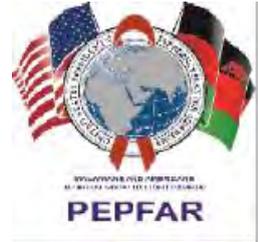




USAID
FROM THE AMERICAN PEOPLE

B R I D G E



BRIDGE II PROJECT

**Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
and its partners:**

Save the Children US

Pact Malawi

International HIV/AIDS Alliance

FY 14 Annual Report: October 30, 2014

Six Year Project: March 2009 to March 2015

Cooperative Agreement Number: 674-A-00-09-00024-00

Submitted to USAID/Malawi by: Jennifer Boyle, Project Director

**The Johns Hopkins Bloomberg School of Public Health Center for Communication
Programs**

This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Johns Hopkins Bloomberg School of Public Health Center for Communication Programs and do not necessarily reflect the views of USAID or the United States Government.

1.0	Summary.....	5
2.0	Introduction.....	8
3.0	BRIDGE II Program Objectives	8
4.0	Overall Progress of Program Activities.....	10
5.0	Highlights of Program Activities and Achievements	11
	<i>5. Challenges, Solutions and Action Taken</i>	<i>29</i>
	<i>Annex 1: Major Activities for Next Quarter October – December, 2014.....</i>	<i>30</i>
	<i>Annex C: BRIDGE II Project Progress on the FY 14 Annual Work plan</i>	<i>32</i>

List of Abbreviations

ADC	Area Development Committee
ADC-CMT	Area Development Committee-Community Mobilization Teams
ARVs	Anti-retroviral drugs
AT	African Transformation
BCI	Behavior Change Intervention
BWB	Blantyre Water Board
CAC	Community Action Cycle
CAG	Community Action Group
CBO	Community-Based Organization
CCN	<i>Chenicheni Nchiti?</i>
CDCS	Country Development Cooperation Strategy
CM & CBO	Community Mobilization and Capacity Building Officers
CMT	Community Mobilization Team
COP	Country Operational Plan
CRAs	Community Referral Agents
CRS	Catholic Relief Services
DACC	District AIDS Coordinating Committees
DEC	District Executive Committee
DHO	District Health Office
DSA	Daily Subsistence Allowance
ESCOM	Electricity Supply Commission of Malawi
FBO	Faith-Based Organization
GVH	Group Village Head
HC	Health Center
HTC	HIV Testing and Counseling
ICD	Independent Condom Distributors
IHAA	International HIV/AIDS Alliance
JHU-CCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
MBC	Malawi Broadcasting Corporation
MIJ	Malawi Institute of Journalism
MCP	Multiple Concurrent Partnership
NAC	National AIDS Commission
NAPHAM	National Association of People living with HIV/AIDS in Malawi
NHSRC	National Health Sciences Research Committee
ONA	Organization network Analysis
PCI	Project Concern International
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLHIV	People living with HIV/AIDS

PMTCT	Prevention of Mother-To-Child Transmission (of HIV)
RM&E	Research, Monitoring and Evaluation
SBCC	Social and Behavior Change Communication
SC	Save the Children Federation
TA	Traditional Authority
TLFs	Traditional Leaders Forum
TWG	Technical Working Group
ZBS	Zodiac Broadcasting Station
VDG	Village Discussion Group
VMMC	Voluntary Male Medical Circumcision
USAID	United States Agency for International Development
YONECO	Youth Net and Counseling

1.0 Summary

Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP) is implementing the BRIDGE II project in partnership with Save the Children Federation (SC), Pact Malawi and the International HIV/AIDS Alliance (IHAA). Local partners include Corporate Graphics, Youth Net and Counseling (YONECO), Galaxy Media Consultants, Story Workshop and National Association of People Living with HIV/AIDS in Malawi (NAPHAM). The project accomplished a lot in FY 14, during the final full year of operation. Highlights of these achievements are outlined below and also in Annex 4:

Program Management

- ✓ New Project Director joined BRIDGE II in a seamless transition of leadership.
- ✓ District and community level exit meetings conducted, followed by closure of district offices.
- ✓ **4** partners (Save the Children, International HIV and AIDs Alliance, PACT Malawi and YONECO) completed activities.
- ✓ Content for the BRIDGE II e-tool kit finalized and in process of being uploaded.

Research, Monitoring and Evaluation

- Targeted research on VMMC, informal condom distribution conducted.
- Research on African Transformation (AT) Tool Kit, Couple Counseling Guide and *Chenicheni Nchiti?* radio program cancelled.
- **1** abstract “Using Social and Behavior Change Communication to Increase HIV Testing and Condom Use” published in *AIDs Care*.
- **3** manuscripts drafted and awaiting submission.
- **1** poster presentation “Overcoming Barriers to Condom Use through Informal Channels of Distribution - The Malawi Experience” made at the 20th International AIDs Conference.
- Data collection for the end line survey finalized, and data entry started.

Mass Media Campaign

- **3,329** *Tasankha* radio spots aired.
- **266** people (**Males 156; Females 110**) mentored on use of interactive drama for HIV prevention.
- **1,040** *Chenicheni Nchiti?* Radio programs aired nationwide.
- **2** National Dialogue on Couple Communication conducted, airing a total of **335** radio programs.

Use of Transformative Tools

- ✓ **1** Pediatric tool kit “**Caring for Children Living with HIV: A Tool Kit for Parents/Caregivers**” drafted and reviewed by Task Force.
- ✓ **1** consultative meeting with key stakeholders and **3** task force review meetings on the tool kit conducted.
- ✓ **463** Community facilitators (**Males 254; Females 109**) trained on how to use the Hope Kit.
- ✓ **7,141** people (**Males 3,417; Females 3,724**) reached with HIV prevention messages using AT.
- ✓ **45,959** people (**Males 16,372; Females 29,587**) from all BRIDGE II implementing districts participated in Village Discussion Group (VDGs) sessions using *Tasankha* Village Discussion Guide.

Support to Workplaces

- ✓ **1,014** employees and families (**Males 621; Females 393**) reached with HIV prevention through small group work place activities.
- ✓ **39** Trainer of Trainers (**Males 27; Females 12**) trained on how to use AT.
- ✓ **120** AT Toolkit peer educators from Eastern Produce trained.

Community Mobilization

- ✓ **16,170** community members (**Males 6,106; Females 10,064**) reached with HIV prevention messages through community discussion forums.
- ✓ **347,522** people (**Males 144,389; Females 203,133**) participated in *Tasankha* open days.
- ✓ **45,959** people (**Males 16,372; Females 29,587**) participated in VDG sessions.
- ✓ **8,016** people (**Males 4,008; Females 4,008**) participated in garage parties.

Engaging People Living with HIV (PLHIV)

- ✓ **6,970** PLHIVs (**Males 1,870; Females 5,100**) reached with HIV prevention messages using the Hope Kit and the *Tasankha* Discussion Guide.
- ✓ **5,904** PLHIVs (**Males 1,597; Females 4,307**) completed positive prevention sessions using the “Planting Our Tree of Hope” Toolkit.
- ✓ Trained **59** PLHIVs (**Males 22; Females 37**) in community referral to promote referral of PLHIVs from support groups to other services providers. These consequently referred **348** PLHIVs (**Males 195; Females 99; Couples 54**) to other services.
- ✓ **2,070** PLHIVs (**Males 575; Females 1,498**) attended radio listening sessions.

Engaging Faith Based Organization Leaders and Communities

- ✓ **71** couples (**Males 71; Females 71**) trained on how to facilitate sessions using the Couple Counseling Guide.
- ✓ **7,157** people (**Males 3,490; Females 3,667**) participated in couple counseling sessions using *“The Happy Married Life: A Couple Counseling Guide for Religious Leaders”*.

Service referral and linkage

- ✓ Refresher trainings conducted for **514** (**Males 235; Females 29**) CRAs.
- ✓ **260** bicycles procured and distributed to CRAs.
- ✓ **12,357** people (**Males 4,719; Females 7,638**) referred for HIV counseling and testing (HTC) services during open days.
- ✓ **1,017** *Tasankha* facilitators trained of how to refer people using the Promotional Model of Referral.
- ✓ **1,381** people (**Males 495; Females 886**) successfully referred to services.

Increasing condom availability at community level

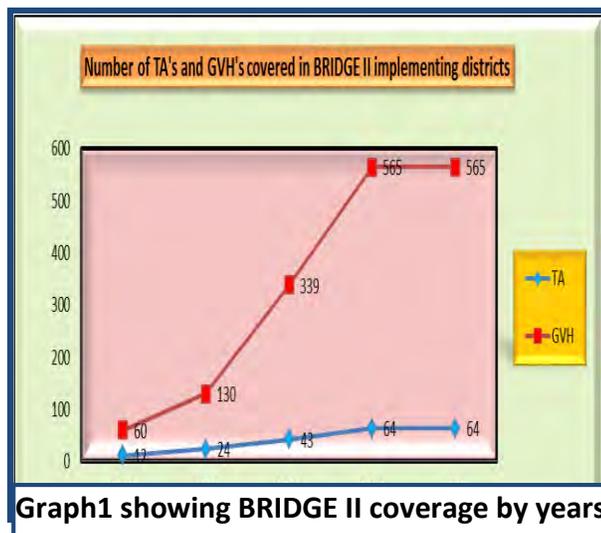
- ✓ **11, 837, 517** male condoms distributed through Informal Condom Distributors.

Coordinating VMMC messaging

- ✓ **1** VMMC flip chart finalized.
- ✓ **2** VMMC radio spots produced, airing **672** times throughout the year.
- ✓ **1** VMMC testimonial produced and aired **580** times during the VMMC campaigns.
- ✓ **1** VMMC Community Mobilization Guide completed.
- ✓ **32** journalists participated in VMMC media capacity building.

2.0 Introduction

BRIDGE II is a six year HIV prevention project promoting normative behavior change and increasing HIV preventive behavior among the adult population in Malawi. The project is implemented by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU-CCP) in partnership with three international partners: Save the Children Federation (SC), Pact Malawi and the International HIV and AIDS Alliance (IHAA). Local partners include Corporate Graphics, Galaxy Media Consultants, National Association of People Living with HIV/AIDS in Malawi (NAPHAM), Youth Net and Counseling (YONECO) and Story Workshop. This project is funded by the United States Agency for International Development (USAID) and is implemented in eleven districts in the Southern Region of Malawi: Blantyre, Chikhwawa, Chiradzulu, Machinga, Mulanje, Mwanza, Neno, Nsanje, Phalombe, Thyolo and Zomba. Refer to graph 1 for additional details on coverage of BRIDGE II.



Graph1 showing BRIDGE II coverage by years

3.0 BRIDGE II Program Objectives and Outcomes

The overall project objective is to contribute towards the reduction of new HIV infections among the adult population in Malawi. Specifically, the project intends to:

- Strengthen individual perception of HIV risk and self-efficacy to prevent HIV infection.
- Mobilize communities to adopt social norms, attitudes, and values that reduce vulnerability to HIV.
- Strategically link HIV prevention interventions to other health services.
- Support Malawian institutions for effective leadership and coordination.

By the end of the project, BRIDGE II will have achieved the following outcomes:

- Men and women will have personalized understandings of their HIV risk, and believe they have the skills, knowledge, and motivation necessary to prevent infection.
- Supported by normative change, proactive services, and dynamic institutions, individuals are using available HIV services and adopting safer sexual behaviors, particularly those related to a key driver of the epidemic, Multiple Concurrent Partnerships (MCP). Their behavior change is deep and lasting, and an inspiration to others.
- Norms are redefined to recognize, value, and reward couple communication about prevention and sero-status, compassion for those with HIV and AIDS, protection of self and others, gender equity, and rejection of, alcohol/substance abuse, and harmful traditional practices.

- HIV and other health care providers never miss an opportunity to provide both HIV negative and positive clients with proactive information, counseling, and referrals.
- Malawian institutions are taking the lead in HIV prevention in an atmosphere of coordination and collaboration, with a vibrant exchange of ideas, information, and best practices.

4.0 Overall Progress of Program Activities

BRIDGE II made extensive progress towards closure and ensuring sustainability of its initiatives beyond the project life span in this final full year of implementation. (Note: the project was intended to close by February 2014; the end date was later extended to March 2015.)

Among other things, BRIDGE II built the capacity of various community level structures/volunteers in order to remind them of key concepts on community mobilization, behavior change communication, leadership skills, importance of networking, referral of clients to services, and many more. This was done in order to leave a pool of equipped facilitators in all communities at project closure, to ensure sustainability.

The project collected data for its End of Project Evaluation and conducted two targeted research studies, focusing on the Significance of Demand Creation Efforts on Voluntary Male Medical Circumcision (VMMC) uptake and the Impact of Condom Distribution through Informal Channels on Condom Use. Research to evaluate the Impact of the Use of African Transformation, Couple Counseling and the *Chenicheni Nchiti?* Radio Program was cancelled because National Health Sciences Research Committee (NHSRC) did not approve the research protocol since BRIDGE II could not pay the 10% fee.

The project continued rolling out the *Tasankha* mass media campaign in order to remind people of the key themes and messages that were disseminated in the past five years and to continue to encourage them to practice low(er) risk and positive health seeking behaviors. Messages focused on MCP, the importance of couple counseling and testing for HIV and Prevention of Mother to Child Transmission (PMTCT). The project also created a series of new, shorter spots on PMTCT Option B+ to avoid message fatigue from hearing the same spots over and over.

Chenicheni Nchiti? (What is the Reality?) Radio program continued to be on air on Malawi Broadcasting Corporation I and II, Zodiac and thirteen other smaller radio stations. The project finished off the second round of National Dialogues on Couple Communication and conducted a third round focusing on “**Life Choices and Wellness.**” The last dialogue touched on key aspects of the *BRIDGE II Tasankha* campaign and the SSDI-Communication **Moyo Ndi Mpamba** campaign.

Other community level activities including small group discussions using BRIDGE II Transformative Tools, condom distribution, linking people to services, community wide events and capacity building initiatives for community structures continued in the year reaching thousands of people with HIV prevention messages. Community Based Organizations Networks had their skills strengthened in preparation for BRIDGE II closure.

In September 2014, BRIDGE II finished off district and community level activities under several BRIDGE II implementing partners –Save the Children, International HIV and AIDs Alliance, Story Workshop, Galaxy Media and YONECO after district and community level exit meetings that celebrated BRIDGE II achievements with the relevant structures.

5.0 Highlights of Program Activities and Achievements

a) Change of Leadership at BRIDGE II

Ms. Glory Mkandawire, the previous BRIDGE II Project Director resigned her position with BRIDGE II after securing a new position within JHU-CCP on another USAID funded project in Swaziland. The project leadership therefore transitioned, and saw Ms. Jennifer Boyle joining the project as the new Project Director. During the interim, Ms. Triza Kakhobwe Hara was promoted to Deputy Project Director and she acted as the Project Director for three months with back stop support from the Baltimore based team. The leadership transition was seamless with no disruption to project activities.

b) Partners Review and Planning Meetings

JHU-CCP facilitated two partner review and planning meetings where all implementing partners revised their work plans and made necessary financial and program adjustments in this final year of the project. Partners reflected on and shared activities that would be critical and needed to be done before closure of district and community level activities. For example, all partner work plans included refresher trainings for various community level structures/volunteers in order to remind them of key concepts on community mobilization, behavior change communication, leadership skills, importance of networking, referral of clients to services, and more. This was done in order to leave a pool of equipped facilitators in all communities at project closure, to ensure sustainability.

c) Progress towards Project Closure

The Cooperative Agreement between JHU-CCP and USAID to implement the BRIDGE II Project will officially end on March 31st, 2015 after six successful years of implementation. During this reporting period, the project carried out a number of activities in readiness for this closure.

i) District Exit Meetings & Closure of Offices

Half way through this year, JHU-CCP led all BRIDGE II implementing partners in carrying out district level exit meetings in all its eleven focal districts. The aim of these meetings was to celebrate BRIDGE II achievements with the District Executive Committees (DECs) and other stakeholders executing HIV interventions in the districts. The meetings included a presentation on BRIDGE II project, highlighting its approaches, achievements and challenges during the implementation period at district and community levels, and a discussion on how the initiatives can be sustained. Project staff also distributed fact sheets and DVDs containing BRIDGE II best practices and resources to district officials. The discussions included community representatives sharing their success stories and the knowledge and skills learnt from the project, and DEC members sharing their views on how BRIDGE II activities will be sustained in their districts once the project closes. It was encouraging to note that the DEC in most districts have already adopted the BRIDGE II approach, with most elements of the project included in District Implementation Plans.

District Commissioners, District AIDS Coordinating Committee (DACC) members and other DEC members attended the exit meetings and they all applauded BRIDGE II for its commitment in fighting against HIV and

strengthening community efforts to address the problem. District officials commended the unique approach for mobilizing communities and the constant involvement of district and community level structures, and highlighted these as reasons for the project's outstanding performance in the districts. The quote below demonstrates the sentiment in Zomba district, and all other districts recorded similar testaments to the project, including promises that activities would continue after BRIDGE II.

"To me, I feel this project should not end. And I would like to suggest that all DEC members gathered in this room today should sign a petition that we should send to the donors, requesting them to continue funding this project. We cannot allow this project to end. These are the approaches that we need and they can apply in other developmental areas." Police Officer In-Charge, Zomba.

After appreciating BRIDGE II for the large number of condoms distributed in Nsanje district, a behavior change intervention (BCI) member pleaded with the District Health Officer for continued distribution of condoms after BRIDGE II. Officials in Neno, Machinga and Mwanza districts lamented that the project is ending at the time when its efforts in promoting HIV preventive behaviors are paramount because of increased sexual activities related to construction of a railway line through these districts. Speaking during the exit meeting in Mwanza district, Traditional Authority Kanduku thanked BRIDGE II project for the wonderful work done in his catchment area, noting most couples are now open to each other and their marriage bonds are stronger than before, thanks to BRIDGE II activities.

Prior to the district level exit meetings, the project conducted TA level exit meetings where representatives of all BRIDGE II structures displayed knowledge and skills that they have acquired through BRIDGE II. They further requested responsible structures to recognize their skills and give them the support that they need to continue fighting against HIV in their communities. Traditional Authorities appreciated BRIDGE II for the investment in their communities.

The project finally closed its operation at district level in all the eleven districts in September 2014.

ii) Closure of Implementing Partners' Activities

In September 2014, activities ended under several BRIDGE II implementing partners –Save the Children, International HIV and AIDs Alliance, Story Workshop, Galaxy Media and YONECO. Corporate Graphics will continue activities through November 2014 while NAPHAM will implement activities into December. This is to allow for continued media programming and the completion of the final BRIDGE II transformational toolkit. Specifically, partners will be funded to air the *Chenicheni Nchiti?* radio program and **Tasankha** radio spots and pilot implementation of the pediatric tool kit. Referral of clients through the promotional model and condom distribution will also continue in the first quarter of FY15.

d) Project Knowledge Management and Documentation

The BRIDGE II documentation process continued with development and finalization of process documents, overviews and factsheets that will form the bulk of the content of the BRIDGE II e-toolkit. The BRIDGE II e-

toolkit is a collection of all BRIDGE II approaches, achievements and successes for sharing with national and international program managers, policy makers, donors, health communication experts and service providers that will continue to be available after project closure. The project also compiled the process documents, overviews and factsheets of various project strategies; success stories; the various tool kits that the project has developed overtime; training guides and an inventory of people trained in the districts on DVDs, and distributed them to key stakeholders who attended the district level exit meetings. Additionally, BRIDGE II engaged a video consultant to produce an end of project video that will highlight BRIDGE II successes; the video forms part of the e-toolkit and will be used at the end of project dissemination event. The process of finalizing the e-toolkit and video will continue into FY 15.

5.2 Research Monitoring and Evaluation

The objectives of BRIDGE II's Research, Monitoring and Evaluation Plan (RM&E) plan are to track PEPFAR and project indicators in accordance with the Country Operational Plan (COP) and to enhance management functions through timely reporting of performance data. The overall research plan included conducting a baseline, midterm and end of project evaluation as well as targeted research on various project interventions.

a) End of Project Evaluation

The project planned to carry out an end line evaluation in June 2014 to assess the impact of project interventions on predictors of behavior change as well as behaviors themselves. The plan was delayed due to lengthy and ultimately unsuccessful negotiations between BRIDGE II and the National Health Sciences Research Committee to attain a waiver on the 10% fee and approval from NHSRC to move forward with the study. The project consulted USAID, held meetings with both the Chair and Director of Research for the NHSRC, Dr. Mwansambo and Dr. Kathyola, and consulted the chair of the NGO forum for help. All these efforts were unsuccessful and the project paid the fee using JHU non-sponsored funds after receiving a go ahead from USAID.

The project collected data for the evaluation between August and September 2014 and will continue with data analysis and report writing in FY 15. Some of the behaviors and predictors of behavior that are being measured are HIV/AIDS knowledge, self-efficacy, risk perception, abstinence, faithfulness, condom use, HIV testing, and alcohol consumption.

b) Research on African Transformation Tool Kit, Couple Counseling Guide and 'Chenicheni Nchiti?' Radio Program

The project also had lengthy but futile discussions with the NHSRC in negotiating for a waiver to conduct three studies to evaluate the impact of use of the African Transformation Toolkit, the Couple Counseling Guide and the *Chenicheni Nchiti?* Radio Program in its communities. The start of these 3 studies was substantially delayed, and the project was forced to completely cancel them.

c) Targeted Research on the Significance of VMMC Demand Creation

BRIDGE II carried out targeted research to evaluate the impact of its demand creation efforts on linking people to VMMC services. Fieldwork for this research started in FY 13 and data collection in the implementation sites ended in the same year. During this reporting period, the research team continued with data collection in the VMMC control districts (Chiradzulu, Machinga and Neno), analyzed the data and began drafting a manuscript for publication. Data collection in the control districts took longer than expected due to poor turn up of clients for circumcisions in these districts. Data was finally collected in one district (Chiradzulu) where 78 research participants enrolled into the study. Efforts to get clients from Machinga and Neno districts proved fruitless since these districts were not offering VMMC due to some logistical challenges that the districts encountered. The two sets of data were however comparable and the 78 provided enough power for comparison between implementation and control districts.

Simple regression analysis of the data indicates that respondents in the intervention districts are significantly more likely than those in the control group to have their wound checked at a two day, seven day and six week follow-up visit (P-value 0.001). To understand the findings further, the research team created multivariable logistic regression models; with seeing or hearing any message about VMMC and remembering the campaign poster as exposure variables. An analysis was conducted using each of these variables to predict the outcomes of adherence to the two-day visit, seven-day visit and six-week visit. All of the multivariable analyses controlled for age, marital status, and educational attainment. Results indicate that there is a marginally significant relationship between exposure to a campaign poster and adherence to the two-day visit (p-value 0.051). The model of treatment group (intervention versus control) and 2 day wound check showed a stronger relationship and larger effect size (p-value 0.000). Finally, the model of treatment group and seven-day wound check reflected a relationship between treatment group and adherence to the one week follow up. None of the models assessing adherence to the six-week follow up visit showed an association between exposure to the campaign and adherence.

d) Informal Condom Distribution Study

The project carried out research to assess the impact of condom distribution through informal channels on condom use. A total of 1,428 sexually active condom users completed street intercept surveys at market places (80% men, 67% married/cohabiting, mean age 27). Reported condom use in the past 30 days was the dependent variable, and independent variables were getting condoms from and/or being trained on use by informal condom distributors (ICD). Potential confounders controlled for were age, gender, marital status, education and religion. The first step-wise linear regression looked at frequency of condom use in the past 30 days as the outcome, and demographics and ever received condoms from the distribution volunteers as predictors. Only marital status was a predictor of condom use in both models, $\beta = .264$, $p < .001$. A similar step-wise linear regression was run with the same outcome, this time assessing demographics and ever being trained by an ICD on proper condom use as potential predictors of reported condom use. In the second model, having been trained by the ICDs was also a significant predictor of condom use, $\beta = .084$, $p = .001$. Adding training into the model resulted in a significantly improved model fit (R² change = .007, $p = .001$). The final step-wise linear regression looked at the interaction of condom acquisition and receiving training from the ICD in predicting use. Interaction with the volunteers was dummy-coded: no condom/training (n = 278),

condom/no training (n = 149), condom/training (n = 307). In the second model, being unmarried and having received both condoms and training from one of the ICDs were significant predictors of use frequency, $\beta = .090$, $p = .001$. The model fit improved significantly with the addition of these factors (R2 change = .012, $p = .001$). This means that after one year of implementation, informal condom distribution at the community level appears to be associated with condom use among adults, but only if the recipients also received training.

These results were shared through a poster presented by the Deputy Project Director, entitled "**Overcoming Barriers to Condom Use through Informal Channels of Distribution - The Malawi Experience**" during the 20th International AIDS Conference that was held in Australia in July 2014. The project also wrote and submitted a manuscript on these research findings to the American Journal of Public Health where it was rejected since it did not fit into the criteria. The manuscript was later resubmitted to *AIDS & Behavior* and is under review.

e) Submission of Manuscripts

JHU-CCP is committed to sharing research findings and lessons learnt from BRIDGE II. In this final year, the project wrote a number of manuscripts based on its baseline and mid-term research findings, the targeted research on VMMC and condom use, and the evaluation of *Chenicheni Nchiti?* radio program feedback. Based on the longitudinal data collected during the 2009 baseline survey and the 2011 mid-term evaluation survey, the research team published a manuscript entitled "Using Social and Behavior Change Communication to Increase HIV Testing and Condom Use" in *AIDS Care*¹. The manuscript looks at the effects of BRIDGE II's behavior change communication efforts in Malawi on psychosocial and behavioral variables. Results published in this paper argue that exposure to BRIDGE interventions is significantly associated with knowledge level ($\beta = 0.20$, $p < .001$) and self-efficacy ($\beta = 0.35$, $p < .001$) at midterm when controlling for baseline scores, but not risk perception. Psychosocial variables did not show a significant relationship to either behavioral outcome. However, program exposure was a significant predictor of both HIV testing in the past year ($OR = 1.40$, $p < .001$) and condom use at last sex ($OR = 1.26$, $p < .05$). This study suggests that such a communication intervention may play an important role in not only affecting HIV-related behaviors themselves, but also critical factors that affect HIV behaviors, including knowledge and self-efficacy. It is recommended that communication efforts around HIV risk reduction be increased.

The project wrote two other papers for publication in the *AIDS Education and Prevention Journal* - "Determinants of and Ideas for Reducing Concurrent Sexual Partnerships in Malawi" and "The Impact of *Chenicheni Nchiti?* Radio Program on HIV Testing and Multiple Sexual Partnerships." These papers are under review.

f) Data Management:

¹ Kaufman, Michele, Rajiv N. Rimal, Maria Carrasco, OlaOluwa Fajobi, Anthony Soko, Rupali Limaye and Glory Mkandawire. 2014. Using social and behavior change communication to increase HIV testing and condom use: the Malawi BRIDGE Project. *AIDS Care*.

BRIDGE II ensures data quality before reporting to USAID and sharing findings with other partners. During this year, the RM&E team carried out data verification exercises with all BRIDGE II partners to ensure that the data that is stored and reported is of the highest quality. The RM&E team also used the data verification process to mentor partners on some of the challenges relating to data management. The team provided M&E technical expertise to partners during the data verification exercise, which was conducted in all BRIDGE II focal districts.

5.3 Tasankha Mass Media Campaign

a) Tasankha Campaign

Tasankha (We have Chosen) is a mass media campaign designed to help individuals and communities understand that CHOICES are central to behavior. In this final year of the project, BRIDGE II continued running this campaign in order to remind people of the key themes and messages that were disseminated in the past five years and continue to encourage them to practice low(er) risk and positive health seeking behaviors. The project aired a total of **3,329** radio spots on multiple and concurrent sexual partnerships and the importance of knowing your HIV risk, valuing your family and reducing your risk by getting out of a sexual network. Key PMTCT Option B+ messages were around the importance of breastfeeding for babies potentially exposed to HIV; early infant diagnosis for potentially exposed children; the general care of HIV exposed babies; and the role of community leaders in promoting PMTCT Option B+. BRIDGE II also created a series of new, shorter spots on PMTCT Option B+ to avoid message fatigue from hearing the same spots over and over. Other key themes covered included the importance of adhering to HIV preventive behaviors such as using condoms when one tests HIV negative and the role of men and traditional leaders in HIV prevention.

b) PMTCT Option B+ messaging through interactive drama

The project oriented drama group activators from 20 drama groups in Mwanza, Zomba and Chiradzulu districts on how to disseminate key messages on PMTCT Option B+ using interactive drama. These activators later oriented their fellow drama group members on the skills and knowledge necessary in interactive drama performances and how they can ably disseminate PMTCT messages to community members. The project later carried out Community Theater Workshops to assess the extent to which the trained activators transferred the acquired skills to their colleagues, review their performances during community events and provide them with the necessary technical assistance. A total of 266 drama group members (Males 156; Females 110) from Mwanza, Zomba and Chiradzulu participated in this activity.

The project also refreshed 51 drama group activators from all the three districts on PMTCT Option B+ basic information and interactive drama skills.

5.4 *Chenicheni Nchiti?* (What is the Reality?) Radio Program

a) Airing of *Chenicheni Nchiti?* Radio Program

BRIDGE II has been working with 15 radio stations (Dzimwe community radio, Joy Radio, Living Waters Church radio, Malawi Broadcasting Corporation (MBC) 1 and 2, Malawi Institute of Journalism (MIJ) radio, Mudziwathu community radio, Nkhotakota community radio, Transworld Radio, Power 101, Radio Islam, Radio Maria, Zodiac, and Star) to air its nationwide *Chenicheni Nchiti?* (CCN) radio program. During this year, the project added two more community radio stations for airing the program: CHANCO community radio and Voice of Livingstonia. Thus, the program aired on **17** radio stations across Malawi, **20 times** each week for a total of **10 hours** per week. CHANCO community radio station boosted CCN listenership in Zomba district where tuning in to some radio stations is challenging due to the mountainous terrain. Voice of Livingstonia radio station helped in capturing more listeners from the northern region.

b) Field Producers' Workshops

The project conducted four quarterly field producers' workshops to orient field producers on key messages for the year, discuss the type of stories required from the field and to refresh their skills in recording. Story Workshop introduced new and interesting ways of engaging field producers during these workshops as a way of building their capacity. For example, field producers used their own recordings to produce a mock CCN radio program. This gave them a chance to experience the challenges that radio producers encounter if their field stories are not of good quality. After the workshop, each field producer was requested to look for and record stories with a particular focus and producers who submitted good quality stories received awards. This was motivating and a good way of building peoples' capacity. Field producers acquired good recording skills and two secured full time jobs with radio stations. Participation of CCN consultant Dr. Adamson Muula in these meetings also helped in building the capacity of field producers.

Other activities that the project carried out during this reporting period are as follows:

- Continued production and airing of *Chenicheni Nchiti?* radio programs, focusing on couple communication in the context of HIV; MCP focusing on safer sexual practices; VMMC and the role of women in promoting it; malaria; water and sanitation and personal hygiene. Cumulatively, the radio stations aired a total **1,040** radio programs during this reporting period.
- Continued monitoring of the radio program through the CCN Facebook page and SMS. Feedback through these channels indicated that men of all ages like the program, and adolescents and parents of young children are the people who send feedback through the Facebook page, which has over **6,993 followers**.

5.5 National Dialogues

National Dialogues are one of BRIDGE II's approaches for promoting nation-wide discussions on topics that matter in life. During this reporting period, the project continued with the second round of a National Dialogue that was launched towards the end of FY 13, and ended in FY14. The dialogue, which focused on couple communication, drew attention of many listeners and helped people open up and discuss issues that are sensitive and sometimes regarded as a taboo in marriage. A total of 15 radio stations (MBC 1 and 1, Zodiac, Radio Maria, Radio Islam, Dzimwe Community radio, Nkhotakota community radio, Mudziwathu Community Radio, Living waters church radio, MIJ radio, Star radio, Transworld Radio, Joy Radio and Power 101) participated in the dialogue, each broadcasting a different radio program on a particular topic every week for five weeks. Eleven of the 15 radio stations aired national dialogue programs for free as per their agreement with BRIDGE II.

By the end of the campaign, the project registered a number of successes as listed below:

- A total of **39** radio programs were aired every week, accumulating to over **20** hours of airtime dedicated to the national dialogue per week.
- A total of **195** radio programs were aired by the end of the five weeks of the national dialogue.

- The campaign generated a lot of audience engagement through phone calls, SMSs and the *Chenicheni Nchiti?* Facebook page. The project observed an increase in the number of SMSs that Story Workshop received during the campaign period.

In addition to finishing off the second round of national dialogue, BRIDGE II in partnership with SSDI-Communication, collaborated with the 13 radio stations and held a third round of a national dialogue under the theme **“Life Choices and Wellness”**. The choice of this theme was very strategic as it highlighted the link between better life choices as advocated by the BRIDGE II **Tasankha** campaign and the treasure behind good health as emphasized by the SSDI-Communication’s **Moyo Ndi Mpamba** campaign. Topics covered in the **“Life Choices and Wellness”** national dialogue included:

- Cultural practices and beliefs: what is more important to uphold; our culture or our lives?
- Living our lives: what matters more; is it our life or the money and material things?
- The family and people’s wellbeing; does the family do enough to give its members the best life?
- The community working together: communities as perpetrators of good life values.
- Disease treatment versus healthy living; taking responsibility for our own wellbeing and health.

Prior to the launch of the campaign, BRIDGE II and SSDI-Communication conducted an orientation workshop for the 13 radio stations to prepare them for the coming campaign. The workshop, which engaged station managers, producers and presenters discussed roles of various players in the dialogue; negotiated for allocation of prime time to the dialogue; debated on the structure of the programs for effective impact and the need for the radio stations to adopt the approach beyond the life of BRIDGE II and SSDI- Communication. The two projects also provided 13 laptops, 13 voice recorders and 13 external hard drives to the radio stations in fulfilment of their commitment to strengthen the capacity of media houses in reality programming.



Figure 1: Mr. Lloyd Zawanda Station Manager for JOY radio receiving a Laptop from Dr. Kayisa, Deputy Chief of Party SSDI Communication (C) as Mr. Chipeta of BRIDGE II looks on

5.6 Promoting Dialogue through Use of Transformative Tools

a) Development of the Pediatric Tool Kit

BRIDGE II is using its extensive experience in developing and using Transformative Tools for behavior change, especially the “Planting Our Tree of Hope Tool Kit” to develop a national toolkit that will address needs of guardians and parents of children 6-12 years who are living with HIV: **“Caring for Children Living with HIV: A Tool Kit for Parents/Caregivers**. This toolkit is participatory in nature and provides information to Parents/Caregivers on how best they can take care of and communicate with their children who are HIV positive. The kit has seven modules: Prevention, Treatment and Care, Coping with Stigma and Discrimination, Child Treatment Adherence, Disclosure (child sero-status by parents), When Your Child is Sick, Supporting

Your Adolescent Child and Supporting the Parent/Caregiver. Refer to annex 2 for a diagrammatic presentation on the flow of the modules. Parent-child communication is a cross cutting issue and is interwoven throughout all the modules.

The kit has three related and complementary components to help in stimulating discussions and add fun as parents and their children go through the sessions. The first part of the kit is the facilitators' guide, which provides information to parents through questions, short exercises, quizzes and role plays. Alongside the facilitators guide is the parents/guardians booklet that summaries key take home messages for the parents/guardians to refer to when they are at home. The third component is the children's booklet that combines a fictional story with appealing characters and colorful illustrations for the parents to use as they explain significant issues related to the children's sero-status.

The project facilitated formation of a task force that is overseeing development of the toolkit. The task force, which is chaired by the Ministry of Health – Health Education Services, met **three times** in the year to review and provide input into the concept note and to review the first two consecutive drafts of the toolkit. Other task force members are USAID, NAC, Lighthouse, NAPHAM, Catholic Relief Services-Impact, Baylor College of Medicine, Children's Foundation Malawi, SSDI-Communication, Save the Children International and MANET +. Prior to the formation of this task force, BRIDGE II invited national level stakeholders to a one day consultative meeting where members commented on the concept note and gave BRIDGE II the go-ahead to start producing the toolkit

BRIDGE II intends to finish production of this toolkit and conduct a Training of Trainers of Community Facilitators in the first quarter of FY15, just before BRIDGE II closes. Thus, BRIDGE II will not have a chance to directly implement the toolkit. We however hope that other stakeholders such as Baylor's Tingathe Outreach program and NAPHAM will roll it out under the leadership of the Ministry of Health - Health Education Services.

b) Use of other Tool Kits for HIV Prevention

During this reporting period, the project continued using its other Transformative Tools and achieved the following:

- Trained **463** Community facilitators (**Males 254; Females 109**) from Thyolo, Phalombe, Machinga, Zomba and Mulanje Districts on how to facilitate sessions using the Hope Kit.
- Reached **7,141** people (**Males 3,417; Females 3,724**) with HIV prevention messages in small groups using the African Transformation Tool Kit.
- Reached **45,959** people (**Males 16,372; Females 29,587**) from all BRIDGE II implementing districts using the *Tasankha* Discussion Guide.
- Conducted refresher trainings for **37** community facilitators (**Males 20; Females 17**) on how to use the African Transformation Tool Kit
- **75,517** people (Males 28,957; Females 46,460) from all BRIDGE II implementing districts were reached with HIV prevention messages through *Tasankha* open days.

5.7 Supporting workplace HIV interventions

During the year, BRIDGE II continued working with the seven workplace institutions: Eastern Produce (which has a total of 18 Tea Estates) in Thyolo and Mulanje, African Parks Majete in Chikwawa district, Conforzi Tea Estates in Thyolo district, Chitakale in Mulanje district and ESCOM, Blantyre Water Board and Bakhresa Grain and Milling LTD in Blantyre district at a slower pace and completely withdrew its support in June 2014.

The project carried out a number of activities as outlined below:

- Supported Eastern Produce in training **39** Trainer of Trainers (**Males 27; Females 12**) on how to facilitate sessions using African Transformation.
- Trained **120** African Transformation ToolKit peer educators from Eastern Produce.
- Trained **90** Peer Educators (**Males 61; Females 19**) from Eastern Produce and Comforz Tea Estates on how to use the *Tasankha* Discussion Guide.
- Supervised workplace peer educators to assess progress that the institutions are making, more especially in this final year of the project when the project is withdrawing support. It was good to note that there are some institutions that are doing fine and there is hope that activities will continue beyond BRIDGE II. One such institution is Eastern Produce.
- Reached out to **1,504** people (**Males 891; Females 613**) through small group work place activities.

5.8 Engaging Community Leaders through Community Action Cycle (CAC)

BRIDGE II strategically scaled down its community mobilization activities early in the year to allow community structures to take full control of the activities before the project completely withdrew in July 2014. The project supported two open days and two community discussion forums per Group Village Head rather than four of each, as was the case in the previous years. Communities organized and conducted at a minimum the remaining two open days and two discussion forums with minimal technical support from BRIDGE II. Communities used their own resources in holding such open days. This approach helped in cementing the community vibrancy in the fight against HIV that the project has built over the previous years.

The project increased the number of garage parties to enhance sharing of HIV prevention information amongst peers. Garage parties are retreats for couples where they discuss issues that affect their marriages which can help in breaking the silence around sensitive issues such as infertility, couple counseling and testing, how to handle HIV discordant results and many others. These retreats have proved to be effective in helping couples solve problems and others have openly testified how discussions at such retreats have helped in bringing understanding in their families. CBO Networks took a leading role in organizing these garage parties. The project also carried out a number of refresher trainings for various community structures to ensure that they have the right knowledge and skills to carry on the BRIDGE II legacy and gains in the fight against HIV.

In the third and fourth quarter of the year, BRIDGE II conducted district level exit meetings to bid farewell to the District Executive Committees and other stakeholders implementing HIV interventions in the districts and to celebrate BRIDGE II achievements. Prior to these meetings, the project conducted one on one exit meetings with key district level officials (District Health Officers, District Commissioners, District Social Welfare Officers and many others) to discuss their roles in sustaining BRIDGE II initiatives. There were also TA level exit meetings where TA level structures finalized their plans to continue BRIDGE II activities in their areas. It was clear from all these meetings that communities are satisfied with the work that BRIDGE II has done in their communities and chances that these efforts will be sustained are very high.

All communities in the eleven BRIDGE II districts continued with implementation of activities, mostly under the leadership of CBO networks as a leading structure under BRIDGE II. Achievements for the year are as follows:

- **16,170** community members (**Males 6,106; Females 10,064**) participated in community discussion forums. The discussions focused on various issues affecting their lives as outlined in the *Tasankha* Discussion Guide.
- **347,522** people (**Males 144,389; Females 203,133**) participated in *Tasankha* open days. Key messages during these open days resonated around VMMC, PMTCT and HIV Couple Counseling and Testing.
- **45,959** people (**Males 16,372; Females 29,587**) participated in Village Discussion Group (VDGs) sessions using the *Tasankha* Discussion Guide and posters.
- **8,016** people (**Males 4,008; Females 4,008**) participated in garage parties that happened in all project districts. Garage parties remain the best opportunity for discussing issues affecting couples since it is the only activity that attracts men and women equally.
- **1,331** CBO network members (**Males 710; Females 621**) participated in CBO network strengthening trainings that equipped them with knowledge and skills on how to ably carry out their duties as lead structure for HIV prevention at community level.
- **A total of 181** BCI and ADCMT members (**Males 124; Females 57**) attended refresher trainings in community mobilization and Behavior Change and Communication. These trainings were also an opportunity to orient members who have recently joined the team.
- A total of **3,335** (**Males 1,942; Females 1,393**) people including, District AIDS Coordinating Committee members (DACC), Area Development Committee Community Mobilization members (ADC-CMTs), CBO members and CAG members participated in quarterly review meetings where they planned for district and community level exit meetings and discussed how they will sustain the BRIDGE II legacy.
- **3,831** people (**Males 2,422; Females 1,409**) attended district and TA level exit meetings.

5.9 Engaging Faith Based Organization Leaders in HIV Prevention

BRIDGE II developed and uses *“The Happy Married Life: A Couple Counseling Guide for Religious Leaders”* to engage couples in discussions around important issues in marriage such as faithfulness, couple communication, blessings of children, PMTCT, sexual satisfaction in marriage and many others. The project rolled out the guide in seven districts (Zomba, Machinga, Neno, Blantyre, Chikwawa, Thyolo and Phalombe)

through the Muslim Association of Malawi, Quadria Muslim Association of Malawi, Zomba Diocese, Blantyre Diocese, Chikwawa Diocese, Blantyre Synod, Evangelical Lutheran, Seventh Day Adventist and Malawi Council of Churches.

During this year, the project carried out a number of activities as listed below:

- Scaled up interventions through six faith based organizations which are proactive and supportive to BRIDGE II's work.
- Trained **144 couples (Males 144; Females 144)** in the scale up areas to facilitate couple counselling sessions using the Couple Counseling Guide. Use of the Couple Counseling Guide is one of the project components that started half way through the life of the project, hence the reason why trainings continued this far.
- Counseled **15,520 people (Males 7,536; Females 7,984)** using *"The Happy Married Life: A Couple Counseling Guide for Religious Leaders"* in all the seven implementation districts.
- Supervised counselors in the initial areas. It was discovered during these field visits that counselors are doing a good job in uniting families. The Couple Counseling Guide is designed in a way that counseling sessions must be led by a couple to ease understanding of issues between men and women. Preferably, participants must also attend the sessions as couples, yet more women were turning up for the discussions than men in the early years of the project. This changed overtime following a few corrective measures that the project implemented: conducting sessions over the weekend when men are available and continued announcement and encouragement by the faith based leaders on the benefits of the sessions.
- Conducted review and exit meetings for Church of Christ and Quadria Muslim Association of Malawi and **173 people (Males 86; Females 87)** participated. They reviewed the progress of activities in these 2 FBOs.

5.10 Engaging PLHIV Networks in HIV Prevention activities

a) Condom distribution in NAPHAM support groups

BRIDGE II introduced condom distribution in **501** NAPHAM support groups in Chikwawa, Chiradzulu, Mulanje, Mwanza, Nsanje, Phalombe, Thyolo and Zomba districts as one way of promoting condom availability and usage among people living with HIV. The project oriented one volunteer in each support group, who receive and distribute condoms to fellow PLHIVs. NAPHAM appreciates the initiative as this has reduced risk of transmission and reinfection among people living with HIV and their sexual partners.

The project also held a round table discussion with NAPHAM management to brainstorm on the possibility of continuing condom distribution in NAPHAM support groups beyond BRIDGE II lifetime. The two parties observed and agreed that it is very possible to continue with the condom distribution as long as another institution takes over the coordinating role from the BRIDGE II project. The discussion will continue early next year when BRIDGE II will bring together national level stakeholders to discuss the continuity of BRIDGE II

initiatives by them. BRIDGE II will also liaise with JSI Deliver on the possibility of continuing condom distribution in NAPHAM support groups.

b) Other activities

The project continued with all the other activities and achieved the following:

- **6,970 PLHIVs (Males 1,870; Females 5,100)** were reached with HIV prevention messages using the Hope Kit and the *Tasankha* Discussion Guide.
- **5,904 PLHIVs (Males 1,597; Females 4,307)** completed positive prevention sessions using the “Planting Our Tree of Hope” Toolkit.
- Trained **59 PLHIVs (Males 22; Females 37)** in community referral to promote referral of PLHIVs from support groups to other services providers. These consequently referred **348 PLHIVs (Males 195; Females 99; Couples 54)** to other services.
- Conducted a leadership review meeting where leaders of support groups discussed how they are managing activities with minimal support from the project as it prepares to exit. It was encouraging to note that BRIDGE II activities are mainstreamed within all other support group activities. This is excellent for sustainability.

5.11 Service referral and linkage

BRIDGE II has two models for referring clients to services. The Community Referral Agent Model was developed in FY10 and is implemented in 20 Traditional Authorities in Chiradzulu, Thyolo, Mulanje and Phalombe districts. In FY 13, the project developed the Promotional Model of Referral for use in seven BRIDGE II districts (Nsanje, Chikwawa, Blantyre, Zomba, Machinga, Neno and Mwanza) where there is no CRA Model of Referral. In this modified and less costly model of referral, the project is taking advantage of community-based *Tasankha* facilitators in its catchment areas to build their capacity in community referral. The *Tasankha* facilitators refer people to services immediately after village discussion group sessions and do not need to walk long distances to find clients. During this reporting period, the project carried out several activities to sustain these models of referral.

a) Refresher Training for Community Referral Agents (CRAs)

The project conducted refresher trainings for **514 CRAs (Males 235; Females 29)** to reinforce their knowledge and skills on how to refer people to services. The trainings were also an opportunity to orient new CRAs who recently replaced those that dropped out. Trainings in Thyolo district were initially cancelled after CRAs refused to accept meals instead of meal allowance as stipulated in the new USG guidelines for allowances and fuel reimbursement. They later attended the training sessions but complained heavily that they are volunteers who devote their time referring people to services without a salary. They therefore require incentives, some of which is the little money that they receive for meals and transport when they attend trainings. Participants indicated that they use whatever they receive



CRAs from TA Jenala, Phalombe district posing with their new bicycles

during trainings to meet their other needs such as paying school fees or buying food for their children.

b) Distribution of bicycles to CRAs

BRIDGE II distributed **260 bicycles** to CRAs to ease their mobility as they follow up clients. The bicycles were distributed through district assemblies that signed Memorandum of Understanding (MOU) with Traditional Leaders on how the bicycles will be managed. The agreement stipulates that the distributed bicycles do not belong to the CRAs. They are rather a property of the community and CBO Networks are the custodians of the bicycles.

c) Training *Tasankha* facilitators on referral

The project trained **1,017 *Tasankha*** Facilitators on the Promotional Model of Referral where participants learnt the importance of good health seeking behavior, basic skills in referral and how they can motivate clients to access services for their ailments. Following the trainings, participants held briefing meetings with chiefs, fellow community members, other BRIDGE II volunteers and Health Center staff on their new role for better coordination and support.

d) Review meetings with *Tasankha* Referral Agents and Health Center In-charges

BRIDGE II conducted two rounds of review meetings with *Tasankha* volunteers to assess progress being made and address challenges encountered with the Promotional Model of Referral. It was observed during the first round of review meetings that the model was not yet fully established and that there was still need to support establishment of good relationships between Health Center staff and the *Tasankha* volunteers if the model is to be of any benefit to the communities. The project therefore involved Health Center staff in the second round of review meetings to facilitate mutual understanding between the two parties. This helped a lot and the model has gained ground.

It was further observed during the review meetings that some Health Centers are supportive and are willing to collaborate with BRIDGE II in promoting referral of clients. For example, Health Centers in Mwanza district meet with the referral agents once a month to review their work and iron out problems encountered. The project encouraged other districts to learn from Mwanza and hopefully improve the situation in their districts.

e) Collaboration with TB Care II

In Machinga district, the project is collaborating with TB Care II in support of USAID's Country Development Corporative Strategy that emphasizes on linkages among implementing partners in order to improve results and sustainability. The project held follow on meetings with TB Care II after the USAID's Implementing Partners Workshop that happened in March 2014 and identified areas of mutual interest and how each project could benefit from the other. The project consequently linked TB Care II volunteers with CAGs and Promotional Model Referral Agents who later promoted acceptance of TB Care II volunteers in their communities. The two projects held joint review meetings, with TB Care II volunteers and Promotional Model

volunteers in attendance to cement the relationship. TB Care will continue supervising BRIDGE II referral agents even after BRIDGE II.

f) Outcomes of Referral Programs

Community Referral Agents reported **10,238 referrals (Males 3,676; Females 6,562)** during this reporting period, while Promotional Model Referral Agents referred a total of **1,381 people (Males 495; Females 886)** in this fiscal year.

g) Linking people for HIV Testing and Counseling services through open days

The project continued providing mobile HIV Testing and Counseling (HTC) services during open days and any other community wide event. The project observed an increase in the number of people requesting HTC services during open days, and at times the demand surpassed the capacity of the service providers. It was challenging for the project to meet the demand as most Health Centers have fewer HTC counselors following loss of credentials by some HTC providers in the review process that the Ministry of Health carried out during the year. Health Center In-charges could therefore not release two HTC counselors for open day outreach activities as they needed to have personnel managing their centers as well. A total of **12,357 people (Males 4,719; Females 7,638)** were tested for HIV during BRIDGE II open days during this reporting period.

5.12 Increasing condom availability at community level

BRIDGE II is distributing condoms through **1,334** community based Informal Condom Distributors in Nsanje, Chikwawa, Thyolo, Mulanje, Phalombe, Zomba, Chiradzulu and Mwanza districts. The project collaborates with **8** desk officers at DHO level and 161 desk officers at Health Center (HC) level who link the various players in the program. JSI Deliver transports the condoms to the Health Centers monthly, and the distributors receive their monthly allocation from the Health Centers.

a) Review meetings with desk officers and condom distributors

BRIDGE II carried out review meetings with Health Center and district level desk officers, workplace condom coordinators and Informal Condom Distributors to assess how the condom distribution exercise is progressing and discuss challenges in reporting and how to improve it. It was observed during these meetings that reporting on number of condoms distributed is still challenging and that use of Frontline SMS in remote areas for reporting is not easy due to poor network coverage.

The project had two complementary ways of receiving reports on the number of condoms received and distributed every month. Firstly, HC desk officers were sending reports through Frontline SMS. This system was initially determined to be faster and helped the project in projecting the needs for the other month. However, as mentioned above, there were challenges with this channel as some areas had poor network coverage, and many phones ceased functioning. The project did not continue with this method of receiving reports.

The second method of receiving reports is through District Health Offices using the Local Management Information System (LMIS). This system is slower but provides a database at DHO level. The project is depending more on these reports as compared to the Frontline SMS.

It was further noted during these review meetings that informal condom distributors are well known in their communities and that most people are benefiting from the distributed condoms. There are also some district health offices that still run out of condoms and depend on the BRIDGE II distributed condoms for their needs.

c) Condom distribution

The project continued distributing condoms in the year and has cumulatively distributed a total of **19,271,453** male condoms since November 2012, with **11,837,517** of these male condoms distributed in FY 14.

5.13 Mobilizing communities for VMMC

BRIDGE II is working in collaboration with the Ministry of Health-Health Education Services in harmonizing VMMC messaging across the country. Among other things, the project is responsible for building the capacity of media houses to accurately report on VMMC, producing and distributing VMMC materials for all PEPFAR partners and providing technical support to national level stakeholders on demand creation. During this reporting period, the project carried out the following activities.

a) Finalized the VMMC Flipchart

The project finalized the Chichewa version of the VMMC flip chart based on final comments that it received from USAID. The project also made final edits and completed the design and layout of the English version of the flip chart. Both versions were distributed to service providers for use/printing.

b) Production of VMMC Community Mobilization Materials

The project produced two radio spots that explain VMMC and outline its benefits to both men and their spouses. The radio spot that targets women also highlights the role of women in encouraging their spouses to access VMMC. The project aired both radio spots on six radio stations (MBC 2, Zodiak, MIJ FM, Dzimwe, Nkhotakota and Joy radio) during the December 2013 and July 2014 VMMC campaigns, airing a total of **672** radio spots. In addition to the spots, BRIDGE II produced a testimonial based on the story of a man who benefited from VMMC. This was aired **580 times** during the July VMMC campaign.

The project also coordinated re-printing of VMMC leaflets by National AIDs Commission and distributed them to all service providers; reprinted **30,000** VMMC posters for use throughout the year and completed the VMMC Community Mobilization Guide that is guiding district demand creation teams in strategizing their VMMC demand creation efforts.

c) VMMC Media Capacity Building

BRIDGE II is building the capacity of media houses to report on VMMC. The project contracted a consultant who developed a VMMC Media Guide and later trained journalists on balanced reporting around VMMC. The

media training, which included a site visit, was an eye opener to most journalists as it gave them a chance to observe a VMMC procedure. A total of 32 journalists from both print and electronic media houses participated in the training and most of them testified that this was their first time to witness a VMMC procedure.

Other achievements during this reporting period are:

- Supported Mulanje, Thyolo, Zomba, Chikwawa, Blantyre and Phalombe districts in planning for VMMC demand creation during the December and March-April VMMC campaign. The project demonstrated how to use the VMMC Community Mobilization Guide in this exercise.
- Held meetings with JHPIEGO to discuss areas of synergy and how JHPIEGO can benefit from the foundation laid by BRIDGE II in mobilizing communities for VMMC. This resulted in improved coordination and collaboration with JHPIEGO, which is now using BRIDGE II structures for mobilizing communities for VMMC in Zomba and Chikwawa districts.

5.14 Strengthening Social Behavior Change Communication (SBCC) Competency

BRIDGE II conducted CBO strengthening trainings as one way of empowering CBO networks to continue leading HIV prevention work in their areas. BRIDGE II's close out strategy identifies CBO Networks as ideal structures to take over most of BRIDGE II activities at community level after the end of the project. These networks will work under the supervision of the District Network Strengthening Team that the project has set up at district level. The project has, over the years, strengthened CBO networks in HIV prevention, proposal writing, leadership, conflict management, team building, and supervision so that they can ably sustain the project legacy. During the year, the project re-trained Executive Committee Members of the CBO networks in order to address the identified gaps in their knowledge and skills on how to effectively discharge their duties. A total of **1,331 CBO network members (Males 710; Females 621)** participated in these trainings.

5.15 National Collaboration and Coordination

BRIDGE II plays a central role in ensuring coordinated implementation of HIV preventive activities at national, district and community levels in Malawi. The project further collaborates with other USG and USAID partners for efficient delivery of HIV preventive messages at community level. During the year, the project coordinated with several stakeholders as listed below:

- Attended two networking meetings organized by USAID where attendees explored areas of collaboration with other USAID funded projects in accordance with USAIDs' 2013-2018 Country Development Cooperation Strategy (CDCS). BRIDGE II held follow up meetings with TB Care II, SSDI-Communication and Feed the Future to discuss mutual areas of interest, and submitted a one pager to USAID describing how the project will collaborate with SSDI-Communication and TB Care II in Machinga district.
- Supported SSDI-Communication in developing new African Transformation Tool Kit modules and profiles focusing on Malaria and Safe Motherhood.

- Provided technical support to other organizations on how they can use BRIDGE II Transformative Tool Kits in their community level activities. In this regard, the project distributed **50** “Planting Our Tree of Hope Tool Kits” to Goal Malawi for use in Goal Malawi-supported PLHIV support groups in Balaka and Nsanje districts; NAPHAM received **127** Planting Our Tree Hope Tool Kits for use beyond BRIDGE II districts, **50** Hope Kits went to ADRA Malawi in Mwanza; **20** Hope kits to Youth Initiative for Change and Project Concern International (PCI) received 50 Hope Kits. Save the Children is also rolling out the Hope Kit in Zomba and Chiradzulu districts through its WALA Project.
- Participated in the 2013 World AIDS Day activity that was organized by USG agencies in Malawi on December 2, 2013. One of BRIDGE II’s interactive drama groups performed during this event that also commemorated 10 years of PEPFAR funding in Malawi.
- Provided technical support to Peace Corps Volunteer training on Behavior Change and Communication and Life skills training using *Go Girls* Initiative training materials.
- Actively contributed in the development of the new Malawi National HIV Prevention Strategy. BRIDGE II made a presentation on SBCC in a plenary session at the HIV Symposium, and co-facilitated a small group discussion on SBCC to inform the next HIV Prevention Strategy in July 2014, and subsequently served as a steering group member, providing input into and reviewing the draft strategy over the following months. BRIDGE II also provided technical input into the development of the National Strategic Plan for HIV.

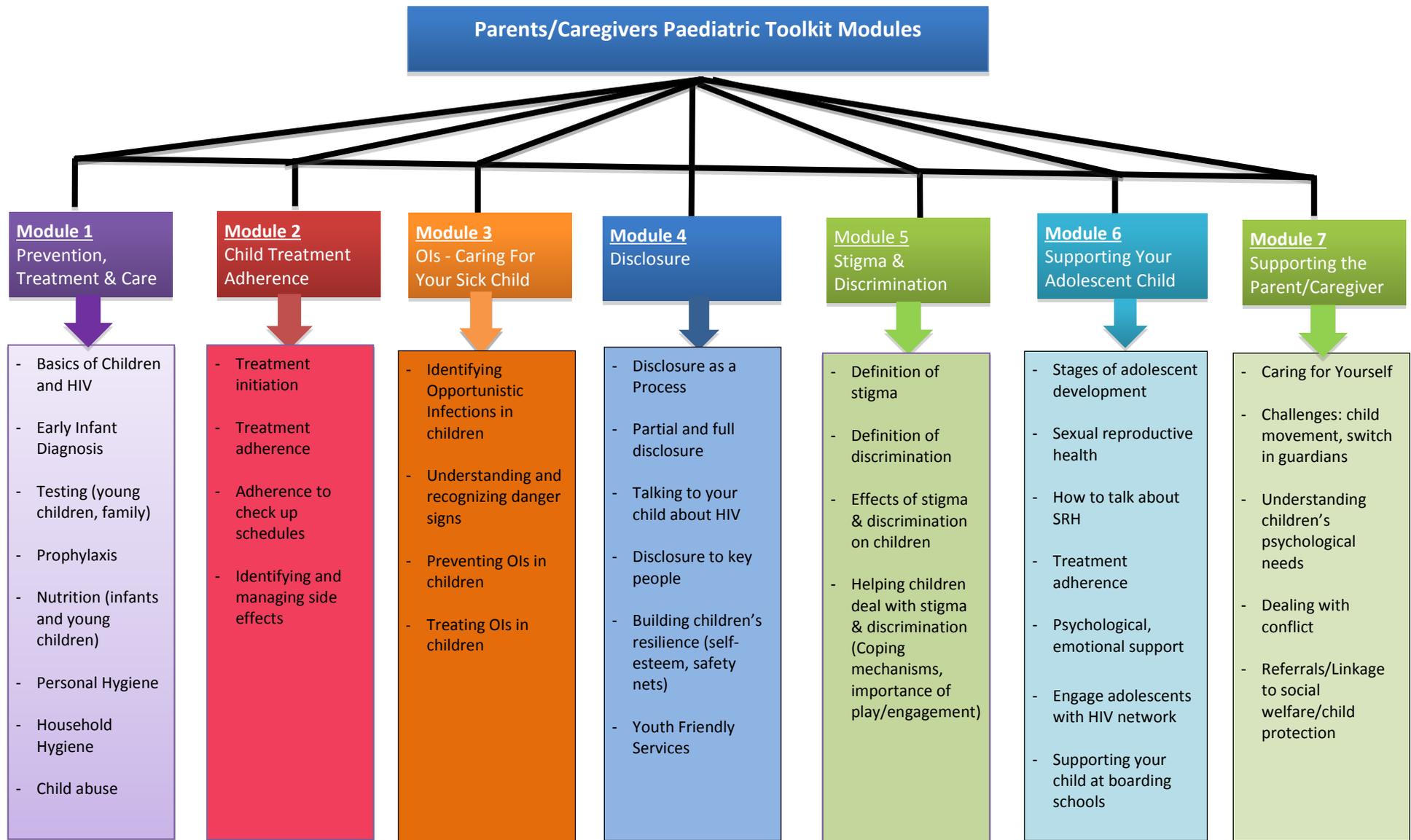
6. Challenges, Solutions and Action Taken

- The project faced the ongoing challenge of not implementing some activities after participants refused to accept meals in place of lunch allowances as outlined in the Daily Subsistence Allowance (DSA) guidelines that US Government partners are following. Participants of African Transformation trainings complained that they travel long distances to trainings held within the TA and prefer residential trainings, but then won’t accept that meals are pre-paid, as they prefer receiving meal allowances. BRIDGE II also had difficulty organizing Chikwawa district level exit meeting where district officials weren’t happy that a lunch would be provided rather than allowances.
- There was a decrease in the number of people attending community level activities in the second quarter and third quarters since this time coincided with a political campaign for tripartite elections. Community members were therefore busy attending political rallies. The numbers picked up after the May 20th tripartite elections.
- BRIDGE II experienced reporting challenges with two activities: the number of people referred for services through the Promotional Model of Referral and the number of condoms that the project has distributed. It took time for the Promotional Model of Referral to get established and for the project to build the building capacity of referral agents on how to fill/submit the paperwork properly. For condoms, out of 161 facilities, 17 didn’t report in April; 54 didn’t report in May; and 90 didn’t report in June, because distributors did not submit reports on time. These problems were addressed during review meetings with the two groups of volunteers.

Annex 1: Major Activities for Next Quarter October – December, 2014

Activity	October				November				December				Proposed dates
	1	2	3	4	1	2	3	4	1	2	3	4	
Project Close Out													
Close contracts with Save the Children, Story Workshop, NAPHAM, Galaxy & Corporate Graphics				x							x	x	
Close contracts with 9 JHU staff								x				x	
Hold national level exit meeting						x							
Research, Monitoring and Evaluation													
Data entry, report writing for the end line survey	x	x	x	x	x	x	x	x	x	x	x	x	
Submit two manuscripts							x				x		
Tasankha Campaign													
Air Tasankha radio spots	x	x	x	x	x	x	x	x					
Air <i>Chenicheni Nchiti?</i> radio program	x	x	x	x	x	x	x	x					
Linkages & Referrals													
Continue referring people to services through the promotional model	x	x	x	x	x	x	x	x	x	x	x	x	
Transformative Tools													
Finalize development of the Pediatric Tool Kit	x	x	x	x	x	x	x	x	x	x	x	x	
Collaboration													
Take part in planning for World AIDS Day							x			x			
Work with other PEPFAR partners in preparation for the December 2014 VMMC campaign					x	x	x	x					

Annex 2: Diagram showing content of Pediatric HIV Toolkit Modules:



Annex 3: BRIDGE II Project Progress on the FY 14 Annual Work plan

Activity	Illustrative Benchmark	Implementing Partner	Oct- Dec	Jan- Mar	Apr- June	July- Sept	Comments
Project Management							
Hold SMT Meetings	- 3 meetings conducted	JHU-CCP	x	√	x		
Conduct partners review and planning meetings			√	√	√		
Project Close Out							
Hold one – one – exit meetings with government departments in 11 districts	- 33 one-on-one meetings conducted - 1 exit meeting	JHU-CCP Save	√	√			Completed
Conduct exit meetings at community levels	conducted at national level 1) with key stakeholders 2) All stakeholders	JHU-CCP		√	√	√	
Conduct exit meetings district and national level	- 643 exit meetings held at district, T/A and GVH levels				√	√	
Close out contracts with local and international partners	- Final program and financial reports submitted to JHU	JHU-CCP, Pact Save, Alliance NAPHAM, YONECO, SWET, CG GALAXY				√	NAPHAM, SWET, CG, GALAXY contracts to close in FT 15
Research, Monitoring & Evaluation							
Revise PMP	- Revised PMP			√			
Conduct end of project research - Quantitative	- 1 End line Research report produced	JHU-CCP		√	√	√	Data collection and entry done. Report to be ready Q2 FY 15
Conduct targeted research on African Transformation toolkit, A Happy Married Life guide for FBOs & Chenicheni Nchiti?	- 1 report on targeted research Produced	JHU-CCP		x	x		Research cancelled because of prohibiting IRB
Produce Manuscripts on research findings	- 4 manuscripts produced	JHU-CCP		√	√	√	
Objective One: Individual Level							

Tasankha Campaign						
Broadcast <i>Tasankha</i> radio sports Conduct 1 round of National Dialogue	- 1 national dialogue produced 2,200 <i>Tasankha</i> radio spots broadcasted	JHU-CCP, CG Galaxy SWET	√	√	√	
Chenicheni Nchiti (what is the reality?)						
Produce and air Chenicheni Nchiti (what is the reality?) radio program	- 156 paid programs aired - 2 meetings Conducted with SSDI		√	√	√	√
Hold discussions with SSDI on sustaining CCN radio program	- Sustainability Plan produced			√	√	
Objective Two: Community Mobilization						
Strengthen district & community structures						
- Refresher trainings for TLFs, CAGs, ADCMTs, and CBO networks	- 6,000 peoples' capacity strengthened		√	√		
- Conduct quarterly review meetings with community structures (TLFs, CAGs, ADCMTs, CBO networks)	- 1,000 review meetings conducted across 11 districts		√	√	√	
Mobilize community Groups						
Conduct open days	- 300,000 people reached through open days an CDF	JHU-CCP Save	√	√	√	
Conduct garage parties	- 12,000 people reached through open days		√	√	√	
Conduct Community Discussion Forums	- 50,000 people reached through VDGs sessions		√	√	√	
Conduct Village Discussion Groups			√	√	√	
Empowering Faith Based networks						
Orient faith leaders in scale up areas	- 250 religious leaders oriented	JHU-CCP FBOs	√	√		
Re-print Couple Counseling Guides	- 200 Guides re-printed - 480 (240 couples) trained			√		
Train Couple Counselors on how to use the Couple Counseling Guide	- 20,000 couples reached using the Couple Counseling Guide		√	√		
Conduct joint review and planning meetings				√		

Conduct refresher trainings for counselors				√			
Conduct Couple Counseling sessions			√	√	√	√	
Engage PLHIV Networks- NAPHAM Support Groups							
Train support group members in community referral	- 48 members trained in referral	JHU-CCP			√		
	- 100 members re- oriented	NAPHAM			√		
Re-orient support group members on the tool kits	- 24 support groups mentored				√		
	- 4 review meetings conducted				√		
Community outreach by support groups	- 25, 000 PLHIVs reached using Transformative tools		√	√	√		
Joint review meeting for districts					√		
Conduct small group sessions using Transformative Tool Kits			√	√	√		
Using African Transformation Tool kit							
CBO network training in AT	- 25 CBO network members trained on AT	JHU-CCP	√				
Conduct supervisory and mentoring visits	- 2 mentoring sessions conducted	YONECO		√	√		
Conduct re-orientation African Transformation Facilitators	- 2 CBO re-orientation workshops done						Cancelled. Participants refused new DSA guidelines
African transformation briefing meetings for the CBO Directors	- 50 CBO network directors briefed			x			
Conduct AT sessions	- 10, 000 people reached with AT		√	√			
			√	√	√		
Development of Positive prevention toolkit for pediatrics							
Conduct consultative meetings with stakeholders	- 1 group consultative & 4 individual meetings done		√				
Develop content for the tool kit	- Draft content produced						
	- Pilot test conducted			√	√		
Identify profiles	- 25 people trained as TOTs				√		
Finalize draft for pilot	- Content approved by USAID, MoH, and relevant stakeholders				x		Delayed. To be done in FY 15

Conduct pilot test					x		Delayed. To be done in FY 15
Revise based on pilot and produce final version						x	Delayed. To be done in FY 15
5. Objective Three: Service Referral/Linkages							
Community Referral (CRA Model)							
Conduct CRA refresher training			√	√			
Conduct CRA monthly meeting			√	√	√		
Collaboration	- 520 CRAs re- oriented		√	√	√	√	
Procurement of referral booklets	- 520 CRAs mentored through monthly CRA meetings	JHU-CCP Alliance	√				
Refer clients to services through CRA Model	- 1,200 referral books procured - 24,000 people referred to - services		√	√	√		
Community Referral (Promotional Model)							
Train Tasankha Promotional Model Referral Agents			√	√			
Conduct review meetings with first cohort of Promotional Model Referral Agents	- 18,000 people referred to services			√	√	√	
Refer clients to services through Promotional Model Referral Agents	- 1,000 volunteers trained	JHU-CCP	√	√	√		
Linking people to PMTCT services							
Conduct advocacy meetings with community structures			√	√			
Conduct Garage Parties focusing on PMTCT	- Advocacy meeting conducted with CAGs, Tasankha facilitators, CBO networks, TLFs		√	√	√		
Conduct drama activities on PMTCT	- 2,500 people reached with PMTCT messages through garage parties	JHU-CCP	√	√	√		
Community wide events			√	√	√		
Linking men to voluntary Male medical Circumcision							
Form Advisory Group to oversee development of e-tool kit	- Advisory Group formed - E-tool kit drafted					x	Activity pushed to next quarter

Draft content of VMMC e-tool kit	- E-tool kit approved by USAID, MOH & other stakeholders			x	x		Activity pushed to next quarter
Finalize & Promote VMMC e-toolkit					x		
Conduct National level taskforce meetings on VMMC media plan	- 3 taskforce meeting conducted - 20 people from media institutions trained			√	√		
Conduct National media plan training				x	√	√	
Conduct National and district level coordination meetings	- 4 coordination meetings conducted		√	√	√	√	
Supervisory visits on VMMC activities	- 6 VMMC supervisory trips conducted		√	√	√	√	
Print VMMC posters	- 30,000 posters printed			√			
Develop and air VMMC radio spots	- 2 radio spots produced - 1,000 radio spots aired		√	√	√	√	
Linking communities to HIV testing & counseling							
Set up HIV testing sites linked to open days	- 10,000 people linked to HTC services during open days		√	√	√	√	
Increasing condom availability at community							
Review meetings with condom focal persons, condom distributors	- 150 condom focal person reached		√	√	√	√	
Distribute condoms	- 1,390 condom distributors reached - 3 million condoms distributed	JHU-CCP	√	√	√	√	
6. Objective Four: Leadership and Coordination							
Strengthen CBO networks	- 67 review meetings conducted	PACT, JHU-CCP	√	√	√		
Strengthening district teams to conduct ONA	- with CBO networks		√	√			
Collaboration and Coordination							
Attend TWG meetings	- 4 TWG meetings attended		√	√	√	√	
Attend other coordination meetings at national and district levels	- HIV prevention activities harmonized		√	√	√	√	

Annex 4: FY 14 BRIDGE II PROJECT PEPFAR INDICATORS ANNUAL PROGRESS REPORT (OCT 2013 TO SEPT 2014)

<i>Essential/Reported Indicators to HQ</i>							
Indicator		FY 14 Target			Annual Achievement (FY 14)		
		Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+
<i>P8.1D</i>	<i>Number and percentage of each priority population who completed a standardized HIV prevention intervention including the specified minimum components during the reporting period</i>	180,680	90,340	90,340	207,610	73,841	133,769
<i>GPY_PREV</i>							
<i>Essential/Held in Country Indicator</i>							
<i>P12.1D</i>	<i>Number of people completing an intervention pertaining to gender norms that meets minimum criteria.</i>	24,710	12,355	12,355	12,028	6,184	5,844
<i>GEND_NORM</i>							
<i>Recommended Indicators</i>							
Indicator		FY 14 Target			Annual Achievement (FY14)		
		Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+
<i>P7.1D</i>	<i>Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) Interventions</i>	6,120	3,060	3,060	16,534	4,208	12,326
<i>P8.5D</i>	<i>Number of individuals from target audience</i>	438,886	219,443	219,443	411,305	171,473	239,832

	<i>who participated in community wide events.</i>						
<i>P8.6D **</i>	<i>Exposure: % of population who recall hearing or seeing a specific message</i>	1,215,000	607,500	607,500	1,683,214	898,321	784,893
<i>P8.7D **</i>	<i>Exposure: % of target population reached: No. of people estimated to have been reached by channel (radio or TV) divided by the estimated size of the target population</i>	1,215,000	607,500	607,500	1,883,670	*N/A	*N/A
<i>P10.2D</i>	<i>Estimated number of people reached through workplace programs</i>	4,000	2,000	2,000	1,504	891	613

Custom Indicators

Indicator	FY 14 Target			Annual Achievement (FY 14)		
	Total	Men, 15+	Women, 15+	Total	Men, 15+	Women, 15+
<i>Number of community members/volunteers trained to promote HIV/AIDS prevention through AB and/or other behavior change</i>	11,515	5,758	5,757	5,948	2,915	3,033
<i>Number of local organizations (CBOs & NGOs) strengthened to support HIV prevention</i>	346			527		

***Exposure Recall: was calculated at district level and not TA level because of small sample size at TA Level*

***Exposure Reach: % of listenership of the radio station x population of the 11 districts where radio programs are broadcast*