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Year 1  
Annual Progress Report  
October 1, 2012 – Sept 30, 2013

Health Communication Capacity Collaborative (HC3)

[www.healthcommcapacity.org](http://www.healthcommcapacity.org)

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## List of Acronyms

CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
CDC	United States Centers for Disease Control and Prevention
CS	Capacity Strengthening
FP	Family Planning
HC3	Health Communication Capacity Collaborative
HC	Health Communication
HIDN	Office of Health, Infectious Diseases and Nutrition
ICT	Information and Communication Technology
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
MSH	Management Sciences for Health
NGO	Non-governmental Organization
NMCP	National Malaria Control Programme
OHA	Office of HIV and AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PLBC	Population-Level Behavior Change (for Child Survival)
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PRH	Office of Population and Reproductive Health
PSI	Population Services International
PVO	Private Voluntary Organization
Rec7	Recommendation 7 (Demand Generation) of UNCoLSC
SBCC	Social and Behavior Change Communication
SRH	Sexual and Reproductive Health
UCC	User Created Content
UNCoLSC	United Nations Commission on Life Saving Commodities
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>ANNUAL PROGRESS HIGHLIGHTS AND FUTURE PRIORITIES .....</b>	<b>3</b>
<b>Section 1: PRH-Funded Activities.....</b>	<b>7</b>
IR1 Activities: Increased SBCC Capacity .....	7
Activity 1.1: Develop Health Communication MarketPlace .....	7
Activity 1.2: Support to UN Commission on Life Saving Commodities for Women and Children.....	10
Year 2 Activity 1.2: Healthy Timing and Spacing of Pregnancy for High-Risk Pregnancies .....	12
Year 2 Activity 1.3: Engaging Youth for Healthy Lives.....	13
IR2 Activities: Continued Development of SBCC Capacity .....	14
Activity 2.3: Expand HC3 eLearning and mLearning Offerings.....	17
Activity 2.4: Strengthen University-Led Instruction in Health Communication .....	19
Year 2 Activity 2.2: In-Country Partnerships .....	22
Year 2 Activity 2.3: Blended Learning Approaches .....	23
Cross-Cutting Systems .....	24
Activity 3.1: Strengthen Advancement of Health Communication Research and Evidence .....	24
Year 2 Activity 3.2: Making the Case for Communication.....	26
Activity 3.2: Ensure Efficient Project Management and Operations .....	28
<b>Section 2: HIDN-Funded Activities .....</b>	<b>31</b>
IR1 Activities: Increased SBCC Capacity .....	31
Activity 1.2: Support to UN Commission on Life Saving Commodities for Women and Children.....	31
Activity 1.3: Expand Behavior Change Communication to Enhance Child Survival and Development in Lower- and Middle-Income Countries .....	31
<b>Section 3: PMI-Funded Activities .....</b>	<b>34</b>
IR1 Activities: Increased SBCC Capacity .....	34
Activity 1.4: Support to PMI to Scale up Malaria Control Behaviors .....	34
<b>Section 4: OHA-Funded Activities .....</b>	<b>36</b>
IR2 Activities: Continued Development of SBCC Capacity .....	36
Activity 1: Documenting the Evidence .....	36
Activity 2: Scale-Up Behavior Change Models for Biomedical Prevention Interventions .....	37
Activity 3: Comprehensive Youth Sexuality Education Curricular in East and Southern Africa .....	38
Activity 4: Capacity Strengthening Tools Collection and Pre-testing Partnerships.....	39
<b>PMP INDICATORS AND DATA .....</b>	<b>41</b>
<b>APPENDIX A: YEAR ONE FINANCIAL SUMMARY .....</b>	<b>50</b>
<b>APPENDIX B: TRAVEL SUMMARY.....</b>	<b>51</b>

## Executive Summary

All great journeys begin with a single step. And before taking that step, there is an incredible amount of planning and preparation to be certain that journey and the destination are the best they can be.

Year One for the Health Communication Capacity Collaborative (HC3) was about planning and laying the foundation for the tools and approaches that will build a legacy of partnership, skills development and reinvigoration of the science and art of social and behavior change communication (SBCC) for health and development.

*Communities of Practice:* HC3 built on its partnerships with expert technical organizations, including multilateral partners such as UNICEF, donor organizations, private sector partners, and implementing agencies. HC3 also created linkages to country-based partners, including regional networks, non-governmental organizations, and practitioners in governmental ministries. Exchange among these networks took place through webinars, learning forums, and face-to-face meetings. HC3 also engaged with academic institutions offering SBCC courses to broker greater exchange between theory, research and practice. As the project evolves, these communities of practice, especially at the country level, will become increasingly central to setting the tone and direction for SBCC approaches.

*Making the Case for Health Communication:* HC3 devoted considerable attention to strengthening the evidence base for the role and impact of social and behavior change interventions on improving health outcomes. In addition to better documenting and making available existing health communication literature, HC3 engaged with several global initiatives to examine the critical role of communication in delivering life-saving interventions. These activities included supporting the work of the UN Commission on Life-Saving Commodities, facilitating evidence-to-action planning for child survival behaviors, brokering dialogue among competing schools of behavioral research for HIV and AIDS prevention and researching the behavioral indicators influencing malaria control. The foundational activities in Year One are designed to result in presentations, panels, papers and journal supplements in the future.

*Tools of the Trade:* Underlying these activities was the development of innovative and robust platforms and systems to facilitate exchange, real-time collaboration, and development of skills. HC3's web-based platforms, including its website, curated health communication database (the Health COMpass) and the MarketPlace collaboration space are designed to support the development and management of strategic health communication interventions in a variety of contexts, with content provided by diverse practitioners, and address a wide range of needs. These sites are repositories for the entire health communication community, designed to showcase the talents, achievements and contributions of partners from the array of disciplines that comprise

social and behavior change communication. These platforms and the communication they inspire will provide a forum for growth, advancement and deeper insight throughout the project.

These areas of emphasis during Year One represent the start of a continuous and iterative process to strengthen strategic leadership in the field of health communication and to support a diverse group of partners to take up these roles as well at the local, national and even international level. The HC3 partnership has established a foundation for excellence in health communication by balancing outputs across technical health domains, capacity strengthening, research approaches and technology innovations.

## Annual Progress Highlights and Future Priorities

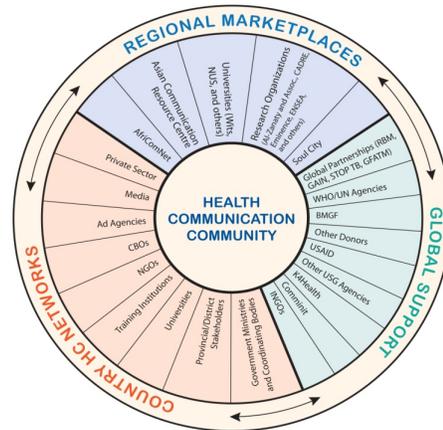
HC3 envisions a world where health communication is transformative. It shapes a world in which social and structural barriers to participation in a healthy life fall away. The public's desire for information and services push health systems, governments and civil society. Indigenous organizations take the lead in responding to their community's needs. As information flows freely, life-long learning becomes a social norm and people enjoy better health, fuller lives and stronger nations. We see a future where:

- Every country has a community of professionals with the capacity and commitment to create, coordinate and evaluate state-of-the-art health communication programs
- Communication is recognized and utilized as a collaborative catalyst for development
- Indigenous partners use proven technologies, tools and collaborative forums to access, create and exchange knowledge and strengthen their capacity to serve their clients
- All people have the information to make good decisions for themselves and their families, and have the social support, resources and abilities to act on their decisions

Five core strategies drive HC3's approach for sustaining capacity development. Fundamental to each is the recognition that social and behavior change communication (SBCC) programs operate within complex environments.

1. **Improving and Sustaining Health Communication (HC) through the Capacity Improvement Cycle:** Our country-level capacity improvement cycle includes: 1) an assessment process that looks at organizational and national-level capacity; 2) capacity strengthening (CS) plans developed with stakeholders based on the assessment(s) that identify and prioritize CS needs by organization and/or community and include interventions to address these needs; 3) support for implementation based on a blend of learning approaches; and 4) monitoring and evaluation of HC and CS at different levels and in different contexts, using common benchmarks and metrics of success.
2. **Shaping the Future of HC through Universities:** Universities and university partnerships offer a unique opportunity to exponentially grow and shape the next generation of HC practitioners. HC3 is taking advantage of CCP's position within the Johns Hopkins Bloomberg School of Public Health to facilitate increased capacity at the graduate and undergraduate levels among universities in Africa, Asia and elsewhere. We draw on and expand existing course materials to establish HC certificate courses on-site and online at JHSPH. We support other Universities to strengthen and expand their offerings in health communication, supporting students, facilitating faculty exchanges, University-to-University mentoring and health communication research opportunities.

3. **Nurturing Regional MarketPlaces for HC and CS:** To strengthen connections and exchange among the HC community, HC3 supports collaborative learning, exchange and capacity strengthening in a wider and more systematic way through regional MarketPlaces. These MarketPlaces can enable practitioners to access resources and learning opportunities, be part of a dynamic and vibrant community, share their expertise and tap that of others. Marketplace members can meet in person at face-to-face networking events and virtually through communities of practice, eForums and webinars. The MarketPlaces will be governed by southern partners and be represented in the HC3 leadership group. The Marketplace reflects HC3's philosophy of leading locally, via a new paradigm of exchange and interchange to build capacity and an implementation strategy grounded in innovation.



4. **Harnessing New Media and Igniting Innovation to Improve Outcomes:** In the last few years, access to digital and mobile media and use of social media has exploded. HC3 will bring promising innovations quickly into the mainstream through competitions, small innovation grants, and collaborative think tanks involving SBCC professionals and private sector and digital partners and diffuse them through the MarketPlaces and beyond.
5. **Making the Case that Communication Saves Lives:** Well-executed health communication is powerful. Research shows that theory-driven, interactive communication that follows a proven process for design and implementation can increase knowledge, shift attitudes and norms, and produce changes in a wide range of behaviors. Despite this evidence, strategic health communication is not always optimally utilized. Country-level decision-makers and even donors do not always recognize HC as a cost-effective investment. Building the evidence base and advocating nationally, regionally and globally to advance the SBCC agenda is thus critical. HC3 is investing in gathering and interpreting the evidence; facilitating the work of indigenous researchers (and universities) to deepen and use the data; and, in partnership with local researchers, generating new evidence through specialized studies on impact, capacity strengthening, behavioral drivers, normative change and cross-national comparisons.

The full HC3 collaborative team is brimming with expertise to implement its ambitious and exciting agenda. The HC3 team is comprised of US-based core and specialty communication partners along with a network of regional collaborators. The core

partnership team is led by the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs (JHU-CCP) with dedicated support from Management Sciences for Health (MSH) and NetHope. Each of these organizations brings skills that make an important contribution to the HC3 vision. JHU-CCP is a global center of excellence in health communication whose home at Johns Hopkins ensures access to the latest thinking on capacity strengthening, topical expertise and innovation. MSH brings field-tested best practice in management and leadership development, blended learning programs and organizational capacity building. NetHope not only ensures that the program will benefit from the latest innovations in information technology, but embodies the HC3 philosophy – developing solutions with networks of implementers and ceding ownership of the results to that network. The core partners all have staff with substantial continuous coverage on the project and participate in regular project meetings.

The core team members are complemented by three global specialty communication organizations tapped as needed, especially on field support funded activities. The specialty partners are Ogilvy Public Relations, Internews and PSI. Ogilvy PR supports capacity building activities to improve creative abilities and strengthen creative organizations. It also provides access to US-based and global media and PR networks. PSI brings expertise in health marketing and capacity strengthening for the scale-up of health products and services. Internews provides capacity strengthening to build the skills of the media and journalists on health reporting, innovative storytelling, understanding the issues behind the news and using data to build health literate societies.

At the country and regional level, HC3 is also collaborating with a variety of indigenous organizations. Regionally, in Africa, AfriComNet and the Communication Initiative support information sharing and will contribute to managing and supporting the Anglophone Africa regional MarketPlace. In Year Two, HC3 will select an organization with regional capacity to support an Asia MarketPlace. Digital innovators such as Praekelt Foundation, ZMQ and D.Net (all southern partners) inform the project at regional level and on the MarketPlace Advisory Council, along with Forum One who is building the project's web-based platforms. HC3 has also leveraged its position at Johns Hopkins University to lay the foundation for an academic coalition that includes Jimma University (Ethiopia), Muhimbili University (Tanzania), the University of Witwatersrand (South Africa), AfriComNet members and the National University of Singapore School of Public Health, among others. Key local research institutions and NGOs are also active in the program and their influence will grow as the project takes on more field support programming in future years.

HC3 has two Intermediate Results (IR) that will be achieved through execution of the core strategies described above.

- IR 1: Increased capacity of indigenous organizations to design, implement, manage and evaluate evidence-based health communication interventions
- IR 2: Establishing tools and systems for professional development in SBCC

These IRs inform the HC3 approach across all its current funding areas - PRH, OHA, PMI and HIDN. The project supports these two intermediate results with a third results pillar that focuses on the cross-cutting areas such as research and monitoring, documenting the impact of health communication approaches and project management.

## Section 1: PRH-Funded Activities

In Year One, PRH-funded activities formed the learning and exchange core of HC3. These efforts developed innovative **web-based platforms** to support health communication capacity strengthening, including the Health COMpass guided search tool. The program also formed **skills-building partnerships** with developing country health communication and academic institutions which will serve as touchstones throughout the project's life to ensure that a southern and field-based perspective grounds our work. As HC3 begins building on its foundational and formative activities, the emphasis shifts to the adaptation and expansion of programs to address critical audience needs and gaps in demand generation for priority services.

### IR1 Activities: Increased SBCC Capacity

#### Activity 1.1: Develop Health Communication MarketPlace (FP/RH CORE)

##### YEAR 1 ANNUAL PROGRESS HIGHLIGHTS

The MarketPlace is envisioned as a vibrant platform where health communication practitioners connect and share knowledge, expertise and resources. The concept encompasses in-person and face-to-face networking events at the country or regional level as well as online communities of practice, eForums and webinars. Through the MarketPlace, health communication practitioners can join various communities of practice based on their interests and expertise. Mentor and mentee relationships can develop that will harness the building of new skills at different levels to the grassroots. These exchanges are expected to spark new ideas and in addition assist members to locate resources such as tools, methods, research and talent. The MarketPlace aspires to be the 'home' for health communication practitioners.



In Year One, the building blocks necessary to achieve this ambitious vision were methodically constructed. We culled the literature for **best practice** in nurturing communities of practice, established an **Advisory Council** to guide the development of the MarketPlace, worked with that Council to define its own scope of work and create a **vision and values** statements for the MarketPlace itself, began building the **electronic backbone** for the MarketPlace and selected the African Network for Strategic Communication for Health Development (AfricComNet) as the **Secretariat** for the first regional marketplace. We provided **AfriComNet** with focused organizational

development support and collaborated with them to poll members across the continent regarding MarketPlace design, gather SBCC specialists in Cape Town to plan the Anglophone MarketPlace and establish the Uganda country-based MarketPlace.

### **MarketPlace Advisory Council**

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- Recruited eight global leaders for the Council from community building and advocacy organizations (GBCHealth, CORE Group), communication innovators (Praekelt Foundation, D.Net, ZMQ), regional secretariats (AfriComNet) and HC3 partners (JHU-CCP, Ogilvy Public Relations). The purpose of the Council is to provide leadership and strategic guidance to HC3 for the development of a global community of health communicators and to play a key role in designing innovative approaches to building health communication capacity.
- Surveyed 76 potential MarketPlace members and the Advisory Council to identify: motivations and incentives for membership, preferred face-to-face and virtual interaction mechanisms, communities of which they are already members, health communication capacity gaps, media preferences, and technology ownership and use. This analysis was used to develop a core set of features and functions for both the face-to-face and virtual components of the MarketPlace.
- Held an inaugural Council meeting to develop: the MarketPlace vision and values; the Council’s mission and terms of reference and the Regional Secretariat mission and terms of reference. Involved 10 participants from Africa, Asia and North America, including eight core Advisory Council members, representing global community-building organizations, communication technology innovators and entrepreneurs, regional Secretariat organizations, and HC3 partners. HC3 partner MSH facilitated the meeting.
- Wrote “Face-to-Face and Virtual Communities of Practice: Recommendations for Building, Maintaining and Measuring their Success,” based on a collection of 29 peer-reviewed articles and grey literature and interviews of the leaders of 12 successful communities of practice. This report, spearheaded by HC3 partner NetHope, will be released publicly as a project whitepaper via the website, the MarketPlace, targeted listserv postings and social media channels. It will also be used by regional Secretariats and other partners to guide the design, implementation and evaluation of MarketPlace activities.
- Identified 15 existing communities and virtual platforms as potential technology tools and collaborator networks for the MarketPlace. This research informed both the selection of technology for the virtual platform as well as the identification of potential content partners – for example, Communication Initiative, Communication for Development Network, Devex and the Guardian Development Network – that could provide automated content feeds from their existing sites for integration with the MarketPlace virtual platform.

## MarketPlace Virtual Platform

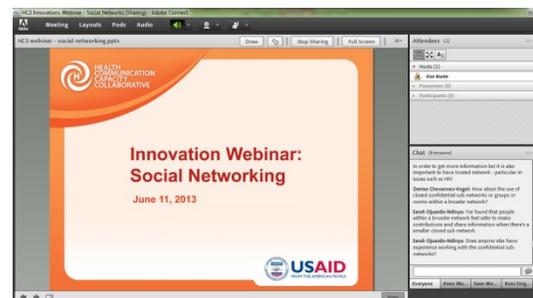
- Gathered feature and functionality requirements for the MarketPlace virtual platform from the Advisory Council. Recruited technology partner, Forum One Communications, through competitive RFP process involving seven organizations. Contractual agreement signed, kick-off meetings held, design discovery brief drafted, and initial feature development sprint started.

## MarketPlace Secretariat

- Selected AfriComNet as the secretariat for the Anglophone Africa MarketPlace, the first regional MarketPlace.
- Provided AfriComNet organizational development support from MSH in the creation of a new five-year strategic plan, working with 18 board members, university partners and AfriComNet staff.
- Developed the design and terms of reference for the Anglophone MarketPlace at a meeting in Cape Town in July 2013, with 19 senior SBCC practitioners from six countries. The design was influenced by data from an online survey conducted by AfriComNet reaching 111 SBCC practitioners and face-to-face interviews with 53 key informants from 12 countries (Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zimbabwe and Zambia). The terms of reference for the Global MarketPlace developed by the Advisory Council set the framework within which the Anglophone MarketPlace deliberated its design and terms of reference. The regional MarketPlaces will focus mainly on actualizing the face-to-face aspect of the concept.
- AfriComNet facilitated the establishment of a Uganda MarketPlace and developed its terms of reference at an event in Uganda attended by 22 people from health communication organizations, advertising agencies, media houses and universities. The development of the Uganda MarketPlace is a test of a methodology designed by NetHope and AfriComNet for the creation of country MarketPlaces mainly from local interests and resources. We expect to share the methodology with countries expressing interest to develop a forum for health communicators. The Uganda USAID Mission has committed to supporting a Uganda MarketPlace through the new communication project led by FHI 360.

## ICT & Innovation

- Conducted two Health Communication Innovation webinars—social networking (93 participants) and research methodologies (101 participants). An additional 167 participants have listened to the webinar recordings



online and the slides have been downloaded by 76 visitors.

## YEAR 2 PRIORITIES

*This activity will be continued in Year 2 as Activity 1.1: Marketplace: Mobilizing Modern Communities (FP/RH CORE)*

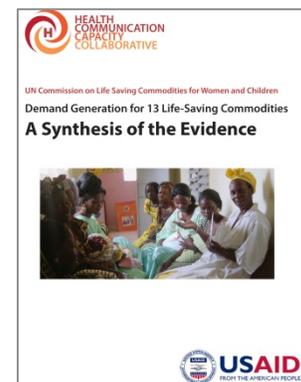
- Complete development of initial version of MarketPlace virtual platform and debut at the International Family Planning conference in November. Continue iterative development of features.
- Hold inaugural regional MarketPlace event in February 2014 in conjunction with the annual AfriComNet practicum. The focus of this year's event will be monitoring and evaluation of SBCC programs.
- Continue support for AfriComNet organizational development, strategic planning and MarketPlace secretariat development.
- Select organization to serve as Asia region MarketPlace Secretariat, including provision of organizational capacity development, strategic planning and implementation support as appropriate.

## **Activity 1.2: Support to UN Commission on Life Saving Commodities for Women and Children (FP/RH CORE, HIDN CS)**

## YEAR 1 ANNUAL PROGRESS HIGHLIGHTS

As part of the global Every Woman Every Child (EWEC) movement, the United Nations Secretary-General in 2012 established the UN Commission on Life-Saving Commodities for Women and Children (the Commission). The Commission identified a priority list of 13 commodities, key barriers to access and use, and 10 cross-cutting recommendations to rapidly increase both access and use. As Conveners of the global Technical Reference Team (TRT) for Recommendation 7: Demand and Utilization, USAID tasked HC3 to lead implementation of the TRT workplan, in close collaboration with key partners in the global health arena. The goal of the Recommendation 7 workplan is to support countries to accelerate current demand generation efforts or to launch new demand generation activities for the 13 commodities.

In Year One, HC3 conducted an extensive evidence review on the social and behavioral drivers for demand and uptake of each of the 13 commodities, as well as evidence of programs and initiatives to generate demand for the commodities in developing countries, that provides the evidence base for all other activities in the workplan. HC3 also developed cross-cutting and commodity-specific capacity-building tools including adaptable communication strategies that will make up the *Demand Generation Implementation Kit for*



*Underutilized Commodities in RMNCH.* HC3 partners CCP and PSI lead this process with input and collaboration from a broad community of working groups, consultants and collaborating NGOs.

#### **Technical Reference Team Collaboration**

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- Supported USAID to convene the Recommendation 7 TRT, developed workplan; hosted monthly TRT teleconferences; liaised with TRT members.
- Collaborated with commodity and recommendation TRTs through participation in TRT working group meetings, direct communication to discuss shared activity planning and review, collaboration on evidence review, and collaboration on development of adaptable communication strategies for priority commodities.

#### **Evidence Search and Framework**

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- Conducted extensive search of the peer-reviewed and grey literature to identify relevant literature on the social and behavioral drivers for demand and uptake of each of the 13 commodities as well as evidence of programs and initiatives to generate demand for the commodities in developing countries.
- Developed an evidence framework summarizing the literature reviewed for each commodity.
- Wrote final report synthesizing the evidence on social and behavioral drivers and implementation projects and made conclusions and recommendations to guide future programming and research.

#### **Demand Creation Adaptable Communication Strategies**

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- Developed adaptable communication strategy for contraceptive implants: Conducted background research; Held strategy workshops with JHU-CCP experts to identify key content and approaches.
- Initiated development of adaptable communication strategies for oxytocin/misoprostol and chlorhexidine.

#### **Online Implementation Kit**

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- Developed online *Demand Generation Implementation Kit for Underutilized Commodities in RMNCH*: Designed structure and content; identified external resources.

*HC3 also conducted work on the Recommendation 7 workplan under its agreement with UNICEF. These achievements are documented in the Progress Report to UNICEF, August 2013.*

## YEAR 2 PRIORITIES

*This activity will be completed in Year 2 using Year 1 funds from HIDN.*

- Disseminate Evidence Review report including advocacy brief or infographic
- Finalize adaptable communication strategies for oxytocin/misoprostol and chlorhexidine
- Complete *Demand Generation Implementation Kit for Underutilized Commodities in RMNCH*

## **Year 2 Activity 1.2: Healthy Timing and Spacing of Pregnancy for High-Risk Pregnancies (FP/RH CORE)**

### YEAR 1 ANNUAL PROGRESS HIGHLIGHTS (7/1/2013 – 9/30/2013)

Through this activity, HC3 aims to improve national capacity to implement effective communication programs to reach target audiences with messages on Healthy Timing and Spacing of Pregnancy (HTSP), an underutilized strategy to increase contraceptive use and improve health outcomes. SBCC can support the HTSP approach by communicating key messages so families understand what specific behaviors are recommended and how HTSP can improve maternal, child and neonatal health outcomes. HC3 will examine unique ideational, social, gender or contextual factors associated with early, closely spaced, high-parity and advanced-age pregnancies and will develop an SBCC Implementation Kit, which will compile tools for use by relevant activity implementers in the field.

HC3 initiated the conceptualization of the assessment, including identification of key questions to guide secondary analysis and a program scan, during the Year One reporting period.

- Developed concept note to guide the literature review and analysis of secondary data.

## YEAR 2 PRIORITIES

- Conduct literature review, program scan and secondary analysis of DHS data from Niger and Benin
- Write final report summarizing all assessment findings
- Develop Implementation Kit for HTSP
- Pretest Implementation Kit in Togo and Niger
- Host webinar to disseminate Implementation Kit

## Year 2 Activity 1.3: Engaging Youth for Healthy Lives (FP/RH CORE)

### YEAR 1 ANNUAL PROGRESS HIGHLIGHTS (7/1/2013 – 9/30/2013)

In order to improve the capacity of practitioners to implement SBCC activities for urban youth, HC3 aims to gather the evidence base on determinants of sexual and reproductive health of urban youth and best practices in strategic communication, and translate it into useful programming tools that can be adapted and utilized by field

programs as quick-start launch pads for urban youth programming on health.



During the July – September quarter of this reporting period, HC3 initiated this activity with an assessment of the social and behavioral determinants of urban youth SRH through secondary analysis of DHS data from Benin, and a review of relevant peer-reviewed and grey literature. This was complemented in the planning for an Evidence Exchange Forum to be held October 16<sup>th</sup> 2013, in Washington, DC.

### Evidence Search & Framework

- Conducted secondary analysis of Benin and Madagascar DHS data to identify sexual and reproductive health (SRH) behaviors among urban youth, including age at first sex, condom use, pregnancy and contraceptive use, and explore media use patterns.
- Conducted search of the peer review and grey literature to identify determinants of urban youth SRH behaviors, including ideational, social, gender and contextual factors, as well as project documentation and evaluation from SBCC programs for urban youth in developing countries.
- Initiated analysis and write-up of literature search findings (to be completed October 2013).
- Planned for a one-day evidence exchange forum in Washington DC on SBCC for urban youth SRH. Contracted venue, identified expert participants, planned logistics including use of facilitator and graphic facilitator; secured panelists; developed agenda; designed and issued invitation

### YEAR 2 PRIORITIES

- Complete analysis and write up of literature review.
- Host online webinars to share evidence review findings and gather additional evidence from the field.
- Host evidence-exchange forum on October 16 in Washington DC on SBCC for urban youth SRH.

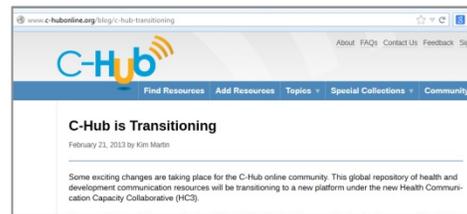
- Write final report summarizing all assessment findings.
- Develop Implementation Kit for urban youth.
- Pretest Implementation Kit in Benin and Madagascar.
- Host webinar to disseminate Implementation Kit.

## IR2 Activities: Continued Development of SBCC Capacity

### Activity 2.1: Transfer of C-Change Resources (FP/RH CORE)

#### YEAR 1 PROGRESS HIGHLIGHTS

In order to facilitate a smooth transition of technology platforms and electronic resources, HC3 worked with C-Change staff and partners to jointly develop a transition plan. During the first months of the project, HC3 staff carefully and methodically transferred the technical and financial management of the technologies. In



addition, ideas for future enhancements of them were solicited from C-Change staff and partners to inform their future development. Finally, communication was maintained with C-Hub users and information about upcoming transitions was shared.

- Conducted meetings with C-Change and related web property stakeholders and, based on implementation experiences, data analytics, and assessments, developed plans for transition of technology platforms and associated content. Also collected information on enhancements and upgrades stakeholders would like to see implemented in future iterations.
- Transferred technical and financial management of technology platforms – C-Hub, Ohio University eLearning related content, and DNS – to JHU·CCP.
- Integrated select C-Hub resources into the Health COMPass. C-Hub and all of its resources will remain accessible in their current form and location and will be linked with the MarketPlace virtual platform once it is online.
- Developed and delivered communications to C-Hub users about transition from C-Change to HC3 and the upcoming development of the MarketPlace virtual platform.

#### YEAR 2 PRIORITIES

*This activity does not have a corresponding activity continuation in the Year 2 workplan*

- This activity was completed during Year 1. In Year 2, HC3 will transition C-Hub users and any relevant content to the MarketPlace virtual platform.
- In the second quarter of Year 2, relevant C-Change materials will be uploaded into the Health COMpass. All C-Change materials are available through the main menu tab bar on the Health COMpass.

### **Activity 2.2: Capacity Toolkit Revision and Expansion (FP/RH CORE)**

*Please see Year 2 Activity 2.2 for In-Country Partnerships progress highlights and Year 2 Activity 2.3 for Blended Learning progress highlights.*

#### **YEAR 1 PROGRESS HIGHLIGHTS**

As part of HC3's mandate to strengthen local capacity in SBCC, HC3 assembled a comprehensive collection of high-quality capacity strengthening tools and resources. This "best of the best" collection will assist practitioners to design, manage, implement, and evaluate effective SBCC programs by providing concrete resources and examples. This is the SBCC's community's opportunity to bring together many of its great tools under one roof where they are easily accessible to local implementers. It is also a site that will help to "make the case" for SBCC by highlighting successful and promising examples of SBCC projects, both those implemented by the many other partners working to save lives through SBCC. The Health COMpass is a "living" collection that will be continually modified and added to throughout the life of the project.

In Year 1, HC3 focused on building the Health COMpass materials collection by identifying gaps in the existing SBCC capacity strengthening portfolio and addressing these gaps quickly and efficiently. The team worked to design and develop the first iteration of the Health



COMpass platform. The capacity strengthening team conducted outreach with the SBCC community in order to populate the Health COMpass through presentations at CORE Group and the Learning Forum, face-to-face discussions, email invitation, and telephone calls. The process by which the team involved partners from around the world in the development of the Health COMpass will help both to ensure its relevance and to ensure a broad base of investment in the site as a SBCC community-owned resource.

#### **Health COMpass Website Development**

- Designed and developed the Health COMpass beta site for testing and feedback.
  - Defined taxonomy to guide the tagging process.
  - Defined the parameters and criteria for the resources to be collected.
  - Conducted user testing among JHU-CCP staff worldwide and select partners, collecting almost 30 responses.

- Engaged five colleagues from Guatemala, Pakistan, Nepal, Malawi and Uganda in usability testing (live task-focused observation of site use).
- Developed a working strategy document to guide the vision of the Health COMpass.
- Health COMpass went live August 30, 2012.
- To date 490 resources uploaded, 98 organizations represented in the collection at launch, and over 200 users registered.
- Twenty percent of users downloaded a document in the first week of use. As of September 30<sup>th</sup>, 1,049 visits were made to the site, representing 499 unique visitors. It has been accessed from the US, Tanzania, South Africa, Bangladesh, Kenya, Mozambique, Ethiopia, India, and the UK.
- Developed concept and list for the Implementation Guides: Methodical easy-to-follow guides to teach and reinforce capacity in the core components of SBCC. Over 20 guides were identified. Presented a task order to Forum One on the Implementation Guides.
- Planned development of Implementation Guides with HC3 partners MSH, PSI, InterNews and Ogilvy PR, including guidelines and templates to assist in the production.

## YEAR 2 PRIORITIES

*This activity will be continued in Year 2 as Activity 2.1: Expand and Revise Tools Collection (FP/RH CORE)*

- Increase user engagement on the Health COMpass by leveraging key events, blogging and a user newsletter to solicit commentary and submissions.
- Develop and build monthly focus packages, starting with Gender, including user survey to determine topics.
- Develop Implementation Guides on core SBCC topics for specialized audiences. The methodical easy-to-follow online guides to teach and reinforce capacity in the core components of SBCC, including links to full-length resources, templates and examples.
- Develop 2-3 Implementation Kits in priority PRH issues: Comprehensive online kits integrating key implementation guides augmented with specialized technical or thematic content. Topics will be finalized in discussion with USAID PRH. Potential topics include: Integrating SBCC into Service Delivery, Community-based FP Services, Client-Provider BCC, MCH integration or other focus areas to be identified.
- Work with Forum One to further refine the Health COMpass to be more interactive, user friendly and responsive to user search.
- Develop 3 video clips on SBCC basics: 1) What is SBCC? 2) How we know SBCC works/How to measure SBCC 3) Steps of the P-Process.

## Activity 2.3: Expand HC3 eLearning and mLearning Offerings (FP/RH CORE)

### YEAR 1 PROGRESS HIGHLIGHTS

In Year One, HC3 laid the foundational building blocks for an expanded set of eLearning and mLearning offerings. First, HC3 navigated a seamless migration of the Ohio University Learning Management System (LMS) platform, database and SBCC Basics course with virtually no system down-time. In addition, an HC3 consultant coded additional security features into the LMS to provide enhanced protection of user data. HC3 also compiled a collection of free, online courses and curricular materials that will guide practitioners to accessible, high-quality learning opportunities and, combined with an outline of Research and Evaluation competencies, will be used to develop a specialized learning package targeting advanced professionals. Finally, HC3 conducted a review of effective eLearning and mLearning approaches in lower- and middle-income countries. These resources will be used to inform the development of an HC3 blended learning approach and its implementation in country-based projects.

#### Collection of Online Courses and Materials

- Developed list of 33 existing free, online Health Communication courses and curricular materials including those on basic foundations, advanced topics (specific socio-ecological levels, intervention types, and health domains) and research and evaluation. Upon review, the information about and links to the best courses and curricular materials will be compiled into a guide to online learning resources for Health Communication and published to the HC3 website and disseminated via a blog post, the MarketPlace, targeted listserv postings and social media channels.
- Developed an outline for an M&E kit that will also inform the development of the competencies and objectives for compiling a Health Communication Research and Evaluation learning package. This package, once completed, will be made available online via a Learning Management System for MarketPlace members interested in developing or strengthening their Research and Evaluation skills.

#### C-Change SBCC Basics Course and LMS

- Migrated to an HC3-administered server, enhanced the security features of, and continue to manage the Learning Management System (LMS) developed by Ohio University under C-Change to host the Health Communication/SBCC Basics course. Additional enhancements or transition to a new LMS will be considered as the



- MarketPlace virtual platform is developed.
- Migrated the content to the new server and continue to manage the Health Communication/SBCC Basics course developed by Ohio University under C-Change. No modifications were required; however, the transition of ownership to HC3 will facilitate any future modifications deemed necessary.
  - Fifty-six new accounts on the LMS have been created since the project transition. Of these new users, four have already completed the entire course, two have completed four out of six units of the course, four have completed the first two units, and one has completed the introductory unit. There are now 684 total users of the system.

### **Evidence Review**

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- A review of eLearning and mLearning interventions in lower- and middle income countries was written based on 49 peer-reviewed articles and grey literature sources, limited to those that reported either a learning or performance-related outcome; for example, an improvement in learning retention or quality of service delivery. The report has been used to inform concept note development for country projects and will be used as an input into the development of the blended learning strategy.

### **Country-Level Implementation**

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- Integrated the use of evidence-based best practices in eLearning and mLearning into the concept note for Nepal and provided resources on designing and implementing mobile technology projects to current Health 4 Life (H4L) partners.
- Attended mHealth Summit and helped plan and facilitate mHealth Working Group workshop, supported by K4Health, on country-level mHealth project implementation. Several products based on the outputs of this session – in particular, the mHealth Basics course on the Global Health eLearning site and the mHealth Planning and Implementation Toolkit – will be used to support mHealth capacity building in-country and to guide future mHealth project design and implementation.

### **YEAR 2 PRIORITIES**

*Some aspects of this activity do not have a corresponding activity continuation in the Year 2 workplan. Blended learning and eLearning activities will continue in Year 2 under Activity 2.3*

- Review collection of Health Communication courses and curricular materials for quality assurance purposes and release via the MarketPlace. As necessary, incorporate materials into Health Communication/SBCC Basics course. Compile resources into a Health Communication Research and Evaluation learning package.

- Integrate LMS into the MarketPlace virtual platform, potentially to include identifying a new LMS and migrating existing content.
- Findings from integrative review will be used to inform broader HC3 blended learning strategies and recommendations.

#### **Activity 2.4: Strengthen University-Led Instruction in Health Communication (FP/RH CORE)**

##### YEAR 1 PROGRESS HIGHLIGHTS

The vision of the University Initiatives under HC3 is an active network of local universities and communication scholars engaged with local partners and with the international community to support and expand the contributions of health communication to social and behavior change at scale. Specifically, the HC3 University Initiatives are designed to strengthen the roles that local universities can play in the design, implementation and evaluation of health communication programs regionally and locally, as well as increase their connections to the global community of scholars and their contributions to advancing the field of health communication research and practice. Primary audiences for this set of activities include academic leaders, faculty and students in local universities in all regions where HC3 works, who either lead academic programs, who teach or study social and behavior change communication theory, research and practice or who are engaged in SBCC practice. Secondary audiences for this set of activities include partners in Regional Marketplaces who are engaged in health communication programs and who could benefit from collaboration with local universities and communication scholars.

The major accomplishment in Year One was the completion of a needs assessment survey among potential partner universities that were identified through an earlier landscaping exercise and designed based on a review of SBCC core competencies and course content. Twenty universities in 10 countries (Bangladesh, India, Indonesia, Ethiopia, Tanzania, Mozambique, Zambia, Cote d'Ivoire, Ghana and Nigeria) in South Asia, Southeast Asia, East Africa, Southern Africa and West Africa responded to our survey. A preliminary report of the findings was presented at the September 2013 HC3-USAID face-to-face meeting. The full technical report indicating how the participating universities can be supported to strengthen their engagement with and contributions to the objectives of Activity 2.4 will be distributed in the first quarter of Year Two. We will proceed with follow-up with the responding universities, but remain open to new university input as it becomes available. In addition, four cost-shared capacity building workshops on communication theory and research methods and on strategic communication planning were conducted with faculty and students at three universities in Tanzania, Ethiopia and Colombia. Funding to the University of Witwatersrand continued to support a student scholarship program; one student selected competitively by UW was funded to continue his MPH coursework there. Contact between the executive boards of AfriComNet and the International Communication

Association (the largest international academic communication association) has been facilitated, resulting in pledges from ICA to work with African universities to expand opportunities for membership and scholarly exchange. Jimma University in Ethiopia has become a new institutional member of ICA and will submit papers for the ICA annual conference in 2014. Finally, HC3 is working with the Johns Hopkins Bloomberg School of Public Health Office of Continuing and International Education to develop certification guidelines for HC3-supported international course work and training.

### **Student Sponsorship**

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- HC3 supported one student from sub-Saharan Africa to complete MPH training at University of Witwatersrand, South Africa. The MPH faculty at Wits identified the candidate from among their applicants based on financial need and academic merit. A second student did not matriculate during the program year.
- HC3 remains in discussion with faculty at Wits about ongoing collaboration, including participation in AfriComNet meetings, the HC3 MarketPlace university group and potential student support.

### **Landscaping Exercise**

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- Conducted landscaping exercise with partners and field offices in priority countries to profile past and present university collaborations; identify potential new partners; and prioritize universities for University Needs Assessment.
- With the Regional Marketplace team, developed list of priority SBCC competencies and course content related to academic and professional training and used those to design the University Needs Assessment.

### **University Needs Assessment**

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- Completed University Needs Assessment survey; 20 responses from 10 countries were received.
- Preliminary report presented at the September 2013 HC3-USAID Face-to-Face Meeting. Full technical report will be distributed in the first quarter of Year Two.

### **University Community of Practice**

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- Facilitated contact between administrators and executive boards of AfriComNet (pan-African network of communication professionals and academics) and ICA (the International Communication Association).
- Met with East and Southern Africa Management Institute (ESAMI) in Arusha, Tanzania, to introduce HC3 and the University Partnership and to conduct the formative needs assessment.

### **University Capacity Building**

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- Conducted four capacity building workshops with faculty and students on theory and research methods, and on strategic communication planning:
  - Muhambili Health and Allied Sciences University (Tanzania) - 12 faculty and two students; focused on the use of theory for project planning and evaluation
  - Muhambili Health and Allied Sciences University (Tanzania) - 10 faculty and 2 students; focused on causal attribution in program evaluation.
  - Half-day session on the Diffusion of Innovations with 12 ACE Fellows, graduate students from several universities in Tanzania who have been placed in internships with ongoing health communication programs.
  - Universidad del Norte (Columbia) - 5 day workshop with 15 graduate students on the design, implementation and evaluation of health behavior change programs.
- Recruited a University of Dar es Salaam faculty member to serve as co-investigator on the Tanzania communication channels impact study.

### **JHSPH Certification for HC3**

- Started development of guidelines for Johns Hopkins Bloomberg School of Public Health certification of HC3-supported international course work and training with the JHSPH Office of Continuing and International Education.

### **YEAR 2 PRIORITIES**

*This activity will be continued in Year 2 as Activity 2.4: Strengthen University-Led Instruction in Health Communication (FP/RH CORE)*

- Finalize University Needs Assessment and formulate recommendations for Phase II university capacity building activities; evaluate need to expand assessment to a second tier of universities.
- Develop formal plans with universities selected based on Needs Assessment process to strengthen faculty and student mentoring and training in theory, research, analysis and dissemination, especially as it relates to engagement with projects and partners in Regional MarketPlaces.
- Formalize process for university faculty and students to become involved with country projects and Regional MarketPlaces (e.g., through student internship placements, faculty consultancies on research and strategic planning, and university-based professional training).
- Support at least two university partners to develop submissions to at least two major academic conferences (ICA, ICASA, IAMCR, IUSSP, others). [nb: already doing this this year with University of Indonesia for 2014 ICA conference.]

- Conduct four webinars and two regional events, including regional event scheduled for November 2013 in conjunction with International Family Planning Conference in Addis Ababa, Ethiopia.
- Facilitate up to 20 student internships with SBCC programs.
- Develop and implement competition for two faculty research innovation grants.

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### **Year 2 Activity 2.2: In-Country Partnerships (FP/RH CORE)**

*In year 1 this activity was included under Activity 2.2: Capacity Toolkit Revision and Expansion (FP/RH CORE), however all In-Country Partnerships highlights are included here.*

#### **YEAR 1 PROGRESS HIGHLIGHTS**

HC3 collaborated with five USAID Missions – Cote d’Ivoire, Guatemala, Nepal, Pakistan, and Tanzania – to identify local partners to serve as the early implementers of the Health COMpass, to provide feedback and help to improve the collection through use, documentation and dissemination. Pre-test partnerships were designed to engage local partners for an initial six-month pilot period designing and organizing activities that complement and support each partner’s current project and coordinated with SBCC activities in the country.

In Year One, four local partnerships were formally established to: provide feedback on the content and organization of the toolkit, pre-test selected materials, develop case studies on working with the toolkit, identify gaps in the tools available and note any challenges in working with the tools. The capacity strengthening team (comprised of JHU-CCP and MSH staff) worked closely with these partners to assemble early lessons learned so as to provide an evidence base for utilization of the toolkit and to promote the toolkit further (*Note: the fifth partnership was postponed to year two given visa delays*).

#### **Pre-Test Partnerships**

- Established pre-test partnerships in four countries – Cote d’Ivoire, Nepal, Guatemala and Tanzania– with seven organizations – CCP Cote d’Ivoire; RTI Nepal; PASMO, Save the Children, URC, and CRS (Guatemala); and Femina Hip (Tanzania).
- Worked with Partners to identify high quality tools in each partner’s identified priority area(s):
  - Cote d’Ivoire: Gender (ISOFI Toolkit by CARE/ICRW)
  - Nepal: District Level Communication Strategy (JHU-CCP), and ICT strategy (TBD)

- Guatemala: PASMO (Engaging Men and Boys in Gender Equality and Health by Promundo/UNFPA); Save, URC (SBCC and Nutrition TBD)
- Tanzania: Monitoring and Evaluation (Using Case Studies for Program Evaluation/CDC), ICT Strategy (TBD)
- Created templates and guidelines for each of the partnership deliverables.
- Sponsored participant from Nepal (NHEICC) to participate in the Baltimore-based Leadership in Strategic Health Communication workshop in June 2013.
- Held two workshops with two local NGOs in Cote d'Ivoire using the ISOFI Gender tool developed by CARE and ICRW. The ISOFI tool supports awareness and understanding of gender and sexuality issues by NGO staff so as to align beliefs of program staff with the realities and issues comprising their professional duties within the communities they serve.
- Conducted multiple planning sessions with Marie Stopes Society in Pakistan in anticipation of upcoming trips to establish the partnership.
- Revised the organizational capacity assessment tool to be pre-tested in Pakistan in year two.

## YEAR 2 PRIORITIES

- Travel to Pakistan and Tanzania to formally establish partnerships and implement pre-test activities in remaining countries
- Collaboratively develop case studies and success stories for each country and disseminate them
- Publish 2 blog posts from each country highlighting use of the Health COMPASS and implementation of resources
- Work with partners to develop two webinars documenting the pre-test activities
- Engage pre-test partners as early members on the Marketplace to lead discussions pertaining to use of tools pre-tested

### **Year 2 Activity 2.3: Blended Learning Approaches (FP/RH CORE)**

*In year 1 this activity was included under Activity 2.2: Capacity Toolkit Revision and Expansion (FP/RH CORE), however all Blended Learning progress highlights are included here.*

## YEAR 1 PROGRESS HIGHLIGHTS

Blended learning is a combination of delivery mechanisms ranging from virtual web-based platforms to traditional face-to-face workshops and trainings. In order to strengthen HC3's Capacity Improvement Cycle and support country-level implementation, the capacity strengthening team will use a blend of learning

approaches. HC3 will embrace a blending learning approach in order to build country level capacity in social and behavior change communication.

Building on a review conducted by K4Health for the GHEL platform and the literature review conducted by HC3 on e- and m-learning, HC3 developed a blended learning concept note which proposes to broaden the search to include literature from microfinance, agriculture, education and public health, as well as grey literature. In Year One, the HC3 capacity strengthening team conducted a desk review that will serve as the foundation for the HC3 blended learning approach and guide, as well as possible tools to support dissemination and training.

- Developed blended learning concept note for literature review.
- Conducted desk review of blended learning guides and tools. This review is the initial scan of guides and resources, including but not limited to the GHeL Blended Learning Guide developed under Knowledge for Health and the BlendKit course organized by University of Central Florida's BlendKit Course.
- Participated and co-facilitated session at K4H learning forum on GHeL and using the Blended Learning Guide.

## YEAR 2 PRIORITIES

- Conduct literature review on blended learning.
- Identify candidates and host expert review.
- Develop key recommendations for blended learning based on literature review and expert review.
- Develop blended learning manual.
- Host a blended learning webinar.

## Cross-Cutting Systems

### **Activity 3.1: Strengthen Advancement of Health Communication Research and Evidence (FP/RH CORE)**

Health communication capacity consists of the technical knowledge and skills to design, implement, and evaluate communication activities. HC3 will directly add to this body of knowledge by implementing a rigorous research agenda to address priority research questions to support advancements in health communication programs. HC3 will also foster the development of research skills among developing country researchers to ensure that governments and implementing organizations have access to a community

of researchers who can effectively inform program implementation and strategy development.

## YEAR 1 PROGRESS HIGHLIGHTS

An initial scoping exercise was conducted among the CCP research division to identify priority SBCC research areas and guide the development of a research agenda for the project. Two priority areas arising from this exercise – exploring the importance of interactive communication technologies and identifying the relative effectiveness of different communication channels – have informed a study currently being implemented in Tanzania. This study is exploring the relative effects of messages communicated through different channels (mass media, community-level, and interactive communication channels) on family planning use. To date, we have conducted a detailed census of the FP communication programs currently being implemented in Tanzania and developed a study design and a draft questionnaire to explore the independent and combined effects of the different communication channels used by these programs. To support the capacity strengthening agenda of the project, a faculty member from the University of Dar es Salaam was selected through a competitive process to serve as the local investigator on the study.

Other priorities developed during this scoping exercise include: understanding the potential synergies that arise from integrating SBCC activities across health areas, elaborating community-level theories of change, incorporating the element of time to explore factors associated with habit formation and behavioral maintenance, and testing innovative approaches for evaluation of SBCC programs in real-time. HC3 will continue to review and refine this research agenda and to seek out opportunities to study these research questions using focused research studies.

While a number of organizations conduct training activities to develop research capacity in developing countries, a key gap in these trainings is the inclusion of behavioral science theories and concepts to inform approaches to identify key SBCC messages and assess the pathways through which communication may influence behavior. HC3 will focus its research capacity strengthening on addressing this gap. As a first step in this process, HC3 identified the AfriComNet annual meeting as a unique opportunity to introduce theoretical issues into SBCC research. A concept note was drafted to organize and support the AfriComNet Annual Meeting in 2014 around theory-based SBCC program evaluation, where meeting participants will be exposed to case studies using theory for formative research and outcome evaluation.

The contents of the online searchable database have been largely identified through the HC3 systematic reviews and existing review documents, including the documents collected as part of the child survival evidence summit and prior reviews conducted by CCP staff. Going forward, the HC3 research team will liaise with the JHU mHealth group

responsible for developing a searchable database of mHealth literature to identify lessons learned in order to streamline the process of database development in Year 2.

## YEAR 2 PRIORITIES

*This activity will be continued in Year 2 as Activity 3.1: Strengthen Advancement of Health Communication Research and Evidence (FP/RH CORE)*

- Complete Tanzania Communication Study, with a minimum of two conference presentations and publishable manuscripts submitted for review
- Complete Research Implementation Guides on: logic models, results frameworks, and development of indicators, along with supplementary lists of relevant illustrative indicators
- Complete and disseminate eight additional concept documents in the Research 101 series (to be re-branded under HC3)
- Initiate webinar series illustrating and promoting the use of theoretical concepts in SBCC research and evaluation.

## Year 2 Activity 3.2: Making the Case for Communication (FP/RH CORE)

*In year 1 this activity was included under Activity 3.2: Ensure Efficient Project Management and Operations (FP/RH CORE), however all Making the Case for Communication progress highlights are included here.*

## YEAR 1 PROGRESS HIGHLIGHTS

Making the case for social and behavior change communication is an important part of HC3's activities because SBCC is a valuable tool that can boost the impact of existing health programs. Making the case includes advocating for greater use of SBCC in health interventions, as well as strengthening the capacity of stakeholders to advocate for its use. Promoting the evidence that proves SBCC's effectiveness is a key method, but the promotion needs to use more engaging outlets such as social media, video, infographics and data visualization.

HC3 began making the case for SBCC programs by using outreach platforms developed in Year One (HC3 website and social media outlets). This included regular blogs, as well as using social media outlets (Facebook and Twitter). Content ranged from research briefs to reports to events that demonstrate the effectiveness of SBCC. HC3 hosted a Learning Forum to focus on the current state of SBCC as well as SBCC capacity strengthening. In year 2, as the project matures, each development will be chronicled and disseminated to wider audiences through traditional and new media with the goal of advocating for SBCC as an integral part of



any health program. This includes a mix of print, video, photojournalism, infographics, data visualizations, and audio clips.

- Launched the HC3 website in February 2013 for blog postings, partner recognition, social media outlets, project materials and events. The site uses a K4Health developed “Sites4Dev” platform.
- Hosted an HC3 blog site that launched with the website with 32 posts by 11 contributors, including from two HC3 partners (MSH and NetHope). There were 725 unique visitors to blog posts on innovative communication channels and approaches through 9/30/2013
- Led Social Market Brownbag discussion and webcast in March 2013, exploring differences between SBCC and social marketing approaches featuring speakers from HC3 partners - CCP, PSI and Ogilvy PR. 106 participants (42 in person, 64 via web).
- Facilitated a Health Communication Learning Forum on the Art and Science of SBCC, 5/30/2013, with a capacity strengthening focus to introduce the Health COMpass and highlight the MarketPlace. The event featured presentation by all HC3 core and specialized partners as well as a representative from AfriComNet. The event concluded with a presentation by Jonathan Gottschall, author of “The Storytelling Animal.” 62 attendees and 25 webinar participants.
- Launched Twitter and Facebook for HC3 and continually post project updates, including blog posts, events and products. Over 220 Facebook “likes” and 252 Twitter followers.
- Provided access to C-Hub and self-paced SBCC Training Modules through HC3 site.
- Provided access to Health COMpass through HC3 site, as well as blog posting and social media posts to announce its launch.
- Disseminated electronic announcements for the launch of the Health COMpass as well as the Innovation Webinar series.

## YEAR 2 PRIORITIES

- Produce FP Advocacy Video for ICFP 2013 to inspire and motivate the FP community and others at the opening of the international conference.
- At least two more videos to make the case for SBCC through case studies and evidence presented in a user-friendly format.
- Promotion of MarketPlace through HC3 blog postings and social media, as well as upcoming events, including during the ICFP 2013 conference in Addis Ababa.
- Continued blog postings and social media outreach about availability of new SBCC products and resources as well as new evidence that makes the case for SBCC.
- Launch YouTube channel for posting SBCC advocacy videos and field work

- Other events such as APHA and ICASA where HC3 will have a presence and promote the use of SBCC in helping make a difference in health interventions.

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**Activity 3.2: Ensure Efficient Project Management and Operations  
(FP/RH CORE)****YEAR 1 PROGRESS HIGHLIGHTS**

During Year One, HC3 developed procedures, processes and management systems designed to support efficient project operations and meet project deliverables. A key goal of HC3 management is to ensure timely and effective communication among all HC3 partners and technical teams within the project. HC3 also uses these systems to track project outputs and achievements across the collaborative according to its performance monitoring plan. Another goal of the project management systems is to facilitate compliance with US government and Johns Hopkins University procurement procedures. HC3's processes build on JHU's financial and administrative systems.

**Partner Subawards and Activities**

- Initiated subawards with two HC3 core partners – MSH and NetHope – for collaboration and staff secondment on project activities, including capacity tools and new media and innovation approaches.
- Initiated subawards with three HC3 specialized partners – Internews, Ogilvy PR, and PSI – to support program activities including participation in project planning meetings, provision of specific technical support and preliminary development and identification of resource tools.
- Developed mechanisms to leverage existing HC3 partner systems, especially through country-based program management teams, to support HC3 activities at country-level for more efficient operation.
- Adopted collaboration tools to streamline collaboration and discussion among all HC3 partners, including use of “Basecamp” (hosted by NetHope) for discussion boards and document sharing; GoogleDocs for weekly meeting agenda development and activity trackers; and DropBox for large document sharing.
- Granted HC3 partner organizations access, by request, to CCP Sharepoint intranet.

**Staffing**

- Hired staff to fill all technical leadership roles on project and key administrative positions.
- Expanded project staffing to include strengthen core-funded technical support functions, including team leaders for all technical areas and program and administrative support staff.

- Recruited consultants to assist in delivery of outputs for UNCoLSC Rec7 activities.

### **HC3 Branding**

- Finalized project branding and marking plans and developed project identity and logo for use by all collaborators on all materials.

### **Project Management Meetings & Working Groups**

- Conducted weekly telephone calls and monthly face to face meetings with USAID management team.
- Conducted quarterly meetings with HC3 core and specialized partners to share project progress and plan activities.
- Developed HC3 partnership newsletter with two issues sent to all HC3 collaborators containing programmatic and administrative updates.
- Conducted regular meetings with all HC3 internal teams to ensure regular flow of information and timely review and tracking of project progress and financial indicators.
- Participated in USAID-related thematic working groups, including mHealth working group and Global Health Knowledge Collaborative.

### **Financial and M&E Tracking Systems**

- Submitted required project financial reports and developed systems for future activity-based financial tracking.
- Developed and finalized project performance monitoring plan and associated monitoring systems.

## **YEAR 2 PRIORITIES**

*This activity will be continued in Year 2 as Activity 3.3: Project Management & Operations (FP/RH CORE)*

- Renew subawards with up-to-date scopes of work for all HC3 partners to ensure seamless continuation of all activities.
- Hire additional program and administrative staff to support all technical areas on project.
- Continue regular telephone calls and face to face meetings with USAID management team.
- Continue regular meetings with HC3 core and specialized partners to share project progress and plan activities.
- Publish HC3 partnership newsletter quarterly
- Conduct regular meetings with all HC3 internal teams to strengthen internal knowledge management and timely tracking of project progress and financial indicators.

- Develop HC3 leadership and participation in key USAID-related working groups, including gender, youth and monitoring and evaluation.
- Ensure quarterly tracking of project performance indicators.
- Submit required project reports to USAID per requested schedules.

## Section 2: HIDN-Funded Activities

In Year One, activities supported through the funding from the Office of Health, Infectious Disease and Nutrition focused on two main areas of emphasis: 1) support to the UN Commission on Life Saving Commodities process with particular attention to developing implementation guidance for Recommendation 7 (Demand Generation) across all commodities; and 2) support to the Population-level behavior change for child survival evidence review process. The HC3 team also leveraged its core initiatives to provide a platform of information and program model sharing for faith-based organizations, in preparation for anticipated greater engagement with this community in future program years.

### IR1 Activities: Increased SBCC Capacity

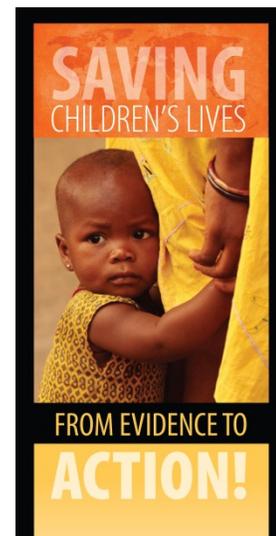
#### Activity 1.2: Support to UN Commission on Life Saving Commodities for Women and Children (FP/RH CORE, HIDN CS)

- *Please see Section 1: PRH Funded-Activities on page 10.*

#### Activity 1.3: Expand Behavior Change Communication to Enhance Child Survival and Development in Lower- and Middle-Income Countries (HIDN/CS)

Through this activity, HC3 aimed to collaborate with USAID and UNICEF on their joint effort in convening the Population Level Behavior Change (PLBC) Evidence Summit in child survival and development and its various pre-summits and evidence reviews. HC3 also sought to support the country level processes for A Promised Renewed workplanning and implementation of SBCC components, as well as technical guidance for faith-based organizations in designing and implementing behavior change activities for child survival.

In Year One, the HC3 team was actively engaged in various aspects of the Evidence Summit, including participation in Evidence Review Teams (ERTs), completion of a literature review to identify and document well-evaluated SBCC initiatives for child survival in the East Africa region; development of policy briefs; and planning and participating in the regional and global meetings as part of the Evidence Summit process, including technical, logistical and media relations support with partner Ogilvy PR.



## YEAR 1 PROGRESS HIGHLIGHTS

### **Planning for Country-level Child Survival Priorities**

- Initiated planning for a child survival implementation kit for faith-based leaders. Conducted meetings with USAID, UNICEF and FBO team; Developed preliminary collection of materials; Developed scope of work and Request for Proposals for mini-grants to faith-based organizations.
- Developed SOW to support country-based integration of child survival priority plans in 2-3 countries in Africa region and identified consultants to support country-based integration of child survival priority plans in Nigeria. *These activities were put on hold at the request of USAID.*

### **PLBC Evidence Reviews**

- Conducted literature review on East Africa region; Contributed identified documents and articles to the KMS knowledge management system;
- Developed, designed and produced reports and four research briefs summarizing the evidence from East Africa linking SBCC approaches to child survival and presented findings at a summit in Addis Ababa, Ethiopia.
- Supported outreach event at Women Deliver Conference (Malaysia) on behalf of USAID to publicize PLBC process, including production of collateral materials.
- Participated in and provided support to the US-based Child Survival Evidence Review process. Sourced articles for general evidence review; provided active support to Evidence Review Teams (ERTs) 2 (community engagement) and ERT 4 (stigma); Participated in New York Pre-Summit; Supporting consultancies to finalize papers for ERTs 1 and 2.

### **PLBC Evidence Summits**

- Participated in and provided support to sub-regional Child Survival Evidence Review – East Africa. Prepared presentation for Africa regional evidence review; Provided leadership at Africa regional summit, including meeting facilitation and delivering a presentation at the meeting of Ministers of Health;
- Participated in and provided planning and implementation support to the US-based Child Survival Evidence Summit in Washington DC. Provided strategic and logistical planning support for Evidence Summit and Media Festival; Identified and collected video highlights and produced montage video; Designed and produced banners and collateral materials; Conducted media outreach and secured coverage of event through Ogilvy PR; Supported logistical arrangements and costs; Provided on-site logistical support; Produced Summit Highlights video.
- Provided support to Latin America Child Survival Evidence Summit – Panama. Produced Latin American montage video; Conducted media outreach and secured media coverage through Ogilvy PR.

- Gathered materials and resources to develop Faith Based Health COMpass package and support Faith Communities' Promise Renewed: Ending Preventable Child Deaths, Supporting Mothers meeting hosted by Georgetown University and USAID on October 10, 2013.

#### YEAR 2 PRIORITIES

*This activity will be continued in Year 2 in the HIDN CS workplan.*

- Supporting publication of a Journal Supplement on the child survival evidence review findings.
- Funding mini-grants for faith-based organizations to implement outreach and engagement on priority child survival behaviors.
- Supporting Faith Communities' Promise Renewed: Ending Preventable Child Deaths, Supporting Mothers meeting hosted by Georgetown University and USAID on October 10, 2013 in Washington, D.C.
- Developing Health COMpass package for faith based organizations.
- *Additional activities will be clarified in the HIDN Year 2 workplan (to be submitted Oct 30<sup>th</sup>).*

## Section 3: PMI-Funded Activities

A growing body of evidence supports the role SBCC programs play as an effective approach for increasing the use of many positive health behaviors, including those related to malaria prevention and treatment. While many health sectors (family planning, HIV/AIDS, water and sanitation), have, for decades, made SBCC a core component of their programs, the malaria community is still struggling to reach the same level of adoption. In order to effectively integrate evidence-based communication into global and national malaria control strategies and policies it is important to not only build capacity in SBCC amongst the malaria experts, but also to identify simple, yet state-of-the-art SBCC processes for the malaria community to follow and to establish norms that encourage the consistent use of SBCC in malaria programs. Year 1 activities laid the groundwork to help PMI, through research, capacity building, and the use of both face-to-face and online collaboration, identify these processes and establish norms within regional and country malaria SBCC teams.

### IR1 Activities: Increased SBCC Capacity

#### Activity 1.4: Support to PMI to Scale up Malaria Control Behaviors (HIDN/PMI)

In Year One, activities supported through the funding from the President's Malaria Initiative (PMI) focused on making the case for SBCC approaches as a critical element in malaria control programs. Four key activities were completed under the Year 1 PMI work plan. In the area of research, HC3 developed a standardized survey protocol and questionnaire to measure knowledge, perceptions, and beliefs related to malaria, ITNs, IRS,



diagnostics and treatment seeking and to link these factors to malaria related health behaviors. HC3 facilitated the first PMI SBCC Partners' meeting, bringing together PMI, NMCP and MOH officials and implementing partners responsible for malaria SBCC for a 5-day meeting in Addis Ababa, Ethiopia. HC3 began the process of revitalizing the RBM Communication Working Group. And, SBCC technical assistance was provided to the Zimbabwe NMCP to update their national communication strategy and improve capacity in malaria SBCC. The ground-breaking work that HC3 began in malaria SBCC was most evident during the PMI SBCC Partners' meeting. Participation was unexpectedly high and an indication of the need and interest in further refining SBCC tools, networking opportunities, and capacity building resources to support malaria programs.

## YEAR 1 PROGRESS HIGHLIGHTS

### **SBCC Survey Tool**

- Collaboration with Malaria SBCC M&E working group to refine indicators to develop standard survey instruments and tools to document the impact of behavioral and communication approaches on malaria control.
- Development of SBCC survey tool to measure attitudes and perceptions related to malaria prevention and treatment.
- Exploratory visits to Liberia and Madagascar to refine survey instruments, develop research protocols and initiate plans to conduct SBCC survey.

### **TA to Zimbabwe**

- Provided technical assistance to Zimbabwe National Malaria Control Programme in development of national communication strategy. Facilitated SBCC capacity building workshop and developed implementation guidelines for SBCC approaches for malaria control

### **PMI BCC Partners Meeting**

- Planned and facilitated 1<sup>st</sup> PMI BCC Partners meeting in Addis Ababa Ethiopia, bringing together SBCC implementing partners, SBCC focal leads at the NMCP, USAID Mission staff, and malaria advisors from PMI headquarters in Washington, DC and Atlanta for a week-long BCC workshop. Attended by 20 countries (90 participants). HC3 partners PSI and InterNews were among the participants.



## YEAR 2 PRIORITIES

*This activity will be continued in Year 2 in the PMI workplan*

- Implementation of BCC survey in Liberia and Madagascar.
- Conduct desk assessment of MIP BCC policies, key messages, strategies from all or a selection of PMI countries.
- Conduct desk assessment of case management for malaria testing and treatment.
- Provide secretariat support to RBM BCC working group.
- Follow up TA in BCC capacity building, program implementation, research and evaluation to USAID Missions and implementing partners as result of Addis PMI Partners Meeting

## Section 4: OHA-Funded Activities

In Year One, activities supported through funding from the Office of HIV and AIDS centered on health communication for combination HIV prevention including the intersection of behavioral and biomedical approaches to stem the epidemic. HC3 supported activities documenting and promoting the evidence of SBCC impact on HIV and AIDS programming, addressed opportunities to leverage behavioral approaches to support the scale up of biomedical interventions such as voluntary medical male circumcision, and jointly explored the key issues related to youth sexuality education in east and southern Africa. The OHA funded activities were highly collaborative, including partnerships with UNICEF, UNESCO, CDC and other USAID implementing partners including the MCHIP project among others.

### IR2 Activities: Continued Development of SBCC Capacity

#### Activity 1: Documenting the Evidence (OHA)

##### YEAR 1 PROGRESS HIGHLIGHTS

Greater efforts are needed to collect the evidence focused on the impact of social and behavior change communication in combination prevention programs and share it in easily understood formats. Expert seminars provide diverse groups of experts from different disciplines, countries, and perspectives, opportunities to explore parallels and tensions that exist and move global thinking forward while addressing issues that policymakers and program implementers are facing in the field. Documenting the evidence not only helps make the case that health communication has an impact in preventing HIV infections but also provides guidance to the field.



At the end of July 2013, HC3 brought 17 behavioral science and biomedical experts together from across the globe for a consultation to examine issues related to the impact of health communication on combination HIV prevention outcomes. The consultation was held in Baltimore, MD, over the course of three days and kicked off with

the review of a synthesis document. The document was developed prior to the consultation from a survey of the literature and assessed the evidence related to the impact of health communication on HIV prevention outcomes. It incorporated the results of multiple interventions in developing countries and gave attendees a firm base for discussion. Participants were engaged throughout the consultation and worked

together to brainstorm ways to ensure that health communication evidence reaches programmers, stakeholders and key decision-makers in the field, and that the energy and enthusiasm resulting from the consultation continues forward to fill the gaps in evidence that currently exist. An important outcome includes the development of a journal supplement in JAIDS which will add to the evidence base in year 2.

### **Expert Consultation**

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- Posted three blogs for each day of the consultation.
- Produced a video highlighting participant opinions on how to take the results of the consultation forward.
- Developed a list of 18 manuscripts for inclusion in a journal supplement.
- Identified topic areas as part of a dissemination package to reinforce programming in the field
- Produced a final report on the expert consultation inclusive of graphic recording images and next steps.

Documenting the evidence in other international fora was also a priority as HC3 supported the sharing of other evidence related to the impact of health communication on HIV outcomes.

### **Conferences and Presentations**

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- Panel accepted to the 2013 AIDS Impact conference in Barcelona, Spain to share study findings related to the impact of health communication on HIV outcomes.
  - Journal manuscripts are being developed in year 2 for publication as a result of this panel.
- Oral presentation accepted at the ICASA conference in Cape Town, South Africa on December 7-11<sup>th</sup> focused on the results of the first expert consultation.

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## **Activity 2: Scale-Up Behavior Change Models for Biomedical Prevention Interventions (OHA)**

### **YEAR 1 PROGRESS HIGHLIGHTS**

The focus for Year One was on PEPFAR's strategic emphasis to support 4.7 million voluntary medical male circumcisions (VMMCs) by the end of 2013 and to use this issue to showcase the critical contribution that effective and strategic behavior change programs that go "beyond the message" can make.

A concept note was developed during Year One for an upcoming assessment of VMMC communication for adolescents and youth with both qualitative and

quantitative aspects. This study, which will be done under the leadership of UNICEF and USAID, is designed to assess the experiences of adolescent and youth VMMC clients as well as service providers, and parents to learn more about the current quality and age-appropriateness of counseling and services for adolescents. The study in development will be used to inform the creation of an adolescent quality assessment tool for programs to use to ensure they are meeting the needs of adolescents and will also inform guidance on adolescent VMMC programming for the field.

### **Adolescent VMMC Study**

- Hosted a meeting with nine UNICEF and USAID participants to decide on clear objectives for the study, determine key data to be collected and how that data will be used, clarify roles and responsibilities, and outline a process for country-level engagement.
- Delayed in finalizing the study due to new data emerging about the role of adolescent VMMC as a focus going forward as well as the extensive agency and country-level stakeholders review and approval of the study across 3-4 African countries. The protocol and instruments will now be finalized in November with submission to the JHSPH IRB planned for December 2013.

### **Meetings & Conferences**

- Participated in Gates-funded VMMC meeting in Lusaka, Zambia, April 3-5<sup>th</sup> and attended a number of additional meetings with USAID and the Uganda team to discuss potential VMMC work going forward.

## **Activity 3: Comprehensive Youth Sexuality Education Curricular in East and Southern Africa (OHA)**

### **YEAR 1 PROGRESS HIGHLIGHTS**

Support for regional in-school HIV prevention is a crucial strategy to ensure young people are equipped with the skills they need to transition to adulthood as part of the “AIDS-free Generation.” UNESCO has been undertaking a number of activities in east and southern Africa related to youth-focused life skills curriculum to standardize in-school comprehensive sexuality education across the region. Reviews in Uganda, Zambia, Tanzania, Lesotho, and South Sudan with Malawi and Zimbabwe are planned. UNESCO has invited HC3 to partner with them in these activities including a scan of content in the region, the development of a training manual for curriculum developers, as well as training of curriculum developers from 15 countries in comprehensive sexuality education.

During Year One, an analytical tool was developed for interviews and a literature search in order to highlight the key issues related to youth sexuality education in the region.

Literature used in the desk review was identified from Burundi, DRC, Kenya, Rwanda, Seychelles, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe. Along with the tool, a mapping of institutions offering teacher education programs in the region was conducted and an analysis of policies, guidelines, standards, curriculum, M&E tools as well as online resources took place for current weaknesses, strengths and gaps.

- Hired a consultant in partnership with the UNESCO Regional Office in South Africa to conduct a situational analysis on the status of teacher training in sexuality education for eastern and southern Africa.
- Developed and field-tested the interview tool, field guide, online survey instrument and plans for working with data collectors in the six countries.
- Conducted interviews in six countries.

#### Activity 4: Capacity Strengthening Tools Collection and Pre-testing Partnerships (OHA)

##### YEAR 1 PROGRESS HIGHLIGHTS

As a cross cutting theme, capacity strengthening plays a key role in all project activities. The Capacity Strengthening team coordinated closely with the larger HC3 team and worked to tailor and fine-tune capacity strengthening activities. During Year One, project planning, tools identification, and placement of HIV-related tools on the Health COMpass were prioritized.



- Placed approximately 130 HIV resources on the Health COMpass.
- Aggregated the collection of HIV resources for the Health COMpass and mentored pre-testing partnerships in Cote d'Ivoire.

*Further details can be found in PRH Section, Activity 2.2, page 15*

##### OHA YEAR 2 PRIORITIES

- Present panel on the impact of health communication on HIV outcomes at the AIDS Impact Conference in Barcelona (September 29-October 2<sup>nd</sup>)
- Produce journal supplement based on the first expert consultation on the impact of health communication on HIV outcomes.
- Develop fact sheets on the impact of health communication on HIV outcomes across a variety of areas including risk reduction, PMTCT, condom use, adherence, and others and disseminate them widely to program implementers in the field as well as USAID missions across the globe.

- Conduct review of global evidence on the role of community factors and HIV prevention outcomes, compile synthesis of findings, and conduct the second expert consultation in Johannesburg, South Africa on November 20-22<sup>nd</sup>.
- In consultation with the male circumcision working group and UNICEF, submit research plan and instruments for adolescent VMMC research, release RFA for local research firms in each of the countries and field the study. Once findings are synthesized, journal manuscripts will be written and submitted and an adolescent VMMC assessment tool developed.
- Present VMMC panel at ICASA.
- Develop a VMMC Best Practices Guide based on findings from the adolescent VMMC research findings and input from the 14 focus countries.
- Activities within the UNESCO partnership focused on teacher training in sexuality education for youth in eastern and southern Africa include final data analysis, report writing, and presentation of findings at a regional consultation to be held in Johannesburg on November 18<sup>th</sup>-20<sup>th</sup>.
- Following that, a university partner will be subcontracted to assist in the development of a teacher-training course focused on youth sexuality education.

**PMP INDICATORS AND DATA**  
**OCTOBER 1, 2012 – SEPTEMBER 30, 2013**

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
SO.1	Number of MarketPlace members receiving direct funding in the past year from USAID or other donors for SBCC program design, implementation or evaluation	2014 2016	4 8	--	<i>Biennial measure, not reported in year 1</i>
SO.2	Number of indigenous HC3-partner organizations that maintain a level of expert for at least two consecutive years	2014 2016	6 12	--	<i>Biennial measure, not reported in year 1</i>
1.1	Number (and %) of HC3 project countries demonstrating improved national capacity in the past year, relative to baseline	2013 2014 2015 2016	2 6 8 10	0	National Capacity will be measured for field support countries
1.2	Number (and %) of indigenous HC3-partner organizations demonstrating improved capacity in the past year, relative to baseline	2013 2014 2015 2016	10 20 30 35	0	Capacity survey will be implemented in Year 2 after formal partnerships/activities have been established
1.3	Number (and %) of indigenous HC3-partner organizations categorized as <b>expert</b> on the capacity continuum	2013 2014 2015 2016	3 7 15 20	0	Capacity survey will be implemented in Year 2 after formal partnerships/activities have been established
2.1	Number of HC3-supported CS tools and approaches incorporated into government-sponsored training curricula in the past year	2013 2014 2015 2016	3 5 8 10	0	Indicator will be collected for field support countries

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
2.2	Number of MarketPlace members that utilize HC3-supported tools in their routine internal training systems	2013 2014 2015 2016	15 35 50 70	0	MarketPlace will launch in November 2013
2.3	Number (and %) of graduates of HC3 collaborating academic programs working in health communication	2013 2014 2015 2016	6 12 24 35	0	No data yet. Only formal collaborating university to date is Wits and we don't have any data from them about their graduates.
2.4	Percent of operating budget received from non-HC3 sources by the secretariat in the past year to support the functioning of the MarketPlace	2013 2014 2015 2016	5 10 20 35	0	MarketPlace will launch in November 2013
1.1.1	Percent of participants in HC3-sponsored CS activities conducted in the past quarter that report a positive change in individual self-assessment index between pre and post activity assessments	2013 2014 2015 2016	5 10 20 35	0	Formal CS activities will be initiated beginning in Year 2
1.1.2	Percent of participants in HC3-sponsored CS activities that report using the knowledge and/or skills learned in training in their work in the past 6 months	2013 2014 2015 2016	70 80 90 95	0	Formal CS activities will be initiated beginning in Year 2
1.2.1	Number of HC3-project countries with more than one university offering courses covering <b>all</b> elements of the standard SBCC curriculum	2013 2014 2015 2016	1 3 5 6	0	Pending Needs Assessment results by end of October 2013, we will be able to list universities offering comprehensive SBCC training in the next report.

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
1.2.2	Number of HC3-supported health communication programs that involve university-affiliated faculty members in the planning phase of the program	2013 2014 2015 2016	0 1 2 3	0	Will be measured in year 2.
1.3.1	Number of MarketPlace members participating in any south-south technical exchanges in the past quarter	2013 2014 2015 2016	10 30 60 75	0	MarketPlace will launch in November 2013
1.3.2	Number of Marketplace members participating in HC3-sponsored online discussion forums in the past quarter	2013 2014 2015 2016	25 75 150 200	0	MarketPlace will launch in November 2013
1.3.3	Number of project materials and documents posted in the past quarter by MarketPlace members to Marketplace website	2013 2014 2015 2016	15 50 80 120	0	MarketPlace will launch in November 2013
1.3.4	Number of health communication programs initiated in the past quarter that involve two or more MarketPlace members in the planning phase	2013 2014 2015 2016	1 2 4 6	0	MarketPlace will launch in November 2013
1.4.1	Number of journal articles based on HC3-supported evaluation data published in the past year	2013 2014 2015 2016	4 6 8 10	0	In the planning phase of 3 evaluation studies set to be fielded in Nigeria, Tanzania, and Madagascar in late 2013 and early 2014. We anticipate 2 journal articles will be submitted from the Tanzania study in 2014 and one each from Nigeria and

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
					Madagascar. In addition, we anticipate that the Liberia malaria survey will result in an article submission, for a total of 5 articles developed from HC3-supported research in 2014.
1.4.2	Number of downloads and hard/electronic copy requests of materials summarizing best practices in health communication in the past quarter	2013 2014 2015 2016	500 1500 3000 5000	0	Best practice materials will be developed/collected and uploaded in Year 2
1.4.3	Number of HC3-supported presentations providing technical guidance for SBCC in the past year	2013 2014 2015 2016	10 15 20 20	FP/CS: 1 HIV: 0 Malaria: 19	FP/CS: Presentation on east Africa CS evidence review Malaria: 1 capacity strengthening workshop in Zimbabwe (7/8/2013), and 18 technical presentations during the 5 day Ethiopia PMI meeting (9/16-9/20/2013).
1.4.4	Percent of individuals receiving materials who report incorporating the information into their work	2013 2014 2015 2016	10 15 20 30	0	On-line Health COMpass live as of August 30, 2013. Use of materials will be measured for Year 2
1.5.1	Number of downloads and hard/electronic copy requests for HC3 documents and materials related to innovative communication channels and approaches in the past quarter	2013 2014 2015 2016	150 750 1500 2500	76	76 downloads of Innovation Webinar presentation slide decks

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
1.5.2	Number of participants attending HC3-sponsored activities related to innovative communication channels and approaches in the past year	2013 2014 2015 2016	60 80 100 40	393	Social networks (6/11/2013): 93; Research methodologies: (9/10/2013): 101; Rec 7 ICT & New Media forum: 32; Webinar views/downloads: 167.
1.5.3	Percent of individuals receiving materials or attending events who report an intention to use the information in their work in the coming year	2013 2014 2015 2016	10 15 20 30	97%	Follow-up survey only conducted after second Innovation Webinar on research methodologies. 35/36 respondents selected "strongly agree" or "agree" to a question regarding intent to use the information in the coming year.
1.5.4	Percent of MarketPlace members reporting the use of a new communication channel or approach to disseminate health messages in the past year	2013 2014 2015 2016	10 15 20 30	0	MarketPlace will launch in November 2013
2.1.1	Number of downloads and hard/electronic copy requests for HC3 CS documents and tools in the past quarter	2013 2014 2015 2016	150 750 1500 2500	75	Site went public Aug 30, so this represents approximately 1 month of downloads. Total # of events, which includes people accessing information via link on the site to a link outside the site, and downloads = 288

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
2.1.2	Number of MarketPlace members using the CS toolkit in the past year	2013 2014 2015 2016	15 35 50 70	0	MarketPlace will launch in November 2013
2.1.3	Percent of individuals receiving materials and/or toolkit who report using the information in their work in the past six months	2013 2014 2015 2016	10 15 20 30	0	On-line Health COMpass live as of August 30, 2013. Use of materials will be measured for Year 2
2.2.1	Number of downloads and hard/electronic copy requests for HC3 CS evaluation reports in the past quarter	2013 2014 2015 2016	150 750 1500 2500	0	Evaluation reports will be based on activities from Year 1- and will be developed in Year 2
2.2.2	Percent of individuals receiving materials who report using the information in their work in the past six months	2013 2014 2015 2016	10 15 20 30	0	On-line Health COMpass live as of August 30, 2013. Use of materials will be measured for Year 2
2.2.3	Number of journal articles on CS evaluation based on HC3-supported evaluation data published in the past year	2013 2014 2015 2016	0 2 3 3	0	No CS evaluation studies conducted yet as CS activities have not begun.
2.3.1	Number of downloads and hard/electronic copy requests for HC3 CS guidance materials in the past quarter	2013 2014 2015 2016	150 750 1500 2500	0	Evaluation reports will be based on activities from Year 1- and will be developed in Year 2
2.3.2	Percent of individuals receiving materials who report using the information in their work in the past six months	2013 2014 2015 2016	10 15 20 30	0	On-line Health COMpass live as of August 30, 2013. Use of materials will be measured for Year 2

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
1A.1	Number of countries in which HC3 implemented CS activities in the past year	2013 2014 2015 2016	3 8 10 11	0	This indicator based on field support countries which will be formally initiated in year 2
1A.2	Number of organizations receiving HC3-sponsored CS in the past quarter	2013 2014 2015 2016	12 25 35 40	0	Formal CS activities will be initiated beginning in Year 2
1A.3	Number of individuals participating in HC3-sponsored training in strategic health communication design, implementation or evaluation in the past quarter	2013 2014 2015 2016	100 300 500 450	37	1 participant @ LSHC workshop; 36 @ Universidad del Norte
1B.1	Number of universities with a formal relationship with HC3	2013 2014 2015 2016	2 4 6 8	1	Witwatersrand
1B.2	Number of university-affiliated faculty who join the MarketPlace in the past year	2013 2014 2015 2016	5 10 15 5	0	MarketPlace will launch in November 2013
1C.1	Number of individuals who join the MarketPlace in the past quarter	2013 2014 2015 2016	50 100 150 50	241	241 sign-ups via website
1C.2	Proportion of MarketPlace members who actively participate in a MarketPlace activity in the past quarter	2013 2014 2015 2016	50 60 70 80	0%	

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
1C.3	Number of MarketPlace events held in the past quarter	2013 2014 2015 2016	6 12 12 6	2	Uganda and South Africa MarketPlace meetings.
1D.1	Number of rigorous impact evaluation studies conducted in the past year in partnership with indigenous research institutions	2013 2014 2015 2016	1 1 2 1	0	In the planning phase of 4 evaluation studies set to be fielded in Liberia, Nigeria, Tanzania, and Madagascar in late 2013 and early 2014. All are being implemented in collaboration with indigenous research institutions.
1D.2	Number of documents and materials describing SBCC best practices developed by HC3 in the past quarter	2013 2014 2015 2016	10 20 25 15	FP/MCH: 3 HIV: 0 Malaria: 20	FP/CS: UNCoLSC Review; MCH East Africa Review; MCH factsheet Malaria: 1 technical guidance tool in Zimbabwe and 19 country specific documents outlining best practices in malaria BCC.
1D.3	Number of articles and reports included in project-supported searchable database in the past quarter	2013 2014 2015 2016	100 100 75 50	0	Articles and reports will be solicited and uploaded in Year 2
1E.1	Number of HC3 activities promoting new approaches for SBCC conducted in the past quarter	2013 2014 2015 2016	6 8 10 4	2	USAID Brownbag (42 attendees/64 webinar participants); HC3 Learning Forum (62 attendees/25 webinar participants)

Indicator ID	Indicator	Annual Targets		Year 1 Annual Progress (Oct '12-Sept '13)	
				Numeric	Narrative
1E.2	Number of Innovation Grants awarded in the past year	2013 2014 2015 2016	3 3 3 3	0	First innovation grants to be awarded in year 2.
2A.1	Percent of HC3-recommended toolkit modules receiving a user rating of at least a 4(out of 5) for relevance and helpfulness	2013 2014 2015 2016	70 80 90 95	0	Toolkit modules will be developed in Year 2
2B.1	Number of capacity strengthening interventions evaluated by HC3 in the past year	2013 2014 2015 2016	0 2 3 4	0	No CS evaluation studies conducted yet as CS activities have not begun.
2B.2	Number of HC3-sponsored studies comparing the relative effectiveness of CS approaches conducted in the past year	2013 2014 2015 2016	0 1 2 2	0	No CS evaluation studies conducted yet as CS activities have not begun.
2C.1	Number of CS guidance documents produced by HC3 in the past year	2013 2014 2015 2016	2 3 5 7	0	CS guidance documents will be produced will be in Year 2

## APPENDIX B: TRAVEL SUMMARY

### PRH: YEAR 1 TRAVEL

#### IR 1.1

- Zanzibar, Tanzania (March 2013): Kirsten Böse, Susan Krenn, Peter Roberts, James BonTempo (CCP), Tom Beall (Ogilvy), Sylvia Vriesendorp (MSH) along with Dr. Ananya Raihan (D.Net, Bangladesh), Mr Hilmi Quraishi (ZMQ, India), Charles Kakaire (Africomnet, Uganda) and Joya Banerjee (GBCHealth, USA) - Participated in MarketPlace Advisory Council meeting.
- Johannesburg, South Africa (August 2013): Kojo Lokko (CCP) and Charles Kakaire (AfriComNet) – Facilitated MarketPlace regional stakeholder planning meeting
- Kampala, Uganda (September 2013): Sylvia Vriesendorp and Susan Post - Organizational development and strategic planning with AfriComNet, MarketPlace Regional Secretariat.

#### IR 1.2

- Geneva, Switzerland (December 2012): Arzum Ciloglu - Participated in UN Commission meeting

#### IR 2.4

- Direct travel expenses to support the activities described in this section was provided through other funding mechanisms

#### IR 2.2

- Ghana (March 7-24, 2013): Katherine Holmsen - Co-facilitated leadership retreat and collected data to inform HC3 tools collection/development.
- Cote d'Ivoire (March 24-28, 2013): Katherine Holmsen and Sylvia Vriesendorp - Established Pre-testing Partnership with JHU-CCP field office and planned for HC3 field support with USAID/RCI.
- United States (June 3-21): Mr Hari Sharan Karki – participant from Nepal National Health Education, Information & Communication Center to attend Leadership in Strategic Health Communication training workshop.
- Nepal (June 8-22, 2013): Katherine Holmsen and Caroline Jacoby - Established Pre-testing Partnership with H4L and planned for HC3 field support with USAID/Nepal.
- Guatemala (July 15-19, 2013): Heather Hancock and Patricia Poppe - Established Pre-testing Partnership with consortium of partners identified by USAID Guatemala.
- Tanzania (September 16-25, 2013): Katherine Holmsen and Leanne Wolfe - Established Pre-testing Partnership with Femina Hip.

### IR 3.1

- Tanzania (April 14-21, 2013): Michelle Kaufman – Met with USAID/Tanzania to develop protocol for study investigating the impact of communication channels on SRH behavioral outcomes.

### HIDN: YEAR 1 TRAVEL

#### IR 1.3

- Ethiopia (January 5-19, 2013): Michelle Kaufman - Participated in and provided support to sub-regional Child Survival Evidence Review – East Africa.
- New York (February 14 – 15, 2013): Michelle Kaufman and Kirsten Böse - Participated in New York Pre-Summit.
- Panama (September 3-5, 2013): Dr. Luis Velez - Presented at Latin America A Promise Renewed Launch.

### PMI: YEAR 1 TRAVEL

#### IR1.4

- Liberia (July 14-20, 2013): Marc Boulay - Initiated planning process to conduct SBCC survey.
- Zimbabwe (July 3-21, 2013): Kojo Lokko and Waziri Nyoni - Provided technical assistance to NMCP and partners on national communication strategy and BCC capacity building.
- Ethiopia (September 15-21, 2013): Nan Lewicky, Hannah Koenker, Michelle Kaufman, Arzum Ciloglu, Kojo Lokko, Rob Ainslie and Ida Joost (InterNews) - Co-hosted and facilitated the PMI Partners Meeting on Malaria BCC

### OHA: YEAR 1 TRAVEL

#### IR2: Activity 1

- Baltimore, MD (July 30-August 1, 2013): 17 participants - Participated in the expert consultation.
- Barcelona, Spain (Sep 29 – Oct 2, 2013): Michelle Kaufman, Maria Elena Figuero and Janaki Vidanapathirana - Presented on a panel focused on the impact of health communication on HIV prevention outcomes at the AIDS Impact conference.

#### IR2: Activity 2

- Lusaka, Zambia (April 3-5, 2013): Lynn Van Lith - to participate in a Gates-funded VMMC meeting focused on behavior change communication and demand generation focused on VMMC.