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## Communication for Healthy Communities (CHC)

### Year 2: Third Quarter Report

*April – June 2015*

## **Communication for Healthy Communities (CHC)**

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## 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 (TB). 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 third quarter (April – June 2015) 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:

- Continued to rollout Life Stage 1 of the OBULAMU campaign and reached 4.5 million (*30 percent of Uganda's adult population*) through mass media as well as 40,000 people through inter personal communication activities, which included targeted community shows, community dialogues, targeted activations in selected hot spots and referral to services.
- To deepen the reach of the OBULAMU campaign and address the unique needs of priority population (PP) and key population (KP) individuals and groups, CHC oriented and deployed 1,897 champions and peer leaders to provide correct information, motivation and skills on HIV prevention as well as care and treatment, messages and referral to known confidential services in their locations.
- Finalized the development and testing of materials for Life Stage 2 which focuses on the health needs of pregnant women and their male partners. Key issues in this life stage include: antenatal care (ANC), elimination of mother to child transmission (eMTCT), malaria in pregnancy, birth preparedness, danger signs, nutrition, child spacing and breast feeding, among others.
- Fast tracked the process of developing concepts, materials and tools for Life Stage 4, which addresses the health needs of adolescent boys and girls, and for the additional mandate from the USAID/DFID partnership to design and develop a targeted pregnancy prevention and contraceptive uptake communication campaign targeting adolescent girls (15-19) and young women (20-24) in East Central Uganda. This was done through a series of participatory materials sessions, known as “Action Media” with adolescent girls and boys (15-19), young women (20-24) as well as their caretakers in the three districts of Jinja, Mayuge and Kamuli in June 2015.
- Efficiently responded to communication requirements to address the malaria outbreak in northern Uganda by identifying emerging issues from health centers, districts and implementing partners (IPs) and using them to develop talking points and other inter personal communication interventions that address barriers to malaria prevention and treatment in the districts.
- To improve coordination and collaboration in the design, implementation and monitoring of health communication interventions, CHC chaired and influenced HC outputs of the following national communication Technical Working Groups (TWGs): eMTCT, Saving Mothers Giving Life (SMGL), condom promotion, malaria, nutrition, adolescent health, TB and safe male circumcision (SMC). During the TWGs

meetings CHC disseminated the OBULAMU implementation guides to guide partners in the day-to-day implementation of health communication interventions (HC).

- In preparation for the upcoming eMTCT launches in eastern and central regions, CHC chaired ten eMTCT communication coordination meetings and, developed a harmonized implementation plan for these regions which links demand generation activities to available services provided by IPs.
- To strengthen HC capacity, CHC conducted a skills development course in social behavioral change communication for 24 USG IPs and health promotion staff from Ministry of Health (MOH) and the Behavior Change Communication Working Group (BCC WG) in April 2015.
- Initiated and finalized data collection for CHC evaluative survey 1, attaining 99.7% coverage of the target household sample: 2383 of an expected 2390 households.
- Initiated exploration of potential underlying factors for the spread of HIV in the HIV corridor: Conducted semi-structured interviews with District Health Educators (DHEs) /District Health Officers (DHOs) to inform development of specialized studies.
- Secured USAID strategic information office clearance of performance indicator summary tables subject to the Agreement Officer's Representatives (AOR) agreeing on the targets.
- Initiated collaboration with AfriComNet in an open forum community of practice previously run by AfriComNet. CHC and AfriComNet are exploring use of the platform in a new manner which facilitates a diverse range of public health and media practitioners (students, program implementers, faculty from universities) to show-case experiences from their work and engender a discussion forum that extends beyond the usual one-day event.
- Submitted two abstracts to the National Conference on Adolescent Health scheduled for July 29-30, 2015.
- Initiated exploration of the CHC learning agenda and strategic research questions, to be consolidated in consultation with USAID and MOH Health Promotion and Education Division (HPED) during YR3 work plan development.

## 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 and USG IPs

##### **Activities Planned:**

- Finalize the review and standardization of peer education training manuals for priority audiences
- Update of the 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 improve coordination of HC activities.
- In partnership with Strengthening Decentralization for Sustainability (SDS) and Applying Science to Strengthen and Improve Systems (ASSIST) Project (ASSIST), implement Northern Uganda Health Integration to Enhance Services (NUHITES) bridge activities in Northern Uganda

##### **Activities accomplished:**

- **Review and standardization of peer education materials and tools:** During the quarter, CHC finalized the development of content, formats and standards for the national peer education training manual for priority audiences. CHC has scheduled a partners meeting for July 31, 2015 to make final reviews and disseminate the manual to IPs, MOH and USAID.
- **Standardization and production of seed copies of health communication materials:** CHC worked with MOH to disseminate standardized health communication materials on Life Stage 1 and Life Stage 2, including materials for KPs and priority population to support on-going health communication interventions on eMTCT, condom use, SMC, ART adherence, TB, SMGL and malaria.
- **Update of electronic database of health communication materials:** CHC continued to update the electronic database with new materials and tools from Life Stage 2, malaria and KP materials that were finalized during the quarter. CHC disseminated seed copies of these materials to USG IPs and provided CDs of printer-ready versions that partners can use to reproduce.
- **Support to National Communication TWGs:** CHC chaired and influenced a number of national communication TWGs including: eMTCT, SMGL, condom promotion, malaria, nutrition, adolescent health, TB and SMC. During the TWG meetings, CHC shared finalized Life Stage 1, 2, malaria and KP health communication materials and tools and solicited feedback on Life Stage 2 materials that are still under development. Key deliverables with TWGs include:
  - **eMTCT:** CHC chaired 10 meetings at national, regional and district levels, and coordinated eMTCT communication activities in preparation for the Teso sub-region launch scheduled for July 31, 2015. Working with Baylor, the lead IP in the sub-region, CHC has:
    - i. Oriented DHEs from the eight districts of the Teso sub-region which include: Soroti, Kaberamaido, Amuria, Kumi, Katakwi, Serere, Ngora and Bukedea who developed action plans for mobilizing communities and disseminating materials on eMTCT
    - ii. Oriented 291 health workers and 1,200 Village Health Team (VHTs) linked to Baylor-supported health facilities in the region to mobilize communities and refer pregnant women to eMTCT services: and
    - iii. Disseminated 31,700 eMTCT materials and tools including: posters, talking points, bill boards and road stars, as well as 4,800 radio mentions and 48 radio talk shows.
  - **Condom promotion:** In order to design targeted interventions that respond to the needs of the most affected districts, priority and key populations in northern, central and south western regions, CHC:

- i. Reviewed data from IPs, PLACE data, Health Management Information System (HMIS) 2014 to understand drivers of HIV epidemic. In places where data was unavailable, cluster meetings with DHOs, DHEs and HIV/AIDS Focal Persons were held to discuss drivers of the HIV epidemic in the districts such as Mubende, Mityana and Gomba. Based on findings from the data reviews and cluster meetings, CHC will work with partners to develop targeted HIV prevention and condom promotion activities addressing the unique needs of priority and key population individuals and groups in those areas.
  - ii. Developed Frequently Asked Questions brochure to address emerging barriers, motivators, myths and misconceptions on the use of male and female condoms. This will be used to generate scripts and talking points to support inter personal communication activities in the affected intervention districts.
  - iii. Supported MOH to review and update the National Comprehensive Condom Operational plan for 2015 which seeks to increase the demand, access and utilization of both male and female condoms for disease prevention and family planning. CHC is providing technical assistance to MOH and partners to finalize the plan and budget.
- o **SMGL:** CHC chaired the TWG and coordinated communication activities in preparation for the SMGL Conference in Fort Portal which took place from May 04 to 08, 2015. During the conference, CHC made a poster presentation on behalf of the communication TWG that showcased the contribution of demand generation activities in mobilizing pregnant women to seek appropriate care which addresses “Delay One” in the SMGL intervention. CHC worked with SMGL IPs, including: Baylor, Infectious Disease Institute (IDI), UHMG, ASSIST and Marie Stopes to disseminate 2,280 posters to health centers in Kabarole, Kyenjojo, Kamwenge and Kibaale.
  - o **World Malaria Day celebrations:** CHC provided technical assistance in form of communication materials and tools for districts, local leaders and champions as well as radio talk shows and DJ mentions to mobilize communities during this years’ World Malaria Day celebrations in May, 2015 in Kaberamaido District. During the event, current gains in malaria were attributed to the recently concluded nationwide mosquito net distribution and the successful indoor residual spraying (IRS) interventions in Northern Uganda, but intensive health communication needed for household to adopt desired prevention and treatment practices.

**Comments/ Challenges:**

- The delay in implementation of NUHITES-Bridge and SGML activities by SDS and ASSIST has affected implementation of CHC demand creation activities in Northern Uganda. This is because most districts and the two Civil Services Organizations (CSOs) selected by SDS to provide services and mobilization activities had not started working by the end of the quarter.
- Due to the malaria outbreak in Northern Uganda the CHC OBULAMU activities have had set backs due to increased demands for the team to participate and provide malaria communication TA to the affected districts in the region. Additionally, the district leadership has concentrated on addressing the malaria outbreak, resulting in limited time spent on other health areas in the OBULAMU campaign.

**Lessons learnt**

- Routine monitoring and follow-up visits to health centers and communities where OBULAMU champions operate is vital to the success of interventions. While interacting with health workers in *Mucwini* HC III in Kitgum, *Patongo* HCIII in Agago and *Pajule* HC IV in Pader during the week of June 08, 2015, the CHC team observed an abnormal increase in the number of people seeking out-patient malaria treatment services and alerted the districts, MOH and USAID. This information prompted the initial response where CHC provided tailored talking points to the districts, radio presenters and VHTs on early diagnosis and treatment, use of insecticide treated mosquito nets as well as uptake of intermittent preventive treatment for pregnant women (IPTp) to prevent malaria during pregnancy.

**Plans for the next quarter, July – September 2015:**

- Disseminate the standardized peer education manual/materials for different priority audiences
- Continue to standardize and produce seed copies of health communication materials for MOH and IPs
- Chair and influence national Communication TWGs on: eMTCT, SMGL, condom promotion, malaria and adolescent health
- Provide technical assistance and coordination in the implementation of demand generation activities on eMTCT

in the Teso and central 1 and 2 regions, for breastfeeding week (1 – 7 August).

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

### ***Organizations Involved:***

FHI 360, MOH, USG IPs and DHTs

### ***Activities Planned:***

Activities under this cluster are broken down into separate sections as follows:

- 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 Government of Uganda (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, Comments, Plans for next quarter***

- Registered numerous achievements. These, plus comments and plans for the next quarter under sub-activities 1.2.1-1.2.6 below.

### **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:***

- Work with USG IPs and DHEs to orient selected champions on interpersonal communication activities (IPC), as well as dissemination and orientation on the use of champion's materials and other HC materials and tools.
- Update the champion's database with additional champions to further deepen the reach of IPC
- 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

#### ***Activities accomplished:***

- During the quarter, CHC oriented a total of 4,892 champions who include; health workers, VHTs, linkage facilitators, mentor mothers, and peer leaders of various priority and key population individuals and groups. Champions were oriented on the basics of IPC, how to start a conversation with clients, how to address barriers to uptake of services and clarify knowledge gaps, and how to refer people to relevant services.
- CHC in collaboration with USG IPs conducted 15 follow-up support supervision activities that reached 705 champions who had been oriented and deployed the previous quarter in Central, Western, Northern and Karamoja regions. Through interactions with the champions and reviewing of the champions' dialogue and reporting tools, it was observed that most champions are active in the community conducting home visits and referring people to services. Records of the 705 champions show that they had reached a total 27,966 clients with OBULAMU campaign messages and referred 14, 463 to relevant services in May and June 2015. Records from the 705 champions showed that they did not fill-out the dialogue feedback form due to lack of time and

limited writing skills as well as limited supervision from IPs on the ground and health workers.

**Comments/ Challenges:**

- CHC was not able to agree with IPs on criteria for rewarding the best performing champions due to deficiencies in accessing performance data of champions. This activity will be expedited next quarter using data from referral forms.

**Lessons learnt**

- Champions need continuous support supervision and mentoring visits by health workers or IPs. Quarterly meetings can be used as fora to motivate them through the recognition of their role, and to review their performance over the last quarter.

**Plans for the next quarter, July - September 2015:**

- Work with USG IPs and DHEs to orient additional selected champions approximately 4000
- Update the champion's database with additional champions to further deepen the reach of IPC
- 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:**

- Develop, field test and produce implementation guide for Life Stage 2 and orient national, regional and district level partners, including DHEs on how to use the guide.
- Monitor the use and effectiveness of the developed implementation guides by USG IPs and districts through support supervision visits as well as using a monitoring and audience feedback system.

**Activities accomplished:**

- Developed implementation guide for Life Stage 2 that addresses the health needs of pregnant women and their male partners and initiated orientation of MOH, and TWG partners (SMGL, reproductive health, FP, child health and nutrition), and district leaders on the use of the guide. This activity will continue through next quarter as CHC rolls-out Life Stage 2 in various parts of the country.

**Comments/ Challenges:**

N/A

**Lessons learnt**

- N/A

**Plans for the next quarter, July - September 2015:**

- Further disseminate Life Stage 2 implementation guide and orient partners and district leaders on their role in the implementation of Life Stage 2
- Monitor the use and effectiveness of the developed implementation guide by USG IPs and districts through support supervision visits.

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

#### Organizations Involved:

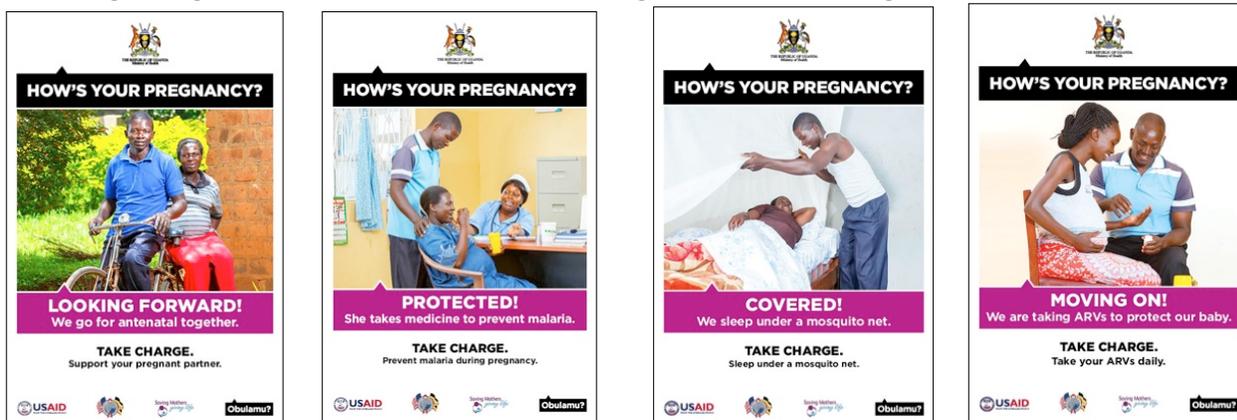
FHI 360, MOH, USG IPs and DHTs

#### Activities Planned:

- Finalize and disseminate Life Stage 2 materials which focuses on pregnant women and their male partners, as well as their influencers.
- Develop concepts and materials for Life Stage 3 which focuses on children under five and addresses issues of nutrition, childhood illnesses and immunization, among others.
- Build on existing high quality tools and materials made by other IPs, which are relevant to Life Stages that are already initiated. Possible options include adapting, re-branding, producing and integrating them into the set of tools for the OBULAMU platform that all partners can use.
- Assess and monitor dissemination, use and effectiveness of the different materials and toolkits (linked to activity 3.1) through relevant methodologies such as participatory Action Media, feedback meetings with USG IPs and champions, support supervision, and field spot checks

#### Activities accomplished:

- Developed and tested materials for Life Stage 2 Key areas addressed include: ANC, malaria in pregnancy, use of long-lasting insecticide-treated nets (LLINs), testing for HIV and enrolling into care



Some of the posters on Life Stage 2 that address pregnancy related issues such as: ANC, malaria in pregnancy, eMTCT, postpartum FP, birth preparedness, delivery at the health center, danger signs during pregnancy and nutrition in pregnancy.

The table below shows the number of materials produced by category:

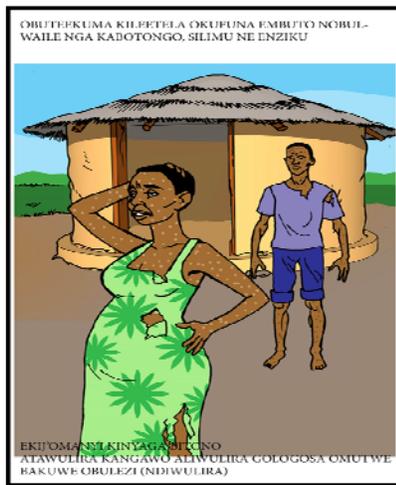
No.	Type of material	Quantity	Languages
1	Posters on Life Stage 1 and 2	60,000	17 languages: Luganda, English, Runyankore-Rukiga, Runyoro-Rutooro, Rufumbira, Lukhonzon, Alur, Lugbara, Madi, Luo-Acholi, Luo-Langi, Ngakaramajong, Ateso, Lumasaba, Dophadola, Swahil and Samya.
2	Talking points on Life stage 1 and 3	5,000	English
3	Integrated MSM brochure and conversation starter on condom use, HTC and ART	1,000	English
4	Road Stars on Life Stage 2 and 3	200	17 languages as indicated above
5	Street Poles on Life Stage 2 and 3	200	17 languages as indicated above
6	Bill boards on Life Stage 2 and 3	49	17 languages as indicated above
7	Radio spots on Life Stage 2 and 3	45	17 languages as indicated above
8	OBULAMU moment DJ scripts and DJ mentions	16	17 languages as indicated above

- Initiated development of Life Stage 3 (children under five through their caretakers) materials. Poster concepts for these materials are shown here below.



Some of the materials that introduce Life Stage 3 address: Early initiation of breast feeding, exclusive breastfeeding, returning to the health center for growth monitoring and immunization, among others.

- To expedite materials development for Life Stage 4 and the USAID/DFID teenage pregnancy campaign, CHC worked with the MOH adolescent health TWG and IPs to conduct participatory materials development sessions, (Action Media) with adolescent girls and boys, and their caretakers in June 2015. During the sessions, ideas and prototype materials on teenage pregnancy were developed which CHC is currently refining and using to develop messages and tools for IPC, community mobilization, mass media, print, and social media.



Prototype concepts that came from the action media sessions with adolescent girls (15-19), young women (20-24) and adolescent boys (15-19) in Jinja, East-Central Uganda.

#### Comments/ Challenges:

- Assessments of the dissemination and use of the different materials and toolkits will be pursued under a research process designed to take a pulse of the reach and immediate effect i.e. dipstick survey (see research themes under IR3. Activity 3.1.2), to be incorporated into the YR3 work plan. In the meantime, media agencies have been monitoring mass media activities (see output in 1.2.4 below).

#### Lessons learnt

- During the Action Media sessions with adolescent girls (15-19), young women (20-24) and adolescent boys (15-19), it was noted that the problem of teenage pregnancy is a strong social norm issue, which is acceptable and considered "normal" by the individual teenage girls, boys, their caretakers, and the wider community. Addressing teenage pregnancy, therefore, requires intensive and sustained BCC interventions that go beyond knowledge creation to addressing attitude, motivation and social norms and targeted placements around "unsafe places" as identified in the audience concepts.

**Plans for the next quarter, July - September 2015:**

- Develop and test additional interpersonal, audio and video materials and tools on Life Stage 2” “How’s Your Pregnancy” and Life Stage 3: “How’s Baby Opio?” that address identified barriers to adoption of relevant behaviors and uptake of services
- Develop and test concepts and materials for Life Stage 4 and the USAID/DFID teenage pregnancy campaign
- Review and update developed materials and tools with lessons from on-going monitoring and After Action Review sessions with champions, IPs and other stakeholders (linked to activity 3.1).

**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:**

- Using the implementation guides (Activity 1.2.2), provide on-going technical assistance to USG IPs in the day-to-day implementation of the OBULAMU campaign
- Work with GOU, USG IPs and other stakeholders to conduct phased implementation of life stages 1-4 through targeted mass media and IPC interventions.
- Liaise with USG IPs to focus on areas where they are experiencing low uptake of services, and conduct targeted mass media and IPC interventions, including; champions orientation and deployment, and community shows linked to service delivery at selected USG IP health centers and outreaches.
- Monitor and document the impact of the above interventions on changes in knowledge, motivation and uptake of services.

**Activities accomplished:**

- Provided technical assistance to districts and USG IPs in the day-to-day implementation of the OBULAMU campaign. Using the implementation guides (Activity 1.2.2) and various health communication materials and toolkits (activity 1.2.3), CHC oriented district leaders and IPs and provided them with seed copies of materials as shown in the table below:

No.	Type of material	Target Users	Quantity
1	Talking points	Champions, district leaders and USG IPs	8,000
2	Posters on condom use, SMC, ART, eMTCT, FP, MCP, HTC, malaria, TB, breast feeding, nutrition and ANC	USG IPs, districts, health facilities and champions	64,300
3	SMC Brochures	USG IPs	10,000
4	MSM integrated brochure and conversation starter	Community Health Alliance (CHAU), Spectrum, IDI and The AIDS Support Organization (TASO)	750

- Worked with MOH, Uganda AIDS Commission (UAC), USG IPs and other stakeholders to conduct phased implementation of Life Stages 1-3 through targeted mass media and IPC interventions. In order to prioritize and focus interventions, CHC reviewed data from IPs, PLACE data, HMIS 2014 as well as the Malaria Indicator Survey (2014) to focus interventions in areas with a high disease burden, and where IPs were experiencing low uptake of services. Key interventions implemented include:
  - Targeted placement of print materials such as posters, bill boards and road stars
  - Dissemination of radio messages through radio spots, DJ mentions and talk shows
  - Deployment, follow-up and supervision of champions who have been oriented
  - Community mobilization activities such as; community drives, dialogues, engagement of women groups and community shows: and
  - Targeted activations for priority and key populations; bar and lodge activations as well as moonlight shows

- Each intervention provided tailored information, motivation and skills to address barriers to adoption/uptake of relevant behaviors as well as referral and linkage to available services provided by districts and IPs. The table below gives a summary of interventions and the number of people reached in the last three months:

Type of intervention	No. of interventions	People reached
Radio spots	22,680	4.5 million people (estimated from IPSOS analysis)
DJ mentions and discussions	15,120	4.5 million people (estimated from IPSOS analysis)
TV spots	720	2 million people (estimated from IPSOS analysis)
Radio talk shows	74	4.5 million people (estimated from IPSOS analysis)
Community drives	174	3,480 households (estimated)
Community shows	29	19,256
Pre-community show dialogue sessions	870	1,740
Targeted activations for priority and key populations	170	3,400
Video hall activations	263	12,361



*In the above pictures: Demonstration on how to hang a mosquito net during one of the community shows and a pre-community show night dialogue session in a hot spot*

- Following community shows, champion orientations, and dialogue sessions, CHC conducted After Action Reviews and monitoring sessions in order to: address emerging issues; review service data; and determine audience access to services before, during and after interventions (see IR3). However, for specific data on changes in knowledge, motivation, skills and norms, and to determine the impact of interventions, CHC will conduct a mid-term evaluation survey in April 2016 which will be compared with results from the baseline evaluation survey conducted in April 2015.

**Comments/ Challenges:**

N/A

**Lessons learnt:**

N/A

**Plans for the next quarter, July – September 2015:**

- 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.
- Work with partners to continue implementation of Life Stages 1-4 targeting high burden areas and where partners are experiencing low uptake of services
- Rollout targeted interventions for the USAID/DFID teenage pregnancy campaign for adolescent girls (15-19) and young women (20-24)
- Monitor and document the impact of the above interventions on changes in knowledge, motivation and uptake of services.

## 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:

- Work with USG IPs and identified KP 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:

- During the quarter, CHC worked with various IPs, including: Community Health Alliance (CHAU), TASO, STAR-SW, STAR-EC, Baylor, IDI and MURP to conduct interventions that address the unique needs of priority and key populations. These include;
  - Champions orientation and deployment to provide basic information and referral to services
  - Moonlight community shows at selected hot spots, landing sites and markets
  - Bar, lodge and night club activations
  - Materials development and dissemination



Developed and produced 1,000 integrated MSM brochures and conversation starters on condom use, HTC, ART adherence and post-exposure prophylaxis and disseminated them to Spectrum, CHAU, TASO and IDI. CHC also submitted two posters (*shown on the left*) and three radio spots for fisher folk and female sex workers to the UAC message clearing house, and will produce and disseminate these materials next quarter.

- Oriented and deployed 1,897 champions and peer leaders from within the various priority populations and key populations groups as indicated in the annexes.

### Comments/ Challenges

- Delays by the UAC clearing house to review and approve the fisher folk and female sex worker radio scripts and posters delayed production and rollout of the materials during the quarter. CHC however expects to get the necessary approval to produce and disseminate materials next quarter.

### Lessons learnt

- N/A

### Plans for the next quarter, July - September 2015:

- Work with USG IPs and identified KP 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:**

- 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 audio and video content, that depict ordinary lives in Karamoja and integrate HC messages
- Monitor activities and document best practices and lessons learnt

**Activities accomplished:**

- Oriented and deployed 467 campaign champions in Moroto, Kotido and Kaabong district (*see picture on the right*). Categories of champions include: health workers, VHTs, cultural leaders, local drama groups, political leaders as well as Manyatta heads and kraal leaders.
- Initiated contracting process for STF to produce local video and audio content as well as customize OBULAMU campaign materials to suit the Karamoja context.
- Worked with partners Baylor, Concern World Wide, CUAMM, TASO, AMICAAL, World Vision, CAFH, Red Cross and CARITAS to conduct three OBULAMU community shows in Moroto, Kotido and Kaabong. 2,713 people received eMTCT, nutrition, HCT and condom services (*see picture on the right*).

**Comments/ Challenges:**

- N/A

**Lessons learnt**

- N/A

**Plans for the next quarter, July – September 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
- Conduct one DHE workshop to 1) equip DHEs with necessary skills and tools to enable them spearhead HC coordination at the district level, and 2) introduce a tailored SBCC training program (*linked to activity 1.3*)
- Work with STF to produce audio and video materials and customize OBULAMU Life Stage 1-4 to suit local context
- Roll out OBULAMU campaign in Karamoja focusing on Kotido and Moroto

**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:**

- Finalize the capacity strengthening plan and discuss with IPs
- Develop training schedule and conduct training of trainers using C-Change's training package
- Cascade the SBCC training to select members of the BCC WG, USG IPs and GOU using the above SBCC package
- Based on the developed CS plan;
  - Conduct hands-on training in materials development for selected BCC WG, MOH and IP staff who attend the above SBCC course
  - Conduct on-going orientation of health workers in basic IPC skills using the adapted C-CHANGE

- training manual for frontline health workers
  - Conduct DHE regional workshops which will include training and orientation on basic IPC skills and use of data for decision making
- 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*).

***Activities accomplished:***

- Conducted an SBCC capacity assessment for two IPs, Youth Alive Uganda and Meeting Point to identify health communication skills gaps and inform completion of the capacity strengthening plan. Capacity assessment for the remaining 18 IPs to be completed next quarter.
- Conducted a skills development course in social behavioral change communication for 24 participants from USG IPs and MOH. IPs developed action plans to integrate SBCC in their programming. CHC will follow-up on the action plans with the IPs and provide on-site technical assistance to ensure that participants apply the skills gained in their day-to-day program activities.
- Supported MOH to conduct an SBCC technical assistance session to address the unique needs of BCC WG members. During the session, relevant SOPs required for the full functionality of the WG e.g. how to review health communication materials review, were disseminated to members.
- Provided continuous tailored TA to USG IPs to implement OBULAMU integrated campaign (details of this activity are reported in section 1.1 above).

***Comments/ Challenges:***

- Due to competing priorities, the DHE regional workshops were not held and this activity is differed to the next quarter.

***Plans for the next quarter, July - September 2015:***

- Cascade the SBCC training to members of the BCC WG, USG IPs and GOU using the above SBCC package
- Based on the developed CS plan;
  - Conduct hands-on training in materials development for selected BCC WG, MOH and IP staff who attend the above SBCC course
  - Conduct on-going orientation of health workers in basic IPC skills using the adapted C-CHANGE training manual for frontline health workers
  - Conduct four DHE regional workshops which will include training and orientation on basic IPC skills and use of data for decision making
- Provide on-going technical assistance and tailored CS to USG IPs in their regions to implement the OBULAMU integrated campaign (*linked to activity 1.1*).

## 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:**

- Disseminate BCC WG SOPs to members
- 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, 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:**

- Provided technical support to the BCC WG and other thematic task forces to enhance communication interventions in the country. CHC held a TA session with the core BCC WG members where the Terms of Reference (TORs), annual calendar and five (5) SOPs were discussed and will be finalized next quarter. SOPs discussed include;
  - SOP: How to adapt health communication materials
  - SOP: Testing health communication materials (concept testing, pretesting, and field testing)
  - SOP: Message development process
  - SOP: How to write a creative brief
  - SOP: Quality criteria for the review and approval of health communication campaigns
- Supported and worked with BCC WG to co-chair and influence the Adolescent Health, eMTCT, SMGL, Condom, Malaria, and SMC Task forces/TWGs to address related health communication issues (*see details in activity 1.1*).
- Oriented four BCC WG members and 20 IP staff on the OBULAMU implementation guides during the SBCC Training for IPs conducted in April 2015.

#### **Comments/ Challenges:**

- N/A

#### **Lessons learnt**

- The SOP '*Quality criteria for the review and approval of health communication campaigns*' is the most relevant for the TWG and could be introduced to the UAC materials review committee as well.

#### **Plans for the next quarter, July - September 2015:**

- Finalize and disseminate SOP on materials review to core BCC WG members
- Provide logistical and technical support to the national BCC WG and Monitoring, Evaluation and Research/ Knowledge Management (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, 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)

## 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 spearhead HC coordination at the district level including a tailored SBCC training program (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
- Support functionality and set-up more regional/sub-regional Google Groups and list serves of DHEs

### ***Activities accomplished:***

- Supported three regional teams to provide onsite technical assistance to DHEs and USG IPs during orientation of champions and implementation of community shows in East Central, Eastern and Northern regions.
- Through the regional teams, supported DHEs to undertake SBCC online course to enable them coordinate SBCC interventions in the districts.

### ***Comments/ Challenges:***

- Although DHEs supported the idea of forming Google Groups, the start has been slow as ownership and management have to be defined by the DHEs. The DHE will have an opportunity to discuss this at the upcoming semi-annual meetings.

### ***Lessons learnt***

- N/A

### ***Plans for the next quarter, July - September 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
- Conduct a tailored SBCC course focusing on data use for decision making for DHEs
- Conduct regional DHE workshops to 1) equip DHEs with necessary skills and tools to enable them spearhead HC coordination at the district level, and 2) introduce a tailored SBCC training program (linked to activity 1.3)
- Host regional semi-annual meetings and learning for a for DHEs to enable them share experiences, and learn from each other on how to coordinate and improve HC in the district
- Support functionality and set-up more regional/sub-regional Google Groups and list serves of DHEs

## 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
<p><b>Organizations Involved:</b> FHI 360, MOH</p>
<p><b>Activities Planned:</b></p> <ul style="list-style-type: none"><li>• Conduct HC MER/KM capacity assessment with members of the Task Force to facilitate identification of relevant capacity strengthening (CS) needs</li><li>• Implement learning by doing MER/KM CS through leverage of related learning opportunities<ul style="list-style-type: none"><li>○ Review of CHC performance, for example analytical assessment trends in HMIS vis-à-vis progress with OBULAMU rollout. Discussion of changes in context, and reflection on progress.</li><li>○ Encourage task force members to attend CHC/AfriComNet community of practice (CoP) open learning forum (links with Activity 3.2.3)</li></ul></li></ul>
<p><b>Activities accomplished:</b></p> <ul style="list-style-type: none"><li>• Members of the BCC WG determined that the task force shall only comprise of persons with technical skills and experience in M&amp;E and KM. In this respect, MOH wrote to partner organizations in the BCC WG to recommend their technical staff for the MER/KM taskforce.</li></ul> <p>Learning opportunities</p> <ul style="list-style-type: none"><li>• <i>Review of CHC performance:</i> attained as part of development of LS strategy, targeting community shows based on data from partners (see Activities 1.2.4; 1.2.5; 1.2.6; and 2.2).</li><li>• <i>Participation in COP:</i> Initiated with the May 14, 2015 COP discourse on the basics of effective SBCC design and implementation. At least 5 task force members [1 media monitoring intern at CHC; 2 CHC staff; 1 AfriComNet; and 1 MOH/HPED] attended.</li><li>• In view of the recent Northern Uganda Malaria outbreak (see IR1 Activity 1.1): Initiated plans for the next COP (July 2015) with a focus on MOH/HPED response and use of HMIS data for decision-making in malaria programs.<ul style="list-style-type: none"><li>○ Three panel presentations to guide the discourse were identified: 1) <i>Data Quality Assessments-Stop Malaria Project Experience to Uganda</i>; 2) <i>USAID-Community Connector program experience in using Collaborating, Learning and Adapting approach to improve projects to Uganda</i>; 3) <i>Data use in SBCC Programming in Uganda- MOH malaria program</i>.</li><li>○ The MER/KM task force convener (MOH/HEPD) has been active in the COP and selection of discourse topic for the next COP. The M&amp;E manager covering MOH/HPED malaria activities was identified as one of three lead panelists.</li><li>○ See 3.2.4 for other immediate district data support to MoH Malaria TWG during a June 2015 strategy meeting at MOH to address the northern Uganda malaria situation.</li></ul></li></ul>
<p><b>Comments:</b></p> <ul style="list-style-type: none"><li>• The need for capacity assessment was superseded by the decision to limit membership to persons technically qualified in M&amp;E/KM. Instead, the schedule of topics for data focus will be based on 1) the BCC WG annual activity calendar, or 2) emerging public health issues with implications for SBCC.</li><li>• While the task force has not formally commenced its meetings following the recommended changes to team composition above, CHC and collaborators have continued to advance the aim of this activity: coordinated review of HC-related research/data to inform programming at different stages. CHC has not relied on data generated by itself, but as intended for this activity, HMIS and direct service statistics that may not have been already entered into the HMIS.</li></ul>

### ***Lessons learnt***

- While learning is improved when conducted in organized platforms, the speed of set up of such fora should not delay opportunities for knowledge sharing. CHC continues to leverage existing opportunities to take forward the learning agenda.

### ***Plans for the next quarter, July - September 2015:***

- Identify emerging data and knowledge needs to support calendar activities of the BCC WG. These may include leverage of learning opportunities through review of CHC performance, for example analytical assessment of data trends in HMIS vis-à-vis progress with OBULAMU rollout. Discussion of changes in context, and reflection on progress.
- Encourage WG and task force members to attend CHC/AfriComNet community of practice (CoP) open learning forum (links with Activity 3.2.3). The aim is to engender continued engagement to exploit tacit knowledge that may not access the restricted policy level platforms.

## **3.1.2 Generate strategic research and evaluation questions**

***Organizations Involved:*** FHI 360

### ***Activities Planned:***

- 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

### ***Activities accomplished:***

- Strategic questions outlined early June and shared with FHI 360 HQ as part of brainstorming and consensus before sharing with stakeholders. Four specific themes identified including:

#### **1. As part of project design**

Notably, OBULAMU development and rollout is phased by life stage. Additional desk review/research is needed to inform development of Life Stages 2, 3, and 4.

#### **2. As part of implementation: Learn how to improve implementation and maximize achievement of results.**

- A.** Assess acceptability by obtaining feedback on content, activities, mode of delivery, dose/intensity.
- B.** Gauge preliminary effects of interventions: Inquire into participants perspectives of how interventions affected them.

#### **3. Overall: linked to implementation rollout and final evaluation**

- A.** Contribute to testing the CHC theory of change. Understand issues around effectiveness including the causal relationship between interventions and outcomes
- B.** Ground implementation i.e. map/describe experiential evidence and contextual knowledge.
  - i. Validate survey results related to outcomes.
  - ii. Identify improvements in areas that were not anticipated.
  - iii. Begin to delineate adverse effects.

#### **4. To address emerging pattern of HIV**

*Focused formative research* prioritizing the HIV corridor to understand normative (generalized) behaviors and how people interact with HIV/AIDS interventions (information services, preventive products, and health services) and make recommendations, especially for social and behavior change communication (SBCC).

**NB:** Additional detail is contained in the project monitoring, evaluation, and learning plan.

### ***Comments:***

- This list is currently in discussion with FHI 360 HQ and will be refined in August 2015 as part of YR3 work plan development during which the exact research questions will be determined and protocol development

initiated. NB: MOH and USAID will be involved in this process for consensus.

**Lessons learnt**

- N/A

**Plans for the next quarter, July - September 2015:**

- Work with the Task Force, WG and periodically co-opted stakeholders to refine strategic research questions based on review of HC program and research experiences. This is an on-going activity running throughout the quarters.

**3.1.3 a) Design and implement customized research methodologies**

**Organizations Involved:**

FHI 360

**Activities Planned:**

- Follow-up on approval for evaluative survey from Office of the President
- Complete data collection in quarter 3, analyze data, and generate descriptive analysis tables
- Spearhead a learning/needs-based approach in tandem with OBULAMU programming to anticipate and respond to emerging formative research questions amenable to participatory approaches and/or desk review.
- 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 (*Linked to 3.1.2*)

**Activities accomplished:**

- *Ethical approval and research clearance for the CHC evaluative survey:*
  - Obtained Makerere School of Public Health (MakSPH) research ethics approval of revised sampling plan, hence fieldwork start up on April 20, 2015.
  - Obtained principal investigators' research clearance letters from the Office of the President.
- *Evaluative survey data collection April 20-June 30 2015:* Successfully conducted survey data collection in 16 districts, with a total number of 2383 (99.7%) out of estimated 2390 households completed. Also linked to 3.1.3b as part of performance monitoring.
- *Focused formative research prioritizing the HIV corridor* (Links with IR1 Activity 1.1): in late June 2015: Completed a brainstorming exercise with DHOs, DHEs, and HIV Focal Points in Mityana, Mubende, and Gomba districts, Central region. Report currently in development. A desk review and synthesis of the data will define questions and inform qualitative rapid assessments with selected community members.
- *Data use to inform Life Stage 4 (adolescent boys and girls) and the DFID/USAID campaign targeting adolescent and young women:* Conceptualized, and implemented a formative participatory assessment through action media methodology among adolescents and key informant interviews with stakeholders (caregivers, school heads, police department) with a focus on pregnancy prevention. See IR1, Activity 1.2.3 for insight into output (prototypes for HC materials/content) from preliminary synthesis of the data.

**Comments/ Challenges:**

- N/A

**Lessons learnt**

- The brainstorming/ data collection exercise with DHOs, DHEs, and HIV Focal Points in Mityana, Mubende, and Gomba districts confirmed that formative assessment can be effectively embedded within stakeholder workshops. Simple tools, such as the one deployed in this activity, effectively facilitate non-research staff (regional staff) to systematically conduct the exercise and synthesize the data. The process engenders direct involvement of district stakeholders in the identification of information relevant to developing research

concepts.

**Plans for the next quarter, July - September 2015:**

- Continue a learning/needs-based approach in tandem with OBULAMU programming to anticipate and respond to emerging formative research questions amenable to participatory approaches and/or desk review.
- 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 (*Linked to 3.1.2*)

**3.1.3 b) Implement project Performance Management Plan (PMP)**

**Organizations Involved:**

FHI 360

**Activities Planned:**

- Finalize the MEL-Plan narrative containing the M&E system, learning agenda, and communication plan
- Convene CHC staff quarterly portfolio review meetings to discuss progress and action plans for application of learning/insight from implementation and progressive results
- Conduct evaluative survey #1, clean data and run descriptive frequency tables for preliminary insight into status of key behavioral variables
- Collaborate with MOH Resource Centre leadership to kick-off the piloting of C-HMIS in selected districts in West Nile region.
- Update program monitoring tools based on the phased OBULAMU implementation plan (*Links with 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:**

- Finalized the MEL-Plan narrative containing the M&E system, learning agenda, and communication plan, and submitted to USAID for final approval<sup>1</sup>. Activities undertaken concurrently with this process include:
  - Updated program monitoring tools based on the phased OBULAMU implementation plan (*Links with Activity 1.2*).
  - Conducted Regional Office visits to orient staff on the approved MEL-Plan.
- *Commenced data cleaning and preparation for analysis:* This included importing data from ODK to .csv format concurrently with data submitted from the field for cleaning and preparation for analysis. To expedite progress towards analysis, the datasets were transferred to FHI360 HQ for STTA support.
- *Hire of database development specialist:* Circulated a scope of work for a database development specialist to expedite set up and completion of CHC databases following approval of the MEL-Plan indicator matrices. Updated databases expected to be ready at close of August 2015.
- As part of efforts to identify areas for collaboration in streamlining champions' (VHTs) reporting, CHC collaborated with MOH Resource Centre in piloting of smart phone community health management information system (C-HMIS) in Moyo district in West Nile region.
- After-Action-Reviews of activities within CHC have been used to inform and improve subsequent demand creation events such as community shows (health fairs) and recruitment and/or orientation of OBULAMU champions. Key considerations include documented evidence of the health problem to be addressed, the selection of sites to align with available evidence and objectives, the range of services to be offered, and anticipating meeting the demand rather than focusing only on partners' periodic targets. *Links with IRI Activity*

<sup>1</sup> In late Quarter 2, the USAID strategic information unit communicated clearance of the indicator summary tables subject to the AOR agreeing on the targets. In the meantime, CHC was given time to finalize the MEL-Plan narrative to consolidate the learning agenda and communication plan.

1.2.4.

**Comments:**

- Evaluative survey: Release of preliminary findings relevant to development of YR3 work plan is projected for early August 2015 with a second release of other findings in late August 2015.
- The CHMIS system only contains modules that cover MCH, Nutrition and FP – areas covered by the main sponsor, UNICEF. To capture the interest of partners such as CHC, the system could be upgraded to include the modules for HIV/AIDS, TB and Malaria so that this platform could support CHC and partners work with OBULAMU champions and facilitating reporting of community level data. CHC anticipates discussing the opportunities with USAID, and the extent this is feasible under USAID funding mechanism.

**Lessons learnt**

- N/A

**Plans for the next quarter, July – September 2015:**

- Convene CHC staff quarterly portfolio review meetings to discuss progress and action plans for application of learning/insight from implementation and progressive results
- Conduct evaluative survey #1, clean data and run descriptive frequency tables for preliminary insight into status of key behavioral variables
- Collaborate with MOH Resource Centre leadership to kick-off the piloting of C-HMIS in selected districts in West Nile region.
- Update program monitoring tools based on the phased OBULAMU implementation plan (*Links with 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

**3.1.4 Collaboration and research capacity strengthening with partners**

**Organizations Involved:** FHI 360

**Activities Planned:**

- Spearhead 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 to align with proposed revised approaches in Activities 3.1.1 and 3.2.3.
- Initiate different segments of TA and progressively build-up momentum to align with proposed revised approaches in Activities 3.1.1 and 3.2.3.
- Identify and take high performing Masters Student candidates onto internship programs to align with proposed revised approaches in Activity 3.2.3

**Activities accomplished:**

- Capacity strengthening activities (learning through information and knowledge exchange) initiated under the CHC/AfriComNet community of practice (see Accomplishments in 3.1.1 above).
- Pursuit of collaboration with institutions of higher learning: Held meeting with the MakSPH Research Fellow and MPH Field Coordinator to discuss collaboration (capacity strengthening) in Research and KM mentoring for students. CHC provided immediate TA including guide to links for SBCC research, KM and implementation including HC3, K4Health, C-Hub. Immediate feedback from MakSPH indicated use of the resources and further dissemination in their networks.
- Identified a media monitoring intern to focus on HC activities in the media in general, and also specific to those delivered via CHC support. This specific intern will formally commence work in YR3 and will be included in the YR3 work plan.

**Comments/ Challenges:**

- Subsequent communication with MakSPH following indicated interest in collaborative mentoring of MPH students in research and KM did not appear to yield success. CHC has determined that in the event of failure to

receive MakSPH feedback and commitment at close of July 2015, the program team shall proceed to advertise internship positions for an M&E and a KM fellows at the beginning of August 2015.

***Lessons learnt***

- N/A

***Plans for the next quarter, July - September 2015:***

- Spearhead 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 to align with proposed revised approaches in Activities 3.1.1 and 3.2.3. In view of experiences including lengthy procedures of trying to secure collaboration with institutions of higher learning, CHC is changing approach to using advertised fellows' positions as entry points, beginning in August 2015. Further engagements with the institutions will be determined based on institutions' expressed interests in collaboration through the requirements of the fulfilment of relevant fellows' dissertations.
- Initiate different segments of TA and progressively build-up momentum to align with proposed revised approaches in Activities 3.1.1 (MER task force and COPs) and 3.2.3 (COPs).
- Identify and take high performing Masters Student candidates onto internship programs to align with proposed revised approaches in Activity 3.2.3

### **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:***

- Follow-up on application for USAID endorsement of CHC HC campaign website
- Implement the learning agenda through networks and platforms identified at national, regional, and district levels. The communication plan will inform this process, to make it systematic.
- Work with AfriComNet 1) to spearhead consolidation, development and/or strengthening of various communities of practice incorporating national and regional levels 2) Use social media tools (including Facebook, Twitter, YouTube, Google groups etc.) to alert users to new materials posted on Webpages, project news, and discussions from the Communities of Practice, and 3) training for BCC WG Secretariat and MOH Resource Centre staff in social media use and on how to use and update links on the MOH website to the HC data visualization dashboard and the OBULAMU webpage.
- Monitor and document the learning agenda

***Activities accomplished:***

- Implementation of the learning agenda through networks and platforms identified at national, regional, and district levels:
  - In collaboration with AfriComNet, began the process for a two-hour Community of Practice (CoP) for SBCC practitioners, media, and students and others. The first event attended by at least 77 of 100 expected participants was conducted on May 14, 2015. Made plans for the second event estimated to occur in July 2015 that aims to follow-up this discourse by using program examples for monitoring and data use for decision.
  - See IR1 Activity 1.1 for CHC engagements with national communication TWGs and the Saving Mothers Giving Life (SMGL) TWG.
  - See Activity 3.1.4 above (with links to IR1 Activity 1.1) involving cluster meetings with DHEs from Mubende, Mityana and Gomba districts to brainstorm on the drivers of the HIV epidemic in order to conceptualize research questions for further exploration.
- Finalized the selection process for a competed bid for development of the cloud-based OBULAMU data visualization and knowledge management platform, with clear data policy protocols for transfer to the MOH

Resource Centre personnel. Submitted the contract to USAID for approval.

- Advertised for and began the shortlisting process for a Knowledge Manager with working knowledge of M&E concepts and data.

***Comments/ Challenges:***

- Application for the proposed CHC OBULAMU Campaign website has not yet been approved by USAID. However, opportunities exist in the proposed cloud-based data visualization dashboard which CHC may use to share knowledge products and collaborative exchange of data and information.
- Feedback from regional offices indicate that on-line collaboration tools such as Google groups and communication via e-mail listservs which require data-time do not work well without dedicated IP support to access internet services. Continuous district mapping is critical to determine what information exchange options work for different DHEs.

***Lessons learnt***

- N/A

***Plans for the next quarter, July - September 2015:***

- Follow-up on application for USAID endorsement of CHC HC campaign website
- Implement the learning agenda through networks and platforms identified at national, regional, and district levels. The communication plan contained in the CHC MEL-Plan will inform this process, to make it systematic.
- In link with Activity 3.1.4, work with AfriComNet 1) to spearhead consolidation, development and/or strengthening of various communities of practice incorporating national and regional levels 2) Use social media tools (including Facebook, Twitter, YouTube, Google groups etc.) to alert users to new materials posted on Webpages, project news, and discussions from the Communities of Practice, and 3) training for BCC WG Secretariat and MOH Resource Centre staff in social media use and on how to use and update links on the MOH website to the anticipated OBULAMU data visualization dashboard and knowledge management platform. Application for the platform has been duly submitted to USAID for approval.
- Monitor and document the learning agenda

**3.2.2 Develop Knowledge products for dissemination**

***Organizations Involved:***

FHI 360, MOH

***Activities Planned:***

- Spearhead development and field testing (where applicable) of KM products. CHC will prioritize testing products for Life Stage 4 (adolescents 15-19y)
- 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

***Activities accomplished:***

- See under IR1 Activity 1.2.3 and 3.1.3a with regard to June 2015 formative assessments using participatory action media and informal interviews with key informants including teachers, health workers, police, and caregivers in Jinja (Busoga region) to inform development of materials for Life Stage 4 and the USAID/DFID teenage pregnancy prevention campaign.
- During the quarter, CHC finalized developing and testing materials for Life Stage 2 which focusses on the health needs of pregnant women and their male partners. See under IR1 Activity 1.2.3 with regard to range of Life Stage 2 materials tested through agencies prior to dissemination of the products. Supported translation of LS2 posters in the 19 local languages in preparation for rollout.
- Finalized and distributed CHC e-News issue No. 3 for April 20 – May 15, 2015, and initiated development and consolidation of materials for the next Newsletter June-July 2015.
- On-going release of KM products through regional teams as part of routine work; for example, supporting

community show planning with evidence from HMIS data.

- Finalized two stories; 1) a story highlighting the OBULAMU values clarification tool, and 2) an eMTCT and ART adherence-linked success story following OBULAMU community show in western region.
- Finalized, as part of after-action-review and lessons sharing, an OBULAMU champions orientation follow-up mechanism established in western region in collaboration with implementing partners. This review will also be released in the next CHC e-Newsletter to be released in the next quarter.
- Submitted two abstracts for the National Conference on Adolescent Health scheduled for July 29-30, 2015. 1: *Increasing adolescents' access to reproductive health information and services in Uganda.* 2: *Assessment of health communication needs for adolescents' adherence to antiretroviral therapy (ART) in Uganda.*

**Comments/ Challenges:**

- CHC e-Newsletter currently relies on CHC webpage on FHI 360 website. Organizational protocols governing publication and website content are a constant source of delay for release of online materials aimed at widespread dissemination. These limitations may be minimized once the data visualization dashboard is in place.

**Lessons learnt**

- N/A

**Plans for the next quarter, July - September 2015:**

- Spearhead development and field testing (where applicable) of KM products. CHC will prioritize testing products for Life Stage 3 and 4 (adolescents 15-19 years), and also for DFID FP component which straddles both Life Stages 1 and 4.
- 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

### 3.2.3 Facilitate Communities of Practice

**Organizations Involved:**

FHI 360

**Activities Planned:**

- Spearhead exploration of the potential for local graduate students (Makerere University, UCU-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:
  - i) Review selection criteria/ process for the community of practice fellow(s) based on outcomes of the first open forum COP with AfriComNet
  - ii) Recruit and commence training/mentoring on facilitation techniques for the community of practice
- Hold open forum community of practice meeting in May 2015
- Consolidate SOW for collaboration with AfriComNet

**Activities accomplished**

- Continuous update of CHC and AfriComNet Communication Listserv and circulated e-mail invitations for the Community of Practice (COP) discourse
- Held CHC/AfriComNet-led SBCC COP on May 14, 2015. **Topic:** "How to design effective social and behavior change communication campaigns". At least 77 participants attended, out of an expected 100 participants. Panelists included an SBCC expert and a Creative designer and Production expert.
- Held after action review meeting with AfriComNet on the COP and consolidated plans for the next meeting

scheduled for July 9, 2015. See additional detail in 3.1.2 above.

**Comments/ Challenges:**

- Review selection criteria/ process for the community of practice fellow(s) postponed awaiting insight from the next COP, scheduled for July 2015. The idea is to get a bit more insight into the consistency of participants as a measure of interest. This will then be incorporated into considerations for the selection process. Selection to follow through advertisement in August 2015 (the same as for 3.1.4 above).

**Lessons learnt**

- N/A

**Plans for the next quarter, July - September 2015:**

- Review selection criteria/ process for the community of practice fellow(s) postponed awaiting insight from the next COP, scheduled for July 2015. The idea is to get a bit more insight into the consistency of participants as a measure of interest. This will then be incorporated into considerations for the selection process.
- Recruit fellow through advertisement in August 2015 and commence training/mentoring on facilitation techniques for the community of practice (the same as for 3.1.4 above).

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

**Organizations Involved:**

FHI 360

**Activities Planned:**

- 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
- Conduct online surveys to obtain feedback on KM efforts, with a focus on measuring: what works best, in what areas, and how/why?

**Activities accomplished**

- CHC regional teams have routinely provided insight from HMIS data review as part of preparation for community shows and regional activities with DHEs and implementing partners (see IR1 Activity 1.2.4).
- As part of the response to the recent malaria outbreak in Northern Uganda, CHC Northern region worked with DHTs/DHEs and district biostatisticians in Kitgum and Lamwo districts to consolidate health service data on malaria trends in the period. CHC also provided these insights at a related June 2015 strategy meeting organized by PMI and MOH Malaria TWG in Kampala.

Synthesized key issues emerging from World Malaria Day activities in May 2015 to inform targeted CHC malaria HC for Eastern region. Immediate threats were highlighted as 1) transfer of mosquito nets to alternative uses such as fishing, and 2) failure to complete malaria dose during treatment especially when parents/caregivers reportedly withdrew children from treatment (in-patients) to return to farms during the planting season.

**Comments/ Challenges:**

- N/A

**Lessons learnt**

- N/A

**Plans for the next quarter, July - September 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
- Conduct 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 APRIL - JUNE 2015**

<b>Award Budget Line Items</b>	<b>Budget Total - 5 year period (TEC)</b>	<b>Current Obligated to Date in Award</b>	<b>Balance in the Award</b>	<b>Cumulative Expenditure to March 31, 2015</b>	<b>Expenditure April 1 to June 30, 2015</b>	<b>Cumulative Expenditure to June 30, 2015</b>	<b>Cumulative Balance</b>	<b>% of Budget Remaining</b>	<b>% of Obligation Remaining</b>
<b>Labour</b>	\$6,532,711			\$1,624,048	\$289,514	\$1,913,562	\$4,619,149	70.71%	
<b>Fringe Benefits</b>	\$2,729,692			\$583,832	\$101,076	\$684,908	\$2,044,784	74.91%	
<b>Travel</b>	\$2,014,931			\$303,042	\$88,012	\$391,054	\$1,623,877	80.59%	
<b>Equipment</b>	\$443,500			\$421,757	\$5,525	\$427,283	\$16,217	3.66%	
<b>Supplies</b>	\$75,623			\$34,971	\$1,679	\$36,650	\$38,973	51.54%	
<b>Other Direct Costs</b>	\$13,781,546			\$2,090,206	\$228,313	\$2,318,518	\$11,463,028	83.18%	
<b>Sub-grants</b>	\$14,152,764			\$3,516,321	\$499,363	\$4,015,684	\$10,137,080	71.63%	
<b>Indirect costs</b>	\$10,266,708			\$1,590,745	\$226,784	\$1,817,529	\$8,449,179	82.30%	
<b>Cost Share</b>	\$2,499,874			\$639,419	\$0	\$639,419	\$1,860,455	74.42%	
<b>TOTAL</b>	<b>\$52,497,349</b>	<b>\$16,617,601</b>	<b>\$35,879,748</b>	<b>\$10,804,340</b>	<b>\$1,440,266</b>	<b>\$12,244,607</b>	<b>\$40,252,742</b>	<b>76.68%</b>	<b>26%</b>

## ANNEX B: Additional Quarter 3 Summary Data/OUTPUT

### Community Shows

CHC Region	No. of Shows	Attendance	Service Numbers											
			HTC	First Time Testers	Tested HIV Positive	Enrolled into Care	SMC	Condoms Distributed	TB screening	Family planning	Malaria/ ITN distribution	ANC	Nutrition	Immunization
<b>Quarter 3 FY 2014 - 2015</b>														
Central	6	2,160	3,118	2,140	198	37	215	52,904	15	47	-	14	-	-
Eastern	4	1,987	1,168	498	30	30	75	23,290	-	76	51	-	-	-
Northern	1	1,900	954	828	71	54	118	6,000	44	110	124	6	124	-
West Nile	2	2,780	2,655	388	79	30	4,723	49,764	4	452	-	-	361	-
South Western	4	3,040	-	1,486	91	42	333	17,280	-	12	-	-	-	-
Karamoja	3	2,363	980	317	17	5	12	-	200	29	694	63	286	77
East Central	8	4,055	3,413	2,067	120	45	33	19,060	44	237	558	117	-	591
Western	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>28</b>	<b>18,285</b>	<b>12,288</b>	<b>7,723</b>	<b>606</b>	<b>243</b>	<b>5,509</b>	<b>168,298</b>	<b>307</b>	<b>963</b>	<b>1,427</b>	<b>200</b>	<b>771</b>	<b>668</b>

### Radio Talk Shows

CHC Region	# shows
Eastern	13
East Central	4
Central	4
South Western	45
Western	5
West Nile	7
Northern	6
Karamoja	0
<b>Total</b>	<b>84</b>

## Champions Oriented: General population peers

CATEGORY	CHC REGION																Total
	East Central		Western		West Nile		Eastern		Central		South West		Northern		Karamoja		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
VHTs	54	31	837	513	78	102	27	58	130	145	111	154			54	31	2325
Community Linkage Facilitator	7	14	41	23	128	66			60	51	10		185	109	44	44	782
Health Workers	27	48	77	68	31	19	28	40	31	58	33	49	71	84	56	33	753
Local Leaders/ LCs	7	0	83	31	25	2			24	8	89	42	80	31	47	14	483
Mentor Mothers															0	1	1
VHT coordinator																	0
District Officials	1	1									14	9			10	2	37
CSWs Leaders					0	4							0	10			14
Fisher Folk Leaders									2	4							6
Uniformed Forces Leaders							0	1	23	11	77	18	9	2	9	0	150
Peer Leaders	1	4					10	14	7	7			6	0	19	21	89
IP Staff																	0
Media Personalities	39	11					29	14			7	9	38	16	41	48	252
<b>Total</b>	<b>136</b>	<b>109</b>	<b>1038</b>	<b>635</b>	<b>262</b>	<b>193</b>	<b>94</b>	<b>127</b>	<b>277</b>	<b>284</b>	<b>341</b>	<b>281</b>	<b>389</b>	<b>252</b>	<b>280</b>	<b>194</b>	<b>4892</b>

## Champions Oriented: Key/Priority populations peers

#	Priority and key population	Number oriented
1	Uniformed forces	1,392
2	MSM	15
3	Female Sex workers	52
4	Fisher folk	147
5	Peer leaders	73
6	Mentor mothers	181
7	Expert clients	37
	<b>Total</b>	<b>1,897</b>

## Materials Distributed

Type of material	# distributed
<b>POSTERS</b>	
OBULAMU LS1 Integrated Posters – MCP, ARVs & Condom Use	39,806
OBULAMU LS1 Integrated Posters – HTC, FP & SMC	39,806
Implanon (FP) Poster	2,260
TB Posters	720
ART Posters (from Action Media activities)	2,556
LLIN Posters (general)	1,000
LLIN posters (Life Stage 2 – pregnant couple)	1,000
IRS Poster	1,500
<b>CLIENT MATERIALS (Take Home)</b>	
SMC Brochures	11,300
<b>BUMPER STICKERS</b>	
OBULAMU Bumper Stickers – MCP	2,600
OBULAMU LS1 Bumper Stickers – ARVs	2,600
OBULAMU LS1 Bumper Stickers – Condom Use	1,623
OBULAMU LS1 Bumper Stickers – HTC	2,600
OBULAMU LS1 Bumper Stickers – FP	1,400
OBULAMU LS1 Bumper Stickers – SMC	2,600
OBULAMU Bumper Stickers – eMTCT	5,320
<b>JOB AIDES</b>	
OBULAMU LS1 Talking Points for Leaders and Champions	1,371
IRS FAQs	1,500
<b>Total</b>	<b>121,562</b>

## SNAPSHOT

### PRESIDENT MUSEVENI APPLAUDS BEHAVIOUR CHANGE COMMUNICATION

The OBULAMU team had the pleasure of hosting the President of Uganda HE Yoweri Museveni at their stall during World Population Day commemoration in Sembabule on July 11, 2015.

The team explained to the president what OBULAMU? stands for. The team also briefed H.E. on CHC support to Ministry of Health and its structures in strengthening health communication interventions, and designing high quality messages that promote behavior change and timely uptake of health services.

The President was delighted with the work and remarked: *“Behavior change is very important in lessening the disease burden, thank you for the good work”*. He added that it is important for people be careful with their sexual behaviors since sex is the main route in which HIV is acquired: *“It is important that HIV through sexual contact is prevented”*.



He also urged people to utilize the free ARV drugs at facilities and take up the eMTCT program to reduce new infections and early deaths.

Other dignitaries that visited OBULAMU? Stall included the President of the United Nations General Assembly Hon. Sam Kuteesa. Both presidents, together with other district officials were given an OBULAMU package that included; talking points, OBULAMU One-pager, a champion badge and a T-shirt.

The day was commemorated under the theme *“Prioritizing Community Transformation; addressing the needs of vulnerable populations”*.

OBULAMU? team took the opportunity to talk to people with disabilities (PWD) about their health communication needs. Stigma against PWD, particularly expectant women, was highlighted as a key barrier service utilization. They said at many health facilities pregnant women with disabilities are denied services and are referred to other facilities that may be far away: *‘...if it is difficult for people without disabilities to access services because of distance, isn't it more challenging for us [PWD]?’* one woman asked.

These remarks allude to a communication gap about why certain health conditions may require referral to service that may be best placed to offer support. CHC will take this up as part of an effort to improve health provider-client communication.

Other partners that attended the WPD commemoration included: Population secretariat, WSD, Marie stopes, Uganda Cares, UHMG, Straight Talk Foundation, Youth Truck and Uganda young positives, among others.

## SUCCESS STORY

### OBULAMU champion's support renew Akiiki's hope for an HIV free baby

June 2015: Sarah Akiiki (*not her real name*) is aged 32 years, HIV positive and eight months pregnant with her third child. She lives with her husband and two children aged 14 and 11 years. She has known her HIV status since 2013.

As recommended by MOH, Akiiki had been taking daily Septrin tablets prescribed at her local health facility. However, she was overcome with worry when she learnt eight months ago, to her dismay, that she was pregnant. She had no idea how she would protect her unborn baby. Her worries recently turned into hope when in March 2015 she participated in a community show (health fair) led by Communication for Healthy Communities (CHC) in her neighborhood around Kisiita Health Centre III. She learnt she could protect her baby from HIV and promptly made her first ante-natal care (ANC) visit. She was immediately enrolled into services to eliminate mother to child transmission of HIV (eMTCT).

*“My husband had been unwell for some time [not stated]. One day he collapsed at home. We rushed him to hospital and the health workers ran some tests on him.”*

Akiiki did not learn of her husband's HIV status that day. At the facility, health workers would not disclose to her the nature and results of tests they had taken on her husband, despite her demands to know.

With the passing of time, she learnt from community members that her husband had fathered a baby with another woman but that the child was not being breastfed. She became curious regarding the abstinence from breastfeeding, prompting her to take an HIV test. Her test result was positive. After receiving the results, she was put on Septrin because her CD4 count was high. She thought she would always be on the same treatment only to find out, when she became pregnant, that she was wrong.

*“I was crestfallen. I had not imagined the possibility of getting pregnant in my [HIV-positive] state,”* she says.

Akiiki then learned from radio about a community show to be held in her neighborhood by CHC and local partners. She obtained more insight from Harriet, a community's own resource person (also known as health champion in local health program circles). Harriet is a beneficiary of the integrated CHC health communication campaign “OBULAMU” champions' orientation activity. CHC and regional health service implementing partners including Infectious Diseases Institute (IDI) and Baylor Uganda initiated these orientations in western Uganda in March 2015. Orientations equip champions with skills to teach communities how to stay healthy and mobilize them to take charge of their lives and to always visit health facilities for additional health information and/or medical care. Champions organize and lead community dialogue sessions and are always on-site to provide support at community shows. (*See story above on Champions follow-up for more insight*). The one-on-one dialogue with Harriet convinced Akiiki to attend the community show in Kisiita.

*“The show was timely since eMTCT services were to be provided so I felt it would benefit Akiiki,”* says Harriet.

Enrolling into eMTCT services has not necessarily been easy for Akiiki. She has suffered side effects and even considered discontinuing the ARV treatment.

*“When the doctor told me I was going to start taking ARVs [anti-retroviral therapy], I was devastated. To me taking ARVs was a death sentence. I thought it was going to make me weak. I thought I would always be on Septrin since I still felt strong”* Akiiki says.

However, Harriet supported her the entire period through counselling and reinforcing her hope for an HIV free baby. Akiiki now takes her ARVs daily as advised by the health workers.

Eventually, her husband enrolled into ARV services. This has improved their communication and adherence to treatment. Previously, Akiiki shared her Septrin tablets with her husband until she recently learnt from Harriet that sharing medicines limits the benefits of treatment.

Akiiki is determined to protect her baby from contracting HIV/AIDS and has planned to deliver at a health facility. To cap it, she is now a registered OBULAMU campaign champion, who, though her HIV status is not known to the public, continues to talk to other pregnant women on the benefits of ANC, delivering at a health center, and most importantly the liberating possibility of giving birth to a child not infected with HIV.

CHC works with local implementing partners to hold community shows to communicate “how to stay healthy” messages

and boost demand for health products services across Uganda. The community show at Kisiita attracted 2002 people, and was held in collaboration with the IDI and Baylor Uganda, US Government-supported organizations that work to expand routine confidential HIV counseling and testing, Basic Care and Antiretroviral Therapy in western Uganda.