



USAID | **UGANDA**
FROM THE AMERICAN PEOPLE

Communication for Healthy Communities (CHC)

Year 2: First Quarter Report

October – December 2014

Communication for Healthy Communities (CHC)

This document was produced for review by the United States Agency for International Development under the terms of Cooperative Agreement No. *AID-617- A-13-00003*. The Communication for Healthy Communities (CHC) Program is managed by FHI 360 in collaboration with local partner, UHMG.

Reporting Period:

October 1 – December 31, 2014

Submitted By:

Anne Akia Fiedler, Chief of Party

Submitted To:

Rhobbinah Ssempebwa, Agreement Officer's Representative (AOR)
United States Agency for International Development
U.S. Mission Compound – South Wing
1577 Ggaba Road, Nsambya
P.O. Box 7856
Kampala, Uganda
Tel: +256-41-306-001 / Fax: +256-41-306-661
Email: rsempebwa@usaid.gov

For more information contact:

Communication for Healthy Communities (CHC)
FHI 360 Uganda
Plot 15 Kitante Close, Kampala, Uganda
P.O. Box 5768 Kampala
Telephone: +256-312-266-406
Website: www.fhi360.org

This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government.

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. To achieve this, the project uses innovative health communication (HC) approaches, capacity strengthening, increased collaboration among partners, and rigorous research and knowledge management for health communication.

This report highlights the major accomplishments for the first quarter (October – December 2014) of Year 2 project implementation. The report is structured by intermediate result area (IR1, IR2 and IR3) as described below.

- 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.

Under each intermediate result area, the report gives a detailed overview of the planned activities for this reporting period, those accomplished, challenges explaining over or under achievement, lessons learnt and plans for the next quarter.

SUMMARY OF ACHIEVEMENTS THIS QUARTER

Outstanding achievements during this reporting period were:

- **OBULAMU campaign start-up:** The start-up of the OBULAMU campaign generated a lot of positive feedback from MOH, IPs and audiences. Some of the feedback includes; inter personal discussions and reactions to campaign messages in Taxis, on the streets, bars, vehicle washing bays, markets and trading centres, among others. CHC is currently monitoring and documenting this feedback through listening surveys, field visits and media monitoring. These will be shared in subsequent reports.
- **Stakeholder involvement and buy-in:** CHC worked closely with MOH and thirty USG IPs to review and finalize messages and materials, and to initiate the rollout of the OBULAMU Life Stage One Campaign. Through the BCC WG and several national TWGs on ART/adherence, eMTCT, condom, SMC, malaria and TB, partners provided in-put in the process of developing relevant campaigns. This has led to stakeholder buy-in and ownership of the campaign.
- **Standardizing messages and coordination:** CHC provided technical assistance to MOH, UAC and a variety of USG IPs in coordinating and developing standardized messages on HIV prevention, care and treatment during the World AIDS Day celebrations on December 01, 2014. The messages were distributed to all 112 districts, 58 USG IPs and other partners as well as 42 media houses countrywide. As a result, there was consistent and uniformed messaging on HIV prevention, care and treatment messages on condom use, partner reduction, SMC, HTC and adherence for the period of November 24-December 06, 2014.
- **Increased coordination of eMTCT campaign activities:** Through the eMTCT communication TWG and the National Organizing Committee (NOC), CHC supported MOH, UAC, USG IPs to standardize and streamline eMTCT campaign activities during the campaign launch in Busoga on December 04, 2014. CHC worked with USG IPs (STAR-EC, URC-Sustain, TASO, AMICAAL and IRCU) to develop a harmonized activity implementation plan. The IPs implemented, revised and adapted existing eMTCT campaign materials, and facilitated mass media and IPC activities to suit required frequency and exposure levels.

PROGRAM COMPONENTS AND ACTIVITIES

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

1.1 Support on-going health communication campaigns and provide technical assistance to USG IPs

Organizations Involved:

FHI 360, UHMG, MOH

Activities Planned:

- Recruit two National Technical Assistance Coordinators (NTACs) for; (i) HIV/AIDS and TB, and (ii) MCHN and FP to support the STA-HC in coordinating program activities and on-going technical assistance to GOU and USG IPs, TWGs
- Review, standardize and simplify existing job aides, materials and peer education training manuals by audience category e.g. peer education training manuals and materials for (i) PLHIVs, including children/pediatric, adolescents (ALHIV) and adults; (ii) couples addressing CHTC issues such as disclosure and discordance; (iii) for KP categories (SWs and their clients; fisher folks, among others)
- Work with USG IPs in the respective MOH-led TWGs to organize and conduct action media sessions with above audiences to review and finalize the materials
- Support MOH and USG IPs to standardize and produce seed copies of HC tools and materials to deepen the reach of on-going health communication interventions on eMTCT, condom use, SMC including Prepex promotion, ART adherence, TB, SMGL, malaria and Protect the Goal Campaign
- Maintain an updated electronic database/catalogue of all health communication materials produced
- Work with the BCC WG to co-chair or influence various TWGs on HC campaigns and provide relevant technical assistance, leadership and advisory role

Activities accomplished:

- **Two National Technical Assistance Coordinators (NTACs) recruited in October 2014:** One NTAC responsible for HIV/AIDS and TB, and the other for MCH, malaria and nutrition SBCC TA to partners. During the quarter, NTACs - in coordination with TWGs at MOH - supported partners and regional teams in:
 - Rolling out Life Stage One (How's your love life?) of the OBULAMU campaign.
 - Actively participating in review meetings and providing technical assistance to MOH and USG IPs to review and finalize communication strategies for malaria and TB that have been in draft form for the last five years.
- **Initiated process for review, standardization, and simplification of SBCC training materials: Selected and hired** an experienced content development consultant to provide technical support towards review and adaptation of various peer education training manuals and materials.
- **Used output from participatory Action Media sessions to review and update KPs materials:** Action media insight (see accomplishments: IR3, Activity 3.1.3a) was used to review/update available ART communication materials and job aides and develop new materials that will promote adherence among target audiences.
- **Standardized and produced seed copies of HC tools to support MOH and USG IPs:** Standardized and reproduced copies of health communication materials on eMTCT and SMC which include:

Type of material	Health issue	Language	Quantity
Posters	eMTCT	English	1000
		Lusoga	1000
		Runyankole	500
		Lufumbira	500
Client leaflets	eMTCT	English	1000
Brochure	Female condom	English	1000
Fliers/ client leaflet	eMTCT	Lusoga and Luganda	10,000
T-shirts	eMTCT	N/A	1200
SMC Brochure	SMC surgical and (Prepex)	English	11,000

- **Updated electronic database of HC materials:** The above produced health communication materials were

updated to the in-house electronic database/catalogue initiated following the audit of HC at CHC start-up. Materials are availed to partners consistently during routine engagements. The database will be availed in the near future through a knowledge management and data visualization platform that is in development (*see IR3; Activity 3.2.1*).

- **Facilitated National TWGs:** Through the BCC WG, CHC facilitated a number of national TWGs including ART/adherence communication, Prepex, malaria, TB, eMTCT, and SMGL communication, to address emerging issues in health communication (*linked to activity 2.1*). Through these TWGs, reviewed and provided input in the development of the following HC materials:

Type of material	Health issue	Language
Posters	ART adherence	English Luganda
Flipchart	ART	English
Brochure	ART	English
TV spots/story board	ART	English and Luganda

In addition, OBULAMU Life Stage One materials: “How is your Love Life” were reviewed and approved by the various TWGs. The materials include; 2 integrated posters/bill boards combining messages on HTC, condom use, ART, SMC and partner reduction, 2 radio spots, 2 TV spots, talking points/DJ mentions and stickers.

- **Provided technical assistance to MOH and USG IPs to develop standardized messages:** Developed standardized messages on HIV prevention, care and treatment for the World AIDS Day celebrations on December 01, 2014.
 - These messages include; talking points for MOH and district officials and DJ mentions, and were distributed to all 112 districts, 42 media houses and 58 IPs some of which include; Baylor, AMICAALL, UPMB, Marie Stopes, STAR E, STAR EC, STAR SW, STRIDES, SPRING, MIFUMI, TASO, AIC, RHU, MJAP, Concern Worldwide, Care international, PREFA, WellShare International, Uganda Red cross Society, NACWOLA, SUSTAIN, UNFPA, and RECO Industries among others.
- **Provided technical assistance to eMTCT Launch:** Worked with the eMTCT communication TWG and the National Organizing Committee (NOC) to provide technical assistance to MOH, UAC, USG IPs and districts in Busoga sub-region to standardize, harmonize and disseminate eMTCT communication during the eMTCT campaign launch at Budondo sub-county in Jinja district on December 04, 2014. CHC worked with STAR-EC, URC-Sustain, TASO, AMICAAL and IRCU and:
 - Developed a harmonized implementation plan, revised and updated existing eMTCT campaign messages, including translation in *Lusoga*.
 - Oriented 62 opinion leaders, including religious, cultural and local leaders; 1,027 VHTs and 315 health workers.
 - Broadcast 1,020 radio spots and DJ mentions on four radio stations of Kamuli FM, NBS-Kodeyo FM, Eastern Voice FM and Regional FM in Iganga, 18 radio talk shows and 3,000 posters, booklets and talking points on eMTCT.

Comments/ Challenges:

- CHC is currently working with partners to appreciate the strategic use of the Action Media methodology through data sharing and subsequently limit its application to where it is most needed (*see IR 3 Activity 3.1.3a*).
- During preparations for the eMTCT launch in Busoga, the launch date was changed three times from October 31, 2014, November 07, 2014 to December 04, 2014 due to the need to harmonize it with the availability of the First Lady. This interrupted a number of preparatory activities on both mass media and IPC that had to be changed to accommodate the changes. It also interrupted the frequency and momentum of activities.

Lessons learnt

- It is possible for all partners and districts to adopt and use the same standardized materials/messages as illustrated by the example of the World AIDS Day 2014.
- MOH and partners do not have ART materials to support relevant adherence communication for health workers and PLHIV clients. Health workers do not have counseling job aides and tools while clients do not have any take home messages after receiving counseling on ART. CHC-lead participatory formative research and materials development sessions (Action Media) with PLHIVs and ART IPs in Masaka, Mukono, Buikwe and Kayunga

facilitated development of draft ART materials such as counselling guide for health workers, posters, brochures and radio spots were developed.

Plans for the next quarter, January – March 2015:

- Continue to review, standardize and simplify existing job aides, materials and peer education training manuals by audience category e.g. peer education training manuals and materials
- Finalize ART adherence action media reports and develop/finalize materials from concepts from sessions conducted last quarter.
- Disseminate ART adherence action media findings and concept materials to MOH and IPs to facilitate use in programming.
- Continue to standardize and produce seed copies of various HC tools and materials to deepen the reach of on-going health communication interventions on eMTCT, condom use, SMC including Prepex promotion, ART adherence, TB, SMGL and malaria, among others.
- Continue update of the electronic database/catalogue of all health communication materials produced
- Continue to work with the BCC WG to co-chair or influence various TWGs on HC campaigns and provide relevant technical assistance, leadership and advisory role

1.2 Implement the integrated national HC strategy, overarching campaign and operational plan

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Orient OBULAMU Campaign Champions at community level on the platform tools and materials to support rollout of the integrated platform and link demand for and supply of services
- Finalize, field test and produce implementation guides by life stage to support GOU and USG IPs to integrate platform messages, materials and tools in their day-to-day activities
- Develop, test and produce health communication materials including toolkits for audience segments by phase
- Work with GOU and USG IPs to rollout the OBULAMU integrated campaign at national, districts and community levels
- Address needs of KPs through targeted and inclusive HC within the integrated campaign
- Establish partnerships for rolling out HC activities in Karamoja sub-region

Activities accomplished:

- Registered numerous achievements in implementing the OBULAMU campaign and initiated implementation of all the above activities. These are reported in sections 1.2.1-1.2.6.

Comments/ Challenges:

- See activities 1.2.1-1.2.6

Lessons learnt

- See activities 1.2.1-1.2.6

Plans for the next quarter, January - March 2015

- See activities 1.2.1-1.2.6

1.2.1 Orient OBULAMU Campaign Champions at community level in the integrated platform, materials and toolkits to link supply- and demand side-communication

Organizations Involved:

FHI 360, MOH and USG IPs

Activities Planned:

- Prepare for Campaign Champions orientation by finalizing the adaptation, field testing, translation and production of a set of tools supporting community dialogue and elements of the C-Change Community Conversation Toolkit (CCT)
- Collaborate with USG IPs and DHEs to brief/orient selected champions on IPC, as well as dissemination and orientation on the use of HC materials and job aides
- Work with USG IPs to update the champion's database with additional champions who will include; peers and key influencers for each audience life stage, KPs influencers and peers, opinion leaders at water collection points, markets, stalls, farmers' groups

Activities accomplished:

- **Initiated preparations for champions orientation:** Preparatory content and/or materials for orienting OBULAMU campaign champions countrywide was pursued as follows:
 - Finalized the field testing and production of champion's tools which include; (i) the OBULAMU champion's checklist, (ii) champion's conversation guide, (iii) champion's values clarification sheet (iv) champion's dialogue feedback tool (v) champion's code of conduct and (vi) champion's referral form.
 - Introduced the various tools to national TWGs stipulated in activity 1.1 and to a total of 58 IP representatives and 69 DHEs during the OBULAMU orientation and campaign rollout workshops in December 2014 (*See activity 1.2.4 below*).
- **Collaborated with MOH/IPs towards Champions orientation:** Initiated activities towards orientation of Champions by orienting a total of 58 IPs (plus USG IPs) and 69 DHEs through Training of Trainers (TOTs) countrywide on OBULAMU campaign (*see activity 1.2.4.*) for collaborative orientation of champions in Quarter Two.
- **Updated the champions database:** In preparation for champions orientation and campaign rollout, CHC worked with various USG IPs to update the champions database from the previous 5,400 to 7,825. Significantly, the champion's database was updated with an additional 1,400 KP champions (fisher folks, SWs, UPDF, MSM and truckers), and 1,025 peer leaders who will be instrumental in facilitating conversations and referral to services among target groups throughout the campaign rollout phase.

Region	No of champions
Central	1,504
Northern	1,413
Western	620
West Nile	783
South West	890
Eastern	1,299
Karamoja	1,316
TOTAL	7,825

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Collaborate with USG IPs and DHEs to brief/orient selected champions on IPC, as well as dissemination and orientation on the use of HC materials and job aides
- Continue to update the champion's database with additional champions to further deepen the reach of health communication
- Utilize existing champion's feedback mechanism that USG IPs currently use to ensure supervision and monitoring of the quality of OBULAMU Champion activities (including; quarterly meetings, support supervision visits, activity implementation visits, telephone calls and SMS)
- Work with USG IPs to establish criteria for identifying and rewarding the best performing campaign champions, and based on performance monitoring data, develop a mechanism for recognizing and celebrating outstanding champions

1.2.2 Develop, field test, and produce implementation guides by phase

Organizations Involved:

FHI 360, MOH, USG IPs, DHTs

Activities Planned:

- Finalize field-testing and production of implementation guide for life stage 1 and 2 (young adults in relationships/lovers and pregnant woman and her partners)
- Print the guides and package them into a binder that houses all support materials for easy access, dissemination and use by partners.

Activities accomplished:

- **Reviewed implementation guides for life stage 1:** Worked with the BCC WG and national TWGs (*see activity 1.1*) to review implementation guides for OBULAMU Life Stage One which targets young adults in relationships (18 – 30 years). This process involved; updating a list of available materials, working with partners to develop a schedule of events guided by partners planned outreaches and activities as well as discussions and agreement on the role of partners in implementing the OBULAMU campaign.

Comments/ Challenges:

- Finalization of the above implementation guide for Life Stage One has taken a longer time than anticipated due to the need to finalize a number of Life Stage One materials, consult partners in the BCC WG and national TWGs as well as put together a package of champion's materials and existing MOH and partner materials.

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Finalize development and produce implementation guides for life stage one (1) which focusses on young adults in relationships (lovers) and start working on the implementation guide for life stage two (2) which focusses on pregnant women and their partners.

1.2.3 Develop, test, and produce health communication materials, including toolkits for audience segments by phase

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Finalize the development and testing of different print support HC materials and toolkits for audience segment/life stage 1-2 which include; (i) young adults in relationships/lovers and pregnant women and their partners as well as KPs and PLHIVs as well as (ii) caretakers of children under five and adolescents.
- Build on existing high quality tools and materials developed by other IPs, which are relevant to the above audience segments through adapting, re-branding, producing and integrating them into the set of tools for the OBULAMU platform.

Activities accomplished:

- **Field tested and produced life stage 1 materials:** CHC field tested and produced a number of Life Stage One materials including;
 - Two TV spots combining messages on (i) condom use, (ii) HTC, (iii) ART/discordance, (iv) partner reduction/MCP, (v) SMC and (vi) FP in English and Luganda
 - Two radio spots on the above issues in 19 local languages; English, *Luganda, Runyankore-Rukiga, Rufumbira, Runyoro-Rutooro, Alur, Lugbara, Madi, Swahili, Luo-Acholi, Luo-Langi, Ngakaramajong, Ateso, Kupsabinyi, Lumasaba, Dhopadhola, Samya, Lusoga* and *Lukonzo*.
 - Other materials; posters, stickers, talking points and scripts for DJ mentions as well as promotional give-away items such as T-Shirts and *Kanga's (Leesu's)*.
 - Condom use and eMTCT materials adapted from MOH and IPs database and shared with IPs for use. CHC will continue to field test and produce final Life Stage One materials for print, radio and TV and will also finalize field testing and production of KP materials including fisher folk, truckers, SWs and MSM.

Type of material	Health issue	Language	Quantity
Integrated Poster	HTC, FP and SMC	19 Languages ¹	22,700
Integrated Poster	ART, Condom use and partner reduction	19 Languages	22,700
Integrated Bill boards	HTC, FP and SMC	19 Languages	50 bill board faces
Integrated Bill boards	ART, Condom use and partner reduction	19 Languages	50 bill board faces
Road stars	HTC, FP and SMC, ART, Condom use and partner reduction	19 Languages	400 road star faces (67 faces per health area)
Street poles	HTC, FP and SMC, ART, Condom use and partner reduction	2 Languages (English and Luganda)	120 street poles (20 faces per health area)
Motion media stickers - Taxis	HTC, FP and SMC, ART, Condom use and partner reduction, eMTCT	8 Languages (English, Luganda, Runyankole, Rukiga, Luo, Lusoga, Rutooro, Lugbara)	200 taxis (29 taxis per health area)
Campaign stickers	HTC, FP and SMC, ART, Condom use and partner reduction, eMTCT	English	70,000 stickers (10,000 per health area)
Integrated Radio Spots	HTC, FP and SMC	19 Languages	19
Integrated Radio Spots	ART, Condom use and partner reduction	19 Languages	19
Integrated TV Spot	HTC, FP and SMC	English and Luganda	2
Integrated TV Spot	ART, Condom use and partner reduction	English and Luganda	2
Campaign pull-up banners	HTC, FP and SMC, ART, Condom use and partner reduction	English	54 pull-up banners

Please note: For distribution, dissemination and use of the above materials, see activity 1.2.4.

¹ **19 Languages:** English, Luganda, Runyankore-Rukiga, Rufumbira, Rutoro-Runyoro, Lukhonzo, Alur, Lugbara, Madi, Luo-Acholi, Luo-Langi, Ateso, Ng'Karimojong, Kupsabinyi, Lumasaba, Dopadhola, Swahili, Lusoga.

Comments/ Challenges:

- Increasing number of written local languages has subsequently led to increased demand for print materials in the specific languages thus pushing up the costs of production.

Lessons learnt

- Linking the few produced local language print material to radio and inter personal conversations facilitates delivery of content in the audience's relevant local languages, subsequently appeasing ethnic group concerns about lack of materials in their preferred languages.

Plans for the next quarter, January - March 2015:

- Build on existing high quality audience appropriate tools and materials developed by other IPs by adapting, re-branding, producing and integrating them into the set of tools for the OBULAMU platform
- Develop, test and produce HC materials and toolkits for life stages 2 and 3 which include; (i) pregnant women and their partners and (ii) care takers of children under five years, respectively.

1.2.4 Work with GOU and USG IPs to rollout the OBULAMU integrated campaign at national, districts and community levels**Organizations Involved:**

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- To implement life stage 1, distribute the implementation guides (Activity 1.2.2) and campaign materials, including the tailored toolkits (Activity 1.2.3) and train partners on their use.
- Coordinate the participation of USG IPs in life stage 1 activities that focuses on young adults in relationships aged 18-30 (lovers) as well as KPs and PLHIVs
- Liaise with USG IPs to focus on areas where they are experiencing low uptake of services, and conduct targeted "OBULAMU Community Shows" and activities linked to service delivery at selected USG IP health centres and outreaches to create demand
- Using the implementation guides (Activity 1.2.2), provide on-going technical assistance to USG IPs in the day-to-day implementation of the integrated HC platform

Activities accomplished:

- Introduced OBULAMU campaign:** As part of the process of implementing the OBULAMU campaign, in coordination and collaboration with MOH and different IPs, held five regional workshops in Central, Western, South-Western and West Nile, in which a total of 58 IPs and 69 DHEs were oriented. During the orientations, CHC and MOH introduced the OBULAMU campaign to partners, disseminated available Life Stage One materials which included; posters, radio and TV spots, stickers, talking points, and campaign champion's material.

Region	No of districts in the region	No of DHEs represented	No of IP representatives
Central	24	23	14
Northern	15	13	16
Western	12	11	9
West Nile	8	8	11
South West	14	14	8
TOTAL	73	69	58

In addition, MOH department that were represented in the regional workshops were; Health Promotion and Education, National Malaria Control Program, AIDS Control Program, National TB and Leprosy Program.

Note: Karamoja and Eastern regions scheduled their workshops in the next quarter.

- During the OBULAMU roll-out workshops, CHC shared draft OBULAMU implementation guides with IPs and sought their input and ownership of planned activities, and clarified role of partners in implementing the campaign. CHC is currently revising and updating the guides in preparation for production and dissemination in quarter two (*see activity 1.2.2*).

- **Coordinated the participation of USG IPs in life stage 1:** CHC built on the momentum generated by the World AIDS Day to roll out the Life Stage One materials and messages as shown in the table below.

Material	Health issue	Channel	Quantities/frequency
Integrated radio spots	HTC, FP and SMC	42 radio stations ²	4 times a day
Integrated radio spots	ART, Condom use, partner reduction	42 radio stations	4 times a day
DJ Mentions	HTC, FP and SMC, ART, Condom use, partner reduction, TB and eMTCT	42 radio stations	4 times a day
Integrated TV spots	HTC, FP and SMC	Bukedde and NTV	Once a day (7 -8 pm)
Integrated TV spots	ART, Condom use, partner reduction	Bukedde and NTV	Once a day (9 - 11 pm)
Integrated bill boards	HTC, FP and SMC	Bill board faces/skins	50 faces
Integrated bill boards	ART, Condom use, partner reduction	Bill board faces/skins	50 faces
Road stars	HTC, FP and SMC, ART, Condom use, partner reduction	Road star faces/skins	400 road star faces (67 faces per health area)
Street poles	HTC, FP and SMC, ART, Condom use, partner reduction	Street pole faces/skins	120 street poles (20 faces per health area)
Motion media placements	HTC, FP and SMC, ART, Condom use, partner reduction	Taxis/emergency door placements	200 taxis (29 taxis per health area)

NB: All placements will run for the period of December 2014 to April 2015.

- **Introduced OBULAMU Community Show concept to IPs:** CHC introduced the OBULAMU Community Show concept to IPs and sought their input in designing the community shows and tailor them to their needs. As a result, USG IPs including; NUHITES, STAR-SW, STAR-E, STAR-EC, Baylor, PACE, Sustain, IDI, TASO, among others, identified health issues where they are experiencing low uptake for example, eMTCT uptake, condom use, ART adherence and lost to follow-up, nutrition among others. CHC is currently working with IPs to integrate the above health issues in the community show plan for quarter two. The community show plan is also meant to coincide with the outreaches and quarter, for example, health integrated camps, SMC/HTC outreaches/camps, eMTCT launches among others.

Comments/ Challenges:

- There is high enthusiasm from MOH and the IPs about the OBULAMU Community Shows as an innovative intervention that may go a long way in addressing barriers to service uptake and generate the much needed demand for health services. As a result, partners are responding well by sharing planned outreaches and activities for the year and are looking forward to the start of the community shows next quarter.

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Monitor and document Life Stage One rollout through media monitoring, listening surveys, street pulses, field visits and spot checks, pre and post evaluation of the community shows, trends of service uptake through IP and district service data, among others.

² Step FM, Etop Radio, Teso Broadcasting Service, Rock Mambo, NBS Radio, Signal FM, Vero FM, Kamuli Broadcasting Service, Baba FM, Nenah FM, All Karamoja FM, Trinity FM, Unity FM, Mega FM, Speak FM, Luo FM, Arua One, Trans Nile Broadcasting Station, Radio Paidha, Voice of Tooro, Life FM, Liberty FM, Hits FM, Kagadi Community Radio, Radio Messiah, Guide FM, Vision Radio, Radio West, Voice of Kigezi, Radio Muhabura, Rwenzori FM, Radio Buddu, Kiboga FM, Buruli FM, Sun FM, Capital FM, Radio One, CBS One, Super FM, Radio Sanyu, Radio Simba and Mbabule FM

- Liaise with USG IPs to focus on areas where they are experiencing low uptake of services, and conduct targeted “OBULAMU Community Shows” and activities linked to service delivery at selected USG IP health centres and outreaches to create demand.
- Using the implementation guides (Activity 1.2.2), provide on-going technical assistance to USG IPs in the day-to-day implementation of the integrated HC platform.

1.2.5 Address the needs of KPs through targeted inclusive HC with integrated campaign

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Develop, tailor or adapt materials specific to each KP group, for example work with MSM groups SHARRY and Spectrum to adapt existing materials from CDC on condom use, HTC, disclosure and ART to suit their specific needs
- Conduct orientation of 500 KP campaign champions enlisted in year 1 and continue to enlist more champions and peer leaders among various KPs groups as each campaign life stage is rolled out (linked to activity 1.2.1)
- Work with USG IPs and the above KPs groups to rollout the integrated campaign through one-on-one and group IPC activities targeting KPs audiences, champions and peer leaders (linked to activity 1.2.4)

Activities accomplished:

- **Reviewed MSM materials from CDC:** MSM materials on HIV prevention, HTC, condom use, disclosure and ART adherence were reviewed. CHC identified a consultant to work with KP’s networks including SHARRY and Spectrum to adapt some of these materials to the Ugandan MSM community. The materials to be adapted include; conversation starter leaflets, palm cards, stickers and social media codes. These materials will run on the OBULAMU platform.
- **Initiated adaption of Life stage 1 materials to suite KP groups:** The process of adapting Life Stage One materials to suite other KP groups such as fisher folks, SWs, truckers and uniformed forces was initiated.
 - Met the UPDF Director for health services and agreed to adapt these materials to UPDF needs as well as disseminating them through the existing UPDF command structure and existing champions. Through the director’s office, CHC will be orienting over 500 UPDF champions in Karamoja and northern Uganda next quarter followed by more UPDF champions in other parts of the country.
 - Worked with MAAD ad agency and using results from various *Action Media* sessions to adapt Life Stage One materials to various KP groups and needs (see activities 1.2.1 and 1.2.4 above).
- **Orientation of KP champions:** CHC updated the OBULAMU champions data base with an additional 1,400 KP champions including; peer leaders across the different KP groups and initiated discussions with key gate keepers of the KPs including the command structures of the UPDF, Ugandan Police and Prison services, Amalgamated Transport and General Workers Union (ATGWU) and additional Beach Management Units (BMUs). *Refer to Activity 1.2.1.*

Comments/ Challenges

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Develop, tailor or adapt materials specific to each KP groups, for example work with SHARRY and Spectrum to adapt existing materials from CDC on condom use, HTC, disclosure and ART to suit their specific needs
- Orient KP champions
- Work with USG IPs and the above KPs groups to rollout the integrated campaign through one-on-one and group IPC activities targeting KPs audiences, champions and peer leaders (linked to activity 1.2.4)

1.2.6 Establish partnerships for deepening HC activities in Karamoja

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Hold meetings with key USG IPs in Karamoja implementing HIV/AIDS, FP, MCH, Nutrition, Malaria and TB to customize and localize implementation guides, rollout plans, tools and materials to suit the local context
- Work with USG IPs and GOU partners to conduct orientation of Campaign Champions and train them on use of localized integrated materials and tools for life stage 1-4 (linked to activity 1.2.1)
- Work with specialized agencies such as; Straight Talk Foundation and Peripheral Vision International to produce local radio programs, local videos and voices that depict ordinary lives in Karamoja and integrate HC messages
- Through regional offices, monitor the above activities and document best practices, success and lessons learnt in implementing HC in the region and share with partners in the BCC WG and other KM platforms

Activities accomplished:

- **Reviewed and localized life stage 1 materials in Karamoja context:** CHC worked with IPs, DHEs and the Karamoja Language board to review and localize Life Stage One materials to suit Karamoja context. The materials included; two radio spots, two posters on condom use, HTC, partner reduction, SMC, ART adherence and family planning.
- **Scheduled a Karamoja implementing partners meeting to expedite localization of materials:** The meeting scheduled for February 10-11, 2015 will include DHEs and key IPs such as URC-Sustain, TASO/AMICAAL, Baylor and UNICEF and will be facilitated by CHC and MOH officials. The meeting will chart the way forward for expediting the IPC component of the OBULAMU campaign through existing unique structures in the region.
-

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Hold meetings with key USG IPs in Karamoja implementing HIV/AIDS, FP, MCH, Nutrition, Malaria and TB to customize and localize implementation guides, rollout plans, tools and materials to suit the local context
- Work with USG IPs and GOU partners to conduct orientation of Campaign Champions and train them on use of localized integrated materials and tools for life stage 1-4 (linked to activity 1.2.1)
- Work with specialized agencies such as; Straight Talk Foundation and Peripheral Vision International to produce local radio programs, local videos and voices that depict ordinary lives in Karamoja and integrate HC messages
- Through regional offices, monitor the above activities and document best practices, success and lessons learnt in implementing HC in the region and share with partners in the BCC WG and other KM platforms

1.3 Develop and implement a HC capacity strengthening program for GOU entities, IPs and creative agencies

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs

Activities Planned:

- Prioritize needs from USG IPs, health workers, DHEs and champions, and finalize a capacity strengthening plan which will include; simplified SBCC skills for DHEs, health workers and champions
- Work with regional offices and the National Technical Assistance Coordinators (NTACs) to provide on-going technical assistance and tailored Capacity Strengthening (CS) to USG IPs in their regions to implement the OBULAMU integrated campaign (linked to activity 1.2)

Activities accomplished:

- **Drafted a capacity strengthening plan:** CHC drafted a CS plan informed by various needs from the initial capacity assessments with IPs and DHEs that were conducted in year one. The draft plan also draws lessons from the HC audit and the various needs continuously identified by IPs. The draft plan includes; SBCC training for IPs communication staff, IPC skills for health workers and DHEs as well as use of evidence to design and implement health communication activities by DHEs. The draft plan will be finalized next quarter after input from MOH and IPs in the BCC WG and the respective national TWGs.
- **Initiated adaptation of existing SBCC training manuals from C-Change:** CHC reviewed existing SBCC training manuals from C-change and is currently adapting the SBCC Manual for Frontline HealthCare Workers for DHEs and health workers. The manual covers basic skills in IPC including; asking effective questions, staying objective, listening skills, stigma and discrimination, sex and gender, using job aids effectively, among others and will be adapted to include content on using research and evidence to implement health communication activities at the district by DHEs.
- CHC worked with regional offices and the National Technical Assistance Coordinators (NTACs) to provide on-going technical assistance and tailored CS to USG IPs in their regions to implement the OBULAMU integrated campaign (see activities 1.1 and 1.2).

Comments/ Challenges:

- N/A

Plans for the next quarter, January - March 2015:

- Finalize and commence implementing the CS plan alongside the rollout of the OBULAMU campaign
- Finalize adaptation of the SBCC training manual for frontline health workers
- Provide tailored SBCC training of trainers using the C-Change training package beginning with the online version which will be followed by instructor-led learning in subsequent quarters.
- Work with regional offices and the National Technical Assistance Coordinators (NTACs) to provide on-going technical assistance and tailored CS to USG IPs in their regions to implement the OBULAMU integrated campaign (linked to activity 1.2)

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, USG IPs

Activities Planned:

- Facilitate adaptation of C-Change SOPs for BCC WG in order to operationalize its functions
- Provide logistical and technical support to the national BCC WG and MER/KM task force to hold regular meetings (at least quarterly) to review and standardize HC materials developed for the OBULAMU Campaign and by IPs
- Work with the BCC WG to co-chair and influence several national level TWGs on identified HC issues e.g. eMTCT, SMGL, ART Communication, Malaria, SMC-Prepex, FP and TB (linked to activity 1.1)
- Orient BCC WG members and specialized TWG members with the OBULAMU implementation guides (described in activity 1.2.2)

Activities accomplished:

- **Initiated adaptation of C-Change SOPs:** CHC initiated the adaptation process for the C-Change SOPs that will be used to support the functionality of the BCC WG and other national level TWGs. Four particular SOPs were identified and reviewed including;
 - Using data/evidence in developing health communication materials, programs and strategies
 - Reviewing and adapting existing HC materials
 - Field testing/pre-testing HC materials
 - Reviewing HC materials.
- **Provided technical and logistical support to BCC WG coordination meetings:** One BCC WG meeting was held on November 19th where the HC audit findings were disseminated, MER/KM TORs reviewed and composition of TWGs was discussed (links with IR3 Activity 3.2.1). The meeting also developed an annual calendar for 2015 which includes (i) skills building using some of the above SOPs, (ii) field support visits to selected IP HC activities and health centers (iii) exchange visits and presentations from selected DHEs as and when required. Some of the life stage 1 flagship materials were reviewed using the C-Change stakeholders materials review tool before submission to UAC for approval (*linked to IR 1 Activity 1.1*).
- **Facilitated national TWGs:** Through the BCC WG platform, CHC facilitated a number of national TWGs to improve coordination and address emerging issues in health communication. The TWG activities brought together IPs working on the above health areas and coordinated with them to address relevant HC issues such as communication materials and tools for ART adherence, malaria, eMTCT, SMC/Prepex, SMGL and condom promotion (*see activity 1.1*).
- **Shared a link for on-line SBCC CS modules:** In a bid to strengthen capacity for the national level BCC WG to coordinate and guide national level BCC interventions, CHC shared a link for the online SBCC modules with MOH – BCC WG members to start with as the face to face modules and ongoing mentorship in SBCC are being tailored.

Comments/ Challenges:

- N/A

Lessons learnt

N/A

Plans for the next quarter, January - March 2015:

- Revisit concept of revitalized WG, and discuss calendar of events formulated around HC processes of review

and standardization of HC and subsequent coordination of partners activities

- Continue to provide logistical and technical support to the national BCC WG and MER/KM task force to hold regular meetings (at least quarterly) to review and standardize HC materials developed for the OBULAMU Campaign and by IPs
- Continue to work with the BCC WG to co-chair and influence several national level TWGs on identified HC issues e.g. eMTCT, SMGL, ART Communication, Malaria, SMC-Prepex, FP and TB (linked to activity 1.1)
- Orient BCC WG members and specialized TWG members with the OBULAMU implementation guides (described in activity 1.2.2)
- Disseminate the BCC WG Concept, TORs and SOPs including the annual calendar to members of the BCC WG and TWGs.

2.2 Strengthen District Capacity for Coordination of HC Implementation at District Level

Organizations Involved:

FHI 360, DHTs and USG IPs

Activities Planned:

- Provide technical assistance to DHEs, district based USG IPs and other district HC partners in the day-to-day implementation and monitoring of the OBULAMU campaign
- Equip DHEs with necessary skills and tools to enable them to spearhead HC coordination at the district level including tailored SBCC training programs (*linked to activity 1.3*).

Activities accomplished:

- **Conducted regional orientation meetings for DHEs and IPs:** In order to improve district coordination in implementing Life Stage One of the OBULAMU campaign, CHC conducted regional orientation meetings for DHEs in four regions of; Central, South Western, Western, and West Nile (*see activity 1.2.1*).
- CHC supported DHEs to develop talking points for radio talk shows to commemorate World AIDS Day (WAD) 2014 to ensure that different districts WAD celebrations are coordinated and organized around similar HIV prevention, care and treatment messages (*see activity 1.1*).

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Provide technical assistance to DHEs, district based USG IPs and other district HC partners in the day-to-day implementation and monitoring of the OBULAMU campaign
- Equip DHEs with necessary skills and tools to enable them spearhead HC coordination at the district level including tailored SBCC training programs (*linked to activity 1.3*)
- Host regional semi-annual meetings and learning for a for DHEs to enable them share experiences, compare notes and learn from each other on how to coordinate and improve HC in the district
- Set-up regional/sub-regional Google Groups and list serves of DHEs and other HC partners to facilitate and enhance knowledge management and sharing of information on the campaign

Intermediate Result 3: Increased Research and Knowledge Management to Enhance Health Communication

3.1 To obtain scientific evidence to support a robust learning agenda

3.1.1 Establish and convene an M&E Research Task Force
Organizations Involved: FHI 360, MOH
Activities Planned: <ul style="list-style-type: none">• Present Task Force TORs for endorsement at the next BCC WG meeting and conduct HC MER/KM capacity assessment with members of the Task Force to facilitate identification of relevant capacity strengthening needs• Adapt Communication for Change (C-Change) Learning Package for SBCC including 1) modules for basic skills in research and M&E for SBCC programming and 2) M&E and research review guidelines/SOPS, and orient members• Convene quarterly to review HC-related and service data such as HMIS/DHIS2 and LQAS, and link these with the CHC-led learning agenda
Activities accomplished: <ul style="list-style-type: none">• TORs presented to the BCC WG meeting on November 19th 2014 for review and endorsement.• Review of HMIS and LQAS data initiated at regional offices to accompany targeted rollout of OBULAMU Campaign i.e. Life Stage 1 focusing on young adults. For instance, review of STAR EC 2011-2014 LQAS data by CHC Eastern Regional office indicates a discrepancy between high knowledge of the benefits of HTC and actual uptake in Kween district. Regional offices are engaging with IPs to understand underlying explanations for noted trends, and what the SBCC gaps may be. MSH also provided additional District data to aid interpretation of the products and service uptake trends in LQAS 2014 findings.
Comments/ Challenges: <ul style="list-style-type: none">• Orientation using C-Change modules for 1) basic skills in research and M&E for SBCC programming and 2) M&E and research review guidelines/SOPS not initiated due to delays linked with BCC WG endorsement of task force TORs (<i>links with IR2: Activity 2.1</i>).
Lessons learnt <ul style="list-style-type: none">• N/A
Plans for the next quarter, January - March 2015: <ul style="list-style-type: none">• Conduct HC MER/KM capacity assessment with members of the Task Force to facilitate identification of relevant capacity strengthening needs• Initiate task force orientation in 1) basic skills in research and M&E for SBCC programming and 2) M&E and research review guidelines/SOPS• Convene quarterly to review HC-related and service data such as HMIS/DHIS2 and LQAS, and link these with the CHC-led learning agenda.

3.1.2 Generate strategic research and evaluation questions

Organizations Involved:

FHI 360

Activities Planned:

- None

Activities accomplished:

- N/A

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Work with the Task Force, WG and periodically co-opted stakeholders to generate and/or refine strategic research questions based on review of HC program and research experiences

3.1.3 a) Design and implement customized research methodologies

Organizations Involved:

FHI 360

Activities Planned:

- Obtain approval of the evaluation protocol from internal review processes at FHI 360
- Submit evaluation protocol to UVRI and seek provisional approval to commence parish level mapping to develop a household sampling frame
- Train data collectors on baseline data collection, complete data collection in year 2, analyze data and develop a baseline report
- Continue to conduct participatory formative research using Action Media Approach, FGDs, key informant interviews, and social network analysis with selected priority groups including MARPs married couples, women of reproductive age and youth

Activities accomplished:

- Obtained FHI 360 and Makerere IRB approvals in November and December 2014 respectively.
- Obtained Uganda National Council of Science and Technology (UNCST) approval in December, 2014.
- IRB-approved protocol submitted to Office of the President in January 2015, courtesy of UNSCT.
- Initiated actions towards sample frame development including engaging UBOS and District teams support in consolidating household count data from the 2014 national census enumeration areas.
- Conducted participatory research including Action Media sessions to troubleshoot ART adherence³ among PLHIV in selected USG IP sites:
 - October 2014: Conducted Action Media sessions (plus ART clinic observations and interviews) with purposively selected clients and health providers at Mildmay Clinic and Kiyumba Health Center (HC) IV in Kampala and Masaka Districts respectively.⁴
 - December 2014: Conducted Action Media sessions with 1) health workers, 2) caregivers of children under five, 3) adolescent boys and girls living with HIV/AIDS, and 4) pregnant women living with HIV/AIDS from Kayunga, Mukono and Buikwe districts.⁵

³ Action Media combines research and immediate on-site SBCC message/materials development (links with Intermediate Result 1; Activity 1.1)

⁴ Action Media assessment conceptualized in collaboration with Kalangala Comprehensive Public Health Project, the Makerere University Walter Reed Program (MU-WRP), the Infectious Diseases Institute, Mildmay Uganda, STAR –EC, SUSTAIN, Protecting Families Against HIV/AIDS (PREFA) and The AIDS Support Organization (TASO).

⁵ Action Media assessment conceptualized with MU-WRP and MoH teams working with MU-WRP.

Comments/ Challenges:

- Almost every IP wants Action Media sessions for their individual sites. To facilitate collaborative learning and sharing, CHC worked with IPs to set up the ART TWG to provide a common platform for IPs to share the insights and lessons from other sites (*Links with IR; Activity 1.1*).
- While IPs appreciate the strengths of Action Media Methodology, they have so far not been equally open to obtaining the skills despite CHC attempts to use sessions as learning and capacity strengthening platforms. This will be revisited at the next BCC WG and MER/KM task force meetings to secure IPs support for this as an immediate review tool on their programs.

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Obtain research approval from office of the President (Application submitted by UNCST in January 2015).
- Train data collectors on baseline data collection, complete data collection in year 2, analyze data and develop a baseline report
- Continue to conduct participatory formative research using Action Media Approach, FGDs, key informant interviews, and social network analysis with selected priority groups including MARPs married couples, women of reproductive age and youth
- Lead the design and implementation of methodologies customized to the identified research questions and responsive to new M&E Research questions emerging from HC program implementation and from the M&E research

3.1.3 b) Implement project Performance Management Plan (PMP)**Organizations Involved:**

FHI 360

Activities Planned:

- Conduct Timeline 1 (baseline) survey for process, outcome, and impact evaluations
- Brainstorm and finalize strategy for use of VHTs own mobile phones/devices to gather “real time” feedback on campaign reach and other process indicators as appropriate
- Develop, field test, and refine program monitoring tools; draw from the HC Strategy to contextualize program monitoring tools (*Links with Intermediate Result 1; Activity 1.2*)
- Monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

Activities accomplished:

- Carried out actions necessary for preparation to conduct Timeline 1 (baseline) survey. Initiation awaiting introductory letters from the Office of President. In the meantime, working with district offices to collate household count data for the sampling frame. (*See 3.1.3a for activities accomplished*)
- Explored VHT reporting mechanisms:
 - October/November 2014 engagements with MOH’s resource centre on VHT reporting mechanisms highlighted a new CHMIS structure that aims to introduce mobile systems to 1) Track VHT referrals to health facilities, and 2) Monitor VHTs’ performance.
 - Secured a January 2015 meeting appointment with the Director of the Resource Centre to further discuss prospects to align the plan for mobile reporting with an additional element of using mobile technology to equip VHTs with up-to-date health information and/or insight on new materials.
- Ongoing monitoring of OBULAMU intervention rollout/introduction via mass media
 - Radio component monitoring conducted as part of deliverables for the advertising agencies (*See output in IR 1; Activity 1.2.3, 1.2.4*).
 - Posters/ Talking billboards monitoring initiated through informal listening surveys.⁶

⁶ Listening surveys are a component of social network analysis that uses listening posts submitted by staff to collate community voices/stories about the project. METHOD: Staff 1) informally listen in on conversations in open spaces, without necessarily reacting to what they hear being said about the project, 2) write down what is being said 3) indicate where it is being said, and by what type of people. Listening surveys/posts do not ask questions. Once accumulated, the data is mined to pick out themes, trends etc which is fed back to the implementation team.

Comments/ Challenges:

- Finalization of program monitoring tools moving in tandem with finalization of intervention rollout/implementation plan which is on process. (*Links with IR1; Activity 1.2*)
- PMP approval is pending USAID consensus after its Strategic Information office communicated two different positions to CHC in July and August 2014.

Lessons learnt

- N/A

Plans for the next quarter, January – March 2015:

- Obtain USAID approval of PMP
- Follow-up with MOH Resource Centre leadership to conclude discussions on prospects for collaboration in VHT reporting and support via mobile systems.
- Conduct Timeline 1 (baseline) survey for process, outcome, and impact evaluations
- Finalize, field test, and refine program monitoring tools based on the OBULAMU implementation plan (*Links with Activity 1.2*)
- Continue to monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

3.1.4 Collaboration and research capacity strengthening with partners**Organizations Involved:**

FHI 360

Activities Planned:

- Work through the MER/KM Task Force to develop relationships with Heads of Departments such as the Health Sciences, and interest Faculty supervising Masters Students in internship for high performing candidates to conceptualize and complete their dissertation projects in the subject of social and behavior change communication research

Activities accomplished:

- Initiated discussions with Makerere University's Department of Journalism and Communication. Routine encounters during CHC partner engagements. Discussions with the department during routine partner engagements revealed existence of an internship program that could easily integrate with CHC plan. Further deliberations to secure a collaborative arrangement were set for January 2015.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Use a SWOT analysis focus to update the capacity assessment initiated under the Audit of HC (Linked to 3.1.3a and 3.1.3b)
- Spearhead development of capacity strengthening plans suited to the purposes of a) the BCC WG and MER/KM task force, and b) collaboration with institutions of higher learning.
- Initiate different segments of TA and progressively build-up momentum (with WG and Task force, Universities)
- Identify and take high performing Masters Student candidates onto internship programs closely coordinated by CHC, MER/KM Task Force, and the specific institution of higher learning

3.2 To support knowledge management of a robust learning agenda**3.2.1 Implement a KM strategy as part of the OBULAMU platform**

Organizations Involved:

FHI 360

Activities Planned:

- Through a competed bids scope of work, work with a sub-contractor with the appropriate software to transform complex mapping data from multiple sources into local, actionable insight through advanced data management and location intelligence e.g. spatial spread of hotspots, IPs and their activities, health services
- Use the platform of the 2nd meeting of the recently revitalized BCC WG to review the HC networks map and conduct an online survey questionnaire to define how people gather, produce and use HC information from various online sources

Activities accomplished:

- Issued Scope of Work RFP # 100204.001-2014-01 late November 2014 for the electronic version of CHC knowledge management and data visualization platform. Six applications were received late December 2014. Review process in advanced stages.
- Initiated sharing of HC-related content through a monthly CHC Newsletter with a debut circulation in December 2014 via an IPs listserv. The Newsletter highlights available content including research reports, OBULAMU rollout updates, and on-going CHC TA to IPs.
- Shared HC audit findings at the November 2014 meeting of the BCC WG. The WG recommended revisiting discussion of the findings at its first meeting in 2015 (*links with IR 2 Activity 2.1*).
- Drafted and shared with MOH's Health Education and Promotion Department an on-line survey questionnaire to define how MOH staff and IPs gather, produce and use HC information from various online and hard copy sources.

Comments/ Challenges:

- Activities linked with BCC WG collaborations initiated but awaiting consensus with IPs at first formal sitting of the WG in 2015.

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Revisit discussions with MOH and BCC WG for consensus on an online survey to document partner's use of online sources. An entry point for discussion will be, for example, the first CHC Newsletter distributed through a listserv in December 2014.
- Complete review of data visualization applications, award winning firm, initiate assessment/collation of accumulated and new data, create data policy, and generate a status report to inform preliminary development of a CHC digital data platform.
- Hold a workshop with the BCC WG and co-opted partners to get consensus on a KM strategy, whose main tool will be the digital data platform.
- Initiate implementation of the KM Strategy through networks and platforms identified at national, regional, and district levels

3.2.2 Develop Knowledge products for dissemination**Organizations Involved:**

FHI 360, MOH

Activities Planned:

- None

<p>Activities accomplished:</p> <ul style="list-style-type: none"> • N/A
<p>Comments/ Challenges:</p> <ul style="list-style-type: none"> • N/A
<p>Lessons learnt</p> <ul style="list-style-type: none"> • N/A
<p>Plans for the next quarter, January - March 2015:</p> <ul style="list-style-type: none"> • Spearhead development and field testing (where applicable) of KM products • Review of products by target audiences prior to their dissemination • Disseminate KM products, with any necessary orientation incorporated through the mechanism of the WG/Task Force and regional platforms, after-action review workshops with staff/IPs, and the OBULAMU web repository

<p>3.2.3 Facilitate Communities of Practice</p>
<p>Organizations Involved:</p> <p>FHI 360</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> • Hold discussions with AfriComNet on potential for collaboration on facilitating communities of practice, and with the MER/KM task force, and with emphasis on the mentorship program
<p>Activities accomplished</p> <ul style="list-style-type: none"> • Discussions initiated with AfriComNet in December 2014; <ul style="list-style-type: none"> ○ Agreed to hold further discussions in early 2015 to reach consensus on the best collaborative approach. In the meantime, the parties agreed to initiate activities to test feasibility through informal face-to-face community of practice get together e.g. after work coffee hour for health communication professionals in Uganda beginning January/February 2015). ○ Discussions also highlighted on-going collaborations between AfriComNet with Makerere University and Mild May Centre, which could be explored further to identify and mentor fellows to support community of practice initiatives.
<p>Comments/ Challenges:</p> <ul style="list-style-type: none"> • N/A
<p>Lessons learnt</p> <ul style="list-style-type: none"> • N/A
<p>Plans for the next quarter, January - March 2015:</p> <ul style="list-style-type: none"> • Wrap up discussions with AfriComNet for collaboration with CHC on community of practice and development of a fellows' mentorship program. • Spearhead exploration of the potential for local graduate students (Makerere University, Uganda Christian University-Mukono, International Health Sciences University, MildMay, AfriComNet collaboration) who are enrolled in modules relevant to this activity to serve as community of practice fellow(s) at various implementation levels and facilitate an online community of practice: <ol style="list-style-type: none"> i) Develop of Scope of Work for fellow(s) ii) Develop selection criteria/ process for the community of practice fellow(s) iii) Recruit and commence training/mentoring on facilitation techniques for the community of practice <p>NB: Existing collaborations between AfriComNet and local institutions (<i>see accomplishments above</i>) and discussions initiated with Dr. Annette of MUK School of Journalism and Communication (<i>see accomplishments in 3.1.4</i>) both offer entry points into other activities planned for Quarter 2 above.</p>

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

Organizations Involved:

FHI 360

Activities Planned:

- None

Activities accomplished

- N/A

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, January - March 2015:

- Spearhead TA support to regional and national KM events in priority districts e.g. CHC evaluation districts, districts generating best practices, districts identified to be in dire need of TA and are supported by USG IPs
- Facilitate active participation of WG/Task Force at national and regional conferences and other fora on HC; e.g. sponsor roundtable discussions and identify discussants develop and make presentations with a clear focus on methodological steps and take home messages
- Initiate online surveys to obtain feedback on KM efforts, with a focus on measuring: what works best, in what areas, and how/why?

Annex A: FINANCIAL REPORT OCTOBER - DECEMBER 2014

Award Budget Line Items	Budget Total - 5 year period	Current Obligated to Date in Award	Balance in the Award	Prior Cumulative Expenditure	Actual Expended, October to December 2014	Cumulative Expenditure to December 2014	Cumulative Balance	% of Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711			\$1,048,622	\$276,953	\$1,325,575	\$5,207,136	79.71%	
Fringe Benefits	\$2,729,692			\$392,219	\$80,152	\$472,371	\$2,257,321	82.70%	
Travel	\$2,014,931			\$202,394	\$61,303	\$263,698	\$1,751,233	86.91%	
Equipment	\$443,500			\$397,937	\$8,852	\$406,788	\$36,712	8.28%	
Supplies	\$75,623			\$62,456	\$5,033	\$67,489	\$8,134	10.76%	
Other Direct Costs	\$13,781,546			\$1,251,015	\$201,767	\$1,452,782	\$12,328,764	89.46%	
Sub-grants	\$14,152,764			\$1,927,536	\$1,139,200	\$3,066,736	\$11,086,028	78.33%	
Indirect costs	\$10,266,708			\$1,097,384	\$233,349	\$1,330,733	\$8,935,975	87.04%	
Cost Share	\$2,499,874			\$86,204	\$392,557	\$478,761	\$2,021,113	80.85%	
TOTAL	\$52,497,349	\$9,748,220	\$42,749,129.00	\$6,465,767	\$2,399,166	\$8,864,933	\$43,632,416	83.11%	9%

Notes:

CHC has spent over 90% of the current obligation and a notification of limitation of funds was shared with USAID in December 2014.

ANNEX B: SNAPSHOTS

OBULAMU Campaign Kicks Off Nationwide with a Teaser

On the morning of September 15, 2014, Uganda woke up to large billboards with **OBULAMU** or *How's Life?* At the same time, selected 57 radio stations started playing radio messages on the hour with a pre-recorded *How's life* message.



The OBULAMU Campaign was introduced to the public in an innovative way through a teaser campaign. The purpose of the teaser was to create

curiosity and anticipation about the campaign, and invite the audiences to share their life stories, the very cornerstone of the campaign. The teaser was intentionally designed to be fun, and interactive.

The messages covered the four phases of the OBULAMU campaign that is; (i) the young adults in relationships, (ii) pregnant couples, (iii) care givers of children under five and (iv) adolescent boys and girls.

On radio, the first part of the teaser lasted two weeks until October 01, 2014. The radio messages were then modified to allow people give longer responses to the question, "*How's life?*" Radio presenters and DJs invited audience participation and the listeners got the opportunity to call in and give real life responses.

The feedback was instant. A total 1300 callers (radio listeners) with the best answers to the question "*How's life?*" won T-shirts and leesus (colorful fabric). Through social media, particularly on [Facebook](#), the campaign generated public conversation around health and well-being.

The last part of the teaser led to phase 1 of the OBULAMU campaign, "*How's your love life?*" which was unveiled to the audiences through radio, bill boards and inter personal communication in December 2014. The phase targets young adults in relationships (lovers) and addresses key areas in HIV Counseling and Testing (HTC), Safe Male Circumcision (SMC) for HIV prevention, condom use, faithfulness and reduction of multiple concurrent sexual partners, ART adherence and maintaining discordant status, among others.

CHC Supports Partners to Reach Communities with HIV/AIDS Messages: Secures free airtime on 30 Radio Stations for World AIDS Day

Uganda joined the rest of the world to mark the World AIDS Day under the theme: 'Getting to Zero, My responsibility' on December 01, 2014.



John Opwonya, the HIV/TB Focal person Gulu district (Right), Celestion Ojok, the District Health Educator (Centre) and the moderator at Rupiny FM studio in Gulu on December 01, 2014.

As a lead-up to the event, the USAID-funded Communication for Healthy Communities (CHC) project supported the Uganda AIDS Commission (UAC) to provide communication support to

reinforce HIV/AIDS prevention, care and treatment messages across the country.

Leveraging on its existing relationship with the local media, CHC secured free radio airtime for implementing partners to discuss current issues around HIV/AIDS. A total of 19 talk shows on 30 radio stations across the country were held in the two weeks before the event. Additionally, CHC secured three TV spots for partners to discuss HIV/AIDS topics.

The radio and TV talk shows were conducted in the respective local languages. Working with the UAC, CHC developed and translated talking points and distributed these to both USG and non-USG implementing partners. The radio and TV shows focused on several topics including condom use and promotion, safe medical circumcision, elimination of mother to child transmission of HIV, HIV/AIDS counseling and testing, nutrition for people living with HIV/AIDS as well as HIV/AIDS care and treatment among others.

The radio talk shows were interactive, allowing people to call in, ask questions and receive instant feedback from the DJs. During one of the talk shows on Time FM in Bulambuli district in eastern Uganda, majority of listeners called in to express concern that HIV positive mothers were not being followed up by the health centers. District officials and medical professionals involved in the talk shows noted the listeners concerns.

Print Messages

To reinforce the radio messages, CHC further supported the Uganda AIDS Commission to distribute ribbons and cards in two of the main dailies The New Vision and Bukedde. A total of 85,000 copies of these communication materials were distributed. CHC also distributed hundreds of HIV Counselling and Testing posters and brochures on safe male circumcision. More messages were disseminated to the public at the exhibition stalls at the various commemoration points.

The project plans to harness the communication gains from the World AIDS Day activities with the rollout of the "OBULAMU" integrated health communication campaign.

HIV/AIDS remains a major public health threat in Uganda with an estimated 1.4 million people living with the disease, according to the 2011 Uganda AIDS Survey. Although there is a slight reduction in new infections, the 2013 UNAIDS estimates indicate that nearly 400 people are still getting infected every day in Uganda