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Health Communication Capacity Collaborative (HC3)

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List of Acronyms

AMA	Advanced Maternal Age
APHA	American Public Health Association
BCCP	Bangladesh Center for Communication Programs
CM	Case Management
CS	Capacity Strengthening
DHS	Demographic and Health Surveys
EARN	East African Regional Network
FBO	Faith-based Organization
FP	Family Planning
HC3	Health Communication Capacity Collaborative
HIDN	Office of Health, Infectious Diseases and Nutrition
HP	High-parity
HTSP	Healthy Timing and Spacing of Pregnancy
ICA	International Communication Association
ICASA	International Conference on AIDS and STIs in Africa
ICFP	International Conference on Family Planning
ICMM	Improving Contraceptive Method Mix
ICT	Information and Communication Technology
I-Kit	Implementation Kit
IR	Intermediate Result
ISOFI	Inner Spaces, Outer Faces Initiative
JAIDS	Journal of Acquired Immune Deficiency Syndromes
JHU-CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
LARC	Long-acting Reversible Contraceptive Methods
M&E	Monitoring and Evaluation
MIP	Malaria in Pregnancy
MNCH	Maternal, Newborn and Child Health
MOH	Ministries of Health
MPH	Masters of Public Health
MSH	Management Sciences for Health
MSS	Marie Stopes Society
NGO	Non-governmental Organization
NMCP	National Malaria Control Programme
NURHI	Nigerian Urban Reproductive Health Initiative
OHA	Office of HIV and AIDS
PMI	President's Malaria Initiative
PRH	Office of Population and Reproductive Health
PSI	Population Services International
RBM CCoP	Roll Back Malaria Communication Community of Practice
RH	Reproductive Health
RHSC	Reproductive Health Supplies Coalition
RMNCH	Reproductive Maternal, Newborn and Child Health
SARN	South African Regional Network
SBCC	Social and Behavior Change Communication

SRH	Sexual and Reproductive Health
TA	Technical Assistance
TAG	Technical Advisory Group
TOR	Terms of Reference
UHI	Urban Health Initiative
UN	United Nations
UNCoLSC	United Nations Commission on Lifesaving Commodities for Women and Children
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VLDP	Virtual Leadership Development Program
VMMC	Voluntary Medical Male Circumcision

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Executive Summary

Building on the strong foundation established in Year 1, the Health Communication Capacity Collaborative (HC3) spent Year 2 expanding its social and behavior change communication (SBCC) capacity strengthening and technical initiatives across health areas.

HC3 reached a wider audience through its ever-growing electronic platforms, including the Health COMpass, Springboard and the HC3 website. These platforms continue to provide the SBCC community of practice not only with access to new and curated SBCC resources, but also case studies, jobs, events and other information relevant to SBCC practitioners.

Since Springboard for Health Communication launched in April 2014, member registration has grown steadily with over 1,800 registered members from 72 countries. By the end of September, more than 1,000 conversations had been initiated and 70 unique groups were created, representing a variety of health domains, public health topics and geographic areas. In addition, HC3 had nine face-to-face launches in Asia and Africa.

A modern new look and restructuring completed at the end of Year 2 for the Health COMpass promises to lead to increased usage in Year 3. Health COMpass now has a more effective search function with better visual organization of tools and resources. HC3 also redesigned its website for better integration of videos, reports, blogs and case studies to document the impact of SBCC programs. Visits to the HC3 site grew three-fold after the redesign, when comparing the four months prior to four months after.

HC3's emphasis on research continued in Year 2 with evidence collected on various topics in all technical and crosscutting areas. This evidence was then synthesized and disseminated through extensive literature reviews, webinars, technical meetings and expert consultations. Notable among these was work on Healthy Timing and Spacing of Pregnancy (HTSP), Urban Youth Sexual and Reproductive Health (SRH), Demand Creation for Long-Acting Reversible Contraceptives (LARCs), Gender-Related Behavioral Data for Family Planning, and Innovation and Blended Learning.

In addition, HC3 synthesized and summarized the current state of evidence related to the ways strategic communication can advance HIV outcomes. Following up on an expert consultation held in Year 1, HC3 sponsored a special supplement in the *Journal of Acquired Immune Deficiency Syndromes* (JAIDS) with 13 peer-reviewed articles. The JAIDS supplement was disseminated through several channels, including conference presentations, webcasts, brown bags and an event at the National Press Club. Additionally, two Malaria SBCC surveys in Liberia and Madagascar continued to demonstrate evidence of the impact of SBCC interventions.

With a core mandate to strengthen SBCC capacity, HC3 implemented a number of activities in Year 2 aimed towards that goal. To help users design and implement their own SBCC programs, HC3 developed in Year 1 its first Implementation Kit (I-Kit) – Demand Generation I-Kit for Underutilized, Life Saving Commodities – and pretested it in Year 2. The project also developed, pretested and disseminated a second I-Kit – Breastfeeding for Faith-Based Organizations – and a third one on Urban Youth SRH is close to completion. Because I-Kits show promise as capacity

strengthening platform for implementers in the field, more are planned for Year 3, including a Guide to Designing a Health Communication Strategy.

Through the SBCC Virtual Leadership Development Program (VLDP), HC3 provided organizational development for institutions and mentoring on how to overcome SBCC implementation challenges. During the first offering, 12 teams from nine countries were selected from among 145 applicants, indicating high demand for the course. The VLDP is an example of bringing tools to people who need them most, through an effective channel.

HC3 succeeded in revitalizing existing SBCC communities of practice in Year 2 and connecting new ones where they did not previously exist. For example, the malaria team helped re-energize the Roll Back Malaria Communication Community of Practice, which raised the profile and importance of SBCC in the malaria arena. In a similar vein, building the network of university partnerships progressed. HC3 made major efforts to support SBCC offerings in academic curricula and link academic researchers to work with applied practitioners. HC3 hosted two regional events to bring SBCC theory to practice in Addis Ababa at the International Conference on Family Planning meeting and in Accra at the AfriComNet Practicum.

To continue making the case that SBCC saves lives, HC3 used its website to disseminate videos, reports, blogs and case studies that document the impact of SBCC programs. Blog posts and social media helped drive traffic to the HC3 website and its online products. More than 80 blogs were published and viewed more than 11,000 times (total). HC3's social media engagement increased, recording 3.1 million social media impressions from Twitter, Google+ and Facebook. Twitter followers increased more than four-fold and Facebook garnered 86,900 impressions by 1,600 users. To define SBCC and show its value, HC3 developed an infographic that will be disseminated in Year 3.

These new activities and innovative delivery platforms led to a few challenges for HC3 and its partners in Year 2. Some endeavors were a learning experience, often requiring greater levels of effort from the team than anticipated. Yet, these efforts have been worthwhile, ultimately coming together in a synchronized manner to create a wealth of knowledge, tools and approaches to assist individuals and organizations in improving their delivery of SBCC at all levels. HC3 remains committed to excellence in all its efforts to bring tools to those who need them – SBCC capacity builders, as well as SBCC implementing organizations and practitioners.

The project looks forward to reaching an even wider community with more innovative solutions in Year 3. The foundation built in the first two years allows HC3 to expand access to and development of its tools, platforms and approaches. The emphasis will be on a deeper reach and more routine adoption of these tools in countries where they have already been tested, as well as dissemination to new countries through partnerships with field support programs, global flagship projects and other donor organizations. HC3 is committed to instilling quality, excellence and impact in SBCC programs everywhere. It can achieve these goals by ensuring that SBCC practitioners and health service providers have access to relevant resources informed by the community and improved through its feedback. This approach is the essence of the SBCC capacity collaborative.

Background

HC3 envisions a world where SBCC is transformative—shaping 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.

The HC3 team sees a future where:

- Every country has a community of professionals with the capacity and commitment to create, coordinate and evaluate state-of-the-art SBCC 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.

Core Strategies

Four core strategies drive HC3’s approach. Fundamental to each is the recognition that SBCC programs operate within complex environments.

1. Improving and Sustaining SBCC through the Capacity Improvement Cycle

The HC3 country-level capacity improvement cycle includes:

- a. An **assessment process** that looks at organizational and national-level capacity.
- b. **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.
- c. **Support for implementation** based on a blend of learning approaches.
- d. **Monitoring and evaluation (M&E) of SBCC and CS** at different levels and in different contexts, using common benchmarks and metrics of success.

2. Shaping the Future of SBCC through Universities

Universities and university partnerships offer a unique opportunity to exponentially grow and shape the next generation of SBCC practitioners. HC3 is committed to take full advantage of its 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. HC3 supports other universities to strengthen and expand their offerings to students, identifies opportunities for internships, facilitates faculty exchange, and promotes university-to-university mentoring and engaging faculty and students in SBCC research opportunities.

3. Nurturing Regional Communities of Practice for SBCC and Capacity Strengthening

To strengthen connections and exchange among the SBCC community, HC3 supports collaborative learning, exchange and capacity strengthening in a wider and more systematic way through the Springboard for Health Communication platform. The Springboard community enables practitioners to access resources and learning opportunities, be part of a dynamic and vibrant community, share their expertise and learn from others. Springboard members meet in person at face-to-face networking

events and virtually on the site. Springboard is governed by local regional partners in Asia and Anglophone Africa. It 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. Making the Case that Communication Saves Lives

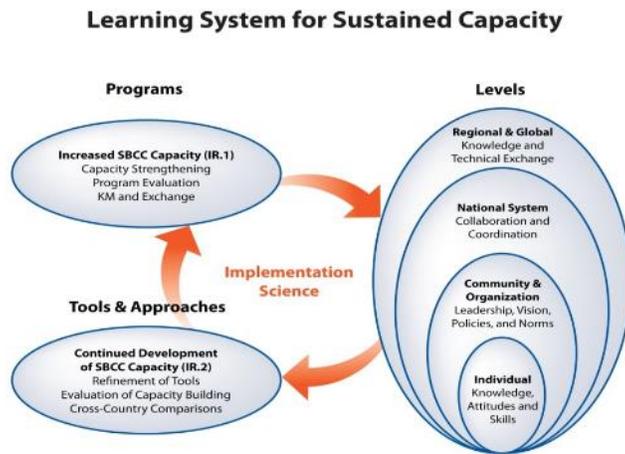
Well-executed SBCC is powerful. Research shows that theory-driven, interactive communication that follows a proven process for design and implementation can increase knowledge, shift attitudes and norms, and produce changes in a wide range of behaviors. Despite this evidence, strategic SBCC is not always optimally utilized. Country-level decision-makers and even donors do not always recognize SBCC as a cost-effective investment. Building the evidence base and advocating nationally, regionally and globally to advance the SBCC agenda is thus critical. HC3 invests in:

- a. Gathering and interpreting the evidence.
- b. Facilitating the work of indigenous researchers (and universities) to deepen and use the data.
- c. In partnership with local researchers, generating new evidence through specialized studies on impact, capacity strengthening, behavioral drivers, normative change and cross-national comparisons.

Intermediate Results

HC3 has two Intermediate Results (IRs) that it addresses through execution of the core strategies described above, which reflect HC3’s model for sustained capacity below.

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



This system depicts the interplay between three forces crucial for building and tracking SBCC capacity:

- **A multi-level structure of SBCC stakeholders.** Programs are developed by *individuals* with the appropriate knowledge, attitudes and skills; they live and work within effectively led *communities* and *organizations*; these in turn act in a coordinated and collaborative fashion with other components of the *national system*; and have the ability to draw on resources from throughout their *region* and the broader

global community. HC3's capacity strengthening activities foster the development of individuals' skills, promote community and organizational cultures that value measured risk-taking and learning, and facilitate mutually beneficial exchanges across individual, organizational, national, regional and international levels.

- **Model tools and approaches.** SBCC partners both contribute to and benefit from tools that guide and assess capacity strengthening and progress. Evaluation of capacity building approaches and cross-country comparisons creates the evidence base for model tools and approaches.
- **Programs** use these models, tools and approaches to improve the capacity of key actors to implement impactful SBCC programming. HC3's program evaluations assess the effects of these activities on norms and behaviors, and contribute to the SBCC evidence base.

Collectively, this learning system represents the **implementation science of SBCC**.

Section 1: PRH-Funded Activities

The emphasis for HC3 during Year 2 was the scale-up, improvement and diffusion of the resources and events developed during its first year.

HC3 reached a wider audience through its ever-growing electronic platforms—HC3 website, the Health COMpass and Springboard—which continue to provide the SBCC community of practice with access to new and curated SBCC materials, case studies, job opportunities, events and more. To better deliver these clear, concise and customized resources to SBCC professionals and program planners, HC3 refined the user interfaces of the web-based products.

Strengthening user engagement went one step further—HC3 increased partnership at the country-level and supported more local face-to-face activities through its key partners and the Springboard Secretariats.

Since the Springboard for Health Communication launched in April 2014, member registration has grown steadily. By the end of September 2014, there were more than 1,800 registered members from 72 countries, over 1,000 conversations and 70 unique groups, representing a variety of health domains, public health topics and geographic areas. Also, there were nine face-to-face launches in Asia and Africa, which raised awareness of Springboard, increased registered users on the platform, strengthened cohesion within local SBCC communities of practice and contributed local content and experience to the discussions.

Adding to a new look and feel, the updated Health COMpass offers better search functions and easier ways for users to find just what they need.

To improve the quality of the practice of SBCC, HC3 focused first on advancement in several technical areas. For example, the HC3 PRH team developed tools that promote behaviors around healthy timing and spacing of pregnancy (HTSP) and supporting healthy choices for adolescents with a more sophisticated, user-centered approach for clients and providers. These new approaches are informed by research—including the documentation of existing evidence and new data gathered on the impact of social media, web-based communication channels, mobile phones and integrated programming approaches on behavior change. HC3 summarized the literature and synthesized project guidance on topics of urban youth, HTSP and use of long-acting and reversible contraceptives (LARCs) for young people. The project applied these insights in the production of the Urban Youth SRH Implementation Kit (I-Kit). Like its capacity strengthening platforms, the Springboard and Health COMpass, the HC3-sponsored VLDP and face-to-face engagement through university partnerships and the AfriComNet practicum provide foundations for growth and deep project insight.

Through its PRH-funded activities, HC3 ensures that SBCC practitioners and health service providers have access to relevant resources and events informed by the community and improved through feedback.

IR1 Activities: Increased SBCC Capacity

Activity 1.1: Springboard (Family Planning [FP]/Reproductive Health [RH] CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS



The online platform, Springboard for Health Communication, was launched in May 2014 with significant early success. The Asia and Anglophone-Africa regional secretariats organized country launches in Bangladesh, Nigeria, Ghana, Ethiopia, Zimbabwe, Swaziland, Tanzania and Uganda, where a total of 995 practitioners attended, the majority of which are now Springboard members. With 1,814 members by the end of September, there has been continuous new membership since Springboard’s launch and these members from 72 countries access the site from more than 140 countries and almost 1,000 cities—60 percent of which are locations outside of the United States.

Users can interact on Springboard by connecting with other users, posting in group conversations and on the global status feed, or liking and sharing other members' posts, which have included discussing lessons learned, new SBCC information and more. By the end of September, there were over 1,000 conversation threads and 70 unique groups representing health domains, public health topics and geographic areas. Additionally, there were more than 14,000 unique sessions on Springboard, with users logging into the site and spending, on average, over seven minutes on the site. These impressive statistics indicate web traffic for users that have logged on, though, as the site is almost entirely open to the public, many more individuals may access the discussions simply by visiting without logging in and their activity is not included in our analytics.

1.1.1	Mobilizing Modern Communities
Deliverables and Key Outcomes	
Updated and enhanced Springboard virtual platform	Alpha and beta tests of the Springboard virtual platform were conducted from December 2013 through March 2014. After final revisions and improvements based on the testing were made, the site was publicly launched in May 2014 with a core set of social features including the ability to develop a personal profile, create and join groups based on shared interests, start and contribute to discussions within those groups, and establish professional connections (e.g., become “friends” as one does on Facebook) with other community members. In the months immediately after the launch, in response to user feedback gathered through focus group discussions and key informant interviews, additional user experience enhancements were made to the site including providing the ability to post events to a shared calendar; add “global” posts outside of groups that are visible to, and able to be commented on by, all Springboard members; integrate content feed items from other curated websites directly as posts in the global, site-wide activity stream ; and “like” or comment

	<p>on global posts and share them with other networks –Facebook, Twitter and Google+—or via email.</p> <p>In September, 2014, Springboard introduced themed discussions to engage community members in a dialog around key programmatic issues. The first discussion, focused on LARC use among youth, was moderated by staff from HC3 partners, CCP and PSI. Lasting two weeks, the discussion unfolded over a series of 50 posts submitted by participants from Bangladesh, Rwanda, India, Nigeria and the United States and was ultimately viewed by 414 site visitors from 38 countries. Following the Springboard discussion, a post was published by the K4Health project that synthesized the key points, further extending the reach of the conversation.</p>
<p>Launch event during third international conference on family planning</p>	<p>HC3 introduced Springboard to the public for the first time at a special forum hosting about 40 SBCC practitioners attending the International Family Planning Conference in Addis. Participants registered for the online platform even before it was live and their registration was activated when the platform launched.</p>
<p>Events held in Africa and Asia region per local awards</p>	<p>Nine events were held in Africa and Asia under local awards with AfriComNet in Anglophone Africa and Bangladesh Center for Communication Programs in Asia. Seven of these were Springboard country launches at which various SBCC themes were highlighted and discussed. The launches attracted 995 SBCC practitioners with the majority of them registering on the Springboard virtual platform. Additionally, the Uganda Springboard group organized a learning forum with the theme, <i>Evidence for Effectiveness of Social and Behavior Change Communication on Health Outcomes</i>.</p> <p>AfriComNet, the regional secretariat for Anglophone Africa, organized a practicum for SBCC practitioners in Anglophone Africa with the theme, <i>Monitoring and Evaluation of Health Communication Programs</i>. Eighty-five participants from non-governmental organizations (NGOs), government departments, United Nations (UN) agencies, universities and the private sector in 12 countries attended the practicum to share experiences, methodologies, tools and understanding of SBCC theory, and M&E.</p>
<p>Second annual Springboard Advisory Council Meeting</p>	<p>In February 2014, HC3 conducted the second Springboard Global Advisory Council meeting in Baltimore. Facilitated by Management Sciences for Health (MSH), the meeting included attendees from both Regional Secretariats, AfriComNet and BCCP, as well as the CORE Group, ZMQ, and HC3 partners CCP and Ogilvy Public Relations. Specific outcomes from the meeting, which informed the eventual roll-out and ongoing development of Springboard, included a set of objectives for the initiative and indicators to measure the success at achieving them, clearer language to be used in communications and materials describing Springboard, an action plan for the virtual platform launch which occurred three months later, proposed</p>

	<p>governance structures for the future global Springboard network and a “risk assessment” along with suggestions for how to mitigate them.</p> <p>AfriComNet planned the 2nd African Regional Springboard Advisory Council Meeting in Harare, Zimbabwe, in May 2014, coinciding with Springboard's Zimbabwe launch. Five out of the nine Advisory members from FHI 360, Prakaelt Foundation, SafAIDS, PACE Uganda and AfriComNet participated in the meeting, which developed a strategy for introducing Springboard in the region and a metric for measuring its success. As the first country launch, Council members used the Zimbabwe launch as a model for subsequent country launches.</p>
1.1.2	Developing Leadership for Health
Deliverables and Key Outcomes	
Asia and Africa secretariat established	The Anglophone Africa secretariat was established in March 2014. The secretariat is run by AfriComNet and receives direction from the Anglophone Africa Advisory Board. The existence of the secretariat enabled the secretariat to promote Springboard in the region and conduct country launches in seven locations. The Asia secretariat was identified as Bangladesh Center for Communication Programs. The secretariat, however, did not start its activities during the period under review.
Africa and Asia Springboard membership and promotion strategy	Over 1,000 Springboard members have been registered from Africa and Asia. Anglophone Africa secretariat used the AfriComNet network in various countries to promote Springboard and attract practitioners to events and register on the online platform. The Asia secretariat has been identified, but is only active in Bangladesh, and was instrumental in attracting 300 participants to the Bangladesh Springboard launch. More than 200 of those participants are currently registered Springboard members.
Capacity strengthening plan for Africa and Asia Springboard secretariats	MSH facilitated the development of a business plan for AfriComNet to help direct its efforts at diversifying sources of funds and the development of a sustainable model for the future. AfriComNet will begin implementing the plan in the next fiscal year.

OTHER ACCOMPLISHMENTS

- Four quarterly “Health Communication Innovation” webinars were held between October 2013 and September 2014. The topics covered included gamification, youth campaigns, behavioral economics and social drama. On average, each webinar attracted about 100 participants from at least seven different countries. After surveying webinar participants, roughly 90 percent agreed that they could use what they learned from the webinar in their work in the next six months to one year.
- In addition, HC3 collaborated with K4Health and the Global Health Knowledge Collaborative to develop and publish an online course titled “Online Communities of Practices” for USAID’s Global Health eLearning Center. This course covers the creation, maintenance and evaluation of online communities of practices, and the structure and

content was largely modeled after HC3's earlier *Modern Communities of Practice* report that was written by NetHope and CCP team members and published in early 2013.

- HC3 staff from CCP and NetHope participated in the NetHope Member Summit in November 2013 and hosted a half-day workshop on health communication where NetHope member organizations were oriented to the HC3 project and its resources. Participants discussed the role of SBCC in their organization's program portfolios and ways that HC3 could support them. In addition, attendees brainstormed ways their organizations could potentially collaborate on the design and development of shared approaches to leveraging technology in their SBCC work. The workshop attracted participants from The Grameen Foundation, CRS, SOS Children Villages, PATH and CARE.
- Building on the outcomes of the workshop at the 2013 NetHope Member Summit, and based on surveys of the needs and interests of several member organizations working in HC, the NetHope M&E and Tech Working Group was conceived and launched at the M&E and Tech conference in Washington, DC, at the end of September, 2014. The purpose of the group is to share and document lessons learned and emerging best practices at the intersection of information and communication technologies (ICTs) and M&E. Given the diverse membership base of NetHope, this group will provide a unique opportunity to connect organizations and professionals across various development sectors—health, education, agriculture, etc., using SBCC as the baseline—to expand learning opportunities beyond the silo of any given one. In the days immediately following the group's formation, its initial members made the decision to coordinate two face-to-face gatherings in November—one at the NetHope Member Summit in San Jose, CA, and another in Washington, DC.
- The NetHope communications team has prototyped an SBCC “community page” on the Solutions Center to provide an online space where NetHope member organizations, and other visitors to the site, can be linked to the HC3 project and its resources, as well as the SBCC-related ICT resources made available through NetHope. This “one-stop shop” for SBCC includes links to Springboard, the Health COMpass and other HC3 web sites along with blogs, case studies, toolkits and other resources on ICT and SBCC, as well as information about technology products and services that can be applied in SBCC projects. The community page will be formally launched and promoted in Year 3.

YEAR 3 PRIORITIES

1. Introduce Springboard in ten additional countries in Asia and Africa.
2. Make additional enhancements to the Springboard online platform to improve its functionality.
3. Oversee SBCC Learning Forums organized by country Springboard groups and shared outputs online.
4. Constitute Asia Springboard Advisory Council and the development of a strategy for Asia Springboard.
5. Develop strategies to further market and strengthen virtual and face-to-face interaction and attract new users.

Activity 1.2: Healthy Timing and Spacing of Pregnancy for High Risk Pregnancies

(FP/RH CORE)
YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

Promotion of HTSP remains an underutilized approach to increase contraceptive use and improve health outcomes, especially among advanced maternal age (AMA) and high-parity (HP) populations. In Year 2, HC3 sought to better understand the status of HTSP programs and resources targeting these groups, who are vulnerable to high-risk pregnancies and adverse maternal and child health outcomes. Specifically, HC3 gathered information on AMA and HP HTSP efforts and health outcomes through a literature scan, evidence review and demographic and health survey (DHS) secondary analysis. From these findings, HC3 designed and planned formative and secondary research activities around AMA/HP pregnancies and related knowledge, attitudes and practices. These activities will inform revision of an HTSP AMA/HP SBCC Implementation Kit (I-Kit), which contains resources for HTSP and family planning program managers working in SBCC, as well as adaptable materials for health practitioners, clients and other relevant audiences.



1.2.1	Evidence Review and Secondary Analysis
Deliverables and Key Outcomes	
Evidence report produced	Completed literature scan, evidence review and secondary analysis report, translated to French; English and French versions posted to HC3 website.
1.2.2	SBCC Implementation Kit for HTSP
Deliverables and Key Outcomes	
I-Kit developed	Developed draft materials of user guide, infographic concept and messages, client take-home and provider material.
1.2.3	Pretesting SBCC Implementation Kit for HTSP
Deliverables and Key Outcomes	
Workshops held	Planned research and concept testing activities for Togo and Niger.
Three focus groups held at two sites per country (urban and rural)	Completed preliminary team meeting and IRB trips in Niger and Togo. JHU IRB and local Togo IRB approved research protocol; Niger IRB approval expected, but pending.
Report on outcomes of qualitative data gathering	Activity postponed pending Niger IRB approval.
Two to four research briefs to disseminate findings to key audiences including family planning implementing partners and researchers	Postponed pending results of formative research.

1.2.4

Promotion and Dissemination of the Implementation Kit

Deliverables and Key Outcomes

Webinar hosted (English and French)

Postponed, pending completion of field research and finalization of I-Kit.

OTHER ACCOMPLISHMENTS

- Completed a French-language research plan to perform a secondary analysis of Hope Consulting HTSP Niger data. Received research clearance of analysis from the Johns Hopkins School of Public Health Institutional Review Board.
- Completed rapid assessment trips to Niger and Togo to gather information on existing HTSP (AMA/HP) programs, materials and key barriers, and to identify possible implementation partners for forthcoming I-Kit.
- Wrote report summarizing Togo and Niger trip outcomes.

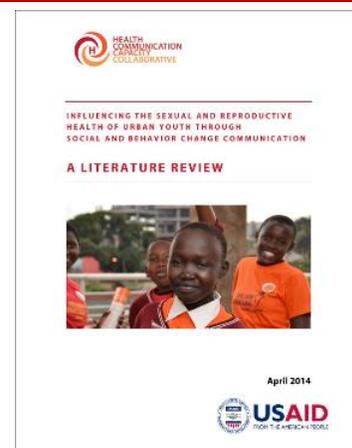
YEAR 3 PRIORITIES

- Conduct Niger and Togo formative research and report on findings.
- Write and disseminate related research briefs.
- Finalize and supplement adaptable materials for HTSP AMA/HP I-Kit.
- Hold dissemination webinars for HTSP I-Kit.
- Localize, expand and further disseminate the HTSP I-Kit in line with the Year 3 work plan.

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

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

In Year 2, HC3 focused on expanding the evidence base around urban youth, sexual and reproductive health (SRH) and SBCC. This was accomplished through an in-depth literature review, an in-person evidence exchange, two webinars and DHS secondary analysis. We also worked closely with partner MSH to complement these assessment activities with a discussion on the LeaderNet platform. Population Services International (PSI) was a key partner in writing the resulting Urban Youth SRH SBCC I-Kit draft and in supporting the I-Kit's pretest workshops.



1.3.1	Assessment and Evidence Exchange
Deliverables and Key Outcomes	
Evidence report produced and disseminated	Completed literature review; Executive Summary made available in brief format, in French and English. Disseminated the literature review and briefs via listservs, HC3's website, social media and blogs. Held day-long evidence exchange in Washington, D.C., on October 14, 2013, with 45 participants and guest speakers from more than 15 organizations.
1.3.2	SBCC Implementation Kit for Urban Youth
Deliverables and Key Outcomes	
I-Kit developed, with pointed content on youth engagement and social marketing	Developed I-Kit in English, translated to French and illustrated for pretesting in Madagascar and Benin. The I-Kit includes French- and English-language resources on SBCC foundations and other programmatic pillars (research, communication channels, etc.), as well as on youth engagement and youth-focused social marketing.
1.3.3	Pretesting of SBCC Implementation Kit
Deliverables and Key Outcomes	
Workshops held	Per conversations with USAID-DC and Missions, I-Kit pretests in Benin and Madagascar will take place in October 2014.
1.3.4	Promotion and Dissemination of the Implementation Kit
Deliverables and Key Outcomes	
Webinar hosted	Dissemination webinars will take place following I-Kit finalization.

OTHER ACCOMPLISHMENTS

- Produced and disseminated via listservs, the HC3 website, social media and blogs the Urban Youth Benin and Madagascar DHS Secondary Analysis report on youth media use and exposure, family planning knowledge, SRH behaviors and service seeking patterns.
- In April 2014, completed the virtual Urban Youth LeaderNet discussion, which included three facilitators from MSH and Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (JHU-CCP) and 82 global participants.
- Conducted urban youth webinars in French and English in November 2013—the sessions highlighted results of the literature review and featured youth speakers. The English-language webinar had 35 participants and the French webinar had nine.

YEAR 3 PRIORITIES

- Pretest Youth I-Kit draft in Benin and Madagascar.
- Plan and execute dissemination webinars, as well as I-Kit discussion groups on Springboard.
- Administer small grants and supporting technical support for the I-Kit's local use and adaptation in line with the Year 3 work plan.

Activity 1.4: Demand Creation for Long-Acting Reversible Contraceptives (LARCs) among Young People (FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

Per HC3's Year 2 Addendum work plan, in 2014, HC3 laid the groundwork for a number of demand generation activities around LARCs for youth. The work has required strong and continuous collaboration between HC3 and PSI to ensure the right information is gathered quickly and useful tools are planned and developed. In Year 2, HC3 conducted a literature and evidence scan, and supplemented this assessment activity with a two-week Springboard discussion forum. The results of these activities were included in a scope of work for a creative agency selected by HC3 to assist in the tool development.



1.4.1	Tool development
Deliverables and Key Outcomes	
Video series for providers in sub-Saharan Africa on LARCs for youth	Per revised and USAID-approved tool development scope, HC3 selected a creative firm to assist in developing provider- and youth-focused tools to enhance LARC counseling, provision and demand for young populations (ages 15 to 24). Malawi and Nigeria were selected as the focal countries for this activity.
Complementary facilitator guide for implementing partners	Began planning for facilitator and user guides that correspond to the new suite of LARCs for youth tools.
1.4.2	Packaging and dissemination
Deliverables and Key Outcomes	
Packaged on CD-ROM for flash drive, available for download through the HC3 website.	Planning commenced for disseminating tools, including gathering input regarding preferred formats. Promotion and dissemination will occur through the HC3 Springboard and other channels, including social media and listservs, as well as by reaching out to service delivery partners in the East Africa region.

OTHER ACCOMPLISHMENTS

- Conducted literature and evidence scan on the knowledge, attitudes and behaviors of providers and youth toward LARCs.
- Completed additional assessment of LARC/youth activities, including informal surveys of PSI field offices and youth and family planning program representatives.
- Hosted two-week *LARCs and Youth* conversation on Springboard in September 2014; activity engaged two JHU-CCP and two PSI facilitators, and nine global participants.

YEAR 3 PRIORITIES

- Develop results of the literature and evidence scan into an external research brief.
- Conduct additional LARC information gathering activities, including an October 2014 rapid assessment in Malawi.
- Complete LARC tool development and supporting materials.
- Pre-test, finalize and disseminate LARC tools in line with the Year 3 work plan.

Activity 1.5: Secondary Analysis of Gender-Related Behavioral Data for Family Planning and Reproductive Health (FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS



Secondary data analyses were performed on four datasets in four countries to examine the effect of gender equity measures on use of family planning. These analyses used multiple logistic regressions, as well as mediation and moderation analyses, to determine whether measures of gender equity act as either confounders, mediators or moderators of the relationship between communication program exposure and use of FP. First, midterm data from women participating in the Urban Health Initiative (UHI) in India

examined the mediating and moderating effect of gender equity on the relationship between exposure to media messages about FP and:

1. Current use of FP.
2. Use of a modern contraceptive method.
3. Unmet need for FP.

Similar analyses were run on baseline data from women in the Nigeria Urban Reproductive Health Initiative (NURHI). Mediation and moderation analyses were also run on data gathered from women participating in the Communication for Healthy Living project in Egypt in 2008 and the Malawi SSDI 2010 baseline.

1.5.1

Desk review and secondary analysis of FP/RH data

Deliverables and Key Outcomes

Synthesis report of secondary analysis

Draft synthesis report will be completed in November 2014. The tentative draft conclusion is that the analyses of these four data sets have been summarized and drafted in preliminary reports demonstrating that, despite hypotheses, gender equity does not appear to play a mediating or moderating role in the relationship between communication exposure and use of family planning. It is hypothesized that these initial results may be due to the limited inclusion of gender transformative components of communication interventions.

1.5.2	Information Dissemination
Deliverables and Key Outcomes	
Research brief of key findings	To be submitted in December.

YEAR 3 PRIORITIES

- Submit draft synthesis report to USAID in November.
- Finalize synthesis report and submit: December 2014.
- Submit research brief of key findings: December 2014.
- Finalize Gender Pathway Model (see Sub-activity 2.1.4): March 2015.

IR2 Activities: Continued Development of SBCC Capacity

Activity 2.1: Capacity Toolkit Revision and Expansion (FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

The Health COMpass is an interactive and collaborative online collection of high quality tools and project examples for SBCC. It is not just a resource library, but a learning site where users go to learn how “to do” SBCC using Health COMpass resources and by engaging with other members of the SBCC community. In Year 2, in response to user feedback, HC3 revised the site so that it now has a cleaner look and landing page, a more effective search function, a feature allowing the user to collect and personalize a folder of resources, and additional features to enhance the user experience.

In addition to these enhancements, HC3 has continued to develop online resources and tools to enable knowledge to practice. At this time, nine SBCC How-to Guides, five Research Guides and nine Partner Guides have been developed and are in the process of being completed and uploaded to the new Health COMpass. HC3

also collaborated closely with the SBCC community to assemble 11 Trending Topic guides. In addition, a new platform for the SBCC Spotlight—an in-depth step-by-step review of a “real life” SBCC project that walks the user through the SBCC design and implementation process—was developed and launched. Two I-Kits, *Gender in SBCC* and *Integrated SBCC Platforms*, were conceptualized and are in the process of development. The script for an animated clip, *What is SBCC?*, has been drafted and is in the process of development and will serve as both an informational tool on SBCC, as well as for advocacy.

Finally, resting on a separate online platform under HC3 partner MSH, HC3 hosted the first round of the SBCC VLDP for 12 participants to help teams overcome challenges in the SBCC implementation process. There were more than 145 applicants for this VLDP.

These resources all underscore HC3’s commitment to bringing tools to the people who need them—both capacity builders in SBCC as well as SBCC organizations and practitioners themselves.



2.1.1		Expand and Enhance the HC3 Health COMpass	
Deliverables and Key Outcomes			
Wizard app complete, live and functional		Taking in user feedback, in Year 2, HC3 redesigned the Health COMpass with an improved search feature and design of individual resource nodes, listing of resources, and rating and comments. This new platform went live on October 15, 2014.	
User collection feature on the Health COMpass		During Year 2 of HC3, the Health COMpass developed a feature that allowed users to flag resources and add them to their collection. This feature went live on the new Health COMpass platform on October 15. In addition, HC3 will expand the feature to allow users to organize resources into personalized folders.	
2.1.2		Package Topic-Specific Tools	
Deliverables and Key Outcomes			
Ten topics identified and bundled within the Health COMpass		<p>During Year 2, the following <i>Trending Topics</i> (originally called <i>Focus Packages</i>) were created in close collaboration with a wide variety of SBCC partners:</p> <ul style="list-style-type: none"> - Gender - Faith-Based Resources - Reaching Urban Youth - Malaria SBCC Strategies - LARCs for Young and Postpartum Women - ICT - Counseling Materials - Data Visualization - Favorites of Staff and Partners - Chlorhexidine to Reduce Infant Mortality - Measuring HIV SBCC Outcomes 	
2.1.3		Develop Implementation Guides	
Deliverables and Key Outcomes			
Ten SBCC Implementation Guides		<p>Nine <i>SBCC How-to Guides</i> were drafted, reviewed and revised. They will be reviewed by USAID, finalized and uploaded to the Health COMpass platform by December 30, 2014:</p> <ol style="list-style-type: none"> 1. Situation Analysis 2. Audience Analysis 3. Creative Brief 4. Media Mix 5. Message and Materials Development 6. Pre-Testing 7. Concept Testing 8. Materials Adaptation 9. Social Media 	

2.1.4 Develop Pathways Model for Gender Transformation	
Deliverables and Key Outcomes	
Pathways model highlighting steps towards gender transformation	<p>HC3 conducted a secondary analysis of gender data from DHS and other surveys to understand elements of a gender transformative approach and key outcomes to inform a program model. Preliminary results from this analysis were presented to USAID during the final quarter of Year 2.</p> <p>A Pathways model to guide explicit inclusion of gender transformative elements in RH SBCC activities will be finalized in Year 3 and disseminated via HC3 products, such as its website, Springboard and webinars, as appropriate. HC3 will also host a webinar on SBCC and gender, including a component devoted to the Gender Pathways Model.</p>
2.1.5 Package M&E Tools	
Deliverables and Key Outcomes	
Five M&E Implementation Guides	<p>Five <i>Research and Evaluation How-to Guides</i> were developed and approved by USAID:</p> <ol style="list-style-type: none"> 1. How to Develop an M&E Plan 2. How to Develop a Theory of Change 3. How to Develop a Logic Model 4. How to Develop Monitoring Indicators 5. How to Conduct Qualitative Formative Research <p><i>How to Conduct Qualitative Formative Research</i> was uploaded and went live on the new Health COMPass Platform on October 15, 2014. All other guides will be finalized with graphics and uploaded to the site by December 30, 2014.</p>
2.1.6 Package Specialized Implementation Guides for Partners	
Deliverables and Key Outcomes	
One to three specialized implementation guides per partner	<p>Each partner drafted two to three <i>How-to Guides</i>:</p> <ol style="list-style-type: none"> 1. MSH: How to Articulate Organizational Values, How to Mainstream Gender at the Organizational Level and How to Develop a Mission Statement 2. Ogilvy: How to Introduce Creativity and How to Integrate a Creative Platform Across All Health Communication Elements 3. Internews: How to Conduct Audience Research and How to Use Open Data to Tell a Story 4. PSI: How to Develop a Brand Strategy <p>HC3 is currently revising the drafted versions and will submit to USAID for review and finalize by December 30, 2014.</p>

2.1.7		SBCC “Quick Clip” Tools Development	
Deliverables and Key Outcomes			
Two to three Quick Clips		The script and outline of animation has been drafted for the animated clip, <i>What is SBCC?</i> , and will be finalized by December 30, 2014.	
2.1.8		Expansion of Tools to Include Key PRH Areas (Implementation Kits)	
Deliverables and Key Outcomes			
Two to three FP/RH implementation guides or I-Kits, in addition to HTSP and urban youth I-Kits		<p>HC3 identified two high priority FP/PRH I-Kits: <i>Gender in SBCC</i> and <i>Integrated SBCC Platforms</i>.</p> <ul style="list-style-type: none"> - Developed a concept document, outline, work plan and timeline for the Gender I-Kit, and then coordinated a team of content developers. Consulted content developers via Skype and in-person. - Received four of the five sections of the Gender I-Kit and a team of reviewers, including the team lead, senior program adviser and M&E senior adviser, provided feedback. Revisions are currently being made by the content developers. The final section, the introduction, was developed by the end of October. The resources section is also currently being developed and is on schedule. - Developed concept for <i>Integrated SBCC Platforms</i>. A senior adviser who is an expert in integrated SBCC platforms is in the process of developing a detailed outline for the I-Kit. 	
2.1.9		Engagement of Regional Partners	
Deliverables and Key Outcomes			
Documentation (such as written story/ video/ photos) of five pre-test partner face-to-face events		In consultation with the AOR, this activity was cancelled.	
2.1.10		Dissemination of Capacity Tools and Other HC3 Products	
Deliverables and Key Outcomes			
Functional distribution system using the Springboard, existing field offices, partners, regional and country-based events, and technical assistance opportunities		See Activity 3.2: Making the Case for Communication.	

OTHER ACCOMPLISHMENTS

- Designed *How-to Guides* and re-designed *Trending Topics* with printing and pdf capabilities.

- Improved user profiles and searchable members' directory.
- Added *Organizational Development* as a collection of resources to the Health COMpass.
- Designed and developed *Spotlights*.
- Conducted first round of the SBCC VLDP, which received over 145 applications for 12 spots in the program.

YEAR 3 PRIORITIES

- Six new *Trending Topics* and six new *Spotlights*.
- Add features to the Health COMpass, including French translation of the Health COMpass interface.
- Develop three online tools for guiding partners in financial management and resource mobilization.
- Conduct second and third rounds of the SBCC VLDP, one of which will be for Francophone partners.

Activity 2.2: In-Country Partnerships (FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

In Year 2, HC3 engaged partners in five countries to utilize the Health COMpass to strengthen local SBCC capacity. Partners in Nepal, Cote d'Ivoire, Tanzania, Guatemala and Pakistan identified local SBCC capacity gaps, scanned the Health COMpass for resources to address those gaps and implemented the tools to build capacity. Partners provided critical feedback to improve the Health COMpass, which was used to redesign the platform. Their experience implementing capacity strengthening resources was documented through blogs published on the HC3 site. Case studies and success stories were developed to share lessons learned, procedural knowledge and to provide guidance on developing local SBCC capacity. The Cote d'Ivoire team shared its results, along with overarching capacity strengthening guidance, through a francophone webinar held in May.



In Cote d'Ivoire, JHU-CCP identified a need to integrate gender into HIV SBCC programming. Using the Inner Spaces, Outer Faces Initiative (ISOFI) manual, HC3 conducted workshops with two local non-governmental organizations to help them address gender issues. HC3 produced blog posts, a case study, implementation report and a webinar to support this.

In Nepal, the Health4Life (H4L) project identified a need to develop district-level communication strategies. Using the *Field Guide to Designing a Health Communication Strategy*, H4L built 14 districts' capacity to develop their own SBCC strategies. It was documented through case study, blog and success story.

In Guatemala, family planning partners identified a need to involve men in family planning and used the Engaging Men and Boys in Gender and Health toolkit to conduct three workshops with health providers. The nutrition team identified a need to build community health worker capacity to reduce child mortality, and adapted a Safe Water Drinking Card and trained health workers on its use. The teams submitted blogs, case studies and success stories.

In Tanzania, Femina Hip, a multimedia platform and civil society initiative working with youth, communities and strategic partners, developed a social media strategy using three resources from the Health COMpass. It submitted its process as a resource on the Health COMpass, blog posts and a case study.

In Pakistan, Marie Stopes Society (MSS) identified a need for successful vasectomy materials, so it adapted two materials from the Health COMpass and is conducting a vasectomy campaign.



2.2.1	Develop and Disseminate Case Studies and Success Stories
Deliverables and Key Outcomes	
Five text and video case studies developed and disseminated	<ol style="list-style-type: none"> 1. Guatemala: two case studies, <i>Use of the Health COMpass in Guatemala Strengthens Health Providers' and Community Workers' Capacity to Work in the Areas of Gender and Masculinity and Strengthening Community Health Workers' Capacity to Reduce Child Mortality in Guatemala</i> 2. Nepal: one case study, <i>Improving Reproductive Health in Nepal Using Social and Behavior Change Communication</i> 3. Cote d'Ivoire: one case study, <i>Using The Health COMpass to Strengthen Social and Behavior Change Communication Capacity</i> 4. Tanzania: one case study, <i>Health COMpass Guides Development of Local Social Media Strategy</i> 5. Pakistan: forthcoming <p>HC3 will disseminate these materials through its website, in conversations on Springboard and at appropriate local events at the country level in collaboration with HC3 field support activities and partner projects.</p>
2.2.3	Develop Webinars
Deliverables and Key Outcomes	
Two webinars	Cote d'Ivoire partner conducted a francophone webinar in May 2014,

developed/conducted online	<p><i>Innovations and New Approaches for SBCC Capacity Strengthening.</i> Three speakers presented: Kim Ahanda, USAID, on overarching capacity strengthening; Sylvia Vriesendorp, MSH, on organizational capacity strengthening; and Patricia d' Ajavon JHU-CCP, on JHU-CCP Cote d'Ivoire's experience using the Health COMPass and strengthening local gender SBCC capacity.</p> <p>A second webinar will take place during the coming months in conjunction with the completion of the gender pathways model. To increase relevance to audience, HC3 will include the Guatemala pre-test partner in this webinar.</p>
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YEAR 3 PRIORITIES

Work with MSS Pakistan to complete the vasectomy campaign and document results from the partnership.

Activity 2.3: Blended Learning Approaches (FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

HC3's efforts to build capacity of SBCC professionals include developing and implementing SBCC programs in middle- and low-income countries by determining the most effective and efficient methods for facilitating and sustaining the learning process. Developing and implementing effective learning processes in these countries can be particularly challenging as limited access to health and education programs, lack of available resources and weak infrastructure can present significant challenges to the traditional classroom approach.

The term, "blended learning," is used to describe a combination of a variety of learning media (such as face-to-face, online, radio, print and social media) and learning environments (such as instructor-led, teamwork, self-study and peer-to-peer interaction) that reinforce and accelerate mastery and application. With recent developments in technology and changing needs of learners and facilitators, blended learning has gained new ground and meaning. These approaches also are seen as effective ways to lower the costs associated with face-to-face instruction in low resource locations.



During Year 2 of HC3, the Capacity Building portfolio produced a number of outputs focused on blended learning, including a literature review and fact sheet, *Blended Learning for Social and Behavior Change Communication*. The fact sheet looked at promising practices for using blended learning in SBCC capacity building activities, identified ways to design the correct blend of learning components and examined the implications of using blended learning in low-resource settings. The literature review provided a basis for the *Expert Consultation: Panel on Blended Learning* held on June 17, 2014, which explored the use of blended learning for SBCC capacity building from panelists' and audience members' insight, advice, approaches and suggestions on how to best use a blended learning approach to build the capacity of SBCC professionals in indigenous institutions. On September 23, 2014, HC3 hosted a webinar attended by 45

professionals on Quick and Accurate Learning Assessments for Low Resource Settings where Dr. Sharon Marie May took an in-depth look at how to conduct a needs assessment for performance and learning support in low resource settings, focusing on the differences between performance versus learning needs. Three blog posts were written to support the blended learning portfolio including *Utilizing Blended Learning in Social and Behavior Change Communication Capacity Building*, *What is Blended Learning?* and *Webinar Follow-Up: Quick and Accurate Learning Assessments for Low-Resource Settings*.

2.3.1		Host Expert Review of Blended Learning Approach
Deliverables and Key Outcomes		
Document with key recommendations for blended learning	Wrote and presented literature review and fact sheet, <i>Blended Learning for Social and Behavior Change Communication</i> , exploring promising practices for utilizing blended learning in SBCC capacity building activities. It also identified considerations for designing the correct “blend” of learning components and examined the implications of using blended learning in low-resource settings.	
Blended learning expert review event	<i>The Expert Consultation, Panel on Blended Learning</i> , held on June 17, 2014, explored the use of blended learning for SBCC capacity building. Four panelists representing assessment, design and development, implementation and evaluation, and 30 audience members representing a range of organizations provided insight, advice, approaches and suggestions on how to best use a blended learning approach to build the capacity of SBCC professionals in indigenous institutions utilizing existing materials in the creation, implementation and evaluation of SBCC programs.	
2.3.2		Finalize and Disseminated Blended Learning Approach
Deliverables and Key Outcomes		
Webinar	On September 23, 2014, HC3 hosted a webinar attended by 45 professionals, <i>Quick and Accurate Learning Assessments for Low Resource Settings</i> , where Dr. Sharon Marie May took an in-depth look at how to conduct a needs assessment for performance and learning support in low resource settings, focusing on the differences between performance versus learning needs and introducing four practical tools (<i>Rothwell’s Six Cell Gap Analysis</i> , <i>Brinkerhoff’s Success Case Method Analysis</i> , <i>Dean and Ripley’s Repertory of Behavior Drivers or Causes</i> , and <i>Gilbert’s Behavior Engineering Model</i>).	
Key recommendations fact sheet	As discussed above, a fact sheet was developed, based on the recommendations from the literature review. The fact sheet is housed on the HC3 website for easy access and dissemination to a wider audience. It is also available on the Springboard Blended Learning discussion forum.	

OTHER ACCOMPLISHMENTS

- Three blog posts were written to support the blended learning portfolio:
 - Utilizing Blended Learning in Social and Behavior Change Communication Capacity Building

- What is Blended Learning?
- Webinar Follow-Up: Quick and Accurate Learning Assessments for Low Resource Settings).
- A 45-member group formed on Springboard to discuss and disseminate information, including the literature review, fact sheet, presentations and webinar slides. Lessons learned and insights from this group will inform various capacity building activities, such as materials to support improved Provider Behavior Change Communication in coming months.

YEAR 3 PRIORITIES

- Compile packages of resources to address provider SBCC drawing on blended learning approaches.
- Develop guide for implementers on combining or blending available resources for maximum impact for provider SBCC.

Activity 2.4: Strengthen University-Led Instruction in SBCC (FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

In Year 2, HC3 made progress in building its network of university partners and bringing useful technical expertise to the field. The first webinar designed to improve university SBCC offerings, *Communication in the Curriculum*, aired in September 2014, with three more scheduled to follow. HC3 had a presence at four important international events:

- Three in Africa:
 - International Conference on Family Planning (ICFP) in Ethiopia, November 2013
 - African Evaluation Association Annual Conference in Cameroon, March 2014
 - AfriComNet Monitoring & Evaluation practicum in Ghana, June 2014
- One in the United States: the International Communication Association (ICA) Annual Conference, Health Communication Division.

HC3 leveraged the support of its first student intern for three months with one of our partner universities in Indonesia, supported the graduate study of another student at the University of Witwatersrand, South Africa, and provided mentoring for four Masters of Public Health (MPH) students from Jimma University in Ethiopia. A committee chaired by Dr. Doug Storey mandated to expand the network of communication scholars in sub-Saharan Africa helps to continue to build ties with the ICA.

Respondent University/Institute & Department/Academic Unit	
Africa	
<i>(12 Deans of Faculty/Department Heads; 5 Professors/Lecturers)</i>	
<i>Cote d'Ivoire</i>	Felix Houphouët Boigny University (UHB), Department of Information, Communication and Arts
<i>Ethiopia</i>	Institut des Sciences et Techniques de la Communication (ISTC), Department of Studies and Pedagogy
<i>Ghana</i>	Jimma University, Department of Health Education and Behavioural Sciences
<i>Mozambique</i>	University of Ghana School of Public Health, Department of Social and Behavioral Sciences
<i>Nigeria</i>	Universidade Politécnica (Mozambique), Information, Public Relations and Image
	Obafemi Awolowo University, Department of Community Health
	University of Ibadan, Department of Human Kinetics & Health Education-Health Education Unit / Health Promotion and Education
	University of Lagos, Mass Communication
<i>Swaziland</i>	University of Swaziland (UNISWA), Faculty of Health Sciences / Faculty of Social Science / IDE
<i>Tanzania</i>	ESAMI, Management Training Unit
	Muhimbili University Of Health and Allied Sciences (MUIHAS), School of Public Health and Social Sciences (SPHS)
	Primary Health Care Institute-Iringa (PHCI-I), Public Health
<i>Zambia</i>	The University of Zambia, The Institute of Economic and Social Research / Mass Communication
Asia	
<i>(9 Deans of Faculty/Department Heads)</i>	
<i>Bangladesh</i>	Independent University, Bangladesh
	National Institute of Preventive and Social Medicine (NIPSOM), Department of Community Medicine / Health Education
	North South University, Department of Public Health
	University of Dhaka, Department of Population Sciences
<i>India</i>	Tata Institute of Social Sciences, School of Health Systems Studies
<i>Indonesia</i>	Universitas Gadjah Mada, Department of Public Health, School of Medicine
	Universitas Indonesia, Center for Health Research
<i>Thailand</i>	Mahidol University, Health Education and Behavioral Sciences

Deliverables and Key Outcomes	
Four webinars	<p>HC3 conducted the first webinar, <i>Communication in the Curriculum</i>, on September 5, 2014, featuring Nicola Christofides from University of Witwatersrand School of Public Health (South Africa), Itzhak Yanovitsky from Rutgers University School of Communication and Information, and Catherine Gembe from the Primary Health Care Institute in Iringa, Tanzania. Each described their approach to incorporating training in SBCC competencies into their different types of curricula and explained how they provide practicum experiences and mentoring for their students.</p> <p>Three additional webinars are scheduled:</p> <ol style="list-style-type: none"> 1. <i>Models of University Engagement in Africa</i> (November 2014) will feature speakers from Johns Hopkins Bloomberg School of Public Health, the Tanzania Communication Capacity Project and the Jimma University School of Public Health in Ethiopia and will focus on how different universities engage with communities to provide SBCC training and practicum experiences for their students. 2. <i>Models of University Engagement in Asia</i> (February 2015), which will be hosted by Bangladesh Center for Communication Programs (BCCP), the Springboard hub in Bangladesh, and will feature Rita Damayanti from the University of Indonesia Institute for Community Health Research, Neetu Purohit from the Indian Institute for Health Management & Research, and a to-be-determined Bangladesh university. 3. <i>How to Get Published: A Conversation with Journal Editors</i> (April 2015), which will focus on how to improve the ability of faculty and students in Africa and Asia to generate publishable research manuscripts. This webinar will feature Natalie Culbertson of the USAID-supported <i>Global Health Science & Practice Journal</i>, Silvio Waisbord of the <i>Journal of Communication</i>, Shyam Sundar of the <i>Journal of Computer-Mediated Communication</i> and Scott Ratzan of the <i>Journal of Health Communication International Perspectives</i>.
Two regional events	<ol style="list-style-type: none"> 1. University Initiatives Pre-Conference Meeting at the ICFP in Addis Ababa, November, 12 2013. The objective of this meeting was to introduce HC3 university initiatives, share results of the university needs assessment survey and discuss ways that HC3 could support university engagement with SBCC research and practice. The meeting was attended by representatives from the Universities of Ilorin and Ibadan in Nigeria, Jimma University in Ethiopia and the North-South University in Bangladesh. 2. AfriComNet M&E Practicum meeting in Accra, Ghana. Dr. Storey delivered the Keynote Address on <i>Using M&E to Strengthen SBCC Programs</i>, led a session on the use of advanced analytic techniques (propensity score matching) and facilitated a day-long workshop on the use of formative research for malaria communication programs. The M&E Practicum was attended by 90 participants from 12 different

	<p>countries and eight universities. The malaria workshop was attended by 17 researchers and program officers from six countries representing 11 different organizations and two Nigerian universities.</p> <p>3. Dr. Storey also participated in the launch of the Ghana Springboard Group on November 14, 2014, and gave a presentation about the HC3 University Initiatives.</p>
2.4.2	Capacity Strengthening for SBCC Researchers
Deliverables and Key Outcomes	
Four summaries of SBCC concepts and theories	<p>The Research 101 series was extended by updating and revising four theory briefs previously produced under HCP. The topics are:</p> <ol style="list-style-type: none"> 1. EPPM (Extended Parallel Process Model) 2. Ideation 3. Propensity Score Matching 4. Social Learning Theory.
Four webinar presentations of case studies	<p>There were no case study webinars during this period. In Year 2, there was very little original research done on SBCC approaches other than literature reviews, materials/toolkits pretesting and some needs assessments. This deliverable is due for completion in Year 3.</p>
2.4.3	Experiential Learning
Deliverables and Key Outcomes	
Five to twenty internships	<p>Most of the funding for this activity was reprogrammed for Year 3. HC3 staff in Nigeria and Bangladesh are compiling a catalog of programs that would benefit from having a student intern and possible scopes of work for those interns.</p> <p>HC3 leveraged one student research internship placement (for Summer 2014) with the USAID-funded Improving Contraceptive Method Mix (ICMM) project in partnership with the University of Indonesia Center for Health Research. One doctoral student spent the summer months of 2014 conducting monitoring research on the uptake of LARCs and advocacy activities with the University of Indonesia team in six districts of East Java and West Nusa Tenggara provinces.</p>
Two faculty grants	<p>Funding for this activity was reprogrammed for Year 3 as support for secondary analysis.</p>

OTHER ACCOMPLISHMENTS

- Marc Boulay attended the African Evaluation Association conference in Yaounde, Cameroon, to expand ties with African evaluation experts.
- HC3 continued to support tuition costs for one student to pursue his MPH degree at University of Witwatersrand, South Africa.
- Drs. Storey, Kaufman and Rimal are currently mentoring four MPH students from Jimma on their thesis projects.

- Completed and distributed the *University Initiatives Needs Assessment Report* with 39 universities identified as potential collaborators in the original university landscaping exercise.
- Conducted two capacity strengthening seminars at Muhimbili University of Health and Applied Sciences (MUHAS) in Tanzania and conducted SBCC strategic development mentoring training workshops at the Primary Health Care Institute in Iringa, Tanzania.
- Dr. Storey directed Jimma University (Ethiopia), the University of Ibadan (Nigeria) and BCCP (Bangladesh) in becoming institutional members of the ICA, expanding their access to online communication research journals and the activities of 25 global interest groups including the SBCC, mass communication and information systems divisions.
- Dr. Storey attended the ICA annual conference in Seattle to meet with HC3 university partners and continue building ties between them and the international scholarly community. He gave a presentation at the Business Meeting of the Health Communication Division (attended by approximately 150 people) on the HC3 University Initiatives, resulting in several expressions of interest by scholars at U.S. universities wanting to help forge links with African universities. One, Dr. Itzhak Yanovitsky, became a speaker in the first webinar on *Communication in the Curriculum*.
- HC3 is collaborating with the ICA to expand its network among faculty in universities in Africa. HC3 leaders met with ICA Executive Director, Michael Haley, in July 2014, leading to an invitation from ICA President Peter Vorderer for Douglas Storey to chair an African Outreach committee. The committee's mandate is to document the state of communication research in sub-Saharan Africa, expand membership and involvement of African scholars in ICA and identify a location for an African regional communication conference in 2015. A committee of eight African scholars from South Africa, Ghana, Sudan, Nigeria, Cameroon, Zimbabwe, Kenya and the U.S. was formed and is developing a list of African universities and scholars that can be brought into the ICA network of scholars. Not all committee members work primarily in SBCC, but it is represented as one of ICA's largest divisions. The group meets virtually. Because ICA mainly supports communication research and scholarship rather than practice per se, the advantage of this group is that it will help advance the HC3 mandate to strengthen communication research on the continent, one part of the spectrum of SBCC skills that is most often lacking.

YEAR 3 PRIORITIES

- Complete four webinar presentations of case studies.
- Ramp up student internship program.
- Complete three remaining planned webinars under University Initiatives.
- Increase African university involvement in the Regional Springboard and in International conferences.

Cross-Cutting Systems

Activity 3.1: Strengthen Advancement of SBCC Research and Evidence

(FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

Completed data collection for a survey examining the impact of multiple communication campaigns on multiple health outcomes in Tanzania. While the analysis is in progress, it is a complex undertaking. The separate and combined effects of communication interventions on multiple psychosocial and behavioral outcomes will be described, as well as the direct and indirect effects of campaigns on behavior via changes in psychosocial factors, the cumulative/dose effects of exposure to multiple campaigns and the relative effectiveness of different channels for specific outcomes.

3.1.1 Documenting the Role of Communication Channels on SBCC Effectiveness	
Deliverables and Key Outcomes	
Summary report	Completed field work for this survey during this fiscal year, measuring exposure to and effects of 11 different SBCC programs in Tanzania. Most of the programs showed levels of exposure ranging from 60 percent to 90 percent, with two programs showing exposure levels at around 20 percent. Among survey respondents, the most common contraceptive methods used were injectables (used by more than half of respondents), followed by oral pills, male condoms and calendar methods. For Engender Health's AQUIRE program and the Familia campaign, the more sources of communication to which a woman was exposed, the less she endorsed false myths and beliefs about family planning. Also, the more sources of communication to which a woman was exposed for Familia and Fema TV, the higher self-efficacy she had to use family planning. Further analysis is underway to understand the single and combined effects of various programs on key behavioral determinants, dose effects of multiple exposures and the relative effectiveness of different channels on contraceptive use outcomes.
Two-page research brief, two conference presentations and two manuscripts submitted for publication	These are dependent on the completion of the Summary Report—analysis of the complicated dataset continues. Once it is complete and the Summary Report is finalized, we can produce these deliverables.

YEAR 3 PRIORITIES

- Complete the summary report.
- Complete a key findings report.
- Present results at two conferences.
- Submit two manuscripts to peer-reviewed journals.

**Activity 3.2: Making the Case for Communication
(FP/RH CORE)**

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

HC3 continued to make the case for SBCC in Year 2 with a variety of activities, from infographics to videos to social media. As the number of HC3 products demonstrating the value of SBCC grows, dissemination becomes key to making sure the evidence and information is easily accessible. To that end, in April 2014, HC3 redesigned its website to better organize all its products, as well as information on country projects. Since the redesign, there has been a marked increase in traffic to the site with a nearly three-fold increase in user sessions when comparing the four months before the launch to the four months after (14,159 vs 5,697). HC3 blogs in combination with social media helped drive traffic to the website and products. In Year 2, HC3 published 86 blogs, which in total were viewed more than 11,000 times.



HC3 also worked on growing a targeted social media following in order to expand reach and influence. For the reporting period, HC3 had 3.1 million social media impressions from Twitter,



Google+ and Facebook. Twitter followers increased more than four-fold and Facebook garnered 86.9k impressions by 1.6k users. HC3 partners were engaged as part of the outreach for *Making the Case* via social media. Through mutual sharing and tagging, collaboration is evident in HC3's referral traffic; PSI, Internews and MSH are top social referrers. HC3 produced three videos in Year 2. *We Are Family Planning* told the story of three couples in Nigeria and Bangladesh, as well as highlighted the need for coordination among NGOs to ensure access to family planning. It premiered at the opening of the ICFP in Ethiopia in November 2013 and has been viewed more than 200 times on YouTube. HC3 also produced a video on the overall success of a national SBCC program in Ghana to be disseminated in Year 3 and a compilation of family planning entertainment-education videos. HC3 worked with Ogilvy to develop a more clear and concise definition of SBCC that resulted in an easy-to-understand infographic. Dissemination of the infographic will take place in Year 3. HC3 distributed its materials at ICFP and held a satellite session to introduce the project, demonstrate Health COMpass and register people for Springboard prior to its official launch.



3.2.1	Dissemination of Technical Products and Tools through Traditional Outlets
Deliverables and Key Outcomes	
Monthly blogs	Published a total of 86 blogs. Top blogs include the VLDP announcement, the HIV SBCC webinar and the webinar on behavioral economics.
Features on HC3 website	Created a Research section to feature Research briefs and searchable databases. Revised the <i>P Process</i> and translated to French.
Fact sheets	Published 16 fact sheets on everything from malaria to 10 on generating demand for life-saving commodities.
Additional dissemination through Springboard networks	Blogs on the HC3 site refer readers to the Springboard to continue the discussion. Also, cross-posted HC3 blogs on Springboard to drive traffic back to HC3.
3.2.2	Dissemination with New and Social Media
Deliverables and Key Outcomes	

Three videos supporting and enhancing the role of SBCC to change reproductive health behaviors for good	Produced <i>We are Family Planning</i> to air at the ICFP opening in Addis; created a compilation of family planning entertainment-education videos for the booth at ICFP; produced <i>Living the Good Life in Ghana</i> to demonstrate the value of a national SBCC campaign.
Infographic on making the case for SBCC	Worked with Ogilvy to create four-panel infographic to define SBCC and show proof of its value. This easy-to-read, visually interesting tool can be used with a variety of audiences (from policymakers to ministry of health officials to program implementers) to demonstrate why investing in SBCC is a wise choice. In Year 3, it will be disseminated via social media, global events, the HC3 website, Health COMpass and Springboard. HC3 will also ask its partners to help disseminate it. Plans are underway to animate it for Year 3, as well.
3.3.3	Dissemination of Major Milestones and Tools at Global Events
Deliverables and Key Outcomes	
<i>Making the Case for SBCC</i> -themed events at the ICFP	HC3 exhibition booth to disseminate materials and information to close to 3,200 conference attendees; satellite forum on HC3, the Health COMpass and Springboard with 35 attendees.

OTHER ACCOMPLISHMENTS

- HC3 redesigned its website.
- HC3 attended the Unite for Sight conference in New Haven.

YEAR 3 PRIORITIES

- Create an animated infographic (motion graphic) on the value of SBCC in programming for urban youth.
- Create a series of infographics on how SBCC made an impact in a variety of FP/RH areas with clear results.
- Develop brief video on the Tanzania channels study to help determine what channels work best with what audiences (see above).
- Help introduce I-Kits, Springboard and other HC3 products at APHA (November 2014) and other global events through satellite sessions and exhibits.



Activity 3.3: Ensure Efficient Project Management and Operations (FP/RH CORE)

YEAR 2 ANNUAL PROGRESS HIGHLIGHTS

Strengthening systems to enhance smooth operations and outputs under HC3 was a continued priority for the Project Director and managers during this period. The attention focused on continuous refinement of financial reporting systems to meet USAID activity reporting requirements, project monitoring feedback to ensure timely completion on Year 2 deliverables and developing efficient project management and reporting systems across all HC3 elements. HC3 management addressed project staffing by filling all designated positions and secondment of partner staff for broader participation across the project. Additionally, HC3 management also concentrated on strengthening documentation of project processes, and roles and responsibilities to strengthen the collaborative culture of the project and enhance its internal knowledge management systems.

3.3.1		Ensure efficient project management and operations
Deliverables and Key Outcomes		
Three HC3 Partner Meetings	Held trimester-based update meetings in December 2013, April 2014 and September 2014.	
Project financial, narrative and management reports per PRH schedule	Submitted quarterly financial reports per schedule and semi-annual narrative progress reports for all funding sectors.	

OTHER ACCOMPLISHMENTS

- Strengthened project knowledge management and document review procedures to raise quality of outputs and integration across activities.
- Facilitated project team retreat to strengthen integration across funding streams, core and field, and all partner organizations.
- Supported collaboration meetings and explored programming partnerships with USAID's TRANSFORM partners.
- Developed database and guidance documents to obtain cost-share commitments and track achievements across all funded project elements (core and field support) and including all partners. Based on informal estimates and preliminary data, HC3 is on track to achieve its cost-share targets. Formal cost-share documentation will take place through other financial reporting mechanisms.

YEAR 3 PRIORITIES

- Continuously improving project knowledge management and document procedures to respond to increasing scope of work and expanding integration and tracking needs across activities.
- Focus on strengthening sub-award development and submission procedures to meet USAID requirements, including dedicated team to support the complex process.
- Build project staffing depth and consultant rosters across partners to respond to growing program portfolio and activity timeline requirements.

Section 2: HIDN-Funded Activities



During this work planning year, the HC3 Maternal Newborn Child Health (MNCH) team developed the I-Kit on *Breastfeeding for Faith-Based Organizations (FBOs)*, with assistance from the HC3-formed FBO Advisory Council and Nigerian organizations. In Abuja, Nigeria, HC3 completed pretesting of the I-Kit.

HC3 also finalized the *Demand Generation I-Kit for Underutilized Life-Saving Commodities* with approval from USAID. The tools and resources in the I-Kit include illustrative and adaptable communication strategies for nine commodities, a synthesis of evidence on demand generation for 13 commodities, 13 commodity spotlights, materials for conducting a national demand generation landscape assessment and four cross-cutting guides on how to address

the role of gender, how to integrate ICT, how to select media and how to leverage public-private partnerships for demand generation. The I-Kit and its resources are being translated to French for use in francophone Africa.

HC3 developed a dissemination plan for the RMNCH I-Kit with presentations and side events at key global and regional meetings and conferences; virtual dissemination through social media and partner organizations, working groups and professional networks; and in-country dissemination in focus countries. Presentations and other materials was developed for in-country promotion of the I-Kit and advanced preparations are ongoing to disseminate the I-Kit in USAID priority countries.

Activity 1: Child Survival SBCC for Faith-Based Organizations (Office of Health, Infectious Diseases and Nutrition [HIDN])

1.1

SBCC Implementation Kit for FBOs

Deliverables and Key Outcomes

SBCC I-Kit for FBOs	Completed I-Kit development and its pretest. Developed online version of the I-Kit and a compiled list of recommendations for improved use and changes, based on pretest. Reached out to USAID, Ministry of Health (MOH) and Nigeria-based partners for launch opportunities. Set the launch of the I-Kit for October 27 as part of the Newborn Conference in Abuja, Nigeria.
1.2	Small Grants for FBO SBCC projects
Deliverables and Key Outcomes	
Small grants concept note and RFP	The RFP was disseminated through networks, listservs and the local media. Established a structure and committee to review applications from more than 25 Nigeria-based organizations. Selected five FBOs from various denominations and SBCC experience levels to conduct the pretest.
Small grants established	Selected five FBOs and conducted a one-day orientation session for them in Abuja with an illustrative pretest roadmap to use as a guide. Received feedback via four questionnaires, and two Skype calls and a final report from each organization.
Kit materials revised	Reviewed and analyzed pretest feedback and developed a list of recommendations. Kit revision is in process.
Case study/lessons learned/implementation guidance documented	Will develop a case study that explores how the pretest partners used the I-Kit during their six-week trial of the Breastfeeding I-Kit. The case study will be designed to provide recommendations on best approaches for countries going through the process, from developing teams to completing the templates and deciding on next steps. It will be completed by December 19, 2014.
1.3	FBOs Child Survival Kit Regional Launch and Dissemination
Deliverables and Key Outcomes	
Regional launch	Local launch set for October 27, 2014, in Abuja, Nigeria, as part of the Newborn Conference.
Publicity materials	Publicity materials are being developed for the Nigeria launch.
Promotion plan of FBO implementation kit	Nigeria-based launch planned for October 27 and soft launch to be conducted via websites, social media and listservs, and at relevant upcoming events, such as FBO meetings sponsored by the IMA and Africa Christian Health Association.
Webinar	To be developed in Year 3 in conjunction with the launch.

Activity 2: Demand Generation for Underutilized Commodities in RMNCH (HIDN)

2.1	Creation of flash drives of key resources in the demand generation implementation kit
Deliverables and Key Outcomes	
2,000 loaded flash drives	Flash drive software has been identified and tested for uploading the I-

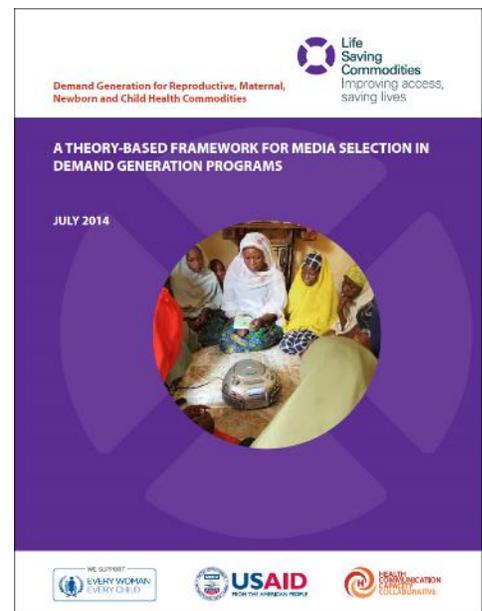
	<p>Kit content for offline use. An original lot of 75 flash drives was created in July 2014 for use during the Uganda I-Kit pretest and subsequent meetings with key stakeholders in Uganda and Tanzania.</p> <p>The creation of the 2,000 branded flash drives is currently on hold pending final revisions to and formatting of the I-Kit content following the Uganda pretest. Once the revisions are completed in October 2014, the updated I-Kit will be loaded onto flash drives for distribution at global and in-country dissemination events.</p>
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<p>2.2 Dissemination plan and launch materials preparation for implementation kit</p>	
<p>Deliverables and Key Outcomes</p>	
<p>Dissemination plan</p>	<p>Developed the dissemination plan for the I-Kit and submitted to USAID. It outlines global efforts to disseminate the I-Kit to country-level stakeholders, with a specific focus on USAID priority countries. Activities include presentations and side events at key global and regional meetings and conferences, virtual dissemination through social media and partner organizations, working groups and professional networks, and in-country dissemination in focus countries.</p>
<p>In-country promotion package</p>	<p>Developed a promotion package for use at in-country dissemination events. It includes PowerPoint presentations introducing the United Nations Commission on Lifesaving Commodities for Women and Children (UNCoLSC), the 13 underutilized life-saving commodities and the I-Kit; invitations to and agendas for dissemination events; and I-Kit postcards. The content of the promotion package will differ slightly for each country based on the country's priorities and the format of the dissemination workshops and events. Additional materials will be added to complement these materials, as needed.</p>
<p>2.3 Global, regional and country-level dissemination events and activation workshops for implementation kit</p>	
<p>Deliverables and Key Outcomes</p>	
<p>Online webinar/ Springboard event</p>	<p>Online webinars and Springboard events are on hold pending revisions to I-Kit content. A series of three webinars are planned for January to August 2015.</p>
<p>Dissemination and promotion through global/regional conferences and meetings</p>	<p>Keeping in line with the dissemination plan, the I-Kit has been disseminated and promoted at a variety of global and regional meetings and conferences, including meetings of the Core Group in spring of 2014, the Chlorhexidine Working Group, Pneumonia and Diarrhea Working Group, to the World Bank Community of Practice for SBCC, at USAID Washington, the Knowledge for Health (K4Health) East Africa Share Fair and International AIDS Conference (IAC) 2014.</p> <p>Sessions and side events promoting the I-Kit and its resources and</p>

	<p>tools have been accepted for presentation at the Reproductive Health Supplies Coalition (RHSC) Annual Meeting (October 24, 2014) and the American Public Health Association (APHA) Annual Conference (November 17, 2014).</p>
<p>In-country activation workshops in three countries</p>	<p>In-country dissemination and activation workshops are planned to begin in early 2015. The first series of workshops are planned for Nepal and Bangladesh. HC3 has had extensive communication with the USAID Missions and Ministries of Health in both countries to seek concurrence for the workshops and events. These events have been delayed due to scheduling conflicts with in-country stakeholders and direct requests from USAID Missions to postpone in-country events. The dissemination events will orient participants to the I-Kit and will target Ministries of Health, USAID/Mission staff, implementing partners and other country stakeholders who either currently work on demand generation activities or who would like to include or support such work in the future. In-country dissemination of the I-Kit may take the form of a large dissemination event with all stakeholders and/or smaller workshops or meetings with specific stakeholders and implementing partners who are interested in applying the I-Kit to develop communication strategies around one or more of the underutilized RMNCH commodities.</p>

OTHER ACCOMPLISHMENTS

- During Year 2, the I-Kit's tools and resources were finalized and approved by USAID. These tools and resources included the nine adaptable communication strategies, the 13 commodity spotlights, and the four cross-cutting guides on how to address the role of gender, how to integrate ICT, how to select media and how to leverage public-private partnerships for demand generation.
- Efforts have begun to translate the I-Kit's tools and resources into French in order to increase the reach of the guidance into francophone countries. The evidence review and cross-cutting guides have already been translated into French and additional materials will be translated by the end of November 2014. The online I-Kit platform also will be translated into French and completed by February 2015.
- Launched the online I-Kit platform in April 2014 to enhance the user experience and provide a repository for the I-Kit's tools and resources, as well as additional guidance, case studies and examples of demand generation materials.
- HC3 formed an Advisory Council to provide guidance on development of the I-Kit on Breastfeeding for FBOs.
- HC3 completed a Year 1 legacy activity supporting the finalization of the Evidence Review for Population-Level Behavior Change process. During the fourth quarter of Year



2, findings from the key evidence review committees were published in a special supplement of the *Journal of Health Communication*. HC3 delivered 750 copies of the journal supplement to USAID.

YEAR 3 PRIORITIES

- Continual dissemination and promotion of the I-Kit at the global and regional conferences, as well as through virtual platforms, including the Communication Initiative.
- Conduct in-country dissemination in at least four to five countries.
- Implement micro grants to local organizations to develop and implement communication strategies for underutilized RMNCH commodities.
- Provide in-person and virtual technical assistance to assist country-level stakeholders in building local capacity to develop communication strategies for underutilized RMNCH commodities.
- Translate all tools and resources in the I-Kit and the online I-Kit platform to French to facilitate greater accessibility of the I-Kit in francophone countries.

Section 3: PMI-Funded Activities

The second year of the HC3 malaria portfolio focused on the importance of addressing three main themes in malaria prevention and treatment:

1. SBCC for malaria in pregnancy (MIP)
2. SBCC for case management (CM)
3. M&E for malaria SBCC.

In each of these areas, research, capacity-building and collaboration were at the center of all activities.

In research, three studies offered a more comprehensive understanding of how SBCC is currently being used in the field. These included an inventory of SBCC in national MIP policy documents, a literature and field review of SBCC practices in CM and a cross-sectional survey to identify ideational factors associated with positive malaria testing and treatment.

HC3 targeted M&E for SBCC, the topic identified during the 2013 President's Malaria Initiative (PMI) Partner's Meeting in Ethiopia as a priority focus for support, in the area of capacity building. Also, HC3 developed a series of tools, including the Malaria SBCC Indicators Reference Guide, an on-line training series for M&E for malaria SBCC and field guidance documents exploring SBCC ideational factors and the use of SBCC in MIP and case management.



Perhaps most importantly, during Year 2, HC3 cultivated new and nurtured existing communities of practice for SBCC and malaria professionals. The Roll Back Malaria Communication Community of Practice (RBM CCoP) was revitalized and the HC3 platform tools (Springboard and Health COMpass) provided opportunity for both PMI partners and global stakeholders to share information, resources and debate on malaria SBCC.

Collectively, the deliverables accomplished under the Year 2 HC3 malaria work plan were significant for their cumulative ability to raise the profile of the importance of behavior change communication in the malaria world. In Year 3, HC3 aims to raise that discourse one step higher, ensuring a place at the table for SBCC as the global malaria community seeks the strongest pathway for navigating emerging issues in the changing epidemic.

IR1 Activities: Increased SBCC Capacity

Activity 1: Increased SBCC Capacity for Malaria Control (President’s Malaria Initiative [PMI])

1.1	Building the evidence base for key determinants of malaria control behaviors
Deliverables and Key Outcomes	
Final survey report with analyzed data	Implemented a cross-sectional survey in Liberia to identify attitudes and beliefs associated with malaria prevention and treatment behaviors. Interviewed 1,560 adults (1,200 households). Submitted Top Line Report in July 2014 and the draft final report to PMI in October 2014.
Presentation of report to NMCP on key findings	Top Line Report sent to National Malaria Control Programme (NMCP). In-country presentation delayed due to Ebola outbreak.
Data analysis workshop for NMCP Liberia M&E team	Workshop delayed due to Ebola outbreak.
Guidance document on effective SBCC messaging (English and French versions)	Also conducting SBCC in Madagascar. Upon completion of Madagascar data collection and analysis, will develop a comparison report to guide countries on effective SBCC messaging (end of 2014).
1.2	Review of country level use of SBCC strategies and messaging in MIP policies and programs
Deliverables and Key Outcomes	
Desk review of the use of SBCC in MIP policies in selection of PMI countries	Conducted a five-country review (Ghana, Liberia, Malawi, Nigeria and Zambia) to assess the extent to which MIP SBCC guidelines have been incorporated into national strategic plans. Collected information via an extensive desk review of national documents MIP reports and a series of key informant interviews. Presented summary of document findings to USAID. Final report is being finalized.
Country-specific intervention proposal document for TBD countries with weak SBCC	As part of the above desk review, country-specific recommendations were provided for each of the five countries, as well as a collective summary of overarching findings. Note that the implementation of this activity was an evolving process with on-going discussion with the MIP

malaria programs	team. As a result, the initial set of deliverables was somewhat altered.
Guidance document on SBCC for MIP (English and French versions)	Drafted guidance document to assist countries in incorporating SBCC in their national MIP policy documents and measuring SBCC for MIP impact. Feedback from PMI and RBM Technical Working Group are being incorporated.

1.3	Review of country level case management for malaria testing and treatment
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Deliverables and Key Outcomes	
Desk Review of case management practices in selected PMI countries	Conducted desk review of research articles and studies mentioning SBCC for case management and presented a draft findings report to the PMI CM team in both written and presentation form. This included the collection of country-level documents and related SBCC materials. Upon presentation, it was requested that HC3 conduct a series of key information interviews in Zambia, Ethiopia, Rwanda and Senegal to identify "promising practices" related to case management at both community and service provider levels. Those interviews were completed in November and the desk review is being finalized.
Guidance document on effective testing and treatment message development for case management of malaria (English and French versions)	This deliverable was altered in changing the scope of this activity. It was presented to the PMI CM team as a future activity should they be interested in requesting HC3 assist with that activity in Year 3.

1.4	Technical assistance for SBCC for malaria
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Deliverables and Key Outcomes	
Updated national malaria communication strategy (Mali)	HC3 co-facilitated a strategic planning workshop in March to update Mali's national SBCC strategic plan. The strategy was finalized in November. A trip report has been submitted.
Strategic planning and/or implementation guidelines documents as appropriate for additional TA country recipients	HC3 provided in-country technical assistance (TA) to Mozambique to review country data and plan for a national malaria workshop in November. TA included a review of the draft malaria program branding strategy, revision of a branding creative brief and development of agenda and planning process for a November workshop to be co-facilitated by HC3 and the PACTO Project. The Mozambique Mission has indicated its interest in buying into the HC3 mechanism for continued support during the rollout of their malaria SBCC program in Year 3. Submitted trip report.

1.5	Provide secretariat support to RBM SBCC community of practice
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Deliverables and Key Outcomes	
Two RBM SBCC working	A half-day planning meeting was held in Washington, DC, in November

group meetings and meeting reports	2013. In attendance were 13 participants from nine organizations. Accepted nominations for the CCoP Chair persons and Steering Committee and a six month work plan was drafted. The CCoP held its first members' meeting since its revitalization in Geneva, Switzerland in May 2014. The two-day meeting engaged 30 participants from 20 organizations and 13 countries, and opened with Dr. Fatoumata Nafo, the RBM Executive Director. The meeting included presentations, discussion and task force work sessions and a presentation at the RBM Board Meeting MarketPlace, which was very well received.
Revised terms of reference for the working group	Revised the CCoP Terms of Reference (TOR) during the November Planning Meeting and developed an annual work plan during the Geneva meeting to support the TOR through four task forces. In total, six CCoP conference calls were held, six Steering Committee calls and 18 Task Force calls/meetings. While each task force is working individually on activities for next year, the key output of this year has been the establishment of a solid globally respected network of malaria SBCC professionals (227 members, from 68 organizations and 28 countries) for the sharing of resources, information, research and ideas. Consistent with the objectives listed in the CCoP TOR, HC3 supported the development of an SBCC advocacy (PowerPoint) presentation showcasing SBCC programs and impact in malaria prevention and control. The presentation was delivered at the RBM Board Meeting, two RBM Regional Network meetings (South African Regional Network [SARN] and East African Regional Network [EARN]) and a global MIP meeting, and resulted in a number of countries reaching out to CCoP for SBCC technical support in their programs.
1.6	Leveraging the power of the HC3
Deliverables and Key Outcomes	
Development of Springboard platform with malaria SBCC needs incorporated into strategy plan	The HC3 malaria team has been intricately involved in the development of the Springboard platform and in so being, has made an extended effort to beta-test the platform within the Malaria community of practice.
Malaria SBCC program documents, tools and resources uploaded onto Health COMpass platform	An SBCC Malaria Communication Strategies page has been created on the Health COMpass (as a <i>Trending Topic</i>); http://www.thehealthcompass.org/trending-topics/malaria-sbcc-strategies . The page features strategies (to be found under the "Examples" listing) from PMI and non-PMI countries throughout Africa (18), as well as other countries. Each strategy featured is briefly reviewed and includes a link to the full PDF.
An established Malaria SBCC Springboard group and an M&E for Malaria SBCC subgroup	Two malaria groups have been created, with a total membership of 126—92 members in the Malaria SBCC group and 35 in the RBM group.
One discussion forum on a malaria SBCC topic	While a topic specific discussion forum was not held, HC3 did make use of the Springboard platform to live stream notes, taped

	presentations and daily discussions from the Geneva conference and the Networks End of Project Event.
Two webinars or face-to-face forums on a malaria SBCC topic webcast to the broader community	Planned the first Malaria webinar, which aired on November 18, 2014. It focused on M&E for malaria SBCC and included a presentation on the <i>Malaria BCC Indicators Reference Guide</i> , use of the <i>Guide</i> in the field, presentation of the Liberia SBCC survey data and a discussion on the M&E operational research agenda. The panel of presenters includes representatives from CDC, HC3 and Networks.
1.7	SBCC M&E Workshop at AfriComNet meeting
Deliverables and Key Outcomes	
Workshop report with recommendations for the development of a mini-course series in M&E for SBCC	A two-part PMI Malaria Workshop was held on the second day of the AfriComNet Practicum meeting in Accra, Ghana, in June 2014. Twenty participants from five countries (Ghana, Nigeria, Uganda, Chad and South Africa) were in attendance. The workshop covered the use of theory and formative research in developing an effective communication strategy for malaria. It was based on the first two modules of the <i>Five-Part Online Training Series for M&E for Malaria SBCC</i> created by the Networks Project.

Activity 2: Establishing Tools and Systems for SBCC for Malaria Control (PMI)

2.1	Online indicator compendium for malaria SBCC indicators
Deliverables and Key Outcomes	
Final SBCC indicators document; report on usage of online document	A <i>Malaria SBCC Indicators Reference Guide</i> was developed through the RBM CCoP M&E Task Force. The objective of the guide is to support MOH, donors and implementing partners to evaluate the effectiveness of malaria SBCC interventions using a rigorous and standardized approach. The guide was disseminated through numerous networks, including the RBM working group chairs, the RBM Sub-Regional Network focal points, the RBM CCoP listserv and the MEASURE Malaria M&E listserv. It is currently available in pdf version on the RBM CCoP web page and the Health COMPass.
French and Portuguese translation of SBCC indicators document	The <i>Malaria SBCC Indicators Reference Guide</i> has been translated to French and Portuguese.
Quarterly PMI BCC M&E working group meetings	Two quarterly PMI BCC M&E working group meetings were held this year. In addition, the PMI BCC M&E group merged with the RBM CCoP M&E Task Force and held an additional five conference calls during this timeframe. The merged group now convenes via conference call once a month.
2.2	Online training modules in Malaria SBCC
Deliverables and Key Outcomes	

Final online training modules	Completed the five-part online training modules series on M&E for malaria SBCC with the support of HC3 this year. The five modules include: SBCC theory, formative research, pretesting, M&E. Each module contains a recorded lecture with accompanying PowerPoint slides that are automated to play simultaneously with the audio lecture.
Reports on usage of the training modules, including numbers and organizations of participants, scores on post-tests and follow-up reports	Total enrollment is 422, with 111 completions. Participants originate from 46 different countries. An 80 percent score is required to pass. Module 1: 228 enrollments, 34 completions Module 2: 67 enrollments, 26 completions Module 3: 45 enrollments, 20 completions Module 4: 41 enrollments, 15 completions Module 5: 41 enrollments, 16 completions.
French translation of training modules	The modules were translated to French in both PowerPoint and audio formats.

OTHER ACCOMPLISHMENTS

- Developed PMI newsletter to promote HC3 Project and partner accomplishments in SBCC for malaria. Disseminated the first newsletter in August, which covered the M&E for SBCC online training modules, the *SBCC Indicators Reference Guide* and a report on the CCoP meeting in Geneva, Switzerland.
- Wrote five blogs for the HC3 website, covering issues of SBCC for malaria case management, gains and threats in malaria control, the M&E SBCC online training course, long-lasting insecticide-treated nets, the PMI partners' meeting and World Malaria Day.
- Held four global-level presentations on the accomplishments and impact of SBCC in malaria prevention and control (at two RBM Regional Network meetings (SARN and EARN), the MIP Regional meeting and the RBM Board Meeting).

YEAR 3 PRIORITIES

- A primary focus of the HC3 malaria efforts in Year 3 will be the increasingly pressing matter of falsified malaria medications. HC3 will work with PMI to develop a global awareness strategy to coincide with the Office of Inspector General's criminal investigation initiative being rolled out in numerous countries. HC3 will be primarily focused on the creation of a generic toolkit to include templates, sample messaging and materials that can be used or adapted at the country-level for local implementation.
- HC3 will continue to support the RBM Partnership in its global efforts to fight malaria. As Secretariat to the Communication Community of Practice, HC3 will provide technical and administrative leadership to coordinate meetings, support the work of the four task forces (M&E, Knowledge Management, Interventions and Communications & Outreach) and convene an annual field meeting on the role of SBCC in emerging issues in malaria.
- HC3 will expand its efforts to package and disseminate the tools, guidelines and research developed during Years 1 and 2 of the project, and to identify additional information available from outside sources. Using online forums (Springboard, Health COMpass), its presence in established communities of practice (RBM CCoP, RBM Communication Resource Group, and other global SBCC and malaria networks), HC3 will amplify its role in convening partners and cultivating discussion on the use of evidence

and standardized processes for SBCC at the country level. Strengthening its leadership role, HC3 will aim to publish at least two articles in peer-reviewed SBCC, public health or infectious disease publications.

Section 4: OHA-Funded Activities

HC3 documented the evidence related to the ways strategic communication can advance HIV outcomes by synthesizing and summarizing the current state of the evidence through a series of expert consultations, publishing easy-to-read fact sheets profiling the evidence for use in the field and beyond, and contributing 13 articles to the peer-reviewed literature through a special supplement in the *Journal of Acquired Immune Deficiency Syndromes (JAIDS)*. By bringing together diverse groups of experts from different disciplines, countries and perspectives, HC3 advanced the global conversation focused on health communication and its place in addressing HIV while also examining concrete issues that program implementers face in the field. To share highlights of the evidence reviews and video summaries of each expert consultation, as well to spread the word about the resources developed, HC3 wrote 12 blogs for its website.



In addition, the team established a Technical Advisory Group (TAG), conducted a literature review, and developed a concept note and instruments to undertake an adolescent VMMC assessment. This multi-country assessment examines the quality and age appropriateness of VMMC in-service communication to determine whether it is adolescent-friendly for 10- to 19-year-olds.

In partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), HC3 conducted a situational analysis of 21 East and Southern African Countries focused on youth sexuality education and selected a training institution to develop an online teacher training course to strengthen the implementation of comprehensive sexuality education through a confident and well-trained teaching force across the region.

IR2 Activities: Continued Development of SBCC Capacity

Activity 1: Documenting the Evidence (Office of HIV and AIDS [OHA])

6

Develop fact sheets and add to key findings and recommended articles

Deliverables and Key Outcomes	
Fact sheet and synthesis completed	Published one brief online highlighting outcomes from the first expert consultation held in Year 1 and three additional fact sheets highlighting the evidence of the impact health communication has on the treatment cascade, HIV testing and counseling, and condom use.
9	Host webinar and social media activities
Deliverables and Key Outcomes	
Webinar hosted	Hosted a webinar in March that addressed the impact of health communication on HIV outcomes. There were 73 attendees and the webinar was posted on the HC3 website. Posted video describing the expert consultation in the words of the participants on the HC3 website.
12	Compile synthesis of findings on topic #2 to share with seminar participants
Deliverables and Key Outcomes	
Synthesis document finalized	Completed a literature review and developed a synthesis document of the findings related to the impact of community-level factors on HIV outcomes based on 85 articles included in the final document.
14	Conduct expert seminar #2 on role of community level factors in HIV prevention
Deliverables and Key Outcomes	
Brief report from meeting	Held consultation in Johannesburg, South Africa, in November 2013 with 18 experts and published a brief highlighting the outcomes of the meeting.
15	Develop fact sheets and add to key findings and recommended articles
Deliverables and Key Outcomes	
Fact sheet and synthesis completed	Published a second fact sheet online focused on the impact that community-level factors has on condom use, specifically building on the evidence review. Also published an article as part of the JAIDS supplement focused on the impact of community-level factors across the treatment cascade.
18	Host webinar and social media activities
Deliverables and Key Outcomes	
Webinar hosted	Posted six videos to the HC3 website and social media. Five 30-second videos featured individual participants' thoughts on the consultation and the sixth video was a longer compilation of all the participants. Hosted a webinar with 68 attendees focused on community-level factors impact on HIV. Wrote 12 blogs to showcase the evidence and expert consultations.
Presentation given	Presented information about the first two expert consultations at the USAID Mini-U with 58 people in attendance.
19	JAIDS Supplement

Deliverables and Key Outcomes	
Thirteen articles published	Published a special journal supplement in JAIDS, including 13 articles examining the impact of health communication and HIV.
Presentation given	Presentation given at ICASA with 80 people in attendance titled, "Combination Prevention for HIV: Evidence for the Role of Health Communication in Stemming the Epidemic."
Panel discussion held	Hosted a panel discussion in partnership with the Center for AIDS Research. Three presentations were given based on articles from the JAIDS supplement with 83 people in attendance. The event was also webcast.
JAIDS release conducted	Held an event at the National Press Club in Washington, DC to promote the release of the JAIDS supplement with 52 people in attendance, resulting in publicity in several publications.
Brown bag held	Held a brown bag event at USAID that was also broadcast to field offices to highlight the JAIDS supplement. Thirty USAID staff attended.
Satellite session held	Hosted a satellite session at IAS2014 highlighting the JAIDS supplement. Presentations were given by Stefan Baral, Susan Kippax, Rick Zimmerman and Lynn Van Lith. The discussion was moderated by Sten Vermund. Thirty people were in attendance.

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

2	Develop research plan and survey instruments for a qualitative study on the quality of adolescent VMMC services in Zimbabwe and one other African country
Deliverables and Key Outcomes	
Research plan and instruments	<p>Developed the concept note to guide the research plan, quantitative tools, qualitative tools, as well as the TOR for the TAG. Developed draft instruments and vetted them by the TAG and in-country counterparts, as well as the literature review which formed the basis for developing the instruments. Finalized the literature review and a manuscript with the major findings is being drafted now.</p> <p>Organized satellite session at AIDS 2014 to highlight PEPFAR's VMMC activities. One-hundred people attended the session titled "Key Programmatic Challenges of the Acceleration of VMMC for HIV Prevention: Cost, Demand Creation, Efficiencies and Quality of Services."</p>
6	Technical Assistance to USAID Voluntary Medical Male Circumcision (VMMC) Country Programs
Key Outcomes	
	Supplied TA to USAID mission in South Africa by conducting a review of the demand generation work in VMMC, presented

	<p>recommendations for the new communication mechanism and ensured demand creation efforts were in line with the expansion to new sites. In partnership with Johns Hopkins Health and Education in South Africa, developed and pilot tested client intake questions to capture data on client motivations for accessing services.</p> <p>Participated in interagency external quality assessment (EQA) team in KwaZulu-Natal, South Africa, focused on assessing the quality of in service counseling and communication with clients and provided technical input for the modification of the EQA tool for assessing this aspect of the program.</p> <p>Developed and disseminated case study on promising approaches titled <i>Engaging Local Media in VMMC in Kenya</i>.</p> <p>Led publicity and dissemination activities for launch of PLoS collection on VMMC (<i>Voluntary Medical Male Circumcision for HIV Prevention: Improving Quality, Efficiency, Cost Effectiveness and Demand for Services during an Accelerated Scale up</i>), and served as co-author on one of the manuscripts in the collection.</p> <p>Co-authored manuscript on adolescents and VMMC published as part of a UNICEF collection in JAIDS, <i>Lessons Learned from scale up of VMMC focusing on adolescents: benefits, challenges, and potential opportunities for linkages with adolescent HIV, sexual, and reproductive health services</i>. These activities also helped to further disseminate evidence and findings.</p>
14	Attend International Conference on AIDS and STIs in Africa (ICASA) and oversee panel
Deliverables and Key Outcomes	
Panel held	Held panel focused on examining the current state of VMMC for HIV prevention as a high-impact intervention for adolescents including case studies from Zimbabwe, South Africa and Tanzania with a total of 100 people in attendance. Wrote one blog about the panel.

Activity 3: Comprehensive Youth Sexuality Education Curricula in East and Southern Africa (OHA)

1	Hire consultant to conduct situation analysis/desk review
Deliverables and Key Outcomes	
Consultant hired and report completed.	Completed report of the situational analysis of 21 East and Southern African Countries. The report served as the foundation for discussions at a regional consultation outlined below.

2	Attend regional consultation in Johannesburg
Deliverables and Key Outcomes	
Attend and participate in the meeting.	Attended and presented at the regional stakeholders meeting with 70 people including representatives from the Ministries of Education, universities, Southern African Community Development, UNESCO, United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF).
3	Sub-award with university partner or other institution to develop teacher training course
Deliverables and Key Outcomes	
Contract in place	Contract entered into with the Foundation for Professional Development in South Africa to develop the course.
4	Support course development
Deliverables and Key Outcomes	
Training institution identified	The Foundation for Professional Development (FPD) was identified and selected through a competitive bidding process to develop the online course for teachers in comprehensive youth sexuality education, which will be implemented in Year 3.

Activity 5: Condom Positioning (OHA, from Year 1 Work Plan)

2	Compile synthesis of findings on condom use among adolescents
Deliverables and Key Outcomes	
Synthesis document finalized	Completed findings from the literature review through the synthesis document on the social and emotional factors influencing adolescent condom use.
4	Conduct expert seminar on Adolescent Condom Repositioning
Deliverables and Key Outcomes	
Brief report from meeting	Held expert consultation in June 2014 in Washington, DC, with 16 experts.
5	Develop factsheets and add to key findings, and recommend articles
Deliverables and Key Outcomes	
Fact sheet developed	Published a fact sheet online about the social and emotional factors influencing adolescent condom use, highlighting the outcomes from the third expert consultation.

8	Host webinar and social media activities
Deliverables and Key Outcomes	
Webinar hosted and social media posted	Posted nine videos to the HC3 website and social media. Eight 30-second videos featured individual participants' thoughts on the adolescent condom consultation and the ninth video as a longer compilation. Also posted a video featuring the graphic facilitation from the consultation.

YEAR 3 PRIORITIES

- The adolescent VMMC assessment will remain a priority as the team finalizes and submits the protocol to the JHU and in-country IRBs. Both qualitative and quantitative data collection will be completed in Year 3, as will analyses and cross-country comparisons made between Tanzania, South Africa and Zimbabwe.
- Continue the development and completion of a comprehensive youth sexuality online course in close partnership with UNESCO and UNFPA, making it available for in-service teachers across east and southern Africa.
- Build on the expert consultation focused on adolescent condom use by developing an intervention and rigorous evaluation to increase condom use among youth in two PEPFAR countries.
- Adapt the draft Strategic Communication Framework for Hormonal Contraceptive Methods and Potential HIV-Related Risks in Swaziland, develop associated materials and hold a regional meeting to share lessons learned.
- Develop an enhanced counseling module which can be integrated with existing HTC curricula to increase linkages to care. The module will be pilot tested in one or two PEPFAR countries, revised accordingly and shared with other interested countries.
- Further synthesize existing data and develop tools to continue disseminating evidence on health communication interventions that supports program managers and implementers in strategic planning and decision making for efficient and effective health communication interventions.

PMP INDICATORS AND DATA

OCTOBER 1, 2013 – SEPTEMBER 30, 2014

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
SO.1	Number of HC3-participating organizations receiving direct funding in the past two years from USAID or other donors for SBCC program design, implementation or evaluation	2014 2016	4 8	N/A	14	14	
SO.2	Number of indigenous HC3-partner organizations that maintain a level of expert for at least two consecutive years	2014 2016	6 12	N/A	N/A	N/A	Baselines were conducted in Ethiopia and Nepal, will be repeated in future project years.
1.1	Number (and %) of HC3 project countries demonstrating improved national capacity, relative to baseline	2013 2016	2 10	N/A	N/A	N/A	Baselines were conducted in Ethiopia and Nepal, will be repeated in future project years.
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	N/A	N/A	N/A	Baselines were conducted in Ethiopia and Nepal, will be repeated in future project years.
1.3	Number (and %) of indigenous HC3-partner organizations categorized as expert on the capacity continuum in the past year	2013 2014 2015 2016	3 7 15 20	N/A	0	0	Capacity surveys conducted in Ethiopia and Nepal, no Local NGO or Government organizations were classified as "Expert".
1.4	Number (and %) of HC3 project countries with the MOH/SBCC governing body demonstrating improved capacity in the past year, relative to baseline	2013 2014 2015 2016	2 5 6 8	N/A	N/A	N/A	Baselines were conducted in Ethiopia and Nepal, will be repeated in future project years.

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
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	N/A	0	0	No organizations from capacity surveys in Ethiopia or Nepal reported incorporating HC3 tools into training curricula.
2.2	Number of Springboard members that utilize HC3-supported tools in their routine internal training systems	2013 2014 2015 2016	15 35 50 70	N/A	10	10	Ten Springboard members report having incorporated HC3 tools into their internal training systems in the past year.
2.3	Percent of operating budget received from non-HC3 sources by the secretariat in the past year to support the functioning of the Springboard	2013 2014 2015 2016	5 10 20 35	N/A	0%	0%	AfriComNet members and partners in various countries have contributed their time and in-kind donations to support Springboard activities. AfriComNet has, however, been unable to raise independent funds during the period under review to support Springboard directly.
2.4	Percent of individuals accessing materials through the Health COMpass who report using the information in their work in the past six months	2013 2014 2015 2016	10 10 10 10	N/A	68%	68%	19/28 Health COMpass users report having used HC3 resources in their work.
1.1.1	Percent of participants in HC3-sponsored CS activities conducted in the past six months that report a positive change in individual self-assessment index between pre- and post-activity assessments	2013 2014 2015 2016	70 80 90 95	N/A	N/A	2039	Due to the way this information is collected, this indicator needs to be changed in the next iteration of the PMP. 2039 total individuals participated in capacity strengthening activities.
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 six months	2013 2014 2015 2016	20 30 40 60	N/A	40%	40%	12/30 webinar, event or conference booth attendees report having applied new information gained from those events to their work.
1.2.1	Number of HC3 project countries with at least one university offering courses covering all elements of the standard SBCC curriculum	2013 2014 2015 2016	1 3 5 6	N/A	5	5	Based on University Needs Assessment. (Nigeria, Ethiopia, Cote d'Ivoire, Tanzania, Bangladesh)

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
1.2.2	Number of HC3-supported health communication programs initiated in the past year that involve university-affiliated faculty members in the planning phase of the program	2013 2014 2015 2016	0 1 2 3	N/A	1	1	Jimma University participated in the baseline capacity assessment.
1.2.3	Number of enrollees in SBCC/health communication courses offered by partner universities in the past year	2013 2014 2015 2016	30 60 90 120	N/A	Average of 54 enrollees per university across 21 universities	Average of 54	Based on University Needs Assessment.
1.3.1	Number of Springboard members participating in any south-south technical exchanges in the past year	2013 2014 2015 2016	10 30 60 75	N/A	15	15	Fifteen Springboard members report traveling to another country to exchange technical information in the past year.
1.3.2	Number of Springboard members participating in HC3-sponsored online discussion forums in the past six months	2013 2014 2015 2016	25 75 150 200	N/A	131	131	
1.3.3	Number of project materials and documents posted by Springboard members to Springboard website in the past six months	2013 2014 2015 2016	15 50 80 120	N/A	81	81	
1.3.4	Number of Springboard members reporting successful collaboration with another member facilitated by the Springboard in the past year	2013 2014 2015 2016	5 35 75 100	N/A	7	7	Seven Springboard members who have collaborated with another member report the Springboard to be useful for that collaboration.

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
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	N/A	3	3	<ol style="list-style-type: none"> 1. SBCC in Malawi – AIDS Care 2. JAIDS Supplement (counted as single item, but contained 13 articles, 8 of which were contributed by HC3-supported R&E staff. nb: these were not program evaluation articles per se, but all cited evaluation results) 3. Joint Communication Survey in Mozambique – AIDS Care
1.4.2	Number of interactions in the past six months with materials summarizing best practices in health communication on the Health COMpass, Springboard virtual platform and HC3 website	2013 2014 2015 2016	500 1500 3000 5000	8,710	14,484	23,194	<ul style="list-style-type: none"> • 1,780 Health COMpass downloads • 3,373 Health COMpass link clicks • 1,897 HC3 site downloads • 4,901 HC3 site link clicks • 11,243 HC3 site blog reads
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	8	12	20	<ul style="list-style-type: none"> • Health Communication and HIV webinar • Exhibit booth at ICASA • 3 Urban Youth SRH/SBCC events • AfrEA Presentation • NetHope member summit health communication workshop • ICASA Presentation - Evidence of Health Communication • CFAR JAIDS Panel • IAS JAIDS Satellite • IAS VMMC Satellite • RBM CCoP meeting: Geneva • JAIDS USAID brownbag • Community level factors webinar • Urban youth LeaderNet leadership seminar • Innovations & new approaches for SBCC capacity strengthening webinar • LARC-Youth Springboard Discussion • Measuring outcomes HIV webinar • JAIDS supplement press club briefing • Rec 7 I-Kit pretest in Uganda

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
1.4.4	Percent of individuals interacting with SBCC materials who report incorporating the information into their work in the past six months	2013 2014 2015 2016	10 15 20 30	N/A	50%	50%	29/58 HC3 resource users report having used those resources in their work in the past year.
1.5.1	Number of interactions in the past six months with documents and materials related to innovative communication channels and approaches on the Health COMpass, Springboard virtual platform and HC3 website	2013 2014 2015 2016	150 750 1500 2500	1,192	4,796	5,988	<ul style="list-style-type: none"> Health COMpass: 939 HC3 website: 3,287 Springboard: 1,762
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	318	373	691	<ul style="list-style-type: none"> ICASA VMMC Satellite Session: 100 Youth Campaigns Webinar: 98 Gaming webinar: 120 NetHope member summit health communication workshop ----- CFAR JAIDS Panel: 82 RBM CCoP Meeting: Geneva: 30 Behavioral Economics webinar: 160 Social Drama webinar: 101
1.5.3	Percent of individuals attending activities on innovative communication channels and approaches who report an intention to use the information in their work in the coming year	2013 2014 2015 2016	10 15 20 30	80%	86%	83%	<ul style="list-style-type: none"> Gaming webinar: 82% of respondents Youth Campaigns webinar: 78% Behavioral Economics webinar: 75% Social Drama webinar: 96%
1.5.4	Percent of Springboard 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	N/A	37%	37%	In the first Springboard user survey, 17/46 members report having learned about a new channel from the Springboard in the past year.
2.1.1	Number of interactions in the past six months with materials posted on the Health COMpass	2013 2014 2015 2016	150 750 1500 2500	2,451	2,702	5,153	<ul style="list-style-type: none"> 1,780 downloads 3,373 link clicks

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
2.1.2	Number of Springboard members who report using information from materials posted on the Health COMpass in their work in the past year	2013 2014 2015 2016	15 35 50 70	N/A	16	16	Sixteen Springboard members that have also used the Health COMpass report using those materials in their work in the past year.
2.2.1	Number of interactions in the past 6 months with capacity strengthening evaluation reports on the Health COMpass, Springboard virtual platform or HC3 website	2013 2014 2015 2016	150 750 1500 2500	0	0	0	None yet posted.
2.2.2	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	N/A	1	1	Lettenmaier et al. (2014) in JAIDS supplement. "IV Communication Capacity Strengthening: A Critical View."
2.3.1	Number of interactions in the past six months with capacity strengthening guidance materials on the Health COMpass, Springboard virtual platform or HC3 website	2013 2014 2015 2016	150 750 1500 2500	1,067	1,050	2,117	<ul style="list-style-type: none"> 657 downloads 1,460 link clicks
2.3.2	Number of capacity strengthening guidance materials posted on the Health COMpass, Springboard virtual platform or HC3 website in the past year	2013 2014 2015 2016	20 25 40 50	N/A	N/A	347	347 total capacity strengthening tools on the Health COMpass.
1A.1	Number of countries in which HC3 implemented CS activities in the past year	2013 2014 2015 2016	3 8 10 11	N/A	14	14	Indicator refers to capacity strengthening activities implemented with both core and field support countries. Four of the fourteen countries (India, Afghanistan, Zambia, Kenya) participated in capacity strengthening activities only through Virtual Leadership development program- VLDP). The other ten countries are: Guatemala (core funded), Tanzania (core and field), Pakistan (core), Cote d'Ivoire (core and field), Swaziland (field), Nigeria (field), Nepal (field), Bangladesh (field), Uganda (core [AfriComNet]), Ethiopia (field)

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
1A.2	Number of organizations receiving HC3-sponsored CS in the past six months	2013 2014 2015 2016	12 25 35 40	N/A	62	62	
1A.3	Number of individuals participating in HC3-sponsored training in strategic health communication design, implementation or evaluation in the past six months	2013 2014 2015 2016	100 300 500 450	36	158	194	
1B.1	Number of universities with a formal relationship with HC3 in the past year	2013 2014 2015 2016	2 4 6 8	N/A	7	7	<ol style="list-style-type: none"> 1. NUS (Singapore): Hosted Health Communication Campaigns course 2. Jimma (Ethiopia): Graduate student mentoring 3. MUHAS (Tanzania): Received two capacity strengthening seminars 4. Primary Health Care Institute in Iringa (Tanzania): Received health communication strategic development mentoring training workshops 5. University of Indonesia: provided research support for local K4H project 6. University of Witswatersrand, South Africa 7. University of Houphouët-Boigny, RCI
1B.2	Number of university-affiliated faculty who join the Springboard in the past year	2013 2014 2015 2016	5 10 15 5	N/A	204	204	
1B.3	Number of Springboard members who report enrolling in an SBCC course offered by a local university in the past year	2013 2014 2015 2016	10 20 30 10	N/A	15	15	Fifteen Springboard members report taking an in person SBCC course at a local university in the past year.

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
1B.4	Number of SBCC/health communication university courses available in HC3 project countries in the past year	2013 2014 2015 2016	4 8 12 16	N/A	Average 1.9 to 2.9 across 6 universities in HC3 focal countries	1.9-2.9	Based on University Needs Assessment.
1C.1	Number of individuals who join the Springboard in the past six months	2013 2014 2015 2016	50 100 150 50	183	1,483	1,666	We will revise the target numbers in the next iteration of the PMP.
1C.2	Proportion of Springboard members who actively participate in a Springboard activity in the past six months	2013 2014 2015 2016	50 60 70 80	57% (105/183)	9% (131/1,483)	8% (131/1,666)	
1C.3	Number of Springboard activities held in the past six months	2013 2014 2015 2016	6 12 12 6	6	12	18	<ul style="list-style-type: none"> • Anglophone Africa Advisory Council Meeting • HC3 event at ICFP 2013 • NetHope member summit health communication workshop • ICFP University meeting • RBM CCoP Meetings in Washington, DC and Geneva • Second Springboard global advisory council meeting • LARC-Youth Springboard Discussion • Launches in nine countries • AfriComNet M&E practicum
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	N/A	4	4	<ul style="list-style-type: none"> • Tanzania Channels Study • Nigeria ESPMIN evaluation • Liberia Malaria SBCC • Madagascar Malaria SBCC
1D.2	Number of documents and materials describing SBCC best practices developed by HC3 in the past six months	2013 2014 2015 2016	10 20 25 15	9	13	22	<ul style="list-style-type: none"> • HTSP Assessment Report • P Process (2014 update) • Malaria SBCC indicator reference guide • Urban youth DHS secondary analysis report • Fact sheet: Global HIV Experts Convene to

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
							Review the Evidence <ul style="list-style-type: none"> • Urban youth SRH SBCC literature review • Adaptable communication strategy for chlorhexidine • Adaptable communication strategy for misoprostol • Demand Generation Implementation Kit: <ul style="list-style-type: none"> • Adaptable communication strategies for <ol style="list-style-type: none"> 1) contraceptive implants 2) female condoms 3) emergency contraception 4) misoprostol 5) magnesium sulphate 6) chlorhexidine 7) ORS and Zinc 8) amoxicillin • Synthesis of evidence for the 13 life-saving underutilized RMNCH commodities • Spotlights of the evidence for the 13 commodities • Guidelines for Conducting a National Assessment on Demand Generation for Underutilized Commodities • Guide on Addressing the Role of Gender in the Demand for RMNCH Commodities • Theory-Based Framework for Media Selection in Demand Generation Programs • Utilizing ICT in Demand Generation for RMNCH: Three Case Studies and Recommendations • Guide to Public-Private Partnerships in Increasing the Demand for RMNCH Commodities • P Process: French translation • HCT Fact sheet • Health communication and condom use fact sheet

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
							<ul style="list-style-type: none"> Health communication and the HIV Treatment Cascade fact sheet CLF and condom use fact sheet Eight Research 101 Primers
1D.3	Number of articles and reports included in project-supported searchable database in the past six months	2013 2014 2015 2016	100 100 75 50	N/A	123	123	123 references from the urban youth SBCC literature review included on the “research synthesis” page on the HC3 website.
1E.1	Number of HC3 activities promoting new approaches for SBCC conducted in the past six months	2013 2014 2015 2016	6 8 10 4	4	4	8	<ul style="list-style-type: none"> ICASA VMMC Satellite Session Gaming webinar Youth Campaigns webinar NetHope member summit health communication workshop CFAR JAIDS Panel RBM CCoP Meeting: Geneva Behavioral Economics webinar Social Drama webinar
1E.2	Number of Innovation Grants awarded in the past year	2013 2014 2015 2016	3 3 3 3	N/A	N/A	N/A	Funding for this activity was cut per USAID request.
2A.1	Number of CS toolkit modules (implementation kits/guides) developed and/or expanded in the past year	2013 2014 2015 2016	20 15 10 5	9	6	15	<ul style="list-style-type: none"> Focus package: Counseling Focus package: Malaria Focus package: Faith Based Focus package: LARCs Malaria SBCC Indicator guide Focus package: ICT Focus package: Urban youth Focus package: Gender I-Kit: Demand Generation for underutilized commodities Focus package: Ebola Focus package: Staff picks Focus package: Data visualization Focus package: Measuring HIV SBCC outcomes

Indicator ID	Indicator	Annual Targets		Year 2 Progress		Year 2 Total	Narrative
				Oct 13– Mar'14	Apr'14– Sep'14		
							<ul style="list-style-type: none"> Focus package: Chlorhexidine I-Kit: Urban adolescent SBCC
2A.2	Number of materials posted to the Health COMpass in the past year	2013 2014 2015 2016	40 50 80 100	795	165	960	<ul style="list-style-type: none"> 347 Capacity strengthening tools 613 SBCC project examples
2B.1	Number of capacity strengthening interventions evaluated by HC3 in the past year	2013 2014 2015 2016	0 2 3 4	N/A	1	1	Capacity strengthening interventions were not yet mature enough for formal evaluations. Evaluations have been restricted to participant evaluations of individual activities, but not comprehensive enough to meet this indicator.
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	N/A	1	1	Evaluation of Tanzania Leadership in Strategic Health Communication initiative at district-level is in progress.
2C.1	Number of CS guidance documents produced by HC3 in the past year	2013 2014 2015 2016	2 3 5 7	N/A	0	0	Guidance documents are considered overarching documents providing instruction on approaches to capacity strengthening. HC3's focus in Year 1 and 2 has been on developing tools and approaches. Year 3 will see those approaches formalized into guidance documents.

APPENDIX A: FINANCIAL SUMMARY

HC3 Program Area YR1					
HC3 Program Area	Funding as of Mod 4	Spent as of 9/30/13: Q4(1)	Balance on 10/1/13	Burn Rate (1)	Estimated Months Remaining of Funding
FP Core	2,750,000	1,658,582	1,091,418	138,215	8
HIV Core	1,925,000	357,190	1,567,810	51,027	31
MCH Core	1,000,000	546,294	453,706	45,525	10
Malaria Core	500,000	283,852	216,148	23,654	9
Field Support (Nigeria ESPMIN)	230,000	18,149	211,851	6,050	35
Field Support (Swaziland)	1,965,000	-	1,965,000	NA	-
TOTAL	8,370,000	2,864,067	5,505,933	264,471	21
HC3 Program Area YR 2- Quarter					
HC3 Program Area	Funding as of Mod 6	Spent as of 12/31/13: Q1	Balance on 1/1/14	Burn Rate (2)	Estimated Months Remaining of Funding
FP Core	5,277,620	2,283,166	2,994,454	152,211	20
HIV Core	3,890,000	1,143,743	2,746,257	114,374	24
MCH Core	1,580,000	581,960	998,040	38,797	26
Malaria Core	1,250,000	421,828	828,172	28,122	29
Field Support (Nigeria ESPMIN)	430,000	20,789	409,211	6,930	59
Field Support (Nigeria - FP)	200,000	-	200,000	NA	NA
Field Support (Bangladesh)	1,300,000	21,661	1,278,339	21,661	59
Field Support (Madagascar)	200,000	-	200,000	NA	NA
Field Support (Nepal)	1,000,000	4,844	995,156	4,844	205
Field Support (Swazi)	320,000	15,956	304,044	15,956	19
TOTAL	15,447,620	4,493,947	10,953,673	NA	NA
HC3 Program Area YR 2- Quarter					
HC3 Program Area	Funding as of Mod 7	Spent as of 3/31/14: Q2 (1)	Balance on 4/1/14	Burn Rate (2)	Estimated Months Remaining of Funding
FP Core	5,277,620	2,926,779	2,350,841	162,599	14
HIV Core	3,890,000	1,594,206	2,295,794	122,631	19
MCH Core	1,580,000	717,668	862,332	39,870	22
Malaria Core	1,250,000	613,279	636,721	34,071	19
Field Support (Nigeria ESPMIN)	430,000	173,328	256,672	28,888	9
Field Support (Nigeria - FP)	200,000	-	200,000	NA	NA
Field Support (Bangladesh)	1,300,000	75,793	1,224,207	25,264	48
Field Support (Madagascar)	200,000	3,215	196,785	1,072	184
Field Support (Nepal)	1,000,000	77,548	922,452	25,849	36
Field Support (Swazi)	2,320,000	278,378	2,041,622	92,793	22
Field Support (Nigeria- Malaria)	1,500,000	66,960	1,433,040	16,740	86
Field Support (RCI)	2,150,000	421,539	1,728,461	105,385	16
Field Support (Tanzania)	100,000	-	100,000	NA	NA
Field Support (SA)	1,889,730	-	1,889,730	-	NA
Field Support (LAC)	20,000	-	20,000	-	NA
TOTAL	23,107,350	6,948,693	16,158,657	NA	NA

HC3 Program Area YR 2- Quarter					
HC3 Program Area	Funding as of Mod 8	Spent as of 6/30/14: Q3 (1)	Balance on 7/1/14	Burn Rate (2)	Estimated Months Remaining of Funding
FP Core	5,277,620	3,928,580	1,349,040	187,075	7
HIV Core	4,590,000	2,393,656	2,196,344	149,604	15
MCH Core	1,580,000	914,167	665,833	43,532	15
Malaria Core	1,250,000	852,378	397,623	40,589	10
Field Support (Nigeria ESPMIN)	430,000	267,578	162,422	29,731	5
Field Support (Nigeria - FP)	200,000	-	200,000	NA	NA
Field Support (Bangladesh)	1,300,000	646,505	653,495	107,751	6
Field Support (Madagascar)	200,000	5,411	194,590	902	216
Field Support (Nepal)	1,000,000	177,867	822,133	29,645	28
Field Support (Swazi)	4,220,000	697,957	3,522,043	116,326	30
Field Support (Nigeria- Malaria)	1,500,000	209,572	1,290,428	52,393	25
Field Support (RCI)	2,150,000	868,700	1,281,301	217,175	6
Field Support (Tanzania)	100,000	-	100,000	NA	NA
Field Support (SA)	1,889,730	951,517	938,214	237,879	4
Field Support (LAC)	20,000	-	20,000	-	NA
Field Support (Ethiopia)	2,907,702	-	2,907,702	-	NA
TOTAL	28,615,052	11,913,886	16,701,166	NA	NA
HC3 Program Area YR 2- Quarter					
HC3 Program Area	Funding as of Mod 8	Spent as of 9/30/14: Q4 (1)	Balance on 10/1/14	Burn Rate (2)	Estimated Months Remaining of Funding
FP Core	5,277,620	5,072,367	205,253	211,349	1
HIV Core	4,590,000	3,324,353	1,265,647	174,966	7
MCH Core	1,580,000	962,687	617,313	40,112	15
Malaria Core	1,250,000	1,076,342	173,658	44,848	4
Field Support (Nigeria ESPMIN)	430,000	318,789	111,211	26,566	4
Field Support (Nigeria - FP)	200,000	15,952	184,048	NA	NA
Field Support (Bangladesh)	1,300,000	858,815	441,185	95,424	5
Field Support (Madagascar)	200,000	89,310	110,690	9,923	11
Field Support (Nepal)	1,000,000	466,769	533,231	51,863	10
Field Support (Swazi)	4,220,000	1,118,503	3,101,497	124,278	25
Field Support (Nigeria - Malaria)	1,500,000	422,011	1,077,989	60,287	18
Field Support (RCI)	2,150,000	1,318,262	831,738	188,323	4
Field Support (Tanzania)	100,000	-	100,000	NA	NA
Field Support (SA)	1,889,730	1,760,581	129,149	251,512	1
Field Support (LAC) (3)	20,000	24,080	(4,080)	3,440	(1)
Field Support (Ethiopia)	2,907,702	376,915	2,530,787	53,845	47
A&A		55,460	(55,460)	NA	NA
TOTAL	28,615,052	17,261,198	11,353,854	NA	NA

1. Source: SF425
2. Burn rates calculations assumes that modification are at the beginning of the quarter with the exception HIV Core. Burn rates for field support with multiple funding dates (e.g., Nigeria ESPMIN and Swaziland) are calculated based on the month the first tranche of funding was received.
3. Incorrect indirect cost rate applied to transaction causing the amount to exceed modification. Will be adjusted in next report NTE \$20,000 modification amount.

Please note that Q3 spending allocations and balance figures reported in the annual progress report were incorrect as they were based on a preliminary FSR. The error was an artifact of HC3's migration to a new "by activity" tracking system which was still in a transitional phase at the time the FSR was produced. A corrected version of the financial summary is now presented.

The new financial summary shows revised spending, balance and burn rate information for all activity areas—the revisions are across the board, not just for MCH Core funds.

Cost Share Reporting

HC3 reported \$0 (zero) in cost share on the SF425 for the quarter ending September 30, 2014. Total cost share reported to date equals \$0, which is 0 percent of the “Total Funds Authorized” reported on line “d” of the report. HC3 continues to pursue opportunities for cost share on all current activities.

APPENDIX B: TRAVEL SUMMARY

PRH YEAR 2 TRAVEL				
Activity	Location	Date	Traveler(s)	Scope of Work
Activity 1.1	Addis Ababa, Ethiopia	Nov 11-15, 2013	Kojo Lokko	First public introduction of Springboard.
	Kampala, Uganda	Nov 25-28, 2013	Kojo Lokko	Anglophone Africa Regional Springboard Advisory Council Meeting
	Baltimore, USA	Feb 24-28, 2014	Charles Kakaire Hilmi Qurashi Mohammad Shahjahan	Springboard Advisory Council Meeting
	Harare, Zimbabwe	May 3-7, 2014	Charles Kakaire	Springboard launch
	Harare, Zimbabwe	May 4-7, 2014	Peter Mwarogo Marcha Neethling Zachh Akinyemi	Springboard Advisory Council Meeting
	Bangladesh	May 6-8, 2014	Nguyen Thi Mai Huong, Hari Fitri Putjuk Geetali Trivedi	Regional Springboard meeting
	Accra, Ghana	June 2-6, 2014	Kojo Lokko	Facilitate AfriComNet Practicum and launch of Ghana Springboard.
	Accra, Ghana	June 2-6, 2014	Charles Kakaire Peter Mwarogo Fungai Machirori Pontsho Makhetha Mubiana Macwangi Fekerte Belete Protais Ndabamenye Sofnias Nega Robert Ritzenthaler Sarah Magni Lebohang Letsela Rajiv Rimal	Practicum on Monitoring and Evaluation
	Kampala, Uganda	Aug 4-8, 2014	Fungai Machirori	Business Planning meeting
		Aug 4-18, 2014	Judith Seltzer	
	Dares salaam	Aug 25-26, 2014	Charles Kakaire	Springboard launch/TASHCOM meeting
Addis Abba, Ethiopia	Sept 21-24, 2014	Kojo Lokko	Facilitate launch of Ethiopia Springboard.	
Mbabane, Swaziland	Sept 24-27, 2014	Kojo Lokko	Facilitate launch of Swaziland Springboard.	
Activity 1.2	Addis Ababa,	Nov 11-16,	Kirsten Böse	Trip to Family Planning

	Ethiopia	2013		Conference to support collection of data for desk review.
	Lome, Togo	Aug 26-29, 2014	Dienebe Ouedraogo (consultant)	Ensure local IRB submission, meet with research team members.
	Lome, Togo & Niamey, Niger	Aug 10-22, 2014	Guillaume Bakadi Mukenge	Evidence gathering, relationship building.
	Niamey, Niger	Sept 23-27, 2014	Dienebe Ouedraogo (consultant)	Meet with local IRB committee and research team members.
Activity 2.2	Karachi, Pakistan	Oct 12-Nov 4, 2013	Leanne Wolff Sylvia Vriesendorp	To establish pretest partnership with MSS and to conduct SBCC/OD (ACRONYM) assessment.
Activity 2.4	Addis Ababa, Ethiopia	Nov 12-15, 2013	Douglas Storey	To participate in several HC3 conference panels and coordinate a pre-conference meeting on HC3 University Initiatives.
	Yaounde, Cameroon	March 3-7, 2014	Marc Boulay	To attend the 7th annual conference of the African Evaluation Association.
	Seattle, WA	May 22-26, 2014	Douglas Storey	To deliver a presentation on HC3 University Initiatives to the ICA Health Communication Division.
	Accra, Ghana	June 2-6, 2014	Douglas Storey	To deliver the keynote address and facilitate sessions at the AfriComNet M&E Practicum, and to assist with Ghana Springboard Group launch.
Activity 3.1	Dar es Salaam, Tanzania	Jan 11-Feb 1, 2014	Michelle Kaufman Samantha Tsang	To train enumerators for the Tanzania Channels Survey.
Activity 3.2	Addis Ababa, Ethiopia	Nov 10-16, 2013	Kim Martin Michael Briggs	ICFP Conference
	New Haven, CT	April 11-13, 2014	Kim Martin	Unite for Sight Conference

HIDN YEAR 2 TRAVEL				
Activity	Location	Date	Traveler(s)	Scope of Work
No travel for this period.				
PMI YEAR 2 TRAVEL				

Activity	Location	Date	Traveler(s)	Scope of Work
[Year 1 Activity]	Monrovia, Liberia	Feb 10-21, 2014	Marc Boulay	SBCC malaria survey
	Madagascar	August 4-14, 2014 September 3-15, 2014	Grace Awantang	
Activity 1.7	Accra, Ghana	June 3-4, 2014	Douglas Storey	AfriComNet
Activity 1.5	Geneva, Switzerland	May 12-14, 2014	Nan Lewicky Michael Toso Rob Alnslie	RBM CCoP Meeting

OHA YEAR 2 TRAVEL				
Activity	Location	Date	Traveler(s)	Scope of Work
Activity 1	Johannesburg, South Africa	Nov 18-22, 2013	Lynn Van Lith Beth Mallalieu Kirsten Böse	Host expert consultation focused on the impact of community-level factors on HIV outcomes.
Activity 1	Cape Town, South Africa	Dec 3-11, 2013	Liz Gold	Attend ICASA conference and coordinate and facilitate a pre-conference workshop for journalists on VMMC, in collaboration with CDC/SA, Community Media Trust and the Mail and Guardian Health Journalism Center.
Activity 2.2	Cape Town, South Africa	Dec 6-12, 2013	Lynn Van Lith Beth Mallalieu Kim Martin	Present an oral abstract, host a panel on adolescent VMMC and attend the ICASA conference.
Activity 2.6	Pretoria and Durban, South Africa	Feb 1-14, 2014	Liz Gold	Participate in an interagency External Quality Assessment team visiting VMMC sites in KZN province by assessing the quality of the in-service counseling and communication. In Pretoria, attend meetings with USAID's implementing partners for VMMC and support the USAID mission with TA on demand creation for VMMC.
Activity 2.2	Johannesburg,	Mar 17-21,	Lynn Van Lith	Attend USG-sponsored

	South Africa	2014		adolescent VMMC modeling meeting and UNICEF-sponsored EIMC meeting.
Activity 2.6	Pretoria and Johannesburg, South Africa	Apr 26-May 8, 2014	Liz Gold	Provide support to the USAID mission in South Africa for VMMC demand creation planning and activities, helping to ensure that plans for expansion of service delivery were sufficiently supported by demand creation.
Activity 2.2	Tanzania, South Africa and Zambia	June 3-12, 2014	Lynn Van Lith Aaron Tobian	Present findings from literature review for adolescent VMMC assessment in Tanzania, Zambia and Zimbabwe.
Activity 2.2	Melbourne, Australia	July 21-25, 2014	Lynn Van Lith Beth Mallalieu Kim Martin	Present two oral presentations, host two satellite sessions and attend the International HIV and AIDS Conference.
Activity 3	Johannesburg, South Africa	Aug 25-29, 2014	Beth Mallalieu	To present and attend the UNESCO-sponsored Consultative Stakeholder Meeting for Comprehensive Sexuality Education in Teacher Education.