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Communication for Healthy Communities (CHC)

Year 3: Third Quarter Report

April – June 2016

Communication for Healthy Communities (CHC)

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LIST OF ABBREVIATIONS

AAR	After Action Review
AGs	Adolescent Girls
AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
ARC	Accelerating Rise of Contraceptive use
ASSIST	Applying Science to Strengthen and Improve Systems
BCC	Behavior Change Communication
CDOs	Community Development Organizations
CHC	Communication for Healthy Communities
COP	Community of Practice
CS	Capacity Strengthening
CSOs	Community Society Organizations
CYP	Couple Years of Protection
DFID	Department for International Development
DHE	District Health Educator
DHMT	District Health Management Committee
DHO	District Health Officer
DHT	District Health Team
DMC	District Management Committee
DNCC	District Nutrition coordination committees
DOP	District Operational Plan
DREAMS	Determined Resilient Empowered AIDS free Mentored Safe
EMTCT	Elimination of Mother-to-Child Transmission
FHI360	Family Health International
FP	Family Planning
FSWs	Female Sex Workers
GOU	Government of Uganda
HC	Health Communication
HEPU	Health Education and Promotion Unit
HMIS	Health Management Information System
HTS	HIV Testing Services
ICT	Information and Communications Technology
IPC	Inter-Personal Communication
IRS	Indoor Residual Spraying
IUDs	Intrauterine Contraceptive Device
KM	Knowledge Management
KPs	Key Population
LAPM	Long Acting Permanent Methods
LLIN	Long Lasting Insecticide Treated Net
LQAS	Lot Quality Assurance Sampling
LT	Long Term Methods
M&E	Monitoring and Evaluation
MARPs	Most-at-Risk Populations
MCP	Multiple Couple Partners
MER	Monitoring, Evaluation and Research
MNCH	Maternal New born Child Health
MoGLSD	Ministry of Gender Labor and Social Development
MOH	Ministry of Health
MSM	Men having Sex with Men
NMCP	National Malaria Control Program
PMI	Presidential Malaria Initiative
PP	Priority Population
PRS	Performance Reporting System
RHITES	Regional Integration for Enhancing Health Services
SBCC	Social and Behavior Change Communication
SDS	Strengthening Decentralization for Sustainability
SMC	Safe Male Circumcision
SMGL	Saving Mothers Giving Life
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UAIS	Uganda AIDS Indicator Survey
UDHS	Uganda Demographic and Health Survey
USAID	United States Agency for International Development
USG	United States Government
VHT	Village Health Team
VMMC	Voluntary Medical Male Circumcision

INTRODUCTION

Communication for Healthy Communities (CHC) is a 5-year, USAID funded project whose goal is to support Government of Uganda and implementing 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 2016) of Year 3 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 planned activities, key accomplishments, challenges, lessons and plans for the next quarter.

SUMMARY OF ACHIEVEMENTS THIS QUARTER

Outstanding achievements during this reporting period were:

- Through the National BCC WG, National TWGs and other coordination meetings with USG IPs, CHC provided technical assistance in the development, review, translation and production of 34, 488 types of health communication tools and materials in 18 local languages and English. Materials were on Life Stage one (*HIV prevention, prevention of unplanned pregnancy, HTC, VMMC, condom use and MCP*) as well as Life Stage three (*Saving Mothers Giving Life, ANC, delivery at a health centre, Early Infant Diagnosis and paediatric ART, breast feeding and nutrition as well as child spacing*). They include client information and education materials as well as provider and peer counselling job aides to support providers and IPs in delivering quality services.
- In order to scale-up reach of the above health communication materials and achieve necessary saturation, CHC provided technical assistance to 17 USG IPs and 104 districts with guidelines on how to reproduce, scale-up, deepen and monitor the reach of health communication interventions under SMGL, DREAMS, DFIF/ARC, condom promotion, nutrition, VMMC Tetanus Vaccination, FP, MCH as well as paediatric and adolescent AR. As a result, CHC and 10 USG IPs reproduced and disseminated 84,572 types of various health communication materials across the country.
- CHC provided technical assistance to MOH and USG IPs to develop and test three types of Viral Load provider tools/materials, including; Viral Load Information Guide for providers, Viral Load Monitoring Flipchart for provider as well as promotional posters viral load monitoring services as part of the 3rd 90.
- To create a supportive environment for adoption of facility based and home based behaviors and actions, CHC worked with IPs to conduct targeted inter-personal communication activities and mass media placements in 61 priority districts and 41 maintenance districts reaching an estimated 10 million people (*based on media consumption data*) including; priority and key populations; with information, motivation, skills and norm change on; HIV prevention, care and treatment, malaria prevention and treatment, prevention of unplanned pregnancy, maternal and child health, nutrition and TB.
- During this quarter, CHC worked with the USG inter-agency team and consultants from Ministry of Gender, Labour and Social Development to initiate Training of Trainers (T.O.T) sessions with 28 USG IPs in Western Uganda on gender responsive programming and service delivery. During the T.O.T that was held in Mbarara between June 20 – 24 2016, IP trainers developed action plans for cascading the gender responsive training to their health centres and staff. Training is scheduled to continue with other USG IPs in northern, Eastern and central regions next quarter.

PROGRAM COMPONENTS AND ACTIVITIES

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

1.1 Provide technical assistance to USG IPs on ongoing HC interventions and special campaigns

1.1.1 Saving Mothers Giving Life (SMGL) Communication Support in northern and western Uganda

Organizations Involved:

FHI 360, UHMG, MOH and USG IPs – Baylor Uganda, Infectious Diseases Institute (IDI), ASSIST and SDS

Activities Planned in April to June 2016 were:

- Convene quarterly SMGL communication sub-committee meetings at National and regional levels
- Support IPs to hold Bi Annual Breakfast meetings with district, religious and cultural leaders.
- Reproduce or Produce “seed” copies of SMGL print materials

Activities accomplished:

1. National level coordination of SMGL Activities

- **Convene Quarterly SMGL Communication sub-committee meetings at National and Regional Levels:** At the national level, CHC collaborated with SMGL implementing Partners – Baylor Uganda and IDI in the Western Uganda as well as ASSIST and SDS in the northern Uganda to convene two national level and four regional level communication sub-committee meetings. The purpose of the meetings was to review and translate draft SMGL materials in Runyoro-Rutooro, Runyankore-Rukiga, Luo-Langi and Luo-Acholi. Some of the materials included; posters, T-shirt, Cue cards and talking points. Materials have been finalized and in the next quarter (Quarter 4) seed copies will be printed and disseminated to all SMGL implementing partners and give them soft copies for reproduction and scaling-up.



SMGL posters and Cue cards that were developed, translated and approved during the quarter.

- **Communication Support to IPs in Western Uganda:** In May 2016, CHC provided technical assistance to MOH, Baylor, IDI as well as Kabarole, Kamwenge, Kyenjojo and Kibaale district local governments to orient 24 religious leaders from the Rwenzori region on SMGL key messages. At the end of the meeting, religious leaders pledged to integrate messages on early ANC attendance, delivery at a health centre, new-born care, male partner support, child spacing as well as teenage pregnancy in their weekly religious sermons and other religious events.



A religious Leader signs a declaration to promote safe motherhood in the Rwenzori

- Conducted four outdoor live radio broadcasts in four sub counties Kamwenge and Kibaale districts focusing on early ANC attendance and facility delivery. A total of 71 people attended the live broadcasts which included a 30 minutes follow-on discussion and callers on Kagadi and Kamwenge FM in Kibaale districts.
- In order to increase the number of pregnant women who attend ANC and deliver in health facilities, CHC held five edutainment based community shows in Kibaale district focusing. A total of 2,046 people received MNCH related services that included ANC, HIV Testing Services, Family Planning, New-born care and ART.

● **SMGL Communication support to Northern Uganda**

In Northern Uganda, CHC is working together with district local governments of Gulu, Lira, Nwoya, Pader, Dokolo, and Apac and USG IPs Strengthening Decentralization for Sustainability Program (SDS) and Applying Science to Strengthen and Improve Systems (ASSIST) to roll out SMGL demand generation interventions. Key achievements this quarter included:

- In May 2016, CHC convened a quarterly SMGL communication sub-committee meeting for Northern Uganda IPs – ASSIST and SDS to discuss how to harmonize SMGL activity implementation in the region. Key deliverables included; development of a joint SMGL implementation and mentorship plan for northern region for the period of June to September 2016 was developed.
- Reviewed and translated SMGL materials in Luo-Langi and Luo-Acholi in the areas of; signs of pregnancy, ANC, newborn care as well as birth preparedness and planning.
- Provided talk show airtime to ASSIST on 14 radio stations to address the above communication issues on SMGL.
- Provided technical assistance to SDS and ASSIST to oriented 23 health workers during a CME session and 234 community champions (VHTs) from Nwoya, Lira, Apac and Dokolo on inter-personal communication skills such as; how to conduct home visits, how to build rapport and initiate dialogue on key SMGL issues. During the orientation, CHC also provided skills on the use of health communication materials and job aides.
- **Analysis of HMIS data in 10 SMGL districts (northern and western Uganda)**
 - An analysis of the HMIS data in the ten SMGL districts of Kamwenge, Kibaale, Kyenjojo, Kabarole, Dokolo, Apac, Nwoya, Gulu, Lira and Pader shows an improvement in critical SMGL indicators. For instance, there is a 6% increase in mothers attending ANC, a 7% increase in mothers attending their first ANC visit from 46,325 in the quarter of January to March 2016 to 49,462 in quarter 3. Similarly, there was a 13% increase in 4th ANC visit from 17,655 in January to March to 20,016 in April to June 2016 (*Source: eHMIS –DHIS2; extracted 18th-July-2016*).

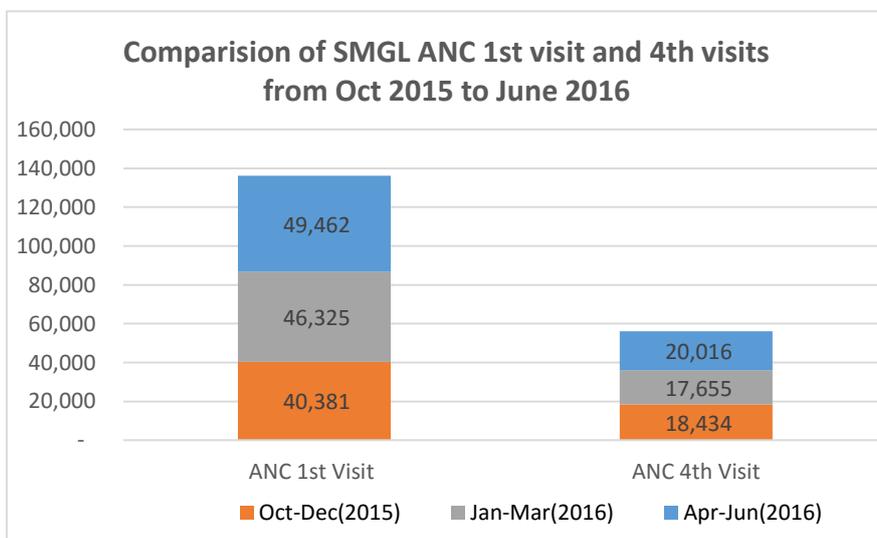


Figure 1: A comparison of ANC 1st and ANC 4th Visits

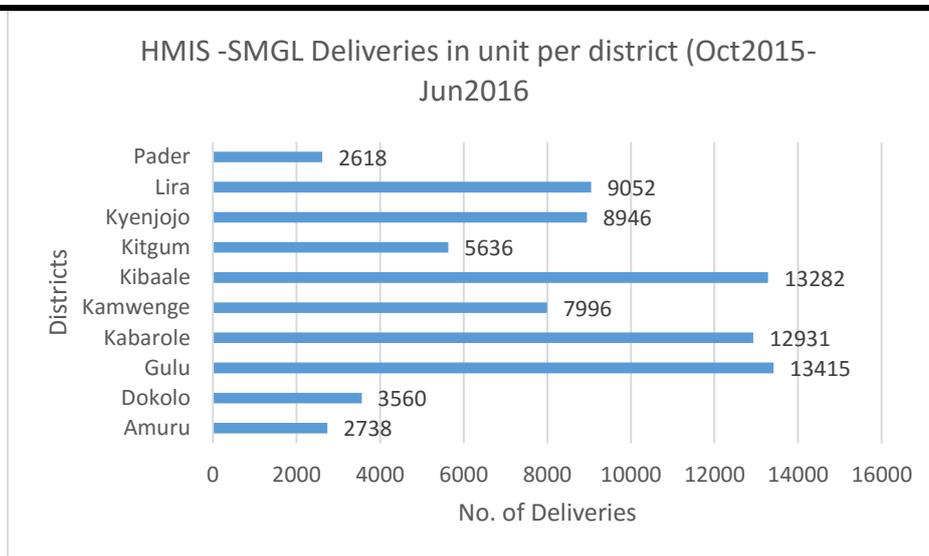


Figure 2: SMGL deliveries in units by district

The HMIS data for the quarter also shows a 4.5% increase in health facility deliveries across the 10 SMGL districts with an increase in community referrals as a result of CHC and IP intensifying activities of VHTs through targeted home visits, one-on-one and small group discussions.

Comments/ Challenges:

- There are still misconceptions on issues of pregnancy for example in Bufunjo in Kyenjojo district, some pregnant mothers prefer to use bushes as pit-latrines when they are 7 months pregnant to avoid pushing the unborn baby into the pit-latrine and it is one of the reasons some don't go for ANC visits.

Lessons learnt

- Despite many people knowing the benefits of ANC the health facilities are quite far over 10 kms and therefore many shun seeking for services because of the long distances.

Plans for the next quarter, July – Sept 2016:

- Convene SMGL communication sub-committee to review and rollout interventions in 10 SMGL districts of northern and western Uganda
- Provide technical assistance to IPs in northern and western regions to deepen the reach of demand generation activities in underserved communities.
- Hold joint support supervision/ mentorship visits
- Support USG IPs implementing SMGL to orient 60 media personnel in Western and Northern Uganda
- Support IPs to hold breakfast meetings with district, religious and cultural leaders in Northern Uganda

1.1.2 USAID/DFID young women FP campaign in 5 East-Central districts

Organizations Involved:

FHI 360, MOH and USG IPs

Activities Planned:

- Conduct 40 community mobilization events (Kadanke Youth activations) in 5 project districts
- Broadcast 1,550 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service.
- Deepen the reach of contraception and SRH communication interventions to AGYW in the five districts. This will include, working with IPs, districts and champions to disseminate materials and tools to 50 intervention sub-counties.
- Follow-up 400 champions and sample girls reached through one-on-one sessions and group dialogues.
- Work with PULSE Nurses to identify, follow-up and monitor vulnerable pregnant AGs to ensure they attend ANC.
- Develop Radio magazine and skits tackling adolescent issues on body changes, contraceptives use and preventing unplanned pregnancies.

Activities accomplished:

- **Champion Follow up:** CHC worked with 510 peer champions and Health Assistants in 51 sub counties from the five districts of Kamuli, Iganga, Mayuge, Namutumba and Luuka to reach an estimated 163,200 AGYW through one-on-one and small group discussions. The girls were given information, motivation and skills on available contraceptive choices and referred to services. CHC also followed-up 266 champions in Luuka, Namutumba and Mayuge to ensure quality interventions and also sampled AGYW reached with SRH information.



Peer champion talking to AGs.

- **Community mobilization events (Kadanke Youth Activations):**



MSIU Nurse during FP health education.

In collaboration with Marie stopes

International and the Family Life Education Program (FLEP), CHC conducted 23 youth bashes popularly known as “Kadankes” in Iganga, Kamuli, Namutumba, Mayuge and Luuka reaching 3,321 Adolescent Girls and Young Women (AGYW) with the following services:

- 234 AGYW received FP services on the actual day of the KADANKE’s; 187 received Implants, 20 received IUDs, 17 Depo and 10 received pills.
 - All 3,321 AGYW who attended the shows were given information on available contraceptive choices and were referred to nearby health centers where they can access services.
 - In addition, during the above youth bashes, CHC conducted 195 small group discussions and 2,479 home visits in Iganga, Kamuli, Namutumba, Mayuge and Luuka. These reached 4,332 AGYW in the districts with information, and referral to contraceptive services.
- **Reaching AGYW through radio:** CHC broadcast 1,820 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service between January and March 2016. These were placed in radio programs popular among youth, which include; (i) Youth moment and *Amazing* on Baba FM (ii) Love Zone on Baba FM (iii) Evening drive on KBS and *Ensi neby’ayo* on NBS radio. The following table gives a summary of radio programs/exposures broadcast between April and June 2016:

Table 2: Number of AGYW reached through radio

Product	Radio Stations	Frequency Per Day	Quarterly
OBULAMU DJ led discussion – interactive engagement	4	Once in popular program	364
Radio Spots	4	Twice a day	728
DJ Mentions	4	Twice a day	728
Talk Shows	4	Once a month	N/A
Total	4		1,820

- Deepening the reach of contraception and SRH interventions.** CHC worked with 5 DHE’s and 25 Health Assistants, 266 peer champions, 5 IPs including FLEP, RHU, PLAN, Marie Stopes and STAR-EC to place an additional 5,317 print materials in 1,151 villages and 50 sub counties to support IPC and Radio. The materials were placed in strategic places such as; water collection points, transport stages, trading centers, local shops and places of worship.



AGs reading information on ABS boards.

- Working with PULSE nurses to follow up pregnant AGYWs:** CHC partnered with 25 private sector Nurses to identify and follow-up 797 pregnant AGYW in the five districts. These were given information, skills and referral to pregnancy care (ANC), delivery at the health facility as well as family planning and child spacing. Nurses also conducted 61 community dialogue sessions reaching 381 AGYW and their male partners with the above information and services.

- HMIS Analysis:** CHC in collaboration with MSIU, supported 16 HCs in May-June to offer family planning services under the campaign. There is an increase in the uptake of LT methods by AGYW in the 5 DFID districts. According to the data provided by MSIU for May to June 2016 the total AGYW CYP contribution was 28% (347/1247) of LAPM services, excluding permanent methods.

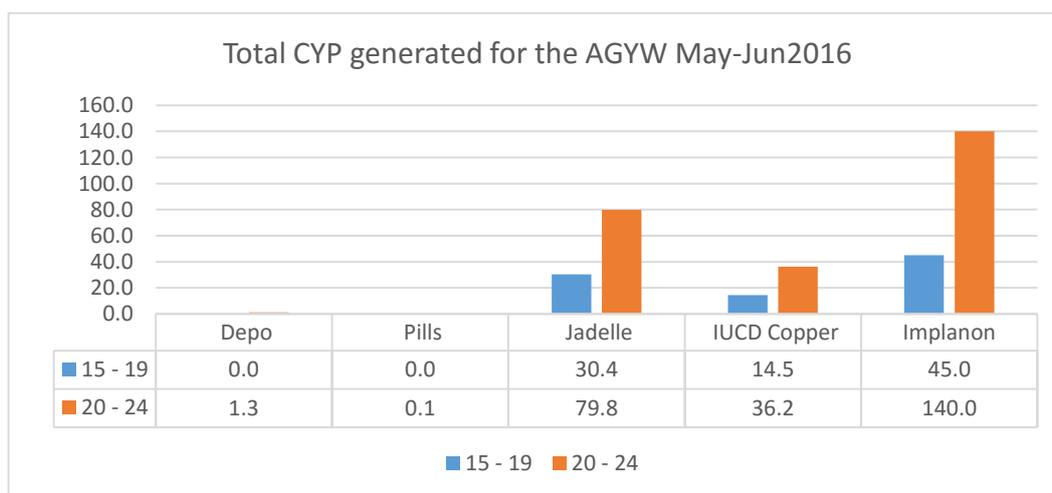
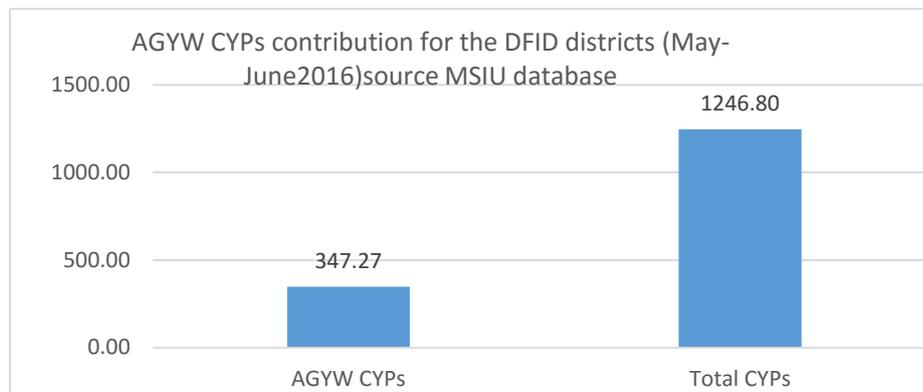


Figure 3: Couple years of protection (CYPs) for AGYWs as calculated from HMIS



Comments/ Challenges:

- Health workers especially in Iganga district feel overwhelmed by the number of young people turning up for family planning services. Some girls still think that family planning is not for young people.
- Some districts do not have steady supply of family planning commodities and rely on Marie Stopes to offer these which creates a big gap in service provision.
- Districts are faced with condom stock outs yet the young people are demanding for them.

Lessons learnt

- With continued information sharing, young people are now demanding for family planning services as a result of continued champion efforts.
- Private sector nurses are key in demystifying the myths that most health workers are rude. The Nurses are friendly and give priority to the young people in government health facilities.

Plans for the next quarter, July – sept 2016:

- Conduct 20 community mobilization events (Kadanke Youth activations) in 5 project districts
- Broadcast 2,640 radio mentions/exposures on Baba FM, NBS FM, and Kamuli broadcasting service.
- Follow-up 200 champions and sample girls reached through one-on-one sessions and group dialogues.
- Continue working with PULSE Nurses to identify, follow-up and monitor vulnerable pregnant AGs to ensure they attend ANC.
- Develop Radio magazine and skits tackling adolescent issues on body changes, contraceptives use and preventing unplanned pregnancies.

OBULAMU Peer champions reach every girl with information and referral to contraceptive services

A team of 70 OBULAMU peer champions in Namutumba (Eastern Uganda) have opened war on teenage and unplanned pregnancy by ensuring that every Adolescent Girl and Young Woman in the districts is empowered with the right information on available contraceptive choices. The peer champions, trained and deployed by USAID Uganda/Communications for Healthy Communities (CHC) and the district, use dialogue cards, flip charts and memorized talking points to facilitate interactive one-on-one and small group discussions on prevention of un-planned pregnancy and HIV. They also visit homes and places where adolescent girls and young women meet regularly such as water sources, markets, saloons and trading centers providing information, motivation and referring AGYW (15-24) to contraceptive services.

Rachel Nekesa, 22, a peer champion says these activities are aimed at increasing awareness of available family planning services and correcting myths and misperception among the girls.

“When we have continuous discussions with the girls, they feel supported to make better decisions on preventing unplanned pregnancies and preventing HIV. Normally, I talk to about 6 girls in a week,” Rachel says.

In March 2016, Rachel and Barbara Mirembe, 18, through targeted home visits identified Loyce Kamega, 24, in Namutumba town council. Loyce who is older and more educated (with a University degree) thought that they were not conversant with family planning issues. The peer educators’ first attempt to talk to Loyce was at the family shop where she works with her mother.

As soon as the duo arrived at the shop, they introduced themselves as peer champions and requested the mother to have a discussion with her daughter on family planning. But Loyce pretended to be busy and kept them waiting for about 30 minutes hoping that they would leave.

“I underestimated the peer champions when they requested to talk to me and deliberately delayed them hoping that they would get tired and go away but they did not. I thought they would waste my time since they looked too young to know anything about family planning,” Loyce explains.



Loyce in her family home in Namutumba district

In the first meeting, the peers discussed with Loyce about the importance and available methods of family planning, and HIV prevention through condom use. During the discussion, she stubbornly asked very many questions to tease and test the peers’ level of knowledge. By the third meeting, Loyce had become friends with the peers and took them more seriously because she was convinced that they were well informed and could confidently explain family planning issues.

She ignorantly thought other family planning methods were only used for birth spacing purposes by women who had already bore children. After getting this information, Loyce discussed the possibility of taking up family planning with her boyfriend who escorted her to Namutumba Health Centre III, where she received her first family planning injection in May 2016. Before the injection they were using condoms to delay pregnancy which they were not comfortable using noting that she would feel pain and suspected that her partner did not know how to put it on correctly.

“I used to think that other family planning methods are for women who have given birth and want to space their children. But the peers helped me understand that family planning can be used by any female above 15 years and their information was confirmed by the nurse who gave me the injection,” she reports.

Loyce plans to replace the injection with an implant, a longer term method during her next appointment at the Family Planning Clinic run by Marie Stopes Uganda, located at Namutumba Health Centre III. She is one of the 319 AGYW that took up family planning services between April - June 2016 as per the health facility records. However, the number of AGYW pregnancies at 1,057 is still high compared to those receiving family planning services in the same period at this facility. Since June 2016, CHC has intensified activities in five East Central Uganda districts of Kamuli, Mayuge, Iganga, Namutumba and Luuka and has deployed 770 peer champions to reach more AGYW in the five districts.

1.1.3 Communication support to DREAMS project intervention sites (in 10 districts)

Organizations Involved:

FHI 360, MOH, USG IPs, DHTs

Activities Planned:

- Work with GOU, USG IPs and DHTs to follow-up 500 previously oriented and deployed youth-friendly champions in the 10 districts, and update the list with additional peer leaders and influencers (undertake as part of rollout of LS 1, 2, and 4)
- Conduct 100 community mobilization events (Kadanke Youth Activations) for AGYW and their sexual partners/sexual network (undertaken as part of rollout of LS 1, 2, and 4)
- Broadcast 24,400 radio mentions/exposures on 10 radio stations that reach the 10 intervention districts to supplement IPC (undertaken as part of rollout of LS 1, 2, and 4)

Activities accomplished:

- **Orient and deploy AGYW friendly champions:** In quarter 3, CHC provided technical assistance to SDS, ASSIST, Mildmay, RHSP, MUWRP, CSOs and districts to orient and deployed 602 AGYW friendly- champions in 64 sub-counties, in the 10 DREAMS districts. Champions were oriented on: the use of the available health communication materials and how to conduct effective IPC sessions.

The orientation exercise was combined with a deepening exercise during which, the deployed champions, District Health Teams, local leaders and DREAMS IPs participated in placing materials in different locations in the 64 sub-counties, which included: bars, water points, places of worship, shop fronts, trading centers, and other safe places & hot spots that were identified by the champions. A total of 8,686 ABS boards, 1500 IPC cards and 3,686 posters were distributed in 64 sub-counties, in the 10 DREAMS districts. The peer champions were given a target of reaching out to 5 peers and conduct one small group discussion in a week.



Peer champions participating in a deepening exercise.

- **Conduct community mobilization events (Kadanke Youth Activations):** CHC, in collaboration with the DREAMS IPS conducted a total 11 Kandake activations, 1 in the northern region and 10 in the central region. The Kandakes were used to mobilize the AGYW and their sexual partners to access information and a range of HIV prevention and other DREAMS services including: HTC, Family planning, VMMC & Tetanus vaccination, STI screening & treatment and Cervical cancer screening. See section 1.3 below for details on the number of AGYW reached and the various services received.

CHC also reached 930 AGYW in the 10 DREAMS districts through home visits and small group discussions. Some of the issues captured during the sessions included; substance and alcohol abuse, GBC, low condom use and exchange of sex for money among the AGYW. Some of the comments from the AGYWs who attended the Kandake:

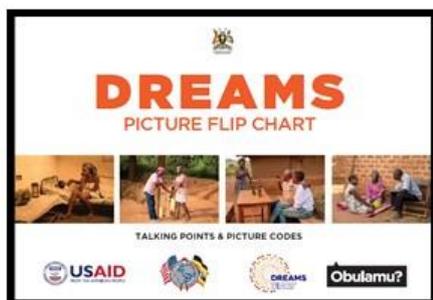
“I am happy because OBULAMU campaign program has come to Nama [Mukono]. Early pregnancy is a big challenge because of high poverty levels. Obulamu has supplemented efforts by Katoogo peer educators are doing”. Kibrango Musa, a peer educator Katoogo.

“I cannot buy condoms because I am afraid of being seen at the pharmacy or even asking from a health center. Condoms are associated with promiscuity” Nambiru Maria, AGYW in Mukono.



An AGYW being tested for HIV during a youth

- **Reaching the AGYWs through radio:** CHC broadcast a total of 1800 DJ mentions, 750 in the central and 1050 in the northern region reaching out to an estimated number of 319,489 AGYW. These were broadcast on 5 radio stations in the central and 8 in the northern region. The mentions had messages on body changes, how to deal with relationships, life choices, HIV/AIDS and family planning.
- **Development of materials and tools for Life Stage 4 and DREAMS (linked to activity 1.2 below):** During the quarter CHC led IPs to develop a set of DREAMS materials and tools, which include: a counselling flip chart on sexual and reproductive health, a DREAMS passport card (to be used by girls in Stepping Stone sessions), a comic book, a video on life choices, mini radio drama series (14 episodes), wrist-bands, T-shirt and banners. The materials are now under review by MOH and IPs cater for the needs of adolescent girls and boys in the areas of; HIV prevention (HTC, condom use and abstinence), adolescent ART adherence, prevention of unplanned pregnancies, body changes during adolescence, and tips on making informed sexual reproductive health choices. They will be finalized and disseminated to IPs next quarter.



Counselling flip chart on SRH to support Stepping Stones and Sinovuyo sessions by IPs and CSOs.



Sample DREAMS T Shirt

DREAMS Banner



- In order to scale-up the reach of DREAMS communication materials to health centres and communities, CHC provided technical assistance to SDS and Mildmay to reproduce communication materials for the DREAMS initiative. The technical assistance provided included; costing for HC to ensure saturation, quality assurance and linkage to printers. To date, SDS has reproduced 4212 ABS boards & 2400 IPC cards in Acholi, Langi and English. CHC will support SDS to come up with a dissemination plan for these materials.

Comments/ Challenges:

- Deep rooted cultural and gender norms e.g. promotion of early marriages in Northern Uganda
- High expectation from local government structures like CDOs, Parish chiefs

Lessons learnt

- Partners co-ordination and planning meetings are very crucial in enabling the IPs better understand each other's mandate, jointly plan for activities, review activities and solve implementation challenges.
- There is need to document the issues raised in the Stepping stones and Sinnovuyo sessions and support the partners managing these groups to address them.
- For the DREAMS initiative to bear results, it will be important to actively engage the influencers of the AGYW: the sexual partners, parents, local, cultural and religious leaders. There are a number of gender and cultural issues affecting the AGYWs that can only be addressed by the influencers.

Plans for the next quarter, July- sept 2016:

- Provide technical assistance to IPs to reproduce and scale-up reach of health communication materials
- Conduct Action Media to understand the networks (mode of operation) for FSWs aged 15-19 years.
- Work with GOU, USG IPs and DHTs to follow-up 500 previously oriented and deployed youth-friendly champions in the 10 districts, and update the list with additional peer leaders and influencers (undertake as part of rollout of LS 1, 2, and 4)
- Conduct 20 Kadanke Youth Activations for AGWY and their sexual partners/sexual network in both the Central and Northern region.
- Broadcast 24,400 radio mentions/exposures on 10 radio stations that reach the 10 intervention districts to supplement IPC (undertaken as part of rollout of LS 1, 2, and 4)

1.1.4 Support USG IPs to integrate/mainstream gender into HIV prevention and treatment interventions

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Work with the MoGLSD to conduct regional T.O.T sessions on provision of gender responsive programming and services for USG IPs

Activities accomplished:

- During this quarter, CHC worked with the USG inter-agency team and consultants from Ministry of Gender, Labour and Social Development to initiate Training of Trainers (T.O.T) sessions with 28 USG IPs in Western Uganda on gender responsive programming and service delivery. During the T.O.T that was held in Mbarara between June 20 – 24 2016, IP trainers developed action plans for cascading the gender responsive training to their health centres and staff. Training is scheduled to continue with other USG IPs in northern, Eastern and central regions next quarter. The main objectives of the training were:
 - To increase sensitivity to a broad range of gender norms at personal, interpersonal, community and institutional levels in order to promote gender equity in health service provisions
 - To develop an understanding of basic concepts and approaches for identifying and analyzing gender issues in the integrated health service provision approach
 - To apply gender analysis tools to the health specific conditions and develop appropriate strategies for addressing the different needs, concerns and aspirations of men, women, boys and girls in their diversities

The training covered the recommended 40 hours (5 full days) to deliver the content of the manual. The following topics were covered;

- Introduction to gender
- Gender analysis in health service provision
- Gender and health
- Gender based violence and health.
- Measuring gender integration community health services
- Skills and techniques for gender training

The training was attended by 28 IP staff from; CHC, Baylor, IDI, RHITES, Uganda police health services, ACODEV, Marie stopes, district local government, MJAP, SOCY-CRS, Rakai health sciences, Sustain, Private health support and UCMB. Other participants were representatives of health facilities like; Virika hospital, Comboni hospital and Mbarara hospital.

A key deliverable from the training workshop was that representatives of IPs developed a cascade training roll-out plan for other champions. Some IPs will commence roll-out of the training in July, 2016. CHC will follow-up with the IPs to ensure that they roll-out the training to other champions.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, July - sept 2016:

- Conduct gender T.O.T sessions for USG IPs in northern, eastern and central Uganda.

1.1.5 Communication support to malaria prevention and treatment

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Support SDS, ASSIST, DHTs and other IPs to mobilize communities for LLINs and case management in the 10 most affected northern Uganda districts.
- Provide technical assistance and support to MoH, DHTs and IPs during the World Malaria Day commemoration
- Provide TA to Abt/IRS project and CDFU in eastern Uganda to scale up reach of messages on duo-protection (LLINs and IRS), and completion of treatment when diagnosed with malaria through mass media and IPC.
- Support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in 80 endemic districts in northern Uganda.

Activities accomplished:

- **Coordination with SDS, ASSIST, districts and other IPs for Malaria prevention and control in northern Uganda:**
 - During this quarter, malaria cases rose in Northern Uganda following a decline in the period November – December 2015 with the highest OPD attendance and Malaria Positivity rates noted in Gulu (*Refer to figure 7 above*). To address the problem, Gulu DLG with technical assistance from AVSI, UHMG and Fitzman clinic organized a malaria week to scale up Malaria prevention and treatment including community case management in 06 affected sub counties. CHC supported mobilization by conducting 120 home visits and small group discussions which reached 3,747 people who were tested and treated for Malaria during the week. Though these visits, CHC and champions conducted demonstrations on net use care and repair, myth bursting and general malaria prevention messaging were provided.

Table 1: Service data for malaria week in Gulu district

SUB COUNTY	VENUE/SITES	< 5YRS TESTED	NO. POSITIVE	POSITIVITY RATE	>5YRS TESTED	NO. POSITIVE	POSITIVITY RATE	NO. TREATED
Unyama	Kidere	27	18	66%	81	47	58%	65
	Akonyibedo School	88	66	75%	253	132	52%	198
	Olano	134	106	79%	225	201	89%	307
	Pakwelo School	72	50	69%	419	260	62%	310
Lalogi	Corner Agula	101	89	88%	263	200	76%	289
	Lokwir HC II	44	37	84%	126	83	65%	120
	Lokwir School	124	120	96%	310	296	95%	416
	Lalogi HC IV	122	111	90%	183	123	67%	234
	Loyo-Ajonga HC II	28	23	82%	87	45	51%	68
Paicho	Te Atoo T/C	24	17	70%	101	42	41%	59
	Cwero HC III	39	27	69%	101	51	50%	87
Bobi	Patek- Tekulu	87	87	100%	310	228	73%	315
	Aywee Centre	70	50	71%	192	119	61%	169
	Lelaobaro HC II	97	70	92%	248	154	62%	224
	Okwir T/C	100	88	88%	155	115	74%	203
Bungatira	Oitino HC II	46	38	82%	155	72	46%	110
	Mon Roc Market	49	40	81%	199	137	68%	177
	Rwotobilo	43	38	88%	92	80	87%	118
	Coo Pe HC II	27	23	85%	75	63	84%	86
	Punena S/C Hqrts	52	46	88%	179	146	82%	192
TOTALS		1,373	1,153		3,754	2,594	67.15%	3,747

- **Technical assistance and support to MoH, DHTs and IPs in commemorating World Malaria Day**
 - On the 25th April 2015, Uganda joined the rest of the world in commemorating World Malaria day. This year's celebrations were held in Lira under the theme "End Malaria for good" with a slogan – "Test, Treat and Track". The preceding Malaria week, gave the country an opportunity to shine a spotlight on the strategies laid down by the Roll Back Malaria partnership to combat Malaria.

- CHC supported National Malaria Control programme and partners to conduct a Malaria prevention and control campaign on 23 stations around the country, 2 TV shows in Kampala. As a result, a total of 250 DJ mentions, 13 radio talk shows were broadcast during the week. Key messages were on LLIN use care and repair, early diagnosis and treatment, Malaria in pregnancy and opening households for IRS especially for districts that were preparing for the spray exercise.
- CHC also supported a Media orientation exercise and press conference in Kampala, reaching a total of 34 Media practitioners. The objective of the media dialogue was to clarify the role of the media in malaria control. During the meeting, CHC disseminated malaria materials particularly the talking points for leaders and champions ensure harmony in the messages disseminated by media personnel.
- CHC held three Community shows in Lira District (*Lira municipality, Aromo sub county*) and Kampala (*Nakivubo Blue Primary school*). In total 119 home visits and 12 small group discussions were conducted reaching 1,765 people with messages on LLIN use (Hanging, consistent use, care and repair) while addressing, barriers, myths, misconceptions about malaria and IRS. A total of 637 people were screened and treated for malaria. Key partners were Malaria Consortium, KCCA and Uganda Blood bank.



Left: Malaria services at a community show. Right: Men only dialogue on Malaria during the community mobilization drive in Lira District

- **Communication support to ABT/IRS and CDFU in northern and eastern Uganda:**

- Abt/IRS commenced the 3rd and 4th rounds of spraying in the 8 Districts of Eastern Uganda and Lango sub region respectively. The IRS project was introducing a new chemical which required a more robust communication campaign to address the community barriers such as fear of side effects, strong smell in order to increase IRS acceptance. CHC provided technical assistance in the following ways;
 - Oriented 67 media personnel from Lango sub region and eastern Uganda to enable them address misconceptions, myths, and barriers on malaria and to ensure more harmonized messages on IRS.
 - Conducted 2 community shows in resistant communities of Kibuku and Butaleja to dispel myths and misconceptions related to IRS thus increasing acceptance levels.
 - Conducted 180 home visits in the most resistant zones and oriented 50 LC1 chairpersons and 30 pump sprayers to improve their IPC skills.

The mobilization support to IRS enhanced IRS acceptance in the targeted districts particularly in Tororo, Bugiri and Namutumba which were problematic in the past spray rounds.

- **Support MOH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in 10 endemic districts in northern Uganda.**
 - CHC supported National Malaria Control Program to launch and disseminate the Communication Strategy for Malaria Control in Uganda. The purpose of the strategy is to harmonize malaria communication among the key stakeholders so as to achieve the targets set in the Uganda Malaria Reduction Strategy (UMRS 2014-2020). The strategy was launched by the Ag. Director General, Professor Anthony Mbonye on June 8, 2015. The meeting was attended by over 60 participants from government, USAID, UN, IPs and Media. As a follow on action, the NMCP is to undertake nationwide dissemination of the strategy during mobilization for the mass LLIN campaign starting September, 2016.
- CHC has continued to Integrate Malaria in the ongoing Obulamu campaign implementation particularly the interpersonal Communication activities (IPC) interventions. In the past quarter, CHC promoted messages on LLIN use and Seeking early treatment in 51 Community shows and small group discussions reaching a total of 1,404 with messages and services (for details refer to section 1.3).



Professor Mbonye (Ag. Director General of Health services with members of the Malaria Fraternity at the Launch of the Communication strategy at Imperial Royale hotel, Kampala

Comments/ Challenges

- N/A
- N/A

Plans for the next quarter, July - September 2016:

- Provide TA to MoH to design SBCC Interventions for the mass LLIN campaign.
- Support SDS, ASSIST, DHTs and other IPs to mobilize communities for LLINs and case management in the 10 most affected northern Uganda districts.
- Support MoH, DHTs and USG IPs to integrate malaria communication interventions on prevention and case management in on-going OBULAMU campaign activities in 80 endemic districts in northern Uganda.

1.1.6 Communication support for Tetanus Vaccination as part of the VMMC package

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Translate, produce and disseminate Factsheet '10 Steps for Safe Male Circumcision' in 13 languages for effective communication by VMMC community mobilisers.
- Conduct orientations of more IP staff, health workers and community mobilisers/VHTs on safety in VMMC through Tetanus Vaccination.
- Carry out an assessment of Tetanus Vaccination acceptance rates among community members in at least 4 MUWRP sites.
- Design and implement targeted communication support and demand generation activities for VMMC uptake in the 57 VMMC COP 15 districts (Links with activity 1.3)

Activities accomplished:

- CHC translated all client and champions' materials into 13 local languages - Acholi, Langi, Lugbara, Alur, Ma'di, Lumasaaba, Rutooro, Runyankore, Luganda, Rufumbira, Ateso, Swahili and Lukonzho. The champion materials translated include: *Services Card* for use during community mobilization and the Factsheet '10 Steps for Safe

Male Circumcision’ to use in insuring clients’ questions; while updated client materials include the SMC brochure and the take-home *‘Wound Care’* leaflet.

- CHC delivered electronic folders containing all formats of SMC/TT materials: audio, video and print to IPs. In addition, client and champion materials, the IPs collected a health workers’ booklet of *Questions and Answers* about *Tetanus Vaccination*. The IPs are RHITES SW, HIWA, UPHS, STAR E, STAR EC, SDS, SUSTAIN, Baylor, IDI, UEC/UCMB, AMREF, TASO, MJAP, RHSP, RTI, AIC, MUWRP, Uganda Cares, RTI/UPDF3 Project, UPHS, and UPMB. CHC also disseminated the materials to MOH and DHOs/DHEs of 57 priority districts. The objective was to provide the final versions of the SMC/TT for easy reproduction as and when need arises. All provider materials were in English whereas client and champion materials were both in English and local language versions.
- CHC selected a consultant to support the assessment of Tetanus Vaccination acceptance in various SMC sites including MUWRP and RHITES SW, based on the TORs and scope of work agreed by CHC, MUWRP and approved by USAID and MOH. The consultant started with securing IRB approval after and will complete the assessment within 6 months.
- CHC provided platforms through talk shows, spots, DJ mentions, as well deploying champions to carry out home visits, community group discussions, and continuous health education - to support IPs including SDS/TASO, MUWRP, Baylor, IDI, AMREF, and STAR EC in mobilization of community members for TT vaccination and ultimately safe male circumcision services.

Comments/ Challenges

- There is limited staff sharing among IP teams. It is common for individuals working in the same organization to separately ask for / take copies of OBULAMU materials from time to time. To overcome this, CHC has written to all Chiefs of Party giving details of the specific materials disseminated to various IPs.

Lessons learnt

- It is not sustainable to provide hard copies of materials to the IPs. Many have been able to reproduce OBULAMU materials after they receive soft copies of the materials.

Plans for the next quarter, July - Sept 2016:

- Design and implement targeted communication support and demand generation activities for VMMC uptake in the 57 VMMC COP 15 districts.
- Carry on with the assessment of Tetanus Vaccination acceptance rates among community members in at least 2 SMC sites supported by MUWRP and RHITES SW.
- Support MOH to commence review of the national SMC communication plan to cater for new developments.
- Continue with orientations of more IP staff, health workers and community mobilisers/VHTs on safety in VMMC through Tetanus Vaccination.

1.1.7 Tailored response to demand creation needs of USG IPs

Organizations Involved:

FHI 360, MOH, USG IPs and DHTs

Activities Planned:

- Provide on-going TA to USG IPs in routine implementation and monitoring of demand creation activities to identify emerging gaps and needs.

Activities accomplished:

- CHC provided TA to MoH and SPRING to refine the communication components within the national anemia prevention and control strategy and to review the existing anemia related SBCC materials for adoption. CHC shared OBULAMU Nutrition materials for reference and provided input on several aspects of the communication plan.

- CHC also worked with FANTA III to orient DNCC committees in the 10 DNCC districts on the Obulamu campaign. The support also entailed reviewing the District Nutrition Action plans (DNAPs), coming up with priority SBCC related activities and defining CHC specific support needs. CHC embarked on the identified areas of support particularly integrating Nutrition into on-going IPC interventions in the target districts (*also linked to section 2.2.*)
- CHC supported National Population Secretariat, MoH and Partners during the National Population day celebrations under the theme “*Investing in teenage girls; to harness the Demographic dividend*”. CHC supported the Isingiro district with radio airtime on for 2 shows to facilitate mobilization. CHC also booked Population secretariat TV air time on TV West to address issues affecting girl child. CHC also equipped 31 bicycle riders with Obulamu T-shirts and messages on pregnancy prevention and HIV prevention.
- As part of technical assistance to IP, CHC through UHMG provided male and female condoms that were distributed to the target audience during outreaches, community events and IPC activities. The number of condoms distributed by region is in the table below.

REGION	No. of male condoms distributed in pieces	No. of female condoms distributed in pieces
West Nile	5563	
Northern	73,548	10,000
Central	92,160	0
East central	49,200	15232
South west	14,426	201
Karamoja	114	16
East	21,600	1942
TOTAL	256,611	27,391

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, July – Sept 2016:

- Provide on-going TA to USG IPs in routine implementation and monitoring of demand creation activities to identify emerging gaps and needs.

1.2 Work with GOU and USG IPs to develop and update OBULAMU implementation guides, tools, and materials for LS 1-4

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs

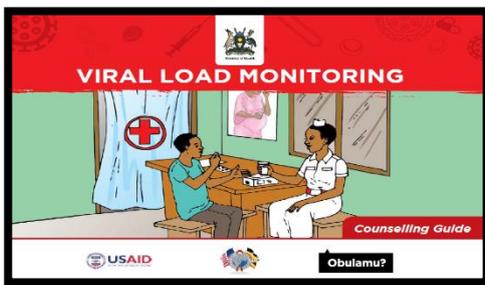
Activities Planned:

Plans for the next quarter, April – June 2016:

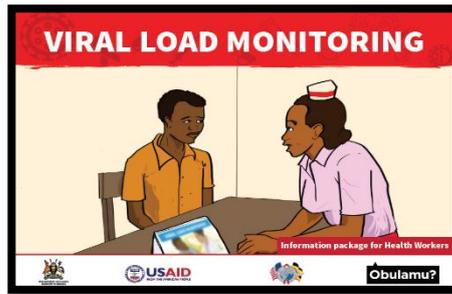
- Finalize the development of tools and materials for the FP male campaign
- Finalize development and production of materials for LS4 & LS3
- Finalize the development of Implementation Guides for LS4 & LS3
- Finalize the testing and development of cue cards for the various health areas

- **Viral Load Monitoring Materials:** In June CHC started the process of developing client and provider materials to promote and support viral loading monitoring as part of the 3rd 90. Working with the USG inter-agency team, MOH, national TWGs and USG IPs; CPHL, Mildmay, TASO, RHITES-SW, IDI, and Baylor, CHC developed materials including: *Viral Load Information Guide, Viral Load Monitoring Counseling flip chart for health workers, and client materials including three posters and full-body size standee.*

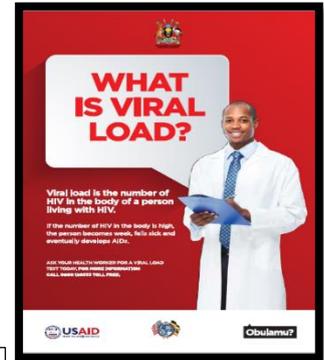
- Additionally, CHC also reproduced and repackaged two videos on the science of HIV onto 200 DVDs; these will specifically target health workers.



VLM Counseling Guide flip chart for health workers



VLM Information Guide Booklet for Health Workers



Sample Client VLM Poster

The above viral load materials are under final review and approval by MoH, VLM TWG, CDC and USAID/PEPFAR. CHC plans to produce and make available seed copies of these materials by the end of August 2016. Additionally, CHC has also started the process of developing audio radio materials that will help support the print client and provider materials.

- **Implementation guides for LS3 & LS4:** CHC developed implementation guide for Life Stage 3 which targets care takers of children under 5 and Life Stage 4 which targets adolescents. The guides provide information on issues that campaigns address, the available materials, the communication channels being used, CHC's and IP's roles in the rollout and the targets. CHC will in the next quarter orient MoH, IPs and DHTs on the both LS3 & LS4 in order to harmonize the roll-out process.
- **Development of Cue cards for the various health areas:** CHC also developed and tested Saving Mothers Giving Life (SMGL) Cue cards which address basic MCH issues. The cue cards were reviewed and approved by MoH, IPs and TWGs. CHC will in the next quarter produce seed copies and make available the soft copies for IPs to reproduce (see details in section 1.1.1 above).
- **Family Planning Male Campaign:** CHC received feedback from MoH, IPs and FP/RH TWG on draft family planning campaign concepts (which had been developed the previous quarter). Based on the feedback CHC made changes to the campaign concepts to address key issues raised such as the need to communicate modern FP methods in the various materials. CHC revised and tested the campaign concepts which are now under review by MoH, IPs and FP/RH TWG and will finalize development next quarter.



Near final concepts by MoH, IPs and FP/RH TWG



New Campaign Concepts integrating feedback MoH, IPs & FP/RH TWG

Materials Produced: During the quarter, CHC produced a total of 34,488 copies of client and provider materials. The following table shows breakdown of the types and quantities produced;

Material	No Produced
Six Life Stage 3 ABS Boards:	7,902
<ul style="list-style-type: none"> • Return to Health Centre • Complimentary feeding • Exclusive breastfeeding • ART Adherence • Malaria – LLIN use • Hand washing 	
LS4 ART ABS Boards	3,613
LS4 ABS Boards (HIV & pregnancy prevention, & sexuality)	13,375
LS4 IPC Cards	17,000
19 SMGL Cue Cards sets	500

Comments/ Challenges:

- N/A
- Finalize the development & production of the pending LS4 and DREAMS campaign materials and disseminate to IPs
- Finalize the development & production of materials for the FP campaign
- Provide technical assistance to MOH and USG IPs to initiate the development of the HIV 90:90:90 campaign materials and tools which include policy shifts related; Test and Start, Differentiated Service Delivery Models and Viral Load Monitoring.

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

Organizations Involved:

FHI 360, MOH, DHTs and USG IPs

Activities Planned:

- Work with USG IPs and DHTs to follow and monitor OBULAMU champions activities through spot checks, periodic phone calls, and quarterly review meetings at sub-county/HC III levels. (Targets 5 champions monitored per sub-county in each of the 61 priority districts)
- Work with USG IPs and DHTs to enlist, orient and deploy an additional 13,387 to fill existing gaps and respond to new emerging issues like DREAMS, DFID FP campaign and LS3 and 4.
- Work with OBULAMU champions to conduct one-on-one dialogue sessions (487,000), home visits (44,000), and small group discussions (320,000) to reach people with information, motivation and referral to services
- Work with GOU, USG IPs and DHTs to conduct 244 community shows and 2,440 small community activations in targeted hotspots and places where KPs and PPs regularly meet
- Targeted mass media rollout to reach 61 priority districts and 41 sustenance districts. (Targets 117,840 radio mentions and 430 radio talk shows to supplement IPC)
- Targeted TV and video placements to reach PPs and KPs on Bukedde TV, NTV, health centers, buses, video dens. (Targets 57,920 TV/video exposures)
- Targeted outdoor placements in hotspots, trading centers, markets, water sources and places where KPS and PPs converge.

Interpersonal Communication Activities

Targeted IPC Activities			
Variables	Community Shows & Debates	Youth Bashes	Total
Number of Community Shows	53	36	89
Community Debates	9		9
Youth Bashes		36	36
People who attended	32,454	12,178	44,632
People reached through Home Visits	3,148	4,719	7,867
People reached through Small Group Discussions	5,913	1,415	7,328
HTC	11,226	1,245	12,471
<i>First Time Testers</i>	5,160	588	5,748
<i>Tested HIV Positive</i>	840	102	942
<i>Enrolled into care</i>	111	15	126
STI Screening & Treatment	931	75	1,006
SMC during the show	1,724	11	1,735
Condoms distribution	74,033	20,696	94,729
TB screening	5,586	18	5,604
Family planning	1,203	440	1,643
Malaria in pregnancy (IPTp)	91	15	106
Malaria Treatment (general)	2,141	197	2,338
LLINs for Pregnant Women	174	-	174
LLINs for Children <5	44	66	110
ANC	692	206	898
Nutrition	323	-	323
Immunization	278	204	482
Referrals to services	324	14	338

Targeted IPC activities

Community Shows & Debates: During the quarter CHC worked with IPs including: IRS project, Baylor, IDI, MUWRAP, Mildmay, RHITES-SW, MSU, TASO, SDS, UHMG -SMA, UYLA-FTF, CAFH, CUAMM, FLEP, Restless Development, KAYEN, Kotido Catholic Diocese, Mercy Cops, Moroto Diocese, Red Cross, World Vision, Buganda Kingdom, PREFA among others to conduct 53 community shows & 5 community debates reaching a total 30, 607 (*see table on the left for details*).

Youth Bashes/ Kadankes: Linked to IR.1.1.2 and IR1.1.3 a total of 12, 178, AGYW and ABYM were reached through 36 youth bashes. (*see table on the left for details*).

● Campaign Champions

Category of Champions	Western	Central	South Western	West Nile	Eastern	Northern	Total
VHTs	-	7	89	43	-	50	189
Local leaders	-	11	-	10	-	101	122
Media persons	15	-	22	65	40	27	169
Community based facilitators	-	-	-	-	-	59	59
Health workers	-	76	-	35	-	10	121
Community knowledge workers	-	-	242	3	-	6	251
Religious leaders	-	2	66	142	-	-	210
Peers	-	460	-	-	-	171	631
University Student leaders	-	18	-	-	-	81	99
KP champions	42	-	37	4	-	-	83
Total	57	574	456	302	40	505	1,934

Champion Orientation: During the quarter a total of 1,934 (*see details in table on the left*) new campaign champions were enlisted, oriented and deployed as campaign ambassadors. Majority of the champions (631) were peers working in the 10 DREAMS project districts; these we equipped with relevant SBCC materials to aide their mobilization of various campaign audiences to take various health behaviors and services including making referrals.

Region	No of high Volume sites	No of monitored champions attached to site	Est No of Pple reached in Qtr
Western	50	500	18,000
East Central	30	300	10,800
Central	70	700	25,200
Karamoja	20	200	7,200
South Western	60	600	21,600
West Nile	50	500	18,000
Eastern	60	600	21,600
Northern	60	600	21,600
Total	400	4,000	360,000

Champion activity follow-up and support supervision:

Following the model of focusing the campaign champions' activities around high volume sites CHC working with DHTs and IPs followed a total of 642 working around high volume sites through support supervision visits. During the visits a number of champion related activities such as homes visits, small group discussions and referrals were monitored.

The support supervision visits were also used to address emerging gaps and challenges that affect the work of the champions e.g. champions reported the poor handling of the

people they refer for services by the health workers which was addressed though After Action Review meetings with IPs, DHTs and health workers.



LEFT: Champion demonstrating how to use a condom during a small group discussion in Moroto. **RIGHT:** Champions conducting a small group discussion about WASH in Kotido, Karamoja.

The visits also revealed that majority of the champions reach an average of 12 people per month thus the 4,000 monitored champions working in the catchment areas of the high volume are estimated to have reached a total 360,000 people with health information and referral to services during the quarter through one-on-one sessions, home visits and small group discussions.

- **Mass media roll-out:** In order to create a supportive environment for adoption of facility based and home based behaviours and actions, CHC conducted targeted mass media placements in 61 priority districts and 41 maintenance districts with bias on Life Stage 3 and 4 (which had started rolling out last quarter). CHC aired a total of 61,354 radio spots and mentions, supported IPs and DHTs with 51 radio talk shows, conducted a 5,760 OBULAMU Moments and broadcasted a total 732 OBULAMU magazines on the 52 radio stations. CHC has also placed and broadcasted 6 TV spots/videos with 3,884 exposures to reach PPs and KPs on Bukedde TV, NTV, NBS TV, BBS TV, health centers, buses, video dens in the period April-June 2016. CHC maintained outdoor presence of the various campaign messages on: 62,000 ABS boards faces, 148 billboards, 366 roadsters and street poles faces, and 400 taxis plying major routes around the country Life stages 1, 3 and 4 messages.
- Based on media consumption data, the above rollout has reached an estimated 10 million people, including; priority and key populations; with information, motivation, skills and norm change on; HIV prevention, care and treatment, malaria prevention and treatment, prevention of unplanned pregnancy, maternal and child health, nutrition and TB. Through inter personal communication, community mobilization, mass media and social media platforms, KPs and PPs were referred to health centre based services such as VMMC, ART, eMTCT, ANC, TB, FP and delivery, as well as promotion of home based behaviours such as sleeping under LLINs, condom use, hand washing, breast feeding, nutrition and ART/TB adherence.
- **Materials Distribution:** During the quarter CHC disseminated 84,572 copies of OBULAMU campaign provider and client material seed copies to IPs, DHTs, health facilities and communities.

Comments/ Challenges:

- Poor handling of community members referred to health facilities for services by campaign champions. Health workers were reported to have a negative attitude towards patients referred by champions. These issues are however addressed in After Action Review Meetings by IPs, DHTs and health workers.

Plans for the next quarter, April - June 2016:

- Work with USG IPs and DHTs to follow and monitor OBULAMU champions activities through spot checks, periodic phone calls, and quarterly review meetings at sub-county/HC III levels. (Targets 5 champions monitored per sub-county in each of the 61 priority districts)
- Work with OBULAMU champions to conduct one-on-one dialogue sessions, home visits and small group discussions to reach people with information, motivation and referral to services
- Work with GOU, USG IPs and DHTs to conduct 40 community shows, 2,000 home visits, 320 small group discussions in areas where IPs are experiencing low demand for services
- Conducted targeted mass media and print placements to reach 61 priority districts and 41 sustenance districts to supplement IPC activities.

Intermediate Result 2: Improved coordination of Health Communication interventions

2.1.1 Support the MOH to strengthen the National BCC Working Group for Sustainable HC Coordination

Organizations Involved:

FHI 360, MOH, USG IPs

Activities Planned:

- Co-chair BCC WG and national level task forces and thematic TWGs in order to influence discussions towards greater coordination of HC interventions in the country.

Activities accomplished:

National level coordination through BCC WG and National TWGs

- During the quarter, CHC worked with the MOH Health Promotion and Education Department organize and co-chair the BCC WG for the quarter that was scheduled for Friday, June 24 but was held on Friday, July 01, 2016. The WG was attended by 22 staff from MOH and IPs and achieved the following deliverables;
 - Discussed emerging issues from IP implementation of health communication interventions in the country including; standardization of materials and tools, review and harmonization communication activities to support the new HTS policy and the MOH and PEPFAR shift to the 90/90/90 strategy.
 - Reviewed and provided feedback to health communication materials from CHC
 - Set-up a committee to organize the upcoming Community of Practice (COP) regional and national level events scheduled for next quarter.
 - Discussed guidelines from the NMCP to support communication and community mobilization on the upcoming mass distribution of LLINs in target districts.
 - Reviewed the MOH website and introduced the MOH resource center staff who will guide IPs to upload materials on the website for easy access by other IPs
- CHC attended and made presentations in 12 national TWG meetings including; RH/FP, Adolescent health, condom promotion, KP/MARPS, HTC/HTS, VMMC, SMGL/Safe Motherhood, DREAMS, Nutrition, Anemia, Malaria and TB. During these meetings CHC shared key updates on the rollout of each of the above specific health areas, disseminated available provider and client education materials and received feedback on draft materials, including; Viral Load, DREAMS, Nutrition, Pediatric and Adolescent ART and FP.

Comments/ Challenges:

- N/A

Lessons learnt

- N/A

Plans for the next quarter, July - Sept 2016:

- Co-chair BCC WG and national level task forces and thematic TWGs in order to improve coordination of health communication activities in the country
- Conduct Community of Practice (COP) events in four regions of Uganda to improve coordination and sharing of experiences in health communication and demand generation.

<p>2.1.2 Support the MOH to develop district HC coordination mechanisms</p>
<p>Organizations Involved: FHI 360, DHTs and USG IPs</p>
<p>Activities Planned:</p> <ul style="list-style-type: none"> • Conduct After-Action-Review (AAR) sessions, mentoring and support supervision visits with individual DHEs in the 61 priority districts and 41 maintenance districts to follow-up on the utilization of HC coordination tools • Spearhead semi-annual DHE workshops for OBULAMU dissemination and rollout, data use for decision-making, materials development and review, media engagements, and stakeholder management. (Targets 8 biannual DHE workshops reaching 102 DHEs) • Spearhead HC coordination meetings with IPs and DHEs through DOP/DMC meetings, DHMT, MOH RPMT meetings, and special events such as WAD, WMD. (Targets 96 coordination meetings i.e. 3 per region per quarter)
<p>Activities accomplished:</p> <p>District level coordination</p> <ul style="list-style-type: none"> • During the quarter, CHC attended and discussed health communication issues during 10 DNCC meetings, 08 DOP meetings, 24 DMT meetings, 89 individual IP meetings to coordinate the planning, implementation and monitoring of health communication interventions in the districts and how they are linked to service delivery by IPs and districts. During these meetings CHC; <ul style="list-style-type: none"> ○ Review translated health communication materials to fit local contexts ○ Conducts joint planning and coordination of activities to avoid duplication and maximize integration and link demand generation activities to service delivery by IPs and districts ○ Conducts After-Action-Review (AAR) meetings to jointly review operations and identify practical solutions to emerging issues such as stock out of medicines and supplies, attitude of health workers and harmonization of schedules between demand generation and IP outreaches. ○ Generates and documents SBCC needs and challenges from IPs and districts that form the basis of technical assistance ○ Jointly reviews and interprets IP and district data to inform targeted programming in priority locations and populations. • CHC conducted three DHE meetings in East Central, Western, South West, Northern and Karamoja regions which were attended by 41 DHEs in the regions. During the meetings, CHC: <ul style="list-style-type: none"> ○ Provided capacity strengthening and hands-on mentoring to DHEs and followed-up on previous sessions on how DHEs are using data for to make decision on health communication activities in their districts. ○ Developed joint OBULAMU rollout plans for interpersonal and community mobilization activities that include; follow-up and supervision of champion activities, appearing on district based radio talk shows to address critical health issues in the district such as malaria, nutrition and HIV and AIDS. ○ Provided technical assistance on key interventions in districts including; IRS, malaria, SMGL and family planning.
<p>Comments/ Challenges:</p> <ul style="list-style-type: none"> • N/A
<p>Lessons learnt</p> <ul style="list-style-type: none"> • N/A
<p>Plans for the next quarter, July – September 2016:</p> <ul style="list-style-type: none"> • Spearhead HC coordination meetings with IPs and DHEs through DOP/DMC meetings, DHMT and special events

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 Operationalize MER/KM Task Force
<p>Organizations Involved: MOH, FHI 360, Baylor, CDFU, UHMG, MSH</p>
<p>Activities Planned:</p> <ul style="list-style-type: none">• Convene quarterly to review HC-related and service data such as DHIS2, LQAS, FP and MCH surveillance (linked to the BCC WG and CHC-led learning agenda)
<p>Activities accomplished:</p> <ul style="list-style-type: none">• MER/KM Task force meeting: The MER/KM taskforce met on June 30, 2016 on the theme: “Understanding the different components of demand creation and behavior change”. The aim was to discuss how service delivery and demand creation interventions reinforce each other to lead to behavior change. The organizations that were represented in this meeting include; MOH, FHI 360 - Community Connector and CHC projects, CDFU, Baylor, Reach Out Mbuya, UHMG and MSH. The key action point from this meeting was for the taskforce members to develop a policy position paper on demand creation interventions highlighting key actions that require the attention of policy makers. Matters arising from the task force meetings were tabled at the BCC WG meeting of June 2016, and to be taken up by CHC under its Technical Assistance obligations.
<p>Plans for the next quarter, July - Sept 2016:</p> <ul style="list-style-type: none">• Convene quarterly to review HC-related and service data such as DHIS2, LQAS, FP and MCH surveillance (linked to the BCC WG and CHC-led learning agenda)• Spearhead the conduct of a follow-up field monitoring/quality improvement visits as part of the learning agenda under task force/BCC WG (Links with 3.1.3)

3.1.2 Design and implement customized research methodologies

Organizations Involved: FHI 360

Activities Planned:

- Finalize qualitative assessments protocol to complement evaluative surveys and to support IR 1 implementation, monitoring, and adaptation activities related to Life Stages 1-4. (Incorporates gender analysis: gender issues, any shifting patterns, their drivers, and how they affect decision-making for behaviors and use of health services).
- Lead the design and implementation of additional customized research based on questions emerging from HC program implementation, MER/KM task force, or other stakeholders (i.e. explore feasibility of mHealth programming [m4RH], use of mobile data collection for reporting, and other standardized tools and methodologies developed through the Stepping Stones technique)
- Design and monitor targeted activities linked to the USAID-DFID young women pregnancy prevention focus, including evaluation strategies
- Design and carry out audience and IP feedback assessments

Activities accomplished:

- **Evaluative Qualitative protocol:** This protocol incorporates most significant change approaches and aims to triangulate findings from the overall CHC evaluative quantitative survey. Overall, it aims to understand the context of various health behaviors and uptake of related services as part of answering the questions: what works, where, with whom, and under what circumstances. The study objectives are: 1) To explore and describe the four life-stage target audiences' perceptions about the CHC campaign coverage and effectiveness in their communities; 2) To explore and describe key population members' exposure to and perceptions about CHC campaign coverage and effectiveness in their communities, including evolving characteristics and needs for KPs; and 3) To explore and describe community, structural, and health system-level factors that may serve as barriers or facilitators to campaign success. FHI 360 Scientific Affairs reviewed the protocol in late June following which it is required to undergo full board ethics review in early August 2016 due to the inclusion of vulnerable population groups (adolescents, FSWs, and MSM). The concept and/or protocol is available on AOR request.
- **DREAMS protocol** was submitted to the Mildmay Uganda Research Ethics Committee for ethics review. Investigators are addressing review comments received in late June, for resubmission in July 2017. A simultaneous submission for ethics reviews was made to the FHI 360 Protection of Human Subjects research ethics committee through the IRBNet website for review. Review comments are expected late July 2016.
- **Periodic mini surveys to take a pulse of selected campaign components:** Per the CHC learning agenda, these periodic household surveys cover selected SRH and MNCH topics as part of appraisal of the effectiveness of CHC interventions and informing targeted interventions. CHC collected data on selected OBULAMU? campaign indicators through the April-May 2016 Ipsos Omnibus survey (sample size = 2040). The findings concur with results from the CHC evaluative survey – Observation 1 conducted in April 2015, on issues of: Exposure, message recall and actions undertaken after receipt of health communication information. Key findings are outlined in the box below, while the full report is appended to this report (*click the icon after the box*):



CHC SPEC
OMNIBUS SURVEY R

- **IP feedback assessment:** CHC conducted feedback assessment among IPs in May – June 2016 in the eight regions. This assessment addresses the questions in the CHC learning agenda i.e. to explore the extent of enhancement of the technical capacities of implementing partners (MoH and GOU) through CHC-led capacity strengthening (CS) and/or Technical Assistance (TA) efforts, and the quality of the CHC-led integrated HC i.e. extent of coordinated/harmonized approaches. Fieldwork was among randomly sampled IPs where 34 Middle and 21 Top level managers consented to participate. The objectives were focused on capacity for SBCC

programming, integration of SBCC, perception of SBCC, opportunities for SBCC, barriers for SBCC, documentation of SBCC outcomes, outputs, and best practices.

- **Collaboration in 2016 LQAS survey:** CHC submitted to STAR EC indicators of interest for the next LQAS exercise as follows:
 - **UPTAKE OF BEHAVIORS/ SERVICES:** Proportion of people who practice selected recommended behaviors (plus service uptake), by demographic characteristics (age, sex, residence, region/district, education, exposure to SBCC messages). CHC noted that the LQAS questionnaire covered these questions in previous years, thus the existing questions (if not changed) would cover CHC needs for estimating direction of behaviors and/or service uptake.
 - **EXPOSURE TO SBCC:** Percentage of respondents who recall hearing or seeing selected health messages within the last 6 months, by demographic characteristics (age, sex, residence, region/district, education). This is the additional area CHC presented to explore under LQAS.
- **Viral load suppression literature review:** Literature was synthesized for viral load suppression material development with a focus on SBCC. A PowerPoint presentation highlighted key lessons focused on IPC and use of media, particularly phone text messaging. The findings show that for text messages to be effective, they must have a pattern of being less frequent to avoid monotony. Specifically, short weekly text messages were more effective than daily messages or long weekly text messages. Studies reviewed showed that a key SBCC measure is to forecast potential materials for addressing risk compensation - should it arise - as viral loads are reduced and people begin to feel the “absence of illness”. Literature review PowerPoint is available on request.
- **Assessing champions effectiveness:** Similar to answering the learning agenda question: what works, where, with whom, and under what circumstances, a protocol to assess the effectiveness champions in delivering IPC and referral to services was developed, with the following specific objectives:
 - To describe champions coverage of the target population and intensity with health communication messages about HIV, TB, FP, Nutrition, Malaria and MCH.
 - To assess the behavior change across the six thematic areas (HIV, TB, FP, Nutrition, Malaria and MCH) in the target population of the champion.
 - To assess the behavior change across the six thematic areas (HIV, TB, FP, Nutrition, Malaria and MCH) in the target population that is attributable to champions.
 - To describe factors that affect performance among champions.

The study will be conducted next quarter.

Comments:

- A large component of study populations in CHC program fall under groups that IRBs classify as particularly vulnerable or high risk (adolescents, pregnant women, FSW, and MSM). This results in lengthy scientific affairs and ethics review processes.

Lessons learnt

- N/A

Plans for the next quarter, July - Sept 2016:

- Submit qualitative assessment protocol for full board ethics review meeting of August 10, 2016.
- Conduct participatory formative research using Action Media methodology to support IR 1 implementation, monitoring, and adaptation activities related to Life Stages 1-4. (Incorporates gender analysis: gender issues, any shifting patterns, their drivers, and how they affect decision-making for behaviors and use of health services).
- Lead the design and implementation of additional customized research based on questions emerging from HC program implementation, MER/KM task force, or other stakeholders (i.e. explore feasibility of mHealth programming [m4RH], use of mobile data collection for reporting, and other standardized tools and methodologies developed through the Stepping Stones technique)
- Finalize IP feedback assessment report and share with partners

3.1.3 Implement Monitoring, Evaluation, and Learning (MEL) Plan

Organizations Involved:

FHI 360

Activities Planned:

- Finalize the OBULAMU site improvement monitoring system (SIMS) report and share it with the different stakeholders including; MOH, district leadership and IPs to enable follow-up of the key action points.
- Facilitate timely periodic reporting to stakeholders (i.e. PRS, quarterly/annual reports), including using MER/KM database to generate summary table of indicators, targets, and results required for reporting
- 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:

- **OBULAMU campaign monitoring report:** CHC finalized data entry and analysis for OBULAMU monitoring in mid-June 2016. The OBULAMU campaign monitoring report will be finalized next quarter with input from the MOH Health Promotion and Education division and M&E department who participated in the field exercise and collaborated with CHC post-field feedback meeting with CHC and MoH staff in Kampala.
- **Reporting:** CHC submitted the quarter two (January – March 2016) report through the stakeholder reporting templates including; PRS, FTF, and DATIM.
- **Monitoring interventions roll-out:**
 - 1) Conducted monthly meetings with staff to review progress on selected topics and key issues identified in implementation requiring immediate attention. This aligns with the CHC learning agenda i.e. progress review from a strength, weaknesses, opportunities, and threats (SWOT) perspective. The reviews included;
 - Progress versus targets on the MEL plan
 - Gender mainstreaming and integration in CHC programming
 - Continuous learning and adjustments based on data, IP feedback and emerging needs
 - Documentation and learning from OBULAMU campaign rollout
 - PEPFAR priorities on HIV and AIDs programming focusing on the new policy shifts under the 90/90/90
 - Feedback from the international SBCC conference in Addis Ababa and the FP 2020 conference in Bali, Indonesia.
 - 2) CHC conducted service data analysis from dhis2: Routine abstraction of HMIS data on selected indicators for the following campaigns: OBULAMU as a whole, DREAMS, ARC/DfID, and SMGL (*see IRI sections for outputs from HMIS analysis*). HMIS output are used as proxy for uptake of selected behaviors, and though not necessarily presumed to be attributable to CHC, is used to inform and target demand activation activities.
 - 3) CHC worked with IPs and districts to conducted support supervision activities and followed-up OBULAMU champions. As a result, over 600 champions were followed up in East Central, Central and Western regions (*Links with IRI Activity 1.3*).

Comments/ Challenges:

- With the increased condom demand – demonstrated by numbers distributed at community shows – there is need to conduct periodic studies that highlight the level of condom utilization. CHC will leverage opportunities of collecting data on condom use from the 2016 LQAS and other less resource intensive opportunities such as the quarterly Ipsos omnibus survey.

Plans for the next quarter, July- Sept 2016:

- Facilitate timely periodic reporting to stakeholders (i.e. PRS, quarterly/annual reports), including using MER/KM database to generate summary table of indicators, targets, and results required for reporting required for reporting
- Monitor intervention roll-out for fidelity, quality, and coverage to inform mid-course review of the intervention and rollout as may be appropriate

3.2 To support knowledge management of a robust learning agenda

3.2.1 Implement a KM Plan as part of the OBULAMU platform

Organizations Involved:

FHI 360

Activities Planned:

- Finalize and produce a series of technical briefs from the evaluative observation 1 survey, ARC-DFID baseline, and Action Media assessments.
- Finalize and produce a series of success stories from CHC program rollout.
- Engender knowledge sharing and learning by disseminating KM products through networks and platforms identified at national, regional, and district levels
- Make use of existing global online KM platforms critical to wide distribution of knowledge products include Health Compass, K4H, and Communication Initiative
- Monitor and document progress with activities outlined above to make adjustments as needed

Activities Planned:

- Three (3) technical briefs from the evaluative observation I survey have been developed with the topics below;
 - Research Brief: HIV and FP knowledge and intention to use services among individuals 15 – 49 years
 - Research Brief: HIV and FP knowledge and intention to use services among AGYW
 - Research Brief: Malaria knowledge and intention to seek services among individuals 15 – 49 years
- Two technical briefs have been developed from action media activities:
 - Stakeholders dialogue on vaccination for tetanus prevention in safe male circumcision,
 - Assessment of AGYW's contraceptive knowledge in East Central Uganda (Busoga region).

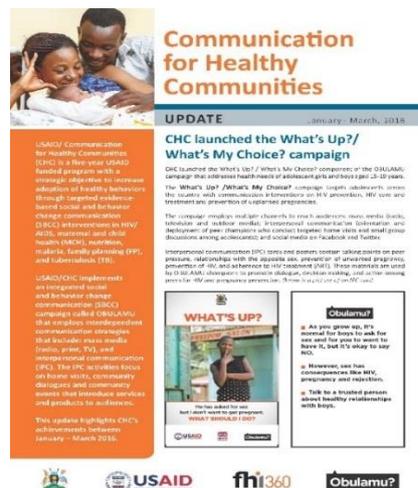
Through videos and photography, CHC documented campaign interventions on all the Life Stages and initiatives; DREAMS, USAID/ DFID ARC and SMGL across the eight regions of operation. The aim is to make documentaries and a photo album, stories of CHC program implementation processes and the key outputs to inform learning and adaptation by the end of August 2016. Through the documentation process, CHC has learnt from Karamoja region that circumcised men are perceived as cattle raiders from Kenya while in East Central region, secondary school girls are secretly using family planning modern methods to prevent pregnancy. CHC will intensify its IPC interventions to address these issues.

CHC presented the OBULAMU web-page that is in advanced stages of development to the USAID communications department and Ministry of Health's BCC WG for review and approval. CHC is holding further discussions with Ministry of Health on hosting the web-page.

A summary of CHC's achievements in Year III Quarter 2 was developed and disseminated to CHC's stakeholders such as DHEs, IPs and USAID electronically via email (*see picture on the right*).

CHC also disseminated messages and engaged with online audience through social media platforms including Facebook and Twitter.

a) **Facebook:** The number of the Obulamu Facebook page likes increased from 2508 in March to 2,615 in May as seen in Illustration 1.



A picture of cover page of the CHC update

Illustration 1: Number of Facebook likes

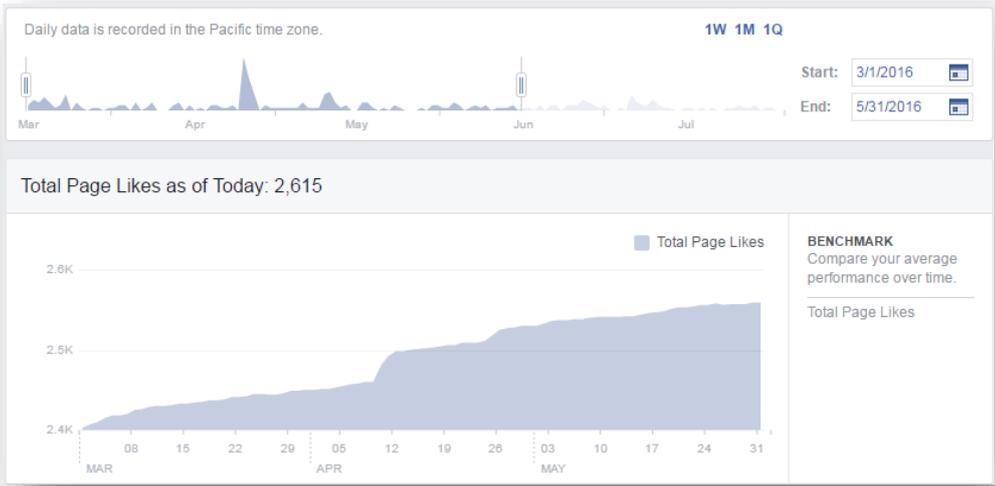
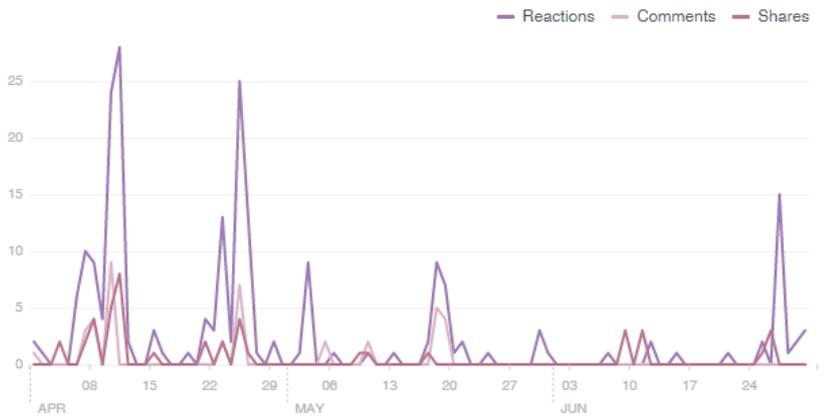


Illustration 2: Level of interaction on Facebook



b) Twitter: CHC reached 6,417 people through 493 tweets as seen in the illustrations below

Illustration 3: Estimated reached through Twitter

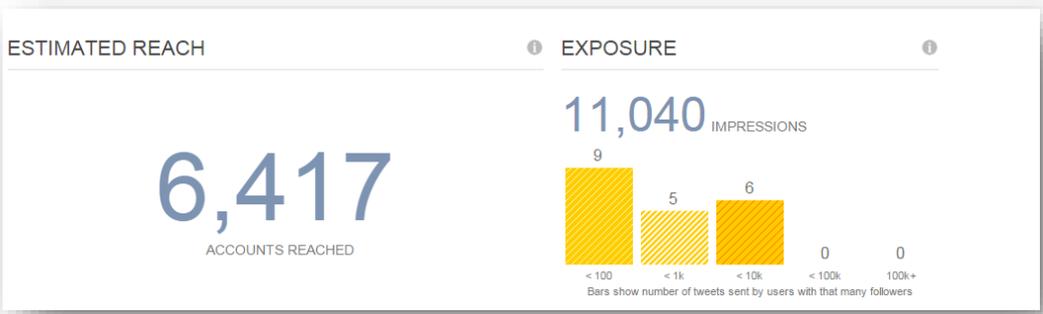


Illustration 4: Interaction on Twitter



Plans for the next quarter, July- Sept 2016:

- Engender knowledge sharing and learning by disseminating KM products through networks and platforms identified at national, regional, and district levels
- Make use of existing global online KM platforms critical to wide distribution of knowledge products include Health Compass, K4H, AfriComNet, and Communication Initiative
- Monitor and document progress with activities outlined above to make adjustments as needed

3.2.2 Engage in dissemination and advocacy events

Organizations Involved:

FHI 360, MOH

Activities Planned:

- Participate in international, national and regional exchange and dissemination events (links with IR2)
- Co-host exchanges and dissemination events at regional and national level by sponsoring roundtable discussions and identifying discussants, develop and make presentations with a clear focus on methodological steps and take home messages

Activities accomplished:

National events

- CHC participated in the International Fistula Day on May 23 in Arua district under the theme, “End Fistula in a generation, Create awareness now”. CHC supported the district to organize a press conference attended by Hon. Sara Opendi, Minister of State for Health- General Duties and Dr. Jacinto Amandua former Minister of Health, and radio talk shows on four radio stations; Radio One FM, Nile FM, Voice of Life FM and Radio Pacis FM stations. **SBCC Materials disseminated during the event:** 150 OBULAMU LS2 materials; OBULAMU Midwife’s calendar, Talking Points for Champions and 54 OBULAMU Lesus were distributed to Fistula survivors and a women’s group that participated in a Fistula march.



Former Minister of Health, Commissioner Dr. Jacinto Amandua and district officials marching in to end Fistula in Arua district.

- **The Day of the African Child:** CHC was one of partners that endorsed the action plan to protect and promote the right of the African child in Arua district during the commemoration of the Day the of African Child in under the theme, “Protecting Children’s Rights: A Call To Action” on June 16, 2016. During the event, CHC also showcased the new Life Stage 4 (adolescent girls and

boys) materials; IPC card at an exhibition and addressed the gathering on the OBULAMU campaign in Moroto district.

- **Commemoration of the World Malaria Day:** CHC provided technical assistance to MoH/ NMCP in execution of World Malaria Day activities including; targeted nation-wide media placement through; DJ mentions, radio and TV talk shows and announcements on CHC partner media houses in Kampala and Lira. CHC also oriented 40 journalists on reporting Malaria-related issues, organized a conference presided over by MoH and mobilized communities in Kampala and Lira for health camps.



CHC demonstrates how to put up an LLIN in Kampala

In Mbale and Lira, CHC oriented 67 journalists from 34 media houses on IRS, LLIN usage, Malaria in pregnancy and case management. The media practitioners agreed to join the fight to end malaria through their media reports.

In Lira, CHC conducted 58 home visits in the municipality with 462 people and facilitated three medical camps organized by Malaria Consortium where 763 people (241 Males, 522 Females) received malaria-related services.

District events

- **Gulu Malaria Week (24-31 May, 2016):** CHC mobilized communities for the Gulu Malaria Week activities aimed at mitigating the rising malaria cases. During the week, CHC intensified IPC activities including 120 home visits reaching 350 people with messages on malaria prevention, and treatment and held demonstrations on LLIN use and repair. The week was organized in partnership with the district, AVSI, UHMG and, Fitzman clinic.
- **Agrikool youth conference:** CHC oriented 400 youth on the Obulamu campaign and exhibited its work during the Agrikool-Youth conference organized by USAID/ Feed The Future project that was officiated by the USAID ambassador, Deborah R Malac.

Plans for the next quarter, July – Sept 2016:

- Participate in international, national and regional exchange and dissemination events (links with IR2)
- Co-host exchanges and dissemination events at regional and national level by sponsoring roundtable discussions and identifying discussants, develop and make presentations with a clear focus on methodological steps and take home messages

3.2.3 Improve KM skills

Organizations Involved:

FHI 360

Activities Planned:

- Conduct follow-up on the twinning model initiated with selected DHEs in western and East Central regions and identify progress in basic skills in SBCC planning and coordination (linked to IR 1 Activity 1.3 and IR 2 Activity 2.1.2)
- Explore opportunities for incorporating any emerging interests from local institutions of higher learning in CHC learning agenda

Activities accomplished

- Implementation of the twinning model is on-going in Western Uganda- Kabarole district, and East Central region in the five districts of Mayuge, Iganga, Kamuli, Luuka and Namutumba. CHC is using the twinning model as an approach to mentor DHEs and share skills and information in the implementation of SBCC interventions. CHC's twins with districts mainly through executing of agreed-upon health communication activities together. Agreements are reached through one-on-one meetings but activity planning is done through by e-mail or by phone call. Assessments and review implemented activities is done through meetings. District health teams mainly support coordination and mobilization activities while CHC provides SBCC skills and resources.
- In Quarter 3, CHC worked with five DHEs who took up leadership roles in implementing agreed-upon OBULAMU activities such as community shows conducted in partnership with Marie Stopes and Family Life Education Program (FLEP). The DHEs worked with district bio-statisticians to identify venues for 23 community mobilization events (Kadankes/ youth bashes) using data from HMIS to highlight poorly performing indicators. The model has been successful in East Central region because of the intensity of IPC activities under USAID/DFID ARC in the East Central districts which keep the DHEs engaged and subsequently supported the lean CHC team. In Kabarole district, the DHE took leadership in the assessment of SMGL and condom promotion activities. The DHE mobilized facilities visited and supported in conducting interviews with the community members or beneficiaries.
- In the last quarter CHC provided support to one master's student from UCU pursuing a degree in Journalism and Media Studies to refine his research proposal titled: *'Contribution of radio messages to male involvement in maternal health in Uganda. A case study of Mukono municipality.'* CHC will follow-up with the student for the findings which will be used to inform CHC's programming. This provided an opportunity to leverage evaluative assessment insight from such opportunities.

Plans for the next quarter, July – sept 2016:

- Continue documenting lessons from the twinning model in both East and Western region.
- Explore opportunities for incorporating any emerging interests from local institutions of higher learning in CHC learning agenda
- Finalize MoU with UCU Mukono for effective CHC technical assistance on SBCC design and M&E

FINANCIAL REPORT APRIL – JUNE 2016

Award Budget Line Items	Budget Total - 5-year period (TEC)	Current Obligated to Date in Award	Cummulative Expenditure to March 31, 2016	Expenditure April 1 to June 30, 2016	Cummulative Expenditure to June 30, 2016	Cumulative Balance	% of Budget Remaining	% of Obligation Remaining
Labour	\$6,532,711		\$2,795,037	\$341,779	\$3,136,816	\$3,395,895	51.98%	
Fringe Benefits	\$2,729,692		\$1,115,721	\$159,492	\$1,275,212	\$1,454,480	53.28%	
Travel	\$2,014,931		\$613,114	\$97,534	\$710,648	\$1,304,283	64.73%	
Equipment	\$443,500		\$138,611	\$295,851	\$434,462	\$9,038	2.04%	
Supplies	\$75,623		\$13,921	\$4,040	\$17,961	\$57,662	76.25%	
Other Direct Costs	\$13,781,546		\$5,066,996	\$478,677	\$5,545,673	\$8,235,873	59.76%	
Sub-grants	\$14,152,764		\$6,644,280	\$1,185,389	\$7,829,669	\$6,323,095	44.68%	
Indirect costs	\$10,266,708		\$3,177,921	\$643,263	\$3,821,184	\$6,445,524	62.78%	
TOTAL	\$49,997,475	\$23,282,698	\$19,565,601	\$3,206,025	\$22,771,626	\$27,225,849	54.45%	2%
<i>Cost Share</i>	\$2,499,874		\$1,355,690	\$0	\$1,355,690	\$1,144,184	45.77%	

Notes:

The balance on obligation as at end of June 2016 is **\$511,072 (2%)**.