



USAID
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Year 4 Semi-Annual Report
October 1, 2015 – March 31, 2016

Health Communication Capacity Collaborative

www.healthcommcapacity.org

Award #: AID-OAA-A-12-00058

April 30, 2016

List of Acronyms

| | |
|-------------------|--|
| AMA | Advanced Maternal Age |
| CAME | Complexity Awareness Monitoring and Evaluation |
| CARE | Cooperative for Assistance and Relief Everywhere |
| CCoP | Communication Community of Practice |
| CoP | Communities of Practice |
| CCP | Johns Hopkins Center for Communication Programs |
| CD4 | Cluster of Differentiation 4 |
| CDC | Centers for Disease Control and Prevention |
| CfR | Consulting for Results |
| CHW | Community Health Worker |
| CHSD | Community Health Services Division |
| CS | Capacity Strengthening |
| DG | Demand Generation |
| DDR | Digital Documentation Resource |
| EVD | Ebola Virus Disease |
| ECN | Ebola Communication Network |
| FHI 360 | Family Health International 360 |
| FHOK | Family Health Options Kenya |
| FP | Family Planning |
| gCHV | General Community Health Volunteer |
| GIS | Geographic Information Systems |
| GOCI | Government of Côte d'Ivoire |
| GREAT | The "Gender Roles, Equality and Transformations" Project |
| HC3 | Health Communication Capacity Collaborative |
| HIDN | Office of Health, Infectious Diseases and Nutrition |
| HP | High Parity |
| HTC | HIV Testing and Counseling |
| HTSP | Healthy Timing and Spacing of Pregnancy |
| ICA | International Communication Association |
| ICFP | International Conference on Family Planning |
| ICT | Information and Communication Technology |
| I-Kit | Implementation Kit |
| IR | Intermediate Result |
| ISC/C | In Service Communication and Counseling |
| JAIDS | Journal of Acquired Immune Deficiency Syndromes |
| JOHC | International Journal of Health Communication |
| KAP | Knowledge, Attitudes, Practice |
| LARCs | Long-acting Reversible Contraceptive Methods |
| LMIC | Low and middle income country |
| LSHC | Leadership in Strategic Health Communication |
| M&E | Monitoring and Evaluation |
| MJCD – ONG | Mutuelle de Jeunes Chrétiens pour Le Développement |
| MIP | Malaria in Pregnancy |
| MOH | Ministry of Health |
| MOU | Memorandum of Understanding |

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|---------------------|---|
| MSH | Management Sciences for Health |
| NGO | Non-Governmental Organization |
| NHPD | National Health Promotion Division |
| NHSDP | NGO Health Service Delivery Project |
| NMCP | National Malaria Control Programme |
| NURHI | Nigeria Urban Reproductive Health Initiative |
| NUS | National University of Singapore |
| OCW | OpenCourseWare |
| OH | Outcome Harvesting |
| OHA | Office of HIV and AIDS |
| PBC | Provider Behavior Change |
| PCI | Project Concern International |
| PEPFAR | President’s Emergency Plan for AIDS Relief |
| PIH | Partners In Health |
| PITC | Provider Initiated Testing and Counseling |
| PMI | President’s Malaria Initiative |
| PMP | Performance Monitoring Plan |
| PRH | Office of Population and Reproductive Health |
| PROGRES-SBCC | Program for Organizational Growth, Resilience and Sustainability for Social and Behavior Change Communication Organizations |
| PPMV | Proprietary and Patent Medicine Vendors |
| PSI | Population Services International |
| RBM | Roll Back Malaria |
| RFP | Request for Proposal |
| RMNCAH | Reproductive Maternal, Newborn, Child and Adolescent Health |
| RMNCH | Reproductive Maternal, Newborn and Child Health |
| SBCC | Social and Behavior Change Communication |
| SDI | Service Delivery Improvement |
| SM | Social Marketing |
| SMS | Short Messaging Service |
| SRH | Sexual and Reproductive Health |
| SSFFC | Substandard, Spurious, Falsely-Labeled, Falsified, Counterfeit |
| STI | Sexually Transmitted Infection |
| TA | Technical Assistance |
| TT | Trending Topics |
| TWG | Technical Working Group |
| UN | United Nations |
| UNCoLSC | United Nations Commission on Lifesaving Commodities |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children’s Fund |
| USAID | United States Agency for International Development |
| USG | United States Government |
| VMMC | Voluntary Medical Male Circumcision |
| WASH | Water and Sanitation Hygiene |
| WHO | World Health Organization |

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EXECUTIVE SUMMARY

In the first six months of Year 4, the Health Communication Capacity Collaborative (HC3) worked towards its vision of social and behavior change communication (SBCC) as a transformative force to improve the health of individuals and their families, and build the capacity of our local partners who serve them. Following a midterm evaluation of the project, HC3 put in place a response that makes HC3 stronger and more impactful than ever before.

Developing a new HC3 strategy was at the forefront of our response to the midterm evaluation recommendations. The strategy presents a refined vision for the project and describes five strategic pillars to deliver successful outcomes in the final two years:

1. Measure and document the impact of SBCC programs
2. Refine the SBCC capacity strengthening (CS) model
3. Deliver quality and excellence in SBCC implementation
4. Mobilize communities towards SBCC excellence
5. Make the case that communication saves lives

A highlight of the year was the [International SBCC Summit](#), which brought together the SBCC community as has never been done before. The Summit engaged, provoked and inspired participants and observers alike – analytics of social media posts showed 1.79 million impressions of the Summit’s unique hashtag on Twitter alone (meaning the number of Twitter users who had it appear in their feed). This mobilization of a more cohesive, interconnected community of SBCC professionals was reinforced by ongoing activities through [Springboard](#), including a two-year strategy for Springboard and ongoing member engagement, such as a successful Springboard forum in India, which seamlessly blended in-person and virtual access to a panel of speakers on CS for SBCC.

HC3 also developed the “HC3 Capacity Ecosystem” – a model for SBCC CS that reflects the systematic assessment, design and implementation of customized and strategic CS currently underway in HC3 that can be used by any project seeking to strengthen SBCC capacity at the local, regional or global level. HC3 also conducted extensive outreach to promote its CS tools through tailored workshops and interactive orientations.

HC3 is meeting the demand for greater tools and resources on provider behavior change, especially in the areas of family planning and reproductive health (FP/RH). HC3 completed a literature review on barriers and facilitators to effective provider behavior change among facility-based providers, and developed and tested an Implementation Kit (I-Kit) for behavior change among community health workers (CHWs). Additional tools were developed for providers on FP/RH priority areas, including a [video](#) for providers on long-acting and reversible contraceptives (LARCs) for youth, part of a [package of materials](#), as well as a guide for service providers and CHWs on talking to women about healthy timing and spacing of pregnancies (HTSP) for advanced maternal age (AMA) and high-parity (HP) women.

HC3 continued to use SBCC for gender transformative approaches through innovative activities to empower women before, during and after a visit with a family planning service provider. HC3 developed an innovative tool using an entertainment-education methodology through a mobile platform to reach “SMART” clients and began work on a gender-synchronized concept to engage “SMART” couples.

As part of its partnership with the United Nations Commission on Life Saving Commodities for Women and Children (UNCoLSC), with support from USAID's Office of Health, Infectious Diseases and Nutrition, HC3 expanded its small grants program to a fourth country (Tanzania), providing technical assistance to local implementing partners using the [Demand Generation I-Kit](#). HC3 continued promoting the I-Kit through skills-building sessions and panel presentations with implementing partners: in this reporting period alone, the I-Kit was viewed by 13,667 users, 84.5 percent of whom were new visitors to the site.

As part of its work with the President's Malaria Initiative, HC3 completed deliverables from Year 3, including a malaria in pregnancy literature review and strategy guide, and an I-Kit on substandard, spurious, falsified, falsely-labeled and counterfeit (SSFFC) anti-malarial medicines. HC3 also began the process of developing a malaria evidence database and infographics, and conducted an environmental landscape of malaria elimination, as well as provided ongoing support to the Roll Back Malaria (RBM) Communication Community of Practice (CCoP).

In the area of support to the President's Emergency Plan for AIDS Relief (PEPFAR), HC3 is continuing its work to expand the evidence base on HIV and SBCC through a special journal supplement on the impact of health communication on HIV treatment outcomes, and has already identified 11 manuscripts for inclusion. HC3 is continuing its three-country study in Tanzania, Zimbabwe and South Africa on adolescent voluntary medical male circumcision (VMMC) and initiated new operations research in Mozambique to assess the impact of a stigma reduction intervention. Through technical assistance to VMMC priority countries, HC3 also advanced understanding of the PEPFAR-mandated age pivot that prioritizes the age group 15-29 years for demand creation. The Memorandum of Understanding developed between HC3 and its service delivery partner FHI360 is fast becoming a best practice of USAID's other VMMC programs in the region to ensure better and more efficient coordination between supply and demand. The lack of coordination between service delivery and communication partners is a major challenge to the VMMC program in many countries. This MOU ensures that regular coordination meetings are held, critical data is collected, analyzed and shared on a regular basis to help inform demand creation efforts, and that information regarding site capacity – which can change frequently due to human resource constraints – is available to all.

HC3's pioneering work in communication for emergencies continued in Year 4, including the development of a multiphase SBCC strategy for Ebola preparedness and outbreak management in Côte d'Ivoire and an Ebola Preparedness message guide. In Liberia, CS efforts continue with both government and partner stakeholders, including the production of supplemental materials for *Bridges of Hope* to address health issues beyond Ebola including malaria, FP, gender-based violence and others. HC3 also responded to Ministry of Health requests for media support when new cases of Ebola emerged. HC3 is turning its learning on Ebola communication into evidence by collaborating with UNICEF on a supplemental issue of the Journal of Health Communication with 18 manuscripts sent out for review. HC3 completed content, mock-up and layout of the digital documentation resource, which will be released in summer 2016.

In late February, HC3 responded to another emerging situation: Zika. USAID requested a concept note for a landscaping activity in four Central American countries experiencing an outbreak of Zika: Honduras, El Salvador, Dominican Republic and Guatemala. HC3 mobilized a team of SBCC, vector control, Latin America and FP experts to address this request and the first team arrived in Honduras less than a month later to conduct the first landscaping assessment.

Finally, HC3 is using new mediums to [tell its story](#) in a rich and immersive design, disseminating HC3 tools and resources through HC3 social media and our [blog page](#), which published 56 unique blogs in the first part of this year, and expanding access to HC3 news by launching a channel on Apple News.

HC3 is poised to continue this tremendous effort in the remainder of Year 4.

BACKGROUND

HC3 envisions a world where SBCC is transformative – shaping a world in which there are no social and structural barriers to a healthy life. The public’s desire for information and services pushes health systems, governments and civil society. Indigenous organizations take the lead in responding to their community’s needs. As information flows freely, lifelong learning becomes a social norm and people enjoy better health and fuller lives, and live in 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.

To achieve its vision, the HC3 project addresses the art, science and application of SBCC programs. The science of SBCC is built upon the project’s understanding and use of communication theory, coupled with analysis of evidence from SBCC programs. The art of SBCC is expressed through innovation and new and creative approaches to address issues. The application is founded on providing better tools and program models for adaptation to suit specific contexts, along with the strengthening of SBCC skills and the organizational structures of the implementing partners in developing countries. Evidence and theory provide the insight that propels innovation. Continuous project learning and feedback inform improved technical guidance across all the health sectors where HC3 operates, leading to better programs and ultimately improved health outcomes.

HC3 has been praised for its contributions across technical areas, to swift and effective implementation, and for providing expert guidance to deliver high-quality SBCC programs. This praise has spanned activities as diverse as producing guidelines on demand generation for the United Nations Commission on Lifesaving Commodities (UNCoLSC), implementing a rapid response to the Ebola epidemic in West Africa and developing next generation SBCC support to PEPFAR programs, especially in the areas of VMMC and outreach to key populations.

In addition to expert technical implementation, HC3 also has developed significant resources to support the global SBCC community. HC3 brings together SBCC organizations and practitioners to advance the art and science of SBCC as a domain of scholarship and practice and link SBCC to positive health outcomes and impact. The resources supported through HC3 include the Health COMpass, with its expert guidance on SBCC implementation including contributions from over 100 organizations, How-to Guides and Implementation Kits (I-Kits) covering in-depth procedures to operationalize SBCC activities. HC3 also has supported the convening of communities of practice (CoPs), through the Springboard for Health Communication Professionals, to offer peer support and guidance to tap community knowledge and experience to improve programming. These CoPs support malaria, in collaboration with RBM; HIV and AIDS, through the VMMC working group; and the global SBCC community through Springboard.

With the articulation of the Capacity Ecosystem for SBCC, HC3 is facilitating the development of SBCC professionals with resources that strengthen the practice of health communication. These resources

include technical and organizational SBCC assessment tools, such as PROGRES-SBCC, as well as materials designed for specific audience groups and contexts. The reach and utility of these tools are expanded when coupled with other tools, such as the Resource Mobilization I-Kit, How-to Guides, Research Briefs and topic specific technical tools. The range of tools available through HC3 support the project's focus on strengthening the quality of the content and the context of high-impact health communication interventions.

The culmination of project activities and learning to date has resulted in a new wealth of resources and knowledge for the SBCC community. In the coming year, HC3 will focus on disseminating, refining use and streamlining the integration of these resources to ensure greater use and impact.

Section 1: PRH-Funded Activities

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

PRH-funded activities span the range of HC3 operations: technical implementation, research and capacity strengthening (CS). With PRH funding, HC3 is supporting the advancement of SBCC-focused contributions to technical areas of concern, specifically guidance on addressing healthy timing and spacing of pregnancies (HTSP) for women of high parity (HP) and advanced maternal age (AMA) and also the expansion of long-acting reversible contraceptive (LARC) methods to young adults. HC3 is also strengthening the capacity of the SBCC community to deliver high-quality programs through innovations such as the Springboard for Health Communication Professionals as well as more traditional knowledge management approaches such as the Health COMPass. HC3 also facilitates the generation of new knowledge about the impact of SBCC programs on health outcomes both through original primary research, such as the Tanzania Leadership study, and also through secondary analysis of existing data sets. During this reporting period, HC3 made progress against all deliverables, whether the advancement of activities that continued from the previous funding year or the start of new activities.

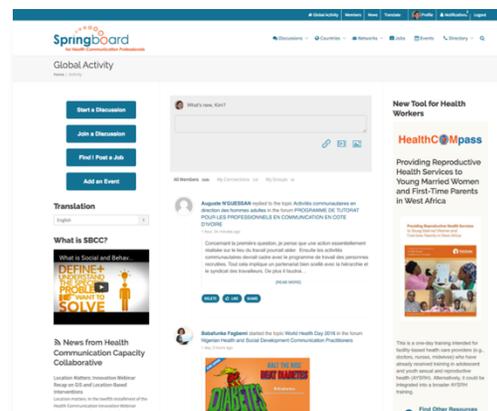
A significant highlight of this reporting period was the first International SBCC Summit that took place in Addis Ababa, Ethiopia, in early February 2016. The summit brought together more than 750 SBCC professionals from over 50 countries – the first international gathering of its kind for the global SBCC community. The Summit provided an opportunity for SBCC practitioners to present new learning based on data and experiences in applied SBCC programs, to participate in skills-building sessions, and to strategize over future directions and new innovations in the field. Throughout the event, participants shared information and inspirations on Springboard. The Summit’s success has led to plans for a declaration of SBCC principles based on one of the keynote addresses, as well as plans to host a similar event in the future.

Activity 1: Mobilizing Modern Communities

Activity 1.1: Springboard

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

Springboard’s virtual platform continues to see steady growth, with 743 new registrants over the past six months (with nearly 3,600 total members). The majority of Springboard members are between ages 25 and 34. The six leading countries in engagement are the United States, Ethiopia, Bangladesh, Nigeria, Kenya and Uganda. The latest HC3 survey showed most members visiting the site were there to learn about SBCC resources (51%) and keep up with the latest SBCC news (51%). The virtual platform hosted several thematic discussions in the first half of Year 4 and posted SBCC CS content mainly drawn from the Health Compass. HC3 held two Springboard App launches – one at the International Conference on Family



Planning (ICFP) and one at the SBCC Summit – and both were well-attended by existing Springboard members and those interested in becoming members.

HC3 used Springboard’s virtual platform to engage SBCC Summit attendees before and during the event. The platform also allowed HC3 to share highlights and content from the Summit after the event with those who could not be there in person. Content shared included video of keynote speeches, photos and presentations.

Country activities include a launch held in Côte d’Ivoire not funded through HC3 Core. USAID Pakistan also approved the use of funds for the introduction of Springboard in Pakistan. The two regional secretariats for Asia and Africa will be providing virtual technical assistance to the countries.

| Sub-activity | Deliverables | Key Outcomes |
|-------------------------------------|--|--|
| 1.1.1: Global Engagement | Four themed discussions | Two of four planned themed discussions were held on “Saving Lives at Birth” and “The SBCC Summit” Organized and facilitated by USAID staff, the Saving Lives at Birth discussion is by far the most successful on Springboard since its inception. Over the days it was hosted, there were 637 page views. The period also saw a spike in Springboard registration with 174 new users. Social media statistics such as Twitter recorded 2,790 impressions with a total reach of 43,085. |
| | Two I-Kit Overviews | The French-language Urban Adolescent Sexual and Reproductive Health (SRH) SBCC I-Kit was featured on Springboard. |
| | Springboard discussion before, during and after Summit | At the Summit, Springboard was positioned to be the space for interaction among SBCC practitioners. The virtual platform facilitated interactions among participants at the SBCC Summit. 184 participants registered on a unique page created on the platform which facilitated conversation, information and exchange of content leading up to the Summit. During the Summit, Springboard helped share conference highlights and content with the wider SBCC community unable to participate in person. Springboard continues to feature content from the Summit. |
| | Springboard App launch at SBCC Summit | The new Springboard App was launched at the SBCC Summit attracting 85 participants. |
| | Springboard Strategy | Strategy was developed, reviewed and being finalized. The content will guide the implementation and development of the sustainability plan |
| 1.1.2: Regional Secretariats | Four virtual joint regional monitoring meetings with country champions | The Asia and Africa regional secretariats each hosted an interactive webinar/meeting with the respective country champions. The meetings focused on monitoring various country activities based on plans made during the Global Advisory Meeting. The M&E dashboard – which is expected to give a snapshot of progress on country activities – was also introduced. |

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| | Asia and Africa information pages on virtual platform | The Information pages are designed/formatted and will be operational in the second half of the year. |
| 1.1.3: Country Activities | Technical assistance to country point person to transfer skills and maintain country pages on the virtual platform | Four focus countries were identified: Ethiopia, India, Nigeria and Uganda. Country activities will begin after finalization of the new Springboard strategy. Planned activities will be conducted in the second half of the year. |
| 1.1.4: Monitoring and Evaluation | Regional M&E dashboard | The M&E dashboard was developed. It will be used by the regional secretariats to track the country activities as they roll out. All country teams will have access to the dashboard though populated by the regional secretariat. It is expected that information shared from other countries will motivate countries not doing well to do better. |
| | Enhanced online M&E plan | The M&E Plan was completed. Various indicators and sources for collecting data were identified. The plan is in line with the HC3 PMP |

YEAR 4 PRIORITIES

- Intensified face-to-face activities in the four focus countries complemented by increased features on the country pages
- Consultations with the country teams and the regional secretariat to finalize the sustainability plan
- More Springboard themed discussions moderated by either HC3 or external groups

Activity 1.2: International SBCC Summit

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

The SBCC Summit, held in Addis Ababa, Ethiopia, was the first conference of its kind to bring together SBCC practitioners to review current SBCC approaches and evidence and exchange ideas that will contribute to advancing the field of SBCC. More than 750 participants from 52 countries participated and they came from international NGOs, local/indigenous NGOs, research institutions, universities, government agencies, donors, advertising and public relations agencies, the media and the private sector. Each day started with two keynote speeches during the plenary, with topics ranging from social movement, behavioral economics and habit formation to the complementary role of advertising in SBCC and a reflection on SBCC as a discipline and where it should be heading. Other sessions included:



- Comm Talks: Brief presentations from practitioners and researchers structured like TED talks.

- Skills-building Workshops: Provided an opportunity for participants to develop new SBCC skills in areas such as program planning, implementation, research and M&E.
- Technical Panels: Shared SBCC innovations in research, M&E and best practices
- Multimedia showcase
- Blue skies sessions: Unstructured sessions to discuss pertinent questions around the practice of SBCC
- Poster presentations: 120 poster presentations showcased landmark research and programs
- Market Fair: An exhibition that allowed local and international organizations to exhibit their innovative SBCC tools and methodologies.

About 70 percent of the Summit cost was paid from sponsorships and registration fees. This strongly indicates the feasibility of a sustainable conference in the future. There was overwhelming consensus from participants that the Summit should be held every two years. The global steering committee – with representatives from USAID, CCP, UNICEF, BBC Media Action, FHI 360, Population Services International (PSI), Manoff Group and the SPRING Project – has taken on the challenge and are committed to working on the 2018 Summit.

A business meeting of donors, UN agencies and leading implementing agencies was held during the Summit and participants agreed on the need for a global advocacy strategy for SBCC. The global steering committee took on this task, which will be seen as one of the outputs from the 2016 Summit. A declaration from the Summit that highlights the proceedings and posits the direction for the SBCC as a discipline will be disseminated in July 2016 after extensive contribution and reviews from Summit participants.

| Sub-activity | Deliverables | Key Outcomes |
|---------------------------|--------------------------------------|--|
| 1.2.1. SBCC Summit | SBCC Summit held February 8-10, 2016 | More than 750 participants attended from 52 countries. The Summit saw 180 oral and 120 poster presentations. 10 skills-building workshops were tailored to additional skills in various aspects of SBCC. 34 organizations participated in the exhibition. 20 young SBCC practitioners received full scholarships to attend the Summit from several countries including India, Pakistan, Uganda. These were in addition to the Lion’s Den scholarships. |

OTHER ACCOMPLISHMENTS

- HC3 raised over \$300,000 from donors, sponsors and registration fees to support the SBCC Summit

YEAR 4 PRIORITIES

This activity is complete. In the remaining months of Year 4, HC3 will continue the conversations started during the SBCC Summit through themed conversations on Springboard, webinars and brownbag events.

Activity 1.3: NetHope Summit

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In the first half of Year 4, HC3 continued its efforts with NetHope to achieve a stronger focus on health communication during the NetHope Summit, a yearly gathering for its 41 international NGO members and private-sector sponsors. HC3 was a co-sponsor of the event and hosted a three-hour workshop focused on innovative health applications for SBCC that built upon the momentum of Innovation Webinar #9 that had a similar theme. The workshop attracted 16 participants from 12 different organizations including SOS Children’s Villages, Microsoft, Accenture, CARE, Catholic Relief Services and others. The agenda included technology platform demonstrations from Concern Worldwide and VOTO Mobile as well as a discussion of lessons learned from these and other technology-driven initiatives. Participants were also oriented to Springboard and the Health COMPass. In a poll conducted at the end of the session, 88% of the attendees “strongly agreed” that they learned something valuable and relevant to their work, and 13 participants registered on Springboard (2 were already members). As a result of the Summit, there were 40 new registrants on Springboard and 85 new members added to the NetHope M&E and Tech working group.

| Sub-activity | Deliverables | Key Outcomes |
|-----------------------|--|---|
| 1.3.1. NetHope Summit | NetHope Summit “Best Practices for Information and Communication Technology (ICT) for SBCC” workshop conducted | The workshop attracted 16 participants from 12 different organizations. As a result of the Summit, there were 40 new registrants on Springboard and 85 new members added to the NetHope M&E and Tech working group. |

YEAR 4 PRIORITIES

- NetHope Summit workshop materials and report finalized.

Activity 1.4: Innovation Webinars

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In Year 4, HC3 continues to produce new installments of the highly successful “Health Communication Innovation Webinar” series. The two topics for the first half of the year were Transmedia/Entertainment-Education and Geographic Information Systems (GIS)/Location-based Approaches. The first webinar was held on December 8 and included panelists from Well Told Story (Shujaaz/Kenya), Wise Entertainment (East Los High/US) and CCP (Ujjwal/India). 91 people attended the webinar: 100 percent of respondents said they learned something new, and 91 percent intend to use what they learned in their work in the next 6 months.

The second webinar was held on March 29 and included panelists from Digital Green (India), Groundtruth Initiative (Kenya), CCP (Nigeria) and Esri (Global). Fifty-nine people attended the webinar: 97 percent of respondents said they learned something new, and 100 percent intend to use what they learned in their work in the next 6 months. The topics for the next two webinars in Year 4 will be identified through a crowd-sourcing process that engages the global Springboard membership to ensure that the topics are of interest and relevant to SBCC practitioners in the field.

| Sub-activity | Deliverables | Key Outcomes |
|-----------------------------------|--|--|
| 1.4.1. Innovation webinars | Four innovation webinars | Two webinars completed on Transmedia /Entertainment-Education (91 participants) and GIS/Location-based Approaches (69 participants) |
| | Online exchanges, polls, discussion forums and other interactive activities linked to each webinar | Online polls conducted to gauge whether participants learned something new (average score of 98%), relevance of content (95%) and intention to apply newly acquired knowledge in the next 6 months (95%); Springboard discussion topics created to provide a space for continued discussion after completion of both webinars. |

YEAR 4 PRIORITIES

- Hold final two webinars

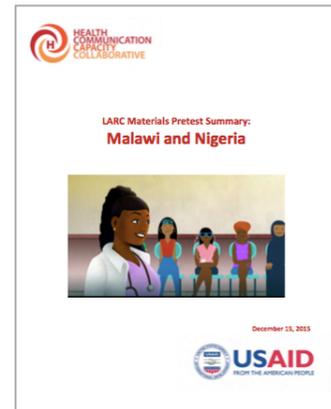
Activity 2: Building Better Futures for Youth

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In the first half of Year 4, HC3 finalized the French version of the Urban Adolescent Sexual and Reproductive Health (SRH) SBCC I-Kit (print in November and the online version in January) to complete this Year 2 activity. Translation of the I-Kit into French was contingent upon the approval of the English I-Kit in September 2015.

The Year 3 activity of localization of the Urban I-Kit was admittedly delayed due to the domino effect of the previously mentioned activities. Despite having moved quickly to solicit RFPs for the localization activities with pilot partner organizations in Benin and Madagascar in July 2015, HC3 experienced additional delays contracting the organizations due to revisions of proposed activities, budgets and the contracting process with the JHU procurement division. The process of contracting the fifth pilot partner in Kenya pended approval for three months from the Kenya Mission before paperwork could formally be submitted for contracting.

In the first part of Year 4, the LARC tools – provider video and discussion guide, client brochures and posters were finalized. The tools were presented at two international conferences. Although LARC tool development was proposed in the Year 2 Addendum, delays were experienced along the way due to contracting the creative firm and revisions of the materials.



| Sub-activity | Deliverables | Key Outcomes |
|---|---|--|
| Activity 2.1: Engaging Youth for Healthy Lives | Four to five local organizations contracted for small grants (referred to as Pilot Partners). | In January, contracting was complete with two organizations in Benin (Organisation pour le Service et la Vie-Jordan (OSV-Jordan) and Mutuelle de Jeunes Chrétiens pour Le Développement (MJCD – ONG)) and Madagascar: Mpanazava Eto Madagasikara (MEM); Project Jeune Leader (PJL). In March, contracting was complete with Family Health Options Kenya (FHOK). These organizations are referred to as Pilot Partners (PPs). |
| | Technical assistance (TA) provided to grantees through virtual and face-to-face forums. | From January through March, HC3 worked with each pilot partner organization in Benin and Madagascar to check in on I-Kit progress and be on-hand for any questions. Organizations said they found the I-Kit useful for SBCC project/activity planning and were using it for staff capacity strengthening. Key questions were around gathering the necessary research, and developing |

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| | | behavioral objectives and indicators. Kenya TA was conducted to finalize the work plan. |
| | Pre- and post-session Springboard discussion forum. | Following the French I-Kit launch webinar on Jan. 21, a Springboard discussion continued from Feb. 22 to March 25. There were eight active participants, 13 posts and through March 31 there were 158 unique page views from 18 countries, w/an average time on the page of more than 3 minutes – suggesting people stayed on long enough to review the conversation. |
| | One youth-focused SBCC satellite session at Africa regional Springboard conference. | The Urban Adolescent SRH SBCC I-Kit was the basis for a two-hour skills-building session to support deeper knowledge of audience segmentation and developing creative briefs for urban youth programs at the SBCC Summit. Approximately 50 people attended and it was well received. |
| Activity 2.2: Demand Generation for Long-Acting and Reversible Contraceptives among Young People | Youth tools to support demand generation for LARC among young people. | Finalized video for providers (English), posters and brochures for youth (English, Hausa and Yoruba). |
| | User guide on youth tool delivery and use. | Finalized video discussion guide for providers. |
| | Participation and presentation as part of a pre-formed panel at the fourth ICFP. | Presented as part of pre-formed panel on January 26 at the rescheduled ICFP. Approximately 50 attendees and it was well received. |
| | Participation and presentation at the International SBCC Summit. | Poster presentation during the SBCC Summit. Approximately 25 attended. |
| | Design Youth-focused interactive tool. | Drafted concept note. |

OTHER ACCOMPLISHMENTS

- Although not originally planned as a deliverable, additional translations of LARC brochures and posters were developed in Hausa and Yoruba as a result of the pretest in Nigeria.

YEAR 4 PRIORITIES

Urban I-Kit Pilot Partners:

- Conduct in-person TA in Benin, Madagascar and Kenya.
- Disseminate the Urban I-Kit (English and French) through multiple channels.

LARC Material Dissemination:

- Disseminate the LARC materials through multiple channels.

LARC Youth-Focused Interactive Tool:

- Determine the final tool and submit concept note.

Activity 3: Gender Equity and Family Planning Promotion

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In the first half of Year 4, HC3 made progress on the development of the **Smart Client mHealth tool**. Content of the tool was finalized, suppliers were contracted for the technology platform, creative and pretesting in Nigeria. HC3 experienced a slight delay during the contracting process, requiring further negotiation and proposal revision to stay within budget. In December, the PRH gender team suggested Ethiopia for the second Smart Client pilot country. HC3 reached out to the Ethiopia Communication for Health project, a CCP bilateral project, in Addis Ababa to set up initial meetings with key IT ministry officials to present the activity and obtain approval.

For **Smart Couple**, HC3 conducted a supplemental literature review to further explore couple communication, male involvement, country specific information and game-based intervention lessons learned and drafted a concept note for the “Smart Couple Communication Challenge Game.”

| Sub-activity | Deliverables | Key Outcomes |
|--|---|--|
| Activity 3.1: “SMART” Client: | Prototype tool pretest in two countries (i.e., Nigeria and Ethiopia). | Contracts signed with platform team in Nigeria, VOTO Mobile. Contract in process with creative team, American Radio Drama Association, and research consultant. Exploring opportunity to work in Ethiopia. |
| Activity 3.2: “SMART” Couples and Communication | Supplemental literature review. | Started conducting supplemental literature review. |
| | Smart Couple intervention prototype. | Conducted brainstorming session to refine concept and drafted concept note. |
| Activity 3.3: Promoting Family Planning for Men | Literature review report. | Submitted concept note to USAID on March 23. |
| | Co-chair USAID Interagency Vasectomy Working Group. | Ongoing. Conference calls held. Organized and moderated webinar March 2. |

YEAR 4 PRIORITIES

Smart Client:

- Confirmation of the second country for the Smart Client mHealth tool.

Smart Couple:

- Determine content of Smart Couple tool.

Promoting Family Planning for Men:

- Develop Implementation Kit.
- Continue to explore dissemination activities once I-Kit is complete.
- Continued support as Co-chair USAID Interagency Vasectomy Working Group.

YEAR 3 ACTIVITY: Healthy Timing and Spacing of Pregnancy for Advanced Maternal Age and High-Parity Women

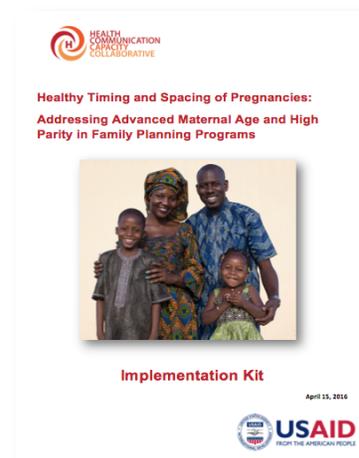
YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In the first half of Year 4, HC3 revised the HTSP I-Kit. Revisions were based on the pretest report and proposed changes to documents submitted in October. All components of the HTSP I-Kit, including the main text, the community-based guide and nine additional components, were revised and presented to USAID in March 2016. Several components were approved, while others are undergoing additional revisions before proceeding to French translation.

Preliminary results from the HTSP qualitative research study were presented at ICFP. In January, a bilingual research consultant was hired to condense the qualitative report into a more usable format. The consultant reviewed the data, clarified questions with the researcher and prepared a draft report for review.

Regarding dissemination, HTSP postcards with information about the I-Kit were shared at the December 2015 Ouagadougou Partnership meeting with several local organizations, including International Planned Parenthood Federation affiliates and representatives from the government of Mauritania.

For HTSP I-Kit localization, HC3 developed a scope of work (SOW) and RFP based on feedback from the consultant after the pretest in September. The RFP was translated into French and shared with several organizations in Niger and Togo in February. HC3 received three proposals from organizations in Niger and one from Togo in March and the selection process and contracting is underway.



| Sub-activity | Deliverables | Key Outcomes |
|--|---|---|
| 1.2.3 Qualitative Research. 2-4 Research briefs | Qualitative Research Report | Consultant Khadi Ndiaye contracted in January to write summary report and briefs. |
| 1.2.2: HTSP I-Kit | HTSP I-Kit | Pretest of HTSP I-Kit components report submitted November 2015. Ten components of the I-Kit were reviewed and approved in March 2016. |
| 1.2.1: HTSP AMA/ HP Community-Based Guide | HTSP AMA/HP community-based guide (English and French) | English version approved by USAID in March. |
| 1.2.3: HTSP I-Kit Localization | One brief per country summarizing I-Kit material adaptation and implementation processes, including lessons learned | Received proposals in March from Togo: Association Togolaise pour le Bien Être Familial (ATBEF). Niger: Association Nigerienne pour le Bien Être Familial (ANBEF); Lafia Matassa; Marie Stopes International (MSI). |

YEAR 4 PRIORITIES

Qualitative Research Report and Briefs:

- Finalize qualitative research report and once approved, translate into French.
- Revise three to four research briefs and once approved, translate into French.
- Disseminate research briefs via HC3 website, social media, Springboard and other face-to-face forums, such as meetings and conferences.

I-Kit Dissemination:

- Finalize I-Kit components including text, images and layout for English and translate into French.
- Disseminate I-Kit through multiple channels, including the HC3 website, Health COMpass, Springboard, HC3 blog and social media, targeted emails, brownbags, conferences, meetings and webinars.

I-Kit Localization:

- Provide TA to two organizations to localize the I-Kit in Niger and Togo.
- Write two briefs documenting the localization experiences.

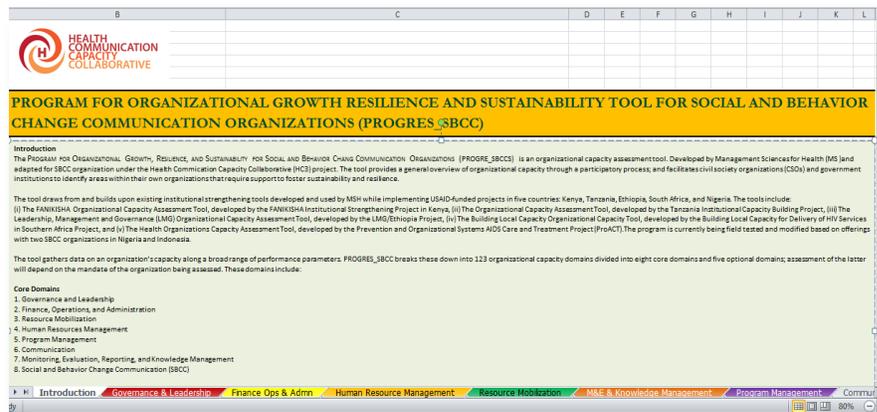
Activity 4: Improving Family Planning/Reproductive Health Outcomes through Strategic Social and Behavior Change Communication Capacity Strengthening

Activity 4.1: Capacity Strengthening with Higher Performing Social and Behavior Change Communication Organizations

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

A key emphasis of HC3 CS in year 4 is supporting higher capacity SBCC organizations to reinforce their roles as country-based and regional leaders for SBCC. A primary activity under this agenda has been the planning and development of a four-day HC3 Expert Consultation on Building High Capacity SBCC and Social Marketing (SM) Organizations. The consultation – to be held in Washington DC from May 9-12 – will host 40 participants including representatives from 11 low and middle income country (LMIC) based SBCC and SM organizations, international NGOs and donors. A fifth day will provide training on HC3 resources and tools to the representatives of the 11 visiting local organizations. The output of the expert consultation will be guidance documents on best practices in building and supporting local SBCC and SM organizations.

Additional activities thus far in Year 4 have included finalizing the PROGRES-SBCC tool to strengthen the organizational systems of high capacity partners and in the Consulting for Results curriculum aimed at developing the SBCC consulting practices of high capacity organizations as a revenue generating option. In the second half of Year 4, HC3 partner Management Sciences for Health (MSH) will provide technical assistance to two competitively selected partners for each of the activities.



HC3 recognizes the critical need of service delivery projects and partners for high quality SBCC, so has been collaborating with service delivery partners in the first half of Year 4 in the conceptualization of an I-Kit for Integrating SBCC into Service Delivery. HC3 has also continued to actively disseminate HC3 resources to the SBCC community as well as to integrate HC3 CS resources into HC3 country programs.

| Sub-activity | Deliverables | Key Outcomes |
|--|---|---|
| Activity 4.1.1: Learning from SBCC Legacy Organizations | Four-day meeting held in Baltimore/Washington, D.C. for 40 people | Developed concept paper, invitation list and initial draft agenda for the HC3 Expert Consultation on Building High Capacity SBCC and Social Marketing Organizations to be held May 9-12 in Washington DC. |

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| | | Developed and distributed questionnaire to 11 LMIC-based organizations to shape and finalize the agenda. |
| | Guidance documents developed and disseminated on lessons from legacy meeting: format for the documents will be determined in consultation with the meeting participants and will be made available both through the Health COMpass and HC3 website. | Met with partners and USAID to discuss the objectives of the guidance. Guidance documents will be segmented among local organizations, international NGOs and donors |
| | One-day workshop on how to apply the PROGRES-SBCC program. | Workshop on PROGRES-SBCC will be combined with other HC3 CS resources to be held May 13 following the Expert Consultation to orient 11 local organizations. Final adjustments being made to the PROGRES-SBCC Tool |
| | Technical assistance visits and virtual support to two partners in implementing the PROGRES-SBCC program with their organizations | Two partners will be competitively selected from those local organizations attending the Expert Consultation |
| | Two micro-grants issued for implementation of PROGRES-SBCC action plans. | Organizations to receive micro-grants will be selected following the Expert Consultation |
| 4.1.2: Consulting for Results | CfR for SBCC program implemented with two high capacity SBCC organizations. | Selection process for the two organizations in development |
| | CfR curriculum and all supporting tools adapted for SBCC | CfR is presently being adapted and will be completed by early May |
| 4.1.3: Embedding SBCC CS into the FP/RH Community | One I-Kit on SBCC for Service Delivery developed and disseminated. | Developed concept note and detailed outline for I-Kit; received feedback from USAID and Service Delivery Improvement (SDI) partners. Held a consultation with SDI partners to brainstorm content and format and to profile audiences for the I-Kit. Hired consultants to assist in development of I-Kit and began development. |
| 4.1.4: Promoting and Increasing Access to SBCC CS Resources | One How-to Guide developed on orientation to HC3 resources | Content drafted for how to guide |
| | Two workshops on orientation to HC3 resources held at international forums | Conducted a series of three skills-building workshops on CS at the SBCC Summit in Ethiopia. All sessions were filled to overflowing. Conducted an interactive orientation to HC3 CS and HC3 global tools with the Center for Communication Programs Nigeria. |

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| | | Conducted an interactive orientation to HC3 CS and HC3 global tools with the Nigeria Urban Reproductive Health Initiative (NURHI) team in Ibadan. Conducted one interactive orientation to HC3 CS resources to Peace Corps DC team and another orientation to 19 regional trainers. |
| | Orientation workshop implemented with all HC3 country teams | Orientations completed with Guatemala/Angola, Nepal, Egypt and Nigeria (including an in-depth, tailored orientation). |
| | Guidance document developed on facilitating a Springboard Learning Forum on an SBCC resource or tool. | Met to discuss needs of Springboard Learning Forum facilitators and brainstorm format for guidance. |

OTHER ACCOMPLISHMENTS

- CS model and narrative developed

YEAR 4 PRIORITIES

- Develop and disseminate guidance from Expert Consultation on Building High Capacity SBCC and Social Marketing Organizations
- Implementation of PROGRES-SBCC and Consulting for Results with selected partners
- Integration of CS resources into HC3 country programs

Activity 4.2: Health COMPASS

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In Year 4, HC3 focused on filling gaps in The Health COMPASS collection and continued to add more carefully vetted items. HC3 continued to respond to its audience in deciding on the subjects to cover in Trending Topics (TT). To support ICFP, HC3 decided to create a special TT for LARCs and youth. With Zika posing an international health threat, HC3 created a Zika virus TT that will be updated throughout the year. A meeting with Peace Corps initiated an interest to feature USAID's Accelerator Behaviors to End Preventable Maternal and Child Deaths. Spotlights have continued to focus on a variety of topics of high-quality SBCC interventions.



| Sub-activity | Deliverables | Key Outcomes |
|----------------------------|--|---|
| 4.2: Health COMpass | Health COMpass content expanded and updated. | Over 350 items were added to the Health COMpass, for a total of 1,622 items in the collection. Many items were updated with new links. Several existing TT were updated with new materials. |
| | Six Trending Topics developed | Six TT completed: <ol style="list-style-type: none"> 1. School-Related Gender-Based Violence 2. LARCS and Youth 3. SBCC Basics 4. Zika 5. SBCC for Youth Living with HIV 6. Accelerator Behaviors |
| | Five SBCC spotlights published, at least four with a population and reproductive health topic. | Three Spotlights completed: <ol style="list-style-type: none"> 1. NURHI Social Mobilization (NURHI, Gates) 2. Aiiseeee! Game Show Tanzania (Tanzania Center for Communication Programs) SBCC for Postabortion Care (PAC) Kenya (Responding to the Need for Family Planning through Expanded Contraceptive Choices and Program Services (RESPOND) Project) |
| | Five high priority resources translated to French | In discussion with donor, agreed to translate two I-kits (Provider BCC and Integrating SBCC into service delivery) which are longer and thus higher cost. If budget allows, will also translate Integrated Communication programs in Year 4. |

OTHER ACCOMPLISHMENTS

- New landing page for How-to Guides finalized
- Updates to several Trending Topics as new materials arrived:
 - [Zika](#)
 - [Obstetric Fistula](#)
 - [Chlorhexidine](#)
 - [Data Visualization](#)

YEAR 4 PRIORITIES

- Continue to update and revise collections
- Identify Year 5 Spotlights including two to three that focus on the work of the local organizations attending the Expert Consultation in May 2016

Activity 4.3: Provider Behavior Change: New Elements on Continuing Activity

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In the first half of Year 4, HC3 developed a detailed outline for a literature review on barriers and facilitators to effective provider behavior change among facility-based providers. The team conducted literature searches and wrote a first draft of the literature review. The literature review will then be used to adapt the Provider Behavior Change (PBC) for CHWs assessment tool and I-Kit for a facility-based provider audience. HC3 has also engaged with USAID and various partners to discuss how best to disseminate the PBC I-Kits. Several key opportunities for dissemination have been identified. Presenting a poster on PBC at the SBCC Summit in Ethiopia also provided opportunities to connect and engage with partners as the work moves forward.



Given delays in Year 3 in obtaining Mission approval, pretesting for PBC for CHWs began in the final month of Year 3 and extended into Year 4 in Bangladesh and Nigeria. The Bangladesh NGO Health Service Delivery Project (NHSDP)/Bangladesh CCP team finished pretesting the assessment tool component of the I-Kit and has submitted a report. The Nigeria NURHI team is in the process of pretesting the CHW I-Kit, with a final report expected in April. Once HC3 receives feedback and makes final changes, the CHW I-Kit will go live in May. It is expected that adaptation of that finalized I-Kit to a facility based provider audience will be fairly rapid. There has been immense interest in provider behavior change, and the groups pretesting the CHW I-Kit have expressed how useful the I-Kit is in their work.

| Sub-activity | Deliverables | Key Outcomes |
|--------------------------------------|---|---|
| 4.3: Provider Behavior Change | Literature review on SBCC for facility-based providers. | Hired a consultant to conduct a literature review on facility-based providers. Developed a detailed outline for the literature review and conducted database searches. Wrote the first draft of the literature review. |
| | Case study on development of PBC intervention for facility based supervisors. | In discussions with the donor, HC3 has agreed to not transfer funds for a pre-test of the facility based I-Kit but only to provide technical assistance to partner or project interested in implementing the I-Kit. Upon completion of the I-Kit for Provider Behavior Change for facility-based providers, HC3 will reach out to USAID service delivery partners to solicit interest in pre-testing it in one of their country programs. Given that the pre-testing is not funded and will depend on interest, specific countries have not yet been considered. |

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| | Dissemination of the PBC CHW I-Kit on digital platforms and at DC-based and global health events | Held several discussions with USAID (including SDI) and partners about how best to disseminate. Identified upcoming opportunities (conferences, events, trainings) appropriate for dissemination. |
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OTHER ACCOMPLISHMENTS

- Developed and presented a PBC poster at the SBCC Summit
- NHSDP/ Bangladesh Center for Communication Programs in Bangladesh completed the pretest of the assessment tool for 76 CHWs from two clinics and submitted a final report.
- NURHI in Nigeria is in the process of pretesting the CHW I-Kit and will provide a pretest feedback report by the end of April.

YEAR 4 PRIORITIES

- Final adaptation of the PBC I-kit for CHWs to a facility-based audience
- Pre-testing of the facility-based I-Kit
- Active dissemination of the I-Kits

Activity 5: Increased University Engagement in Research and Practice

Activity 5.1: SBCC “Lion’s Den”

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

Launched the first week of December 2015, HC3 received 20 proposals from Indonesia, Nigeria, Kenya and Tanzania for the inaugural Lion’s Den competition focused on the topic of water and sanitation hygiene (WASH). Three finalist teams were selected from Indonesia, Nigeria and Kenya. HC3 provided support for two representatives from each finalist team to receive mentoring from SBCC experts and pitch their ideas to a panel of judges at the SBCC Summit in Ethiopia. Due to challenges securing visas, the Nigeria team was unable to travel to Ethiopia. Only the Indonesia and Kenya teams participated in the competition at the Summit. After mentoring sessions on the first and second days of the Summit, the Lion’s Den session was held on the final day. The Kenya team, with a proposal for a community-based theater intervention aimed at men, was selected as the winner and received a \$5,000 award. The Indonesia team representatives received Samsung tablets as a second-place prize, and all three teams received finalist certificates. Mentors and judges were requested to provide final feedback on the Kenya team’s proposal while a contract and appropriate payment mechanism were finalized. A project kick-off call will be scheduled in the coming weeks and an initial tranche of funding transferred to the team to allow them to begin implementing activities.



HC3 is considering including the participating teams in webinars, country-based face to face events and other similar opportunities.

| Sub-activity | Deliverables | Key Outcomes |
|------------------------|---|---|
| 5.1: SBCC “Lion’s Den” | Proposal solicitation notice disseminated | Proposal solicitation notice disseminated globally through Springboard, the HC3 project website and newsletter, and relevant HC3 partner websites and mailing lists; as well as targeted invitations to universities who have collaborated with HC3 previously. |
| | At least four program proposals pitched during “Shark Tank” competition at SBCC summit. | Two innovations pitched during Lion’s Den competition at SBCC conference. |
| | Two prizes awarded to support development of winning programs. | One prize awarded to support development of winning program |

OTHER ACCOMPLISHMENTS

- Case studies and stories of Lion’s Den experience were disseminated through the HC3 website, Springboard and other venues.

YEAR 4 PRIORITIES

- Project kick-off and implementation
- Ongoing monitoring and mentoring
- Documentation of lessons learned

Activity 5.2: Continuation of Student Internship Program

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

HC3 continues to support the engagement of the academic community in the practice of applied SBCC programs. In addition to a discussion group for academics on the Springboard, HC3 has encouraged internship opportunities with its programs both in the USA and in the countries where it works. HC3 also collaborates with academics on research-based activities in its programs. To better understand the needs and directions of the academic community, HC3 conducted a follow up survey among university departments of communication and public health in low and middle income countries. The findings of this survey will be available in the next quarter and will inform potential future collaborations.

| Sub-activity | Deliverables | Key Outcomes |
|---|---|--|
| 5.2: Continuation of Student Internship Program | Eight student internships completed with local SBCC programs. | Three internships in Bangladesh were successfully completed. A presentation event was held on February 17, 2016 in Dhaka, at which the three students gave summaries of their experience and what they had learned. Each was accompanied by their academic advisor: Ms. Mahmudah Akter Runa (Advisor: Prof. Dr. G U Ahsan, PhD, Chairman, Department of Public Health, North South University); Mr. Murtaza Ahmed (Advisor: Prof. Dr. Reazul Haque, Department of Development Studies, Dhaka University); Mr. Imrul Kayes (Advisor: Prof Dr Md. Abdul Bari, Chairman, Department of Public Health, ASA University, Dhaka). |
| | University SBCC Needs Assessment (second round) | Approximately 75 universities from across Africa, Asia and Latin America were identified to participate in the second phase of the University SBCC Needs Assessment. More than 20 of these universities participated in the formative assessment in 2013 and will receive a follow-up survey to share perceptions of any changes since then. Access to the survey is made available through SurveyMonkey and a paper-based tool. The process of inviting faculty from the selected universities began in March 2016. Faculty will be contacted either in-person or via email. |

OTHER ACCOMPLISHMENTS

- Dr. Douglas Storey taught a week-long cost-shared course on the design of strategic health communication programs at the National University of Singapore (NUS) School of Public Health in December 2015, working closely and sharing course instructional materials and strategies with its faculty. Twenty-one NUS School of Public Health graduate students attended the course and received course credit. Twenty-three external participants (health professionals) also attended from the Singapore Health Promotion Board, Ministry of Health/Singapore, Community Health Committees/Singapore, Doctors Without Borders/Pakistan, Shanghai People's Hospital/China, Mitra Keluarga Cikarang Hospital/Indonesia, and two faculty from National University of Singapore. NUS provides numerous training opportunities for health professionals in the region, so this course helps build regional capacity for training in this subject matter.

YEAR 4 PRIORITIES

- Analyze survey results

Activity 6: Expanding the Evidence Base

Activity 6.1: Contributing to the Evidence Base

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In the first half of Year 4, HC3 identified three research topics in consultation with USAID. In addition, for both the secondary data analyses as well as the searchable evidence database on FP, activities centered on hiring consultants/student interns to facilitate research activities and initiating preliminary data review. HC3 expects completion of deliverables by end of Year 4.

| Sub-activity | Deliverables | Key Outcomes |
|---|--|---|
| 6.1.1: Secondary Data Analyses | Research report: Association between FP program exposure, gender norms, and use of FP in Nigeria and India (quantitative manuscript) | Preliminary data analyses are underway. |
| | Research report: The effect of ANC counseling and spouse communication during first pregnancy on future reproductive maternal, newborn and child health (RMNCH) related behaviors. | Preliminary data analyses are under way with previous and two additional datasets (from NURHI and India). |
| | Research report: Systematic literature review of current approaches to measuring CS in international development interventions related to SBCC | Initiation of recruitment process for hiring student intern. Review of potential applicants currently in progress |
| 6.1.2: Searchable evidence database on family planning | Online searchable database posted on HC3 website | In process of hiring Leslie Snyder, from University of Connecticut, to spearhead the research. Recruitment process for student interns underway |

Activity 6.2: Capacity Strengthening Evaluations

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

HC3 staff investigated the most salient and feasible evaluation options for CS. Given the complex nature of HC3's CS efforts, in consultation with the USAID Complexity Awareness Monitoring and Evaluation (CAME) team, HC3 staff identified Outcome Harvesting (OH) and Most Significant Change (MSC) as possible options. After meeting with several country teams to discuss these options, and after further engaging with CAME resource materials and related staff, HC3 selected OH as its evaluation methodology. HC3 developed budget scenarios and has begun discussion with several countries to engage in the OH methodology as a pilot for HC3. In addition, HC3 is developing a two-page overview of OH to share with country teams as well as HC3 leadership to facilitate initial discussion about the value-added of employing OH. Although HC3 initially proposed three to four countries for Year 4, given the shift in methodologies and the intense nature of OH, a more feasible goal for Year 4 is two countries,

with plans for four additional countries in Year 5. Countries under current consideration include Ethiopia and Bangladesh.

| Sub-activity | Deliverables | Key Outcomes |
|--|--|---|
| 6.2: Capacity Strengthening Evaluations | Evaluation reports for three to four countries | Phone calls and face-to-face meetings with key personnel from Bangladesh and Ethiopia teams to discuss evaluation of their CS efforts. Current dialogue includes determining a feasible timeline, negotiating resource allocation, and finalizing evaluation questions. Two-page summary of OH currently in development. |

YEAR 4 PRIORITIES

- Train and mentor HC3 staff on outcome harvesting
- Evaluate pilot of OH in Ethiopia
- Complete study design for Bangladesh OH
- Complete Tanzania Channels study and LSHC study

Activity 6.3: OpenCourseWare (OCW) Monitoring and Evaluation for SBCC Course

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

This course is under development and scheduled to be implemented summer 2016. Doug Storey and Stella Babalola submitted and gained approval for the Summer Institute course entitled, “Evaluation of Communication Programs”. The course aims to provide students with a hands-on experience applying SBCC theories and advanced statistical methods to the measurement of health communication impact, with an emphasis on evaluations in low-to-middle income countries. The course will prepare students to apply related skills and approaches in practice-based settings. The Summer Institute will serve as the pilot for the OCW course, informing the further development of materials and learning instruction techniques for the online platform. The process for identifying and selecting several students from HC3 high-priority countries to participate in the face-to-face Summer Institute is currently under development.

| Sub-activity | Deliverables | Key Outcomes |
|---|---|--|
| 6.3: OCW Monitoring and Evaluation for SBCC Course | OCW course materials, including recorded audio lectures, digital materials, learning exercises and instructions for accessing and completing the course | Summer institute received approval by JHSPH Curriculum Committee. Materials are currently under development for the summer institute. |

OTHER ACCOMPLISHMENTS

- After a competitive bidding process, HC3 selected GeoPoll to enter into a Master Service Agreement to conduct rapid mobile survey data collection. Countries will be able to work with GeoPoll to monitor intervention exposure, behaviors of interest, or precursors to behaviors (e.g. self-efficacy, beliefs and knowledge).
- HC3 staff are developing a two-page summary of mobile survey data collection and GeoPoll to share with countries.

YEAR 4 PRIORITIES

- Complete research reports, briefs and identify strategic conference submissions
- Conduct evidence review on family planning
- Develop evidence review database, fact sheets and infographics
- Select and finalize OH countries to pilot for Year 4
- Train key HC3 staff in OH
- Select and contract consultant in OH
- Finalize process for selected students from high-priority countries to participate in Summer Institute course to provide feedback on development of OCW course.

Activity 7: Making the Case for Communication

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

In the first part of Year 4, HC3 began to tell its story in new and interesting ways with tools such as exposure.co. The [first story](#) showed how HC3's how-to guides helped someone write a creative brief for reaching lady health workers in Pakistan. The next story will show someone using the Resource Mobilization I-Kit to develop a business plan. HC3 is also launching a series of print "Stories from the Field", beginning with a malaria package for World Malaria Day. These tools will be useful as HC3's heads into Year 5 and increases its documentation and dissemination.



HC3 published 56 blogs in the first part of this year, with topics ranging from Gender to the SBCC Summit to the Urban Adolescent Youth I-Kit. Each blog is used as content for social media posts to drive traffic to HC3 tools and resources. HC3 linked its blog to Apple News this year so those using iOS devices can have quick and easy access to HC3's SBCC news. The HC3 blog feed is published via the native app available on 900 million iOS devices and linked via Apple's keywords to other relevant articles. The feed was approved by Apple on March 30, 2016. HC3's animated infographic "What is Social and Behavior Change Communication" was completed at the end of Year 3 and continues to draw viewers with 4,200 views on YouTube since it was posted in early October.

From October 1 – March 31, HC3 tapped existing channels and its ever-growing list of SBCC professionals to promote the inaugural SBCC Summit in Addis Ababa, launch the Springboard App at ICFP and the Summit, and drive the highest number of registrants for six webinars – in addition to promoting new and existing HC3 resources via the HC3 website. In this six-month time period, the HC3 website saw 63,313 page views (vs. 43,234 during the same time period a year before.) The SBCC infographic continues to be the most accessed HC3 resource on the website; the most accessed page is a blog on Resource Mobilization – this page outranks the home page for web visitation, indicating the high amount of organic traffic from those using search engines.

HC3 also created a website for the SBCC Summit, which allowed registrations, abstract submission and the purchase of exhibition booths and auxiliary events. It also housed an interactive Summit program that let attendees build their own schedules. The SBCC Summit website saw a total of 88,857 users in this time period. The analytics of the SBCC Summit are impressive; the Summit's unique hashtag achieved a reach of over 1.79 million impressions on Twitter alone, according to



hashtacking.com from January 27, 2016 to March 31, 2016. After-Summit marketing of videos and presentations continues the use of the hashtag.

HC3’s social media audience continues to grow. HC3’s Facebook page has 1,954 likes and is responsible for 52 percent of HC3’s social traffic. HC3’s Twitter followers increased 43.6 percent (to 1,679) with audience engagement up 93.1 percent from the same time period. Specifically, HC3 had 278,163 organic impressions, 3,112 total engagements with 682 link clicks on Twitter. HC3 is expanding its reach with new social discovery platforms such as Exposure.co for storytelling and the Apple News app.

| Sub-activity | Deliverables | Key Outcomes |
|--|-----------------------------------|---|
| 7.2: Disseminate Social and Behavior Change Communication State-of-the-Art Tools and Products | Exhibit booth at ICFP | Completed Jan. 25 – 28 Conference attended by 3,100 family planning stakeholders. Approximately 550 people stopped by the booth, based on the number of materials distributed. |
| | ICFP Springboard app launch event | Complete January 28. App launch was attended by 45 people. Dean Michael Klag of Johns Hopkins Bloomberg School of Public Health and Dr Scott Radloff attended the launch event. |

OTHER ACCOMPLISHMENTS

- SBCC Summit promotion before, during and after the event
- SBCC Summit playlist on YouTube with more than 300 views
- New “SBCC Stories from the Field” series by health topic
- HC3 digital stories on exposure.co. First one has more than 500 views
- The Summit Social Media Guide was well-received. Compliments included “one of the best I’ve seen,” according to a John Snow, Inc. representative, and tweet from Aaron Buchsbaum (right).



YEAR 4 PRIORITIES

- Finalize and disseminate evidence review packages for FP
- Use storytelling techniques for field successes and case studies
- Develop a documentation and dissemination plan for the rest of Year 4 and Year 5.

Activity 8: Cross-Cutting Systems

Activity 8.1: Ensure Efficient Project Management and Operations

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

Implementing systems to enhance smooth operations and outputs under HC3 remains a continued priority for the Project Director and managers during this period. The attention focused on developing and implementing strategies to strengthen HC3 systems in response to midterm evaluation findings in addition to project monitoring feedback to ensure timely completion on Year 4 deliverables.

| Sub-activity | Deliverables | Key Outcomes |
|--|--|--|
| 8.1: Ensure Efficient Project Management and Operations | Three HC3 partner meetings. | HC3 held a project-wide meeting with partners in November 2015. Next meetings will be in April and August 2016 |
| | Project financial, narrative and management reports per PRH schedule including baseline financial reports, financial pipeline updates, semi-annual and annual project activity reports, results report and management review report. | Quarterly financial reports (including Pipeline reports, Federal Financial Report and baseline reports) submitted per schedule. HC3 has also submitted and finalized additional project management documents such workplans for Year 4 PRH and President's Malaria Initiative (PMI) activities, project annual report, results review report, preliminary funding concept notes and budget requests. |
| | All core partner sub-awards issued. | All core partners have active sub-awards under HC3. During the performance period, HC3 requested ceiling increases for MSH and Internews (for falsified drugs/malaria) to accommodate expanding scopes of work under HC3. |
| | Ongoing engagement in at least four working groups. | HC3 team members participate in several USAID working groups across health theme sectors. These groups include the mHealth Working Group, Gender Working Group, HIV-FP Integration Working Group, RBM CCoP, CORE Group and the Male Methods Working Group. |
| | Develop and implement strategic documents based on midterm evaluation recommendations | HC3 submitted revisions to key project strategy documents during the reporting period including an updated PMP, a two-year project strategic plan, a description of the HC3 capacity ecosystem and a draft Springboard strategic plan. |

OTHER ACCOMPLISHMENTS

In response to the midterm evaluation, HC3 developed an action plan to address the resulting recommendations. HC3 is making progress towards the benchmarks set in the evaluation. In consultation with USAID, the new HC3 Strategy was finalized and will serve as an overarching guidance document for the remainder of the project. HC3 has also begun documenting its Capacity Strengthening Ecosystem and is developing a resource dissemination package for CS tools. This package is already being used in outreach to promote utilization of the tools. A strategy for Springboard has also been

drafted and initial planning for the sustainability of HC3's digital tools is underway. The project also revised its PMP and is developing the final M&E plan, including the use of innovative monitoring technologies.

HC3 is also working to strengthen leadership and management, including hiring for two new positions (Director of Program Integration and Director of Capacity Implementation) to facilitate program coordination and facilitate knowledge exchange between core and field support programs. HC3 has also organized a two-day training at the Carey Business School on Strategic Team Leadership to be held in May and a one-day HC3 Management Retreat in early June.

YEAR 4 PRIORITIES

- Implement actions towards HC3 revised strategic plan
- Strengthen documentation of HC3's capacity approach.
- Increase the emphasis on integrating monitoring, learning and the processes among core and country programs.
- Ensure sound financial management of project resources and compliance with U.S. Government (USG) regulations.

Section 2: HIDN-Funded Activities

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

HC3 provided technical assistance to implementing partners in four countries that have been using the Demand Generation I-Kit to develop their communication strategies to promote underutilized lifesaving reproductive, maternal, newborn and child health (RMNCH) commodities. Continual dissemination and promotion of the I-Kit has taken place through skills-building sessions and panel presentations at global events, workshops, conferences and other meetings. Other virtual platforms such as webinars have been successfully used to discuss cross-cutting topics related to increasing demand for and utilization of RMNCH commodities. A review of literature was undertaken to explore the evidence around SBCC approaches for integrated health programs.

Activity 1: Build Capacity of Local Organizations to Develop Communication Strategies to Increase Demand for Underutilized Reproductive, Maternal, Newborn and Child Health Commodities

| Sub-activity | Deliverables | Key Outcomes |
|---|--|--|
| 1: Micro-grants for Local Organizations to Develop Communication Strategies for Underutilized Lifesaving RMNCH Commodities | Small grants Request for Proposal (RFP) floated in Tanzania which is the fourth country for the micro-grants activity. | The RFP from previous countries was adapted and issued in Tanzania. |
| | Contract issued for one of the two selected organizations in Tanzania. | Two organizations submitted proposals and were selected for small grants. Contract has been issued for one of the organizations (Pharmaceutical Society of Tanzania) while the contract with T-Marc is being negotiated. |
| | Meetings held with grantees on the sidelines of conferences and in-country to provide technical assistance (TA). | TA to grantees is ongoing and will continue for all grantees through the end of the grants in June 2016. TA is provided in-country, as able, or remotely. |

Activity 2: Dissemination of the Demand Generation Implementation Kit (DG I-Kit) to Increase Demand Generation for Underutilized Commodities in Reproductive, Maternal, Newborn and Child Health

| Sub-activity | Deliverables | Key Outcomes |
|---|---|--|
| 1: Virtual and In-person Global and Regional Dissemination of DG I-Kit | Dissemination/promotion through global/regional conferences and meetings. | Dissemination activities have continued as per the dissemination plan developed in the previous year to leverage opportunities to promote the I-Kit at the global and regional level. The I-Kit was promoted with a diverse group of stakeholders including at presentations, conference sessions and side events. Particularly during the period of October 2015 to March 2016 the I-Kit was promoted or disseminated at the following meetings, events, conferences and workshops: |

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| | | <ul style="list-style-type: none"> • A two-day skills-building activity was conducted with United Nations Population Fund (UNFPA) funding, at the UNFPA Regional Workshop on Comprehensive Condom Program for Latin America and Caribbean region in Panama in October 2015. • A skills-building session was conducted at the Female Condom Conference held in Durban, South Africa, in December 2015. • A marketplace event was held to disseminate the I-Kit at ICFP in Indonesia in January 2016. • A demand generation session was conducted at the pre-conference Emergency Contraceptives Symposium held at the ICFP in January 2016. • A panel was presented at the SBCC Summit in Addis Ababa in February 2016 with the implementing partners from Bangladesh, Nepal and Madagascar. • Attendance and participation at three UNCoLSC meetings conducted by AMREF Health Africa in West, East and South Africa |
| | Three online webinars held | <p>Two of three webinars were held focusing on cross-cutting topics related to increasing demand for and utilization of RMNCH commodities. The first two webinars covered the following topics:</p> <ul style="list-style-type: none"> • Gender: Reaching men and boys with RMNCH communications • ICT and New Media: Using new media to reach youth <p>An average of 100 participants logged into each of these webinars.</p> <p>The third webinar will take place in June 2016 when the implementing partners from Bangladesh, Nepal, Madagascar and Tanzania will share their experiences of using the DG I-Kit to promote the UNCoLSC identified commodities.</p> |

OTHER ACCOMPLISHMENTS

- An evidence review of literature on SBCC and demand generation for integrated health programs was completed with funding support from UNICEF under this activity and a draft report is ready.
- An expert consultation on SBCC for integrated health programs is planned for April 2016.
- Between October 2015 and March 2016, the I-Kit's online resources and tools have been viewed by 13,667 users during 15,989 sessions. 84.5% of these users were new visitors to the site, and 15.5% were repeat visitors. During the 15,989 sessions, there were 42,950 page views.
- A national demand generation landscape assessment of the status of under-utilized life-saving commodities is being conducted in Tanzania and a report will be ready in the next quarter.

YEAR 4 PRIORITIES

- Manage the implementation of micro-grants to local organizations in Nepal, Bangladesh, Madagascar and Tanzania, and help them develop case studies of their experiences in using the I-Kit to design and implement communication strategies.
- Provide in-person and virtual TA to assist country-level stakeholders in building local capacity to develop communication strategies for underutilized RMNCAH commodities.
- Conduct the expert consultation and develop a set of guidelines on effective SBCC for integrated health programs.

Section 3: PMI-Funded Activities

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

HC3 has focused this year's efforts, in part, on completion of Year 3 deliverables that were carried over for varying reasons. PMI approved the malaria in pregnancy (MIP) literature review and strategy guide, and HC3 hired a consultant to conduct the literature review. Preliminary findings were shared with PMI in November, and first and second drafts were received from the consultant in December and January. Centers for Disease Control and Prevention (CDC) and PMI feedback was incorporated and resubmitted by the end of January. A final draft has been sent to copy editors. The final deliverable will be incorporating the literature review into a Strategy Guide for MIP, which is expected by end of April.

The Case Management Monitoring and Evaluation (M&E) guidance document began in September and drafts were received and internally reviewed. The desk review was approved by PMI in January. HC3 is awaiting a modification on a consultant contract for the completion of the final deliverable: a malaria case management M&E guide. Key informant interviews with PMI resident advisors are underway to inform the guidance document format.

The substandard, spurious, falsified, falsely-labeled and counterfeit (SSFFC) I-Kit has been drafted and distributed for feedback. It includes a Media Toolkit and draft media training curriculum. Nigeria sample materials have been developed and will be included upon completion. The final I-kit is expected to be completed by July 2016.

Progress against Year 4 activities includes preparation for the six-month SSFFC demonstration project to launch in Akwa Ibom, Nigeria, one of HC3 Nigeria's implementation states, in April 2016; development of the malaria evidence database and infographics; and an environmental landscape of malaria elimination. Roll Back Malaria (RBM) Communication Community of Practice (CCoP) activities are on-going and membership continues to grow. The next annual meeting is being planned in Senegal for September 2016.

IR1 Activities: Increase SBCC Capacity

| Sub-activity | Deliverables | Key Outcomes |
|--|--|---|
| 1.1.1: SSFFC I-Kit Promotion in Field | Meeting with Ghana participants | HC3 reached out to the Ghana participants and global SSFFC stakeholders for feedback on I-Kit. Received response from PMI, Global Fund, WorldWide Antimalarial Resistance Network (WWARN), London School of Hygiene & Tropical Medicine (LSTMH), World Health Organization (WHO) Member State Mechanism SSFFC Communication lead. Setting up meetings with country representatives from Ghana meeting to follow up on Action Plans and SSFFC materials. |
| | Promotion of I-kit at meetings and conferences | Presentation of concept paper and status at PMI Technical Training meeting in Zambia and Global Steering Committee for Quality Assurance meeting in Geneva. |

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| 1.1.2: SSFFC Demonstration in Akwa Ibom | Radio, TV, print, interpersonal communication materials | Materials completed: Information booklet for community volunteers, sticker for PPMVs, fact sheets for opinion leaders, 3 posters (for consumers, pharmacies and clinics), 1 TV and 1 radio spot (3 languages). |
| | Media Roundtable | Held February 17-19 by Internews. Mentorship on-going. Highlighted story considerations like: the challenge of reporting with malaria, introduction to malaria and its treatment, storytelling skills, harnessing social media for malaria, all you need to know about the campaign. Eleven (11) participants representing media specialists, health editors/correspondents, and producers from groups like the National Agency for Food and Drug Administration and Control in Nigeria, LOVE FM, Voices of America, AKBC TV, Atlantic FM, Planet FM, and Daily Trust. Pre/post test showed SSFFC knowledge improved from 54% to 87%. Two stories immediately posted by journalists on topic. |
| | 6 month implementation in Akwa Ibom | Planned for April-September |
| 1.1.3: I-Kit Demonstration Project in Second Country | Selection of second country | Held meetings with PMI/Ethiopia and USP Ethiopia. Also discussions with PMI/Malawi and CCP Malawi. Drafted one-page concept notes on both to present to PMI/DC. |
| 1.2 Support of the CCoP | CCoP steering, task force and general calls | Four general CCoP calls (September: 51 attendees- annual meeting; November: 14 attendees; January: 27 attendees; March: 24 attendees); Three Steering Committee Calls (8 attendees on each); Eight Task Force calls (2 Knowledge Management calls, 3 M&E calls, 3 Communication and Outreach calls). General calls now offered with simultaneous French translation. |
| | Updated Indicator Reference Guide | Review by M&E task force, VectorWorks' consultant identified, hiring in process. |
| | Updated Strategic Framework | Document split between task forces for review and revision. Knowledge management task force section updates complete. |
| | Annual CCoP Meeting | Confirmation of date and city of meeting (Dakar, September 15, 2016). Outreach to National Malaria Control Programme (NMCP)/ Ministry of Health (MOH) and CCoP community has begun. |
| | Malaria SBCC TA | Terry Muchoki attended Global Fund Redline meeting (March 10) |
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| 1.3.2 Malaria Evidence Tables and Infographics | Online database, evidence tables | Have met with CCP research team to draft criteria for ranking evidence of literature review. |
| 1.4.1. Environmental Landscape of Malaria Elimination SBCC | Environmental Landscape Document | Have begun review of policy, advocacy and research on elimination. Key informant list developed. Four of ten interviews completed. Concept note drafted. |
| 1.4.2 Dissemination of Key Findings to CCoP | Webinar, Trending topic, Springboard discussion, CCoP call on elimination | CCoP call focused on elimination held on January 12 (27 attendees) Webinar planned for June/July. |
| 1.5 Leveraging HC3 | Malaria country pages and 2 discussions on SpringBoard | Springboard Malaria Group used to post daily activity during SBCC Summit. Malaria presentations posted, as well as feedback and discussion from attendees and non-attendees. Continue to share RBM CCoP minutes and resources via Springboard Malaria pages. |
| | Malaria resources updated to HealthCOMPASS | Submitted Nigeria Advocacy Communication and Social Mobilisation Guidelines and Case Management Desk Review submitted. |

OTHER ACCOMPLISHMENTS

- Draft SSFFC I-Kit finalized and disseminated for feedback (Yr3)
- SSFFC Pilot Project in Akwa Ibom- materials developed and submitted for feedback, media roundtable completed (Yr3)
- MIP Desk Literature Review completed (Yr3)
- Case Management Desk Review completed (Yr3)
- Killian article on SBCC net use/Nigeria submitted to Malaria Journal (April 12) (Yr3)
- Correlates of InterHouse Use/Liberia articles submitted to Plos One (Yr3)
- International SBCC Summit: 8 malaria presentations, two auxiliary events (75 and 50 people each)

YEAR 4 PRIORITIES

- Completion and dissemination of materials: SSFFC I-Kit, MIP Literature Review and Guidance Document, Case Management M&E Guide, Elimination Landscaping, and Malaria evidence database, tables, fact sheets and infographic.
- CCoP: Annual Meeting and sustainability plans for CCoP
- Final push for evidence article publication

Section 4: OHA-Funded Activities

HC3 contributed to advancing global knowledge and thought leadership in the field of health communication and its use in reaching the 90-90-90 goals. As in previous years, HC3 built the recognition of health communication as a proven component of successful HIV programming and continues to advance the evidence base by initiating new research activities. The combination of activities described below collectively demonstrate the power of health communication and its role in improving HIV outcomes.

HC3 provided VMMC technical support to a number of countries in the first half of Year 4, including conducting a needs assessment in Mozambique that led to the development of a communication strategy; participating in an external quality assessment in Zimbabwe; carrying out a demand creation needs assessment in Lesotho; and developing an information video for waiting rooms at private clinics in Namibia. As for the VMMC study, HC3 completed both qualitative and quantitative data collection in Tanzania and qualitative in Zimbabwe. The remaining quantitative in Zimbabwe and quantitative and qualitative in South Africa will be completed within the next few months. HC3 finished its analysis of the qualitative data from Tanzania and Zimbabwe with manuscripts in development and three abstracts accepted to AIDS 2016.

HC3 identified lead researchers from the Johns Hopkins Bloomberg School of Public Health for the stigma reduction activity as well as the activity looking at male readiness and improving treatment outcomes. Each of these two activities moved forward in the first half of Year 4, with discussion on the design of the intervention and the best methods for evaluation. Implementation will begin in the next quarter. Although a country has not yet been identified for implementation of the condom activity, Population Services International (PSI) is considering the secondary analysis piece of the activity and is in the process of planning an expert consultation for the third quarter to address the question of how to best brand public sector condoms.

The enhanced linkage to care HIV testing and counseling module and the special journal supplement on the impact of health communication on treatment outcomes both made extensive progress. In February, a trip to Namibia facilitated review of the module by the Ministry of Health (MOH) as well as site selection for piloting the activity. The journal supplement was accepted into Journal of Acquired Immune Deficiency Syndromes (JAIDS) as a special supplement to be published December 2016 with Dr. Sten Vermund and Dr. Helen Struthers as guest editors.

IR1: Increased Capacity of Indigenous Organizations to Design, Implement, Manage and Evaluate Evidence-Based Health Communication Interventions

Activity 1.1: Evaluating Condom Positioning and Communication for Youth

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

Much of the past six months has been focused on determining the country best suited to this activity. In partnership with PSI and USAID, Malawi was identified as a potential country for the intervention and evaluation. The USAID Mission in Malawi expressed interest and excitement for the activity as a complement to their existing PEPFAR portfolio recognizing the need for increased condom promotion.

While the initial plans discussed at the beginning of Year 4 were not feasible in the end, this activity is likely to still take place in Malawi, though with a different approach using CCP's One Community project platform. HC3 has worked hand in hand with colleagues at USAID/Washington to ensure that the agreed-upon approach is robust and advances global knowledge related to condom promotion.

| Sub-activity | Deliverables | Key Outcomes |
|---|---------------------------------------|---|
| 1.1.1: Carry our secondary analysis of existing data | Obtain other data sets as needed | While it was decided that PSI would carry out secondary analyses using existing data, that idea is on hold pending further discussion among USAID colleagues on the best way forward. |
| | Conduct secondary analysis | To be completed in the third and fourth quarters once a clear way forward is determined. |
| 1.1.2: Design and Planning of the intervention | Selection of in-country researchers | To date the country where this intervention is to take place has not yet been finalized, although it looks likely it will be Malawi. USAID/Washington is following up one last time with the mission there to confirm their interest in the revised approach. If Malawi proceeds, Dana Loll of One Community will lead the research in-country from Blantyre with support from Baltimore. |
| | Meetings with in-country stakeholders | A visit to Malawi was conducted in February of 2016 and meetings held with the MOH Reproductive Health Directorate, Girl Effect, Banja la Mtsogolo (Marie Stopes), PSI Malawi, UNFPA, and USAID Malawi. The MOH was extremely receptive to the activity and agreed there is a need for more targeted condom promotion in the country. Other partners were equally receptive and appreciate the need for the activity in Malawi. Potential partnerships, particularly with UNFPA and their Condomize campaign, will be explored further, as will close collaboration with the MOH, once approval is received from the USAID mission. |
| | Intervention designed | A concept note was developed and discussions are ongoing with the USAID Condom focal points related to the best plan of action for moving forward with the intervention and evaluation in an effort to answer key programmatic questions of interest to USAID and PEPFAR. Once discussions have been finalized and the USAID mission in Malawi confirms agreement, a more detailed implementation plan and timeline will be developed in the third quarter. |

OTHER ACCOMPLISHMENTS

- In addition to the secondary analyses, intervention and evaluation originally planned, HC3 will now also facilitate a technical consultation involving experts from academia and marketing firms to reach consensus and agree on a set of recommendations for "branding" public sector condoms. Results from the consultation will inform USAID policy/program recommendations

and explore the effects of branding free condoms. Some of the questions to be explored through the consultation include:

- What is the significance of branding public sector condoms?
- Does it help to generate greater demand for condoms, or make it easier to design and implement condom communication programs?
- Does branding contribute to the increase of condom uptake, and use?
- Is branding the right strategy, and if so, will there be a sustained commitment and local capacity and resources to manage and maintain the brand equity?
- Or should the strategy be to make condoms attractive by using logos, colors, etc. and whether this will sufficiently increase uptake and use of free condoms.
- Will the branding of free condoms contribute to the increase of the condom market's volume or will it simply steal the share from the private/commercial sector and discourage future private investments?
- The consultation will likely take place in early July, the last quarter of Year 4.

YEAR 4 PRIORITIES

- Finalize country selection.
- Carry out the technical consultation.
- Conduct the secondary analyses.
- Begin implementation of the intervention.
- Develop a solid research plan for evaluation.

Activity 1.2: Enhanced Linkage to Care through HIV Testing and Counseling

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

The goal of this activity is to strengthen linkages and timely use of care and treatment services within provider initiated testing and counseling (PITC) settings. Travel to Namibia took place and site visits were conducted in partnership with the MOH at several Intra-supported PITC sites. Based on observations from the site visits and interviews with providers, HC3 provided 10 recommendations for further improving the PITC training curriculum content focused on enhanced counseling. Challenges identified from the site visits included an observed lack of counseling skills among many providers, SBCC materials for providers were not user-friendly and did not frame PITC in a way that encouraged uptake of HIV testing and counseling (HTC), counselors did not always accompany clients to the ART center to ensure an active referral, little supportive supervision was done for nurse managers and in-charges, and many providers lack training in how they may improve their interpersonal communication skills with clients. This is an illustrative list of findings, though there were many more, which have informed additions to the PITC counseling modules. The next steps are to finalize the enhanced counseling modules with the MOH, pretest the modules with MOH master trainers, and finalize the evaluation plan in the second half of the year. The enhanced package has great potential to improve counseling skills among providers as it encourages them to ask more questions, confirm a client's comprehension, probe for additional barriers to HTC and retention in care, build on a client's strengths, and support clients in developing realistic action plans to help them remain in care.

| Sub-activity | Deliverables | Key Outcomes |
|------------------------------------|-----------------------|--|
| 1.2.1: Pilot testing of the module | Pilot tests conducted | Plans for pilot testing were simplified from the original design and will instead be done rapidly so that more time may be dedicated to developing |

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| | | the evaluation plan following pilot testing of the module. HC3 is awaiting confirmation on travel dates from the USAID mission in Namibia with the pilot test likely to take place in Quarter 3. |
| | Curriculum Implementation plan complete | In February HC3 visited Namibia to discuss implementation with IntraHealth, the MOH and USAID Namibia. Lynn traveled with the MOH to conduct site visits at several Intra-supported PITC sites and based on those observations, provided 10 recommendations for further improving the PITC training curriculum content focused on enhanced counseling. In addition, a summary of next steps was identified including revisions/additions to the MOH PITC curriculum to add modules on counseling, revisions to the PITC cue cards, and drafting of the evaluation plan. It was agreed that these 3 deliverables would be shared in the first month of next quarter. |
| 1.2.2: Report Describing the curriculum development process and outcomes of the pilot testing | Results report from the pilot testing | |
| | Report on curriculum development process | This will be combined with the report above from the pilot testing since the curriculum review process will now take place in real time with the MOH Master trainers. The process of pilot testing and revisions to the curriculum through the additional modules will be done simultaneously with the MOH during the visit planned for next quarter. |
| 1.2.3: Evaluation plan for the module | Curriculum Evaluation plan complete | Caitlin Kennedy is finalizing the evaluation plan to be shared with USAID/Namibia the MOH and IntraHealth in Quarter 3. |

YEAR 4 PRIORITIES

- Pilot testing of the enhanced modules for the PITC curriculum with master trainers.
- Finalization and hand over of the research plan to IntraHealth.
- Provision of technical support throughout data collection.
- Potential for co-authorship on a manuscript following IntraHealth's analyses of the data.

Activity 1.3: VMMC Technical Communication Assistance

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

HC3 focused its technical assistance on helping VMMC country programs to understand and address the PEPFAR-mandated age pivot that prioritizes the age group 15 to 29 years for demand creation. The demand creation summit in January effectively launched this conversation and allowed for sharing among country programs of promising practices. The needs assessment conducted in Lesotho in February has enabled USAID’s VMMC program to identify gaps and revise its demand creation strategy to more effectively target the older age group. HC3’s recent efforts in Manica and Tete in Mozambique that grew out of the assessment conducted in October and subsequent strategy and work plan development, has resulted in significant increase in uptake of VMMC services. The development of a Memorandum of Understanding (MOU) between HC3, the communication partner, and FHI360, the service delivery partner, is fast becoming a “best practice” for USAID’s other VMMC programs in the region to ensure better and more efficient coordination between supply and demand.



| Sub-activity | Deliverables | Key Outcomes |
|---|-------------------------------|--|
| 1.3.1: Develop country-level case studies as needed | Case Study complete | No case studies were developed during quarters 1 and 2 though at least one is expected in the second half of the year. Other activities, as outlined below, were prioritized in the first part of the year given pressing needs. |
| 1.3.2: Develop blog posts and other communication-focused activities | Blog posted on HC3 website | A blog post was not done in the first half of the year though as some of the VMMC communication activities are finalized, a post will be done in the second half of the year. |
| 1.3.3: Support the 14 VMMC priority countries in Africa as needed with technical assistance on demand creation and other communication needs | Technical assistance provided | A great amount was accomplished through HC3’s technical support to VMMC priority countries to strengthen VMMC demand creation including the following: <ul style="list-style-type: none"> • HC3 conducted a communication needs assessment for VMMC in Mozambique and helped to develop a communication strategy for HC3 to support USAID managed VMMC sites in Manica and Tete provinces. The report of the findings identified needs in both in-service communication and demand generation to help inform HC3 development of the communication strategy. Through the communication strategy and work plan activities, there was a significant increase in uptake of VMMC services in the two provinces from December-February. |

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| | | <ul style="list-style-type: none"> • A MOU between HC3 and FHI360 also improved coordination and collaboration between service delivery and communication partners, which helped to match supply and demand for VMMC services. • HC3 helped organize the VMMC demand creation summit in January to focus on reaching the age pivot. The Summit included five priority VMMC countries in the discussions as country programs shared promising practices in demand creation to reach the 15-29-year-old priority age group and learn from one another. A report will be finalized next quarter highlighting learning from the Summit. • HC3 participated in an external quality assurance assessment for Zimbabwe in December focused on the quality of in service communication and counseling (ISC/C). A report of the findings was completed and key areas were identified for improvement in the area of ISC/C component of PSI-managed VMMC sites which were also presented to the MOH and USAID mission. • A demand creation needs assessment was carried out for Lesotho VMMC sites in February identifying key gaps and needs in USAID partner's demand creation approach and activities for VMMC in Lesotho. As a result of the findings and recommendations, the partner has already implemented some changes such as: recruiting more communication staff, collecting better monitoring data at site level to inform demand creation, and advocating with MOH to allow for mobile units, among others. A report and presentation on the findings from the assessment was shared with the USAID mission and VMMC partner Jhpiego/ The Technical Support to Enhance HIV/AIDS Prevention and Opportunities in Nursing Education (TSEPO) Project. |
| <p>1.3.4: Support development of VMMC-related manuscripts for publication</p> | <p>Manuscript submitted for publication</p> | <p>HC3 is working with USAID and the World Bank on developing a (commentary) manuscript on VMMC sustainability that will be part of a collection for Global Health Science and Practice to be published in July 2016 and launched at IAS Durban. The manuscript resulted from the HC3 webinar on VMMC and sustainability held in 2015.</p> |

OTHER ACCOMPLISHMENTS

- HC3 also finalized a presentation including photos and a voice over for use in waiting rooms in private facilities providing VMMC in Namibia. The network of providers identified this as a

pressing need for use to cover the benefits of VMMC, describe the procedure, and clarify myths and misconceptions and HC3 provided its expertise to develop and finalize the product for dissemination.

- USAID recognized HC3’s strong contribution in conducting demand generation assessments in several VMMC priority countries during a recent call with USAID mission VMMC point people when discussing the age pivot.

YEAR 4 PRIORITIES

- Supporting VMMC country programs in efforts to generate increased demand among the 15 to 29-year-old age group.
- Documenting promising approaches through case studies.

Activity 1.4: Adolescent VMMC Assessment

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

Data collection for the adolescent VMMC assessment has progressed well in the first half of Year 4. Tanzania has completed all data collection and are cleaning and coding the remaining quantitative data, while the team in Zimbabwe completed qualitative data collection in January and are due to wrap up quantitative collection next quarter. South Africa is slightly behind due to challenges with gaining entry into some VMMC sites but are collecting qualitative data and will follow immediately with quantitative data collection next quarter.

Qualitative data received to date provide informative insights into whether VMMC programs are adequately meeting the needs of adolescents aged 10-19 in age-appropriate ways. Data gathered from Tanzania and Zimbabwe, for example, reveal that limited information was provided to adolescents about HIV prevention and care. Further, while VMMC protocols require opt-out HIV testing, some adolescents discussed having blood taken without knowing the purpose, not receiving their test results, nor completely understanding the link between VMMC and HIV. Findings from interviews with counselors reveal their hesitation in communicating complete information – including HIV prevention, future sexual partners and abstinence from sex or masturbation during the wound healing period – with adolescents under 15 years of age and/or those assumed to have no sexual experience. Counselors reported giving full information, per VMMC protocols, to older adolescents since the counselors are not as hesitant in talking about sexual topics with them as compared with younger adolescents. These and many other findings will be analyzed further once the South Africa data collection is finalized and will inform recommendations for improvements in serving adolescents in higher quality age-appropriate ways.

| Sub-activity | Deliverables | Key Outcomes |
|--|--------------------------------------|--|
| 1.4.1: Finalize data collection | Data collection complete and cleaned | Qualitative data for Tanzania and Zimbabwe was completed in December and January respectively. South Africa is currently collecting qualitative data and will be finished next quarter. Quantitative data has been collected in Tanzania and is currently being cleaned. In Zimbabwe, quantitative data collection will be completed by the end of April of next quarter. South Africa will complete its quantitative data collection next |

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| | | quarter as well. Data received to date has been of extremely high quality and will contribute a great deal to the evidence base related to serving adolescent VMMC clients. |
| 1.4.2: Analyze quantitative and qualitative data | Country level analysis conducted | <p>Qualitative analysis for both Tanzania and Zimbabwe has been completed. South Africa has yet to finalize data collection or begin data analysis.</p> <p>Quantitative analyses will be completed in quarters 3 and 4 depending on the timing of South Africa’s quantitative data collection. The master code book has been completed and shared with all country teams to minimize the amount of cleaning and editing needed after the datasets are submitted and will speed analyses greatly.</p> <p>While South Africa has been delayed, the HC3 team maintains weekly calls to track progress and continues working on conducting analyses while waiting for the final data from South Africa.</p> |
| 1.4.3: Disseminate findings in partnership with UNICEF and the TAG | Findings disseminated | To be completed in future quarters. HC3 is planning a three-part dissemination including (1) an initial dissemination of results with the Technical Advisory Group; (2) a second dissemination will be done in each of the 3 study countries to share all findings with the VMMC Technical Working Groups (TWGs) and MOH in each country; and (3) hold a webinar to share the findings with all VMMC-related partners along with listening groups in all VMMC focus countries where possible. |

OTHER ACCOMPLISHMENTS

- Three abstracts were submitted to AIDS 2016 highlighting findings from the qualitative data.
- Three manuscripts highlighting qualitative data findings are under development and will be finalized next quarter.
- In addition to the three-part dissemination plan outlined above, HC3 is also engaging with WHO to explore the possibility of presenting findings from the assessment during a regional meeting in Africa which will likely be held next year to ensure even wider dissemination.

YEAR 4 PRIORITIES

- Completion of all data collection.
- Analysis of results including cross-country comparisons.
- Dissemination of results.

Activity 1.5: Stigma Reduction

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

While stigma has been a barrier to service uptake and ongoing adherence for decades, challenges remain in addressing its impact among the most vulnerable. HC3 will explore the strategies most effective at improving community attitudes and creating an enabling environment in which people living with HIV (PLHIV) may take full advantage of HIV services. Fear of stigmatization among men in particular is a major reason for non-disclosure that has implications for them to remain healthy and cope with their illness. By implementing and evaluating an intervention aimed at reducing stigma through a community-based platform, HC3 will contribute to the global evidence base related to the impact of stigma reduction among men in an effort to improve HTC, treatment initiation and adherence outcomes. HC3 developed a concept note and identified India as the country for implementation. The rest of the year will be spent planning and carrying out the intervention while starting the evaluation. This activity extends beyond Year 4 and will be finalized in Year 5.

| Sub-activity | Deliverables | Key Outcomes |
|--|---------------------------------------|---|
| 1.5.1: Design Stigma Reduction intervention | Country Selection | India was selected as the country for this activity based on work currently being done in Chennai by an organization called Nalamdana. Nalamdana has been conducting entertainment-education programs in the Government Hospital of Thoracic Medicine in Chennai for over 10 years. HC3 will build on their efforts at the facility and extend the intervention into communities to reach men. |
| | Selection of in-country researchers | While in-country researchers have yet to be selected, Andrea Wirtz from JHU was identified to assist with the research from Baltimore and will lead the study design. |
| | Submission to IRBs | |
| | Meetings with in-country stakeholders | |
| | Intervention designed | Building on Nalamdana's existing facility-based intervention, HC3 will use the experience and learning from that intervention and develop a community-based extension of the work focused on stigma reduction as the primary objective. HC3 will also adapt parts of existing reduction tools and finalize the intervention design in the third quarter so that implementation may begin in the fourth quarter. |

YEAR 4 PRIORITIES

- Finalize and implement the intervention and conduct a rigorous evaluation.
- The focus country for this activity shifted to Mozambique in consultation with USAID. HC3 will report on updated developments and progress in the Year 4 Annual Report

Activity 1.6: Understanding Male Readiness and Improving Treatment Outcomes

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

Evidence shows that women have higher rates of testing, engagement in pre-ART care, earlier treatment initiation and are more likely to stay on treatment. Men continue to access care at later stages of HIV-infection with low CD4 counts, resulting in worse outcomes once enrolled in treatment. Once men initiate ART, they often have lower retention and worse treatment adherence. In response, HC3 will engage men more effectively to improve HTC, treatment initiation and adherence outcomes. HC3 developed a concept note outlining both the comprehensive set of interventions to address engagement of men and describe the evaluation. In the second quarter, the mission in Côte d'Ivoire was approached to become the focal country for the activity in an effort to build on existing HC3 work with men through the *Brothers for Life* platform and further improve male engagement in testing, treatment initiation, ongoing retention and adherence in care, and ultimately viral suppression. Progress has been made in the first half of the year on country selection, intervention design and the evaluation approach. A detailed implementation timeline will be developed as a next step along with the protocol and instruments for submission to the JHU and in-country ethics committees. This activity extends beyond Year 4 and will be finalized in Year 5.

| Sub-activity | Deliverables | Key Outcomes |
|---|-------------------------------------|--|
| 1.6.1: Conduct rapid scan of the literature | Articles identified | A rapid literature search was conducted and 33 articles were identified that focused specifically on men in Africa and the treatment continuum. |
| | Literature review conducted | The articles identified were read and used to inform development of the background section of the concept note, exploring current methods for reaching men and outlining barriers and facilitators. In addition, best practices and intervention components from the literature were integrated into the concept note to build on proven approaches that will form part of the planned intervention. |
| 1.6.2: Conduct qualitative assessment of motivating factors that encourage initiation of treatment and retention in HIV care | Country selection | Côte d'Ivoire was selected as the country for implementation of this activity. As the HC3 Côte d'Ivoire office is also working on improving men's engagement through its COP funding, this activity will further build on their HC3's existing platform in country using <i>Brothers For Life</i> and support a rigorous evaluation of the intervention that will not only inform programming in Côte d'Ivoire, but will also inform global programming to reach men with HIV prevention, care and services. |
| | Selection of in-country researchers | While in-country researchers have yet to be selected, Dr. Chris Hoffman from the JHU School of Medicine has been selected to lead the research component of this activity. He has extensive experience in this area working in Southern Africa. |

YEAR 4 PRIORITIES

- Design and begin implementation of intervention.
- Design and begin evaluation of the intervention.

IR2: Establishing Proven Systems for Professional Development in SBCC Systems

Activity 2.1: Special Journal Supplement on the Impact of Health Communication on Treatment Outcomes

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

HC3 is leading the development of a special journal supplement focused on the impact of health communication across the treatment continuum. This activity began with participation in a USAID-sponsored Implementation Science meeting during which HC3 presented the idea for the supplement and requested USAID-funded partners to submit their ideas based on their study findings for inclusion. Six implementation science grantees submitted abstracts for inclusion. In addition, through focused outreach through other channels, five additional articles have been identified for inclusion to date. Manuscript writing is currently underway with first drafts due in June of this year. Dr. Sten Vermund, who was guest editor on the first HC3 supplement has agreed to be guest editor once again and lend his biomedical background to the process. He is joined by Dr. Helen Struthers of the Anova Health Institute in South Africa as the second guest editor for the supplement. The goal of this activity is to further contribute to the global evidence base making the case for the impact that health communication has on HIV outcomes.

| Sub-activity | Deliverables | Key Outcomes |
|--|---|--|
| 2.1.1: Identify journal and guest editors | Reach out to two people to be guest editors | Dr. Sten Vermund of Vanderbilt University and Dr. Helen Struthers of Anova Health Institute were selected as guest editors. The combination of the two of them ensures we reach a more biomedical audience, given Sten's network, and reaches more programmers and researchers in Africa through Helen's involvement. |
| | Select most appropriate journal | AIDS and Behavior, Journal of STIs, Journal of the International AIDS Society (JIAS) and JAIDS were contacted and assessed to ascertain the best fit for the supplement. Based on cost, issue availability, readership and time line, JAIDS was selected as the journal of choice. It has a high impact factor and is widely regarded as a high quality journal. |
| 2.1.2: Identify manuscripts to complete the supplement | Identify a minimum of 13 manuscripts for inclusion | 11 manuscripts have been identified for inclusion and are under development. There is potential for 3 additional manuscripts which will be confirmed in the next quarter. |
| 2.1.3: Oversee peer review and manuscript submission to the journal according to the timeline | Ensure all manuscripts go through the peer review process | The peer review process will begin next quarter with a first review by the guest editors. From there, the manuscripts will be sent for peer review through JAIDS processes. |
| 2.1.4: Online open access publishing of the complete supplement | Ensure all manuscripts are submitted to the journal for publication | All final manuscripts are due to JAIDS by September 23; the final quarter of this year. |

OTHER ACCOMPLISHMENTS

- HC3 will also contribute the foundational manuscript to the supplement outlining a framework for guiding the design and implementation of health communication interventions across the HIV care continuum.

YEAR 4 PRIORITIES

- Peer review process of the manuscripts.
- Submission of final manuscripts to JAIDS for publication in Year 5.

Section 5: Ebola/Mano River Activities

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

It has been a busy and productive time for the Ebola/Mano River portfolio, with activities rolling out in full force in Liberia and Côte d'Ivoire. In Liberia, CS efforts continue with both government and partner stakeholders. HC3 provided technical input on key documents including the National Health Promotion Policy and the CHW Curriculum, and held trainings with government staff on analyzing the KAP II data. Supplemental materials were produced for the *Bridges of Hope* to address health issues beyond Ebola including malaria, FP, gender-based violence and others. Perhaps most importantly, the team was able to respond to urgent requests from the MOH for media support when new cases of Ebola were discovered.

On the Preparedness front, the HC3 team is building on the [Ebola Communication Preparedness Implementation Kit \(I-Kit\)](#) to develop an Emergency Communication Preparedness I-Kit, the draft of which is near completion. HC3 is also supporting country-level emergency communication CS efforts through the development of standardized tools, such as the Emergency Communication Preparedness Needs Assessment, which will be pre-tested in Guinea Bissau (under Pillar IV funding) for feedback and refinement. In Côte d'Ivoire, efforts to enable the government to be ready for a disease outbreak or other emergency are ramping up. Analysis of qualitative research was used to inform an Ebola Virus Disease (EVD) message guide, which will soon be pre-tested. A multiphase SBCC strategy for Ebola preparedness and outbreak management has been drafted, with the final version under review by the government. Counselors at Healthline 143 have been trained to respond to caller inquiries about Ebola prevention and control, and capture caller data digitally.

The Digital Documentary Resource (DDR) content, stylized mock-up and comprehensive layout is nearly complete, and will soon be shared with USAID so the production phase can begin.

| Activity | Deliverables | Key Outcomes |
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| Activity 1: Communication Platform/Knowledge Management | This activity has no deliverables as it was not funded in Year 4. | N/A |
| Activity 2: Overarching Communication and Coordination | Technical guidance and support to national-level technical working groups and sub-committees, including co-chairing relevant sub-committees, implementing rapid listening groups to assess views on hot button topics to inform message development, and providing strategic input to the revision of the Community Health Services Policy as it relates to health promotion and community engagement. | <p>Hosted the Messages and Materials Development working group meeting which meets twice a week.</p> <p>Provided inputs for the development of the revised National Health Promotion Policy.</p> <p>Provided input for the community health worker training curriculum.</p> |

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| | CS of the National Health Promotion Division (NHPD), Community Health Services Division (CHSD), county-level health promotion focal persons and community health focal persons in Liberia through skills-building sessions, provision of computer netbooks to facilitate report writing and communication, and ongoing mentoring. | 15 computer netbooks were issued to the Community Health Focal Persons and balance 2-computer netbooks to Bomi and Maryland Health Promotion Focal Persons (Liberia) who had not been present at last year's Health Promotion Focal Persons meeting. (Note: Additional capacity building is provided to the NHPD and CHSD through cross cutting Pillar II activities.) |
| Activity 3: Community Care Campaign | Capacity of 388 health facility staff and General Community Health Volunteer (gCHVs) strengthened to be certified <i>Bridges of Hope</i> (BOH) facilitators in Bong and Lofa Counties, Liberia | HC3 continued to strengthen facility staff and gCHVs to be certified as <i>Bridges of Hope</i> facilitators in Bong and Lofa Counties, Liberia. A total of 316 health facility staff and gCHVs were trained from 81 health facilities. Due to scheduling conflicts, HC3 was unable to complete all Bong-based orientations and is working with the MOH and County Health Team to determine dates for remaining health facility catchment areas. |
| | CS of NGO partners to facilitate use of <i>Bridges of Hope</i> as a community engagement tool. Supervision system established within the MOH and County Health Team to monitor <i>Bridges of Hope</i> activities. <i>Bridges of Hope</i> materials updated to address shift of scope from Ebola to broader health and social issues. | HC3 conducted train the trainer workshops for two NGOs partners' staff (Project Concern International (PCI) and Partners In Health (PIH)). A total of 27 people (PCI-18 and PIH 9) were trained as trainers. An additional two MOH staff were trained as trainers during this period. PCI then went on to train additional gCHVs in the program districts in Bong County, Liberia. The District Health Officers are part of each training session to have insight of <i>Bridges of Hope</i> activities and assist with the supervision of the BOH activities within their district along with the OICs. |
| | <i>Bridges of Hope</i> materials updated to address shift of scope from Ebola to broader health and social issues. | Drafted the <i>Bridges of Hope</i> Supplement which offers the gCHVs different approaches to talking with the community about different health issues |
| | Additional <i>Bridges of Hope</i> materials produced and provided to gCHVs for their use in their community catchment areas. | Additional new card characters were produced to address other health and social issues, such as Malaria, Immunization, FP, Facility Delivery, TB, Diarrhea, Gender Based Violence, Nutrition and prevention of teenage pregnancy. |

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| Activity 4: Mass Media Campaign | Radio spots developed, produced and aired, in collaboration with the MOH as determined by the evolving EVD context. | Upon the announcement of new EVD cases in November 2015, HC3 funded the airing of two radio spots on dead body testing on two Monrovia-based radio stations from Nov 21, 2015 to Jan 1, 2016. Two stations (FABRIC FM & Infinity Corp. INC- Power FM) were contracted to air two messages six times daily, interchangeably, for 42 days, for a total of 504 times or 8.4 hours. |
| Activity 5: Hotline | This activity has no deliverables as it was not funded in Year 4. | N/A |
| Activity 6: Monitoring and Evaluating | Finalize and disseminate national survey results. | Preliminary data analysis of the KAP II is underway. The results of the survey will be disseminated to the Liberia MOH in May (Date TBD). In collaboration with the MOH, the KAP II survey report will be finalized following the dissemination where additional insights into the findings may be gathered. |
| Activity 7: Support to Surrounding Countries/Preparedness | | |
| Sub-Activity 7.1: Development of Emergency Communication Preparedness I-Kit | Online and PDF versions of Emergency Communication Preparedness I-Kit | A draft version of the Emergency Preparedness I-Kit is close to finalization and will be disseminated for review to partner organizations such as UNICEF, WHO and UNICEF, among others. |
| Sub-Activity 7.2: Development of Training Manual for Emergency Communication Preparedness I-Kit | Develop concept note for pre-testing training manual components of I-Kit | Development of the Training Manual will commence once the Emergency Communication Preparedness I-Kit is finalized. |
| Sub-Activity 7.3: Development of Emergency Preparedness Assessment and Monitoring Tools | Develop SBCC emergency preparedness capacity assessment tool. Develop monitoring tools for preparedness communication activities. | The Emergency Preparedness Needs Assessment for SBCC has been drafted and is under internal review. The needs assessment incorporates core SBCC and preparedness competencies and skills, and will be pretested in Guinea Bissau. |
| Sub-Activity 7.5: Emergency Preparedness Cote d'Ivoire | Ebola Preparedness Message Guide | Draft EVD Message Guide was validated by the Government of Côte d'Ivoire (GOCI) and approved for pre-testing. Planning for pre-testing of the Guide in progress. |
| | Broadcast PSAs | See below. |
| | Produce and broadcast PSA in local Ivorian languages | PSAs will be developed based on the Message Guide; per discussions with GOCI, waiting for results of Guide pre-test to develop PSAs. |
| | Community dialogue framework | |
| Activity 8: Support to UNICEF | This activity has no deliverables as it was not funded in Year 4. | N/A |

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| Activity 9: Support to Community-Based Information Systems/Information and Communication Technology | Funds for this activity have been reprogrammed for the Zika response | N/A |
| Activity 10: Special Issue of International Journal of Health Communication (JOHC) | Printed journal issues. | Twenty-five manuscripts were submitted to JOHC for consideration for a Supplemental Issue on Ebola Communication. All were reviewed by at least two of the core editorial team to determine whether they were consistent with the intent of the Supplement and were sufficiently rigorous to merit formal review. Eight were rejected prior to formal review. The core editorial team identified a stable of potential technical experts to provide formal review, using JOHC's online system. Eighteen articles were sent out for review with the intention to publish up to 10 of those articles. |
| | Digital version of the issue on the journal's website. | Online publication of the final selected articles is still anticipated in May-June 2016. |
| Activity 11: SBCC Lessons Learned Video Portal | A Digital Documentation Resource (DDR) on the Ebola Communication Network (ECN) website that will provide key audiences with evidence of the value of SBCC in an emergency response. | RFP process completed; vendor identified to develop the DDR. |
| | Six to eight discrete sections of digital content on a single scrolling web page, including maps, graphics, videos, audio, imagery, links to news articles and more. In addition to brief written narrative, each section will feature a deeper analysis of the situation. | <ul style="list-style-type: none"> • Content outline approved; written narrative complete. • Digital resources (photos, documents, news articles, maps) have been finalized. • Stylized mock-up/comprehensive layout to be shared with USAID before production phase begins. |
| | Comprehensive communications dissemination plan, including sharing options for social media of each discrete section, as well as the content within sections, such as those found in Medium (http://medium.com). | <ul style="list-style-type: none"> • Dissemination plan in process. • Content sharing functionality in each section has been finalized. • Projected completion date: June 2016 |
| Activity 12: SBCC Sexual Transmission of Ebola | Funds for this activity have been reprogrammed for the Zika response. | N/A |

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| Activity 13: Analyzing Ebola Communication Networks and Responses to Prepare for Future Epidemics | Codebooks | Codebooks finalized and approved by HC3. Coding of data from the Radio programs, MS rumour tracker, chalk board and newspapers is currently ongoing. |
| | <ul style="list-style-type: none"> • Literature review • Research methods for analysis of data • Findings from the data • Overall summary of findings across all channels • Recommendations for programming • Strengths and limitation • References • Appendixes with study instruments | To begin once the coding of the data has been finalized. |
| | Final report | Plans underway for a dissemination event in June when the final report will be completed. |
| Activity 14: Internews (Sub-award) Expanding the SMS Rumor Tracker | | |
| Sub-activity 14.1: Expanding the SMS Rumor Tracker | Weekly rumor tracker system report. | To be compiled once the new rumor tracker system is underway. |
| | Expand rumor tracker system network with greater local authorities and health committee representation. | Under the new system, health authorities in each county will be integrated into the greater rumor tracking system. |
| | Put in place rumor tracker system response that improves communication with communities. | Plans are underway for the refinement of a new system will have a community-focused approach, drawing on rumors from each county and responding on both a community and national level. |
| | Integrate workflow for rumor tracking system and call center. | Workflow integrated into program focus. |
| | Community health worker and volunteer commitment to and adoption of rumor tracker system. | Underway in collaboration with Local Voices community journalists and Ministry of Health. |
| | Improve local media reporting and coverage on health-related issues. | <p>Internews is in the process of implementing a new, extensive health journalism fellowship program for community radio journalists and specialist health reporters, to include eight training sessions, ongoing mentoring and wide-ranging support.</p> <p>Consultations have also taken place to build stronger relationships between health authorities and local media, strengthening reporting and access to health indicators and data.</p> |

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| Sub-activity 14.2: Opening Two-Way Communication with Affected Communities | Trip report summarizing key accomplishments and next steps following each short-term TA by senior health journalism advisor. | The first of these trips took place in April; the trip report is in progress. |
| | Report on consultations with the MOH on rumors tracking and media coverage. | Consultations to begin in April 2016. |
| | Develop and produce 12 monthly health newsletters. | To begin in April 2016. A total of eight newsletters will be produced instead of 12. Additional special editions related to current events or findings will also be published. |
| Sub-activity 14.3: Strategic Support to the National Health Promotion Technical Working Group on Communication with Communities | Message guides for key health technical areas. | Under development, and will be rolled out from April 2016 onwards. |
| | Policy briefs focused on two-way communication in engaging communities. | Under development, and will be rolled out April and May 2016. |
| | Catalogue of lessons learned in social mobilization, particularly related to media and communication with communities. | First steps have been taken to create a health journalism training handbook, a guide for quick reference and a resource for future use in Liberia. This will include sections on social mobilization and collaborative working relationships between community health workers/health promoters and local media. |

OTHER ACCOMPLISHMENTS

- In Côte d'Ivoire (Sub- Activity 7.5), qualitative research was completed on barriers to Ebola prevention and control completed and findings were used to inform the SBCC strategy. Support provided to Healthline 143 counselors resulted in: Improved quality of counseling and referrals for integrated health services including EVD; better analysis of caller data using digitized data capture and data visualization techniques; improved data-based decision making.
- In Liberia (Activity 6), a training was conducted with government staff on analyzing data using KAP II study findings.
- Under Preparedness, HC3 provided support to UNICEF and New York University on an Outbreak Communication course.

YEAR 4 PRIORITIES

- In Côte d'Ivoire: Train journalists in risk communication; develop and broadcast PSAs based on Message Guide, develop community dialogue framework; promote use of the ECN and Ebola Communication Preparedness I-Kit and other preparedness resources available on the Health COMPass or Springboard.
- In Liberia: Continue to provide coordination and SBCC CS to government counterparts; roll out *Bridges of Hope* supplemental materials; disseminate findings from the KAP II study and the Ebola Communication study; roll out the revised SMS tracker and continue to strengthen journalists' capacity.
- Complete the Emergency Preparedness Toolkit and training components.
- Publish the Special Issue of JOHC.
- Finalize and promote the DDR.

Section 6: Zika Activities

Activity 1: SBCC Landscape of Interventions, Opportunities and Preparedness to Address Zika Outbreak in Four Countries

YEAR 4 SEMI-ANNUAL PROGRESS HIGHLIGHTS

Zika is a communicable disease transmitted by the Aedes mosquito, a mosquito native to Latin and Central American countries which also transmits Dengue and Chikungunya. While the Zika virus is not a new virus, the current outbreak is the largest ever reported and spreading very rapidly throughout the Americas. Eighty percent of those people infected with Zika are asymptomatic and for those people who do present symptoms, the symptoms are often mild, in the form of a fever, rash, joint pain and conjunctivitis. The Zika outbreak has also coincided with a rise in reported cases of Guillain-Barre syndrome and microcephaly, two severe neurological conditions, whose relationship to Zika has only recently been confirmed and is widely discussed in the media. There is no cure or an available vaccine for Zika, so preventative measures focus on vector control and awareness of risk and risk reduction for at-risk populations.

In late February 2016, HC3 was asked by USAID to submit a concept note for a Zika landscaping activity in four Central American countries: Honduras, El Salvador, Dominican Republic and Guatemala. HC3 quickly mobilized a team of SBCC, vector control, Latin America and FP experts to address this request. Outreach to country partners and stakeholders was rapidly begun and the first team of three arrived in Honduras in the middle of March 2016. Subsequent week-long landscaping visits were planned for April 2016, as the region closes for business during the Easter/Holy Week period. The landscape report will be submitted to USAID once all of the trips have concluded.

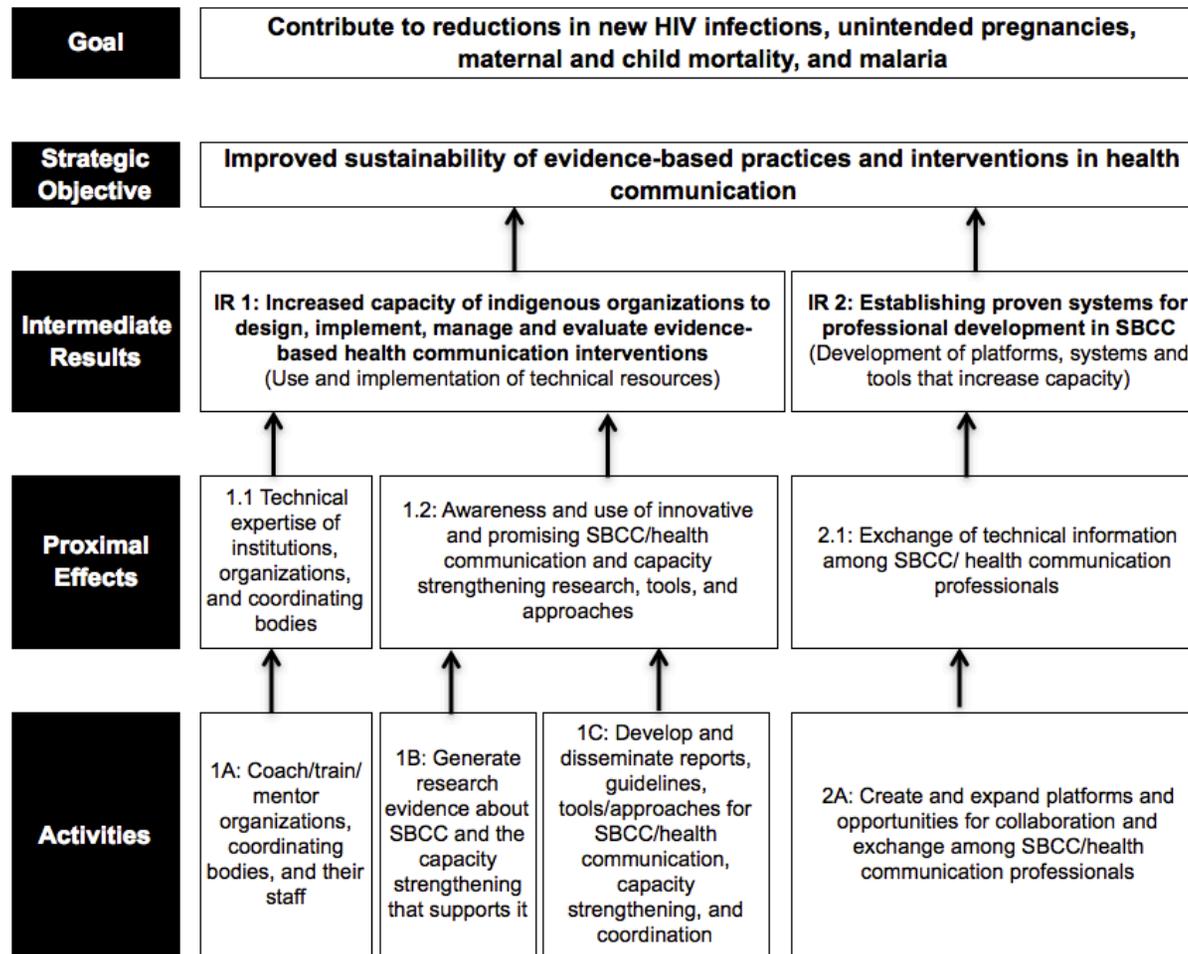
In addition to the landscaping exercise, HC3 was also given approval to develop a Strategic Communication Framework to assist country stakeholders in the adaptation and dissemination of information pertaining to Zika risk and prevention at regional, national and local levels. The framework will be a step-by-step tool that will assist users in locally adapting messaging and strategies as they emerge. The usefulness and format of this tool will be explored and further refined during the country visits.

| Sub-activity | Deliverables | Key Outcomes |
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| Activity 1.1: Zika landscaping in 4 countries | Rapid Literature Review and content analysis of traditional and social media | Informal literature review completed in preparation for country trips. Planning begun for media content analysis. |
| | Draft Country Report for each country | One country visit has been completed (Honduras: March 14-18, 2016). |
| | Final Report | April 2016 |
| Activity 1.2: Strategic Communication Framework | Strategic Communication Framework | Planning for the framework has begun. |

**PMP INDICATORS AND DATA
OCTOBER 1, 2015 – MARCH 30, 2016**

HC3 Results Framework*

March 2016



*Note: HC3's Results Framework is a major component of monitoring and evaluating the HC3 project. While country programs vary in their goals and approach they also feed in to this Framework.

PMP INDICATORS AND DATA

| Indicator ID | Indicator | Annual Targets | | Year 4 Progress | | Year Total | Notes | Data Source(s) |
|-----------------------|---|--------------------------------------|-----------------------------|-----------------|-----------------|--|--|-----------------|
| | | | | Oct 15 - Mar 16 | Apr 16 - Sep 16 | (Disaggregation in bulleted list) | | |
| Intermediate Result 1 | | | | | | | | |
| IR1 | N/A | | | | | | Outcome harvesting is better suited for complex projects and will be used to assess Capacity Strengthening (CS) interventions targeting institutions, organizations and coordinating bodies. | N/A |
| Proximal Effect 1.1 | | | | | | | | |
| 1.1.1 | Percent of participants in HC3-sponsored CS activities that used the knowledge and/or skills learned in the past six months | Year 2 Year 3 Year 4 Year 5 | 20% 30% 40% 60% | N/A | | | Annual HC3 User Survey planned for October 2016 | HC3 user survey |
| Activity 1A | | | | | | | | |
| 1A.1 | Number of individuals that participated in HC3-sponsored CS activities in the past six months | Year 2 Year 3 Year 4 Year 5 | 20 1,500 1,000 500 | 2,212 | | SBCC/OD Content <ul style="list-style-type: none"> • SBCC only – 1,511 • OD only – 62 • Both SBCC and OD- 639 • Neither – 0 Health domain <ul style="list-style-type: none"> • Malaria – 374 • HIV/AIDS – 714 • Ebola - 218 • Reproductive Health Family Planning, Child Survival – 1,139 • WASH - 177 • Other – 119 • None – 154 Activity type <ul style="list-style-type: none"> • Workshop – 1,327 • Presentation – 386 • Webinar – 321 • Conference/ summit – 139 | Multiple health domains are addressed by some CS activities. Some larger CS activities incorporated multiple types of smaller activities. | RedCap |

| | | | | | | | | | |
|----------------------------|--|--------------------------------------|-----------------------------------|--------|--|---|--|-----------------------------|--|
| | | | | | | <ul style="list-style-type: none"> • Research Study/ Evaluation– 29 • Meeting – 249 • Coaching/mentoring - 144 • Organizational assessment • Internships - 3 • Other - 27 | | | |
| 1A.2 | Number of countries in which HC3 implemented CS activities in the past six months | Year 2 Year 3 Year 4 Year 5 | 3 8 10 11 | 19 | | | | RedCap | |
| 1A.3 | Number of organizations that participated in HC3-sponsored CS activities in the past six months | Year 2 Year 3 Year 4 Year 5 | 12 25 35 40 | 298 | | | | RedCap | |
| 1A.4 | Number of CS activities designed to engage the SBCC/ health communication academic community | Year 3 Year 4 Year 5 | 1 3 2 | 2 | | | <ul style="list-style-type: none"> • The SBCC Lion’s Den Student Competition • Bangladesh student internship | RedCap | |
| Proximal Effect 1.2 | | | | | | | | | |
| 1.2.1 | Number of interactions in the past six months with the Health COMpass or HC3 website | Year 2 Year 3 Year 4 Year 5 | 500 25,500 26,500 27,500 | 74,110 | | <ul style="list-style-type: none"> • 2,467 Health COMpass downloads • 1,848 Health COMpass link clicks • 2,527 HC3 site downloads • 3,955 HC3 site link clicks • 63,313 HC3 site blog reads. | | Google analytics dashboards | |
| 1.2.2 | Number of interactions in the past six months with CS tools accessed via the Health COMpass or HC3 website | Year 2 Year 3 Year 4 Year 5 | 150 750 16,000 12,000 | 10,539 | | <ul style="list-style-type: none"> • 1,837 Health COMpass site downloads • 2,220 Health COMpass site link clicks • 2,527 HC3 website downloads • 3,955 HC3 website links | | Google analytics dashboard | |
| 1.2.3 | Percent of individuals that used information from the HC3 website or Health COMpass in their work during the past year | Year 2 Year 3 Year 4 Year 5 | 10% 50% 50% 50% | N/A | | | Annual HC3 User Survey planned for October 2016 | HC3 user survey | |

| | | | | | | | | |
|---------------|--|--------------------------------------|--------------------------|----------------|--|--|---|--|
| 1.2.4 | Percent of individuals that intend to use what they learned in the coming year among those who participated in HC3-sponsored activities designed to disseminate or promote information related to innovative SBCC/health communication tools and approaches. | Year 2 Year 3 Year 4 Year 5 | 10% 15% 50% 50% | 91% (30/33) | | | Annual HC3 User Survey planned for October 2016 Based on one webinars: • Innovation Webinar #11: Transmedia and Entertainment Education | Webinar follow-up surveys and HC3 user surveys |
| 1.2.5 | Proportion of university-affiliated individuals that incorporated HC3-resources in their work in the past year | Year 3 Year 4 Year 5 | 10% 15% 20% | N/A | | | Annual HC3 User Survey planned for October 2016 | HC3 User Survey |
| Activities 1B | | | | | | | | |
| 1B.1 | Number of HC3 research manuscripts submitted to a peer-reviewed journal in the past year | Year 4 Year 5 | 25 5 | 20 | | | Includes 19 manuscripts in the Ebola supplement plus and one additional malaria manuscript | RedCap |
| 1B.2 | Number of HC3 research manuscripts accepted to a peer-reviewed journal in the past year | Year 2 Year 3 Year 4 Year 5 | 4 6 12 8 | 1 | | | VMMC Systematic Literature Review | RedCap |
| 1B.3 | Number of materials developed in the past 6 months that disseminate HC3-sponsored research results | Year 4 Year 5 | 5 7 | 4 | | | Includes conference posters and presentation materials | RedCap |
| Activities 1C | | | | | | | | |
| 1C.1 | Number of guidance documents and materials describing SBCC practices developed or expanded by HC3 in the past 6 months | Year 2 Year 3 Year 4 Year 5 | 10 20 25 15 | 43 | | <ul style="list-style-type: none"> • FP – 25 • Child survival - 12 • Malaria - 10 • HIV - 10 • Nutrition - 8 • Ebola - 4 • WASH - 8 • Other 11 • No specific health focus - 6 | RedCap | |
| 1C.2 | Number of project-supported online databases established in the past year that synthesize SBCC/health communication evidence | Year 2 Year 3 Year 4 Year 5 | 1 1 1 0 | 0 | | | | RedCap |

| | | | | | | | | |
|------------------------------|---|--------------------------------------|------------------------|--------------------|--|--|---|---|
| 1C.3 | Number of HC3 activities that disseminated innovative approaches to SBCC in the past six months | Year 2 Year 3 Year 4 Year 5 | 6 8 10 4 | 22 | | | | RedCap |
| 1.C.4 | Number of participants in HC3-sponsored activities designed to disseminate information related to innovative SBCC/health communication tools and approaches | Year 2 Year 3 Year 4 Year 5 | 60 80 100 40 | 1,149 | | | | RedCap |
| Intermediate Result 2 | | | | | | | | |
| IR 2.1 | Percent posts on Springboard during the past six months by non-paid Springboard members | Year 4 Year 5 | 60% 65% | 78% | | | | Springboard back-end analytics |
| Proximal Effect 2.1 | | | | | | | | |
| 2.1.1 | Proportion of Springboard members who collaborated with another Springboard member in the past year | Year 3 Year 4 Year 5 | 8% 9% 10% | N/A | | | Annual HC3 User Survey planned for October 2016 | HC3 user survey |
| 2.1.2 | Proportion of Springboard members who posted on Springboard in the past six months. | Year 4 Year 5 | 11% 11% | 5% | | | | Springboard back-end analytics |
| 2.1.3 | Proportion of new visitors that registered for Springboard in the past six months. | Year 4 Year 5 | 7% 7% | 6% (617/ 9,533) | | | | Google web and Springboard back-end analytics |
| Activities 2A | | | | | | | | |
| 2A.1 | Number of HC3-sponsored activities designed to promote exchange of technical information related to SBCC/ health communication | Year 3 Year 4 Year 5 | 1 2 2 | 20 | | | | RedCap |
| 2A.2 | Number of participants in HC3-sponsored activities designed to promote exchange of technical information related to SBCC/ health communication | Year 2 Year 3 Year 4 Year 5 | 3 100 700 300 | 4,939 | | | | RedCap |

| | | | | | | | | |
|------|---|--------------------------------------|----------------------------|---------------------|--|--|---|-------------------------------------|
| 2A.3 | Proportion of Springboard members who participated in Springboard's virtual platform in the past six months | Year 2 Year 3 Year 4 Year 5 | 50% 60% 40% 40% | 20% (745/3,793) | | | | Springboard back-end web statistics |
| 2A.4 | Number of face-to-face Springboard activities held in the past six months | Year 2 Year 3 Year 4 Year 5 | 6 12 16 16 | 7 | | | | RedCap |
| 2A.5 | Proportion of Springboard members who participated in face-to-face Springboard activities in the past year | Year 4 Year 5 | 10% 10% | 26% (977/ 3,793) | | | Participants who took part it more than one face-to-face activity would be counted twice. | RedCap |
| 2A.6 | Number of individuals who joined Springboard in the past six months | Year 2 Year 3 Year 4 Year 5 | 50 1650 1300 1100 | 617 | | | | Springboard back-end web statistics |
| 2A.7 | Number of materials posted to the Health COMpass in the past six months | Year 2 Year 3 Year 4 Year 5 | 1000 500 400 400 | 195 | | <ul style="list-style-type: none"> • 109 CS tools • 63 SBCC project examples | | Health COMpass website |

APPENDIX A: FINANCIAL SUMMARY
October 1, 2015 – March 31, 2016

| HC3 Program Area | Funding as of Mod 12 | Spent as of 3/31/16 | Balance on 4/1/16 |
|-------------------------------|-----------------------------|----------------------------|--------------------------|
| FP Core | \$ 9,294,620 | \$ 7,817,846 | \$ 1,476,774 |
| HIV (Core, Key Pops & DREAMS) | 10,267,732 | 6,381,530 | 3,886,202 |
| MCH Core | 2,030,000 | 1,819,417 | 210,583 |
| Malaria Core | 3,220,000 | 2,382,992 | 837,008 |
| Ebola (Core & Field) | 21,352,745 | 8,560,748 | 12,791,997 |
| Zika | 250,000 | - | 250,000 |
| Field Support (Total) | 52,929,385 | 31,951,148 | 20,978,237 |
| TOTAL | \$ 99,344,482 | \$ 58,913,682 | \$ 40,430,800 |

APPENDIX B: TRAVEL SUMMARY

October 1, 2015 – March 31, 2016

| PRH-FUNDED ACTIVITIES | | | | |
|--|------------------------------|-----------------|---------------------------------|---|
| Activity | Location | Date | Traveler(s) | Scope of Work |
| 1.2: International SBCC Summit | Addis Ababa, Ethiopia | Feb 2-11, 2016 | Tilly Gurman | Present research; Direct monitoring and evaluation activities during conference; Meet with Guinea team to discuss next steps in research activities; Support SBCC conference in other activities, as needed |
| | | | Doug Storey | Attend SBCC Summit, presented research, provided mentoring to student competition teams (Lion's Den), and moderated sessions |
| | | | Kojo Lokko | Support Summit logistics; Springboard auxiliary event; VIP support |
| | | | Eliana Monteforte (MSH) | Support Summit logistics; Facilitate resource mobilization session |
| | | | Allison Mobley Erin Portillo | At SBCC Summit, presented LARC poster, conducted 2-hour skills-building session, general help with summit logistics. Travel linked to Activity 2.1 |
| | | | Katherine Holmsen | Presented Provider BCC poster session |
| | | | Heather Hancock Trish Davis | Co-facilitated a HC3 skills building workshop orienting the participants to the range of HC3 tools and resources and how they can be applied to strengthening capacity in SBCC. |
| | | | Judy Seltzer (MSH) | lead a skills building session on applying the Resource Mobilization I-kit |
| | | | James BonTempo | Facilitate Lion's Den case competition award |
| | | | Soma Ghoshal (NetHope) | Facilitate the ICT track as well as general use of tech @ the event |
| 1.3: NetHope Summit | UN City, Copenhagen, Denmark | Nov 1-6, 2015 | Soma Ghoshal | Facilitate ½-day workshop on ICT and SBCC; demo HC3 digital platforms (Springboard and Health COMPass) and enroll new members |
| 2.2: Demand Generation for Long-Acting and Reversible | Bali, Indonesia | Jan 21-31, 2016 | Allison Mobley | At ICFP, presented LARC tools as part of panel and presented Urban Adolescent I-Kit at the marketplace. |
| | Bali, Indonesia | Jan 22-30, 2016 | Claudia Vondrasek | At ICFP, presented HTSP research findings. (Cost-shared) |

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|---|-----------------------------|----------------------|------------------------------------|--|
| Contraceptives among Young People | | | | |
| 4.1: Capacity Strengthening with Higher Performing Social and Behavior Change Communication Organizations | Nigeria: Ibadan and Abuja | March 13-19, 2016 | Heather Hancock Trish Ann Davis | Launched the pre-test of the Provider Behavior Change I-Kit. Oriented partners on HC3 capacity strengthening resources. Documented HC3 Nigeria's capacity strengthening activities. |
| | Chennai, India to Baltimore | Nov 30 – Dec 8, 2015 | Uttara Bharath | Attended meetings with the full capacity team (CCP and MSH) to plan and coordinate around all Year 4 capacity strengthening activities. Worked with the specialized team finalizing the HC3 capacity approach/model and integrate into the HC3 strategic vision. Worked with research to finalize a how to guide on impact evaluation. |
| 7.2: Making the Case for Communication | Bali, Indonesia | Jan. 21 – 30, 2016 | Kathi Fox | Managed the HC3 exhibit booth and orchestrated the Springboard app launch. |
| Year 3 Activity 3.1.1: Evaluate the Leadership in Strategic Health Communication (LSHC) Workshops in Tanzania | Dar es Salaam, Tanzania | July 16-30, 2015 | Doug Storey | Support HC3-funded evaluation of LSHC training in Tanzania |

HIDN-FUNDED ACTIVITIES

| Activity | Location | Date | Traveler(s) | Scope of Work |
|----------|----------|------|-------------|---|
| | | | | <i>No USAID funded travel took place during the reporting period.</i> |

PMI-FUNDED ACTIVITIES

| Activity | Location | Date | Traveler(s) | Scope of Work |
|--|----------|-----------------------|-----------------|---|
| 1.2: Support of the Communication | Kampala | Sept 29 – Oct 1, 2015 | *See list below | Attended Roll Back Malaria's Communication Community of Practice (RBM CCoP) 2015 Annual Meeting, which aims to strengthen ties with the RBM CCoP and create a face-to-face forum for the discussion of best practices for malaria SBCC. |

| | | | | |
|---|-----------------------------------|----------------------|-----------------------------------|---|
| Community of Practice (CCoP) | | | | Additionally, Corinne Fordham, Michael Toso, and Nan Lewicky provided logistical support, as the Secretariat of the RBM CCoP. |
| | Addis | Feb 8-10, 2016 | Corrine Fordham | Attended the International SBCC Summit and provided logistical support for the two RBM CCoP sessions (see below). |
| 1.5: Leveraging the power of the HC3 Integrated Platform for Building the Evidence Base and Strengthening Capacity in malaria SBCC | Nigeria - Chicago | Oct 31 – Nov 4, 2015 | Babafunke Fagbemi | Presented HC3 malaria work at the American Public Health Association (APHA) Annual Meeting |
| 1.1.2: SSFFC I-Kit Demonstration Project in one state of Nigeria | Kampala, Uganda to Abuja, Nigeria | Oct 13-17, 2015 | Cheryl Lettenmaier | Provided technical assistance and support to the Akwa Ibom SSFFC pilot |
| | Kampala, Uganda to Abuja, Nigeria | Jan 25-29, 2016 | Cheryl Lettenmaier | Provided technical assistance and support to the Awka Ibom SSFC Pilot |
| | South Africa to Abuja, Nigeria | Feb 16-20, 2016 | Ida Jooste | Attended and provided support for the media/journalist training for the SSFFC pilot |
| | Uganda to Abuja, Nigeria | Feb 15-19, 2016 | Cheryl Lettenmaier | Provided technical assistance and support for the Akwa Ibom SSFFC pilot |
| 1.1.3: SSFFC I-Kit Demonstration Project in second country | Addis | Feb 11-13, 2016 | Nan Lewicky Cheryl Lettenmaier | Met with PMI/USP to discuss medicine quality in Ethiopia and HC3 SSFFC activities (combined trip with SBCC Summit). |

***PMI sponsored a group of 14 individuals who travelled to CCoP Meeting in Kampala (concurrence received 9/24/16):**

- Corinne Fordham: HC3 Baltimore
- Mike Toso: HC3 Baltimore
- Nan Lewicky: HC3 Baltimore
- Sergio Tsabete: Mozambique NMCP
- Boni Dessowu Denakpo: Benin NMCP
- Goreth Sinke Burundi: Burundi NMCP

- Michel Itabu Sadiki: DRC NMCP
- Marie Monique Vololoa: Madagascar NMCP
- Zacharie Nzeyimana: Burundi PSI – CCoP Task Force Member
- Teri Muchoki: Kenya: CCoP Steering Committee
- Wani Kumba Lahai : Sierra Leone NMCP
- Ahmed Ismail Julia: South Sudan NMCP
- Mory Camara: Mali NMCP
- John Zoya: Malawi NMCP

| OHA-FUNDED ACTIVITIES | | | | |
|---|--------------|------------------------|----------------|---|
| Activity | Location | Date | Traveler(s) | Scope of Work |
| 1.1: Evaluating Condom Positioning and Communication for Youth | Malawi | Feb 29 – March 4, 2016 | Lynn Van Lith | Condom intervention and study/to work with PSI and USAID Malawi to plan the intervention and evaluation design related to this activity. |
| 1.2: Enhanced Linkage to Care through HIV Testing and Counseling | Namibia | Feb 1-5, 2016 | Lynn Van Lith | To conduct a number of meetings with Intrahealth, whom we're coordinating closely with on the evaluation of this activity, the HTC TWG, the Ministry of Health, and other stakeholders in preparing for the pilot testing of the enhanced HTC counseling module that will ideally become part of the national PITC training package once finalized. |
| 1.3: VMMC Technical Communication Assistance | Namibia | July 21-25, 2015 | Liz Gold | To support the network of private providers with their demand creation plans and activities to increase uptake of VMMC services, follow up/mentor those providers who were recently trained in in-service communication, help with identifying local SBCC advisor, among other communication- related tasks. |
| | Mozambique | Oct 11-25, 2015 | Liz Gold | To conduct a rapid assessment of the demand creation and in-service communication needs, and support the development of work plan and budget for HC3 support moving forward. |
| | South Africa | Jan 18-23, 2016 | Liz Gold | As part of the EQA team, I would be focusing on assessing the quality of in-service communication and counseling at the USAID partner VMMC sites, and work with URC/ASSIST on continuing to refine the new app tool. |
| | Ethiopia | Feb 8-10, 2016 | Beth Mallalieu | Attended International SBCC Summit. Facilitated panel presentation on VMMC work across HC3. |

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|-----------------------------------|-------------|-----------------------|---------------------------------|--|
| Year 3 Activity IR2.3: | Zambia | Oct 21-24/29, 2015 | Lynn Van Lith Beth Mallalieu | To conduct a regional meeting on hormonal contraception and HIV-related risks that will take place immediately after the USG FP/HIV Integration Regional Field Meeting |
| | Switzerland | Dec 7-15, 2015 | Beth Mallalieu | To present at the Stakeholders' Meeting on Hormonal Contraception to be held in Geneva |

| EBOLA/MANO RIVER ACTIVITIES | | | | |
|---|-----------------|----------------------|-------------------------------------|--|
| Activity | Location | Date | Traveler(s) | Scope of Work |
| 1: Communication Platform/Knowledge Management | Ethiopia | Feb 6-11, 2016 | Jane Brown | Attended International SBCC Summit. Present accepted abstract (poster) "Two sides of the same coin: joint development of a Radio Entertainment-Education program"; contribute to deliberations about SBCC and gain further insights to inform HC3 programming in the Mano River Region |
| 3: Community Care Campaign | Ethiopia | Feb 6-11, 2016 | Peter Labouchere, CCP Consultant | Attended International SBCC Summit. Co-facilitate (with Marietta) accepted abstract for Skills Building Session on Bridges of Hope which HC3 adapted for the Ebola Response in Liberia. |
| | | | Marietta Yekee | Attended International SBCC Summit. Co-facilitate (with Peter Labouchere) accepted abstract for Skills Building Session on Bridges of Hope which HC3 adapted for the Ebola Response in Liberia. |
| 6: Monitoring and Evaluation | Liberia | Jan 23-30, 2016 | Kuor Kumoji | As a Senior Researcher for HC3 and CCP, Dr. Kumoji led a workshop for the M&E MOH division on data analysis as part of the analysis process of the KAP2 study. |
| | Liberia | Jan 20 – Feb 6, 2016 | Najmeh Modarres | As the Regional Research Manager, supporting HC3 Liberia and Sierra Leone, Ms. Modarres co-facilitated the workshop on data analysis with the M&E MOH. In addition she provided assistance to the local Research Officer to put in place a data monitoring system and follow-up on other M&E related activities. |
| | Ethiopia | Feb 6-11, 2016 | Amanda Berman | Attended International SBCC Summit. Present accepted abstract (oral): How SMS-based surveys were used in the rapid response to the Ebola outbreak in Liberia: Potential for future applications |
| | Ethiopia | Feb 6-11, 2016 | Najmeh Modarres | Present accepted abstract (poster): Community Perspectives about Ebola in Bong, Lofa and Montserrado Counties of Liberia: Results of a Qualitative Study. |

| | | | | |
|---|---------|-----------------------|--------------|--|
| 11: SBCC Lessons Learned Video Portal | Liberia | Sept 24 – Oct 6, 2015 | Kathleen Fox | Kathleen Fox, Communications Associate/Ebola Documentation Specialist, Baltimore traveled to Liberia to work with a videography team and the Liberia field team to document how social and behavior change communication (SBCC) played a crucial role in stemming the Ebola outbreak in Liberia. The team video recorded approximately 20 interviews with key Ministry officials, partner organization advisors, CCP Liberia staff, Ebola survivors, and community members. The video will later be incorporated into a narrative format that will utilize video, photography, data visualization, and original written content to articulate the role SBCC played and continues to play in the Ebola and post-Ebola response. |
| 13: Analyzing Ebola Communication Networks and Responses to Prepare for Future Epidemics | Liberia | Nov 14-20, 2015 | Rajiv Rimal | Observed and analyzed the information environment around Ebola and interview representatives of four Internews sub-grantee programs. |
| 14: Internews (Sub-award) Expanding the SMS Rumor Tracker | Liberia | March 14-29, 2016 | Ida Jooste | As the Global Health Advisor for Internews, Ms. Jooste provided orientation for new project staff, held consultations with the Ministry of Health and other stakeholders on rumors tracking and media coverage of health issues, provided strategic support to the National Health Promotion technical working group on Communicating with Communities (CwC), led one health journalism training (on post Ebola recovery and/or Ebola impacts on survivors and families) and attended one county-based roundtable with local authorities, local CSOs, and local media to discuss how they can work together to respond to rumors. |

| ZIKAACTIVITIES | | | | |
|---|-----------------|-------------------|---|---|
| Activity | Location | Date | Traveler(s) | Scope of Work |
| 1.1: Zika Landscaping in 4 Countries | Honduras | March 14-18, 2016 | Nan Lewicky Pablo Palacios Elli Leontsini | First country visit. Began planning and drafting Honduras Country Report. |