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Communication for Healthy Communities (CHC)

Fourth Quarter and Second Annual Report

October 2014 – September 2015

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 2014 – September 2015

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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.

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LIST OF ABBREVIATIONS

AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
ASRH	Adolescent Sexual Reproductive Health
BCC	Behavior Change Communication
C-Change	Communication for Change
CCT	Community Conversation Toolkit
CDFU	Communication for Development Foundation Uganda
CHC	Communication for Healthy Communities
CoP	Community of Practice
CS	Capacity Strengthening
CSOs	Civil Society Organizations
DHE	District Health Educator
DHO	District Health Officer
DHT	District Health Team
DOP	District Operational Plan
eMTCT	Elimination of Mother-to-Child Transmission
FHI 360	Family Health International
FP	Family Planning
FSW	Female Sex Workers
GOU	Government of Uganda
HC	Health Communication
HCT	HIV Counseling and Testing
HEPU	Health Education and Promotion Unit
HMIS	Health Management Information System
IDI	Infectious Disease Institute
IP	Implementing Partner
IPC	Inter-Personal Communication
IR	Intermediate Result
IRB	Internal Review Board
KAP	Knowledge Attitude and Practice
KM	Knowledge Management
KP	Key Population
LLIN	Long-Lasting Insecticide Treated Nets
LQAS	Lot Quality Assurance Sampling
LS	Life Stage
M&E	Monitoring and Evaluation
MARP	Most-at-Risk Population
MCH	Maternal and Child Health
MEL-P	Monitoring Evaluation and Learning Plan
MER	Monitoring, Evaluation and Research
MOH	Ministry of Health
MSM	Men having Sex with Men
NMCP	National Malaria Control Programme
PEPFAR	President's emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts method
PLHIV	People Living with HIV
PMI	Presidential Malaria Initiative
PP	Priority Populations
PRS	Performance Reporting System
QED	USAID Learning Contract
SBCC	Social and Behavior Change Communication
SMC	Safe Male Circumcision
SMGL	Saving Mother and Giving Life
SMS	Short Message Service
SOP	Standard Operating Procedures
STAR	Strengthening TB and HIV and AIDS Response
TA	Technical Assistance
TOR	Terms of Reference

TOT	Training of Trainers
TV	Television
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UAC	Uganda AIDS Commission
UDHS	Uganda Health Demographic Health Survey
UHMG	Uganda Health Marketing Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VHT	Village Health Team
VMMC	Voluntary Medical Male Circumcision
WG	Working Group

EXECUTIVE SUMMARY

In its second year (*October 2014 - Sept 2015*), CHC finalized the design and started implementing the OBULAMU integrated campaign through inter-personal communication, community mobilization, mass media and social media platforms across the country. OBULAMU? which means “How’s Life?” addresses health actions for six different health areas: HIV/AIDS, maternal and child health, family planning, malaria, nutrition and TB. The communication platform, developed together with the Ministry of Health and key partners, serves as a base to stimulate dialogue and conversations around health actions, increase motivation and skills as well as address gender and social norms that traditionally affect uptake of life saving health services.

The campaign follows a life-stage approach that addresses audience needs during four key life transitions that include: (i) young adults in relationships (ii) pregnant women and their partners (iii) caregivers of children under five and (iv) adolescent boys and girls. Each life stage has key and priority populations: persons living with HIV/AIDS (PLHIV), female sex workers (FSWs), clients of transactional sex workers, men having sex with men (MSM) as well as adolescent girls and young women. The health needs of these populations are addressed through targeted side campaigns.

During the year, CHC registered the following accomplishments:

- Reached an estimated 10 million priority and key population individuals and groups with interventions on; HIV prevention, care and treatment, malaria prevention and treatment, prevention of unplanned pregnancy, maternal and child health, nutrition and TB. These were reached through mass media, inter personal communication, community mobilization and social media platforms.
- Worked with USG IPs and DHTs to enlist and orient 19,049 OBULAMU campaign champions who include; health workers, VHTs, peer leaders, linkage facilitators, religious leaders, mentor mothers and local leaders. Champions were provided with information and tools on IPC using the OBULAMU conversational guides and deployed to provide basic information, identify and address barriers to uptake of health services/actions, and refer people to available services.
- Generated demand for health services and enable partners meet set targets for 2014/2015. For example, in northern Uganda, as part of the NUHITES-Bridge activities, CHC intensified community mobilization, inter-personal communication and radio activities to help SDS, CSOs and districts circumcise 11,000 men in September and August 2015.
- Improved coordination and collaboration in the design and implementation of health communication interventions where MOH, UAC, DHTs and USG IPs actively participated in the day-to-day design and rollout of the OBULAMU campaign. CHC chaired and participated in national communication TWGs including; SMC, eMTCT, SMGL, condom promotion, malaria, TB and nutrition.
- Championed data use for decision-making by reviewing and using HMIS data to inform targeted demand creation activities in places where services are needed most. CHC also, trained 24 participants from 13 USG IPs and 112 DHEs with in SBCC and skills on the use of data for decision making to improve planning and coordination of SBCC activities.

This report gives details on major accomplishments for year 2 (2014/2015), including the fourth quarter (July – September 2015). 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.

SECTION ONE: PROJECT BACKGROUND

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 approaches, capacity strengthening, increased collaboration as well as advanced research and knowledge management for health communication.

Under each intermediate result area, the report indicates an overview, accomplishments, challenges and recommendations and priorities for Year 3 of project implementation.

SECTION TWO: PROJECT ACCOMPLISHMENTS

Intermediate Result 1 (IR1): High quality health communication interventions designed and implemented

Activities in this result area are designed to increase demand and utilization of high impact health services for priority and key populations and strengthen capacity within the GOU, USAID IPs and other Ugandan organizations to design, implement and evaluate health communication programs that contribute to reduction in HIV Infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis.

Specific accomplishments are given below:

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

During the year, CHC provided technical assistance to USG IPs and scaled-up reach for a number of on-going health communication interventions that included; national rollout of the Option B+ (eMTCT), condom promotion, Saving Mothers Giving Life (SMGL), ART adherence, TB, SMC and malaria prevention and treatment in northern Uganda. These are detailed below.

i) Elimination of Mother to Child Transmission of HIV (eMTCT): CHC chaired 12 communication TWG meetings at national level to coordinate inter-personal communication, community mobilization and mass media interventions leading to the eMTCT campaign launches in East-Central, Mid-western, Teso and Central regions. CHC worked with STAR-EC, STAR-E, Baylor, IDI, Mildmay, RHSP, MUWRP and SUSTAIN to;

- Orient and deploy 4,108 campaign champions including; VHTs, health workers, religious and cultural leaders. Champions conduct one-on-one and small group discussions with pregnant women and male partners and refer them to integrated eMTCT services, including ANC, HTC, ART, family planning, among others.



One of the OBULAMU champions (in black T-shirt) welcoming an eMTCT client during an eMTCT outreach in Soroti in July 2015

- Conduct 10 OBULAMU edutainment activations, popularly known as community shows in Jinja, Soroti, Hoima and Lyantonde that reached over 6,700 people with information and services on the above services.
- Broadcast 12,780 eMTCT messages on 43 radio stations and two TV stations; NTV and Bukedde TV. These reached an approximate 10 million people across the country based on analysis of media reach and exposure from the Uganda Annual Media and Product Survey (2014) and the National Population and Housing Census (2014).

ii) Condom promotion: In order to design targeted interventions that respond to the needs of priority and key populations in northern, central and south western regions, CHC reviewed data from IPs, PLACE data, HMIS and worked with UHMG social marketing team, campaign champions, including peer leaders among various KPs to:

- Orient and deploy 179 peer leaders: FSWs, miners, traders, boda-boda riders, fisher folk and plantation workers to engage their peers with information, motivation, skills on condom use and other HIV services.
- Intensify one-on-one and small group dialogue sessions on condom use in the districts of Rakia, Sembabule, Mityana, Mubende, Gomba and Bukomasimbi. These reached 12,567 people in informal work places such as markets, plantations, trading centres, saloons, transport centres (stages), bars, mining centres and night clubs in the above districts. During these sessions, CHC addressed gaps in knowledge, skills and norms on condom access and use.
- Distribute 231,217 pcs of male and 11,284 pieces of female condoms among the above target groups.



A bar patron demonstrates the use of a male condom to observers at Happex Bar in Kyotera, Rakai district

- Broadcast 19, 561 condom promotion messages on 43 radio stations across the country and two TV stations: NTV and Bukedde TV. These reached an approximate 10 million people across the country based on analysis of media reach and exposure from the Uganda Annual Media and Product Survey (2014) and the National Population and Housing Census (2014).

iii) Saving Mothers Giving Life (SMGL): CHC chaired six communication WG meetings and coordinated communication activities for SMGL partners in western and northern Uganda: Baylor, IDI, ASSIST, Marie Stopes, and UHMG to:

- Develop and lead implementation of the joint communication implementation plan that focuses on key barriers to reducing maternal deaths including; delayed ANC attendance, delays in reaching and delivering at a health center, newborn care and male involvement.
- Develop and disseminate 11,177 SMGL client and provider materials, including; pregnancy care planner, midwives calendar, flipcharts, posters, brochures, radio and TV spots. The materials address gaps in information, motivation, skills and norms around pregnancy and delivery.

- Orient 4,348 champions, including; VHTs, Maama ambassadors, journalists as well as religious and cultural leaders to facilitate community dialogues on SMGL issues and refer clients to services.
- Broadcast 4,837 radio messages on eight radio stations in western Uganda and 3, 189 in the northern Uganda. This includes DJ mentions, talk shows and radio spots on ANC attendance, delivery under skilled care, newborn care and male involvement.

iv) Demand creation for VMMC services: CHC worked with USG IPs; SDS, ASSIST, STAR SW, STAR-EC, STAR-E, Baylor, RHSP and MUWRP to:

- Create demand for VMMC services and enable partners meet VMMC targets for 2014/2015. For example, in northern Uganda, as part of the NUHITES-Bridge activities, CHC intensified community mobilization, inter-personal communication and radio activities to help SDS, ASSIST, CSOs and districts reach the set target of circumcising 11,000 men in September and August 2015. CHC conducted 18 OBULAMU community shows, 8,000 one-on-one and small group dialogue sessions and radio mentions in the 10 districts of; Gulu, Kitgum, Pader, Nwoya, Amuru and Agago in Acholi sub-region as well as Lira, Apac, Amolatar, & Dokolo in Lango sub-region to mobilize men for services.



Reaching men in every setting: One of the OBULAMU champions (in black T-shirt) conducts a small group dialogue on VMMC with men in a local drinking joint in Nwoya, northern Uganda. CHC generated demand for VMMC services and enabled partners reach set targets.

- Prepare communication interventions to support rollout of Tetanus vaccination as part of the VMMC package. CHC held brainstorming meetings with the PEPFAR VMMC TWG, USG IPs; and consultations with un-circumcised men, female partners and community gate-keepers including cultural and religious leaders to identify potential barriers to Tetanus vaccination in VMMC and identify the right positioning and community entry. CHC will continue these activities in year three with development of a communication plan as well as communication tools and materials to support GoU and USG IPs effectively rollout the intervention.

v) Communication support for malaria prevention and treatment in northern Uganda:

Since the outbreak of malaria in 10 former IRS districts in June 2015, CHC has supported the Ministry of Health, districts and USG IPs; ASSIST and SDS to promote correct and consistent use of Long-lasting insecticide Nets (LLINs) and early diagnosis and treatment of malaria. CHC and partners intensified inter-personal communication and community mobilization activities through direct engagement with households and communities and achieved the following:

- Oriented and deployed 1,723 community level IPC agents including; VHTs, cultural leaders (locally known as, RWOTs) and religious leaders. Leaders were provided with talking points and guides to facilitate mobilization of communities on correct and consistent use of LLINs and early diagnosis and treatment of malaria.

- Conducted 25 OBULAMU edutainment-based community shows in 25 most affected sub-counties in Kitgum, Amuru, Gulu, Lamwo and Apac districts, reaching 25,644 people (12,370 received malaria treatment). The shows provided information on correct and consistent use of LLINs and early diagnosis and treatment of malaria. During the shows, CHC run net-repair and hanging demonstration skills clinics for the community.
- Through the IPC agents, conducted 874 home visits to observe and provide skills on hanging of nets and conducted 380 small group discussions in places where people meet regularly e.g. markets, water sources, gardens and bars.
- Developed and placed radio announcements, DJ mentions and recordings from popular opinion leaders to promote correct and consistent use of LLINs and early diagnosis and treatment of malaria on Mega FM, Unity FM, Rupiny FM, Mighty Fire and Apac FM. Since June, 2015, USAID/CHC has broadcast 4,500 radio mentions and 20 radio talk shows.
- In order to re-enforce and visualize messages on radio and interpersonal communication, CHC produced and disseminated 75,000 posters and 10,800 talking points on correct and consistent use of LLINs and early diagnosis and treatment of malaria as well as malaria in pregnancy. These were disseminated to local leaders, VHTs, radio presenters and religious leaders.



One of the OBULAMU champions (on the right) demonstrating how to hang a net on the ground beddings during a home visit in Ongwako sub-county, Gulu district.

vi) Standardizing peer education materials:

CHC supported MOH and USG IPs; Baylor, IDI, STAR-EC, STAR-SW, GIZ, TASO, PACE, Mildmay, Mbuya Reachout, Community Health alliance (CHAU), MUWRP, RTI-UPDF and UHMG, among other partners, to review and develop a standardized national peer education toolkit. The toolkit includes; trainers and participants' manuals as well as dialogue and participatory tools needed to facilitate peer education sessions for various audiences including KP and PP. Dissemination and rollout of the toolkit will start in year three.



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

In year 2, CHC started implementation of the OBULAMU integrated health communication platform that was developed in year 1. OBULAMU? which means, “How’s Life?” positions health within the day-to-day conversations of the people instead of the traditional health messages that prescribe actions for audiences.. The campaign has four Life Stages which include;

- **Life Stage 1:** “How’s Your Love Life?” addresses the unique health needs of young adults in relationships, including KP and PP
- **Life Stage 2:** “How’s Your Pregnancy?” caters for the health needs of pregnant women and their male partners
- **Life Stage 3:** “How’s Your Baby?” targets children under five years through their caretakers and parents
- **Life Stage 4:** “What’s Up?” addresses the unique needs of adolescent girls and boys.

Specifically, CHC registered the following achievements:

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

- CHC developed and produced 132,000 copies of the OBULAMU champion materials as shown in the table below:

Table 1: showing OBULAMU champions materials developed

No.	Name/Type of champion material	Quantity produced	Use and purpose of the material
1	Champion’s checklist	16,000	<i>Includes a champions’ to-do list before engaging the community. Helps champions to prepare for dialogue sessions with clients and reminds them of key tools and tips.</i>
2	Conversation guide	16,000	<i>Step-by-step guide on how a champion can initiate and sustain a dialogue session using the OBULAMU approach.</i>
3	Values clarification tool	16,000	<i>Used during orientation and training to assess and address values/norms that may affect the performance of campaign champions in their day-to-day activities.</i>
4	Dialogue feedback form	16,000	<i>Used to document feedback of individual dialogue sessions that a champion conducts on a daily basis.</i>
5	Code of conduct	16,000	<i>Regulates the ethical conduct of campaign champions</i>
6	Referral form	16,000	<i>Used to refer clients to health services</i>
7	Talking points	36,000	<i>Easy-to-use points that champions use to engage with community members in their day-to-day activities.</i>
	Total	132,000	

These tools were introduced to the BCC WG, national TWGs, 58 USG IPs as well as 112 DHEs to support the nationwide rollout of campaign champions.

- Using these tools, CHC worked with MOH, DHEs and 58 IPs to enlist, orient and deploy 19,049 OBULAMU campaign champions across the country (*see table*

below showing disaggregated data on champions deployed). Champions have conducted home/station visits, one-on-one and small group dialogue sessions with households, priority and key population and have directly referred people to services.

Table 2: Showing champions the number and type of champions deployed

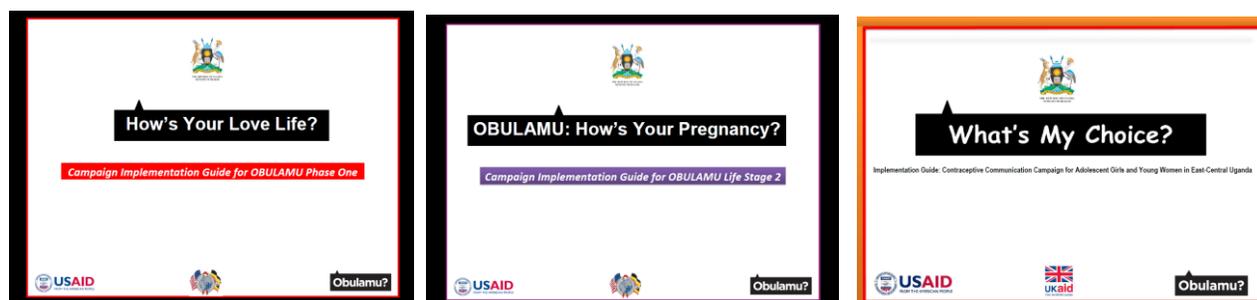
Category	East Central	Western	West Nile	Eastern	Central	South West	North	Karomoja	UHMG	Total
VHTs	564	5,053	702	1,220	473	1,276	446	1,253	158	11,145
Linkage Facilitator	22	64	194	41	111	70	155	88	-	745
Health workers	249	366	204	369	225	557	126	129	-	2,225
Local leaders	7	232	166	8	50	249	2	61	100	875
Peers	132	2	4	112	130		6	40	-	426
VHT coordinator	1,562	28	-	-	-	-	-	-	-	1,590
District officials	168	10	52	8	16	87	8	120	-	469
IP staff	25	33	21	33	45	4	12	37	-	210
Media persons	50	36	6	43	1	30	116	111	-	393
Religious leaders	--	160	26	-	-	17	-	-	-	203
Social workers	-		4	-	3	-	-	12	-	19
FSW	-	34	18	-	10	27	10	19	-	118
Fisher folks	-	36	-	-	19	-	-	-	-	55
Uniformed forces	-	-	35	1	35	224	9	157	-	461
Truckers	-	-	-	-	-	-	-	8	-	8
Miners	-	-	-	-	-	-	-	10	-	10
Boda-Bodas	-	-	20	-	-	69	-	-	-	89
MSM	-	-	-	02	06	-	-	-	-	08
TOTAL	2,779	6,054	1,452	1,835	1,118	2,610	890	2,045	258	19,049



OBULAMU champions in action: Champions (in black tops) engage target audiences through one-on-one and small group discussions in different setting, including; a boda-boda stage, home and outreaches. This is one of the key approaches used to reach key audiences, address barriers and refer to services.

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

- CHC tested, produced and disseminated 1,000 copies of the OBULAMU implementation guide for Life stage 1 and 2 to guide partners and districts in the day-to-day implementation of the campaign. Through various orientation meetings at national, regional and district levels, CHC oriented 112 DHEs and 58 IPs in the use of the guide and materials.
- CHC initiated the development of implementation guides for Life Stage 3 which will be finalized and disseminated in year 3 when the life stage fully rolled out.



Implementation guides for Life Stage 1, 2 and 4 including the contraceptive communication campaign for adolescent girls and young women

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

CHC tested, produced and disseminated over 276 types of various health communication materials for life stage 1 and 2 as shown in the table below:

Table 3: Showing type and number of materials produced per Life stage

No	Materials	Health Area	Types	Produced
Life Stage 1: phase 1	Integrated posters	HIV:HTC, SMC MCP, Condom promotion and adherence, and FP	2	200,000
	Car bumper stickers		6	50,000
	Banners		6	36
	Integrated billboards		2	100 faces
	Road stars		6	800 faces
	Motion media – taxis		6	400 faces
	Integrated radio spots		2	36
	Integrated TVCs		2	4
	DJ mention scripts		HIV:HTC, SMC MCP, Condom promotion and adherence; FP & TB	8
Life Stage 1: phase 2	Road stars	HIV:HTC, SMC MCP, Condom promotion and adherence; FP & TB	12	1,000 faces
	Posters		7	70,000
	Radio spots		15	216
	TVCs		12	24
	Fisher Folk & CSW radio spots	Radio spot – HIV Prevention: Condom promotion. HIV Care & Treatment: Adherence.	3	30
Fisher Folk & CSW posters		2	10,000	
Life Stage 1: phase 3	Posters	HIV:HTC, SMC MCP, Condom promotion and adherence, and FP:	12	
	ABS boards		12	20,000
	Billboards		10	70 faces
	Road stars		10	800 faces
	Radio spot		2	36
	TVC		2	4
LS1	Talking points	World AIDS day talking points – HIV: HTC, SMC MCP, Condom	2	16,000

No	Materials	Health Area	Types	Produced
Client Materials & Health Worker Materials		promotion and adherence LS1 talking points for leaders and IPC agents – HIV:HTC, SMC MCP, Condom promotion and adherence; FP & TB		
	Conversational Starter	HIV:HTC, SMC MCP, Condom promotion and adherence	1	1,000
	Brochures	HIV:HTC, SMC MCP, Condom promotion and adherence; FP & TB	7	80,000
	Counseling Tools	ART counseling guide HIV prevention: SMC flip chart, SMC grain sack FP: Provider flip chart and VHT flip chart TB: Provider flip chart	6	3,000
	Getting to Zero-WAD Flier	HIV Prevention: SMC Knowledge & wound care HIV care & treatment: Treatment, support & adherence	1	1,000
Life Stage 2 & 3	Integrated Posters	eMTCT, malaria in pregnancy, ANC attendance, delivery at the health centre, early initiation of breastfeeding, exclusive breast feeding, nutrition in pregnancy, and child spacing	6	95,400
	Road stars		9	800 faces
	Banners		8	60
	Integrated Billboards		9	80 faces
	TVCs	MCH: eMTCT	1	2
	LLIN poster	Malaria prevention: LLIN use, care and repair	1	15,000
	Impanon poster	FP: Pregnancy prevention	1	10,000
	Radio Spots	eMTCT, malaria in pregnancy, ANC attendance, delivery at the health center, nutrition in pregnancy, and child spacing	7	126
	DJ mention scripts		8	8
	OBULAMU moment discussion guides		60	60
	LS2 Client Materials & Health Worker Materials	Midwives calendar	eMTCT, malaria in pregnancy, ANC attendance, delivery at the health center, early initiation of breastfeeding, exclusive breast feeding, nutrition in pregnancy, and child spacing	1
Pregnancy care planner		1		20,000
Nutrition guide		1		
Talking points		1		19,000
Champion Materials	Champions Code of Conduct	These are given out as a set to champions in order improve their interactions with the audiences	1	16,000
	Champion Values clarification tool		1	16,000
	Champions Checklist		1	16,000
	Champion Conversation guide		1	16,000
	Champion Dialogue Feedback tool		1	16,000
	VHT referral tool		1	16,000
			276	

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

During the year, CHC worked with MOH, 58 IPs, 112 DHEs and 19,049 campaign champions to rollout the OBULAMU campaign across the country through inter-personal communication, mass media and social media. Details are given below:

(i) **Inter-personal communication (IPC):** OBULAMU IPC activities included (i) home visits, one-on-one and small group dialogue sessions conducted by campaign champions (see activity 1.2.1 above) as well as (ii) edutainment based OBULAMU community activations. During the year, CHC:

- Through the champions, CHC conducted home/station visits, one-on-one and small group dialogue sessions with households, priority and key population and directly referred over 457,176 people to services.
- Conducted 138 edutainment based OBULAMU community shows. These directly reached an estimate 75,900 with information, motivation and referral to health services. Key activities during community shows include; myth-bursting, games on gender roles and male involvement in health issues, demonstration and skills building on key health actions such as condoms, nutrition and use of LLINs among others.
- During the community shows, conducted 552 small-group activations with PP and KP in places where people regularly meet such as markets, places of worship, water sources, and transport stations, saloons, among others. These directly reached an estimate 7,980 people with information, motivation and referral to health services.



Pictures showing a cascade of the OBULAMU IPC engagement from the small-group discussion (above), the large group community show (middle), to referral to services (bottom).

Table 4: Showing the number, location and services offered during the community shows

CHC Region	No. of shows	Attendance	SERVICE STATISTICS											
			HTC	1 st Time Testers	Tested positive	ART enrolment	SMC	TB Screening	FP	Malaria treatment	ANC	Nutrition	STI screening & treatment	eMTCT
Central	18	9,409	7,542	3,821	380	278	331	17	480		47		212	8
East Central	24	26,553	7,890	4,040	345	267	374	300	453	733	339	170		18
Eastern	13	8,325	6,048	3,306	135	130	158		320	51	12		304	212
Northern	41	37,534	7,562	4,216	289	176	1,747	2,958	487	8,336	233	380	-	-
South Western	16	8,435	3,380	4,271	161	113	383	57	151	-	108	327	121	6
Western	11	11,263	6,786	3,038	154	127	107		372		313	42	-	187
Karamoja	3	2,363	980	317	32	29	12	200	29	694	63	286	-	-
West Nile	12	11,676	7,938	1,614	212	167	9,550	146	1,222	-	-	1,742	-	130
Total	138	115,558	48,126	24,623	1,708	1,287	12,662	3,678	3,514	9,814	1,115	2,947	637	561

Other services provided during community shows include

- Condoms distribution 697,514
- Children immunized 1,327

(ii) **Mass media:** In order to amplify IPC discussions and scale-up the reach of HIV prevention, care and treatment, maternal, child health, nutrition, malaria, family planning and TB services, CHC rolled out mass media interventions through; radio, TV and print/outdoor media. These are detailed below;-

Table 5: Showing number of exposures for radio and TV

Channel	Media Products	Outlets	Daily Frequency	Days in a month	Months	Total Exposures
Radio	Radio Spots	43	10	30	12	154,800
	Talk Shows	33	1	1	12	396
	DJ mentions	43	4	30	12	61,920
	OBULAMU Moments	38	1	20	5	3,800
	Announcements	36	3	4	7	3,024
TV		2	4	30	8	1,920
Total Exposures						225,860

Note: To avoid double counting we did not consider exposures for outdoor materials including; posters, billboards, road stars and taxis; and as well as exposures through video halls and buses plying upcountry roots

Table 6: Showing estimated reach of the OBULAMU campaign per Life Stage

Life Stages/ Target Audiences	Total Population	Total that listen to radio (76%)	Total that listen to OBULAMU (60%)
LS1 Young Lovers 20 -30 years	4,537,000	3,448,120	2,068,872
LS2 Pregnant women and male partners (pregnant couples)	2,261,520	1,718,755	1,031,253
LS3 Care givers of children under 5 (15 - 60 years)	13,645,900	10,370,884	6,222,530
LS4 Adolescents 15 - 19 years	3,141,000	2,387,160	1,432,296
Total	23,585,420	17,924,919	10,754,952

Notes:

- Audiences such as Fisher Folks, CSWs, & MSM are counted as part of LS1- LS4 to avoid double counting
- To avoid double counting, only radio, that has the highest listenership, was considered
- Calculations are based on media listenership trends from the IPSOS' Uganda Annual Media and Product Survey (2014) and the National Population and Housing Census (2014).
- Other reference sources include: UDHS 2011, MIS 2014 and CHC Timeline 1 Preliminary Survey (2015)

Social media: CHC developed and broadcast OBULAMU messages on social media platforms, including: Facebook, Twitter, YouTube and WhatsApp. These platforms carry audience discussions, engagements and reactions to campaign messages as seen in the screen shots below. OBULAMU social media platforms are also linked to social media pages of the 43 radio stations that broadcast OBULAMU messages.



LEFT: OBULAMU Facebook page with audience conversations on HTC, SMC and condom use
RIGHT: Sanyu FM Facebook page with audience discussions on male involvement in supporting their pregnant partners

Contraceptive communication for adolescent girls and young women (15-24): During the year, as part of the process of rolling out Life Stage 1 and 4, CHC implemented a contraceptive communication campaign targeting out of school adolescent girls and young women 15-24 years (AGYW). The campaign seeks to increase knowledge and uptake of modern contraceptives among AGYW in five selected East Central districts of Luuka, Mayuge, Namutumba, Iganga, and Kamuli. Between April and September 2015, CHC worked with DHTs and IPs including STAR-EC, RHU, Wellshare, Restless Development, Plan Uganda and Family Life Education Program (FLEP) to achieve the following:

- Identified, oriented and deployed 250 community champions who include; 218 peer leaders, VHTs and 32 health workers who reached 3,000 AGYW in Kamuli and Iganga through one-on-one and small group dialogue sessions with information, motivation and skills on ASRH and knowledge of contraceptive choices. Champions were equipped with IPC skills and relevant materials and tools including; talking points, conversation guide, check list, code of conduct, dialogue feedback



AGYW listening to a Senga session in Nakalama, Iganga district during the OBULAMU Kadanke activation

tool and an ASRH focused value clarification tool to facilitate mobilization of AGYW in the districts.

- Conducted edutainment based OBULAMU Kadanke activations in two sub-counties of Nakalama and Mbulamuti in Iganga and Kamuli districts respectively. CHC worked with champions and peer educators to conduct targeted mobilization of AGYW where; 546 AGYW attended the activations; 539 AGYW participated in small-group discussions during the *Kadanke* activations and 704 AGYW attended pre-*Kadanke* dialogue sessions in night clubs, markets and water sources.



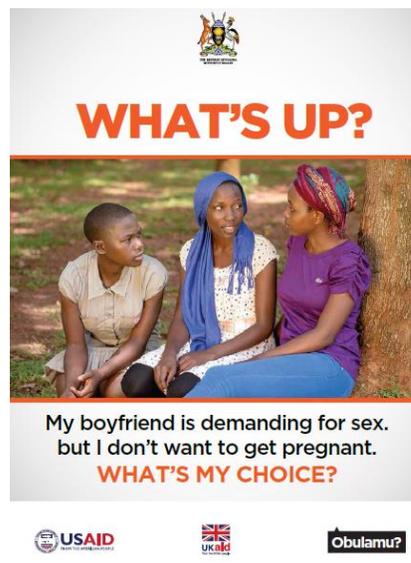
AGYW attending a group dialogue session in Mbulamuti, Kamuli district

The shows addressed barriers to contraceptive use such as; knowledge, motivation, skills and norms while RHU and STAR-EC provided services including; ASRH, contraceptive education and services, HCT and condom promotion.

Table 7: Showing summary statistics at the Kadanke activations in Kamuli and Iganga

Audience Category	Males	Females	Total
Total Attendance	160	546	706
Reached by IPC dialogue messages	92	539	631
Tested for HIV and received results	117	148	265
Identified new positives	1	1	2
Old Positives	0	1	1
Linked to Care	1	1	2
Attended ANC	0	21	21
FP methods (<i>Depo, pills, implants</i>)	0	55	55
Dispensed condoms	2,700	300	3,000 pieces

- Broadcast 1,350 family planning radio messages on NBS, Baba FM and Kamuli Broadcasting Services reaching an approximate 347,743 people (15-49) and 76,072 AGYW (15-24) in the five districts.
- Finalized data collection for the rapid assessment to establish levels of knowledge, motivation/risk perception, skills and norms on available contraceptive choices among AGYW, and measure exposure to and recall of the OBULAMU campaign messages among AGYW in the target districts. Assessment will be correlated with HMIS data from health facilities in the target districts. Assessment report will be ready for dissemination by the end of November.
- Based on insights from the literature review and formative research, CHC worked with audiences to design and test campaign concepts “What’s My Choice?” Messages address gaps in knowledge, motivation, skills and norms on pregnancy prevention and contraceptive use. CHC is currently seeking approval of the lead print materials from MOH and UAC to guide the finalization of additional audio, video and print materials to support on-going campaign rollout.



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

The purpose of this activity is to enhance the capacity of GOU (MOH and UAC), DHEs, and USG IPs in planning, implementing, monitoring and evaluating evidence based SBCC interventions. During the year, CHC:

- Finalized and initiated implementation of the SBCC capacity strengthening plan for GoU and USG entities. The plan is based on organisational and individual SBCC capacity assessments and addresses individual needs of MoH, UAC, USG IPs and DHE’s as capacity strengthening recipients.
- Conducted an SBCC training course for 24 participants from 13 USG IPs as part of the process of implementing the CS plan. During the development and routine implementation of OBULAMU campaign activities with IPs, trainees were followed-up to assess utilization of SBCC skills gained. CHC will continue mentoring and support supervision visits for trained staff and will conduct additional SBCC training sessions for GoU and USG IPs next year.
- Trained 102 DHEs in basic SBCC skills and the use of data for decision making in a series of regional workshops that took place between July and September 2015 in Jinja, Soroti, Gulu, Fortportal and Mbarara. CHC worked with the MOH Health Promotion and Education department to mobilize the DHEs and identify District Biostatisticians who co-facilitated sessions as resource persons. DHEs were taken through basic SBCC, IPC skills using an abridged version of the C-CHANGE SBCC course and analysed HIMS data as a basis for planning, developing, implementing and evaluating health communication interventions. As part of the on-going rollout of the OBULAMU campaign, CHC initiated the process of following-up the trained DHEs through routine support supervision and one-on-one mentoring sessions. Results will be shared next quarter.

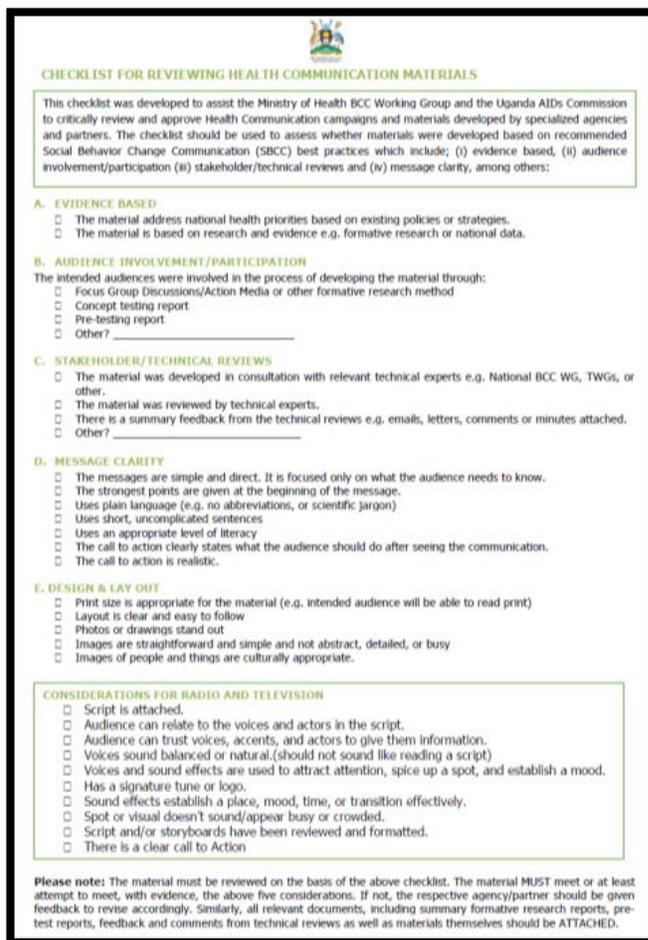
- In order to track and document changes in knowledge and skills from trained GoU and USG IPs, CHC will be testing **a twinning model** to mentor selected trainees such DHEs on basics of knowledge translation for SBCC planning, implementation, monitoring and evaluation. Twinning is one of nine knowledge management tools used specifically for learning and/or sharing knowledge. Twinning involves establishing an ongoing relationship with another organization to exchange knowledge and skills, or alternatively, work together on a project. In the case of CHC, this tools is very amenable for use in strengthening collaboration and capacity strengthening/technical assistance to the MOH HP&E department, UAC Message Clearing House, DHEs and USG IPs. In addition, CHC is using other tools such as Communities of Practice (BCC WG, TWGs, and SBCC CoP) and workshops with IPs and DHEs to transfer SBCC knowledge and skills.

Intermediate Result 2: Improved Coordination of Health Communication Interventions

Activities under IR 2 are designed to increase coordination and collaboration in the process of designing, implementing and evaluating health communication interventions to ensure quality and harmonized interventions. Part of the key activities include strengthening the MOH BCC Working Group and other thematic task forces by providing enhanced working tools (SOPs), technical, and logistical support to regularly meet, review and standardize HC materials. Key accomplishments under this result are given here below.

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

- CHC worked with the MOH HP&E department and convened five BCC WG meetings to coordinate the design, implementation, monitoring and evaluation of health communication interventions in the country. The BCC WG:
 - Reviewed and standardized over 200 types of health communication and materials, including; posters, radio and TV spots, brochures, flip charts, among others (see section 1.2.3 and 1.2.4 above).
 - Adapted C-CHANGE's standard operating procedures (S.O.Ps) for materials development, review, adaptation and testing and recommended them to partners for use. As a result, since June 2015, the HP&E department now uses the S.O.P for materials review and approval to review and approve materials from all partners.
 - Streamlined membership of the BCC WG by reducing it from a large and ineffective group of 40 members to a small and efficient group of 15 HC professionals. Other partners/members fit within the respective sector TWGs and only attend the BCC WG on invitation.
 - Developed and implemented an annual calendar for 2015 which included; skills building using some of the above SOPs, field support visits to selected partners, districts and high volume sites to assess the implementation of health communication activities on the ground.
 - Oriented BCC WG members and twenty 20 partner staff on the OBULAMU implementation guide as part of the process for rolling out the OBULAMU campaign (see details in section 1.2.4 above).



CHECKLIST FOR REVIEWING HEALTH COMMUNICATION MATERIALS

This checklist was developed to assist the Ministry of Health BCC Working Group and the Uganda AIDs Commission to critically review and approve Health Communication campaigns and materials developed by specialized agencies and partners. The checklist should be used to assess whether materials were developed based on recommended Social Behavior Change Communication (SBCC) best practices which include: (i) evidence based, (ii) audience involvement/participation (iii) stakeholder/technical reviews and (iv) message clarity, among others:

A. EVIDENCE BASED

- The material address national health priorities based on existing policies or strategies.
- The material is based on research and evidence e.g. formative research or national data.

B. AUDIENCE INVOLVEMENT/PARTICIPATION

The intended audiences were involved in the process of developing the material through:

- Focus Group Discussions/Action Media or other formative research method
- Concept testing report
- Pre-testing report
- Other? _____

C. STAKEHOLDER/TECHNICAL REVIEWS

- The material was developed in consultation with relevant technical experts e.g. National BCC WG, TWGs, or other.
- The material was reviewed by technical experts.
- There is a summary feedback from the technical reviews e.g. emails, letters, comments or minutes attached.
- Other? _____

D. MESSAGE CLARITY

- The messages are simple and direct. It is focused only on what the audience needs to know.
- The strongest points are given at the beginning of the message.
- Uses plain language (e.g. no abbreviations, or scientific jargon)
- Uses short, uncomplicated sentences
- Uses an appropriate level of literacy
- The call to action clearly states what the audience should do after seeing the communication.
- The call to action is realistic.

E. DESIGN & LAY OUT

- Print size is appropriate for the material (e.g. intended audience will be able to read print)
- Layout is clear and easy to follow
- Photos or drawings stand out
- Images are straightforward and simple and not abstract, detailed, or busy
- Images of people and things are culturally appropriate.

CONSIDERATIONS FOR RADIO AND TELEVISION

- Script is attached.
- Audience can relate to the voices and actors in the script.
- Audience can trust voices, accents, and actors to give them information.
- Voices sound balanced or natural.(should not sound like reading a script)
- Voices and sound effects are used to attract attention, spice up a spot, and establish a mood.
- Has a signature tune or logo.
- Sound effects establish a place, mood, time, or transition effectively.
- Spot or visual doesn't sound/appear busy or crowded.
- Script and/or storyboards have been reviewed and formatted.
- There is a clear call to Action

Please note: The material must be reviewed on the basis of the above checklist. The material MUST meet or at least attempt to meet, with evidence, the above five considerations. If not, the respective agency/partner should be given feedback to revise accordingly. Similarly, all relevant documents, including summary formative research reports, pre-test reports, feedback and comments from technical reviews as well as materials themselves should be ATTACHED.

- CHC co-chaired with MOH and influenced health communication outputs of the following national communication Technical Working Groups (TWGs): eMTCT, Saving Mothers Giving Life (SMGL), condom promotion, malaria, nutrition, TB and safe male circumcision (SMC). During the TWG meetings CHC:
 - Received technical input in the development of OBULAMU campaign materials for Life Stage 1 and 2.
 - Disseminated the OBULAMU implementation guides for life Stage 1 and 2 to guide partners in the day-to-day implementation of health communication interventions.

2.2. Strengthen district capacity in coordination in implementation districts

In order to increase coordination in the planning and implementation of health communication interventions at a district level, CHC provided on-going 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. This was done through the following activities;

- Orientated 112 DHEs and 58 IPs on the OBULAMU campaign and the use of Life Stage 1 and Life Stage 2 implementation guides, tools and materials as indicated in section 1.2.1 above. Guides help DHEs know their roles in supervising and monitoring health communication activities by CHC and partners in the district.
- Conducted district based T.O.T sessions for DHEs in 69 districts on champion's orientations and co-facilitated champions orientation sessions with the DHEs (see *activity 1.2.1*).
- Worked with DHEs in planning and hosting 138 targeted community shows to generate demand for various health services and products that link supply and demand for health services in areas where districts and IPs are experiencing low uptake of services (see *section 1.2.4 above for details*).
- Shared OBULAMU Talking Points and harmonized World Aids Day (WAD) messages to 85 DHEs. This helped to ensure that DHEs and partners use nationally developed and standardized messages over a given period of time and reduces fragmentation and existence of competing messages in the community.
- Facilitated 37 DHEs to appear as guests on various radio talk shows across the country.
- Trained 102 DHEs in basic SBCC skills and the use of data for decision making in a series of regional workshops that took place between July and September 2015 in Jinja, Soroti, Gulu, Fortportal and Mbarara. DHEs were taken through basic SBCC, IPC skills using an abridged version of the C-CHANGE SBCC course and analyzed HIMS data as a basis for planning, developing, implementing and evaluating health communication interventions. (See *details in section 1.3. above*).

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

The purpose of IR3 is to establish a robust learning agenda that includes: 1) rigorous outcome evaluation to measure the effectiveness of interventions implemented at scale for social norm and behavior change; 2) implementation science to identify and overcome key implementation errors and barriers to translating evidence-based findings into common practice; and 3) a knowledge management strategy to disseminate and maximize the learning and application of scientific evidence to benefit program implementers and effective HC design, as well as the health of Ugandans as a whole. Key year 2 accomplishments in this result area include:-

3.1. Establish and convene an M&E Research Task Force

MER/KM taskforce: In year 2, the BCC WG discussed and endorsed the MER/KM taskforce TORs where it determined that the task force shall only comprise of persons with technical skills and experience in M&E and KM. MOH wrote to partner organizations in the BCC WG to recommend their technical staff for the MER/KM taskforce. CHC supported MOH to convene one taskforce meeting in year two that aimed discussing the mandate of the taskforce and determining the way forward for its full operationalization. In this meeting, it was agreed that the taskforce acts as the knowledge synthesis platform for health communication related research and best practices from IPs, as well as support partners to review and use data for decision making.

Held MER/KM Taskforce meeting: CHC supported MOH to convene an MER/KM taskforce meeting on September 10, 2015 that brought together Monitoring, Evaluation and Research, and Knowledge Management technical officers from different organizations including; MOH, UAC, UHMG, CDFU, MakSPH, Child AIDS Fund and AfriComNet. The meeting kick-started the operationalization of the task force activities. As part of advancing use of knowledge in the BCC WG, the task force identified a video titled “*The Rider, the Elephant and the Path: a tale of behavior change*” as an evidence-based visual preamble to the BCC WG materials review session.

Review of HMIS and LQAS data: CHC initiated review of HMIS data and LQAS 2014 report at regional level to inform targeted roll-out of OBULAMU Campaign activities. For instance, review of STAR EC 2013-2014 LQAS data by CHC Eastern Regional office indicated a discrepancy between high knowledge of the benefits of HTC and actual uptake in Kween district. Regional offices held targeted meetings 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.

Learning opportunities: the opportunities that CHC harnessed in year 2 included; *review of CHC performance* attained as part of development of LS strategy, targeting community shows based on data from partners; representative participation in COPs where BCC WG members, MOH/HEPD, NMCP, IPs, graduate students, and the media attended to learn from the discourse.

3.1.2 Generate strategic research and evaluation questions

In year 2, CHC worked with USAID Strategic Information (USAID-SI) Office and the USAID Learning Contract (QED) during development of the CHC Learning Agenda to brainstorm research and evaluation questions and methodologies outlined in the work plan. Four specific themes were identified including:

1. *As part of project design:* Notably, OBULAMU development and rollout is phased by life stage. Additional desk review/ participatory action research was conducted 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.
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.

These research questions will be refined and finalized in year 3, as data on them is collected and analyzed to assess performance and facilitate learning.

4. *To address emerging pattern of HIV: Focused formative research* 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).

3.1.3 a) Design and implement customized research methodologies

Ethical approval and research clearance for the CHC evaluative survey: CHC obtained FHI 360, Makerere School of Public Health (MakSPH) and Uganda National Council of Science and Technology (UNCST) IRB approvals in the first quarter of year 2. Following revisions in the sampling plan, research ethics approval was obtained from MakSPH hence fieldwork start up on April 20, 2015. In addition, CHC also obtained principal investigators' research clearance letters from the Office of the President.

Participatory Action Research: CHC conducted participatory action research including Action Media sessions to troubleshoot ART adherence¹ among PLHIV in selected USG IP sites: Mildmay Clinic and Kiyumba Health Center (HC) IV in Kampala and Masaka Districts respectively.² Also 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.³ *In addition, to facilitate data use for Life Stage 4 (adolescent boys and girls) and the DFID/USAID Contraceptive communication for adolescent girls and young women (15-24), CHC 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.*

Evaluative survey preparations and data collection: CHC worked in collaboration with Ministry of Health – Health Promotion and Education Department (MOH HPED) to recruit and train 56 data collectors and 8 field supervisors. The data collection tools were pre-tested in Jinja district and programmed and tested survey questionnaires in digital data management software. Evaluative survey data collection was successfully conducted in April 20-June 30 2015 in 16 districts, with a total number of 2383 (99.7%) out of estimated 2390 households completed. *Data cleaning and preparation for analysis commenced* including importing data from ODK to .csv format concurrently with data submitted from the field for cleaning and preparation for analysis. Compilation of the narrative report and PowerPoint presentation for dissemination is expected to be completed in by mid-November 2015 (Quarter one of year 3).

Desk review: CHC conducted desk review of knowledge, attitudes, and practices (KAP) on maternal and child health in Northern Uganda to inform HC on expanded SMGL activities covering additional six districts (Apac, Dokolo, Gulu, Lira, Nwoya and Pader) in Northern Uganda.

Focused formative research prioritizing the HIV spread in certain areas: In late June 2015, CHC completed a brainstorming exercise with DHOs, DHEs, and HIV Focal Points in Mityana, Mubende, and Gomba districts, Central region. A desk review and synthesis of the data was used to define questions for qualitative rapid assessments with selected community members, projected for early year 3.

Contraceptive communication for adolescent girls and young women (15-24y) baseline assessment: In year 2, CHC commenced initial processes for the DFID baseline assessment. Drafted concept and data collection instruments for the baseline (projected for October 2015) that will guide roll-out of the OBULAMU adolescent girls and young women (AGYW) contraceptive campaign by providing baseline measurements on levels of knowledge of contraceptive choices and AGYW access to FP methods.

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

² 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).

³ Action Media assessment conceptualized with MU-WRP and MoH teams working with MU-WRP.

3.1.3 b) Implement project Performance Management Plan (PMP)

CHC PMP/MEL-Plan: In year 2, CHC finalized the Monitoring, Evaluation, and Learning (MEL) Plan narrative containing the M&E system, learning agenda, and communication plan, and submitted to USAID for final approval⁴. Behavioral, communication, and capacity strengthening indicators to be included in the USAID Performance Reporting System (PRS) cleared by USAID SI Advisor. All program monitoring data collection and reporting SOPs and templates consolidated into one document incorporated in the MEL-Plan. In addition, program monitoring tools were updated based on the phased OBULAMU implementation plan and Regional Office staff oriented on the approved MEL-Plan and use of tools.

Explored VHT reporting mechanisms: In quarter one of year 2, CHC had meetings and engagements with MOH's resource centre on VHT reporting mechanisms which highlighted a new CHMIS structure that aims to introduce mobile systems to: Track VHT referrals to health facilities, and 2) Monitor VHTs' performance, and ongoing monitoring of OBULAMU intervention rollout/introduction via mass media. Piloting the MOH CHMIS system supported by UNICEF in a few selected districts like Moyo district in West Nile region proved to have gaps related to funding and health area coverage that needed to be explored further for the success of the system. In year 3, CHC envisages exploring the existing VHT mobile reporting platforms that are functional and identify opportunities for collaboration.

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.

Monitoring of OBULAMU activities for fidelity: Posters/ Talking billboards monitoring initiated through informal listening surveys.⁵

Performance reporting to USAID: CHC Worked with USAID Learning Contract (QED) on the process of uploading CHC MEL-Plan into the USAID performance reporting system (PRS). CHC custom indicators loaded into the PRS, and MER team training conducted on Monday, July 27 2015 at QED. The training team indicated that QED has only uploaded some indicators, leaving out High Level context indicators and Strategic Objective level outcome indicators which QED reportedly was still discussing with USAID.

⁴ 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.

⁵ 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.

3.1.4 Collaboration and research capacity strengthening with partners

Collaboration with Institutions of higher learning: CHC initiated discussions with Makerere University's Department of Journalism and Communication, and the School of Public Health, and Uganda Christian University Mukono in which existence of an internship program that could easily integrate with CHC plan was identified and concepts for collaboration drafted. However, further deliberations to secure a collaborative arrangement were frustrated by high expectations from the institutions and limited commitment to collaboration in this endeavor. In year 3, CHC plans to pursue this internship or fellowship program through the Communities of Practice platform.

In the meantime in the pursuit of collaboration with institutions of higher learning, CHC provided immediate TA to some institutions 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. Further engagements with the university will be explored through the community of practice platform (see *Active dissemination/learning platforms in 3.2.1*)

3.2 To support knowledge management of a robust learning agenda

3.2.1 Implement a KM strategy as part of the OBULAMU platform

Digital/web-based program visibility platforms under development:

- Data Visualization platform: CHC issued a Scope of Work RFP # 100204.001-2014-01 in late November 2014 for the electronic version of CHC knowledge management and data visualization platform. Six applications were received and reviewed. Finalized the selection process with clear data policy protocols for transfer to the MOH Resource Centre personnel, aWhere data visualization firm emerged the best. Through discussions with CHC staff, aWhere started initial processes of identifying needs for the platform in quarter 4 of YR2. Developing and setting up the platform commences in quarter 1 of YR 3.
- *CHC webpage on FHI360 website in advanced stages of development. In the meantime, CHC has applied for USAID approval of a CHC HC Campaign website to facilitate flexibility on website content.*

CHC Newsletter: CHC initiated sharing of HC-related content through a monthly 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. In year 2, CHC circulated 3 Newsletters that were both internally and externally accessed.

On-line survey concept to assess partners sources and utilization of HC information: CHC finalized an online survey concept and questionnaire which was shared with MOH's Health Education and Promotion Department to define how MOH staff and IPs gather, produce and use HC information from various online and hard copy sources. However, no MOH staff sent feedback with a filled out questionnaire. CHC's plan in year 3 is to re-strategize by changing approach to using action media sessions with

MOH staff and IPs to define how they gather, produce and use HC information from various online and hard copy sources.

Active dissemination/learning platforms:

- CHC utilizes the following platforms to share knowledge: i) BCC WG and Thematic TWGs; ii) CHC Regional workshops with IPs for Orientations and Action Planning for collaborative rollout of the Integrated HC Platform and OBULAMU Implementation Guides (by Life Stage); iii) CHC e-Newsletters highlighting CHC activities, research, OBULAMU rollout, and regional workshop calendars, all with links to relevant CHC knowledge products on FHI 360 website; iv) After Action Reviews (AAR) with staff following initial community shows and champions orientation in CHC Central Region have informed revisions to the two activities and further rollout in other regions; v) CHC staff quarterly review and learning workshops; a 2 to 3-day event scheduled for every eighth/ninth week of a given activity quarter. These have been in operation since Q4/YR1.
- CHC and AfriComNet held joint community of practice sessions to bring together program staff, researchers, media, students, and SBCC practitioners every other month beginning May 2015 (see 3.2.3 for detail).

3.2.2 Develop Knowledge products for dissemination

In year 2, CHC disseminated a number of Knowledge products which include;

- CHC e-Newsletter (also a knowledge dissemination vehicle providing links to research and program product links on CHC webpage currently hosted on FHI 360 website)
- CHC rapid assessment reports reviewed by USAID/AOR and disseminated through the CHC webpage
- CHC Participatory Action Research (Research and Materials Development) reports/power point presentations shared with collaborating partners and disseminated through the CHC webpage
- CHC HC materials field-tested, cleared with MoH/UAC, produced, and disseminated to partners (*links with Activity 1.2.3*). **NB:** Field test reports are bulky; available for review on request.
- Desk review summary report to support expanded SMGL activities in Northern Uganda
- In year 2, there was 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 summarized in targeted charts, disaggregated by region and other disaggregation in DHIS2 platform to inform OBULAMU Life Stage I rollout.

In addition, CHC finalized developing and testing materials for Life Stage 2 which focus 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.

3.2.3 Facilitate Communities of Practice (COP)

Collaboration with AfriComNet on CoPs: In year 2, CHC held a series of discussions with AfriComNet which highlighted the approach for CoPs and 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. Through these discussions, CHC began the process for a two-hour Community of Practice (CoP) for SBCC practitioners, media, and students and others. The CoP is an open forum scheduled to run every two months; 3-4:30pm in the second week of the given month. Three learning events were held in year 2:

- May 14: Designing effective SBCC messages
- July 9: Data use for decision-making: Experiences from STOP malaria project, and the case of malaria outbreak in Northern Uganda.
- September 10: Introducing Action Media Methodology as a formative assessment and SBCC material development tool

After every CoP, CHC holds after action review meetings with AfriComNet to identify emerging lessons and consolidate plans for the next meeting. The topics for every next meeting are consultatively determined with IPs through an online survey conducted at least 3 weeks prior to the meeting.

Roundtable discussion: In collaboration with MCH Cluster, convened and facilitated a roundtable discussion: “Increasing access to reproductive health information and services for young people in Uganda” during the UCU-Mukono Save the Mothers Alumni meeting of February 19, 2015. The draft report is complete and has been shared with the MCH cluster for input on recommendations prior to circulation to roundtable participants. CHC aims to pursue an MCH-focused open forum CoP, to be informed by the priorities of the MCH cluster and emerging insights from OBULAMU Campaign rollout.

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

Documentation and reporting: In year 2, CHC streamlined internal documentation and reporting templates for OBULAMU community shows [materials distribution, Inter-personal communication, health services offered] where all related regional dissemination events are reported. CHC also supported community show after-action reviews and re-planning with stakeholders, with a focus on assessment of what worked best, what did not go so well, and action steps for improvement.

In addition, 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. 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.

Distribution and dissemination of materials: During the regional and national events, CHC distributes and disseminates OBULAMU materials. For example, CHC displayed and distributed HIV/AIDS and TB SBCC print and audio-visual materials at the March 2015 Uganda AIDS Commission launch of the National AIDS Documentation and Information Centre (NADIC).

CHC also 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.

SECTION THREE: LESSONS LEARNT AND CHALLENGES

Lessons learnt in year 2

CHC has learnt a number of lessons that will strengthen the design, implementation and evaluation of health communication in Uganda. These are summarized below;-

- *Standardization of HC materials:* It is possible for all partners and districts to adopt and use the same standardized materials/messages. We observed that useable peer education manuals exist. Standardization of these materials to address unique needs of specific audiences such as KPs should focus on simplifying existing content, developing standards, formats and participatory methods. CHC will spearhead this process in Year 3.
- Linking produced local language print material to radio and inter-personal conversations facilitates delivery of message content to the audience thereby appeasing ethnic group concerns about lack of materials in their preferred languages.
- *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. CHC observed that standards of champion recruitment, motivation, supervision retention, and incentives need to be standardized across all IPs.
- *Community shows* have been very successful in mobilizing and referring people to available services offered by IPs. However, the IPs were not always prepared and able to satisfy the increased demand for products and services. More coordination is needed with them as this can have negative effects on the demand creation efforts. Furthermore, initial monitoring of health service data at IP level suggest increased uptake of service. CHC will continue to engage with DHEs and IPs in areas supported through community shows and IPC to monitor service data and identify opportunities for SBCC.

- *Materials review standard operating procedure (SOP):* The SOP ‘Quality criteria for the review and approval of health communication campaigns’ is the most relevant for the various TWGs. CHC plans to introduce this tool to the UAC materials review committee as well.
- Processes of working with partners at the higher tiers of coordination e.g. the BCC WG level can get protracted and cause delays. To ensure relevance especially where skills and/or insight is most critical i.e. the implementation site, CHC has arranged to extend activities to cover CHC regional offices to work with District Health Educators (DHEs) to periodically review OBULAMU rollout and effects e.g. through HMIS data
- *Data use for decision making:* CHC used desk review of HMIS trends and published research to inform the selection of sites where community shows were conducted. IPs and DHEs have gained appreciation of the use of readily available data sources to guide targeted interventions.
- *Engaging district MOH staff in formative data generation and shaping customized research:* 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.

Challenges for resolution

- 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 malaria outbreak, resulting in limited time spent on other health areas in the OBULAMU campaign. CHC hired a consultant to provide assistance with malaria activities to free up staff to focus on the rest of OBULAMU campaign in the region.
- *OBULAMU champions:* During After-Action-Review sessions with IPs, it was observed that the majority of champions do not have basic knowledge in other health areas outside of HIV/AIDS. It was also observed that some of the champions earlier identified by IPs are too old and unable to interact with younger audiences. In year 3 CHC will work with DHEs and IPs in a follow-up assessment with selected champions in every region to identify main topics and audiences covered during IPC outreach and develop a strategy to address noted gaps.
- Whereas the LS implementation guides spell out the role of partners in scaling-up the reach and intensity of HC activities in their locations, some partners are reluctant to reproduce additional copies of HC materials with the argument that it is CHC’s mandate to do everything pertaining to health communication. CHC continues to update the AOR to engage with other AORs regarding this matter.
- The CHMIS system currently being piloted only contains modules that cover Maternal Child Health (MCH), Nutrition and Family planning – areas covered by

the main sponsor, UNICEF. To capture the interest of partners such as CHC, the system should be upgraded to include the modules for HIV/AIDS, TB and Malaria so that this platform can support CHC and partners work with OBULAMU champions and facilitate reporting of community level data. CHC anticipates discussing the opportunities with USAID, to the extent this is feasible under USAID funding mechanism.

- 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.
- Working with institutions of higher learning: Developing collaborations with public institutions has not been successful. While senior department staff/heads indicated interest in face-to-face meetings, they failed to commit when documented engagement processes were initiated. In view of this, CHC is focusing on opportunities for collaboration through CoPs to identify fellows.

SECTION FOUR: PRIORITIES FOR YEAR THREE

Based on the achievements and lessons learnt from year two, CHC will prioritize the following areas in Year Three (2015/2016);

1. ***Targeted implementation of interventions based on data and priority districts/areas:*** CHC will use available data and research e.g. HMIS, UDHS, MIS, AIS, LQAS and IP program data, among others to plan and focus interventions in the 61 priority districts, putting more emphasis in hot spots and most affected sub-counties using the “Station Domination” strategy.
2. ***Right dosage and intensity to achieve required behaviour change:*** Within the identified target districts, hot spots and most affected sub-counties, CHC will deepen the intensity of IPC interventions to achieve saturation, enhance recall and to cause the desired health seeking behaviours among PPs and KPs.
3. ***Facility-community linkage:*** Through various IPC, community mobilization and mass media interventions, CHC will work with GOU and USG IPs to build synergies between community resource persons/champions and the health centre by (i) refining IPC skills of community champions and improving their ability to refer people to available services and follow them up through various “touch points.” (ii) improving IPC skills of providers through orientation in IPC and provision of relevant tools and job aides.
4. ***Integrating gender as a key determinant for undertaking health actions:*** As part of the process of implementing the OBULAMU campaign and providing on-going technical assistance to USG IPs, CHC will address selected gender norms that affect uptake and utilization of health services and household behaviours. This will be achieved through gender analysis, participatory materials development with priority groups and social network.

5. **Standardization of HC interventions:** CHC will continue to work with the MOH-BCC WG, UAC, TWGs as well as USG IPs to provide guides and protocols for reviewing, adapting, pre-testing, branding and re-producing health communication materials to address problems of un-coordinated, poor quality and conflicting messages that sometimes go out to the public.
6. **Coordination and collaboration with GOU, USG IPs and other stakeholders:** CHC will continue to provide technical assistance in SBCC and demand creation to USG IPs in technical areas prioritized by USG.
7. **Knowledge management and dissemination of high impact practices:** Using the Monitoring, Evaluation and Learning Agenda, CHC will continuously document key learnings from the design, implementation, monitoring and evaluation of various components of the OBULAMU campaign and disseminate them with stakeholders.

SECTION FIVE: FINANCIAL REPORT

CHC Annual Report (October 1, 2014 - September 30, 2015)

Award Budget Line Items	Budget Total - 5 year period (TEC)	Current Obligated to Date in Award	Balance in the Award	Prior Cumulative Expenditure to September 30, 2014	Expenditure October 1, 2014 to September 30, 2015	Cumulative Expenditure to September 30, 2015	Overall Cumulative Balance	% of 5 Year Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711			\$1,049,428	\$1,203,970	\$2,253,398	\$4,279,313	65.51%	
Fringe Benefits	\$2,729,692			\$395,336	\$449,282	\$844,618	\$1,885,074	69.06%	
Travel	\$2,014,931			\$203,207	\$302,071	\$505,278	\$1,509,653	74.92%	
Equipment	\$443,500			\$397,937	\$27,346	\$425,283	\$18,217	4.11%	
Supplies	\$75,623			\$32,830	\$577	\$33,407	\$42,216	55.82%	
							\$10,413,294		
Other Direct Costs	\$13,781,546			\$1,317,634	\$2,050,618	\$3,368,252		75.56%	
Sub-Awards	\$14,152,764			\$1,927,536	\$2,855,091	\$4,782,627	\$9,370,137	66.21%	
Indirect costs	\$10,266,708			\$1,062,188	\$1,298,215	\$2,360,403	\$7,906,305	77.01%	
TOTAL	\$49,997,475	\$20,006,405	29,991,070.00	\$6,386,096	\$8,187,169	\$14,573,265	\$35,424,210	70.85%	27%

Cost Share Analysis

	5 Year Commitment	Collections 2014	Collections 2015	Cumulative Collections	% Commitment Remaining
Cost Share	\$2,499,874	\$86,204	\$680,228	\$766,432	69.34%

Annual Budget vs Actual Expenditure (October 2014 to September 2015)

Award Budget Line Items	Year 2 Budget	Year 2 Actual Expenditure	Burn Rate
Total Direct Costs	\$4,378,285	\$4,033,863	92%
Sub-awards	\$4,000,000	\$2,855,091	71%
Total Indirect Costs	\$1,736,582	\$1,298,215	75%
TOTAL	\$10,114,867	\$8,187,169	81%

SECTION SIX: APPENDICES

Appendix A: Advocacy and Dissemination Events

Event	Date/Period	Coverage/ Venue	Event theme	CHC contribution
Saving Mothers Giving Life (SMGL)	May 04-08, 2015	Fort Portal		- CHC made a poster presentation on behalf of the communication TWG. - Disseminated posters to health centers
World Malaria Day celebrations	May, 2015	Kaberamaido District		CHC provided technical assistance in form of communication materials and tools
World Contraceptive Day	September- 26, 2015	Lwengo District	<i>"Mobilizing men as partners and champions in accessing and utilizing contraceptives"</i>	Supported MoH to develop slogan and messages
E-content development meeting on MCH SMS reminder platform for pregnant mothers, VHTs and Health Workers	September 7 – 8, 2015	MoH		Shared LS2 talking Points that were used to update content
Reviewed peer education manuals and observed peer education sessions for various audiences				- CHC held meetings IPs and observed multiple peer education sessions - Finalized ART adherence action media reports and shared with partners
Roll Back Malaria Communication Community of Practice (CCoP) annual meeting	September 29 th -30 th , 2015	PMI, Munyonyo	<i>"Improving the impact of malaria SBCC through effective co-ordination"</i>	- Made Presentation about response to malaria outbreak in Northern Uganda - Introduced the OBULAMU Campaign
Nutrition Communication and Advocacy Activities	August 2015	Butaleja District	<i>"Dialogues to raise awareness on Infant and Young Child feeding, with focus on breast Feeding"</i>	CHC participated in the community dialogues with working mothers and their leaders
HIV and Nutrition Campaign	12-Sep-15	Moroto	5K OBULAMU marathon	Refreshments for participants, shirts, posters, Talking points and Obulamu? Talk
Mass Measles Campaign	1 st to 3 rd October 2015	Moroto, Kotido and Kaabong	Kick measles out	Provided 02 radio slot of talk time for talk shows to mobilize and sensitized the masses
HIV/AIDs strategic plan dissemination Workshop by UAC	27 th to 28 th Aug 2015	All Karamoja hosted by Moroto at Mt. Moroto Hotel	HIV/AIDs strategy dissemination workshop	Talking points/LS1&2 OBULAMU implementation guide disseminated