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Communication for Healthy Communities (CHC)

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CHC Project: Kampala – Uganda

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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
M&E	Monitoring and Evaluation
MARP	Most-at-Risk Population
MER	Monitoring, Evaluation and Research
MISER	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 quarterly report describes activities carried out by CHC during the first quarter of the project start-up period from July 01–September 30, 2013. The report highlights key accomplishments, comments and constraints during the reporting period as well as plans for the upcoming quarter.

Activities in the tables below are listed beginning with rapid start-up activities followed by 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

Some of the notable achievements during this reporting period were:

- Set-up project office and procured relevant supplies for office operations
- Held introductory meetings with MOH and partners
- Submitted the project year one work plan and Performance Monitoring Plan (PMP)
- Worked with main partner Uganda Health Marketing Group (UHMG) to develop a scope of work and deliverables for the first year
- Conducted a quick SWOT analysis with UHMG to identify gaps, opportunities and current activities for the condom and eMTCT campaigns.
- Participated in the eMTCT campaign launches in Tororo and Moroto
- Initiated process for the health communication audit exercise

PROGRAM COMPONENTS AND ACTIVITIES

Planned Activities for the Quarter	Achievements During the Quarter	Constraints/ Comments	Plans for the Next Quarter (Oct-Dec)
<p>CHC Rapid Start Up</p> <p>Objective: To ensure that the project is quickly formed, and that the workplan, budget, and PMP are developed and approved.</p> <p>Planned activities for the quarter:</p> <ul style="list-style-type: none"> • Develop first annual workplan and budget and submit for approval • Develop program PMP • Hire approved key personnel for the project. • Procure for office operations • Set up regional offices in districts (co-location wherever possible). • Sign sub- agreement with project partner UHMG. • Organise meetings with key GOU entities and USG IPs to introduce the project and build relationships. • Review and support the scaling-up of two on-going campaigns on condom use and eMTCT demand creation. 	<ul style="list-style-type: none"> ▪ Submitted first annual workplan and budget submitted to USAID and received feedback. ▪ Submitted PMP to USAID. ▪ Developed job descriptions, advertised and shortlisted key project staff. ▪ Procured computers, printers, desks, chairs and phones. Motor vehicles, computers, printers, photocopiers will be procured in the next quarter. ▪ Started discussions on office co-location with four USG IPs; STAR-E (Mbale), NUHITES (Gulu), Spear Project (Karamoja) and SRING (Mbarara). ▪ Sub-agreement with UHMG in its final review stage. ▪ Initiated project introductory meetings with MOH and various USG partners. • Conducted a quick SWOT analysis with UHMG to identify gaps, opportunities and current activities for the condom and eMTCT campaigns. • Participated in eMTCT regional launches in Tororo and Karamoja. Reviewed materials for the Karamoja launch. 	<ul style="list-style-type: none"> ▪ Draft PMP developed and submitted to USAID. However, further input will be required after meeting GOU and relevant USG IPs to discuss data sharing possibilities. 	<ul style="list-style-type: none"> ▪ Submit revised Workplan to USAID. ▪ Obtain feedback on PMP and finalize incorporating USAID comments and data sharing discussions with relevant GoU entities and IPs. ▪ Conduct interviews and recruit staff for MER and regional offices. ▪ Hold follow-up meetings with MOH, UAC and USAID IPs to plan for integrated HC activities. • Review SWOT analysis with MOH and UAC and organize design workshop for eMTCT and condom IPs. • Develop creative briefs and additional messages on condom use and eMTCT. • Develop media plans, scale-up and distribute materials on the condom and eMTCT campaigns. • Train/orient champions to link supply and demand for the condom and eMTCT campaigns.

Planned Activities for the Quarter	Achievements During the Quarter	Constraints/ Comments	Plans for the Next Quarter (Oct-Dec)
<p>Intermediate Result 1</p> <p>Objective: To design and implement high quality health communication interventions.</p> <p>Planned activities for the quarter:</p> <ul style="list-style-type: none"> ▪ Conduct a Health Communication (HC) audit 	<ul style="list-style-type: none"> ▪ Compiled available HC maps, materials and strategies from HCP and MOH. ▪ Drafted TOR/SOW for the HC audit and advertised for the consultant. ▪ Identified existing tools for components of the HC audit e.g. capacity assessment tools and check- lists from the C-Change communication planning process (C-PLAN). 	<ul style="list-style-type: none"> ▪ The HC audit is an integral part of CHC project interventions and will be the basis for all project activities. 	<ul style="list-style-type: none"> ▪ Contract consultant/firm to conduct the HC audit process. ▪ Compile, review and analyze findings from the HC audit. ▪ Present audit findings to USAID, MOH and partners. ▪ Conduct design workshop for the integrated HC strategy. ▪ Update checklist for selecting campaign champions. ▪ Expand composition and roles of existing IP community agents/champions. ▪ Update training module for campaign champions. ▪ Assess needs of MARPs as part of the HC audit and mapping. ▪ Hold meetings with MOH, UAC and IPs to introduce the capacity strengthening approach and tools. ▪ Conduct facilitated partner's self-assessment using CS tool.

Planned Activities for the Quarter	Achievements During the Quarter	Constraints/Comments	Plans for the Next Quarter (Oct-Dec)
<p>Intermediate Result 2.</p> <p>Objective: To improve coordination of health communication interventions</p> <p>Planned activities for the quarter:</p> <ul style="list-style-type: none"> ▪ Hold meetings with MOH and other partners represented in the BCC WG. 	<ul style="list-style-type: none"> ▪ CHC initiated meetings with MOH AIDS Control Program (ACP) and Health Education and Promotion Unit (HEPU) to introduce the project, discuss project start-up activities and coordination of BCC WG. 	<ul style="list-style-type: none"> • Delays in meeting the MOH's ACP and HEPU. 	<ul style="list-style-type: none"> ▪ Meet MOH's HEPU. ▪ Attend the next BCC WG meeting in October and introduce CHC to partners. ▪ Assess current activities, strengths and challenges of the BCC WG. ▪ Develop/update terms of reference for the BCC WG and specialized task forces. ▪ Provide financial and technical assistance to the BCC WG and specialized task forces.

Planned Activities for the Quarter	Achievements During the Quarter	Constraints/Comments	Plans for the Next Quarter (Oct-Dec)
<p>Intermediate Result 3</p> <p>Objective: To increase research and knowledge management to enhance health communication.</p> <p>Planned activities for the quarter</p> <ul style="list-style-type: none"> • Planned activities for the quarter in this area are related to developing the project PMP and starting the HC audit process which have been reported under the rapid start-up section above. 	<ul style="list-style-type: none"> ▪ See achievements on the PMP and HC audit in the start-up section above. 	<ul style="list-style-type: none"> ▪ N/A. 	<ul style="list-style-type: none"> ▪ Orient MER staff on PMP and overall program links with IR3. ▪ Initiate activities to establish and convene an M&E Research Task Force i.e. collaborate with Department of Health Promotion and BCC WG. ▪ Use Delphi Technique to develop and prioritize strategic research/evaluation questions. ▪ Commence collection, analysis, and reporting/sharing of routine M&E data. ▪ Develop protocol and data tools for specialized formative surveys (quantitative/qualitative). ▪ Use HC Audit to map local HC research capacity of selected institutions (GoU departments, MISER, MUST) and IPs

Annex A: FINANCIAL REPORT JULY-SEPTEMBER 2013

Award Budget Line Items	Budget Total - 5 year period (TEC)	Current Obligated to Date in Award	Balance in the Award	Actual Expended June 21, 2013 to September 30, 2013	Estimated /Accrued, October 1, 2013 - October 31, 2013	Total Expended and Accrual Amounts through to October 31, 2013	Cumulative Balance	% of Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711			\$29,656	\$45,661	\$75,317	\$6,457,394	98.8%	
Fringe Benefits	\$2,729,692			\$10,023	\$9,063	\$19,086	\$2,710,606	99.3%	
Travel	\$2,014,931			\$7,365	\$1,538	\$8,903	\$2,006,028	99.6%	
Equipment	\$443,500			\$8,176	\$4,615	\$12,792	\$430,708	97.1%	
Supplies	\$75,623			\$0	\$0	\$0	\$75,623	100.0%	
Other Direct Costs	\$13,781,546			\$33,016	\$8,096	\$41,112	\$13,740,434	99.7%	
Sub-grants	\$14,152,764			\$0	\$0	\$0	\$14,152,764	100.0%	
Indirect costs	\$10,266,708			\$11,554	\$26,514	\$38,068	\$10,228,640	99.6%	
Cost Share	\$2,499,874			\$0	\$0	\$0	\$2,499,874	100.0%	
TOTAL	\$52,497,349	\$5,948,220	\$46,549,129	\$99,790	\$95,488	\$195,278	\$52,302,071	99.63%	97%