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Communication for Healthy Communities (CHC) Project

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Communication for Healthy Communities (CHC)

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LIST OF ABBREVIATIONS

ACP	AIDS Control Programme
BCC	Behavior Change Communication
C-Change	Communication for Change
CHC	Communication for Healthy Communities
CS	Capacity Strengthening
eMTCT	Elimination of Mother-to-Child Transmission
FHI 360	Family Health International
GOU	Government of Uganda
HC	Health Communication
HCP	Health Communication Partnership
HEPU	Health Education and Promotion Unit
IP	Implementing Partner
IR	Intermediate Result
LGBT	Lesbian, Gay, Bisexual and Transgender
M&E	Monitoring and Evaluation
MARP	Most-at-Risk Population
MER	Monitoring, Evaluation and Research
MISR	Makerere Institute of Social Research
MOH	Ministry of Health
MUST	Mbarara University of Science and Technology
PMT	Project Management Team
SMER	Senior Advisor Monitoring, Evaluation & Research
SOW	Scope of Work
STAR	Strengthening TB and HIV and AIDS Response
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TOR	Terms of Reference
UAC	Uganda AIDS Commission
UHMG	Uganda Health Marketing Group
USAID	United States Agency for International Development
USG	United States Government
WG	Working Group

INTRODUCTION

Communication for Healthy Communities (CHC) is a 5-year, USAID funded project whose goal is to support Government of Uganda and partners to design and implement quality health communication interventions that contribute to reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis. This will be achieved through the use of innovative health communication approaches, capacity strengthening, increased collaboration among partners, and rigorous research and knowledge management for health communication.

This report is structured by intermediate result area (IR1, IR2 and IR3) as shown below. Under each intermediate result area, the report highlights activities that were planned, those accomplished, challenges explaining over or under achievement, and plans for the next quarter.

Activities in the tables are listed beginning with rapid start-up activities followed by progress made on the individual intermediate results areas;

- IR1: High quality health communication interventions designed and implemented
- IR2: Improved coordination of health communication interventions
- IR3: Increased research and knowledge management to enhance health communication

SUMMARY OF ACHIEVEMENTS THIS QUARTER

Outstanding achievements during this reporting period were:

- CHC set up six regional project offices in Gulu, Mbale, Moroto, Fort portal, Mbarara and Arua.
- Completed recruitment and placement of Kampala and regional staff.
- Signed sub agreement with the main project partner - Uganda Health Marketing Group (UHMG), effective 1 November 2013.
- Held introductory meetings with, MOH, UAC, UNFPA and all USG IPs to introduce the project, understand immediate and long term health communication needs.
- Conducted a health communication audit to understand the situation of health communication in Uganda and inform the development of an integrated health communication campaign.
- In order to effectively support on-going communication campaigns on eMTCT and condom promotion, CHC conducted a SWOT analysis on the two campaigns and organized a stakeholders meeting to review the campaigns and agree on next steps.
- Based on actions from the stakeholders' workshop, CHC developed media plans and started broadcasting eMTCT and condom campaign messages for the Christmas, New Year and Valentines Day seasons (December 23, 2013 – February 28, 2014).

PROGRAM COMPONENTS AND ACTIVITIES

CHC Rapid Project Start-Up

A: Routine start-up
<i>Organizations Involved:</i> FHI 360
<i>Activities Planned:</i> <ul style="list-style-type: none">• Hire approved key personnel and regional coordinator positions• Procure for office operations• Sign sub-agreement with project partner UHMG
<i>Activities accomplished:</i> <ul style="list-style-type: none">• Completed recruitment of the Kampala team (18 staff) and Regional Office teams (24 staff).• Established co-location partnerships with STAR-E (Mbale), NUHITES (Gulu), SPRING (Mbarara) and SUNRISE (Fort Portal). Rented office space for the Moroto and Arua establishments.• Procured furniture and equipment for Kampala and Regional Offices.• Completed the pre-granting processes and assessments for UHMG and signed sub-agreement effective 1 November 2013.
<i>Comments/ Challenges:</i> <ul style="list-style-type: none">• Co-location was not possible for Arua and Moroto due to very few USG IPs and those approached did not have adequate space. CHC is renting office space in those two regions.
<i>Plans for the next quarter, Jan-Mar 2014:</i> <ul style="list-style-type: none">• Set up regional offices in districts (co-location wherever possible) <p>NB: <i>This activity was planned for Quarter three but it was completed in Quarter two as mentioned in the achievements above.</i></p>

B: Support on-going HC Campaigns

Organizations Involved:

FHI 360, MOH, UHMG, UNFPA and various USG IPs.

Activities Planned:

- Host meetings with USAID, UAC, MOH, other key GOU partners, and other key stakeholders to receive their input into the project/campaigns.
- Meet with UHMG and IPs to review current eMTCT and condom campaign strategies and develop key themes/additional messages and materials
- Work with UHMG to develop media plans, scale-up and distribute campaign materials to IP districts
- Through UHMG, broadcast, roll-out and monitor the two campaigns on at least 10 media houses at community, regional and national levels

Activities accomplished:

- Held introductory meetings with MOH, UAC and USAID IPs to plan for integrated HC activities.
- Conducted a SWOT analysis and held stakeholders workshop to review on-going campaigns on eMTCT and condom promotion.
- In preparation for the launch of the eMTCT campaign in Kampala (central Uganda), CHC attended preparatory meetings and worked with UHMG to intensify the broadcasting of existing eMTCT messages on seven radio stations in central Uganda. This include running 1,000 radio spots and 2,000 DJ mentions between December 2013 – February 2014 on the following radio stations; Sanyu FM, CBS FM, Radio Simba, Bukedde Radio, Top Radio, Voice of Africa and Radio Sapientia.
- In order to support on-going condom promotion campaign; “If it’s not on – it’s not safe,” CHC met various condom stakeholders including MOH, UNFPA, UHMG and other USG IPs and agreed to scale-up and intensity existing TV, radio and interpersonal communication activities. As a result, CHC developed a broadcasting schedule during the Christmas, End of Year and Valentine’s Day seasons and is currently running 1,500 radio spots and 2,600 late night DJ mentions on 13 radio stations countrywide and 100 TV spots on NTV, Bukedde TV and NBS during the same period.
- Through UHMG, CHC has partnered with local rapper GNL Zamba who is shooting a short film and video on healthy choices that young people make. The film/video will integrate messages on condom use and interviews with fisher folks, commercial sex workers and other key populations. GNL Zamba will act as an ambassador and promote the film/video in community video halls, TV and radio stations.
- Through UHMG, CHC reviewed existing SMS data base from D’MARK, a technology and SMS based company, to filter their data base and run a targeted condom promotion SMS campaign to a total of 700,000 people which include late night revelers, party goers, boda-boda and fisher folks, among others.

Comments/ Challenges:

- MOH and Office of the first Lady who are coordinating eMTCT regional launches had requested CHC to take over from AFFORD/UHMG and support the production and reprinting of PR materials such as T-shirts and caps. Given their limited contribution to behavior change, CHC declined and limited its technical assistance to coordinating mass media and interpersonal communication activities among partners.

Plans for the next quarter, Jan-Mar 2014:

- Continue working with UHMG and all USG IPs to monitor and review on-going eMTCT and condom campaign activities and develop additional messages and materials.
- Continue working with UHMG to develop media plans, scale-up and distribute campaign materials to USG IPs to support inter personal communication activities.
- Through UHMG, broadcast, roll-out, and monitor the two campaigns on at least 10 media houses at community, regional and national levels.

Intermediate Result 1: High quality health communication interventions designed and implemented

1.1: Conduct an audit of current health communication

Organizations Involved:

FHI 360, MOH, UAC, DHTs and USG IPs

Activities Planned:

- Facilitate audit and SWOT analysis of ongoing HC activities needing immediate support.
- Map existing knowledge management (KM) and HC dissemination networks

Activities accomplished:

- CHC hired a consultant to expedite the health communication audit process and compiled an inventory of all available health communication materials, tools and resources which will form the basis for desk review, data synthesis and the subsequent design workshop for the integrated health communication strategy.
- CHC met all USG implementing partners on Tuesday, December 17, 2013 and conducted a quick analysis of their immediate and long term health communication needs. CHC also participated in a number of partnership and networking meetings on MARPS Framework programming, the national nutrition forum and a stakeholders meeting to review and harmonize programming for fisher folk communities in Uganda.
- As reported in rapid start-up activities, CHC conducted a SWOT analysis and organized a stakeholder's review meeting for existing messages on condom promotion and eMTCT campaigns.
- As part of the on-going health communication audit, CHC conducted a mapping of existing knowledge management and health communication dissemination networks. Data from this exercise will be processed and shared alongside the health communication data.

Comments/ Challenges:

- Data synthesis of the audit of HC to be finalized by end of January 2014 upon completion of stakeholder interviews. The on-going HC audit exercise includes;
 - A review of existing HC strategies and materials (HIV/AIDS, FP, malaria, TB, nutrition, maternal and child health, among others);
 - Gender analysis, including the extent to which gender issues are addressed in existing strategies and materials;
 - A review of existing job aides for health providers, levels of utilization and reasons for non-use
 - Updated mapping of HC partners and activities
 - Mapping of existing KM dissemination networks
 - An assessment of existing HC research capacity among Ugandan research institutions
 - Mapping of existing community advocacy groups
 - An assessment of SMS utilization to link supply and demand side communication.
 - An analysis of past successes and failures to develop lessons learned that will inform all CHC activities.

Plans for the next quarter, Jan-Mar 2014:

- Finalize audit, share findings with stakeholders, and post audit results and KM report on existing MOH website.

1.2: Develop an integrated national HC strategy, overarching campaign and operational plan

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs.

Activities Planned:

- Conduct participatory facilitation training (VIPP methodology).
- Conduct series of design workshops to address the context and barrier analyses from the communication audit within the Socio-Ecological Model, audience segmentation, and suitable channel mixes
- Reach consensus among GOU, IP and other HC stakeholders on strategic approach, campaign components, sequence and timing, and their roles in implementation
- Develop a creative brief for the *Good Life* spin-off under the new integrated campaign
- Develop an operational plan (that includes M&E) to coordinate and guide roll-out and scale-up at the national, district and community levels

Activities accomplished:

In preparation for this activity, CHC procured VIPP facilitation materials, fast-tracked the on-going health communication audit exercise and held meetings with GOU and USG IPs. The activity has been scheduled for January 2014.

Comments/ Challenges:

- This activity was largely dependent on insight from the health communication audit whose findings are to be shared by end of January 2014.

Plans for the next quarter, Jan-Mar 2014:

- Conduct participatory facilitation training (VIPP methodology).
- Conduct series of design workshops to address the context and barrier analyses from the communication audit within the Socio-Ecological Model, audience segmentation, and suitable channel mixes.
- Reach consensus among GOU, IP and other HC stakeholders on strategic approach, campaign components, sequence and timing, and their roles in implementation.
- Develop a creative brief for the Good Life spin-off under the new integrated campaign.
- Engage a creative agency to update the existing brand's creative strategy to carry the four components with strong linkages to the community level.
- Develop creative briefs for each audience segment in Components 1-4 as a basis for planning activities and developing toolkits and other campaign materials.
- Develop an operational plan (that includes M&E) to coordinate and guide roll-out and scale-up at the national, district and community levels.

1.3: Identify and enlist campaign champions at the community level to link supply- and demand-side communication

Organizations Involved:

FHI 360, MOH, DHTs, UHMG and USG IPs.

Activities Planned:

- Work with partners to support existing Campaign Champions based on the checklist/criteria agreed upon by the BCC WG
- Develop/update an integrated checklist and referral tool for Campaign Champions
- Develop/update training module and guidelines for Campaign Champions and train/update champions on the basics of IPC, including addressing gender dynamics, facilitation of community dialogue and priorities from the existing strategies that will be reflected in the integrated campaign
- Training commenced/completed for champions in the health sector on IPC, facilitation of community dialogue, and relevant message delivery

Activities accomplished:

CHC attended the BCC WG in October 2013, held meetings with MOH and all USG IPs and as part of the on-going health communication audit, is currently analyzing information on the availability and coverage of VHTs countrywide.

CHC reviewed the MOH criteria for selecting champions, reviewed existing VHT training manual from MOH, CDFU and UHMG. Based on this, the revised criteria for selecting champions as well as updated VHT/champions training manual will be updated next quarter and shared with the BCC WG. Training of champions in selected districts will also commence.

Comments/ Challenges:

- Due to the need to work with MOH and involve the BCC WG, the process of reviewing and updating the criteria for selecting champions as well as the training manual has been slow. MOH and partners are currently in the process of conducting a nationwide situation analysis of VHTs in Uganda which will inform a national review of the VHT operations. CHC is participating in this activity and will be providing technical support in revising the VHT training manual, criteria for selecting champions and through regional offices, will enlist new champions based on existing gaps.

Plans for the next quarter, Jan-Mar 2014:

- Participate in the on-going MOH process of reviewing VHT operations in Uganda.
- Work with partners to support existing Campaign Champions based on the checklist/criteria agreed upon by the BCC WG
- Develop/update an integrated checklist and referral tool for Campaign Champions.
- Develop/update training module and guidelines for Campaign Champions and train/update champions on the basics of IPC, including addressing gender dynamics, facilitation of community dialogue and priorities from the existing strategies that will be reflected in the integrated campaign.
- Based on results from the audit (see Activity 1.1), support use of SMS to update Campaign Champions on campaign activities and solicit their feedback.
- Conduct supervision of champions and support transition of supervisory roles to DHT and VHT.

1.4: Develop, field test, and produce implementation guides by phase

Organizations Involved:

FHI 360, MOH, UHMG, USG IPs.

Activities Planned:

- Conduct consultative meetings with BCC WG to develop implementation guide formats and content with the national and district-level partners.

Activities accomplished:

- CHC attended the BCC meeting in October 2013 and introduced the project as well as coordination and collaboration mechanisms highlighting the role of the BCC WG.
- CHC held discussions with the MOH health education and promotion team on the role of the BCC WG and initiated the process of developing Terms of Reference for the BCC WG, which will include review and advisory on materials development, technical content and formats. This activity will however be finalized next quarter after the next BCC WG meeting where a small working group will be nominated to review and finalize the T.O.Rs.

Comments/ Challenges: N/A

Plans for the next quarter, Jan-Mar 2014:

- Finalize T.O.Rs for the BCC WG which will include roles in materials development and advisory on content and formats.
- Continue consultative meetings with BCC WG on the integrated campaign development process.

1.5: Develop, field test, and produce health communication materials, including toolkits for audience segments by phase.

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs.

Activities Planned:

- Establish creative task force within the BCC WG.
- Conduct trainings in material development using participatory action media (Warren Parker STTA on action media).

Activities accomplished:

- During the last BCC WG and in various consultations with MOH and USG IPs, CHC introduced the idea of having specialized task forces alongside the BCC WG and it was well received. However, establishing the task force will take place next quarter after the next BCC meeting scheduled for February 2014.
- Training in materials development using participatory action media was postponed to next quarter to coincide with the CHC materials development process which will commence in March 2014 after the design workshop.

Comments/ Challenges:

- N/A

Plans for the next quarter, Jan-Mar 2014:

- Establish creative task force within the BCC WG.
- Select an ad agency to support the design and creation of relevant campaign materials.
- Conduct trainings in material development using participatory action media.

1.6: Support campaign roll-out and scale-up at national, district, and community levels

Organizations Involved:

FHI 360, UHMG, MOH, DHTs and USG IPs.

Activities Planned:

Note: There were no activities planned during this reporting period.

Comments/ Challenges: N/A

Plans for the next quarter, Jan-Mar 2014:

- Phased implementation of Components 1 – 2 (illustrative life stages) of mass media and community mobilization, guided by implementation guides and toolkits (see activities 1.3, 1.4 and 1.5)
- Implement Component 1, which focuses on the use of Campaign Champions to link supply- and demand-side communication, and add activities to existing community activations of IPs for early start-up in districts, including audience feedback on planned campaign concepts
- Disseminate implementation guides and campaign materials and conduct training on their use for component 2.

1.7: Address the needs of MARPs through targeted inclusive HC with integrated campaign

Organizations Involved:

FHI 360

Activities Planned:

- Carry out an audit of HC and mapping of HC community activities which will include specific mapping of existing MARPs interventions among USG IPs and MARPs groups, their activities, and health needs and will inform the process of developing creative briefs focusing on MARPs' needs (see activities 1.1-1.6 above).
- Develop creative briefs for each audience segment in Components 1-2 as a basis for planning activities and developing toolkits and other campaign materials for specific audience segments, including MARPs (see activity 1.2)
- Under Activity 1.5, include MARPs in the Action Media and participatory material development training and SBCC

Activities accomplished:

- The HC audit conducted under IR1: activity 1.1 (above) incorporated mapping of existing interventions with MARP groups among USG IPs as well as specific MARP groups.
- CHC initiated SBCC needs assessment with two lead LGBT groups; SHARRY and SPECTRUM, introduced to CHC by USAID. CHC is currently working with the two groups to integrate their health communication needs in the on-going condom promotion campaign and other immediate and long-term health communication activities.
- CHC attended a meeting on the MARPS Framework for mapping MARPS (fisher folk, commercial sex workers, truck drivers) and generated data that was included in the HC audit.
- CHC however did not develop creative briefs and audience segmentation because these are dependent on results from the HC audit that will be finalized in January 2014.
- As reported in activity 1.5, the training in participatory materials development using action media methodology was postponed to March 2014 to coincide with the CHC materials development activity. Selected MARP groups will be involved in this activity.

Comments/ Challenges:

- Different organizations define MARPs differently. During consultative meetings and the on-going health communication audit, it has been discovered that a lot of partners who claim to work with MAPRs mainly work with fisher folk. Results from the HC audit will give a clear picture on the various categories of MARPs that partners work with.

Plans for the next quarter, Jan-Mar 2014:

- Develop creative briefs for each audience segment in Components 1-2 as a basis for planning activities and developing toolkits and other campaign materials for specific audience segments, including MARPs (see Activity 1.2).
- Under Activity 1.5, include MARPs in the Action Media and participatory material development training and SBCC.

1.8: Mobilize communities to advocate for quality health services
Organizations Involved: FHI 360, DHTs and USG IPs.
Activities Planned: <ul style="list-style-type: none"> Use results of the health communication audit and mapping to identify existing advocacy activities and groups in the intervention districts; develop advocacy plan as part of the integrated campaign strategy.
Activities accomplished: <ul style="list-style-type: none"> The health communication audit exercise included analysis of various community advocacy groups and their activities. However, analysis of this data has not yet commenced, pending synthesis of data by CHC, MOH and key USG IPs in January 2014.
Comments/ Challenges: <ul style="list-style-type: none"> Data synthesis and interpretation with the MOH and thematic TWGs scheduled for January 30, 2014.
Plans for the next quarter, Jan-Mar 2014: <ul style="list-style-type: none"> Use results of communication audit and mapping to identify existing advocacy activities and groups in the intervention districts; develop advocacy plan as part of the integrated campaign strategy. Adapt Community Conversation Toolkit (CCT) for champions and include an advocacy component for community advocacy groups.

1.9: Establish a small grants program for CBOs to support integrated community-level HC activities linked to the national campaign
Organizations Involved: FHI 360
Activities Planned: <i>Note: There were no activities planned in this reporting period.</i>
Comments/ Challenges: <ul style="list-style-type: none"> This activity was moved to Year 2 projections following discussion of the work plan with USAID/U.
Plans for the next quarter, Jan-Mar 2014: <ul style="list-style-type: none"> None

1.10: Develop and implement an HC capacity strengthening program for GOU entities, IPs and creative agencies

Organizations Involved:

FHI 360

Activities Planned:

- Hold meetings with GOU entities, IPs and partners to introduce the rationale and CS approach and tools
- Facilitate baseline communication capacity assessments with the GOU entities and HC partners using the existing C-Change SBCC Capacity Assessment Tool.

Activities accomplished:

- During the quarter, CHC met various GOU entities and USG IPs and introduced the project, design and CS approaches. Details of the capacity strengthening self-assessment tools were however postponed to January-March 2014 to allow partners interact and familiarize with the project during the on-going health communication audit before initiating capacity assessments.

Comments/ Challenges:

- During consultative meetings, it was observed that some partners may not be comfortable to participate in the capacity assessment before they fully understand the new project. Capacity assessment activities were therefore postponed to next quarter after the health communication audit, when partners are well versed with the new project and its mandate.

Plans for the next quarter, Jan-Mar 2014:

- Continue meetings with GOU entities, IPs and partners to introduce the rationale and CS approach and tools.
- Facilitate baseline communication capacity assessments with the GOU entities and HC partners using the existing C-Change SBCC Capacity Assessment Tool.
- Work with target entities and organizations at the national level to develop a tailored CS plan for each and develop overarching national CS plan that groups organizations together (where possible).

Intermediate Result 2: Improved coordination of health communication interventions

2.1: Support the MOH to expand and strengthen the National BCC working Group as a sustainable HC coordination forum

Organizations Involved:

FHI 360, MOH, UAC, and USG IPs.

Activities Planned:

- Hold meetings with MOH, NAC and other partners represented in the BCC WG to identify and assess the current activities, strengths and challenges of the BCC WG, and the terms of reference in coordinating HC activities among national partners.
- Provide financial and technical assistance to the BCC WG and specific task forces to hold quarterly meetings
- Revision and consensus discussions commenced on terms of reference (critical members, decision making mandate; material review & approvals).

Activities accomplished:

- As reported in activity 1.4 above, CHC held meetings with MOH, UAC to introduce the project and working relationship with MOH and the role of the BCC WG.
- CHC assessed current activities, strengths and challenges of the BCC WG and in the next quarter, will work with the MOH to devise strategies of revamping the working group. One of the strategies includes developing specific T.O.Rs as well as expanding the scope and membership of the group.
- CHC attended the BCC WG in October, discussed modalities for supporting the BCC WG as well as developing Terms of Reference and revising the composition of the group.

Comments/ Challenges:

- N/A

Plans for the next quarter, Jan-Mar 2014:

- Continue meetings with MOH, NAC and other partners represented in the BCC WG to identify and assess the current activities, strengths and challenges of the BCC WG, and develop T.O.Rs for coordinating HC activities.
- Review draft T.O.Rs with the next BCC WG and submit to MOH for approval.
- Commence work with newly composed BCC WG to develop sub-working groups (e.g., creative task force, M&E research task force)
- Commence financial and technical assistance to the BCC WG and specific task forces to hold quarterly meetings

2.2: Provide BCC and Thematic WGs with tools and capacity for increased coordination of HC activities in Uganda
<i>Organizations Involved:</i> FHI 360, MOH
<i>Activities Planned:</i> <i>Note: There were no activities planned in this reporting period.</i>
<i>Comments/ Challenges:</i> • N/A
<i>Plans for the next quarter, Jan-Mar 2014:</i> • Share results of mapping with the BCC WG (from Activity 1.1) • Develop coordination & collaboration strategy

2.3: Strengthen district capacity in coordination in implementation districts
<i>Organizations Involved:</i> FHI 360, DHTs and USG IPs.
<i>Activities Planned:</i> • Hold meetings with USG IPs and DHTs to discuss and get consensus of an effective mechanism for linkage with the national BCC WG.
<i>Activities accomplished:</i> • As part of the on-going health communication audit, CHC held meetings with USG IPs operating at a regional and district level as well as selected DHTs to understand existing mechanisms for coordination and collaboration at the district level. This activity will continue next quarter when the CHC regional teams will report to the regional offices and continue interface with the districts.
<i>Comments/ Challenges:</i> • N/A
<i>Plans for the next quarter, Jan-Mar 2014:</i> • Continue meetings with USG IPs and DHTs to discuss and get consensus of an effective mechanism for linkage with the national BCC WG. • Through the regional offices, include the HC agenda on DHT meetings and for a currently supported by SDS and other USG IPs. • Commence training and mentoring to district HC partners for both coordination and campaign implementation.

Intermediate Result 3: Increased research and knowledge management to enhance health communication

3.1: Establish and convene an M&E Research Task Force
<i>Organizations Involved:</i> FHI 360, MOH, research institutions and USG IPs.
<i>Activities Planned:</i> <ul style="list-style-type: none">• Form M&E research task force (subset of BCC WG)
<i>Activities accomplished:</i> <ul style="list-style-type: none">• Introduced the idea to form M&E research task force within the BCC WG during meetings with MOH's Dept. of Health Promotion.
<i>Comments/ Challenges:</i> <ul style="list-style-type: none">• This activity is sequenced to follow on from revitalization of the BCC WG and subsequent collaborative review and/or development of TORs for the BCC WG with the MOH. The MOH has expressed immense interest in this CS opportunity, citing appreciation of the role of evidence in effective HC programming.
<i>Plans for the next quarter, Jan-Mar 2014:</i> <ul style="list-style-type: none">• Form M&E research task force (subset of BCC WG), and develop TORs for the task force• Provide technical and logistical support (materials, refreshments, etc.) to quarterly meetings of M&E research task force (similar to support offered BCC WG)• Implement PMP

3.2: Implementation of PMP

Organizations Involved:

FHI 360

Activities Planned:

- Orient MER staff on PMP and overall program links with IR3.
- Obtain feedback on PMP and finalize incorporating USAID comments and 2013 LQAS report shared by AOR
- Collect M&E data through the project data collection system and surveys, as appropriate
- Compile/analyze M&E data on a quarterly basis and at the end of the activity year
- Prepare summary table of indicators, targets and results on a quarterly basis and at the end of the activity year

Activities accomplished:

- Oriented MER staff on PMP and overall program links with IR3.
- Reviewed the PMP in reference to data in 2013 LQAS report.

Comments/ Challenges:

- Awaiting USAID feedback on draft PMP to facilitate completion of the PMP e.g. with insight gained from the LQAS 2013 report.

Plans for the next quarter, Jan-Mar 2014:

- Collect M&E data through the project data collection system and surveys, as appropriate
- Compile/analyze M&E data on a quarterly basis and at the end of the activity year
- Prepare summary table of indicators, targets and results on a quarterly basis and at the end of the activity year

3.3: Design and implement customized research methodologies

Organizations Involved:

FHI 360

Activities Planned:

- Design research protocols and adapt tools based on methodologies selected
- Conduct participatory formative research with priority groups

Activities accomplished:

- Held discussions within CHC team on the most practicable research methodologies (especially for relevant evaluation baselines and formative research).

Comments/ Challenges:

- Decision on the evaluation design is to be determined by end of January 2014 based on the expected rollout plan for the integrated HC strategy

Plans for the next quarter, Jan-Mar 2014:

- Design research protocols and adapt tools based on methodologies selected
- Conduct participatory formative research with priority groups

3.4: Collaboration and research capacity strengthening with partners

Organizations Involved:

FHI 360

Activities Planned:

- Conduct mapping of research capacity

Activities accomplished:

This activity has not commenced.

Comments/ Challenges:

- This activity is linked to the organizational capacity assessment that was shelved to commence upon completion of the audit of HC i.e. after building working relationships with partners

Plans for the next quarter, Jan-Mar 2014:

- Conduct mapping of research capacity.
- Provide training and mentoring on innovative research designs.

3.5: Review communication audit (linked to activity 1.1) and develop a KM strategy
<i>Organizations Involved:</i> FHI 360
<i>Activities Planned:</i> <ul style="list-style-type: none"> • KM strategy developed with BCC WG
<i>Activities accomplished:</i> <ul style="list-style-type: none"> • This activity has not been undertaken.
<i>Comments/ Challenges:</i> <ul style="list-style-type: none"> • This component of the audit of HC is expected to kick off at the audit data synthesis and interpretation meeting with stakeholders by end of January 2014.
<i>Plans for the next quarter, Jan-Mar 2014:</i> <ul style="list-style-type: none"> • Conduct online survey to define how people gather and produce HC information (online and offline)

3.6: Develop knowledge products for dissemination
<i>Organizations Involved:</i> FHI 360
<i>Activities Planned:</i> <ul style="list-style-type: none"> • Identify key audiences for KM and decide on relevant KM formats for them (link to activity 1.1).
<i>Activities accomplished:</i> <ul style="list-style-type: none"> • This activity has not commenced.
<i>Comments/ Challenges:</i> <ul style="list-style-type: none"> • The activity is linked to IR1.1 which is set for completion and sharing with stakeholders by end of January 2014. The activity will be expedited in the next quarter following stakeholders' data synthesis and interpretation meeting scheduled for January 27, 2014.
<i>Plans for the next quarter, Jan-Mar 2014:</i> <ul style="list-style-type: none"> • Identify key audiences for KM and decide on relevant KM formats for them (link to activity 1.1) • Develop a BCC WG web page linked to the MOH website

3.7: Facilitate communities of practice

Organizations Involved:

FHI 360

Activities Planned:

Note: There were no activities planned in this reporting period.

Comments/ Challenges:

- N/A

Plans for the next quarter, Jan-Mar 2014:

- None

3.8 Support regional and national dissemination and advocacy events and monitor efforts

Organizations Involved:

FHI 360

Activities Planned:

Note: There were no activities planned in this reporting period.

Comments/ Challenges:

- N/A

Plans for the next quarter, Jan-Mar 2014:

- Develop an implementation monitoring system for dissemination (online, mailing, face to face) - Linked to KM strategy in 3.4)

Annex A: FINANCIAL REPORT OCTOBER - DECEMBER 2013

Award Budget Line Items	Budget Total - 5 year period (TEC)	Current Obligated to Date in Award	Balance in the Award	Prior Cumulative Expenditure	Actual Expended, October 1, 2013 - December 31, 2013	Cummulative Expenditure to date	Remaining Balance	Bu Remain
Labour	\$6,532,711			\$52,894	\$122,791	\$175,685	\$6,357,026	97
Fringe Benefits	\$2,729,692			\$22,416	\$49,558	\$71,974	\$2,657,718	97
Travel	\$2,014,931			\$8,874	\$13,643	\$22,517	\$1,992,414	98
Equipment	\$443,500			\$8,360	\$23,180	\$31,540	\$411,960	92
Supplies	\$75,623			\$387	\$2,047	\$2,434	\$73,189	96
Other Direct Costs	\$13,781,546			\$44,009	\$51,069	\$95,078	\$13,686,468	99
Sub-grants	\$14,152,764			\$0	\$244,700	\$244,700	\$13,908,064	98
Indirect costs	\$10,266,708			\$45,835	\$109,483	\$155,318	\$10,111,390	98
Cost Share	\$2,499,874			\$0	\$0	\$0	\$2,499,874	100
TOTAL	\$52,497,349	\$5,948,220	\$46,549,129	\$182,775	\$616,472	\$799,247	\$51,698,102	98

Notes:

The burn rate has been low over the past 6 months as the project was in the '**rapid startup phase**'. Major activity implementation has begun and the burn rate should improve significantly over the coming quarters.

