people to services. The project collaborated with nearby health facilities to set up mobile HTC sites whenever there was an open day or any other community wide event. This approach is a good way of linking more people to a service that is made available when they have just received motivating messages for change. During the year, a total of **11, 110 (Males 3, 687; Females 7, 432)** individuals were tested for HIV during open days in Blantyre, Mwanza, Nsanje and Thyolo districts.

5.12 Increasing condom availability at community level

BRIDGE II continued distributing condoms through informal channels as one way of supporting the Malawi Government in promoting availability of male condoms at community level. The project is working with **8 desk officers** at DHO level and **139 desk officers** at Health Center (HC) level who coordinate and link the various players in the program. The project trained **1,123 (Male 637; Female 486)** Informal Condom Distributors who distribute condoms in their communities in Nsanje, Chikwawa, Thyolo, Mulanje, Phalombe, Zomba, Chiradzulu and Mwanza districts. JSI Deliver delivers the condoms to the Health Centers alongside other health related commodities.

The distribution of condoms also happens in 13 work place institutions where the project is supporting HIV prevention efforts in Blantyre, Chikwawa, Mulanje and Thyolo districts. Mid this year, the project scaled up distribution of condoms to Center for Development of People (CEDEP) upon receiving a request from USAID. Reports indicate that condoms distributed through CEDEP have gone a long way in

supporting HIV prevention as a majority of their peers were facilitating sessions on HIV prevention but did not have condoms to leave with the people.

The project has two complementary ways of receiving reports on the number of condoms received and distributed every month. Firstly, HC desk officers send reports through Frontline SMS. This system is faster and helps the project in projecting the needs for the other month. Reports are also sent to the project through the District Health Office using the Local Management Information System (LMIS), a system that is slower but provides a data base at DHO level. The project also uses these reports when there is a problem with Frontline SMS.

During the year, the project conducted review and planning meetings with informal condom distributors, District level Desk Officers, Health Center level Desk Officers and Health Center In-charges to: 1) assess how the condom distribution exercise is progressing; 2) discuss challenges in reporting; and, 3) outline ways of improving data flow from the community to BRIDGE II as well as into the District Health Management Information System.

It was clear from this meeting that the underlying cause of problems in the flow of data to the project is technological. Some Health Centers were not sending reports through SMS due to network challenges while others had problems using the mobile phones they received for sending the reports. Other desk officers accidentally deleted the condom distribution reporting form that was loaded on their phones. The project retrained the desk officers on how to use the phones and reloaded the reporting form onto the devices where it was deleted.

It was also observed during these meetings that there was minimal exchange of information between the Health Center Level Desk Officers and their In-charges. Participants drew plans on how best to ensure that there is open and continuous communication between the heads of the institutions and the officers responsible for condom distribution. Implementation of the plan helped in sorting out the problems in all the health centers.

The demand for condoms is very high in all the districts. The project consequently increased the number of condoms for each distributor from 500 pieces to 900 pieces per month. Some distributors indicated during the review meetings that they still run out of supplies before the month finishes despite the increase. The project has earmarked such sites and will increase their supplies next year after verifying with the DHO desk officers.

There are so many people who appreciate the effort that the project has made in bringing condoms closer to them. Chikhulupiriro Naluso, who hails from TA Mpama, Chiradzulu district is one such beneficiary and this is what he said:

“The distribution of condoms in our villages has helped us. We used to walk long distances looking for condoms. Distance could at times discourage us and we could end up having sex without protection..... I know a good number of my friends who also benefit from these condoms”. Chikhulupiriro Naluso, a condom beneficiary from TA Mpama, Chiradzulu District.

The project increased the supply of condoms to Mwanza district after discussions with Mwanza District Council which has set up non-human condom dispensers in hot spots. Construction of the railway line

through this district has increased the need for condoms as people have more disposable cash and engage on unprotected sexual activities.

During the year, the project has cumulatively distributed a total of **3, 887,709 male condoms** and some of the outcomes are:

- Community Referral Agents (CRAs) indicated during their monthly meetings that informal condom distribution has helped in increasing the number of clients accessing condoms for Family Planning services in their catchment areas.

5.13 Mobilizing communities for VMMC

BRIDGE II is working in collaboration with other partners to support the Malawi Government in mobilizing communities for Voluntary Medical Male Circumcision (VMMC) in Mulanje, Thyolo and Phalombe districts. During this reporting period, the project carried out a number of activities as detailed below:

a) Developing VMMC communication materials

BRIDGE II finalized developing VMMC communication materials for use within the country. The project produced five leaflets that target young men, older men, couples, traditional leaders, faith based leaders and men who have recently gone through VMMC and three posters for three of these audiences. All these materials carry basic but critical information on VMMC: definition of VMMC, benefits of VMMC, the difference between traditional and medical male circumcision, ways through which VMMC prevent the spread of HIV and how to care for the wound after VMMC. Other communication materials that the project has produced include the VMMC sign post, the VMMC flip chart adapted from BLM, VMMC banner and t-shirts

b) Branding the VMMC campaign

The project led various partners and stakeholders in going through a rigorous process of developing the Malawi VMMC brand. While Malawi had a chance to learn from other countries who have successfully branded their VMMC campaigns, Malawi is slightly unique as most of its targeted audience has low literacy level and the people are conservative when talking about sex and sexual organs. The country therefore needed to produce a brand that conforms to the needs of such an audience while learning from other countries. The project finally branded its campaign as reflected in the materials shown on the left side of this page.



The campaign name **“Ndife Otsogola”** portrays a community and / individual who is forward thinking and would choose to go for interventions being promoted without hesitancy. This goes along with the “thumbs up” and “huts off” illustrations which usually means well done. The Malawi flag colors, green, red and black on the campaign logo communicate to all that this service is for all Malawians.

c) Developing the VMMC community mobilization Guide

The project drafted the VMMC Community Mobilization Guide that will direct the role out of VMMC community engagement in Malawi. The guide outlines all what needs to be done at various levels in preparation for a campaign. Members of the VMMC national task force approved contents of the guide and it will be finalized early next year.

d) VMMC Community feedback sessions

The project conducted feedback sessions with communities around the poor performing service points to find reasons from the community members why there was such a low turn-up of men seeking VMMC. The project held focus group discussions with traditional leaders, religious leaders, older men (25 – 49 years), younger men (15 – 24 years), women and younger women (unmarried). Key Informant interviews with health workers in the area were used to triangulate the data. Table 2 below summarizes results of the community feedback sessions and some actions that the project took in addressing the problems.

Table 2 Showing reasons for low VMMC turn up in three service points and recommendation

ISSUES	RECOMMENDATIONS / ACTIONS TAKEN
<p>Mis-conceptions, Suspicions, Fears & Shame</p> <p>Fear of pain from injections; surgical wounds; potential complications. Others believe that VMMC is mutilation and that it takes 6 months rather than 6 weeks for the wound to heal and for somebody to resume sex. There is a strong rumor that the foreskins cut during VMMC are sold to overseas for feeding sharks. Others believe the partial protection offered by VMMC (60%) is too low</p>	<p>Continued clarifying myths and misconceptions through peer to peer interactions. Clarified to the communities that a person who is circumcised is supposed to continue using condoms and that the two preventive measures strengthen each other.</p>
<p>Suspension of Conjugal Rights</p> <p>The inconvenience of suspending sex for six weeks to allow the wound to heal is not welcome, more especially in family set ups. Others fear that under pressure, the spouse will go out of wedlock for casual sex to satisfy her passion.</p>	<p>Continued explaining the benefits of abstaining from sex for six weeks and why it is important for couples to discuss and agree before going for the procedure. Involved partners in demand creation activities so that they provide reassurance to their partners before they go for the procedure.</p>
<p>Community mobilization strategies not sufficient to older men</p> <p>Use of van and road shows attract younger people often leaving out older men and do not reach hard-to-reach areas because of poor road network. Some messages are not appealing to older men such as emphasis on sexual pleasure as benefit of VMMC. Older men feel that they are in stable relationships so protection against STIs is not relevant to them. Both older and younger men use the same facilities at any given time. Culturally, this is not welcome.</p>	<p>Continued taking advantage of Community Based Mobilizers (VDG facilitators, CRAs e.t.c) to interact with people within their age groups right at community level to promote VMMC. Conducted open days and interactive drama to reach people in all areas.</p> <p>Recommended to services providers to have separate days for older men and younger men</p>
<p>Unmet Expectations and Clash with Culture</p> <p>VMMC is not associated with gifts, secrecy and privacy as it is with traditional circumcision. Religious and cultural leaders are not happy with the tendency by demand creation teams to publicly dissect this culturally sensitive matter in mixed audience of young and old people.</p>	<p>Assured prospective clients that they will be accorded the privacy and secrecy throughout the procedure. Conducted meetings with traditional initiators and find ways of how initiators can access VMMC and still continue with the other cultural aspects of initiation.</p>
<p>Quality Assurance Gaps</p> <p>Men feel shy and embarrassed to be circumcised by young female clinicians that are accused of taking photos (genital assessment for STIs is viewed as taking photos) of their nakedness and making sexual gestures as a way of checking if anesthesia is effective. Clients find that there is no post-operative review and support more especially when complications occur since VMMC is done on outreach and mobile basis. Difficulties associated with walking long distances with a fresh wound attract public. There are a few cases where wounds did not heal properly and this is generating negative propaganda that is scaring away potential clients.</p>	<p>Collaborated with Ministry of Health to monitor compliance to ethical standards by clinicians providing outreach VMMC.</p> <p>Incorporated post – operative review services by introducing routine services in addition to mobile services to cater for post-surgery complications.</p> <p>Shortened distance that people travel after the procedure by decentralizing services through additional number of outreach sites.</p>

e) Mobilizing communities for VMMC

The project took a leading role in mobilizing communities for VMMC in Thyolo, Mulanje and Phalombe districts in the ongoing circumcision activities as well as during the two VMMC campaigns that happened in quarter two and four of FY 13. While it was not difficult to get younger men for circumcision, mobilizing older men for circumcision remained a challenge just as it has also been difficult for other countries outside Malawi.

The two approaches (as shown in the side box) that the project used in mobilizing people for services proved to be efficient in getting people to services. The project observed that while road shows and open days were good crowd poolers and very efficient in passing on information to easy goers, the evening shows were generally good for conservative people who would not want to be associated with talks around VMMC in public. The shows therefore provided an opportunity for people such as older men to receive answers to their questions in the absence of their mother/father in-laws.

Village Discussion Groups and use of CRAs in mobilizing people for VMMC provided peer interaction and one on one discussion respectively on the benefits of VMMC. These helped in clarifying further the information that people got from the high intensity activities. These activities also provided people with enough time for decision making as they were on going and therefore allowed people to make decisions before arrival of services in their catchment areas.

BRIDGE II APPROACHES FOR MOBILISING COMMUNITIES FOR VMMC

1. High Intensity Activities

Happen within a Health Center catchment area a week before the circumcision services are available. Activities include open days that feature testimonials, interactive drama performances, speeches and many others; road shows; foot ball matches; school festivals and use of evening shows using VMMC videos.

2. Continuous BRIDGE II activities

These happen on an ongoing basis in all BRIDGE II communities: Village Discussion Group sessions on VMMC using the *Tasankha* Discussion Guide, use of CRAs who refer clients for VMMC, through Traditional Leaders Forum who advocate for VMMC whenever they meet their subjects and many others.

Some of the key lessons and observations that the project learnt during the year in relation to community mobilization for VMMC are as follows:

- Engagement of Traditional leaders and faith based leaders is very critical in getting people to services. This is the reason why the project invested a lot of time and resources in discussing with the leaders on the benefits of circumcision.
- Collaboration between service providers and community mobilizers is very paramount and these two sides need to work as a team if a campaign is to succeed.
- While organizations and government describe VMMC as a simple procedure, it should always be remembered that this simple procedure involves the most sensitive organ for both men and women

Other VMMC community mobilization activities that happened in the year and number of people that the project reached with VMMC messages are as follows:

- BRIDGE II printed a total of **235, 000 leaflets** and **36, 000 posters** and were all distributed in VMMC campaign districts of Mulanje, Thyolo, Phalombe, Lilongwe and Blantyre. The project collaborated with National AIDs Commission that also produced an additional 20, 000 leaflets

- **12,040 (Males 6,776; Females 5,264)** community members were reached with VMMC messages through evening video shows.
- **28,590 (Males 14,570; Females 14,020)** community members reached with VMMC messages through road shows.
- **35,850 (Males 14,900; Females 21,150)** community members participated in open days that focused on VMMC.
- **29** DEC/DACC members, **44** Traditional Leaders and influential leaders, **20** Tea Plantation Leaders and **20** secondary school leaders were briefed on the mini campaign and were encouraged to pass on the message to their subjects.
- **69 (Males 41; Females 28)** animators from the community drama groups from Mulanje, Phalombe and Thyolo districts were trained on how to use interactive theater for mobilizing people for VMMC. These animators later oriented **190 (Males 121; Females 69)** drama group members and equipped them with the skills for the exercise. BRIDGE II project staff followed the animators to their respective drama groups to verify the quality of skills passed on by the animators. They also mentored the dram groups during the visits.
- A total of **2,381 (Male 1953; Females 428)** traditional and other influential leaders attended VMMC briefing meeting in Phalombe, Mulanje and Thyolo districts.

5.14 Strengthening Behavior Change Communication Competency

a) Strengthening CBO networks

BRIDGE II close out strategy identifies CBO Networks as ideal structures to take over most of BRIDGE II activities at community level after its closure in 2014. These networks will work under the supervision of District Network Strengthening Team that the project has set up at district level. During the year, the project carried out a number of activities as outlined below.

CBO Network Trainings

The project has, over the years, strengthened CBO networks in HIV prevention, proposal writing, leadership, conflict management, team building, and supervision so that they can ably sustain the project legacy. During the year, the project re-trained Executive Committee Members of the CBO networks in order to address the identified gaps in their knowledge and skills on how to effectively discharge their duties. A total of **517 people (Males 292; Females 225)** participated in these trainings.

Organizational Network Analysis (ONA)

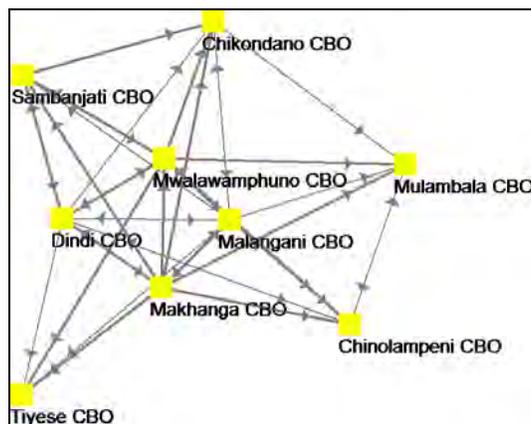
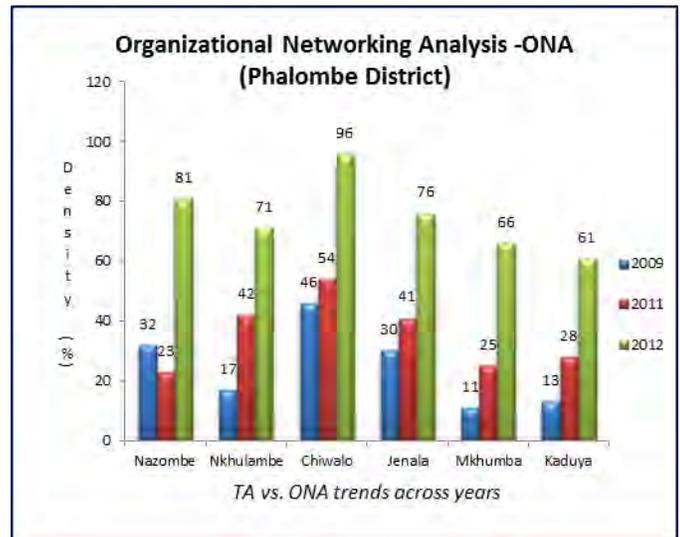
BRIDGE II continued using the Organizational Network Analysis (ONA) as a tool for determining patterns of interaction among network members. ONA provides key information that can be used to develop strategies for network strengthening. ONA maps can be compared over time to analyze progress made by members in strengthening relationships among network members. They can also help to identify key resource members in the network and members that are isolated and/or underutilized. ONA maps show the organizations that interact most among each other; often one of these organizations could serve as a network coordinator based on their existing ties with other organizations. ONA maps also help to visualize where information/resource bottlenecks occur and strategize ways to improve collaboration

among network members given existing patterns. The results of an ONA application are also informative for discussions about network effectiveness or network strengthening. The tool analyses social relationships between organizations in terms of *nodes* and *ties*. Nodes are the individual organizations within a network, and ties are the relationships between those organizations.

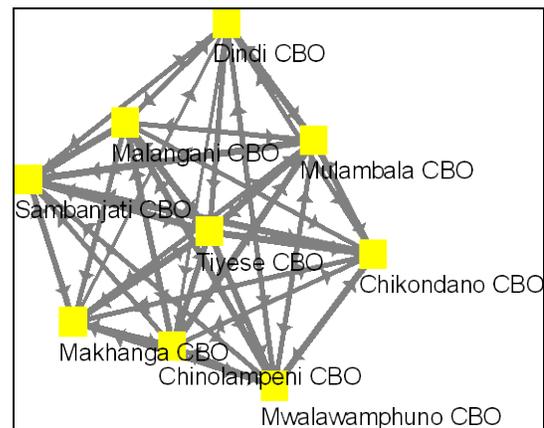
During the year, the project organized a Re-ONA in Phalombe district in order to check improvements in the organizations' levels of networking. The survey also helped in assessing whether network strengthening activities have made an impact. Network strengthening activities included training in proposal writing skills, CBO management, supporting one network meeting every quarter and orienting CBO networks on their Terms of Reference. A total of 80 participants from 70 CBOs participated in the re-ONA.

The re-ONA results for Phalombe district showed that the level of networking amongst CBOs in the district has increased as indicated by the overall increase of network density from 7% in 2009 to 13% in 2011 and 58% in November 2012. Each and every CBO belongs to a network and participates in network activities/ meetings where they learn from each other.

The highest increase in network density is in TA Chiwalo, 46% in 2009, 54% in 2011 to 96% in 2012 (See ONA Maps below). Feedback from the ONA meeting indicated that CBOs from TA Chiwalo performed well because of the good leadership and encouragement from their TA. TA Nazombe's network density went down in 2011 because there were leadership wrangles and many CBOs stopped working. But in 2012 after an orientation on CBO TORs, all CBOs, except one, started functioning. BRIDGE II supported CBO networks in TA Nazombe to conduct planning and review meetings every quarter. These activities helped to improve network density in TA Nazombe.



TA Chiwalo ONA Results 2011



TA Chiwalo ONA Results 2012

Individual Network Analysis

The project carried out Individual Network Analysis (INA) survey in two TAs in Phalombe district in order to check the level of networking amongst BRIDGE II structures/volunteers and help to identify challenges affecting linkages amongst them. Results indicated that networking amongst BRIDGE II structures in Phalombe district is very good. Community Action Groups (CAG) and Area Development Community Mobilization Teams (ADCMTs) are the resource hubs in TA Jenala and two CBOs (Nandiwo and Samaria) are the resource hubs in TA Kaduya. The results also showed that BRIDGE II structures are sources of information in communities.

Orientation of DNSTs to NodeXL network analysis software

BRIDGE II provided orientation and hands on practical experience to District Network Strengthening Team members (comprising of District Social Welfare Office, Save the Children, District community mobilization team, District AIDS Coordinating Committee, District AIDS Coordinators and members of the CBO network) on the use of NodeXL network analysis software in all the 11 BRIDGE II districts. In Flow network analysis software, which is used by Pact for network analysis, is expensive and has copyright rights attached to it. The project therefore identified a free software, NodeXL, which can be used by the district teams to conduct their own ONA surveys. NodeXL uses Microsoft excel that is easy to use.

Participants who attended the NodeXL network analysis training 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 for their districts. Conducting ONA surveys is one of the legacies that the BRIDGE II Project will leave behind in all the districts. A total of **79 people (Males 59; Females 20)** participated in these trainings.

CBO Network review meetings

In addition to helping CBO networks understand the importance of networking through ONA surveys. BRIDGE II supports planning and review meetings for CBO networks with the aim creating an opportunity for networks to learn from each other. During the year, **3,287 CBO network members (Males 1,698; Females 1,481)** participated in the reviews that happened across all the implementation districts.

b) Establishing an Alumni for Leadership in Strategic Health Communication (LSHC)

A number of Malawians have undergone training in LSHC either here in Malawi or at JHU-CCP in the US. During the year, BRIDGE II in collaboration with SSDI- Communication Project held an initial meeting towards the establishment of Alumni for Leadership in Strategic Health Communication. The aim of this grouping is to create an opportunity for sharing of skills, information and tools for Social Behavior Change and Communication.

During the initial meeting, members brainstormed on possible ways for sourcing funds for running the alumni and the need for developing its Terms of Reference (ToR). Members appointed a task force that will take lead in developing the ToRs.

5.15 National Collaboration and Coordination

As one of key social behavior change communications program in Malawi, BRIDGE II plays a central role in ensuring coordinated implementation of HIV preventive activities at national, district and community levels. The project is also strategically linked with other USG and USAID partners for efficient delivery of

HIV preventive messages at community level. During the year, the project carried several activities as listed below:

- Exhibited its PMTCT communication materials during the launch of the National Nutrition, HIV and AIDS Project which was presided over by State President Dr. Joyce Banda. The project displayed its *Tsankha* Discussion Guide, the Couple Counseling Guide, the Positive Prevention Toolkit and PMTCT posters – all produced to support the PMTCT Option B+ national program. The BRIDGE II Senior BCI Manager gave the President an overview of all the materials and interventions when she stopped at the BRIDGE II booth.
- Continued working with John Snow International (JSI) to ensure continued availability of male condoms for the Informal Condom Distribution Program
- Continued working with PSI Malawi, CHAM, BLM and the Ministry of Health- Health Services Department in running the national VMMC campaign in Thyolo, Mulanje and Phalombe districts. The project participated in a quarterly VMMC partners coordination meeting; mobilized communities to access VMMC services; and involved other partners in planning for the VMMC community feedback that assessed reasons for low turn up in some VMMC sites.
- The project worked closely with the Ministry of Health in reviewing and finalizing the ART flipchart.
- Attended the Condomise Campaign Stakeholders’ Meeting organized by Ministry of Youth and Sports in collaboration with UNFPA
- Three BRIDGE II Project staff members attended the 2012 AfriComNet Community-based Communication for Comprehensive HIV Prevention in Africa: Evidence & Lessons Conference that was held in Tanzania. The team shared the BRIDGE II experience in mobilizing communities for HIV prevention using the Community Action Cycle.
- The project also participated in and took the lead on some activities of national interest such as chairing the publicity sub-committee in preparation for the World AIDS Day, implementing VMMC demand creation activities, participating in meetings for the task force that is leading in drafting the PMTCT Option B+ Communication Strategy, and attending USG PEPFAR partner Country Operative Plan (COP) planning meeting.

6.0 Challenges, Solutions and Action Taken

BRIDGE II submitted research protocol for VMMC, PMTCT and condom study for review. However, the protocol could only be approved after JHU-CCP pays the 10% contribution fee. The ethical committee, National Health Sciences Research Committee, requires that organizations pay 10% of the research budget as a contribution fee towards capacity building. JHU-CCP failed to get a waiver after several negotiations which delayed in obtaining the JHU IRB approval which follows the local approval. To ensure that the research goes ahead, JHU paid the 10% fee using discretionary funds. The 10% IRB contribution issue has been presented to USAID for consideration as it has implications on future studies that BRIDGE II plans to conduct as part of end of the project.

Annex 1: Major Activities for Next Quarter October – December, 2013

Activity	October				November				December				Proposed dates
Week	1	2	3	4	1	2	3	4	1	2	3	4	
Research, Monitoring and Evaluation													
Finalize data collection in control districts on targeted research on VMMC		x	x										
Tasankha Campaign													
Continue airing PMTCT radio spots	x	x	x	x	x	x	x	x	x				
Reprint VMMC material			x	x									
Community mobilization													
Scale down community mobilization activities	x	x			x	x			x	x			
Conduct exit meetings at district and TA levels					x	x							
Network strengthening													
Continue CBO network strengthening trainings					x	x							
Linkages & Referrals													
				x	x								
Engaging faith community													
Continue rolling out the Couple Counseling Guide	x	x	x	x	x	x	x	x	x	x	x	x	
Transformative Tools													
Train African Transformation tool kit facilitators			x	x									
Collaboration													
Take part in planning for World AIDS Day							x			x			
Present at NAC Research dissemination conference							x						

Annex 2: FY 13 BRIDGE II Referrals October 2012 –September 2013

SERVICE	REFERRALS MADE				THOSE ACCESSED SERVICES			
	Male	Female	Couple	Total	Male	Female	Couple	Total
HTC	10,259	15,100	2,079	27,438	8,546	12,587	1,598	22,731
FP	2,254	9,637	838	12,729	1,968	8,919	680	11,567
PMTCT	59	2,300	184	2,543	38	2,013	109	2,160
TB	888	975	38	1,901	806	892	24	1,722
ARV	681	911	125	1,717	536	794	103	1,433
STI Treatment	516	606	101	1,223	411	510	70	991
STI Prevention	4,580	1,943	372	6,895	4,128	1,732	242	6,102
Other H/Issues	2,932	4,176	267	7,375	2,394	3,510	228	6,132
VMMC	4,633	31	8	4,672	2,620	28	6	2,654
IEC	4	6	0	10	4	5	0	9
Non Health issues	42	61	2	105	34	52	2	88
School Fees	6	16	4	26	6	12	1	19
DSWO	4	21	0	25	4	20	0	24
Joining S/G	364	658	74	1,096	340	633	70	1,043
Cervical Cancer Screening	0	1,205	7	1,212	0	708	3	711
Other CBO Services	361	315	62	738	311	275	45	631
GBV	94	141	10	245	66	77	8	151
SRH	258	9	1	268	239	0	0	239
Safe Motherhood	89	29	1	119	71	24	1	96
Nutrition	60	135	20	215	42	113	16	171
TOTAL	28,084	38,275	4,193	70,552	22,564	32,904	3,206	58,674

Annex 3: BRIDGE II Project Progress on the FY 13 Annual Work plan

Activity	Illustrative Benchmark	Implementing Partner	Oct-Dec	Jan-Mar	Apr-June	July-Sept	Proposed Dates
1. Project Management							
<i>SMT Meetings</i>							
- Hold SMT Meetings	- 4 meetings conducted	JHU-CCP	√	√	x	√	
<i>Planning/Review Meetings</i>							
- Conduct quarterly planning/review meetings	- Reports	JHU-CCP, SAVE PACT, ALLIANCE Local partners	√	√	√	√	
- Conduct district review meetings with District Councils and DACC			√		√		
<i>Contract Modification</i>							
- Partners submit SOW and budget	- Modifications signed	JHU-CCP	√				
- Refine SOW and budgets for local partners			√				
- Process modifications for all BRIDGE II Project Partners			√				
<i>Program Reporting</i>							
- Submit Quarterly Reports	- Program Quarterly Report - PEPFAR Reports - FY 14 Annual Work plan	JHU-CCP	√	√	√	√	
- Submit PEPFAR Semi-Annual & Annual Reports				√		√	
- Submit FY 14 Work plan for Approval							√
<i>Documentation</i>							
- Engage K4Health Team	- Packages of BRIDGE II Project activities (written, on CD-Rom, flash & Website)	JHU-CCP	√				
- Conduct review meetings with partners			√	√	√	√	
- Documents BRIDGE II Project activities				√	√	√	Process continuing
<i>Support NAC Website</i>							
- Conduct meetings with NAC	- Report - Updated NAC website	JHU-CCP		√			
- Conduct one day review workshop with NAC				√			
- NAC consultant- Update website with K4Health support			x	√	√	x	
<i>SMS for management</i>							
- Review progress of SMS for management	- SMS Report	JHU-CCP	√	√	√		

- Review Frontline SMS for radio program feedback			√				
Operationalize Exit Strategy							
- Conduct key stakeholders meetings at national, district level and community level	- Reports	JHU-CCP & All BRIDGE II partners	x		x		Process not started since project end date shifted forward
2. Research, Monitoring & Evaluation							
Update PMP	- Updated PMP	JHU-CCP	√		√		
Activity Monitoring and Data Quality Assessments	- Verified data available		√	√	√	√	
End of Project Evaluation							
- Develop protocol	- Research Firm identified		x				Process shifted since project end date moved forward
- Obtain IRB approval	- Research Protocol - IRB approval obtained		x	x			Process shifted since project end date moved forward
- Identify local firm to conduct the study			x				Process shifted since project end date moved forward
Impact assessment (VMMC, PMTCT, Condom)							
- Obtain IRB approval	- IRB Approval - Data available - Research Report		√		√		
- Identify a local firm			√				
- Data collection			x	x	√	√	
Conduct an evaluation for AT and Positive Prevention toolkits							
	- Research Firm identified - Research Protocol - IRB approval obtained				√	x	Process started
- Obtain IRB approval			x				Process delayed
- Identify a local firm				√			Process started
- Data collection					x	x	Process delayed
3. Objective One: Individual Level							
Mass Media Campaign- Tasankha							
- Message design workshop	- Reports - Radio spots & posters	JHU-CCP Corporate Graphics					
- Flight radio spots and disseminate posters			√	√	√	√	
- Monitor Radio spots			√	√	√	√	
Chenicheni Nchiti? Radio Program							
- Review meetings	- 11 field producers oriented	JHU-CCP	√	√	√	√	
- Re- Orient Field Producers	- 52 radio programs aired	Story Workshop & Education Trust	√	√			
- Produce and air programs		Galaxy Media	√	√	√	√	
- Monitor & Compile SMSes for			√	√	√	√	

analysis		Corporate Graphics					
- Create face book for the radio program					√		
Radio Diary Segment	-Radio diary segment	JHU-CCP					
- Produce radio diary segment		Galaxy Media	√	√	√	√	
Media Linkage & Capacity Building							
- Train radio producers	- 20 producers trained	JHU-CCP		√			
- Conduct National Dialogue	- 11 MOUs signed	Galaxy Media				√	
- Re-negotiate MOUs with radio stations		Story Workshop & Education Trust	√				
- Share with radio stations packaged radio programs & other materials			√	√	√	√	
4. Objective Two: Community Mobilization							
Review the Community Mobilization Strategy	-Revised strategy	JHU-CCP		x			To start next quarter
- Conduct workshop		Save	x				To start next quarter
- Design and print new strategy						x	
Strengthening District & community structures							
- Facilitate district, community level teams, TLFs , CAGs and CBO network strengthening	- 7,500 people's capacity strengthened	Save	√	√	√	√	
- Refresher training for CBO networks		JHU-CCP				√	
- Conduct exchange visits						√	
Mobilize Community Groups							
Conduct Village Discussion Groups	- 550 testing events linked to open days conducted	Save	√	√	√	√	
Conduct open days		JHU-CCP	√	√	√	√	
Conduct Community Discussion Forums	- 300,000 people reached through small groups discussions		√	√	√	√	
	-500, 000 people reached through open days and discussion forums		√	√	√	√	
Conduct TLF review meetings	- 252 review meetings conducted across 11 districts		√	√	√	√	
Interactive Drama							
Conduct review meetings with drama	- 12 drama groups	JHU-CCP				√	Managed by JHU and nor SWET as

groups in the implementation districts	trained	Story Workshop & Education Trust					initially planned
Conduct refresher trainings for old groups				√			Focused on VMMC
Identify new drama groups in Mwanza, Neno & Blantyre districts				x	√	√	Drama groups identified in Mwanza, Chiradzulu and Machinga districts
Train new drama groups in interactive drama				x	√	√	
Facilitate community level drama phase out activities			√	√	x	x	Drama groups phased out except in VMMC & PMTCT districts
Engaging Faith Based networks							
Conduct Couple Counseling Seminars	-2 review meetings conducted	JHU-CCP FBO Partners	√	√	√	√	
Conduct review meetings for counselors			√		√		
Orient faith leaders in scale up areas	-360 couples trained as faith based counselors			√			
Train Couple Counselors in the new TAs				√			
Introduce Positive Prevention Tool Kit in FBO support groups	-430 000 people reached through marriage counseling seminars				x		
Engage PLHIV Networks- NAPHAM Support Groups							
Expand BRIDGE II approaches to four TAs, one in each of the four implementation districts	-1,800 support group members reached with HIV prevention messages from Hope Kit			√			
Conduct review meetings with facilitators in all BRIDGE II districts		JHU-CCP NAPHAM	√		√		
Train new Hope Kit, Positive Prevention Tool kit and Radio Listening Group Facilitators	-1,800 support group members reached with positive living messages from the Positive Prevention Toolkit		x	√			
Roll out Hope Kit, &Positive Prevention Toolkit to new PLHIV support groups			√	√	√	x	
Facilitate small group discussions using Hope kit, Positive Prevention and radio listening activities to old & new support groups			√	√	√	x	
Conduct mentoring visits			x	√	√	x	
Engage PLHIV Networks- T'Lipo							
Conduct stakeholders meeting to review current approaches	-130 Facilitators trained on Planting Our Tree of Hope	JHU-CCP Ministry of Education T'Lipo Support Groups	x				Project discussing on future of T'lipo
Conduct TOT in Positive Prevention activities in new scale up areas	- 800 Teachers living with HIV prevention messages on Planting Our Tree of Hope activities.			x			
Train Facilitators in Positive Prevention Tool kit			x	x			
Facilitate small groups discussions using Positive prevention tool kit			x	x	x	x	
Conduct Review Meetings				x		x	
Support to Workplace HIV Interventions							

Introduce AT in all work places sites	- 20 Employees trained as trainers in African Transformation - 300 <i>Tasankha</i> facilitators trained - 180 Hope Kit facilitators trained	JHU-CCP Workplace Institutions	x				To be done next year
Train Peer Educators in African Transformation (AT) Tool kit, <i>Tasankha</i> discussion guide, Hope Kit				x			
Facilitate small groups discussions using AT, Hope Kit and <i>Tasankha</i>			√	√	√	√	
Support Eastern Produce in scaling up BRIDGE II approaches to new sites				√			
<i>Transformative Tools</i>							
Train African Transformation Trainer of Trainers	-40 African Transformation TOTs trained - 150 Facilitators trained -2 review meetings - 1 display meetings conducted	JHU-CCP Yonoco	√				
Train AT Community Facilitators in second phase districts			√	√			
Hold review meetings with AT ToTs.					√		
Show case all BRIDGE II transformative tool kits					√	√	
5. Objective Three: Service Referral/Linkages							
<i>Community Referral</i>							
Conduct CRA refresher training in Referral	-520 CRAs refreshed	JHU-CCP Alliance	√	√			
Train CBOs in CRA supervision			x	√			
Provide bicycles for CRAs for supervision				√			
Conduct stakeholder meetings with other NGOs doing referral			√	x	x	x	
Conduct Review meetings			√	√	√	√	
Finalize the promotional agent model					√		
<i>Service Utilization Promotion</i>							
Integrate Service Utilization Promotion into existing activities- <i>Tasankha</i> Facilitators.	-1,200 facilitators trained		√	√	√	√	
Conduct demand creation activities for VMMC (Thyolo, Mulanje, Phalombe and Blantyre)	- 60 activations conducted around VMMC clinics	JHU-CCP	√	√	√	√	
Conduct community activations on PMTCT in Chiradzulu Mwanza and Zomba	-40 mini road shows conducted	JHU-CCP	√	√	√	√	
6. Objective Four: Leadership and Coordination							
<i>Build and strengthen virtual and live communities of practice and networks</i>							
Install NodeXL network analysis software	-5 best practices	JHU-CCP	√				

Conduct network strengthening orientations for BRIDGE II Project structures	conference conducted - Report on ONA	Pact Save	√	√	√	√	
Conduct best practice conferences				x	x	x	On Hold
Conduct INA surveys for BRIDGE II Project structures				√	√		
Conduct an assessment for LSHC Alumni	- Assessment report - 1 Alumni meeting conducted	JHU-CCP			√		
Conduct a meeting for LSHC Alumni					√		
Strengthen BCC competency							
Conduct and IPC course	-25 people trained in IPC	JHU-CCP UNIMA-Chancellor College	x				On Hold
Attend AfriComNet University planning/review meeting				x			On Hold
Initiate meetings for development of Gender and HIV Curriculum			x	x			On Hold
Collaboration/coordination							
Participate in National Technical Working Groups	- Activities harmonized		√	√	√	√	
Attend other coordination meetings at national and district level.					√	√	

Annex 4: FY 13 BRIDGE II Project PEPFAR Indicators Annual Progress Report (Oct 2012 - Sept 2013)

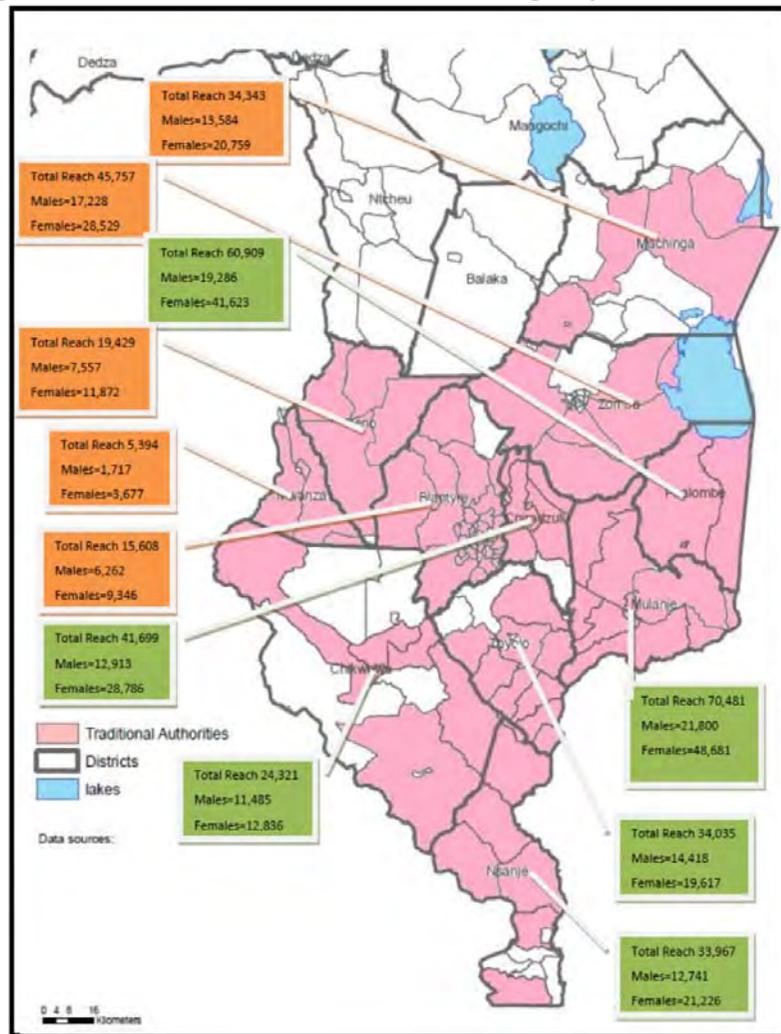
Essential Reported Indicators						
Indicator	FY 13 Target			Achieved at end of year (FY 13)		
	Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+
<i>P7.1D</i> Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) Interventions	5,700	2,850	2,850	12,510	2,757	9,753
<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	377,006	188,503	188,503	385,943	138,991	246,952
<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.	279,840	139,920	139,920	270,893	93,143	177,750
<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	140	53	52	150	116	34
Recommended Indicators						
Indicator	FY 13 Target			Achieved at end of year (FY 13)		
	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.	711,134	355,567	355,567	882,200	400,852	481,348
<i>P10.2D</i> Estimated number of people reached through workplace programs	11,000	5,500	5,500	14,417	6,445	7,972
<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.	26,630	13,315	13,315	42,251	18,584	23,667
Custom Indicators						
Indicator	FY 13 Target			Achieved at end of Year (FY 13)		
	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	7,317	3,658	3659	7,279	3,857	3,422
Number of local organizations (CBOs & NGOs) strengthened to support HIV prevention	446			729		

**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 5: 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 District
 Orange Boxes= Phase 2 Districts